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**CULTURAL INFLUENCES ON SERVICE QUALITY EXPECTATION:
EVIDENCE FROM THE HEALTHCARE AND HIGHER EDUCATION
SERVICES**

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International Business

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ABSTRACT

This research is aimed to examine the influences of culture on service quality expectation with the focus on two service contexts of healthcare and higher education. Through contrasting these two contexts, it can be realized how different the cultural influence on service quality is in various types of services.

Culture and service quality expectation are measured in this research by applying the scales from previous literature. Specifically, the research apply Hofstede's cultural dimensions as the cultural framework and SERVQUAL dimensions for the service quality expectation measurement. Hypotheses on possible correlation between culture and service quality expectations in healthcare and higher education are determined and tested. This thesis applies mainly quantitative method with the support from qualitative method in order to help explain the finding from quantitative analysis. In term of quantitative method, the thesis's sample covers 402 objects whereas there are 7 people interviewed for the qualitative method.

In the higher education context, Masculinity is the only cultural dimension found to be positively correlated with all service quality dimensions. In the healthcare context, Uncertainty Avoidance is found to be positively correlated with all service quality dimensions whereas Indulgence, Long-term orientation and Power Distance are only correlated with some dimensions of service quality. It means that cultural influences vary among service types.

The research findings indicate that culture profile of customers should be put into consideration for allocating resources effectively in service performance and delivery.

KEY WORDS: culture, service quality, HOFSTEDE'S dimensions, SERVQUAL dimensions, healthcare, higher education

1. INTRODUCTION

The introduction session expresses the motivation of the research and the research questions by discussing the background of the study and the gaps in service quality. Afterwards, delimitations and structure of the study will be presented as the direction for this thesis.

1.1 Background

Nowadays, service has gradually replaced product to become an important part contributing high revenue to a nation's economy. In fact, in order to evaluate a country's economic progress, people will use the growth of the service sector as an indicator. Based on the history of countries around the world, it can be seen that the economy of agriculture has transferred to industry and now to the service sector. This shift has also brought researchers to pay more attention to services in general.

There could be myriads of issues related to a service business, but how to win customers' hearts and turn them to revenue may be of biggest interest. In that context, service quality emerges as an essential indicator of customer satisfaction. Actually, service quality has been studied since the beginning of the 1980s in the service-marketing field (Gummesson, 1994). Until now, it continues to be the focus of abundant research in different fields of services as well as related to various impact factors. In this modern time of globalization and internationalization, culture becomes a critical factor for the service provider to understand how their customers perceive and evaluate their service quality. In 1987, Horovitz pointed out the effect of cultural difference on perceptions of service quality. In recent years, some other researchers having studied these issues can be listed as Donthu and Yoo (1998), Furrer, Liu, Sudharshan (2000), Mattila (1999), Winsted (1997) and so on. Each of them has contributed to shed light on the significant relationship between culture and the cognition of service quality, which

is very important for the managers all over the world to thoroughly understand their customers.

Due to its complex nature and involvement of various stakeholders, they are therefore in need of a thorough view and research for a better understanding of customers' expectations about service quality, especially when customers come from many places in the world with different backgrounds and cultures. And, this brings us to various intriguing questions that are mentioned in the next parts of this thesis.

1.2 Research gap

Customer is the essential part of any business, more and more research on service marketing to understand customer's behaviours and attitudes have been raised in both of the academic and practical fields. At the same time, when globalization along with information communication and technology revolution and the increasing demand for knowledge have emerged vastly, both challenges and opportunities have been created. As a result, there has been more and more intense competition in today's market. In simple words, it is mandatory to understand what customers expect. Service quality, therefore, becomes popular to be studied to evaluate customer's expectation, satisfaction and later retention. One of the most well-known measures of service quality is SERVQUAL developed by Parasuraman, Zeithaml and Berry in their article named "SERVQUAL: A multiple-item scale for measuring consumer's perception of service quality" in 1988. So far, this model has been used in various service sectors such as banking and hospitality industry and in different empirical contexts as well as cultural backgrounds. For example, Dr. Ritesh K. Patel (2014) has proved that each determinant of service quality plays a vital role in brand loyalty of customer in the context of Indian banking retail industry. However, this model has not taken culture into consideration as expectations of service quality vary across cultural groups (Olivier; Liu & Sudharshan, 2000). According to Yoo and Donthu (1998), there is a positive correlation of culture and service quality expectations. In another research, Heskett, Sasser and Hart (1990) insist on the importance of psychographics, the way people think, feel and behave, in

expecting service quality. Later, with the fact that service quality plays essential role in understanding customer satisfaction and retention, Furrer, Liu and Sudharshan (2000) tried to figure out the relationship between culture, which is represented by five dimensions by Hofstede and service quality perception. Indeed, culture plays an important role in understanding customers and their expectations all over the world, especially for multinational companies. For example, Mattila (1999) has pointed out that customers with Western cultural background tend to pay bigger attention to tangibles cue in a physical setting rather than Asian customers. In addition, SERVQUAL does not cover all of the services which are much diversified in nature. Most of the current studies using SERVQUAL in evaluating customer's quality expectation focus on one service only. There has not been much comparison between two or several service industries.

Besides, service is very complex in nature. It can be explained due to several reasons such as its high volume of interpersonal contact, its involvement of intangibility and so forth. So, Lovelock and Wirtz (2011) has divided them into four types for easier research. Among them, the two types of mental stimulus processing and information processing are the one having highest contact with customers, which lead to the fact that more research should be aimed to them, especially in term of cultural factors. Therefore, the fact that how different types of service are in nature affects the expectation of customers can be of much interest and importance, especially for the type of service that requires considerable human interaction.

Regarding education, people always face choices and find it difficult to make decisions, especially in purchasing products and experiencing services due to their long-term results as well as the fact that the results depend on both the service provider and the customer. As globalization deepens, products, capital, technology and even labour can move freely around the world, this process involves increasing opportunity for young people to get immersed in a global labour market. Simultaneously, there is also chance for for-profit schools to catch up this trend and expand their business. Thanks to the development of technology and freer and freer flows of labour and knowledge, education becomes approachable more than ever. As a result, the idea of "global

university” becomes outstanding. This kind of university is not a part of its local business field or area but a part of the business world where schools compete with each other on a global basis and adjust themselves accordingly. When physical distance does not matter anymore and communication is easier than ever before, students come from any corner in the world.

Similar to education service, the increasing globalization also has enormous impacts on the healthcare service industry. For example, developing countries can attract customers from developed countries by offering high quality health care at a lower cost. Or rich people in developing countries may travel to the countries of high quality in healthcare for better treatment. Together with the free transfusion of knowledge and information, international standards become clearer and achievable in the mindsets of people all over the world, not limited to some citizens of developed countries. Patients, or customers, thus, require different quality from healthcare service providers. Clinics and hospitals now are prepared for higher demands together with higher quality as well as diversified customers with different cultural backgrounds. This situation has brought both opportunities and challenges for health care providers, health care systems, and even policy makers to create and deliver culturally and professionally competent services. These two industries are very good representatives for service not only because of its extensive influence in human society but also due to the important contribution of culture reflected in these fields’ practices.

Furthermore, although the study of the relationship between culture and service quality expectation has received more and more attention due to its necessity in real business world with Hofstede cultural dimensions as the main framework for culture, the recently-added dimension of “indulgence” has not been sufficiently studied, leaving a gap in the literature. Therefore, this thesis will integrate the sixth dimension into study in order to offer a more comprehensive approach on culture and service quality expectation, which may contribute to later research.

Last but not least, SERVQUAL is used mainly in quantitative research without much deep and thorough analysis on how and what customer need from the service, which is

of high value for real business managers. Therefore, this thesis would like to contribute in shedding light on how culture impacts customer's expectation for service quality between two types of services, which contribute to both the academic field and the real business world.

1.3 Objectives and limitations

As mentioned above, education and healthcare services nowadays are no longer only serving local customers but also actively competing to attract foreign ones for cultural diversification and income gains. Service quality is the key index for the customers to evaluate. In this context, the research problem will focus on the fact that how service quality can be measured effectively taking into consideration cultural effects. In order to study the two concepts of service quality and culture, this research will apply SERVQUAL and HOFSTEDE dimensions as they are the most extensively used models of their field. Based on this problem, the main research question is how culture influences service quality in a specific service context and how service quality expectation differs among different types of service context and different cultures.

In order to solve this question, the objectives of this paper include:

- (1) To identify the relationship between each dimension of SERVQUAL and each dimension of HOFSTEDE in the context of healthcare
- (2) To identify the relationship between each dimension of SERVQUAL and each dimension of HOFSTEDE in the context of higher education
- (3) To compare these relationships between the two service types
- (4) To understand the main differences and similarities of service quality expectation in different cultures.

In order to reach the objectives of this thesis, the literature review on the service quality concept, culture concept as well as the two scales of SERVQUAL and HOFSTEDE is conducted as a foundation to establish the hypotheses on the relationship between each construct of SERVQUAL and HOFSTEDE. However, in the scope of this study, this

relationship will be analysed in only two types of services of education and healthcare to examine whether there is any considerable difference among services.

Besides, the research is implemented in Vietnam and research objects are mainly locals. However, since this is a research concentrated on culture, other nationalities are also involved. The in-depth interviews for a deeper understanding on how culture impacts on customer's expectation are also conducted among different cultural groups of people.

Due to limited time and resource, the sample size of the study may affect the validity of the results due to the limited number of interviewees. In addition, the respondents are narrowed down to the age ranging from 18 to 40.

1.4 Definitions of key terms and previous studies

In order to have better understanding of the issue discussed in this thesis, some definitions of key terms will be presented as below:

Service is hard to define. This thesis applies the definition of Lovelock (2011:37), which defines "*services are economic activities offered by one party to another. Often time-based, performances bring about desired results to recipients, objects, or other assets for which purchasers have responsibility. In exchange for money, time and effort, service customers expect value from access to goods, labour, professional skills, facilities, networks, and systems; but they do not normally take ownership of any of the physical elements involved*". Both of the inputs and output of service can be tangible or intangible.

Service quality. Due to the complex nature of service, it is also hard to define service quality. And, the definition will be different based on the context of the study. In this thesis, SERVQUAL is applied to examine service quality. Hence, the definition of Parasuraman, Zeithaml and Berry (1985:5) can be applied, where service quality is referred to "the degree and direction of discrepancy between consumers' perceptions

and expectations in terms of different but relatively important dimensions of the service quality.”

SERVQUAL dimensions were first developed by Parasuraman, Zeithaml and Berry in 1985 to measure quality in the service sector. There are five constructs: tangibles, reliability, responsiveness, assurance and empathy.

Cultural values refer to the core of an entire culture's mindset and the understanding shared by members of a society, through which forms a code of conduct that influences the society' attitudes and behaviours of society (Hawkins and Mothersbaugh, 2010; Kluckhohn, 1951). In simple words, cultural values are shared broadly, across a society. And, they are learned, reinforced and transmitted across ethnic groups, social classes, and families.

Hofstede dimensions. Though there are numerous cultural approaches and theories, only a few dimensional models provide the measurements as the country scores that can be used as independent variables to compare different cultures. Hofstede's cultural dimensions include: power distance, uncertain avoidance, individualism/collectivism, masculinity/femininity, long-term/short-term orientation and recently – added indulgence/ restraint.

Expectations. Zeithaml, Bitner, and Gremler (2006) proposed that customer expectations are “*beliefs about a service delivery that serve as standard against which performance is done*”. In another research, Davidow and Uttal (1989) stated that customer expectation is formed by many uncontrollable factors, such as customers' previous experience with other service providers, customers' psychological condition at the service delivery moment, customers' backgrounds and values as well as the images of the purchased product. Consequently, in general, expectation is viewed as a set of criteria a consumer sets toward a service.

There have been several studies examining the cultural influence on service quality, which can be listed as below:

Donthu and Yoo (1998) formulated the hypotheses on the correlation between the constructs of the cultural dimensions of Hofstede (1980) and the SERVQUAL dimensions. The study shows that there are some correlations between the two dimensions' construct are significant, but not all of them. For example, there is a negative correlation between power distance and responsiveness and reliability. This correlation is related to the fact that in cultures with high power distance, the customer tends to suffer poor delivered services because he respects the expertise of the more powerful provider.

Mattila (1999) investigated the influence of culture on the evaluation of services in luxury hotels. In this study, services are expressed in three dimensions of physical environment, importance of hedonism and personal service, which are not exactly the same as the SERVQUAL dimensions. However, similar to the study of Donthu and Yoo, the author also sheds light on how culture impacts on the service quality. For example, she finds out that Hofstede's power distance and individualism dimensions are related to the three dimensions mentioned above in evaluating the service quality of luxurious hotels. A managerial finding could be taken into consideration is that when evaluating the hotel service quality, Western customers are relatively low on power distance, are more individualistic and focus more on tangible elements of the physical environment than people from Asia, who score higher on power distance and collectivism. Personal interaction with the service provider is more appreciated by Asian people.

Furrer, Liu and Sudharsan (2000), like Donthu and Yoo, also used the cultural dimensions of Hofstede and the SERVQUAL dimensions in order to investigate the relationship between culture and service quality. Their research tests the full range of thirty possible links (six cultural dimensions per five SERVQUAL dimensions). A new point in this research is that they discuss "contingency variables" including a distinction made between powerful and weak customers (for power distance), male and female service providers (for masculinity), and frequent and infrequent service (for uncertainty

avoidance). Their results show some contradicting points with those of Donthu and Yoo, which will be discussed below in this literature review.

1.5 Structure of the study

The study is structured in seven chapter as the table below. The first chapter outlines the background of this study, which includes the motivation of doing research, the research questions and objectives as well as the scope of this research. The theoretical framework is presented in chapter two, three and four. In chapter two, the concept of service and service quality with the introduction of SERVQUAL will be discussed in details. The third chapter will discuss about culture in general as well as the measurement of HOFSTEDE, which is the most popular one so far. The fourth chapter will present the relationship between culture and service quality in general in the context of education and healthcare. Later, the thesis will bring up the specific literature in the field to establish hypotheses about the possible correlation relationship between culture and service quality through Hofstede dimensions and SERVQUAL dimensions. The research methodology will be presented in chapter five whereas chapter six will concentrate on the analysis and discussion based on the research results. In chapter six, the relationship between culture and service quality perception will be discussed in details with the illustration from both quantitative and qualitative result. Contributions of the research in both the academic and business context as well as the summary and future research suggestions will be concluded in chapter seven.

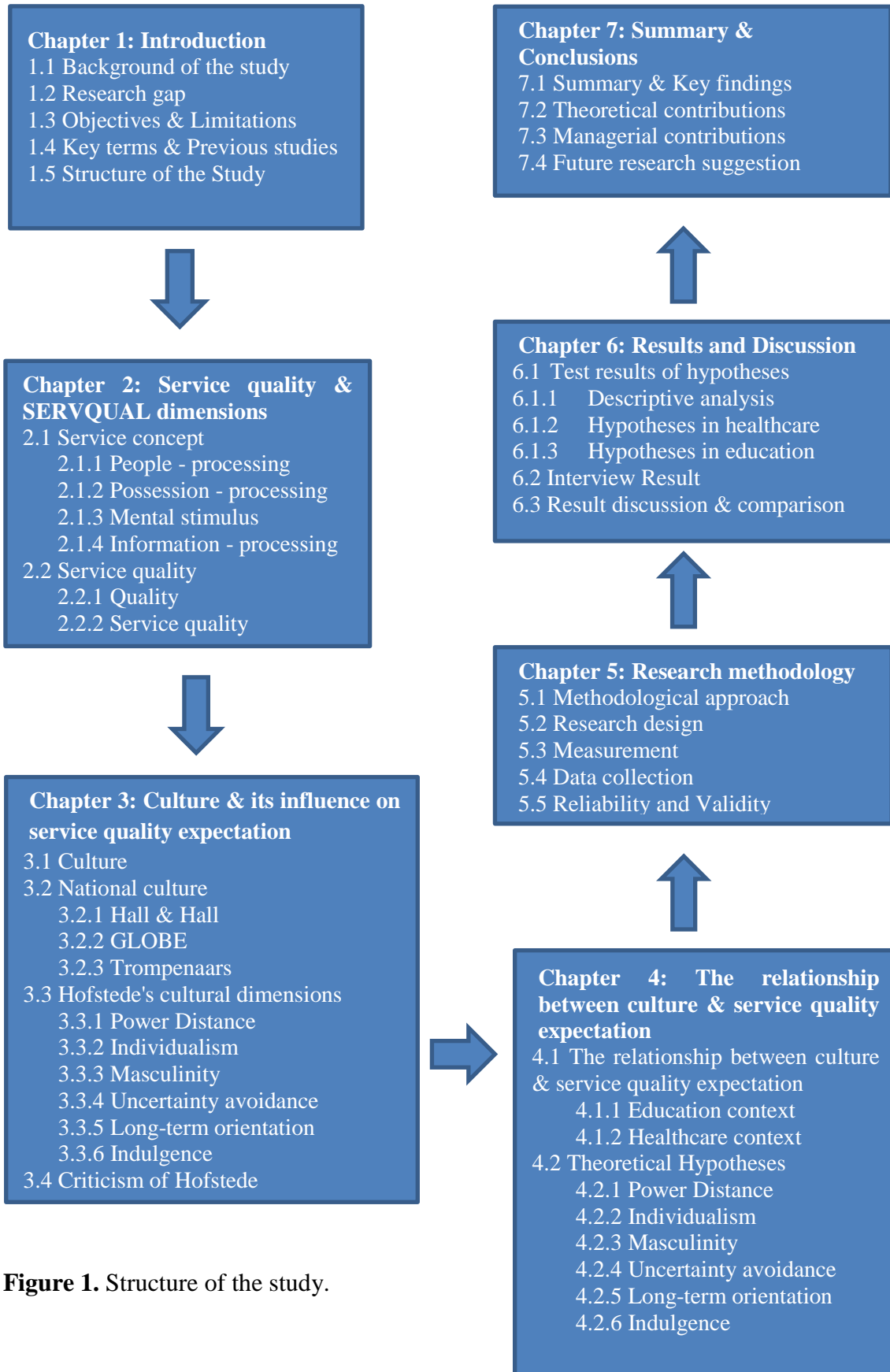


Figure 1. Structure of the study.

2. SERVICE QUALITY AND SERVQUAL DIMENSIONS

This chapter is going to present and to discuss about the literature of service, service quality as well as the most widely used measure of service quality which is SERVQUAL dimensions. Due to the complex nature of service, there are various ways to define and categorize it. Hence, in this chapter, service will be defined and categorized in a way that can be used as the guideline for choosing the two services to compare and contrast effectively in the later chapters. In addition, there are also several methods to measure service quality which is the main study focus of this thesis. The chapter, therefore, also helps explain and clarify why SERVQUAL dimensions should be chosen among other measures.

2.1 Service concept

It is difficult to define service due to its vast array of complex activities. The word “service” refers to the work which a servant does to his master. According to Lovelock (2011:37), *“services are economic activities offered by one party to another. Often time-based, performances bring about desired results to recipients, objects, or other assets for which purchasers have responsibility. In exchange for money, time and effort, service customers expect value from access to goods, labour, professional skills, facilities, networks, and systems; but they do not normally take ownership of any of the physical elements involved”*. Moreover, both the inputs and output of service can be tangible or intangible. For instance, when you go to a restaurant and enjoy a meal, you pay not only for the tangible food but also for the restaurant view and atmosphere, the manner waiters serve and treat you, which are intangible.

Nevertheless, services are very diverse and not similar to each other. According to Lovelock and Wirtz (2011), there are four types of services: people processing, possession processing, mental stimulus processing and information processing.

Table 1. Four Categories of Services (Lovelock and Wirtz, 2011:41).

	Who or What is the Direct Recipient of the Service?	
Nature of the Service Act	People	Possessions
Tangible Actions	People – processing (services directed at people’s bodies): -Passenger Transportation, Lodging -Health care	Possession – processing (services directed at physical possessions): -Freight transportations, Repair and maintenance -Laundry and dry cleaning
Intangible Actions	Mental stimulus processing (services directed at people’s mind): -Education -Advertising/PR -Psychotherapy	Information processing (services directed at intangible assets): -Accounting -Banking -Legal services

2.1.1. People – processing service

The first as well as the most popular type is the people-processing one where the customer needs to enter the service factory and cooperate actively with the service operation. In this type of service, there will be direct contact between the action/work/service and the customer, with equipment and without equipment. Also, it is necessary to have a physical location where staff and/or equipment create and deliver service benefits to customers. For example, with the haircutting service, customer needs to stay still or move his head conforming to the barber’s instruction for the best result.

Another point is that there is simultaneity of production with consumption in a people processing service event. A people processing service can change either the physical state of a person or the mental one, or both. An example of the physical state change is improved fitness, manicured finger nails whereas the mental state can deal with non-physical attributes such as knowledge enhancement or mental agility. Many people processing services do both, as in medical services and sports coaching. (Katzan, 2008)

For the managerial point of view, Lovelock et al. (2011:41) suggests that *“Managers should be thinking about process and output from the standpoint of what happens to the customer. Reflecting on the service process helps to identify not only what benefits are created at each point in the process, but also the nonfinancial costs incurred by the customer in term of time, mental and physical effort, and even fear and pain.”*

2.1.2. Possession - processing service

This type of service directed at physical possession. In other words, work/action/service is performed on customer's physical goods. In addition, customers are less physically involved with this type of service. In a guideline book, Katzan (2008) state that in possession processing services, the service provider changes the state of tangible objects under the jurisdiction of the client. Many possession processing services are straightforward, as in car washing or nail manicuring. These services relate to the condition of an object and are regarded as physical services.

Also, in this type of service, production and consumption will be separated. But customers may prefer to be present during service delivery in some cases (Lovelock et al., 2011). Some examples for this service are freight transportation, repair and maintenance, warehousing/storage or office cleaning services. Together with the first type of people processing service, these two types of service are tangible – based.

2.1.3. Mental stimulus service

According to Lovelock et al. (2011), for this type of service, the work/activity/service will have effect on the human mind or intangible attribute such as psychotherapy or music concert. However, due to its effects on customer's mental aspects, ethical standards are highly required, especially when customers who depend on such services can potentially be manipulated by service provider such as doctors who offers treatment to patients. Sometimes, customers also need to make investment of time and mental effort for a good result. A typical service is education where the good results of students depend not only on the teachers or service provider but also on students or customers. The students need to invest time and effort in self-studying at home to achieve good results.

Another interesting point is that this service can be inventoried. For example, customers are able to download their favourite movies or songs from internet and store in their own gadgets to enjoy whenever they want. In addition, the physical presence of recipients is not required because the core content of services is information-based. For instance, education could be performed online or in the format of distance-learning or e-learning.

2.1.4. Information - processing service

According to Katzan (2008:7), "*Information processing service deal with the collection, manipulation, interpretation and transmission of data to create value for the client*". Some examples of this type of services are accounting, banking or consulting. It can be seen that there are important issues in information processing service such as representation (in the case of lawyer and accountants), infrastructure (as with computers, database and internet) as well as self-service (as for online facilities, ATM machines and other administrative functions) (Katzan, 2008).

Information is the most intangible form of service output, but it may be transformed into more enduring, tangible forms such as letters, reports, books, CD-ROMs, or DVDs. Also in this type of service, the good result is highly dependent on the effective collection and processing of information. Together with mental stimulus service, these

two services deal with intangible attributes and sometimes the distinguishing line between information processing and mental stimulus processing may be blurred (Lovelock et al., 2011). In general, since the rise of the internet and globalization, information processing has emerged as a big business sector in the world.

Obviously, the level of personnel contact in these types of services varies. The people – processing may require the customer to contact with the person in charge of service delivery as well as the facilities more than the possession-processing does. As a result, the need for cultural adjustment is also higher for the people-processing type. In other words, the higher the degree of interaction between customer and service providers is, the more necessary to study the influence from the cultural factors (Furrer, Liu and Sudharshan, 2000).

2.2 Service quality

2.2.1. Quality

There is an old sentence stating that *“If you can’t measure it, you can’t manage it”*. A manager needs to be clear about their product/ service quality to manage it, especially when quality is an essential part of any organisation’s competitive advantage. However, so far, this concept is quite ambiguous due to different points of view. Harvard professor David Garvin (1984) suggests five principal approaches to define quality: transcendent, product based, user-based, manufacturing based, and value based.

- The transcendent view: Those who hold transcendental view can recognize but cannot define the quality. As an advertiser, you may be fond of it because it helps to draw your customer an ethereal picture of products or services. For instance, you can advertise for your shopping mall with the slogan “Where shopping is a pleasure”. But as a manager, a sentence like “I can’t define it, but I know when I see it” may not be useful for your subordinate in achieving objectives. Therefore, Lovelock et al. (2011) concluded that this viewpoint is

often applied to the performing and visual arts, where quality is recognized only through the experience gained from repeated exposure. In brief, even this view can't assure a precise quality level, the customers in general still know what they want with a sense of closeness between the actual and ideal products.

- The product-based view: In contrast with the previous view, quality is viewed as quantifiable and measurable characteristics in this approach. For example, we can evaluate the durability of a product and the engineer and design the product based on that benchmark. The quality will be examined from inside perspective and people assume that good internal properties will lead to good external properties for the product. Although this approach has some benefits, it also has some disadvantages where particular taste or preference is not taken into account and the quality is influenced by the absence or presence of some attributes inside.
- The manufacturing-based approach: This view defines quality as conformance to requirements specification, primarily in engineering and manufacturing practices. Therein, quality is the degree to which a specific product conforms to a design or specification. Therefore, any deviation from the standard specification will lead to quality reduction. This approach can be applied for both service and product. In case of services, quality is considered as operation driven. The feature of conformance to specifications is often expressed by productivity and cost-containment goals (Lovell et al., 2011). Different with the transcendental and user-based view that tend to focus on beholder's need or experience, quality excellence under this view is set by the organisation standards. It can be seen that this approach shares a similar objective and measurable characteristic with the product-based one. However, this view concentrates on making an error-free based on the standard specifications rather than the absence or presence of some attributes inside. In other words, this view focuses on making the product or service right at the first time to reduce or eliminate the reworking cost. The product quality can be improved if the process

is improved. Customer's needs and tastes are also cared in this view, but just only when they are described clearly in the specifications.

- **User-based definitions:** this view can be considered subjective because it assumes that quality is only determined by user. In other words, quality evaluations are based on the individual perceptions of customers, thus may be different from those based on technical standards (Radomir, Plăiaș and Nistor, 2012). Lovelock et al. (2011) concludes that under this view quality equates satisfaction. For example, with the same Apple iPhone, one person may appreciate its design but another person may feel inconvenient with its complicated iOS operating system compared with the Android one. Obviously, they have different levels of quality evaluation and perception. Because of this subjectiveness and demand-orientation in the context of different customers with different needs and tastes, there will be several problems with this view. As mentioned before about various preferences of customers, it is hard for the seller to define the quality in order to satisfy a wide range of customers. Another concern may arise from the company's strategy that the company should choose to focus on a niche market or to serve a mass one. Compared with the transcendental view, this one, though subjective, is more concrete because at least the quality based on specific characteristic can be measured by the users.
- **Value-based definition:** this view is specified with the trade-off between cost and quality because it defines the degree of excellence at the acceptable price. In other words, its main concern is to provide the best quality possible with the price that customers are willing to pay. However, according to Garvin (1984), applying this view is quite challenging because it blends two related but distinct concept. Quality is measured by excellence whereas value is measured by worth. That's the reason why quality comes to be delineated as a hybrid concept of "affordable excellence". Unfortunately, this concept is hard to be defined and to be applied in practice.

Based on the views mentioned above, it can be seen that quality is a slippery concept, easy to be visualized but hard to be defined. These different views of quality sometimes lead to disagreements among people in different contexts or perspectives. An engineer will appreciate a product of high quality if it has no error based on the standard specifications whereas a customer will consider a product high quality when it satisfies his needs. As a result, it is impossible to build a unique definition for quality.

2.2.2. Service quality

Regarding the research in marketing, quality definition has been divided quite clearly between manufacturing product and service. For example, Ennew and Waite (2007) argue that service quality is more challenging to define than product quality due to the specific physical characteristics of a product. Although a service can be considered as a product in some situations, and to some extent they share several similarities, it is still a must for researchers and marketers to distinguish them due to considerable differences. According to Rust and Oliver (1994), the differences lie on the intangibility, simultaneous production and consumption and heterogeneity.

For the first one, services are intangible; you cannot touch, smell, taste, hold or stock a service in a warehouse. Instead, you experience the process of service as Shneider and Bowen (1995:19) has stated "*Services yield psychological experiences more than they yield physical possessions*". For example, you go to a beauty salon for the service of nail care and go back home without any physical product except for your hands becoming more attractive with carefully painted nails. This is the result of a process of the nail technicians working on your nails. And, it is different from the product of nail lacquer or nail polish that you buy from a shopping mall. Another example of higher education, Sultan and Wong (2012) state that higher education is a pure service that requires a substantial amount of interpersonal contact. However, not all services are pure service. Some services possess a mix of tangible and intangible attributes. A clear example that can be mentioned is a dining service. When a customer goes to a restaurant for the dinner, he enjoys both of the physical product of the meal as well as the intangible atmosphere of the restaurant comprising the space, the serving manner, the

music and so on. Therefore, to some extent, services are arrayed in a range of intangible elements.

The second characteristic of service is the relative inseparability. In the case of pure service, production and consumption happen at the same time. For instance, when someone goes to a music show of Nightwish, she consumes the music performance at the same time with the production of that service by the singer. And because of this, it makes the service provider harder in controlling the service quality in production before sending to the customer like in the case of a product.

The third difference derives from the heterogeneity of service itself. In nature, each service is different even it follows the same procedure is served by the same staff. The service result varies from time-to-time or from customer-to-customer; hence, it is hard to standardize their quality. In addition, McLean (1994) also suggests services are perishable and lack of ownership. The perishability of services comes from the fact that they cannot be stored but used only once. In most of the cases, a service operated requires quite considerable fix-costs due to high investment in facilities, equipment or even buildings and so on. As a result, the perishability can become an important matter when the fluctuating demand of services can lead to the underutilization. In the context of a college or university, without or little students, it still needs to spend most of the cost on running the business as usual.

There are two approaches to study service quality based on the construct of service: antecedent and dimensional. Among the two, the antecedent approach has received little attention from the academic researchers whereas most of the literature on service quality throughout the last decades lied on the dimensional approach (Sultan et al., 2013). Even in this approach, there have been several debates on what are the main dimensions, which can be grouped into two main schools of thought: the European and the American (Low and Zhu, 2016). The European school of thought represented by Grönroos (1984) identifies service quality with three components: technical quality, functional quality and image. Among them, technical quality is the quality that customers really receive when they interact with service providers whereas functional quality refers to how

customers gain the technical outcomes (Grönroos, 1984). It can be seen that this school of thought has not taken the factor of physical setting into account. Therefore, the American school of thought has emerged as a more comprehensive one, which is represented by Parasuraman, Zeithaml and Berry (1985).

These researchers suggest that service quality should include five dimensions called SERVQUAL: tangibles, reliability, responsiveness, assurance and empathy with the details as follow:

- tangibles: physical facilities, equipment and appearance of personnel;
- reliability: ability to perform the service dependably and accurately and with the promised level of performance;
- responsiveness: willingness to assist customers and provide them with prompt service;
- assurance: knowledge, honesty and courtesy of employees and their ability to inspire trust and confidence to customers;
- empathy: caring, ease of contact and individualized attention to each customer

In addition, different from physical product where production and consumption moments are separated, the service production and service consumption may overlap sometimes (Grönroos, 1991). Therefore, the consumer's evaluation of service quality could be influenced by his or her experience of these processes. In other words, they consider their subjective experience in building their opinions or perceptions for service quality. Later in 2010, Sharabi and Davidow also concluded that service quality is widely accepted as being subjective and determined by consumers. In brief, it is necessary to consider customer's subjective perception in defining and evaluating service quality.

2.3 Service quality expectation

Understanding consumers' service quality expectations is the key to offer superior service to customer as well as to achieve customer's satisfaction. However, there has

been a variety of ways to describe service expectations. Zeithaml, Bitner, and Gremler (2006) proposed that customer expectations are “beliefs about a service delivery that serve as standard against which performance is done”. According to Davidow and Uttal (1989), customer expectation is formed by many uncontrollable factors, such as customers’ previous experience with other service providers, customers’ psychological condition at the service delivery moment, customers’ backgrounds and values as well as the images of the purchased product. In general, expectation is viewed as a set of criteria a consumer sets toward a service.

Another way to categorize expectations is based on the differences and interactions in generating customer satisfaction: normative and predictive (Meirovich & Little, 2013). Lee, Lee and Yoo (2000) refer to normative expectations as the desired/ ideal ones whereas predictive expectations are what customers believe they will receive. In the predictive perspective, expectation is an experience-based prediction or anticipation of what likely will happen in the future. According to Oliver (2010), predictive expectations possess a statistical nature with their level defined by the subjective probability of a particular outcome. So, expectations will be performance amended. For example, a customer feels quite satisfied with his meal, and becomes even more satisfied with subsequent meals, but then experiences a poor one or discourteous service, so he never patronizes that restaurant again. In contrast, the concept of normative expectations was developed in the service quality literature as an element of the SERVQUAL instrument by Parasuraman, Zeithaml, and Berry in 1985. Normative expectations constitute customers’ beliefs about what a service provider should provide. In brief, Heung, Wong, and Qu (2000) emphasized that it is essential for business to gain success when they are able to meet customers’ normative expectations and to exceed their predictive expectations.

Normative expectations are more generic than predictive expectations because they reflect national cultural norms and are not relationship specific (Stewart, Morgan, Crosby & Kumar, 2010). Accordingly, Japanese consumers’ normative expectations would be higher for on-time delivery than Vietnamese consumers’ normative expectations would. Such expectations would hold regardless of the level or

characteristic of the service. Thus, the norms that are mirrored in normative expectations could be related to or explained by the values of national culture.

As mentioned above, the importance of expectations has been recognized in previous research of service quality and customer satisfaction together with much debate in term of expectation types, there is little empirical evidence on how expectations of quality differ among services, even though the classification of services demonstrate that differences do exist in service characteristics (Lovelock et al., 2011). This thesis will discuss the quality expectation in two types of services which are focusing on people: mental stimulus represented by education service and people processing represented by healthcare service.

3. CULTURE AND ITS INFLUENCE ON SERVICE QUALITY

Culture has been a profoundly popular interest of study in the academic world. Depending on the research field, there will be a different approach to culture. As a result, this chapter is going to present a specific approach to culture, which is appropriate for the study of cultural influence on service quality. It will begin with the literature about culture in general and continue with the national culture, in which several culture studies will be discussed. Among them, Hofstede's cultural dimensions is chosen as the cultural framework for this research but some criticism of this well-known work will be also analysed at the end of the chapter.

3.1. Culture

In this part, we are going to discuss a fundamental question "What is culture?". Culture is a very popular word not just only in the business life but also in academic research. One of the earliest definition of culture comes from Edward Tylor who labels culture as *"that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society"* (Tylor, 1871:1). Later, in the 20th century, Kluckhohn (1951:86) in his book "The study of culture" stated that *"Culture consists in patterned ways of thinking, feeling and reacting, acquired and transmitted mainly by symbols, constituting the distinctive achievements of human groups, including their embodiments and artifacts; the essential core of culture consists of traditional (i.e. historically derived and selected) ideas and especially their attached values"*. In general, the study of culture includes values, symbols, artifacts, cognitions, meanings, emotions and actions with which a group of people identifies (Ashkanasy, Wilderom, & Peterson, 2000).

So, culture is very hard to define and to categorize. It depends on what perspective culture is analysed or applied. According to Deresky (2014:94-95), there are two types of cultures: societal culture and organisational culture. Societal culture comprises the

shared values, understandings, assumptions and goals that are learned and accumulated from generations to generations. Therefore, one is born into a given culture and will gradually absorb the common attitudes, codes of conduct and expectations that guide them in certain norms of behaviour. On the other hand, organisational culture, which is different with societal culture widely held within a nation or a region, varies from one organisation, company, institution or group to another. This type of culture represents expectations, norms and goals held in common by members of the group.

Between these two types of cultures, societal culture tends to be stronger, and even affects organisational culture. With the nature of this research focusing on the effects of culture on customer's expectation for a specific service, societal culture, specifically national culture, will be also more suitable to be studied for this purpose because Hofstede (1984) has proved that national culture impacts significantly on individual values and attitudes which underlie different consumer behaviours, perception and expectations.

Throughout different aspects of business, it can be seen that culture can be expressed at different levels of nations, regions, genders, social classes, organisations or even individual. Due to the multi-faceted nature of culture, the level of culture studied in this thesis is the national culture.

3.2. National culture

Hofstede (1984) suggested that we are socialized into our national culture since we are born and this is how we internalize our values at the deepest level of our mind. Until becoming adults, these values are usually well-settled and hard to change.

Later, Cutler (2005:77) added "*National culture often resides less in practices and more in taken-for-granted values and assumptions*". According to Bhaskaran and Gligorovska (2009), the term national culture is derived from the belief that each country with people of shared history and experiences would be considered a country of

homogeneous culture, which is the seed for the national culture. Many scholars have studied national cultures based on different dimensions. Among them, Hofstede's work on cultural dimensions is the most widely cited (Bond, 2002). Other influential studies can be listed out such as the ones from Hall, Trompenars and GLOBE of House, Hanges, Ruiz-Quintanilla, Dorfman, Javidan, Dickson, and Gupta, which will be discussed below. These authors have examined thousands of people around the world in order to identify the key values for national cultures. Besides sharing some similar cultural dimensions, they all concentrate on values and beliefs which are the key driver of cultural norms.

3.2.1. Hall and Hall's cultural dimensions

Edward Twitchell Hall is an American anthropologist and cross-cultural researcher, remembered for early discoveries of how people behave and react in different cultural types. In particular, he is well-known for his high and low context cultural factors. Hall and Hall defined context as *"the information that surrounds an event; it is inextricably bound up with the meaning of the event"* (1990:6). And based on this context, the factors of high and low contexts are defined as "high context communication or message is one in which most of the information is already in the person, while very little is in the coded, explicit, transmitted part of the message. low context communication is just the opposite; i.e., the mass of the information is vested in the explicit code" (Hall, 1976:79). Even there are a lot of cultures in this world, all of these cultures always contain some features of high or low contexts that can be ranked on a particular scale.

According to Singh and Pereira (2005:55), *"high context cultures have close connections among group members, and everybody knows what every other person knows. Most information is intrinsically known (implicit) rather than explicit"*. As a result, in daily life, people neither need nor require much in-depth background information; and meaning is thus not contained much in words, but in gestures or even in the silence. Sometimes, people could also find out the meaning through status such as age, education, family background, sex and so on. This may be easily observed

when you experience these cultures and when you may be asked right from the beginning on status or background when you meet someone new. Asian countries such as Vietnam, Japan, China and Korea can fall into the category of high-context cultures.

In contrast, low-context cultures emphasize speed, accuracy, and efficiency in communication and more explanation is needed. Also according to Singh et al. (2005:55), "*low-context cultures are logical, linear, action-oriented, and the mass of information is explicit and formalized. Communication is expected to proceed in a rational, verbal, and explicit way*". As a result, low-context cultures assign primary emphasis to the written word and the role of informal networks of friends, family, and associates become less important. Western countries such as Germany, England and the US fall into this group of low-context cultures in which the verbal message contains most of the information and just a diminutive part is embedded in the conversation context.

In brief, this cultural study of the Halls most likely influence the communication styles across countries and cultures. For instance, Western people who belong to the low-context cultures provide precise and detailed messages as well as ask even blunt questions for more information if needed. In some cases, this style can be described as "say what you mean and mean what you say". On the other hand, Eastern people who are members of high-context cultures may believe that silence sends a better message than words, and perceive people of low-context culture who requires information less trustworthy. One example for this is the Indonesian proverb, "Empty cans clatter the loudest."

3.2.2. GLOBE

The GLOBE (Global Leadership and Organisational Behaviour Effectiveness) project examines the interrelationships among societal culture, organizational culture, leadership, and societal achievements (Javidan & Dastmalchian, 2009). Javidan, House, Dorfman, Hanges and Sully (2006:899) stated that "*To summarize, GLOBE decided that it is time to move beyond Hofstede's approach and to design constructs and scales*

that are more comprehensive, cross-culturally developed, theoretically sound and empirically verifiable". In addition, though arguing Hofstede's cultural dimensions are too simplistic to represent national cultures, GLOBE's authors also admit that their approach is heavily influenced by Hofstede's theory (Parboteeah, Bronson & Cullen, 2005). Specifically, GLOBE applies Hofstede's theory in considering the role of culture in leadership in order to identify traits which are universally accepted. Below are nine cultural dimensions of GLOBE, which derive from Javidan et al. (2009).

1. **Uncertainty avoidance:** The extent to which uncertainty is avoided by relying on established social norms. Societies with high scores on Uncertainty avoidance, such as Switzerland, Sweden and Denmark, value orderliness and consistency, structured lifestyles whereas Russia, Hungary and Bolivia scoring low on this dimension, have a strong tolerance for ambiguity and uncertainty with less structured lives.
2. **Power distance:** The extent to which unequal distribution of power is accepted. Societies of high scores on this dimension, such as Russia, Thailand and Spain, expect obedience from subordinates and draw distinguishing line about power and status among different classes. In contrast, Denmark and the Netherlands with low score on Power distance do not distinguish between those in power and those without.
3. **Institutional collectivism:** The degree of how collective distribution of resources is rewarded. Group harmony and co-operation are appreciated in collective countries like Singapore, South Korea and Japan whereas organizations value autonomy, self-interest and individual freedom in individualistic countries such as Greece, Hungary and Argentina. Reward is also offered to individual performance rather than a group.
4. **In-group collectivism:** The degree of how individuals express pride, loyalty and cohesiveness in society. Countries scoring high on this cultural practice, such as Iran, India and China consider being a member of a family and a close group of

friends (an in-group) very important. In contrast, family members and friends do not expect any type of special treatment and people do not feel obliged to ignore rules to take care of their close friends and family members in Denmark, Sweden and New Zealand, where in-group collectivism index is low.

5. Gender egalitarianism: The degree of how the society minimizes gender role differences. In countries high on this dimension, such as Hungary, Denmark and Sweden, women can have equal status and involve in making decision as man can. However, South Korea, China and Egypt, which belong to the male-dominated countries, have higher status for men and have relatively fewer women in positions of authority.
6. Assertiveness: The degree of how individuals are assertive, confrontational and aggressive in social relationships. People from countries scoring high on this cultural practice, such as Austria, Spain and Greece, people possess a 'can-do' attitude and tend to be more competitive in business. In contrast, people from countries scoring low on this dimension such as New Zealand, Sweden and Japan tend to have more sympathy for the weak, more emphasis on harmony and loyalty.
7. Future orientation: The degree of how the society engages in future planning, investing and delaying gratification. In high future-oriented cultures such as Singapore, Switzerland or Canada, it takes more time for decision-making and planning processes are more systematic. In less future-oriented cultures such as Russia, Argentina or Poland, planning processes are less systematic and people tend to prefer opportunistic behaviours and actions.
8. Performance orientation: The degree of how individuals are rewarded for performance improvement. Organizations in high score countries such as Singapore, Hong Kong and New Zealand are likely to emphasize training and development whereas family connections and background are more appreciated

In countries where they scored low on this cultural practice Russia, Argentina and Greece.

9. Humane orientation: The degree of how individuals are rewarded for being fair, altruistic, friendly and kind. In countries scoring high on this cultural dimension, such as Malaysia, the Philippines and Indonesia, human relations, support for others and sympathy for others (specially the vulnerable) are highly appreciated. People value belongingness and caring for the well-being of others. In addition, paternalistic and patronage relationships are common and children are expected to be obedient. In cultures scoring low, such as Germany, Spain or Singapore, power, material possessions, self-enhancement and independence are more emphasized. People prefer to solve their own problems and children are likely treated as independent individuals.

3.2.3. Trompenaars and Hampden-Turner

Also building on the work of Hofstede, Trompenaars and Hampden-Turner believe that values define cultures, but they focus on variations in both values and personal relationships across cultures with seven cultural dimensions. Among them, the first five dimensions focus on relationship among people whereas the last two focus on time management and society's relationship with nature.

Lloyd and Trompenaars (1993:17) discussed his work as *“based on extensive research involving 15000 employees in 50 countries, in which he explores the cultural extremes and incomprehension that can arise when doing business across cultures in different parts of the world – even when those involved are working for the same company.”*

Below are Trompenaars's cultural dimensions described in Nardon and Steers (2009:6).

1. Universalism vs Particularism: Relative importance of applying standardized rules and policies across societal members, roles of exception in rule enforcement.

2. Individualism vs Collectivism: Extent to which people derive their identity from within themselves or their group.
3. Specific vs Diffuse: Extent to which people's various roles are compartmentalized or integrated.
4. Neutral vs Affective: Extent to which people are free to express their emotions in public.
5. Achievement vs Ascription: Manner in which respect and social status are accorded to people.
6. Time perspective: Relative focus on the past or the future in daily activities.
7. Relationship with environment: Extent to which people believe they control the environment or it controls them.

In general, there are some similarities among studies of Hofstede, GLOBE and Trompenaars, especially the dimension of collectivism versus individualism and the concept of time. However, GLOBE and Hofstede share more similarities because GLOBE's study, as mentioned before, is based on Hofstede's. And, these two studies are also the ones cited most widely in intercultural studies. As stated in Hofstede (2010:1339), "*GLOBE adopted my dimensions paradigm of national cultures. They expanded my five dimensions to nine. They maintain the labels Power Distance and Uncertainty Avoidance, and rename Long Term Orientation: Future Orientation*". So, it can be considered that these dimensions are quite basic and important and are recognized in the two most popular studies on culture. In term of Trompenaars's work, this theory focuses more on global corporate managers and leaders, stated before by the authors. The main concentration of Trompenaars' theory is considered as the way people think, their foresights, behaviour and future expectations with three basic features of relationship with others, time and environment. He supposed that culture is how a specific group of people solve problems (Lut, 2016). Besides, as mentioned above, the subjects of Trompenaars's study are managers in global corporates. Thus, his study is more or less inclined to reflect the corporate world rather than other different aspects of life.

In fact, most of cultural frameworks mentioned above are valid resources for general culture study, but for the investigation of the relationship between culture and service quality, especially for the context of healthcare and education is quite minimal. At the same time, Hofstede's model is applied and studied quite effectively and vastly in this field with some typical studies of Donthu and Yoo (1998), Mattila (1999), Furrer, Liu and Sudhasan (2000) and many other studies flourishing on the settled ground. So, Hofstede's model with the most updated sixth dimension is the most appropriate for the focus of this thesis's study. And, Hofstede's cultural dimension will be discussed in the next part.

3.3. Hofstede's cultural dimensions

As mentioned above, there have been many studies demonstrating the influence of cultural differences on one's behaviour, perceptions, norms, expectations, and beliefs. Various cross-cultural theories have been proposed, which some are discussed above. In cross-cultural theories, the issue of how individual's self-concept has impact on their response to the environment has been studied. According to Markus and Kitayama (1991), in a world of different cultures, people tend to have different views of their selves and how they collaborate with others. Therein, the nature of individual perception and experience in each culture can be explained. For example, collectivist cultures such as Mexican, Asian, Latino and African emphasize the good relationships and harmony with others in the society. In contrast, individualist cultures such as American and other Western cultures insist on the self-identity, privacy and independence.

Though there are numerous cultural approaches and theories, only a few dimensional models among them provide the measurements as the country scores that can be used as independent variables for the analysis of consumption differences and other aspects of consumer behaviour across cultures. In that context, Hofstede's framework has emerged as one of the most popular methods in measuring the impact of cultural differences among nations. In 1984, Geert Hofstede was the first scholar who first developed four independent dimensions of national culture labelled as Power Distance, Individualism/

Collectivism, Masculinity/ Femininity, Uncertainty Avoidance. Later in 1990, he proposed the fifth dimension, based on his research with Bond's Chinese Values Survey implemented on university students across 23 countries, and named it Long/ Short-term Orientation. The sixth dimension of Indulgence/ Restraint was added in 2010, based on Michael Minkov's analysis of the World Values Survey data for 93 countries.

In spite of a lot of criticism mainly regarding the internal validity of the dimensions and the method of constructing the scales, which will be discussed in more details in part 3.4 below, Hofstede's study has interesting attributes such as the sample size and the codification of cultural attributes along numerical indices (Furrer et al., 2000). Stereotypes on characteristics of people in many countries in the world can be partly explained by these numerical indices. For instance, French and Italians are supposed to be very demanding, American to be arrogant, boastful and practical and Chinese to be paternalistic, long-term minded and hierarchical.

3.3.1. Power distance

House, Javidan, Hanges and Dorfman (2002) define Power Distance as the degree to which members of an organisation or society expect and agree that power should be unequally shared. In another research, Soares, Farhangmehr and Shoham (2007) state that power distance reflects the consequences of power inequality and authority relations in society. It influences hierarchy and dependence of relationships in the family and also the workplace. In the book "Culture and Organisations: Software of the mind", Power Distance is defined as: "*the extent to which the less powerful members of institutions and organisations within a country expect and accept that power is distributed unequally. Institutions can be referred to the basic elements of society, such as the family, the school, the community whereas organisations are the places where people work.*" (Hofstede, Hofstede & Minkove, 2010:61).

Individuals in high power distance countries will take the power inequality and perceive differences between superiors and subordinates as granted; they will agree with the fact that superiors are entitled to special privileges. In contrast, those from low power

distance cultures tend to be in favour of egalitarianism among social classes. In addition, argument with superiors or parents could be acceptable. For instance, Japanese who are considered to be high in power distance perceive hierarchy as natural as breathing. There is strong dependency in the relationship between parents and children, bosses and subordinates, and professors and students. In contrast, children in the low power distance culture of America grow up independently. Moreover, they do not want dependency from nor depend on others.

One thing needs to be noticed in this dimension is that the score of Power distance is indeed described based on the value system of the less powerful members. As Hofstede et al. (2010) commented, people sometimes forget that leadership can only exist with the complement of “subordinateship.”

The highest scoring countries in Power distance are Malaysia and Slovakia with the same score of 104 whereas the lowest scoring countries are Israel (13) and Austria (11) (Hofstede et al., 2010:57-59). In general, Asian, Eastern European and Latin American countries have high score in this index whereas German-speaking countries, Nordic countries, the United States and Great Britain and its former colonies have low scores. (Hofstede et al., 2010:60).

3.3.2. Individualism/ Collectivism

The concept of individualism/ collectivism refers to the bonding degree of an individual towards his society (Hofstede, 2005:51). Specifically, this dimension is defined by Hofstede et al., (2010:92) as follow: *“Individualism pertains to societies in which the ties between individuals are loose: everyone is expected to look after him- or herself and his or her immediate family. Collectivism as its opposite pertains to societies in which people from birth onward are integrated into strong, cohesive in-groups, which throughout people’s lifetime continue to protect them in exchange for unquestioning loyalty.”*

The ties among individuals in individualistic societies are loose whereas people from collectivist cultures are integrated into strong and cohesive societal relationships. In collective cultures, the group rather than the individual is important because collectivist societies emphasize conformity and harmony to promote the group's common goals. Even if people disagree with each other, they still try to maintain superficial harmony. Direct confrontation of another person could be considered rude (Hofstede et al., 2010). In contrast, achievements, developments and individual rights are more paid into attention in the individualist cultures. At work, the task will normally prevail over other personal relationships (Hall, 1976). And, confrontation or disagreement in this society is considered to lead to a higher truth or better result. And, to tell the truth or to speak one's mind is a virtue (Hofstede et al., 2010).

Other concepts embedded in collectivist society are *shame* and *face*. When an individual infringes upon the rule or commits a crime, the group/ family in which that individual belongs will also feel shameful (Hofstede et al., 2010). In term of face, Ting-Toomey and Kurogi (1998) define face as "*the claimed sense of favourable social self-worth and the estimated other-worth in an interpersonal situation*" whereas Hofstede et al. (2010:110) stated that "*face describes the proper relationship with one's social environment, which is as essential to a person (and that person's family) as the front part of his or her head*". In general, what underlies this concept is to keep face or not to lose face because such societies are very conscious of social contexts and face is associated with "*identity respect, disrespect, dignity, honour, shame, guilt, status, and competence issues*" (Ting-Toomey & Oetzel, 2002:145).

Not surprisingly, the most individualistic countries come from the Anglo world, which are United States, Australia and Great Britain with the scores of 91, 90 and 89 respectively. In contrast, the most collectivist countries come from Latin America including Guatamela, Ecuador and Panama with the scores of 6, 8 and 11 respectively (Hofstede et al., 2010:95-96).

3.3.3. Masculinity/ Femininity

The name of this dimension may trigger a misunderstanding about its nature and confuse people with the associations to political trends. Among Hofstede's major cultural dimensions, masculinity refers to the societal norms governing the societal roles attached to women and men in the widely accepted concept that men represent strength, decision, competition and play the leading position in the society whereas women tends to be more harmonious and caring (Hofstede, 2005:81). He suggests that the perception of gender role differentiation is an important element that can compare different cultures. In the book "Culture and Organisations: Software of the mind", a society is called masculine *"when emotional gender roles are clearly distinct: men are supposed to be assertive, tough, and focused on material success, whereas women are supposed to be more modest, tender, and concerned with the quality of life. A society is called feminine when emotional gender roles overlap: both men and women are supposed to be modest, tender, and concerned with the quality of life."* (Hofstede et al., 2010:140).

As a result, masculine societies will focus on materialistic success as well as prestige. People can sacrifice their personal life such as leisure time, time for family, hobbies and so on for their work and career. This can be found in countries with high score in masculinity index such as Japan (95) or China (66). In addition, achievements, competition and heroism are appreciated values in such societies (Swaidan & Hayes, 2005). In contrast, feminine societies tend to balance job and life. They prefer low stress jobs, promotion by merit, good relationship with the boss, and thus smaller companies will be more favoured. For them, relationship with and concerns for others are of much importance (Bjerke & Al-Meer, 1993). In another research where feminine culture is characterized by the value of modesty, Triandis (1995) that individuals from these cultures don't like to stand out whereas countries with more masculine culture support assertive and career-seeking individuals.

In this book, Hofstede et al. (2010) also point out the reason why this dimension is the most controversial. Compared to other dimensions, countries' wealth is not divided clearly based on this dimension. The feminine countries of Sweden and the Netherlands are considered in the same developed country group together with masculine US or Japan. Another concern for this dimension is that the masculine/ feminine traits are

conceived in term of emotional roles rather than social gender role, which are defined and shaped by social norms and traditions. Also because of roles attached to the gender will fade when people grow older, they tend to become more social and less ego-oriented. In other words, the gap between women's and men's masculinity values becomes smaller. (Hofstede et al., 2010:150).

According to Hofstede et al. (2010:141), the most feminine-scoring countries are Sweden, Norway and Latvia with the scores of 5, 8 and 9 respectively. In contrast, the most masculine-scoring countries come from Asia and Eastern Europe, which are Slovakia, Japan and Hungary with the scores of 110, 95 and 85 respectively.

3.3.4. Uncertainty avoidance

Hofstede et al. (2010:191) describe Uncertainty avoidance as “*the extent to which the members of a culture feel threatened by ambiguous or unknown situations*” and state “*this feeling is, among other manifestations, expressed through nervous stress and in a need for predictability: a need for written and unwritten rules*”. People from cultures with strong uncertainty avoidance are active, aggressive, emotional, security seeking, and intolerant. These people try to minimize the possibility of such situations by adhering to strict laws and rules, safety and security measures, and a belief in absolute truth. On the other hand, people from cultures with low uncertain avoidance are unemotional, less aggressive, accepting risks and more sympathetic with behaviour and opinions that differ from their own. Together with that, they accept the unstructured situations or changeable environments and are flexible with the rules. (Nakata & Sivakumar, 1996).

The term “anxiety” is an important psychological concept used to understand the dimension of uncertainty avoidance and the behaviour of people with a specific level of this dimension. Different from “fear” which needs to have an object, “anxiety” does not have a specific object, it is a “*state of being uneasy or worried about what may happen*” (Hofstede et al., 2010:195) took from Webster's New World Dictionary of the American Language in 1964). Hofstede et al. (2010) state that in weak uncertainty

avoidance culture, the level of anxiety is quite low, and therefore if people express aggression and emotions, they may face social disapproval. They need to be more tolerant of different opinions, have less rules and even internalize their stress. In opposition, anxious cultures with high score in uncertainty avoidance tend to be more emotional and expressive in their behaviours. It is socially acceptable to speak up one's mind or make oneself heard. To summarize, this dimension can be described by two contradicting sentences: "*What is different is dangerous*" and "*What is different is curious*" (Hofstede et al., 2010).

Countries with highest scores for uncertainty avoidance are Greece, Portugal and Guatemala with the scores of 112, 104 and 101 respectively. The lowest scores for this index are 23, 13 and 8 which belong to Denmark, Jamaica and Singapore respectively (Hofstede et al., 2010:193-194). In general, this dimension tends to score higher in East and Central European countries, in Latin countries, in Japan and in German speaking countries whereas the score becomes lower in English speaking, Nordic and Chinese culture influenced countries.

3.3.5. Confucian dynamism or long-term/ short-term orientation

The short-term versus long-term orientation is the fifth dimension of culture, also named as the Confucian dynamism. Confucianism is deeply rooted in the history of China and has also affected other neighbouring cultures. The key principles of Confucianism mentioned in Hofstede (2005:165) include:

1. *The stability of society is based on unequal relationships between people*
2. *The family is the prototype of all social organisations*
3. *Virtuous behaviour towards others consists of not treating others as one would not like to be treated oneself*
4. *Virtue with regard to one's tasks in life consists of trying to acquire skills and education, working hard, not spending more than necessary, being patient, and persevering.*

This dimension refers to the extent to which a society exhibits pragmatic future-oriented perspective rather than a conventional or short-term one (Bond, 1987). According to Hofstede et al. (2010:240), *“long-term orientation stands for the fostering of virtues oriented toward future rewards—in particular, perseverance and thrift. Its opposite pole, short-term orientation, stands for the fostering of virtues related to the past and present—in particular, respect for tradition, preservation of “face,” and fulfilling social obligations”*. Thus, short-term orientation people possess a little propensity to save, strong social pressure to keep up with colleagues, friends, and neighbours, impatience for achieving quick results, and are generally concerned with establishing the truth. On the other hand, long term people aim for future rewards, in particular saving, persistence, and adapting to changing circumstances.

The top three countries in this dimension all come from East Asia, which are South Korea, Taiwan and Japan with the scores of 100, 93 and 88 respectively. In opposition, countries with lowest scores in this dimension are Egypt, Ghana and Puerto Rico with the scores of 7, 4 and 0 respectively. In general, African, Latin American and Middle-East countries score very low whereas East Asian and East European countries as well as Germany, Switzerland, Belgium score high (Hofstede et al., 2010:254-256).

3.3.6. Indulgence versus Restraint

The last dimension of Indulgence versus Restraint is added to Hofstede’s model recently, thanks to the work of Micheal Minkov through the data collected from the World Values Survey. In the book *“Culture and Organisations: Software of the mind”* (Hofstede et al., 2010), Minkov considers these three features of happiness, life control and importance of leisure as the core of this new dimension. Besides these three key items, this dimension is *“positively correlated with the importance of having friends and negatively with choosing thrift as a valuable trait for children”*. (Hofstede et al, 2010:281).

According to Hofstede et al. (2010:281), this dimension is defined as follows: *“Indulgence stands for a tendency to allow relatively free gratification of basic and natural human desires related to enjoying life and having fun. Its opposite pole,*

restraint, reflects a conviction that such gratification needs to be curbed and regulated by strict social norms". The concept of "gratification of desires" in indulgence means enjoying life and having fun, not gratifying human desires in general. As a result, the pole of indulgence is characterized by a perception that one can act as one pleases and indulges oneself in leisurely and fun-related activities, more smiles and less moral discipline. In other words, indulgent cultures will tend to concentrate more on individual happiness and well-being, leisure time is of much importance with greater freedom and personal control. At the other pole of restraint, it is found that people in these societies are restrained by various social norms and leisurely activities, spending, and other similar types of indulgence are felt somewhat wrong.

The top three most indulgent countries all from Latin America are Venezuela, Mexico and Puerto Rico with the scores of 100, 97 and 90 respectively. In opposition, the top three most restraint countries are Latvia, Egypt and Pakistan with the scores of 13, 4 and 0 respectively. Most of the indulgent countries come from Latin America as well as developed world of Western Europe and Anglo countries whereas Eastern European and Islamic countries are considered restraint. (Hofstede et al., 2010: 282-285)

Compared with other five previous dimensions, this dimension still lacks of empirical research and data. In addition, with the key theme of happiness, this dimension may cause ambiguity because happiness is hard to define and evaluate in different cultures and societies. However, existing studies have confirmed that it can help predict and explain a large range of social phenomenon, such as poorer Filipinos who are happier than the richer Hong Kongese (Hofstede et al., 2010). Especially, in the field of customer behaviour and service quality, happiness plays a quite key role, so this dimension is of much importance to the thesis study in specific and cross-cultural management and international business in general.

3.4. Criticism of Hofstede cultural dimensions

Hofstede cultural dimension is one of the most widely cited work (Bond, 2002). His thoroughly grandiose work has provided scholars and even businessmen with such a valuable insight into cross-cultural studies. However, as any other influential academic work, Hofstede's study also receives criticism. Most of them are quite repetitive and have been addressed in many previous studies, even in Hofstede's one. The first criticism is about categorizing cultures through nations which brings an ambiguity. That is, after the colonial period, many countries were established within colonists' discretion for effective control, not based on the colonies' culture, religion or ethnic group. In the very first part of the book "Culture and Organisations: Software of the mind", Hofstede et al. (2010:21) admit and explain that, "*Using nationality as a criterion is a matter of expediency, because it is immensely easier to obtain data for nations than for organic homogeneous societies. Nations as political bodies supply all kinds of statistics about their populations.*"

Another popular criticism is about the model's obsolescence whose data come from a US-derived company decades ago. For example, Taras and Steel (2009) stated that Hofstede's results deriving from the IBM study in the period of 1967-73, are still frequently used in secondary empirical analyses, even nowadays. Hofstede (1998) countered with the argument that culture is not changing rapidly and cross-cultural study outcomes are based on indoctrination through generations whereas recent application also support the original data of the dimensions. Specifically, Hofstede et al. (2010:20) again insisted that cultural values, unlike culturally motivated behaviours, don't change overnight and "*national value systems should be considered given facts, as hard as a country's geographical position or its weather*".

Also coming from the fact that the original data were just derived from one source which is IBM multinational company only, some critics bring up the possibility of biased results as well as lack of aspects of local national cultures from Hofstede's cultural dimensions. In an adverse opinion, Hofstede (1998) said he was not making an absolute measure, he just gauged the differences between cultures and this style of cross-sectional analysis was appropriate. Another interesting argument for this criticism is that the data collected from a group of employees of a single multinational company

eliminates the effect of the corporate policy and management practices from different companies which have different effects on behaviours, leaving only national culture to explain cultural difference (Hofstede, 1980). In general, as Williamson (2002) did conclude, Hofstede's model can explain relative, but not absolute, measures of cultural values, and this model is still of much importance and the foundation for cross-cultural studies, such as this thesis.

4. THE RELATIONSHIP BETWEEN CULTURE AND SERVICE QUALITY EXPECTATION THROUGH HOFSTEDE'S DIMENSION AND SERVQUAL

After discussing about service quality and culture in chapter two and three, the relationship between these two factors will be argued and determined through a set of hypotheses in two service contexts of higher education and healthcare. Specifically, this chapter presents the hypothesised correlation between six Hofstede's cultural dimensions and five SERVQUAL dimensions. Though there are 30 possible correlations in principle, not all of them are hypothesised to be correlated. There will be two tables summarizing the correlation relationship between culture and service quality for two services of higher education and healthcare at the end of the chapter.

4.1 Relationship between culture and service quality expectation

There have been many studies showing evidence to suggest that culture has a significant effect on consumers' evaluations of service encounters. Winsted's study (1997) pointed out that customers in different countries evaluate service quality differently. The study focuses on the types of behavioural dimensions which restaurant customers would use to evaluate service encounters and find differences between American and Japanese consumers. While American appreciated friendliness, promptness, being personal and authentic, Japanese consumers emphasized caring, kindness and formality due to high status consciousness and group orientation. Cross-cultural differences in consumer complaining behaviour was also raised and studied by Liu and McClure (2001) in the context of two countries: individualist USA and collectivist South Korea. Empirical evidence shows that South Korean consumers don't express their dissatisfaction straightly but tend to have private behaviours such as stop, exit or negative word-of-mouth. This is a typical reaction in collectivist culture where people try to avoid negative emotions publicly in order to keep face and maintain group harmony.

Laroche, Ueltschy, Abe, Cleveland and Yannopoulos (2004) also proved that not all measures of service quality and satisfaction are similar among cultures through a study of cross-cultural comparison of perceptions of service quality and satisfaction for a dental service among Canada, Japan and the USA. Similar to the explanation in previous study of Liu et al. (2001), due to the maintenance of harmony in relationship, Japanese respondents reported significantly higher service quality perceptions and satisfaction than Canadian or American respondents.

Besides, due to the generalization and popularity, there have been many studies applying Hofstede's cultural dimensions on evaluating and analysing the relationship between culture and service quality, especially using the SERVQUAL scale. For example. Donthu and Yoo (1998) tested the effect of power distance, uncertainty avoidance, collectivism and long-term orientation on bank consumers' expectations of service quality. Regarding masculinity, it was not tested because it is supposed not to have strong relationship with service expectations. Their study showed some relationship between Hofstede's dimension and SERVQUAL's dimension as below:

- Power Distance is inversely related to Responsiveness and Reliability.
- Uncertainty Avoidance is positively related to Tangibles.
- Individualism is positively related to Empathy and Assurance.

Another famous study in this field is from Furrer, Liu and Sudharsan (2000). Similar to Donthu et al. (1998), they used the cultural dimensions of Hofstede and the SERVQUAL dimensions to suggest that the importance of SERVQUAL dimensions varies across people from different cultural backgrounds. In this research, culture is not associated with nation but at the individual level. Some additions to previous research are that they create the three so-called "contingency variables": distinction between powerful and weak customers (for power distance), male and female service providers (masculinity), and frequent and infrequent service situations (with uncertainty avoidance).

Besides the two studies above, Mattila (1999) also applied Hofstede's dimensions to investigate the influence of culture on the evaluation of services in luxury hotels. She used two Hofstede's dimensions of power distance and individualism dimensions to relate to three service dimensions: physical environment, importance of hedonism and personal service. Even these dimensions are not literally the same as the five SERVQUAL dimensions, the study still provides some extra insight on perceived service quality, especially physical environment could be related with tangibles.

Overall, it can be seen that culture has an important influence on customer satisfaction and perceived service quality. In order to contribute to clarify this relationship, the hypotheses for each pair of possible relationship between the Hofstede's dimensions of culture and the importance to customers of SERVQUAL's dimensions will be established as below.

4.1.1. In the context of education

Compared to other commercial sectors such as restaurant, banking and so on, service quality research in the higher education sector is quite new. Most of the quality models used in this sector are adapted from the ones commonly deployed in the business sector (Chua, 2004). However, as the fact that education has emerged as another type of smoke-less industry with schools fighting for attracting full-tuition paying students, research in this field has received more attention from scholars and researchers.

As mentioned above, one of the distinguishing factor of service is the inseparability where the consumption and production happens at the same time. In other words, the service performance needs to involve the customers or require the intimate contact of the customer to the production process (Carman & Langeard, 1980). Therefore, as stated by Hill (1995), the service quality not only depends on the service provider's performance, but also on the performance of the customer. It is indeed true in the context of education where the result of learning process is also decided partly by the student participation in term of effort, assiduity or ability. In addition, due to some

subjective impacts, it may become challenging for students to evaluate their own inputs fairly, especially some people may not want to put efforts but still seek for good results.

Another issue concerning the expectation in the field of education is that the student is not the only person who makes final decision on how the service should be. Besides, this expectation may be affected by other stakeholders such as family, friends, companies and so on. So, Rinehart (1993) suggests that higher education institutions should focus on the best interest of their customers which is the good preparation for their employment. It will be applicable to other types of schools such as language schools or the one providing certificate courses. As a result, these typical traits of education will have a specific influence on service quality expectation in general.

4.1.2. In the context of health care

Compared with education, the concept of service quality in healthcare has been studied sooner. However, researchers find it even more difficult to define and measure due to its intangibility, heterogeneity and simultaneity. In addition, healthcare service is complex in nature with the involvement of ethical considerations (Ali, 2013). Donabedian (1980:5) defined healthcare quality as *“the application of medical science and technology in a manner that maximises its benefit to health without correspondingly increasing the risk”*. According to this author, healthcare quality is divided into three components: technical quality referring to the effectiveness of care in producing achievable health gain; interpersonal quality expressing the ability to accommodate patients’ needs and preferences; and lastly amenities which are physical surroundings and organisation attributes. Besides, there are some debates over how a good healthcare service should be. For example, carefulness may be highly appreciated, but too much care such as providing unnecessary tests or excessive medications resulting in probable risks and side effects can be considered as poor quality (Ali, 2013). Lohr (1991:21) insisted that the good quality of healthcare service is to increase the likelihood of achieving desired health outcomes of the patient, in which “desired health” may vary among different patients. The factor of “cultural sensitivity” is also mentioned in the

research of Schuster, McGlynn and Brook (1998) in evaluating the expectation of good quality in healthcare.

Similar to other services where SERVQUAL is applied in evaluating the expectation of customers, quite much research has been done in healthcare service. O'Connor, Trinh, and Shewchuk (2000) found that among five factors of SERVQUAL, patient's expectations for reliability, assurance, responsiveness and empathy are often underestimated whereas their expectations for tangibles are overestimated by clinic employees, physicians and administrators. Many external factors have been found to have effects on expectations in healthcare service. For example, Duffy, Duffy, and Kilbourne (1997) found that US residents had lower expectations than UK residents for all five SERVQUAL dimensions, which can be concluded that expectations are likely to be shaped by socioeconomic status, culture and other cohort effects.

4.2 Hypotheses about the relationship between Hofstede's dimensions and SERVQUAL

4.2.1. Power distance

According to Hofstede et al. (2010), the level of power distance in a society has shown its influence on the relationship between doctors and patients. Particularly, in countries with high level of power distance, consultations take less time and patients who are weaker people tend to listen and follow everything from the stronger doctors. In other words, customers in high power distance tend to accept poor delivered services due to the respect for the expertise of the more powerful provider. Therefore, Donthu and Yoo (1998) have shown empirically that customers in high power distance culture have lower expectations about responsiveness and reliability than customers with lower levels of power distance.

Malhotra, Ulgado, Agarwal and Baalbaki (1994) also confirmed before that consumers low on power distance expect highly responsive and reliable service or even a pursuit of

continuous improvement in service quality. Later in 2000, Furrer et al. proved that power distance is negatively correlated with reliability, responsiveness, and also empathy and positively correlated with assurance and tangibles. It means that high power distance can be associated with lower expectations in terms of the service staff responsiveness or the excellence of service and higher expectations about trust such as concern for privacy and security as well as tangible service attributes such as design, décor artifacts and other visual appeal to express their value and status.

In the context of healthcare, the tangible service attribute could be referred to medical equipment, facilities and also applied to the service in general. However, in term of empathy, as mentioned above that consultation time is often short in higher power distance and the less powerful patients find it bothersome to ask or to take much time of more powerful doctors, it can be assumed that empathy is negatively correlated with power distance, which is similar to the result of Furrer et al. (2000). In term of assurance, Donthu et al. (1998) argued that because weak customers are dependent on the more powerful service providers, so they will attach much importance into assurance. In the context of healthcare, this is completely precise when patients depend much on doctors. As a result, high power distance people will need more assurance. As a result, the hypotheses for the healthcare will be suggested as below:

H1a: Power distance is positively correlated with tangibles in the context of healthcare.

H2a: Power distance is positively correlated with assurance in the context of healthcare.

H3a: Power distance is negatively correlated with responsiveness in the context of healthcare.

H4a: Power distance is negatively correlated with reliability in the context of healthcare.

H5a: Power distance is negatively correlated with empathy in the context of healthcare.

In the context of education, the literature will be proposed and applied similarly to the one in healthcare context. Hofstede et al. (2010) suggest that one of the most important and typical trait of cultural difference in the dimension of power distance is the role of the teacher or the service provider. As mentioned above, in high power distance cultures, the teacher is a “guru” and the class will be teacher-centred. So, the result of

one's learning is highly dependent on the excellence of one's teacher. In contrast, in low power distance culture, education is about student-centred where students play a more important role in the class as well as decide their result. So, assurance is therefore positively correlated with power distance in this context. However, tangibles which is supposed to be positively correlated with power distance in the context of healthcare, will be considered as an additional feature to assert the quality of the education offered, and thus negative correlated with power distance. For example, students in the low power distance tend to learn from many sources and not just follow their teachers, so they need to have good physical facilities for their self-study whereas in the high power distance culture, the most important for an educational organisation is the teacher's prestige which is a good assurance for the success of student, rather than magnificent or state-of-the-art physical environment. As a result, the hypotheses will be suggested as below:

H1b: Power distance is negatively correlated with tangibles in the context of education.

H2b: Power distance is positively correlated with assurance in the context of education.

H3b: Power distance is negatively correlated with responsiveness in the context of education.

H4b: Power distance is negatively correlated with reliability in the context of education.

H5b: Power distance is negatively correlated with empathy in the context of education.

4.2.2. Individualism

Due to the fact that customers from individualistic cultures pursue primarily their own interests, not others' interests, they are not willing to accept bad service, whereas collectivist customers would tolerate poor service because they want to keep harmony (for example, good relationship between the customer and the service provider or they do not want to loose face of service provider). Individualist customers expect the quality of services to be prompt and right at the first time, which refers to responsiveness and reliability dimensions (Donthu et al., 1998). In response to the argument of Donthu et al. (1998). Furrer et al. (2000) also proved that individualism has positive relationship with responsiveness and reliability.

However, Donthu et al. (1998) and Furrer et al. (2000) have suggested contrasting opinions on the relationship between the cultural dimension of individualism and SERVQUAL dimensions of empathy and assurance. Through empirical evidence, Donthu et al. (1998) said that assurance and empathy are more important to individualistic customers than collectivist customers. It can be explained that individualist customers would expect a service provider to respect and care about them, to show empathy and personal attention, and to display confidence about the services they are receiving. They also provided empirical evidence. In contrast, Furrer et al. (2000) argued that individualism is characterized by self-confidence and independence.

As a result, a self-confident and independent customer would not expect to be reassured by the service provider. The fact that individualists attach significant importance to being treated as individuals does not mean that they also expect to receive the care and service at heart from service providers. Together with this argument, their research also shows the negative correlations between empathy, assurance and individualism. Moreover, Furrer et al. (2000) also stated that due to the self-identity, individualist customers also expect a distance with the service provider whereas tangibles is considered a means to decrease the closeness of the interaction. So, tangibles and individualism may have a positive correlation.

In regard of the two dimensions of responsiveness and reliability, I agree with both Furrer et al. (2000) and Donthu et al. (1998) that there will be a positive correlation between these two with the level of individualism in both of the two contexts of education and healthcare. However, regarding the empathy, the conclusion from Donthu et al. (1998) is more appropriate for both the healthcare and education service.

According to Hofstede et al. (2010), the purpose of education is different between individualistic and collectivistic societies. The purpose of the former is to prepare “*the individual for a place in a society of other individuals*” (Hofstede et al., 2010:118). Also, the students in this kind of society also strive for challenges as well as new ideas.

Thus, they will need to discuss with the teachers privately and the teacher need to pay attention to each student and teach them in a specific way. In contrast, students in collectivist culture tend to keep silent and listen to all of the teacher's words. "*The virtues of harmony and maintaining face reign supreme*" (Hofstede et al., 2010:118). As a result, to receive so much attention from the teacher may raise something awkward and disharmonious. In the context of healthcare, the situation is also the same as Hofstede et al. (2010:116) state that "*people in high-IDV cultures are more focused on the self is visible in a greater concern for their own health than is found in low-IDV cultures*". It could be assumed that individualistic patients require more empathy or personal attention or consultation from the doctors.

In term of assurance in the context of healthcare, as Furrer et al. (2000) asserted above about the self-confidence and independence of individualistic customers, the patients are not going to expect this SERVQUAL dimension of assurance by the service provider. Purnell (2012) also pointed out that people in individualistic cultures are personally responsible and held countable for their own decisions. As a result, assurance is negatively correlated with individualism. And, this argument will be applied similarly in the context of education.

Regarding the last SERVQUAL dimension of tangibles, Furrer et al. (2000) argued that tangibles will be positively correlated with individualism because tangibles is considered a means to decrease the closeness of the interaction which facilitates a distance between patient and doctor, or teacher and student. In contrast, Kueh and Voon (2007) suggested that collectivist customers will have a greater need to be assured of the service quality by using tangibles as surrogate evidence. In fact, I believe that the different characteristics between individualism and collectivism did not express clearly the need for tangibles or not. Briefly, for the dimension of individualism, the correlations with SERVQUAL dimensions are similar in the two contexts. Therefore, the hypotheses for the dimension of individualism will be suggested as below.

H6a: Individualism is not correlated with tangibles in the context of healthcare.

H7a: Individualism is negatively correlated with assurance in the context of healthcare.

H8a: Individualism is positively correlated with responsiveness in the context of healthcare.

H9a: Individualism is positively correlated with reliability in the context of healthcare.

H10a: Individualism is positively correlated with empathy in the context of healthcare.

H6b: Individualism is not correlated with tangibles in the context of education.

H7b: Individualism is negatively correlated with assurance in the context of education.

H8b: Individualism is positively correlated with responsiveness in the context of education.

H9b: Individualism is positively correlated with reliability in the context of education.

H10b: Individualism is positively correlated with empathy in the context of education.

4.2.3. Masculinity

For this cultural dimension, Furrer et al. (2000) only find significant correlations with responsiveness and tangibles. Regarding tangibles, there is a positive relation between tangibles and masculinity because customers expect female employees to dress and look feminine in masculine cultures. In addition, according to de Mooji (2011), in masculine culture, performance and achievement are important. Happiness comes from success. Big is beautiful. People consume to show off. In contrast, in the feminine society, people consume for use. Life quality is important. Small and delicate is preferred. Therefore, it can be assumed that masculinity is positively correlated with tangibles, too. These arguments are valid in both the two contexts of healthcare and education where staff uniforms or appearance as well as other facilities, equipment or even the building, the whole physical context will help express the high social class which is very important in masculine society.

Regarding responsiveness, Furrer et al. (2000) stated that masculinity is negatively correlated with responsiveness due to the expectation in masculine cultures that a female employee behaves in a feminine way in the first place instead of being professional. It can be explained that because customers with a high score in

masculinity expect male service employees to be more professional and responsive in serving whereas they expect females to be more empathetic.

However, according to Hofstede and Hofstede (2005), jobs requiring human contact will always insist on feminine values regardless of the employee's sex. For example, feminine values such as friendliness, caring and helpfulness are always highly appreciated by both male and female customers, and customers would not expect poorer service just because the employee is a male or a female. Instead, the relationship between responsiveness and masculinity could be traced back to the core characteristics of this dimension.

In a masculine culture, the desire to compete and to achieve is very strong, and in the service industry, what defines staff performance the most is through customer feedbacks about their responsiveness. Also, customers from high masculine cultures tend to appreciate proactive problem solving (Dysart-Gale, 2006). Specifically, in the context of healthcare, Dysart-Gale (2006) also realized that feminine patients tend to favour cautious "wait and see" treatment whereas masculine ones prefer aggressive treatment, even causing unintended consequences. Thus, there will be a positive correlation between responsiveness and masculinity in both of the two contexts.

In term of the masculinity effect in education, Hofstede et al. (2010:162) stated that "On the masculine side, teachers' brilliance and academic reputation and students' academic performance are the dominant factors. On the feminine side, teachers' friendliness and social skills and students' social adaptation play a bigger role". Thus, it can be assumed that a masculine culture will attach much importance into assurance whereas feminine culture will prefer empathy. In addition, Hofstede et al. (2010) also mentioned that in masculine cultures, students try to make themselves visible in class whereas "in feminine countries, assertive behaviour and attempts at excelling are easily ridiculed" (Hofstede et al., 2010:160). The special attention required by students in a masculine culture refer to empathy. However, the desire to be visible in class implies competitiveness rather than desire for empathy in deciding a good service quality. In the context of healthcare, there has been no proof about this trait, so it is hard to assert that

there is a correlation between assurance or empathy and masculinity. As a result, hypotheses are suggested as below.

H11a: Masculinity is positively correlated with tangibles in the context of healthcare.

H12a: Masculinity is not correlated with assurance in the context of healthcare.

H13a: Masculinity is positively correlated with responsiveness in the context of healthcare.

H14a: Masculinity is not correlated with reliability in the context of healthcare.

H15a: Masculinity is not correlated with empathy in the context of healthcare.

H11b: Masculinity is positively correlated with tangibles in the context of education.

H12b: Masculinity is positively correlated with assurance in the context of education.

H13b: Masculinity is positively correlated with responsiveness in the context of education.

H14b: Masculinity is not correlated with reliability in the context of education.

H15b: Masculinity is negatively correlated with empathy in the context of education.

4.2.4. Uncertainty avoidance

As mentioned above, uncertainty avoidance is the extent to which the members of a culture feel threatened by uncertain or unknown situations. Therefore, Furrer et al. (2000) suggested that there's a difference between frequent and infrequent service situations. In this thesis, healthcare is considered infrequent whereas education is considered frequent. In term of infrequent services, uncertainty and ambiguity from unknown situations could be eliminated thanks to the close relationship with the service provider whereas in frequent situations, the guarantee of quick solutions will help decrease the uncertainty which is associated with the possibility of service failure (Furrer et al., 2000). Because of the fear of service failure, high uncertainty avoidance cultures will have higher expectation in all of service quality dimensions.

Hofstede et al. (2010) have also pointed out interesting facts about healthcare and health concept in countries of different uncertainty avoidance. Firstly, "*self-ratings of health*

across countries tend to correlate negatively with UAI” (Hofstede et al., 2010:202). Secondly, in uncertainty-tolerant countries doctors tend to apply comforting talks to send patients away rather than provide prescription. In contrast, in high uncertainty avoidance cultures, doctors usually prescribe several drugs, and patients even expect that practice from doctors. Therefore, it can be supposed that people from high uncertainty avoidance cultures tend to worry more about their health and expect more from the doctors. In brief, there is sufficient evidence to put forward the hypotheses that uncertainty avoidance is positively correlated with all of SERVQUAL dimensions.

However, in term of tangibles, Donthu et al. (1998) and Furrer et al. (2000) have contradicting arguments related to the relationship with uncertainty avoidance. Donthu et al. (1998) supposed that tangibles are the visible evidence of service quality as well as lower perceived risks whereas Furrer et al. (2000) argued that tangibles are related with uncertainty avoidance just in the infrequent services. In frequent services, the customers have already been clear about the service process, where tangibles such as staff appearance and facilities do not contribute much to their confidence. Hofstede et al. (2010) suggested an interesting point that in shopping, uncertainty avoidance customers stands for purity or cleanliness whereas uncertainty accepting customers prefer convenience to purity. Towards the education service which is considered a frequent situation when the customer needs to consume often, I suppose that convenience, a feature of tangibles, is negatively correlated with uncertainty avoidance. Thus, hypotheses will be presented as below:

H16a: Uncertainty avoidance is positively correlated with tangibles in the context of healthcare.

H17a: Uncertainty avoidance is positively correlated with assurance in the context of healthcare.

H18a: Uncertainty avoidance is positively correlated with responsiveness in the context of healthcare.

H19a: Uncertainty avoidance is positively correlated with reliability in the context of healthcare.

H20a: Uncertainty avoidance is positively correlated with empathy in the context of healthcare.

H16b: Uncertainty avoidance is negatively correlated with tangibles in the context of education.

H17b: Uncertainty avoidance is positively correlated with assurance in the context of education.

H18b: Uncertainty avoidance is positively correlated with responsiveness in the context of education.

H19b: Uncertainty avoidance is positively correlated with reliability in the context of education.

H20b: Uncertainty avoidance is positively correlated with empathy in the context of education.

4.2.5. Long-term orientation

According to Furrer et al. (2000), because long-term relationship with service provider is going to be expected in long-term orientation, reliability, responsiveness and empathy will be very important. However, due to long-term future-oriented perspective, Tsoukatos and Rand (2007) supposed that long-term oriented customers are able to accept a relatively poor service with excuses in order to keep the relationship with their service provider, which accounts for their attention the most. It means that as long as the service is Reliable, they will not attach much importance into Responsiveness, Assurance and Empathy.

Hofstede et al. (2010) said that people from long-term orientation culture invest in lifelong personal networks or “guanxi”. It means that some features of responsiveness such as providing services at the promised time or performing services right at the first time can be miscarried and be improved later. In contrast, short-term orientation cultures focus on the current result; therefore, they will attach much importance into responsiveness. Thus, I expect that long-term orientation is negatively associated with responsiveness.

As mentioned above, due to the fact that the relationship with service provider may last long, assurance is not really important and tangibles represented by appealing facilities is also not critical in this type of culture (Furrer et al., 2000). In contrast, short-term orientation customers regard time as a resource, so they may demand the professionalism of the staff throughout “assurance” to make sure that they are choosing the good service provider. Regarding tangibles in this case, this dimension may not matter in term of a short-term and long-term point of view. These arguments are applied similarly in both of the two contexts, so my hypotheses are presented as below:

H21a: Long-term orientation is not correlated with tangibles in the context of healthcare.

H22a: Long-term orientation is negatively correlated with assurance in the context of healthcare.

H23a: Long-term orientation is negatively correlated with responsiveness in the context of healthcare.

H24a: Long-term orientation is positively correlated with reliability in the context of healthcare.

H25a: Long-term orientation is not correlated with empathy in the context of healthcare.

H21b: Long-term orientation is not correlated with tangibles in the context of education.

H22b: Long-term orientation is negatively correlated with assurance in the context of education.

H23b: Long-term orientation is negatively correlated with responsiveness in the context of education.

H24b: Long-term orientation is positively correlated with reliability in the context of education.

H25b: Long-term orientation is not correlated with empathy in the context of education.

4.2.6. Indulgence

The last dimension of indulgence is quite new in research in general and in the field of service quality field in specific. Cai and Luo (2015) stated that most of the related studies are about the correlation between indulgence/ restraint and different cultural

phenomena. Even the work of these authors also study the relationship of Hofstede's sixth dimension and demographic factors such as gender, age and education background. Koch, Ar and Aydin (2017) recently has also confirmed that there is a clear lack of research in this field. In their work, they just discussed the potential implication of this cultural dimension in the field of tourism and hospitality, not applied any empirical research to prove or analyse this dimension in relation to SERVQUAL. Thus, my position toward the relationship between indulgence and SERVQUAL dimensions is mainly based on Hofstede et al.'s work. Firstly, Hofstede et al. (2010:292) mentioned that "*The indulgent society wants performance without assertive behaviour*". Also, in Hofstede et al. (2010), indulgence is positively correlated with "extraversion" and negatively correlated with "neuroticism". So, it can be assumed that indulgent people, thanks to their optimism as well as intrinsic happiness, do not need assurance and reliability from the service provider to evaluate the quality of the service. In contrast, due to the anxiety or pessimism, restrained customer need assurance and reliability to ensure the service quality.

Regarding the empathy, I would like to refer to the fact that in indulgent cultures, smile is a norm whereas in restrained culture, smile is suspicious (Hofstede et al., 2010). Smile, or friendliness is a typical and important feature of empathy and highly appreciated in the high indulgence culture. In contrast, a smile or friendliness in a restrained culture may arise sceptical feelings. These customers are not used to sharing feelings as well as getting on intimate terms with the service provider. So, my position is that indulgence is positively correlated with empathy. In term of tangibles and responsiveness, there is no clear proof for a significant relationship between them and indulgence. So, hypotheses for two contexts are presented as below:

H26a: Indulgence is not correlated with tangibles in the context of healthcare.

H27a: Indulgence is negatively correlated with assurance in the context of healthcare.

H28a: Indulgence is not correlated with responsiveness in the context of healthcare.

H29a: Indulgence is negatively correlated with reliability in the context of healthcare.

H30a: Indulgence is positively correlated with empathy in the context of healthcare.

H26b: Indulgence is not correlated with tangibles in the context of education.

H27b: Indulgence is negatively correlated with assurance in the context of education.

H28b: Indulgence is not correlated with responsiveness in the context of education.

H29b: Indulgence is negatively correlated with reliability in the context of education.

H30b: Indulgence is positively correlated with empathy in the context of education.

All the hypotheses and discussion above is summarized in Table 2 and 3 with + indicating a positive correlation, - indicating a negative correlation and / a non-correlation. The following abbreviations are used for cultural dimension terms: PDI = Power Distance, IDV = Individualism, MAS = Masculinity, UAV = Uncertainty Avoidance, LTO = Long-term orientation, IDG = Indulgence.

Table 2. Hypothesised correlations between cultural and service dimensions in the healthcare context.

	Reliability	Responsiveness	Assurance	Empathy	Tangibles
PDI	-	-	+	-	+
IDV	+	+	-	+	/
MAS	-	+	/	/	+
UAV	+	+	+	+	+
LTO	+	-	-	/	/
IDG	-	/	-	+	/

Table 3. Hypothesised correlations between cultural and service dimensions in the higher education context.

	Reliability	Responsiveness	Assurance	Empathy	Tangibles
PDI	–	–	+	–	–
IDV	+	+	–	+	/
MAS	–	+	+	–	+
UAV	+	+	+	+	–
LTO	+	–	–	/	/
IDG	–	/	–	+	/

5. RESEARCH METHODOLOGY

This chapter discusses the research methodology which this thesis applies. At the beginning, the research approach will be presented as a base for the choice of research design. Data collection and analysis will be explained in more details afterwards. The chapter ends by analysing the reliability and validity of the study.

5.1 Methodological approach

In the context of business scientific research, there are two main approaches, which are deductive and inductive approach (Saunders, Lewis & Thornhill, 2009:124). In inductive approach, data is collected and observed in order to generate a new theory while deductive approach aims to test an existing theory. Although deductive approach is more common than the inductive one in business research (Saunders et al., 2009:124), researchers are also able to combine these two approaches in their studies (Saunders et al., 2009: 124-127).

In this thesis, the deductive approach will be applied mainly in order to test the hypotheses conducted based on the previous theoretical setting by using quantitative data and statistical analysis. The objective is to analyse the correlation relationship between the cultural dimension and the service quality dimension, especially in two service settings. However, because there has not been much theory discussing this matter, an inductive approach will be used in form of qualitative interview in order to explore deeply about customers' service quality expectation based on their culture as well as the service that they are participating in. By applying two approaches, this thesis will be able to give some suggestions for both further academic research and managerial practices.

5.2 Research design

According to Ghauri and Grønhaug (2005:109), the research design will help answer the research problems of the thesis and reach the research objectives. With the hypotheses proposed above, the chapter of empirical research will help us examine whether the hypotheses are supported or not, that includes the later parts of data collection and research analysis guided by the framework created in the research design part (Bryman & Bell, 2007:40). So, it will ensure that the data obtained enable us to answer the research questions and objectives as unambiguously as possible. According to Cooper and Schinler (2006:139), there are many ways to categorize the research design. One of the most essential is to categorize based on the degree to which the research question has been crystallized. With this categorization, there will be two ways: formal study and exploratory study. At the beginning, the research will follow the formal study where it begins with hypotheses with precise procedures and data source in order to test them to answer the research question. However, the exploratory element also appears in this thesis because it also discovers new ideas besides testing the hypotheses.

As mentioned in the previous part, the thesis applies the deductive approach to test the hypotheses with data collected from surveys. Survey is used because of its economical and effective features. In addition, the sample size also needs to be large enough to ensure that the results of the study can be generalised. As following the SERVQUAL dimensions, the data are collected and expressed in numbers in order to facilitate the statistical analysis and the test of the hypothesis. The questionnaire was developed according to former research of SERVQUAL – related issues in services in general and in healthcare and education in specific. At the beginning, the questionnaire is piloted by a focus group of five customers in the targeted age group from 20-35 with two French and three Vietnamese people. The language used for the pilot test is completely English. Afterwards, the questionnaire has been adjusted and completed with the composing language of English and Vietnamese.

In terms of the questions in the survey, besides some administrative and classification questions which cover the interviewer's socio-demographic variables as well as the location and conditions, the most important type is target question investigating a

specific study. This question type in the surveys can be generally categorized into open-ended and closed questions (Cooper et al., 2006:364). There are two parts in the survey asking the interviewees on culture and their service quality expectation. In the two parts, all of the questions were closed with given response options. In fact, due to the nature of the study which tries to figure out the relationship between culture and service quality expectation, all questions are rating questions which can provide a proper degree of favourability or agreement towards the questioned objects for a more valuable result of research. There are many scales which can be applied for this type of question. This survey applies Likert scale, which is the most frequently used variation of the summated rating scale. Summated rating scales consist of statements that express either favourable or unfavourable attitudes, which can reflect a positive or negative relationship between a cultural and SERVQUAL dimension.

Besides, in order to provide a deeper understanding on the relationship of the two dimensions, this thesis also applies the qualitative method which is an important part of exploratory study. According to Cooper et al. (2006:204), the interview is the primary data collection technique for collecting data in qualitative methodology. The data collected by interview in this thesis is about the insight of the interviewees regarding the issues mentioned in the questionnaire. The authors divide three types of interview: structured, semi-structured and unstructured. This thesis chooses to use the type of semi-structured interview which starts first with specific questions and then possibly follow and even adjust to the interviewees' answers. The reason why this type of interview is chosen is because it can extract a greater variety and clarity of information from interviewees. In addition, these interviews are implemented face-to-face which has some benefits such as observing non-verbal and verbal behaviours in order for the interviewer to adjust their questions for the best collection of information.

5.3 Measurement

According to Cooper et al (2006:535), in order to test the relationship between two variables, relational hypothesis is used with the bivariate correlation analysis. Therefore,

there will be no distinction between dependent and independent variables. It treats the two variables of cultural dimension and SERVQUAL dimension symmetrically.

As mentioned above in the theoretical part, Hofstede builds up cultural dimensions which could not be described with other factors such as job level or national economic development and thereby argues that national culture has a major impact on the attitudes and values related to employees or workers. However, even Hofstede (1980) insisted that these country-level dimensions could not be replicated at the individual-level. In other words, Vietnamese culture is considered highly collectivist, but it does not mean that every Vietnamese person is collectivist. Therefore, this thesis measures and analyses individual cultural values based on the questionnaire results rather than drawing on Hofstede national scores on cultural dimensions. As a result, the nationality of the interviewee does not have any effect on the analysis results.

The individual-level cultural values were operationalised using Furrer et al. (2000) 20-item scale which adapted Hofstede's work-oriented items of national culture for five dimensions of Individualism, Power Distance, Masculinity and Long-term orientation (four items for each dimension). The scale has been found to display adequate reliability and validity in measuring Hofstede's dimensions of culture at the individual level (Furrer et al., 2000). Regarding the sixth dimension of indulgence, the six-question items are applied from the questionnaire designed by Cai and Luo (2015), which is derived from Hofstede's Value Dimension Theory. All of these 26 questions are measured using a five-point Likert scale, from Strongly Agree = 5 to Strongly Disagree = 1. For each dimension, there will be four questions (except for the sixth dimension with six questions) divided into two pairs reflecting the positive and negative poles of each dimension. The average score of all the items operationalising a specific dimension will be the individual score of that dimension. Due to the negative or positive propensity of a dimension, the individual score can be expressed with a plus or minus sign.

In order to measure the relative importance of different service quality dimension, the revised 21-items SERVQUAL scale developed by Parasuraman et al. (1991) is used because it has been widely cited and applied to various service industries, for both

healthcare and higher education ones (Kalepu, 2014; Abili, Thani & Afarinandehbin, 2012). Kalepu (2014) in his exploratory study has concluded that SERVQUAL scale (with some modification) is valid and reliable for application in the sector of healthcare. In addition, this scale has also been tested for cross-cultural applications with satisfactory results (Imrie, 2005). This scale comprising 21 items that capture the five dimensions of service quality expectations (tangibles, reliability, responsiveness, assurance, and empathy) using a five-point scale ranging from 1 = Strongly unimportant to 5 = Strongly important.

In this thesis, the type of expectations used to evaluate how important a dimension of service quality to the overall expected quality depending on the culture of the customer will be the normative. As explained above in the literature part, normative expectations will reflect the cultural values of the interviewee, through which the correlation between culture and quality expectation will be studied meaningfully. Besides, in order to avoid that interviewees may always choose the highest level for the all questions, interviewees will be always reminded to choose from the least to the most important score for each question, assuming a context of limited resources in which all their requirements cannot be satisfied. In other words, they are reminded that they need to make trade-offs.

In order to test the hypotheses on the relationships between the dimensions of culture and the importance of service quality dimensions, Pearson's correlation coefficients are used with the application of the Statistical Package for the Social Sciences (SPSS) 16.0. In specific, every SERVQUAL dimension is affected by every cultural dimension. Every SERVQUAL dimension is the average of the scores of the items that operationalise that dimension. Similarly, every cultural dimension is also calculated by taking the average of all the component items. In order to determine the correlation relationship between these two variables, the confidence level is set at 95%. Demographic characteristics of survey participants and other nominal-level data such as age, sex, job and nationality were also analysed using descriptive statistics.

5.4 Data collection

In terms of survey, the data were collected through both offline and online surveys. Around 60% of surveys are completed via internet and 40% of surveys are implemented through face-to-face interview. The data were being collected within one and a half month from the middle of September until the end of October 2016. There are 350 surveys delivered to the interviewees and 291 of them were returned. However, the usable number of surveys is just 259. Among them, 180 surveys are applied in the education context whereas there are 79 surveys applied in the healthcare context. After receiving feedbacks from my supervisor, the sixth dimension is added later with 200 surveys delivered. However, there are only 143 returned surveys. Among them, there are 70 surveys in the healthcare service and the remaining 73 are in the education service. The interviewee needs to satisfy the following criteria:

- From 18 to 40 years old.
- Have used the service of higher education/ training in a college or university and the service of healthcare such as dentistry, general check-up and so on within the past three years. Also in the education field, the interviewees who do not use directly the service but makes decision for their dependants such as children, siblings and so on in choosing the service are also counted.
- Possess at least a college/bachelor degree.

First, the interviewees are screened based on the criteria mentioned above. Then the researcher will contact them for acceptance to do the surveys. Surveys will be sent to them by emails or directly. For respondents who do not reply the emails, reminders will be sent via email to them two days afterwards. If the respondents still do not reply, the researcher will call and remind them.

In addition to the survey method to test the hypothesis, to complement findings from the result of the hypothesis testing, this thesis also applies the qualitative method by in-depth interviews with 7 interviewees of different nationalities. These interviewees are chosen from the respondents of the surveys. So, they also meet the criteria mentioned

above. Interviews were conducted in English for foreign interviewees and in Vietnamese for Vietnamese interviewees. All of the interviews are implemented face-to-face. All the French interviewees are living, working or studying temporarily in Vietnam.

Table 4. Profiles of interviewees.

Interviewee	Nationality	Age	Sex
1	Swiss	33	Male
2	French	35	Male
3	Spanish	36	Male
4	Vietnamese	29	Female
5	Vietnamese	30	Female
6	Chinese	36	Female
7	Vietnamese	32	Male

In order to preserve the interviewees' privacy, all the interviews were arranged in the quiet and private space such as coffee shops or private houses. In Vietnam, coffee shops are popular place for all kinds of meeting, or even business appointment. There are several coffee shops designed especially for working or studying, which are very quiet and private. Therefore, external effects such as noise or other people's presence can be eliminated and the interviewees can focus on the interview.

At the beginning of each interview, there will be a brief introduction about the thesis's research goals as well as the affirmation to keep interviewees' personal data confidential. The interview usually lasts around 20-30 minutes. In order to save the information for later use and analysis, the researcher uses handwriting notes with the permission from the interviewees. Audio recording may cause some concerns for privacy, therefore this method is not used in the research. Sometimes, in order to ensure that the interviewees understand clearly the questions, some relevant documents or extra information such as explanation of dimensions of Hofstede or SERVQUAL, the criteria of rating their expectation towards a dimension and so on will be provided. As mentioned above, there are two types of services which are healthcare and education to

be studied. The interviewees will be asked about both services, so that the researcher could see the difference of the expectation between the two services.

Although this is not mandatory, a first interview (besides the seven main interviews) will be implemented as a pilot test. It is helpful in refining the interview agenda and interview questions as well as gaining a general perception of how the interview proceeds. In addition, for the interview with French people in which English is used, the pilot test will help clarify some difficult terms or concepts for the official interviews. For Vietnamese respondents, due to using the native language, the linguistic problem could be avoided. However, a pilot test is still necessary in order to clarify and eliminate ambiguous terms or concepts.

5.5 Validity and reliability

In order to ensure that the research is implemented with a good measurement tool, validity and reliability are of enormous importance to consider. According to Cooper et al. (2006:318), validity is the extent to which a test measures what the researcher actually wants to measure whereas reliability refers to the accuracy and precision of a measurement procedure. Thus, this session will be dedicated to the essential discussion on reliability and validity of the thesis.

There are several threats to the reliability of this research. The first one which should be mentioned is the equivalence among observers (Cooper et al., 2006: 322). In this case, the researcher is also the interviewer, so the threat may be minimized because all questions with some academic backgrounds or terms will be explained clearly and in a daily life words to all interviewees. Thus, their perceptions' similarity will be gained.

Another threat related is the observer error. Even the researcher is also the interviewer, which can help reduce this threat, there are still some interviews implemented in English with foreign interviewees resulting in mutual misunderstanding due to language barrier. The interview will start with the general questions first; and then based on the

answer other specific questions will be asked in order to discover the interviewee's insight. Parallely, technical or difficult terms or concepts will be always explained and double-checked to ensure that the information is transferred and understood thoroughly between two sides.

The genuineness of the interviewee in their answers is also a threat to the reliability. There may be some incorrectness in the interview deliberately or accidentally. The interviewees may reluctantly participate in the interviews without knowing or not remembering their experience well. In order to avoid this threat, there is always the opening question to every interviewee on whether they have used the studied service within the past three years. Thus, it can be ensured that the respondents will have adequate experience and thus appropriate expectation for the questions. In addition, questionnaires sent to willing-to-do people to avoid the reluctance to answer. Because the respondents receive the questionnaires via email, they are able to choose the most convenient time and place for them to answer the questionnaires. In terms of the interviews, the researcher always chooses the comfortable and private place for them and always make an appointment in advance for the interviewees to be in the best situation.

Due to applying quantitative method, the reliability of this thesis should be tested statistically by applying Cronbach's alpha also as a way to control the quality or the internal consistency of the collected data. Cronbach (1951) stated that a high alpha is to be desired but a test does not need to approach a perfect scale to be interpretable. Later, according to Francis, Eccles, Johnston, Walker, Grimshaw, Foy, Kaner, Smith and Bonetti (2004), Cronbach's alpha can be considered acceptable for values > 0.6 . In this thesis, all items receive a Cronbach's alpha higher than 0.6. Thus, it means that all of these items could be used for the correlation analysis below.

There are two major forms of validity: internal and external. Cooper et al. (2006:318) stated that the external validity of research findings is the data's ability to be generalised across persons, settings, and times; whilst the internal validity is limited to the ability of a research instrument to measure what is purported to measure. For this thesis, the

questionnaires are based on the ones in the previous studies, specifically the revised 21-items SERVQUAL scale developed by Parasuraman et al. (1991) and Furrer et al. (2000)'s 20-item scale using Hofstede's dimensions. Thus, the validity could increase for questionnaires having been used in other scientific studies.

6. RESULTS AND DISCUSSION

In this chapter, the results of the data analysis will be presented, reviewed and discussed. The first part is the result of the hypotheses suggested in the theoretical framework, presented in the order of each cultural dimension. Then, the discussion part will follow for some explanation of the results. At the end, there will be interview analysis as an additional support to the quantitative results in order to establish a clear perspective of the relationship between culture and service quality that can be applied in practical context.

6.1 Test results of hypotheses

6.1.1. Description of the data

This part is going to discuss the characteristics of the collected data. The data collection is divided into two service fields of healthcare and education. In total, there are 402 respondents who completed the surveys. Among these, 149 surveys were implemented in the healthcare sector whereas the remaining 253 surveys were implemented in the education field. The sample respondents are categorised based on basic demographic features of age, sex, job and nationality. In term of age, the range spreads from 18 to 40. In term of nationality, the respondents are mainly local Vietnamese together with other nationalities in order to make the sample more diverse and representative. The biggest number of foreign respondents comes from France. Other nationalities can be counted such as Swiss, Italian, Spanish, Chinese and so on. Therefore, the nationality feature will be divided into three groups of Vietnamese, Western and Eastern Asian. In terms of the job characteristic, this characteristic is divided into two groups of employee and student. For the sex, there will be two groups of male and female. The basic characteristics of the sample is shown below.

Table 5. Description of the data in the context of healthcare. (* : there is no statistical meaning)

		Sex	Age	Job	Nationality
N	Valid	149	149	149	149
	Missing	0	0	0	0
Mean		*	24	*	*
Median		*	23	*	*
Mode		2	19	1	1
Minimum		1	18	1	1
Maximum		2	38	2	3

Table 6. Description of the data in the context of higher education. (* : there is no statistical meaning)

		Sex	Age	Job	Nationality
N	Valid	253	253	253	253
	Missing	0	0	0	0
Mean		*	24.5	*	*
Median		*	23	*	*
Mode		2	19	1	1
Minimum		1	18	1	1
Maximum		2	40	2	3

Based on the two table above, it can be seen that the nature of data collected in two fields is quite similar. For the age, the median of both sets of data are 23 similarly. In term of the age mean, there is a slight difference with the means in healthcare data of 24 and 24.5 in education data. The age mode, which is the value that appears the most in the data set is 19 similarly in both data sets. Correspondingly, the mode of age range is 1 for the two data sets. For job, the mode value is 1 as students account for a higher percentage. For sex, the value of 2 is the mode which means female respondents

participate more in the surveys. In terms of nationality, as mentioned above that local Vietnamese is the main group of respondents, so the mode value is 1 for both data sets.

Table 7. Frequency of Sex in the context of healthcare.

Sex	Frequency	Percent	Cumulative Percent
M	48	32.2	32.2
F	101	67.8	100.0
Total	149	100.0	

Table 8. Frequency of Age in the context of healthcare.

Age	Frequency	Percent	Cumulative Percent
18	2	1.3	1.3
19	42	28.2	29.5
20	9	6.0	35.6
21	3	2.0	37.6
22	7	4.7	42.3
23	23	15.4	57.7
24	9	6.0	63.8
25	7	4.7	68.5
26	5	3.4	71.8
27	7	4.7	76.5
28	5	3.4	79.9
29	8	5.4	85.2
30	6	4.0	89.3
31	3	2.0	91.3
32	1	.7	91.9
33	2	1.3	93.3
34	3	2.0	95.3
35	4	2.7	98.0
36	2	1.3	99.3
38	1	.7	100.0
Total	149	100.0	

Table 9. Frequency of Job in the context of healthcare.

Job	Frequency	Percent	Cumulative Percent
Student	86	57.7	57.7
Employee	63	42.3	100.0
Total	149	100.0	

Table 10. Frequency of Nationality in the context of healthcare.

Nationality	Frequency	Percent	Cumulative Percent
Vietnamese	118	79.2	79.2
Western	22	14.8	94.0
Eastern Asian	9	6.0	100.0
Total	149	100.0	

In the healthcare field, female respondents account for a higher percentage of 67.8 % with 101 respondents in the total number of 149. The rest of 32.2% are male respondents. Regarding the job characteristic, 57.7% of the sample is student whereas the rest is white-collar worker. The reason has been explained above that the author uses mainly her network in universities and colleges to invite students to do the surveys. However, there is still a considerable part of 42.3% respondents who are working, which makes the sample representative and diverse. In terms of nationality, due to the fact that the author is currently in Vietnam, 79.2% of the respondents are local Vietnamese, 14.8% of respondents come from Western countries such as France, US, etc. and 6% come from Eastern Asian countries such as China, Korea and so on.

Table 11. Frequency of Sex in the context of higher education.

Sex	Frequency	Percent	Cumulative Percent
M	115	45.5	45.5
F	138	54.5	100.0
Total	253	100.0	

Table 12. Frequency of Age in the context of higher education.

Age	Frequency	Percent	Cumulative Percent
18	4	1.6	1.6
19	44	17.4	19
20	14	5.5	24.5
21	16	6.3	30.8
22	27	10.7	41.5
23	29	11.5	53
24	18	7.1	60.1
25	10	4	64
26	14	5.5	69.6
27	13	5.1	74.7
28	27	10.7	85.4
29	11	4.3	89.7
30	6	2.4	92.1
31	2	0.8	92.9
32	1	0.4	93.3
33	2	0.8	94.1
34	2	0.8	94.9
35	8	3.2	98
36	1	0.4	98.4
38	1	0.4	98.8
39	2	0.8	99.6
40	1	0.4	100

Age	Frequency	Percent	Cumulative Percent
18	4	1.6	1.6
19	44	17.4	19
20	14	5.5	24.5
21	16	6.3	30.8
22	27	10.7	41.5
23	29	11.5	53
24	18	7.1	60.1
25	10	4	64
26	14	5.5	69.6
27	13	5.1	74.7
28	27	10.7	85.4
29	11	4.3	89.7
30	6	2.4	92.1
31	2	0.8	92.9
32	1	0.4	93.3
33	2	0.8	94.1
34	2	0.8	94.9
35	8	3.2	98
36	1	0.4	98.4
38	1	0.4	98.8
39	2	0.8	99.6
40	1	0.4	100
Total	253	100	

Table 13. Frequency of Job in the context of higher education.

Job	Frequency	Percent	Cumulative Percent
Student	130	51.4	51.4
Employee	123	48.2	100.0
Total	253	100.0	

Table 14. Frequency of Nationality in the context of higher education.

Nationality	Frequency	Percent	Cumulative Percent
Vietnamese	199	78.7	78.7
Western	27	10.7	89.4
Eastern Asian	27	10.6	100.0
Total	253	100.0	

In the field of education, the percentages of male and female do not differ much with 45.5% male and 54.5% female. Regarding the respondents' age, 19 has the highest percentage of 17.4%. The characteristic of job and nationality also have the similar structure to the ones in healthcare field. Specifically, students account for a higher percentage of 51.4% and Vietnamese accounts for the highest percentage of 78.7% among all nationalities.

6.1.2. Hypotheses' results in the context of healthcare

There are totally 30 hypotheses illustrating the correlation relationship between SERVQUAL dimension and Hofstede's cultural dimension. The correlation matrix is summarised in appendix 2. Out of 30 possible correlations, there are 11 significant correlations. All of them are in positive direction with the correlation level lower than 0.5. Among these correlations, the correlation between long-term orientation and assurance is strongest, which is 0.4 at the confidence level of 99%.

Power Distance

Table 15. Hypothesised correlation of Power Distance with SERVQUAL dimensions in the context of healthcare.

<i>Hypothesis</i>		<i>Assumption</i>	<i>Result</i>
1a	Tangibles	positive	not correlated
2a	Assurance	positive	not correlated
3a	Responsiveness	negative	not correlated
4a	Reliability	negative	not correlated
5a	Empathy	negative	positive

Based on the results, power distance does not have any significant correlation with SERVQUAL dimensions except for empathy. Therefore, H1a, H2a, H3a and H4a are not supported. However, among these four hypotheses, H1a and H2a are directionally supported by non-significant correlations at the level of 0.03 and 0.04 respectively. In term of empathy, there is a significant correlation between this dimension and power distance, but with a positive relationship at the level of 0.222 ($\rho < 0.05$). Thus, H5a is not supported either.

Individualism

Table 16. Hypothesised correlation of Individualism with SERVQUAL dimensions in the context of healthcare.

<i>Hypothesis</i>		<i>Assumption</i>	<i>Result</i>
6a	Tangibles	not correlated	not correlated
7a	Assurance	negative	not correlated
8a	Responsiveness	positive	not correlated
9a	Reliability	positive	not correlated
10a	Empathy	positive	not correlated

Based on the results above, individualism does not have any significant correlation with SERVQUAL dimensions. Therefore, H6a which suggests that tangibles is not correlated

with individualism is supported. Regarding the remaining four hypotheses which are not supported, H9a and H10a are directionally supported by non-significant correlations at the level of 0.121 and 0.013 respectively.

Masculinity

Table 17. Hypothesised correlation of Masculinity with SERVQUAL dimensions in the context of healthcare.

<i>Hypothesis</i>		<i>Assumption</i>	<i>Result</i>
11a	Tangibles	positive	not correlated
12a	Assurance	not correlated	not correlated
13a	Responsiveness	positive	not correlated
14a	Reliability	not correlated	not correlated
15a	Empathy	not correlated	not correlated

In term of masculinity, SPSS analysis results show that there is no significant correlation between this cultural dimension and SERVQUAL dimensions. Thus, hypotheses 12a, 14a and 15a are supported. Regarding hypothesis 11a and 13a, the hypothesis of positive relationships between masculinity and tangibles as well as responsiveness are only directional supported with non-significant correlations (0.07 & 0.175).

Uncertainty avoidance

Table 18. Hypothesised correlation of Uncertainty avoidance with SERVQUAL dimensions in the context of healthcare.

<i>Hypothesis</i>		<i>Assumption</i>	<i>Result</i>
16a	Tangibles	positive	positive
17a	Assurance	positive	positive
18a	Responsiveness	positive	positive
19a	Reliability	positive	positive
20a	Empathy	positive	positive

For the dimension of uncertainty avoidance, all of the hypotheses suggest positive relationship between this dimension and every SERVQUAL dimension. After implementing the correlation test, it is found that all of these hypotheses are supported with significant positive correlations between uncertainty avoidance and all SERVQUAL dimensions. Specifically, assurance is found to have strongest correlations with uncertainty avoidance at the levels of 0.355 ($\rho < 0.01$). The other four dimensions of reliability, responsiveness, tangibles and empathy are also found to have significant correlations with uncertainty avoidance at the level of 0.346, 0.232, 0.280 and 0.339 respectively.

Long-term orientation

Table 19. Hypothesised correlation of Long-term orientation with SERVQUAL dimensions in the context of healthcare.

<i>Hypothesis</i>		<i>Assumption</i>	<i>Result</i>
21a	Tangibles	not correlated	Positive
22a	Assurance	negative	Positive
23a	Responsiveness	negative	not correlated
24a	Reliability	positive	Positive
25a	Empathy	not correlated	Positive

According to the theoretical part, long-term orientation is suggested not to be correlated with tangibles and empathy in hypotheses 21a and 25a. However, result analysis shows that tangibles and empathy have significant positive correlation with long-term orientation at the level of 0.255 ($\rho < 0.05$) and of 0.268 ($\rho < 0.05$) respectively. Thus, these two hypotheses are not supported. Hypothesis 22a of an inverse relationship between assurance and long-term orientation is also not supported with a contrary result of positive correlation at the strongest level of 0.4 ($\rho < 0.01$) out of all correlations between Hofstede dimensions and SERVQUAL dimensions. Hypothesis 23a is not supported in term of both correlation and direction when the result shows that there is a non-significant positive correlation of 0.146 between long-term orientation and

responsiveness. The only supported hypothesis is 24a as a significant positive correlation between long-term orientation and reliability with the level of 0.315 ($\rho < 0.01$) is found.

Indulgence

Table 20. Hypothesised correlation of Indulgence with SERVQUAL dimensions in the context of healthcare.

<i>Hypothesis</i>		<i>Assumption</i>	<i>Result</i>
26a	Tangibles	not correlated	not correlated
27a	Assurance	negative	not correlated
28a	Responsiveness	not correlated	not correlated
29a	Reliability	negative	positive
30a	Empathy	positive	not correlated

According to the theoretical summary table above for the dimension of indulgence, tangibles and responsiveness are hypothesised not to have correlation with this dimension with H26a and H28a. So, these hypotheses are supported. Reliability is the only dimension which has significant correlation with Indulgence at the level of 0.297 ($\rho < 0.05$). So, H29a is not supported. H27a is not supported either whereas H30a is only directionally supported with a non-significant correlation of 0.204.

6.1.3. Hypotheses' results in the context of higher education

There are totally 30 hypotheses illustrating the correlation relationship between SERVQUAL dimension and Hofstede's cultural dimension. The correlation matrix is summarized in appendix 3. Among 30 possible correlations, there are 5 significant correlations in the cultural dimension of Masculinity. All of them are in positive direction with the level lower than 0.5.

Power Distance

Table 21. Hypothesised correlation of Power Distance with SERVQUAL dimensions in the context of higher education.

<i>Hypothesis</i>		<i>Assumption</i>	<i>Result</i>
1b	Tangibles	negative	not correlated
2b	Assurance	positive	not correlated
3b	Responsiveness	negative	not correlated
4b	Reliability	negative	not correlated
5b	Empathy	negative	not correlated

After the correlation analysis, power distance is proved not to have any significant correlation with all of SERVQUAL dimensions in the context of education. Therefore, all of the five hypotheses H1b, H2b, H3b, H4b and H5b are not supported. Among of them, H3b and H5b are directionally supported with non-significant correlations of -0.114 and -0.027.

Individualism

Table 22. Hypothesised correlation of Individualism with SERVQUAL dimensions in the context of higher education.

Hypothesis	Tangibles	Assurance	Responsiveness	Reliability	Empathy
6b	Not correlated				
7b		negative			
8b			positive		
9b				positive	
10b					Positive

<i>Hypothesis</i>		<i>Assumption</i>	<i>Result</i>
6b	Tangibles	not correlated	not correlated
7b	Assurance	negative	not correlated
8b	Responsiveness	positive	not correlated
9b	Reliability	positive	not correlated

10b	Empathy	positive	not correlated
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Similar to power distance, the analysis result of individualism shows that there is no significant correlation between this cultural dimension with any SERVQUAL dimension. Thus, H6b is the only supported hypothesis. Among the four hypotheses of H7b, H8b, H9b and H10b, only H7b is directionally supported with the non-significant correlation of - 0.064.

Masculinity

Table 23. Hypothesised correlation of Masculinity with SERVQUAL dimensions in the context of higher education.

<i>Hypothesis</i>		<i>Assumption</i>	<i>Result</i>
11b	Tangibles	positive	positive
12b	Assurance	positive	positive
13b	Responsiveness	positive	positive
14b	Reliability	not correlated	positive
15b	Empathy	negative	positive

In contrary to the two previous dimensions of individualism and power distance, the results for the cultural dimension of masculinity shows significant positive correlations with all of the SERVQUAL dimensions. Among these five dimensions, tangibles has the strongest correlation with masculinity at the level of 0.24 ($\rho < 0.01$). As a result, H11b is supported. Reliability and Responsiveness also have significant positive correlations with masculinity with the confidence level of 99% at the value of 0.224 and 0.23. And therefore, only H13b is supported. With the hypothesis of a positive correlation between assurance and masculinity, H12b is also supported with the significant correlation level of 0.18 ($\rho < 0.05$). H15b is not supported because empathy is also correlated with masculinity at the level of 0.174 ($\rho < 0.05$).

Uncertainty avoidance

Table 24. Hypothesised correlation of Uncertainty Avoidance with SERVQUAL dimensions in the context of higher education.

<i>Hypothesis</i>		<i>Assumption</i>	<i>Result</i>
16b	Tangibles	negative	not correlated
17b	Assurance	positive	not correlated
18b	Responsiveness	positive	not correlated
19b	Reliability	positive	not correlated
20b	Empathy	positive	not correlated

In terms of the dimension of uncertainty avoidance, there is no significant correlation with SERVQUAL dimensions. The four hypotheses H17b, 18b, 19b and 20b are directionally supported with the level of 0.115, 0.137, 0.113 and 0.125 respectively.

Long-term orientation

Table 25. Hypothesised correlation of Long-term orientation with SERVQUAL dimensions in the context of higher education.

<i>Hypothesis</i>		<i>Assumption</i>	<i>Result</i>
21b	Tangibles	not correlated	not correlated
22b	Assurance	negative	not correlated
23b	Responsiveness	negative	not correlated
24b	Reliability	positive	not correlated
25b	Empathy	not correlated	not correlated

Long-term orientation is also a cultural dimension that does not have any significant correlation relationship with SERVQUAL dimensions. Therefore, the hypotheses of H21b and H25b are supported. The hypothesis H24b is only directionally supported with the non-significant correlation of 0.116.

Indulgence

Table 26. Hypothesised correlation of Indulgence with SERVQUAL dimensions in the context of higher education.

<i>Hypothesis</i>		<i>Assumption</i>	<i>Result</i>
26b	Tangibles	not correlated	not correlated
27b	Assurance	negative	not correlated
28b	Responsiveness	not correlated	not correlated
29b	Reliability	negative	not correlated
30b	Empathy	positive	not correlated

Different from the healthcare context, in the context of education, the correlation analysis shows that there is not any significant correlation between indulgence and SERVQUAL dimensions. As a result, H26b and H28b are supported. Among the three unsupported hypotheses of H27b, H29b and H30b, H27b is at least directionally supported with an insignificant correlation of -0.063.

6.2 Interview results

6.2.1. Analysing interview questions

After presenting the quantitative research through hypothesis analysis, this part will discuss about the qualitative research through interviews beginning with question analysis. The interview lasting 20 to 30 minutes is often divided into two parts. Part one will be used to measure and confirm the culture of the interviewee because all of the interviewees are chosen from the survey respondents. The culture-oriented questions in the survey are not asked, but used as a way of reviewing the survey results. Instead, for every cultural dimension evaluation, the interviewer will give different statements describing the characteristics of that dimension, listed in the book “Culture and Organisations: Software of the mind” (Hofstede et al., 2010) and the interviewee will choose the more suitable statement. For example, “Relationships and quality of life are important” described feminine characteristics whereas “Challenge, earnings, recognition and advancement are important” described masculine characteristics.

The interviewee will be asked to choose the one they incline to. In case of hesitation, more explanation will be offered or the interviewee will be asked to choose another statement. The number of questions depends on the level of difference between two poles in a specific dimension and will be noted for later analysis of correlation with service quality expectation in the next part of the interview.

Part two of the interview will focus on how the interviewee perceives the importance of different service quality dimensions in SERVQUAL. Due to the simplicity as well as the unification between the two services, standard SERVQUAL, which has been mentioned above to be applicable for both higher education and healthcare, is applied, even if there are different versions of SERVQUAL applied for different types of services such as the adapted version of SERVQUAL called DINESERV in the restaurant context (Stevens, Knutson & Patton, 1995). However, with the aim to figure out how and what the customers really expect in the service quality of healthcare and education in relation to their cultural traits whereas SERVQUAL covers only 5 dimensions of plain statements, open-ended questions are given as below:

1. What are the three most important things you expect when you choose a clinic for your healthcare service consumption, supposing that price is indifferent among these clinics? Please describe why you insist on these things rather than other things.
2. What are the three most important things you expect when you choose a university/college for your higher education service consumption, supposing that price is indifferent among these institutions? Please describe why you insist on these things rather than other things.

Depending on the interviewee's answers, the interview will be extended to other questions with the aim to discover the underneath insights. The extended questions are still in the focus of the research's questions and research's objectives.

There are seven interviews implemented with the aim to discover the insight of the customers as well as to partly support the explanation of the results in the quantitative research.

The interviewees are chosen from the survey participants and are from different ages and nationality groups in order to ensure that there is no bias and that various insights can be generated from different cultural backgrounds. In addition, due to the small number of participants, this qualitative interview part does not contribute to confirming the relationship between culture dimensions of Hofstede and service quality dimensions of SERVQUAL, but provides an explanation for how and why a specific cultural trait may be linked to a service quality dimension.

6.2.2. Interview results in healthcare context:

In terms of the healthcare service, through different ways of explanation, it can be seen that there are five out of interviewees (except interviewee 3) refer to the fact that the staff and doctors should be able to consult and to answer questions precisely and comprehensively because, *“when the doctors answer clearly and precisely all of my questions, I will feel more confident and less worried about my health issue knowing that the doctor is capable of treating it”* (Interviewee 6). This characteristic of the service can be referred to the Assurance in SERVQUAL where employees have knowledge to answer customer questions and thus instill confidence (Parasuraman et al., 1988). Interviewee 3 who does not require this quality characteristic, instead requires the reputation from the doctors, which is another feature of the Assurance dimension also. Thus, it can be seen that Assurance is of utmost importance compared with other SERVQUAL dimensions. But there is a trend that the higher uncertainty avoidance the interviewee has, the more insistence he would have for Assurance. In addition, all of these interviewees only share the common dimension of Indulgence. Thus, it may draw some correlation between Assurance and Indulgence in the healthcare context.

Tangibles and Empathy are the next two dimensions which attract attentions from customers based on the interviews. In terms of Empathy, Interviewee 4 stated that,

“What I need is not only that the doctors answer all of the questions clearly but also understand my feelings as well as my demands. So, I can believe that they really know what they should do to treat me in the way I expect”. Interviewee 5, coming from the US with low power distance also suggests that personal attention to the customers is very important because there are many kinds of serious diseases sharing similar diagnostic which may confuse or even lead the doctors to a wrong conclusion. And also, this is the key point to make a specific clinic better than the other in serving customers because the customers think they are served uniquely, not like the “chicken in the factory”.

In terms of Tangibles, there is no clear trend of relationship between Tangibles and other cultural dimensions. However, when coming into details of Tangibles, one can see relationships between this dimension and other cultural dimensions. First, Tangibles referring to modern facilities, equipment and so on will be a matter for interviewees who are low in Power Distance (interviewees 1, 2, 4 and 5). Regarding interviewee 3 who has a high score in Power Distance, she also insists on Tangibles feature, not the modern facilities but the convenient location and working time of the clinic. The reason is that, *“When my health is not good, I need to go to the clinic in the most convenient way. A long way of traffic jam and pollution will make me so tired. Also, I don’t want to come there and realize they are closed. That’s really annoying, especially when I have a problem with my health”* (Interviewee 3).

Another interesting point is the short waiting time which refers to Responsiveness in SERVQUAL. There are 2 interviewees (3 and 7) insisting on this feature as an important criteria for them in evaluating a clinic and these two are both masculine and high in power distance. Interviewee 3 stated that, *“I pay much higher money for the private clinic because I want professionalism from the staff by acting quickly and properly to solve the health problems of customers. I hate seeing staff chatting with each other when customers are waiting”*. Interviewee 7 added that, *“I can tolerate the waiting time in other services when I feel relaxed, but for a clinic I don’t want to wait because I am kind of nervous about my situation”*. Interviewees 7 and 2 also mentioned the need that the doctors should diagnose and provide current / treatment accurately so

that after they use the service, they will recover from their health problems. This can be referred to technical quality, the technical accuracy of the diagnoses and procedures defined by Gronroos (1984). In term of SERVQUAL, this could belong to the dimension of Reliability. However, there is no common cultural traits between these two interviewees. So, it's hard to suggest any correlation between Reliability with other cultural dimensions from the interview results.

6.2.3. Interview results in the higher education context

Similar to healthcare service, Assurance plays the most important role for customers in service quality expectation. Assurance in higher education is expressed through the ranking and the reputation of the university and the faculty, or the percentage of graduate students securing jobs. Based on this, all of the 7 interviewees choose Assurance as one of the most important thing they look at when they consider a university. One interesting point about reputation is that for highly a individualistic person like interviewee 1, reputation will be affected mainly by social media whereas interviewee 5 who is not very individualistic relies on both of media and social networks to evaluate the reputation of the university.

“In Europe, especially in UK or US, university ranking is very important for a student when he or she graduates and applies for a job. If you come from Cambridge or Oxford, you will receive more respect as well as opportunities.” (Interviewee 1).

If Tangibles is an important characteristic in healthcare service, not so many people insist on tangibles in terms of modern facilities or classrooms, nice uniforms from the staff and so on in higher education. However, interviewee 4 brings up a compelling argument that other university fellows also exert a strong effect on her decision in choosing a school. She said that, *“One of the key things I look at in a school are the students of that school because they are the ones that I will communicate and study with. They are my studying environment, so I hope I can study with excellent or dynamic students that can help or inspire me in my study and even in my future career. Sometimes, it's just nice to be surrounded by nice people”*. Actually, influenced

customers' service experience in a sharing environment with other customers was first mentioned by Bitner, Booms and Tetreault (1992) in a study about Servicescapes and it has later been studied in different situations such as service encounter or service failures and in different service industries. Because its relation to a service atmosphere or environment, this can be related to the dimension of Tangibles in SERVQUAL. The common point is that it could influence your perception of the institution, how you feel being surrounded by the environment. One is physical environment and the other one is social environment. In relation to cultural dimensions, it can be seen that these three interviewees (1, 3 and 4) tend to share the common traits of Masculinity, high Uncertainty avoidance and Long-term orientation.

Another aspect that is often required by customers in higher education are the extracurricular activities as well as internship programs the institutes offer to students. There are three interviewees (2, 6 and 7) who insist on this aspect because, *“For me, internship, especially internship abroad is very important because it is a good chance for students to gain experience before graduation”* (Interviewee 6). Another reason can come from the demand that, *“Going to university is not just about studying but also having fun with different activities such as clubs of drama, music, sport and so on where I can meet more friends and practice my talent.”* (Interviewee 2). As a result, whatever reason the customers may have by insisting on this aspect, these kinds of activities are to express the ability of the service provider, the institute, in understanding and meeting the individual demands or hobbies of the customers, i.e. the students. For the interviewee 4, she has already insisted on the care professors and other staff should offer students. In relation to cultural dimension, the dimension of Indulgence will be of strong association with Empathy, for the fact that all these people share the same trait of Indulgence in their culture.

6.3 Result discussion and comparison

Statistical results have been presented in the previous part 6.1. Thus, this part will focus on explaining and comparing this study's result with other previous studies in the field.

These studies are those from Furrer et al. (2000), which is considered the most important and influential study about culture and service quality, the research in Malaysia context from Kueh et al. (2007) and the research in Greek insurance from Tsoukatos et al. (2007). Kueh et al. (2007), through the exploratory factor analysis conduction, find out that the three items of Responsiveness, Assurance and Empathy load onto the same dimension. There are hundreds of studies about the relationship between culture and service quality. These three studies are chosen for comparison because they have implemented a full comparison between Hofstede dimensions and SERVQUAL dimensions in different contexts with various results that help capture a multi-perspective approach of the matter.

6.3.1. Power Distance

Furrer et al. (2000) find out that there are negative relationships between Power Distance and Empathy, Responsiveness and Reliability. Among of these three, the negative correlation between Power Distance and Empathy is very weak at -0.096, which can be considered as no correlation. For the other two dimensions of Tangibles and Assurance, there are positive relationships between these two and Power Distance. However, Tsoukatos et al. (2007) have a different conclusion that Power Distance is just negatively correlated with Reliability, Responsiveness and Assurance in the Greek insurance industry whereas research from Kueh et al. (2007) point out that Power Distance is negatively correlated with all of the five SERVQUAL dimensions. Thus, the common point among these three studies is that Power Distance is negatively correlated with Responsiveness and Reliability.

This thesis finds out a different result for both types of services. For the healthcare service, Power Distance is found to be positively correlated with Empathy. This result is contradicting to the one of Furrer et al. (2000) and Kueh et al. (2007) mentioned above. Hofstede et al. (2010) suggested that in the field of healthcare, customers from high power distance will show respect to doctors, and therefore they are afraid to stay longer for questions or consultations. In other words, Furrer et al. (2000) use the term “weak customer” and “more powerful service providers” to describe the reason why Power

Distance will have a negative relationship with service quality dimensions of Empathy. However, this thesis results shed another light on the picture. Most of the survey participants are Vietnamese who can be described as the “weak customers” in the public healthcare system where there is always a lack of hospitals and good healthcare service. Patients often wait for a long time just to see the doctors for a few minutes for consultation and there have been so many cases of treatment failure due to the doctors’ neglect. Therefore, when they pay much more money to go to the private clinics, Empathy by the individual care or considerate consultation from the doctors will be the most important thing to be expected. Interviewee 7 who is a Vietnamese with higher-than-average power distance insist on the Empathy right at the beginning of the answer. Considering that Vietnamese people are also high in Power Distance, this result is understandable.

In term of the higher education field, Power Distance does not have any significant correlation with any service quality dimension, even when the education field is one of the clearest environment where Power Distance could be expressed through the relationship between students and lecturers. Based on the interviews, it can be seen that the expectations from customers focus mainly on reputation of the school and the faculty no matter what the Power Distance index is.

6.3.2. Collectivism/ Individualism

Among three reference studies used in this thesis, only Furrer et al. (2000) suggest a correlation relationship between the cultural dimension of Collectivism and other SERVQUAL dimensions, both Kueh et al. (2000) and Tsoukatos et al. (2000) confirm that there is no correlation between this cultural dimension and other SERVQUAL dimensions. This thesis also reveals the similar result with the two studies above when there is no significant correlation to be found between Collectivism and service quality dimensions for both two service fields of education and healthcare.

In order to explain this situation of non-correlation, the nature of the service can contribute in some way. Both healthcare and education are services aimed directly to the

customer's body and mine. In addition, they are not daily-use services but of more importance and of higher cost. In other words, the opportunity cost of choosing a bad service provider is extremely high. For instance, choosing a wrong university can waste you several years studying or a wrong clinic can badly affect your health later. In this context, the role of cultural dimension of collectivism/individualism does not have any effect. Although you are an individualistic or a collectivistic customer, you need to search for a lot of information to find a good and suitable service provider. It leads to the fact that Assurance is very important for all of customers no matter who they are, from collectivistic or individualistic cultures. Based on the interviews, the point is that individualistic customers tend to depend more on social media as well as public rankings whereas collectivistic customers tend to consult their social networks for ideas, advices and comments more.

Furthermore, the collectivism/ individualism may have an effect on how people behave in marketing, but the service experience and the quality expectation of that service is very individual. For example, when choosing a restaurant, the collectivistic customer may make decision based on different ideas of companions and when evaluating the restaurant quality, her opinions may again be affected by others; but her real expectation of the food, the atmosphere, the staff and so on is her own thinking and her own wants, which are much less influenced by outsiders. In general, it can be concluded that the cultural dimension of collectivism/ individualism is not significantly related to service quality expectation in the context of healthcare and education.

6.3.3. Masculinity/ Femininity

This cultural dimension is quite compelling in the study field of culture and service marketing. Some researchers such as Furrer et al. (2000) distinguish between a male and a female service provider in relation to service quality expectation. For example, "customers expect a female service provider to be more feminine than professional" (Furrer et al., 2000). However, Kueh et al. (2007) state that, "the gender of the service provider is less important than the type of values required by the job itself", which I totally agree with. Throughout the pilot study as well as the in-depth interview, the

gender role is not a factor influencing on the service quality expectation of the customer.

In this study, hypothesis about masculinity is suggested and analysed without the gender differentiation. In the healthcare context, Masculinity is found to be not significant with any SERVQUAL dimension. This result is similar to the one of Kueh et al. (2007) who do not either find any correlation between Masculinity and service quality dimensions. However, Furrer et al. (2000) found that Masculinity is negatively correlated with Responsiveness and positively correlated with Tangibles while Tsoukatos et al. (2007) suggest a negative correlation between Masculinity and Reliability, Responsiveness and Empathy.

As mentioned above, the gender of the service staff is not an influencing factor but the nature of the service will be the one which has effect on the expectation from customers. Specifically, in the healthcare service, the customer needs clear and comprehensive consultation from the doctor, no matter whose gender is. In addition, Hofstede et al. (2005) suggest that for jobs requiring high human contact, feminine values will be of much necessity. Nurse or even doctor is exactly this kind of job. Whether the customer is masculine or feminine, he or she still needs the care from the service provider. Thus, this result is understandable and able to confirm the conclusion from Kueh et al. (2007) about the gender role in service.

In terms of the education context, it is even more interesting when masculinity is positively correlated with all of SERVQUAL dimensions. This result confirms hypotheses H11b, H12b and H13b which suggest the positive correlation of Tangibles, Assurance and Responsiveness with Masculinity. This can be explained by Hofstede's words, mentioned in the previous part about the teachers' brilliance and academic reputation as dominant factors. In addition, masculine students always try to make themselves visible and outstanding, which can be translated to Empathy as well as Responsiveness.

In details, they expect the individual care as well as appreciation or compliments from teachers. And because they are competitive and aim to leading in their study, they also demand the support from teachers which refers to Responsiveness. For the dimension of Tangibles, it is very clear that high-class buildings, facilities and even excellent schoolmates, which can be referred to social environment could be good elements for recognition of their high status in a society. In general, compared with the healthcare service, the higher education which is time-consuming and even a factor of personal brand name and future success, masculine customers will place so much importance on every aspect of the service quality that they cannot tolerate the service failure.

6.3.4. Uncertainty Avoidance

Uncertainty avoidance could be considered the cultural dimension which provokes the least controversy in terms of relationship with service quality dimensions when it mostly has positive correlations with other SERVQUAL dimensions. Specifically, Kueh et al. (2007) shows that Uncertainty Avoidance is positively correlated with all of the service quality dimensions. Furrer et al. (2000) has a similar finding, except for the negative correlation of Tangibles. Tsoukatos et al. (2007) also find that Uncertainty Avoidance has a positive correlation with Reliability, Responsiveness and Assurance.

For this thesis, Uncertainty Avoidance is found to be positive correlated with all of SERVQUAL dimensions in the healthcare context, and not correlated with any of them in the education context. In term of healthcare, this result supports all of H16a, H17a, H18a, H19a and H20a. As mentioned above in the literature review part, this thesis applies the concept about frequent and infrequent services suggested by Furrer et al. (2000), which influences the quality expectation of customers. Healthcare is considered infrequent service, so uncertainty and ambiguity from the unknown situations lead to the fact that the high uncertainty avoidance have a need for every dimension of service quality. This result also confirms the fact that when people in high uncertainty avoidance feel more worried about their health, they need not only actions from doctors such as prescription but also other features such as clear and considerate consultation, modern equipment and facilities and so on as described in the SERVQUAL dimensions.

For the case of frequent service of education which is considered frequent service situation, uncertainty avoidance is not correlated with all of SERVQUAL dimensions. This result, however, does not support the literature of Furrer et al. (2000) which suggests that in this case, Uncertainty Avoidance is positively correlated with all of SERVQUAL dimensions except for Tangibles, which is negatively correlated with it. In addition, Kueh et al. (2007) negate that even in frequent service, there is still uncertainty that future services will not be the same quality as the ones customers have experienced. This result shows that no matter what type of uncertainty avoidance the customer has, it does not effect on his/ her expectation for the service quality. And, it does not confirm the variable of frequent/ infrequent service situation of Furrer et al. (2000).

6.3.5. Long-term/ Short-term orientation

The cultural dimension of long-term orientation is found to be correlated with other service quality dimensions in different ways among studies. Kueh et al. (2007) suggest a positive correlation between this dimension and all of five SERVQUAL dimensions, whereas Tsoukatos et al. (2007) find only Reliability is positively correlated with long-term orientation. In Furrer et al. (2000)'s study, the situation is more sophisticated when long-term orientation is positively correlated with Reliability and Responsiveness while negatively correlated with Assurance and Tangibles. In the scope of this thesis, long-term orientation is proved to be positively correlated with Tangibles, Assurance, Reliability and Empathy in the healthcare context, that is quite similar to Kueh et al. (2007)'s study result. However, in the education context, there is not any correlation relationship supported between long-term orientation and other SERVQUAL dimensions.

In terms of healthcare context, this thesis results point out the positive correlation relationship between long-term orientation and four SERVQUAL dimensions of Tangibles, Assurance, Reliability and Empathy. This result supports hypothesis H24a featuring Reliability, which is also confirmed by all of the three reference studies. Tsoukatos et al. (2007) explained that as long as the service is reliable, long-term

oriented customers will not attach much importance into other SERVQUAL dimensions. However, based on the results of this thesis, these customers who pay much attention to the long-term health condition after being treated by the doctors rather than the short-term one, especially when health problem may not be finished at a given moment with the disease relapse. Thus, they will focus on all service quality dimensions except for Responsiveness. It can be explained that long-term oriented customers are generally patient and relationship-oriented, so they can forgive the mistakes during the process or long waiting time for the longer-term purpose of proper cure. Among the four dimensions, Assurance, not Reliability, has the highest correlation with long-term orientation, of about 0.4, which implies that customers rely much on the reputation of doctors or clinics because healthcare service quality is hard for them to define and to measure. In other words, the clinic needs to provide customers with trust and Assurance as the most important thing.

In the education context, interestingly and inversely, long-term orientation is not correlated with any SERVQUAL dimension. In order to explain this situation, there could be two reasons. Firstly, long-term oriented people focus on long-term goals as well as success. However, a success at the age of 30s, 40s or even 50s cannot be attributed to university education only, but rather the working experience, support from families, trainings throughout jobs and so on. Secondly, Hofstede et al. (2010:261) state that people from long-term orientation tend to attribute academic success to one's own effort and failure to one's lack of it instead of the lecturers' knowledge and experience, university's facilities and buildings and so on. However, it does not mean that long-term oriented customers do not expect anything from the university. They have different expectations for the education service quality even when they all share the same cultural trait of long-term or short-term orientation. In other words, the importance of the service quality dimension of a customer could not be evaluated based on his Confucian dynamism dimension, but on his other cultural dimensions.

6.3.6. Indulgence

As mentioned above regarding the lack of research in this field for the cultural dimension of Indulgence, there will be no direct comparison between this thesis results with other studies' results, just the implications from the work of Koc et al. (2017). In terms of healthcare service, indulgence is found to have positive correlation with the SERVQUAL dimensions of Reliability. This result contradicts the ex-ante supposition that indulgent customers with their optimism as well as intrinsic happiness, do not need reliability from the service provider. Instead, these customers do not want to limit their desires or wants, so they will perform more search, analysis or information collection to ensure their service experience as suggested by Koc et al. (2017). Therefore, the service providers in healthcare need to provide extensive information throughout vast communicative and advertising channels. In this case, Reliability of the service is linked to the source of useful information the customers are able to search and to receive from the service provider.

However, in the context of education, the results show that there is no correlation between the sixth dimension and any SERVQUAL dimension which is very intriguing. Some people in our modern society criticize indulgence as the negation of hard work, but some advocate it as a way to foster one's mind optimistically for continuous effort and development. All of these concepts and terms are associated to the education environment. In contrast to the clinic environment, a university is linked to an optimistic image where students can both work hard and enjoy different social activities with various networks. The view of the university will be different between the indulgent and restraint students. For instance, an indulgent student may expect for Empathy because he would like to have the care for his entertainment or social activities whereas Empathy is also needed as a care such as tutor or academic support for a restraint student who focus on working hard on study. In other words, because higher education has the ability to serve for different purposes of the students at the same time, expectation for each of these purposes can intertwine. Thus, it is hard to find the correlation between the cultural dimension of Indulgence and SERVQUAL dimensions.

7. SUMMARY AND CONCLUSION

With the interest in studying the cultural influence on service quality, this research has focused on answering the research question presented in the early part, which is “how culture influences on service quality in a specific service context and how the service quality expectation differs among different types of service context and different cultures”. Thereby, it devotes to both academic and practical understanding in the field of culture and service quality. Thus, this chapter is going to present the key findings of the whole research as well as to suggest for future research on culture and service quality.

7.1 Summary and key findings

This thesis focuses on shedding the light on how people from different culture expect in term of service quality and in different service context, especially the two services of higher education and healthcare. In specific, the relationship between culture and service quality expectation is studied through the analysis of the correlation between each dimension of Hofstede cultural dimensions and SERVQUAL dimension. Throughout the study, these correlations have been examined through the previous literature for assumption and then tested through quantitative data for result. The result shows that there are both differences and similarities in the relationship between culture and service quality expectation in the two contexts. For instance, Individualism is found not correlated with any SERVQUAL dimension in both higher education and healthcare service. However, Masculinity is found positively correlated with all of SERVQUAL dimensions in higher education service but not correlated at all with those in healthcare service. These relationships are later compared with other previous studies. In addition, qualitative study by in-depth interview with correspondents is also implemented for a better understanding of the result. In brief, besides contributing both theoretically and managerially to the current literature of the field, this study also calls for further research on examining the cultural influence on service quality expectation in different

types of services because this thesis has pointed out that based on the nature of the service, the behaviours, attitudes and expectations of an individual customers for a service will vary among cultures. In addition, the sixth dimension of Indulgence should be put into more research, in both of qualitative and quantitative types for better understanding and application because this thesis also finds out the effect this dimension has on service quality expectation in healthcare service.

Firstly, this study contributes to confirming the fact that culture has a considerable influence on service quality expectation of customers. However, this cultural influence will vary across service types, depending on the nature of services. For example, Power Distance correlates with Empathy in the healthcare context, but there is no correlation found between Power Distance and SERVQUAL dimensions in the education context. Thus, it is insufficient to conduct a one-size-fits-all study to approach and identify the relationship between cultural dimensions and service quality dimensions for a service context in general. In addition, during the analysis and comparison of the cultural influence on service quality expectation between two service contexts, it can be seen that even the categorisation of Lovelock et al. (2011) does help at some points in clarification and explanation of the correlation between cultural and service quality dimensions, there is still a bigger need to delve into the nature of each service type. Moreover, because both education and healthcare services have people as their direct recipients, it is hard to identify the differences in term of cultural influences based on this service categorisation. Instead, this thesis applies a more specific categorisation of frequent and infrequent service type when explaining the influence of uncertainty avoidance.

Secondly, when it comes to the fact that culture has influence on service quality expectation, it does not mean that every cultural dimension will have the impact. For instance, in the higher education context, only Uncertainty Avoidance and Masculinity are correlated with SERVQUAL dimensions, whereas the other cultural dimensions are not. In addition, the levels of correlation are also different among cultural dimensions. In the case of education context, Masculinity has a stronger correlation with Responsiveness than Uncertainty Avoidance does. As a result, based on the specific

service type and customer culture type managers should allocate resources and pay sufficient attention to the service quality dimension which receives ample interest from customers. In the context of healthcare, it can be seen that high uncertainty avoidance customers have high expectation of all service quality dimensions whereas high power distance customers expect more empathy from service providers only. In contrast, in the higher education context, it is impossible to rely on the uncertainty avoidance or power distance index of customers to allocate the resources because there is no correlation found in this case.

In order to grasp the overview about the correlations between culture and service quality expectation, the summary table is presented below. The symbol + indicates a positive correlation, the symbol - indicates a negative correlation and the symbol / indicates a non-correlation. The following abbreviaions are used for cultural dimension terms: PDI = Power Distance, IDV = Individualism, MAS = Masculinity, UAV = Uncertainty Avoidance, LTO = Long-term orientation, IDG =Indulgence.

Table 27. Correlations between cultural and service dimensions in the healthcare context.

		Reliability	Responsiveness	Assurance	Empathy	Tangibles
Healthcare	PDI	/	/	/	+	/
	IDV	/	/	/	/	/
	MAS	/	/	/	/	/
	UAV	+	+	+	+	+
	LTO	+	/	+	+	+
	IDG	+	/	/	/	/
Higher education	PDI	/	/	/	/	/
	IDV	/	/	/	/	/
	MAS	+	+	+	+	+
	UAV	/	/	/	/	/
	LTO	/	/	/	/	/
	IDG	/	/	/	/	/

Thirdly, this study also suggests other ways to categorise service types rather than the Lovelock et al. (2011)'s method and later research could rely on this tentative result to establish other models or approaches in categorising a service type, mainly used for the purpose of culture and service quality study. In details, my study does not either confirm the contingency variables frequent and infrequent services or staff gender suggested by Furrer et al. (2000). It does not mean that these variables are neither applicable nor precise. Indeed, it suggests that there is a need to further delve into this matter because it helps understand the relationship between service quality and culture effectively and comprehensively. For instance, this thesis suggests considering the purpose of the service customers are looking for which may be the effect on the correlation between culture and quality expectation. Specifically, people go to a clinic with the aim to receive cure for a health problem. However, people go to universities for different purposes such as knowledge, degrees, personal development or because of family and social pressure to "get into university" as the case of many Vietnamese young people.

More details about this thesis findings will be discussed in the upcoming parts of theoretical and managerial contributions.

7.2 Theoretical contributions:

This thesis has contributed in burrowing into the literature of cultural influence on service quality expectation, especially in the contexts of healthcare and higher education. With the current lack of the study on Hofstede's sixth dimension of indulgence, this thesis result about the correlation between this cultural dimension with other SERVQUAL dimensions could partly help provide the foundation for future research. Specifically, it points out that Indulgence has a correlation with Reliability in the healthcare context, but does not have it in the higher education context. In addition, the main literature about Indulgence focuses on its characteristics of optimism and intrinsic happiness (Hofstede et al. 2010), may still be general and not providing enough explanation of the behaviours and expectations of customers for a service. Thus, this thesis may confirm the implication of Koc et al. (2017) that indulgent customers will

search for more information, due to the fact that they do not want to limit their wants and desires, whereas restraint customers are moderated in their decision making. And, this implication is not only valid in the tourism or leisure-related services, but also in the healthcare service which does not involve leisure.

In addition, this thesis also responds to previous researchers such as Furrer et al. (2000) in digging into the studies of the cultural influences on SERVQUAL dimensions in different types of services. At the same time, the differences in cultural influences on SERVQUAL dimensions between the two services are pointed out and analysed to figure out how the nature of the service type can have effect on this relationship. For example, the effect of Uncertainty Avoidance on service quality expectation may be decided by the frequency of the service as Furrer et al. (2000) has called it a contingency variable. This thesis partly supports that opinion with the fact that Uncertainty Avoidance is completely and positively correlated with all of SERVQUAL dimensions in the infrequent service of healthcare, but not in the frequent service of education, as mentioned above. Another example found out in this thesis is that Masculinity has a stronger effect on service quality dimension in the higher education than in the healthcare sector because the university could be associated to a way of distinguishing one's status in the society. This finding becomes prominent when contrasting two service types rather than analysing one service only. Moreover, this is also a contribution to stress the fact that there should be more literature digging into categorising and multi-approaching services, besides a focus on the reception object of the service (Lovelock et al., 2011).

Although SERVQUAL is used vastly in different service contexts such as healthcare, higher education, restaurant and so on (Kueh et al., 2007), there are still many researchers suggesting other adapted versions for each of the service type such as DINESERV (Stevens et al., 1995) for restaurant industry or HIEDUQUAL (Annamdevula and Bellamkonda, 2014) for higher education. Thanks to the empirical study supported by in-depth interview, this thesis has discovered a factor that could be considered for measurement in service quality for higher education, which is the schoolmates or social environment. This factor was not included in HIEDUQUAL and

could be added to the fifth SERVQUAL dimension of tangibles, which has been referred to physical environment features only. However, this finding is still tentative and needs further research to confirm its validity.

7.3 Managerial implications:

Beside theoretical contribution, this thesis also offers several implications for managers and businessmen, especially in the field of healthcare and higher education services. First, as it can be seen from the key findings about the confirmed relationships between the dimensions of culture and service quality, managers of service businesses should pay attention to the cultural profiles of their customers. In the current business world where resources are limited, a business could not satisfy all of the customers in the world. Thus, culture will become a key assistance for managers in building their business process as well as in allocating their resources and efforts to serve the customers at best.

However, the importance level of service quality dimensions is not identical across services. For instance, a Vietnamese individual with long-term orientation may insist on tangibles features such as modern equipment and facilities in healthcare but may not do so in the higher education environment. Hence, before analysing cultural profiles of customers, managers need to understand the nature of their service first in order to find out the best way to allocate resources and to serve customers. Specifically, in the context of healthcare, clinics should require their staff from nurses to doctors to be patient in answering questions and show care to customers who are long-term oriented, avoiding uncertainties or high in power distance. For indulgent customers, clinics should focus on providing and interacting with customers through vast communication channels such as social media, advertisement, information websites and so on to make them feel more reliable. In the higher education context, universities which operate in a masculine society need to pay attention to every dimension of service quality, from the school infrastructure such as equipment, facilities, building to the behaviour of

academic staff and lecturers because masculine students consider university as a value added to their own status, and thus have a high demand for the service they pay.

Through the in-depth interview, it could be seen that besides standard service quality dimensions suggested by Parasuraman and his co-authors in SERVQUAL, some other features can be considered in a real business world. In the clinic business, convenient location can be added to tangibles beside convenient working hours because customers who have health problems also do not want to travel for too long and too far to arrive at the clinics. The empathy of a doctor is not just about answering questions carefully and considerately but also suggesting some solutions derived from the patients' problems. In the higher education business, Empathy could be expanded to more activities in which student could enhance their soft skills, make friends and build networks. Besides, Assurance could be linked to the fact that the school could assist students in finding jobs after graduation or prepare them during their studies through different types of internships, local or abroad. Tangibles are not just only about physical environment but also about the social environment and the school may apply some methods to promote their students' achievements or build a strong alumni network to support current students. Thanks to that, the student may feel proud of being a member of the university and increase their satisfaction.

Last but not least, as mentioned in many studies about culture, culture is a feature of human life and is not static. Culture always changes through the time, so the managers need to be aware of this change and willing to anticipate this trend.

7.4 Future research suggestion

This thesis has provided with some theoretical and managerial contributions to the field of cultural influence on service quality expectation. There are still many issues that require further research in order to have a comprehensive view about this field.

Firstly, in order to contrast the cultural influences on service quality expectation, this thesis chooses education and healthcare as the two services involving much human contact between customers and service provider. However, as mentioned in the previous part, there are many factors or variables having impacts on the correlation between culture and service quality expectation, more services such as possession-related services should be put into study and comparison.

In order to study and evaluate the cultural profiles of research objects, this thesis chooses Hofstede's cultural dimensions as the framework. Besides Hofstede's work, there are still other works worth being explored for the same purpose such as GLOBE, Trompenaars and Hampden-Turner's work or Schwartz's culture model. To study the cultural influence on SERVQUAL dimensions based on these cultural frameworks may lead to new results.

Even applied in various service quality studies, there has also been criticism about the validity of SERVQUAL in specific contexts of services. Therefore, there are still places for studying the cultural influences on service quality expectation using adapted versions of SERVQUAL such as HIEDUQUAL for higher education.

In conclusion, when service becomes more and more important in the world economy and the world becomes closer among countries and cultures, the topic of cultural influence on service quality still remains under-research. Especially with a fast-changing world, it will create more opportunities for further study.

LIST OF REFERENCES

Abili, Khodayar, Thani Fatemeh Narenji, Afarinandehbin Maryam (2012). Measuring university service quality by means of SERVQUAL method. *Asian Journal on Quality* 13:3, 204-211.

Ali, M. M. (2013). Healthcare service quality: Towards a broad definition. *International Journal of Health Care Quality Assurance*, 26:3, 203-219.

Annamdevula, S. & Bellamkonda (2014). HiEduQual: An Instrument for Measuring the Critical Factors of Students' Perceived Service Quality. *Management Science & Engineering*, 8:2, 103-109.

Ashkanasy, N.M., Wilderom C.P.M, Peterson M. F. (2000). *Handbook of organisational culture and climate*. Thousand Oaks, CA: Sage.

Bhaskaran, S. & Gligorovska E. (2009). Influence of national culture on trans-national alliance relationships. *Cross Cultural Management: An International Journal*. 16:1, 44-61.

Bitner, Mary Jo, Bernard H. Booms & Mary Stanfield Tetreault (1992). Servicescapes: The Impact of Physical Surroundings on Customers and Employees. *Journal of Marketing*. 56:2, 57-71.

Bjerke, B. & Al-Meer A. (1993). Culture's consequences: Management in Saudi Arabia. *Leadership & Organisation Development Journal*. 14:2, 30-35.

Bond, Michael H. (1987). Chinese values and the search for culture-free dimension of culture. *Journal of Cross-Cultural Psychology*. 18:2, 143-164.

Bond, Micheal H. (2002). Reclaiming the Individual from Hofstede's Ecological Analysis. *Psychological Bulletin*. 128:1, 73-77.

Bryman, Alan & Bell Emma (2007). *Business Research Methods*. Second edition. Oxford: Oxford University Press.

Cai, Jie & Luo Jing (2015). An Empirical Study on Different Tendencies toward Indulgence-Restraint Dimension from the Intercultural Perspective. *Chinese Studies*, 4, 116-126.

Carman, J. M. & Langeard, E. (1980). Growth Strategies of Service Firms. *Strategic Management Journal*. 1:1, 7-22.

Chua, C. (2004). *Perception of quality in higher education*. AUQA Occasional Publication, Australian Universities Quality Forum, Melbourne, VA.

Cooper, Donald R. & Schinler Pamela S. (2006). *Business Research Method*. Ninth edition. Singapore: Mc Graw-Hill.

Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika*. 16:3, 297–334.

Cutler, J. (2005). *The cross-cultural communication trainer's manual*. Volume second. Aldershot: Gower Publishing.

Deresky, Helen (2014). *International Management. Managing across borders and cultures*. 8th edition. The United States of America: Pearson.

Donabedian, A. (1980). *The definition of quality and approaches to its assessment*. Ann Arbor: Michigan Health Administration Press.

Donthu, Naveen & Boonghee Yoo (1998). Cultural Influences on Service Quality Expectations. *Journal of Service Research* 1:2, 178-186.

Dysart-Gale, D (2006). Cultural sensitivity beyond ethnicity: A universal precautions model. *The Internet Journal of Allied Health Sciences and Practice*. 4 : 1 [online]. Available from internet <http://nsuworks.nova.edu/cgi/viewcontent.cgi?article=1094&context=ijahsp>

Ennew, C.T., Waite N. (2007). *Financial Services Marketing-An International Guide to Principles and Practice*. First edition. London : Butterworth-Heinemann.

Francis J. J., Eccles M. P., Johnston M., Walker A., Grimshaw J., Foy R., Kaner E. F. S., Smith L. & Bonetti D. (2004). *Constructing questionnaires based on the Theory of Planned Behaviour. A Manual for Health Services Researchers*. United Kingdom: Centre for Health Services Research, University of Newcastle, Newcastle upon Tyne.

Furrer, Olivier; Ben Shaw-Ching Liu & Sudharshan D. (2000). The relationships between culture and service quality perceptions: Basis for cross-cultural market segmentation and resource allocation. *Journal of Service Research*. 2:4, 355-371.

Garvin, David (1984). What does “product quality” really mean? *Sloan Management Review*, 26:1, 25-43.

Grönroos, C. (1984). A service quality model and its marketing implications. *European Journal of Marketing*. 18:4, 36-44.

Gummesson, E. (1994). Service management: an evaluation and the future. *International Journal of Service Industry Management*. 5:1, 77-96.

Javidan, Mansour & Dastmalchian Ali (2009). Managerial implications of the GLOBE project: A study of 62 societies. *Asia Pacific Journal of Human Resources*. 47:1, 41-58.

Javidan, M., House R.J., Dorfman P.W., Hanges P.J & Sully d.L (2006). Conceptualizing and measuring cultures and their consequences: A comparative review of GLOBE's and Hofstede's approaches. *Journal of International Business Studies*. 37:6, 897-914.

Hall, E. T. (1976). *Beyond Culture*. Garden City, NY: Doubleday.

Hall, E.T. & Hall M.R. (1990). *Hidden Differences: Doing Business with the Japanese*. New York: Anchor Books.

Hall, E. T., & Hall, M. R., (1990). *Understanding Cultural Differences: German, French and Americans*. Yarmouth, ME: Intercultural Press.

Hawkins, D.I & Mothersbaugh D. L. (2010). *Consumer behavior: building marketing strategy*. 11th edition. Boston: McGraw-Hill/Irwin.

Heskett, James L., Sasser Earl W. & Hart Christopher W. L. (1990). *Service Breakthroughs: Changing the Rules of the Game*. New York: Free Press.

Heung, V.C.S., Wong M.Y. & Qu H. (2000). Airport-restaurant service quality in Hong Kong: an application of SERVQUAL. *Cornell Hotel and Restaurant Administration Quarterly*. 41:3, 86 - 95.

Hill, F. (1995). Managing service quality in higher education: the role of the student as primary consumer. *Quality Assurance in Education*. 3:3, 10-21.

Hofstede, G. (1984). *Culture's consequences: international differences in work-related values*. Beverly Hills: Sage.

Hofstede, G. (1998) Attitudes, values and organisational culture: disentangling the concepts. *Organisation Studies*. 19:3, 477-493.

House, R.J., Hanges P.J., Ruiz-Quintanilla S.A., Dorfman P.W., Javidan M., Dickson M. and Gupta V. (1999). Cultural influences on leadership and organisations: project GLOBE. *Advances in Global Leadership*. Vol. 1, 171-233. Burlington, MA: Elsevier Science/ JAI Press.

House, R., Javidan, M., & Dorfman, P. (2001). Project GLOBE: An introduction. *Applied Psychology: An International Review*. 50:4, 489–505.

House, R., Javidan, M., Hanges P. & Dorfman P. (2002). Understanding cultures and implicit leadership theories across the globe: An introduction to Project GLOBE. *Journal of World Business*. 37:1, 3-10.

Imrie, B.C. (2005). Beyond disconfirmation: the role of generosity and surprise. *International Marketing Review*. 22:3, 369-383.

Kalepu, Raghu Naga Prabhakar (2014) Service quality in healthcare sector: an exploratory study on hospitals. *IUP Journal of Marketing Management*. 13:1, 7-28.

Katzan, Harry (2008). *A Manager's Guide to Service Science: A Comprehensive Guide to Service Science for Managers*. United States: iUniverse.

Koch, Erdogan, Ar Aybeniz Akdeniz & Aydin Gulnil (2017). The potential implications of Indulgence and Restraint on Service encounter in Tourism and Hospitality. *Ecoforum Journal*. [online] 6:3. Available from Internet: <http://www.ecoforumjournal.ro/index.php/eco/article/view/657/418>

Kluckhohn, C. (1951). *The study of culture*. In The policy sciences eds. Lehner, D. & Lasswell, H.D. Stanford: Stanford University Press.

Kueh, Karen & Boo Ho Voon (2007). Culture and service quality expectations: Evidence from Generation Y consumers in Malaysia. *Managing Service Quality: An International Journal*. 17:6, 656 – 680.

Lee, H., Lee Y. & Yoo D. (2000). The determinants of perceived service quality and its relationship with satisfaction. *Journal of Services Marketing*. 14:3, 217 - 231.

Liu, R.R. & McClure P. (2001). Recognizing cross-cultural differences in consumer complaint behaviour and intentions: an empirical examination. *Journal of Consumer Marketing*. 18:1, 54-74.

Lloyd, B. & Trompenaars F. (1993). Culture and change: Conflict or consensus? *Leadership and Organisational Development Journal*. 14:6, 17-23

Lohr, K. (1991). *Medicare: A Strategy for Quality Assurance, Vol. I*. Washington DC: National Academy Press.

Lovelock, Christopher H. & Wirtz Jochen (2011). *Service marketing: People, Technology, Strategy*. Upper Saddle River: Pearson/ Prentice Hall.

Low, Sui Pheng & Zhu Rui (2016). *Service Quality for Facilities Management in Hospitals*. Singapore: Springer.

Lut, Dina Maria (2016). Reflecting cultural differences in management. *Quaestus* [online] 8 (Apr 2016), 367-375. Available from Internet: <http://www.quaestus.ro/wp-content/uploads/2012/03/lut.pdf>

Malhotra, Naresh K., Ulgado Francis M., Agarwal James & Baalbaki Imad B. (1994). International Services Marketing: A Comparative Evaluation of the Dimensions of Service Quality between Developed and Developing Countries. *International Marketing Review*. 11:2, 5-15.

Markus, Hazel Rose & Kitayama Shinobu (1991). Culture and the Self: Implications for Cognition, Emotion, and Motivation. *Psychological Review*. 98:2, 224-253.

Mattila, Anna (1999). Consumers' value judgements. *Cornell Hotel and Restaurant Administration Quarterly*. 40:1, 40-46.

McLean, Fiona (1994). Services Marketing. *Service Industries Journal*. 14:2, 190-203.

Meirovich, G., & Little L. (2013). The delineation and interactions of normative and predictive expectations in customer satisfaction and emotions. *Journal of Consumer Satisfaction, Dissatisfaction and Complaining Behavior*, 26, 40-54.

Munteanu, Corneliu, Ceobanu Ciprian, Bobâlca Claudia & Anton Oana (2010). An analysis of customer satisfaction in a higher education context. *The International Journal of Public Sector Management*. 23:2, 124-140.

Nardon, Luciara & Steers Richard M. (2009). *Cambridge handbook of culture, organisation and work*. UK: Cambridge University Press.

O'Connor, S.J., Trinh, H.Q. & Shewchuk, R.M. (2000). Perceptual gaps in understanding patient expectations for health care service quality. *Health Care Management Review*. 25:2, 7-23.

Parasuraman, A., Zeithaml V.A., & Berry L. L. (1985). A conceptual model of service quality and its implication. *Journal of Marketing*, 49:4, 41-50.

Parasuraman, A., Zeithaml, V. A. & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, 64:1, 12-40.

Parboteeah, K. P., Bronson J. W. & Cullen J. B. (2005). Does national culture affect willingness to justify ethically suspect behaviors? A focus on the GLOBE national culture scheme. *International Journal of Cross Cultural Management: CCM*. 5:2, 123-138.

Purnell, Larry D (2012). *Transcultural Health Care: A Culturally Competent Approach*. United States: F.A.Davis.

Radomir, Lăcrămioara; Plăiaș, Ioan & Nistor Voicu Cosmin (2012). *A Review of the Service Quality Concept – Past, Present and Perspectives*. The Proceedings of the International Conference "Marketing-from Information to Decision", p. 404.

Rinehart, G. (1993). *Quality Education: Applying the Philosophy of Dr. W. Edwards Deming to Transform the Educational System*. Milwaukee, WI: ASQC Quality Press.

Ritesh, K. Patel (2014). Validating the SERVQUAL scale and its effect on brand loyalty: a study in Indian retail banking context. *International Journal of Retailing & Rural Business Perspectives*. 3:3, 1098-1109.

Rust, Roland T. & Oliver Richard L. (1994). *Service Quality: New Directions in Theory and Practice*. The United States: SAGE.

Saunders, Mark N. K., Adrian Thornhill, & Philip Lewis. (2009). *Research Methods for Business Students*. 5th edition. Harlow: Financial Times Prentice Hall.

Schneider, Benjamin & Bowen David. E. (1995). *Winning the Service Game*. Boston, Massachusetts: Harvard Business School Press.

Schuster, M.A., McGlynn E.A. & Brook R.H. (1998). How good is the quality of healthcare in the United States? *The Milbank Quarterly*. 76:4, 517-564.

Schwartz, S.H. (1994). Beyond individualism/collectivism: new cultural dimensions of values. *Cross Cultural Research and Methodology Series*. Vol. 18, 85-119. CA: Sage.

Sharabi Moshe & Davidow Moshe (2010). Service quality implementation: problems and solutions. *International Journal of Quality and Service Sciences*. 2:2, 189-205.

Singh, N. & Pereira A. (2005). *The Culturally Customized Web Site*. Burlington MA: Elsevier.

Soares, Ana Maria, Farhangmehr Minoos & Shoham Aviv (2007). Hofstede's dimensions of culture in international marketing studies. *Journal of Business Research*. 60:3, 277-284.

Stevens, P., Knutson B., Patton M. (1995). DINESERV: A Toll for Measuring Service Quality in Restaurant. *Cornell Hotel Restaurant Administration Quarterly*. 36:2, 56-60.

Stewart, Michelle D., Felicia N. Morgan, Lawrence A. Crosby & Ajith Kumar (2010). Exploring cross-national differences in organisational buyers' normative expectations and supplier performance. *Journal of International Marketing*. 18:1, 23-40.

Sultan, Parves & Wong Ho Yin (2012). Service quality in a higher education context: an integrated model. *Asia Pacific Journal of Marketing and Logistics*. 24:5, 755-784.

Sultan, Parves & Wong Ho Yin (2013). Antecedents and consequences of service quality in a higher education context. *Quality Assurance in Education*, 21:1, 70-95.

Swaidan, Z., & Hayes L. A. (2005). Hofstede theory and cross cultural ethics conceptualization, review, and research agenda. *Journal of American Academy of Business*. 6:2, 10-15.

Taras, V., Kirkman B. L. & Steel P. (2010). Examining the impact of culture's consequences: A three decade, multi-level, meta-analytic review of Hofstede's cultural value dimensions. *Journal of Applied Psychology*, 95:3, 405-439.

Ting-Toomey, Stella, & Kurogi, A. (1998). Facework competence in intercultural conflict: An updated face-negotiation theory. *International Journal of Intercultural Relations*, 22:2, 187-225.

Ting-Toomey, Stella, & Oetzel John G. (2002). *Cross-Cultural face concerns and conflict styles: Current status and future directions*. In William B. Gudykunst & Bella Mody (Eds.), *Handbook of International and Intercultural Communication*. 2nd edition. London: Sage Publications.

Tsoukatos, Evangelos & Rand Graham K. (2007). Cultural influences on service quality and customer satisfaction: evidence from Greek insurance. *Managing Service Quality*. 17:4, 467-485.

Triandis, H. C. (1995). *Individualism & collectivism*. Boulder: Westview Press.

Tylor, E. (1871). *Primitive Culture: Research into the development of mythology, philosophy, religion, art, and custom*. London, UK: John Murray.

Webster's New World Dictionary of the American Language, College Edition (1964).

Williamson, D. (2002). Forward from a Critique of Hofstede's Model of National Culture. *Human Relations*. 55:11, 1373-1395

Zeithaml, V, Bitner, M & Gremler, D (2006). *Service Marketing: Integrating Customer Focus across the Firm*. New York: McGraw-Hill.

APPENDICES

APPENDIX 1. Cronbach's alpha for all items.

Scale items	Cronbach's alpha	Number of factors
Power Distance	0.7	4
Individualism	0.66	4
Masculinity	0.67	4
Uncertainty avoidance	0.67	4
Long-term orientation	0.65	4
Indulgence	0.68	6
Reliability	0.78	5
Responsiveness	0.69	3
Assurance	0.79	4
Empathy	0.78	4
Tangibles	0.81	5

APPENDIX 2. Interview results.

Interviewee	Cultural trait	Expectation in Healthcare	Expectation in Education
1 st Male, 33, Swiss	High power distance, individualistic, hard to define masculinity or femininity, high uncertainty avoidance, long-term oriented and moderately indulgent	<ol style="list-style-type: none"> 1. Accredited and prestigious doctors 2. Modern facilities and equipment 3. Doctors and other staffs provide clear and proper answers as well as the information 	<ol style="list-style-type: none"> 1. Reputation through social media 2. Famous and experienced lecturers 3. Modern and convenient facility
2 th Female, 30, Vietnamese	Low power distance, individualistic, feminine, low uncertainty avoidance, short-term orientation and indulgent	<ol style="list-style-type: none"> 1. Cleanliness, modern facilities 2. Enthusiastic staff who provide full and informative answers 3. Provides the right services 	<ol style="list-style-type: none"> 1. Reputation through social network as well as social media, eg: ranking 2. The quality of educational output such as the employment rate of graduates 3. Various extra-curricular activities with the support from the school and lecturers
3 th Female, 27, Vietnamese	High power distance, individualistic, slightly masculine, slightly uncertainty avoidance, long-term	<ol style="list-style-type: none"> 1. Convenient location 2. Reputation from the doctors 3. Short time waiting for the service 	<ol style="list-style-type: none"> 1. Reputation mainly through social media, eg: ranking 2. Modern facilities

	orientated and indulgent		and buildings 3. Convenient location
4 th Female, 36, Japanese	Very low power distance, slightly individualistic, slightly masculine, slightly uncertainty avoidance, slightly long-term oriented and indulgent	1. Doctor's experience by answering questions enthusiastically and comprehensively 2. Caring attitudes to patients' demand and feelings 3. Modern facilities and equipment	1. Lecturers have relevant working experience 2. Lecturers care for students and answer questions enthusiastically 3. Have an excellent base of schoolmates
5 th Male, 36, US	Low power distance, individualistic, feminine, weak uncertainty avoidance, long-term oriented and indulgent	1. Personal attention to patients 2. Explaining properly and considerately all the questions 3. Cleanliness and modern facilities	1. Reputation through social media and social network 2. Expertise from the lecturers 3. The educational outputs of the school through employment rate
6 th Male, 35, French	Low power distance, individualistic, feminine, weak uncertainty avoidance, slightly short-term oriented and indulgent	1. Individual attention or care to patients 2. Expertise that can transfer the confidence to patients 3. Good consultation through answering	1. Employment opportunity after graduation 2. Various programs of internship abroad, etc. 3. Interactive and smart method of teaching

		the questions enthusiastically and considerately	
7 th Male, 32, Vietnamese	Over average of power distance, collectivistic, slightly masculine, high uncertainty avoidance, long-term oriented and indulgent	<ol style="list-style-type: none"> 1. Short time of waiting 2. Providing clear consultation and answers 3. Providing the right service 	<ol style="list-style-type: none"> 1. Employment opportunity after graduation 2. Interactive and international programs 3. Various extracurricular activities

APPENDIX 3. Correlation matrix in the context of healthcare.

		REL	RES	ASS	EMP	TAN
PDI	Pearson Correlation	0.001	0.152	0.039	.222*	0.033
	Sig. (2-tailed)	0.991	0.181	0.731	0.049	0.773
	N	79	79	79	79	79
IDV	Pearson Correlation	0.121	-0.057	0.04	0.013	-0.064
	Sig. (2-tailed)	0.29	0.616	0.728	0.908	0.578
	N	79	79	79	79	79
MAS	Pearson Correlation	0.13	0.175	0.097	0.04	0.07
	Sig. (2-tailed)	0.252	0.124	0.395	0.727	0.538
	N	79	79	79	79	79
UAV	Pearson Correlation	.346**	.232*	.355**	.339**	.280*
	Sig. (2-tailed)	0.002	0.04	0.001	0.002	0.013
	N	79	79	79	79	79
LTO	Pearson Correlation	.315**	0.146	.400**	.268*	.255*
	Sig. (2-tailed)	0.005	0.199	0	0.017	0.023
	N	79	79	79	79	79
IDG	Pearson Correlation	.297*	0.206	0.212	0.204	0.143
	Sig. (2-tailed)	0.012	0.087	0.078	0.09	0.238
	N	70	70	70	70	70

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

APPENDIX 4. Correlation matrix in the context of higher education.

		REL	RES	ASS	EMP	TAN
PDI	Pearson Correlation	0.021	-0.114	-0.05	-0.027	0.009
	Sig. (2-tailed)	0.785	0.128	0.506	0.723	0.906
	N	180	180	180	180	180
IDV	Pearson Correlation	-0.004	-0.053	-0.064	-0.068	-0.005
	Sig. (2-tailed)	0.96	0.482	0.393	0.364	0.946
	N	180	180	180	180	180
MAS	Pearson Correlation	.224**	.230**	.185*	.174*	.240**
	Sig. (2-tailed)	0.003	0.002	0.013	0.02	0.001
	N	180	180	180	180	180
UAV	Pearson Correlation	0.113	0.137	0.115	0.125	0.011
	Sig. (2-tailed)	0.13	0.067	0.126	0.096	0.881
	N	180	180	180	180	180
LTO	Pearson Correlation	0.116	0.136	0.035	0.093	0.077
	Sig. (2-tailed)	0.121	0.07	0.638	0.213	0.304
	N	180	180	180	180	180
IDG	Pearson Correlation	0.064	0.088	-0.063	-0.097	-0.087
	Sig. (2-tailed)	0.59	0.461	0.595	0.413	0.467
	N	73	73	73	73	73

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).