APPENDIX: SUPPLEMENTARY INFORMATION

Common Method Bias

Because data for both the dependent and independent variables were gathered from the same respondent, common method bias (CMB) might be present, which could distort the findings. Consistent with current thinking [1], careful attention was paid to the design of the questionnaire to minimize common methods bias.

First, MacKenzie and Podsakoff [1] suggest that a key to minimizing CMB bias is to ensure that the respondent is able and motivated to respond accurately without satisficing. The study is focused on patients who were able to communicate from a medical point of view and been briefed about the study and provided written consent.

Second, the questionnaire input from consultants and academic experts to minimizes item vagueness and improve flow. Finally, item order is in reverse causal order with some dependent variables first, followed by the independent variables [2].

In addition to the procedural remedies to minimize CMB, an ex-post statistical tests is conducted to examine the potential effects of CMB. First, an exploratory factor analysis which divides the items into their intended constructs and explains over 70% of the variance. In comparison, a one-factor solution explains less than 25% of the variance, indicating no common method bias.

References

1. MacKenzie SB, Podsakoff PM. Common method bias in marketing: Causes, mechanisms, and procedural remedies. *Journal of Retailing* 2012 Dec 1;**88**(4):542-55.
2. Podsakoff PM, MacKenzie SB, Lee JY, Podsakoff NP. Common method biases in behavioral research: a critical review of the literature and recommended remedies. *Journal of Applied Psychology* 2003; **88**(5):879.

Table A1: Service Quality Measurement Items

	Assurance
ASS1	The employees are courteous
ASS2	The doctors are knowledgeable
ASS3	The nurses are knowledgeable
	Responsiveness
RES1	There are convenient hours for appointments
RES2	I am received quickly
RES3*	The medical tests are made promptly
	Reliability
REL1	They provide the appointments as promised
REL2*	There is a good coordination between doctors and nurses
REL3*	There are adequate explanations regarding the costs and medical treatment
	Empathy
EMP1	The employees give you individual attention and are available
EMP2*	I feel comfortable in the relationship with medical staff
EMP3	The employees are sympathetic to our problems
	Tangibles
TAN1	The employees are neat-appearing
TAN2	The medical equipment is modern
TAN3*	There are sufficient and adequate consumables (gloves, needles)

* Note
Service quality measurement items were adjusted for the questionnaire based on the qualitative first research stage. The goal was to improve the conceptual understanding of the for the Romanian respondent population.

Table A2: Construct Reliability and Validity

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
1 Assurance	0.805	0.823	0.883	0.716
2 Responsiveness	0.803	0.803	0.884	0.718
3 Reliability	0.741	0.743	0.853	0.659
4 Empathy	0.857	0.857	0.913	0.777
5 Tangible	0.761	0.779	0.865	0.683

Table A3: Discriminant Validity [Fornell-Larcker-Criterion]

	1 Ass	2 Res	3 Rel	4 Emp	5 Tang
1 Assurance	*0.846*				
2 Responsiveness	0.626	*0.847*			
3 Reliability	0.682	0.800	*0.812*		
4 Empathy	0.831	0.671	0.743	*0.882*	
5 Tangible	0.528	0.686	0.658	0.623	*0.827*