An Analysis of the Customer Purchase Intention and its Determinants of Respiratory Devices in Uttar Pradesh, India

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ABSTRACT

The importance of customer purchase intention is well documented in the literature of marketing for last several decades in various fields, yet pragmatic validation and conceptualization of customer constructs into purchase intention in health care sector (especially in Cpap/bipap) has not been done in India. The purpose of the study is to identify significant antecedents of purchasing respiratory medical device (Cpap/Bipap). The analysis of this paper is based on 493 responses. The Software SPSS version 21. is used to analyse the data. The findings suggests that customer satisfaction and subjective norms have no significant effect on purchase intention whereas brand image, convenience, promotion, country of origin, perceived behavioural control, perceived quality, attitude, price, health consciousness, trust and perceived value have significant effect on customer purchase intention of respiratory medical equipment. The finding suggest that the brand image has the highest influence on the purchase intention (β = 0.194, t-value = 8.702). It implies that the customer consider brand image as the top most factor while purchasing Bipap and Cpap. The outcome of the study is very useful to the organizations who are involved with the production and marketing of Cpap/Bipap machines in India. It will serve as a guideline for understanding the Indian market a roadmap for the strategy and policy makers. This study plays a vital role in assessing the mind frame of customer in field of consumer behaviour. The finding is also useful to the medical equipment companies, sales department and the distributors associated with the company.

Keywords: Brand image, Price, Health Consciousness, Country of Origin, Subjective norms and Purchase Intention.

1. INTRODUCTION

Purchase Intention is considered as the attempt of the customer to buy a product Dodd Monroe (1991). It is also defined as the implied promises of the customer to buy the product again Fandos & Flavian (2006).

(a) Healthcare Sector in Brief

In India healthcare sector offer current and prospective new organizations an inimitable opportunity to attain profit, innovation and differentiation. In the coming years, due to customer awareness and ever growing demand for improved facilities will shape up the India's second largest service sector employer. In India healthcare Industry is growing at a CAGR of 17% and it is forecasted to reach US$ 160 billion by 2017 and US$ 280 billion by 2020. The India's healthcare sector revenues is depicted in the *Figure 1.*
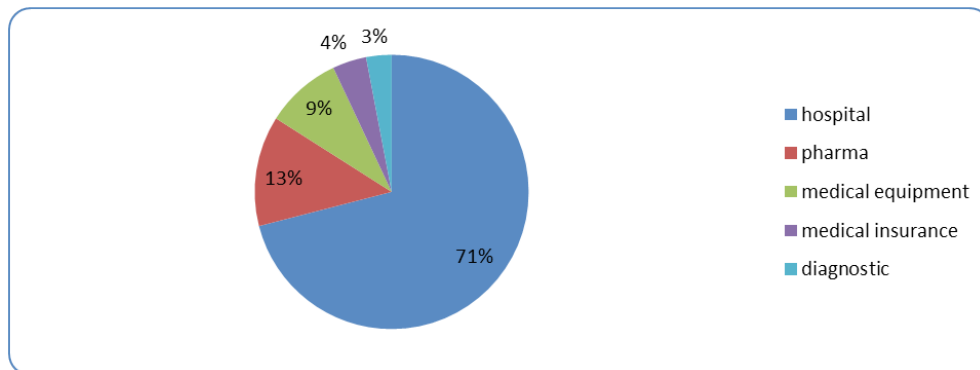

Figure 1: Source: Indian Brand Equity Foundation http://www.ibef.org/

Sleep Disorder Breathing (SDB) SDB is any abnormal respiration during sleep, including snoring, lapses in breathing (apneas) and reduced airflow (hypopneas). It is estimated that more than 100 million people globally are affected by SDB, and nearly 90 percent of that population does not receive treatment. If the sleep apnea has not been treated it can give birth to several other dangerous diseases which have been explained in the *Figure 2.*
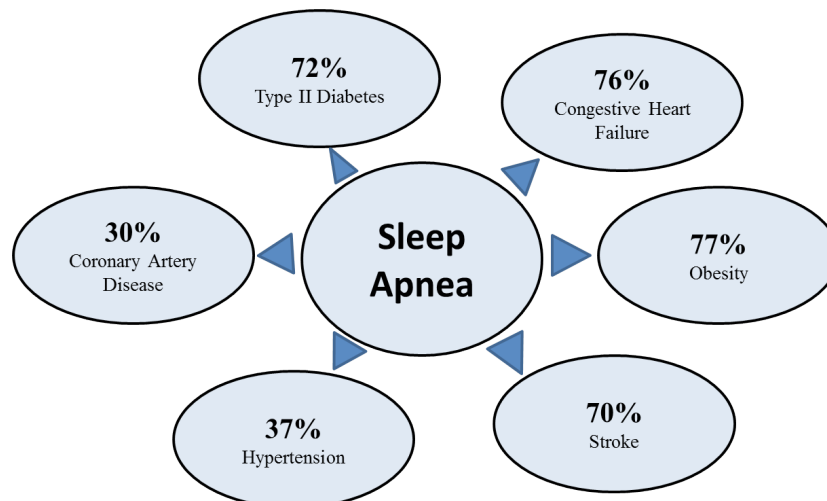

Figure 2: Prevalence of Sleep Apnea;
Source: **www.resmed.com O'Keeffe & Patterson (2004), Oldenburg (2007), Einhorn (2007), Logan (2001).**

(b) Symptoms of OSA

1. Extreme sleepiness

2. Frequent snoring

3. Stopping breathing

4. Morning headache

5. Impaired concentration

6. High blood pressure

7. Obesity

(c) Treatment

The only successful treatment of OSA and SDB is CPAP (Continuous Positive Airway) Device. The device has been shown in *Figure 3*.

Figure 3: ResMed Bipap & Cpap devices;
Source: **www.resmed.com**

Non-invasive ventilation (NIV) method refers to the use of ventilator support without using an invasive artificial airway (endotracheal tube or tracheostomy tube). To avoid invasive ventilation the most of the hospitals are shifting towards non invasive ventilation.

Patient might have difficulty breathing and may need the help of a ventilator to breathe as a result of a greater medical condition, such as: (i) Chronic obstructive pulmonary disease (COPD), (ii) Pneumonia, (iii) Acute lung injury, (iv) Acute respiratory distress syndrome, (v) Asthma, (vi) Obesity, (vii) Neuromuscular disease (NMD), (viii) Breathing impairment due to a spinal cord injury, (ix) Pulmonary Edema.

2. REVIEW OF LITERATURE

In this section a thorough study has been done on 100 papers that are revealed in different noted journals. The client being the main focus of many analysis studies, lacks in expressly incorporating numerous clients constructs that area unit vital if we have a tendency to want to grasp the customer during a holistic manner particularly within the context of client purchase intention. Based on the present literature review following limitations were identified. The comprehensive study on customer purchase intention (CPI) that includes wider vary of antecedents has not been done. Testing of models of CPI has been wiped out general merchandise (FMCG, durables, attire shoes, inexperienced merchandise, etc.) restricted literature is

out there within the health care sector specifically in metabolism division. Comprehensive study is needed considering numerous antecedents that directly have an effect on CPI.

(a) Customer Purchase Intention (CPI)

CPI means the "possibility of consumers' willingness of purchasing some specific products" (Dodds, Monroe & Grewal, 1991). Purchase intention can be defined as individual's intention to buy a specific brand individuals who want to buy a specific brand which they has chosen for themselves after certain evaluation. There are variables by that we are able to measure purchase intention for instance take into account the whole for getting and expecting to get the whole within the future (Laroche et al 1996; Laroche and Sadokierski, 1994; Mackenzie et. al., 1986). CPI consists of a consolidation of varied associate antecedents that build it up. The literature associated with the antecedents of CPI is scattered and comprehensive study has not been done that highlights the relations between these antecedents and also the CPI. Now this has to be tested that in purchasing respiratory medical equipment (Bipap and Cpap), whether the antecedents which is important in purchasing various product will remain same or there will be any changes.

3. OBJECTIVES

Bases on the extant literature review it is evident that in the context of understanding the antecedents of CPI extensive work has been done in the general product category and very limited research work has been done in the field of medical respiratory equipment especially in the Indian context. Hence it is important to study the relationship of antecedents of CPI in the medical equipment in India.

The objective of the study is:

(a) To find the relationship of determinants of Customer purchase Intention in the respiratory medical devices..

(b) To find out the significant determinants of customer purchase intention in purchasing medical devices.

4. METHODOLOGY

An empirical study was done to consider the determinants of customer which actually affect the purchase decision which could be incorporated in customer purchase intention. On the basis of: an in-depth literature review; a survey instrument was developed and pretested.

(a) Sampling

The analysis employed in this paper is enquiry. The tactic used is that the Probabilistic random Sampling within the procedure of survey the list of buyers – Patients, hospitals still as doctors using Bipap and Cpap devices has been organized, the ultimate sample size is 493. During this paper major town of Uttar Pradesh has been taken. The main cities that square measure lined during this paper square measure Lucknow, Barabanki, Kanpur, Allahabad, Agra, Varanasi, and Gorakhpur. The sample unit is Hospitals [both government and private], Patients and doctors. Initial Sample size: 550; [200 hospitals + 350 Patients]. Out of total sample size of 550, 50 respondents haven't given any response and 7 weren't interested in any respect, so there have been 493 valid respondents.

(b) Questionnaire Design

The questionnaire framed had been divided into 2 parts. Part A of the form had queries on demographic details of the potential respondents as well as name, gender, age, occupation education and income in Rs per month. The Part B contains 43 statements that cowl things of dependent and freelance variables of the study. Every statement was given as a five-point Likert scaled-response question with 1 being "strongly disagree" to 5 "strongly agree". The multi-scaled things accustomed live the constructs were sourced from totally different analysis studies. Once surfing many analysis papers scales of things of all the 14 variables has been custom-made from previous studies that have been given in *Table 1.*

Table 1
Scales or items adaption on the basis of previous researches

S.No.	*Antecedents/Factors*	*Abb.*	*Scales adapted from*
1	Attitude	AT	Ajzen, I., & Fishbein, M. (1970).
2	Price	PR	Huang and Sarigöllü (2012).
3	Subjective norms	SN	Crespo & Rodríguez del Bosque (2008).
4	Brand Image	BI	Egle Petrauskaite (2014).
5	Trust	TR	Gefen et. al., (2003).
6	Perceived value	PV	Chen, Y.-S. (2006) and Dodd's et. al., (1991).
7	Perceived behavioural control	PBC	Ajzen (2002), Talor and Tood (1995).
8	Perceived quality	PQ	Bruks & Naylar (2000), (Pappu 2006)
9	Promotion	PRM	Huang and Sarigöllü (2012); Kotler (2002).
10	Country of origin	COO	Maheswaran (1994) Hui and Zhou (2003).
11	Health consciousness	HC	Oude Ophuis (1989) and Tarkiainen and Sundqvist (2005).
12	Convenience	CV	Lee and Workman (2011), de Matos et. al.. (2007).
13	Customer satisfaction	CS	Anderson & Sullivan (1993); and Gilbert & Carol Surprenant (1982).
14	Purchase intention	PI	De Matos et. al., (2007), Oliver (1997); Turel et. al., (2010).

Source: Prepared by author based on previous studies.

5. RESULTS

This section deals with the presentation data analysis reports, and findings of the survey. After that the demographic profile and technical profile of respondents are presented. It is followed by the analysis of reliability test and validity test findings of the questionnaire. Then, the regression analysis findings are discussed.

(a) Profile of Respondent

The profiles of 493 respondents who have purchased medical equipment's (Bipap and Cpap) were taken the small print of these respondents are shown in *Table 2* concerning 75 % of the respondents were male who were higher than forty years getting on and having higher than ₹60,000 financial gain per month were tormented by clogging sleep disorder (OSA) and lungs drawback had purchased Bipap and Cpap devices. The feminine proportion is implausibly low compared to males, that is, only 24.5%. From the end result it

is ascertained that patients who were below 40years getting on, there's solely 25.1% who square measure serious towards their health. In spite of identification of chronic OSA and lungs illness, purchase response is incredibly low.

Table 2
Demographic profile of existing customers participated in survey

Variable	Categories	Frequency	% Percentage
Gender	Male	372	75.4
	Female	121	24.5
Age	Below 40	124	25.1
	Above 40	369	74.8
Income	0 - ₹10000	Nil	0
(in ₹/month)	10,000- 20,000	23	4.6
	20,000- 40,000	94	19.1
	40,000-60,000	132	26.7
	Above 60,000	244	49.4

Source: Author's own findings.

(b) Reliability Test

For all the constructs the values of Cronbach's alpha is bigger than 0.8 as counselled by Nunnally (1978). Reliability was evaluated by assessing the internal consistency of the items of scales representing every construct referring Cronbach's alpha. The reliability of each variable was as follows: attitude (AT) = 0.968; price (PR) = 0.946; subjective norms (SN) = 0.952; brand image (BI) = 0.955; trust (TR) = 0.952; perceived value (PV) = 0.949; perceived behavioural control (PBC) = 0.936; perceived quality (PQ) = 0.949; promotion (PRM) = 0.944; country of origin (COO) = 0.960; health consciousness (HC) = 0.962; convenience (CV) = 0.946; customer satisfaction (CS) = 0.950 and purchase intention (PI) = 0.982. All the values were higher than 0.8 that has been shown in *Table 3* which is counselled by Nunnally (1978).

(c) Internal Consistency

Table 3
Antecedents identified by the (PCFA) principal components factor analysis

Constructs	Items of Scales	Factor loading	Eigen value	% of variance explained	Value of a (Chronback a)
Attitude	AT1	0.966	13.091	9.011	0.968
	AT2	0.950			
	AT3	0.939			
	AT4	0.981			
Price	PR1	0.744	4.034	8.873	0.946
	PR2	0.910			
	PR3	0.888			
	PR4	0.940			

Constructs	Items of Scales	Factor loading	Eigen value	% of variance explained	Value of a (Chronback a)
Subjective Norms	SN1	0.902	3.689	8.595	0.952
	SN2	0.918			
	SN3	0.918			
Brand Image	BI1	0.661	2.535	6.947	0.955
	BI2	0.839			
	BI3	0.816			
Trust	TR1	0.917	2.365	6.824	0.952
	TR2	0.914			
	TR3	0.929			
Perceived Value	PV1	0.913	2.19	6.814	0.949
	PV2	0.906			
	PV3	0.922			
Perceived Behavioural control	PBC1	0.929	2.121	6.802	0.936
	PBC2	0.922			
	PBC3	0.930			
Perceived Quality	PQ1	0.903	1.976	6.787	0.949
	PQ2	0.908			
	PQ3	0.916			
Promotion	PRM1	0.916	1.909	6.454	0.944
	PRM2	0.929			
Country of Origin	COO1	0.714	1.517	5.969	0.960
	COO2	0.783			
	COO3	0.792			
Health Consciousness	HC1	0.680	1.453	5.559	0.962
	HC2	0.759			
	HC3	0.744			
Convenience	CV1	0.917	1.339	4.995	0.946
	CV2	0.932			
Customer Satisfaction	CS1	0.910	1.262	4.524	0.950
	CS2	0.905			
	CS3	0.922			
Purchase Intention	PI1	0.968	1.112	4.444	0.981
	PI2	0.968			
	PI3	0.972			
	PI4	0.976			

Source: SPSS output.

(d) Validity Test

On the basis of two tests, Bartlett test of Sphericity (BTS) and Keyser-Meyer- Olkin (KMO) data from the survey was examined before principal component analysis. The value of BTS and KMO are ($p = 0.000$; df = 903) and 0,881 respectively. These values are significant as they lie in acceptable range as cited by Tabachnick and Fidell, (2007) and Pantea F. et al (2016).

In this paper AMOS version 21 has been used to check the discriminant validity. As suggested by Hu, L., Bentler, P.M. (1999), all the parameters lie inside range which has been shown in *Table 4.*

Table 4
Validity measures using AMOS. 21
Model Validity Measures

	CR	A\T	MSY	MaxR (H)	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	0.949	0.825	0.327	1.015	0.909													
2	0.980	0.926	0.020	0.987	0.001	0.962												
3	0.972	0.897	0.003	0.986	0.032	0.030	0.947											
4	0.956	0.880	0.202	0.958	0.281^{***}	-0.031	-0.028	0.938										
5	0.957	0.881	0.198	0.960	0.302^{***}	0.074	-0.001	0.226^{***}	0.939									
6	0.954	0.873	0.211	0.955	0.324^{***}	-0.051	-0.029	0.258^{***}	0.302^{***}	0.934								
7	0.956	0.878	0.203	0.957	0.307^{***}	0.024	-0.004	0.295^{***}	0.273^{***}	0.262^{***}	0.937							
8	0.952	0.870	0.181	0.955	0.292^{***}	-0.143^{**}	-0.051	0.165^{***}	0.263^{***}	0.263^{***}	0.249^{***}	0.932						
9	0.942	0.843	0.080	0.944	0.186^{***}	-0.073	0.015	0.158^{***}	0.195^{***}	0.180^{***}	0.122^{*}	0.221^{***}	0.918					
10	0.961	0.892	0.580	0.967	0.534^{***}	0.012	-0.008	0.390^{***}	0.427^{***}	0.400^{***}	0.401^{***}	0.394^{***}	0.282^{***}	0.944				
11	0.963	0.897	0.590	0.977	0.568^{***}	0.023	-0.026	0.439^{***}	0.435^{***}	0.460^{***}	0.450^{***}	0.425^{***}	0.266^{***}	0.701^{***}	0.947			
12	0.965	0.901	0.590	0.977	0.572^{***}	0.029	0.000	0.449^{***}	0.445^{***}	0.454^{***}	0.417^{***}	0.426^{***}	0.267^{***}	0.762^{***}	0.768^{***}	0.949		
13	0.951	0.907	0.166	1.007	0.268^{***}	-0.024	-0.035	0.243^{***}	0.262^{***}	0.242^{***}	0.336^{***}	0.183^{***}	0.176^{***}	0.301^{***}	0.380^{***}	0.407^{***}	0.952	
14	0.948	0.901	0.139	0.982	0.311^{***}	-0.011	-0.028	0.248^{**}	0.309^{***}	0.292^{***}	0.241^{***}	0.213^{**}	0.214^{***}	0.351^{***}	0.373^{***}	0.356^{**}	0.235^{***}	0.949

Validity Concerns
No validity concerns here
Source: SPSS output
References
Significance of Correlations:
$^{†}p < 0.100$
$^{*}p < 0.050$
$^{**}p < 0.010$
$^{***}p < 0.001$

(e) Multiple Regression Analysis

The model summary of regression analyses is shown in **Table 5.** The R square value depicts the variance in dependent variable illuminated by the independent variables. R square value shows that there's solely 82.6% variance in purchase intention of medical devices. The assumptions of multivariate analysis are as follows- The assumption as mentioned by has been clearly addressed, the distribution Field (2005) of residuals was symmetric and unimodal satisfying the normality assumption. When the scatter-plot diagram is seen in the SPSS, there was no heteroscedasticity was noticed and the distribution was linear in nature.

The Durbin-Watson value was 1.974 that was very close to 2 as shown in **Table 5**, showing the independence of error item. There were no multiple correlations, because the tolerance statistics were all on top of 0.2. **Table 6** shows the variance, standard deviation and no of items which is a result of SPSS output.

Table 5
Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.909[a]	.826	.821	1.923	.826	174.932	13	479	.000	1.974

Source: SPSS Output.

Table 6
Scale statistics on the basis of SPSS output

Mean	Variance	Std. Deviation	N of Items
122.23	385.465	19.633	43

Source: SPSS output.

The F value is that the check data point is to decide whether or not the model as an entire has statistically vital prophetic capability, that is, whether or not the regression is big enough, considering the quantity of variables required to attain it. This null hypothesis is rejected if the F magnitude relation is large with $p < 0.05$. Thus, our model has statistically vital prophetic capability which is clearly shown in **Table 7.**

Table 7
Result drawn from SPSS.21
ANOVA[a]

	Model	Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	8411.628	13	647.048	174.932	.000
	Residual	1771.752	479	3.699		
	Total	10183.379	492			

Source: SPSS Output.

The factor analysis has been done using Rotation Method: VARIMAX with Kaiser Normalisation method. The SPSS software has been used to find the Eigen-values for each variable which is > 1.0 lies from the highest 13.091 for attitude and least 1.262 for customer satisfaction. The total variance explained

by the 14 factors extracted is 92.6%. As there is no cross construct loading above. 5, which depicts good discriminant validity. *Table 8* show the factor loadings of all the 14 constructs in factor analysis.

Table 8
Rotated Component Matrix

	Factor													
	1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*
AT1			.966											
AT2			.950											
AT3			.939											
AT4			.981											
PR1	.744													
PR2	.910													
PR3	.888													
PR4	.940													
SN1					.902									
SN2					.918									
SN3					.918									
BI1										.661				
BI2										.839				
BI3										.816				
TR1				.917										
TR2				.914										
TR3				.929										
PV1								.913						
PV2								.906						
PV3								.922						
PBC1									.929					
PBC2									.922					
PBC3									.930					
PQ1						.903								
PQ2						.908								
PQ3						.916								
PRM1														.916
PRM2														.929
COO1											.714			
COO2											.783			
COO3											.792			
HC1												.680		
HC2												.759		
HC3												.744		

	Factor													
	1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*
CV1													.917	
CV2													.932	
CS1							.910							
CS2							.905							
CS3							.922							
PI1		.968												
PI2		.968												
PI3		.972												
PI4		.976												

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
Rotation converged in 7 iterations.
Source: SPSS output.

To analyse the structure of the relationship between the independent variables specifically attitude, price, subjective norms, brand image, trust, perceived value, perceived behavioral control, perceived quality, promotion, country of origin, health consciousness, convenience and customer satisfaction on dependent variable that's purchase intention, Multiple linear regression has been applied. The result has been shown in ***Table 9.***

Table 9
Result drawn from SPSS.21
Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	T-value	Sig. (p-value)
	B	Std. Error	Beta (β-value)		
(Constant)	0.184	0.697		4.642	0.000
AT	0.193	0.030	0.146	6.425	0.000
PR	0.175	0.030	0.133	5.802	0.000
SN	0.042	0.031	0.026	1.332	0.183
BI	0.353	0.041	0.194	8.702	0.000
TR	0.222	0.044	0.120	5.063	0.000
PV	0.141	0.037	0.077	3.811	0.000
PBC	0.165	0.043	0.078	3.795	0.000
PQ	0.285	0.042	0.151	6.779	0.000
PRM	0.407	0.063	0.152	6.425	0.000
COO	0.201	0.040	0.114	5.069	0.000
HC	0.238	0.042	0.130	5.626	0.000
CV	0.425	0.063	0.154	6.800	0.000
CS	-0.001	0.035	-0.001	-.042	0.966

Source: SPSS output.

The regression results point out that *attitude* (AT) has significant impact on purchase intention of respiratory medical equipment's as its *p*-value was less than 0.05.

When the customer wants to purchase medical devices he considers price (PR) as an important factor and since the *p*-value of PR is also < 0.05. The *p*-value of subjective norms is 0.183, which is > 0.05, therefor *subjective norms* does *not* play an important role in purchasing the respiratory medical equipment. The *p*-value of BI and TR was < 0.05 which shows that *brand image and trust* has significant impact on purchasing Bipap and Cpap devices.

Since the *p*-value of PV and PBC is < 0.05 it shows that perceived value and perceived behavioural control has significant impact on purchase intention of respiratory medical equipment. The *p*-value of PQ, CV, COO, HC and PRM is less than 0.05 it shows they has significant impact on purchasing Bipap and Cpap devices. The *p*-value of CS > 0.05. It shows that *customer satisfaction* does not have significant impact on purchasing Bipap and Cpap equipment's.

6. DISCUSSION

This paper is associate degree through empirical observation validation of existing theories into the new rising context of customer purchase intention. Among all the antecedents β-coefficient of *brand Image* has highest value ($\beta = 0.194$, t- value = 8.702) signifies that whereas buying Bi-pap and Cpap customer take into account or offers brand as their first priority. It is followed by Convenience ($\beta = 0.154$, *t*-value = 6.800), Promotion ($\beta = 0.152$, *t*-value = 6.425) Perceived quality ($\beta = 0.151$, *t*-value = 6.779), Attitude ($\beta = 0.146$, *t*-value = 6.425), Price ($\beta = 0.133$, *t*-value = 5.802), Health consciousness ($\beta = 0.130$, *t*-value = 5.626), Trust ($\beta = 0.120$, *t*-value = 5.063), Country of origin ($\beta = 0.114$, *t*-value = 5.069), Perceived behavioural control ($\beta = 0.078$, *t*-value = 3.795) and Perceived value ($\beta = 0.077$, *t*-value = 3.811). This study also incorporates that the two antecedents *Subjective Norms* having *Beta-Value* ($\beta = 0.026$) and *customer satisfaction* having Beta-value ($\beta = -0.001$) does not have any impact on purchasing Bipap and Cpap devices. The results signify that if a person is health conscious and has enough budgets to purchase Bipap and Cpap, he is least concerned about the suggestions given by family member or colleagues. The customer looks for the brand and convenience in the purchase of the devices. This clearly indicates that a subjective norm does not have any impact on purchasing Bipap and Cpap devices. Moreover, the result also signifies that the customer satisfaction does not play any role in purchasing Bipap and Cpap devices. Customer satisfaction plays a vital role in repurchase intention and not in purchase intention. The study also reveals the fact that still there is lack of awareness among people, when it comes to Sleep Apnea and chronic Lungs disease. It's an alarming situation for the leading companies like ResMed, Phillips Healthcare, GE healthcare, Weinmann, Pneumocare health pvt. Ltd. to create awareness as far as snoring and its consequences are concerned.

7. MANAGERIAL IMPLICATION

These findings also offer several practical insinuations for the major companies and leading doctors, dealer, distributors and hospitals, which are dealing with respiratory medical equipment. As it has been observed in the findings that promotion has a significant impact on purchase intention, which clearly indicates that, higher the promotional activities, higher the purchase intention will be. These devices have been made for separate segments of the market. The customer who is financially strong and aware of the disease will definitely purchase the device. As far as top managers and doctors are concerned they should

create awareness by organising critical care conferences and workshops at higher level and educate leading doctors- (Chest, ENT, Endocrinologist or diabetologist, Cardiologist and General Physicians) along with the dealers and distributors. Until and unless the doctors are not aware about the snoring and lungs disease they can't convince the patients or the customers to purchase the device.

In the present cut-throat scenario various Indian companies are providing Cpap/bipap at a very low price, but this is not a big problem for the major companies. As far as Indian context is concerned the companies should improve the quality of these devices. This study is useful for the all sorts of hospitals which have I.C.U. and various wards as well as private practitioners of chest, endocrinologist or general physicians. The findings clearly indicates that customer choose the brand and the convenience. In the domestic market availability of the devices is a challenging situation to which the company should have to focus upon. While considering all the antecedents, price is in the sixth place, but still is an important factor. This study is very fruitful to the strategy and policy makers of the manufacturing company.

8. LIMITATION AND FUTURE SCOPE

Though the current findings give valuable insights many suggestions for future analysis are created because of the study's limitations. Firstly, as so much as Indian context cares the study is confined to one state solely to search out a lot of correct result alternative states ought to even be taken into consideration. Secondly, the sample size is redoubled to generalize the results. Despite lot of effort has been made to take maximum numbers of antecedents which directly affect purchase intention, there could be more antecedents which can be included in further studies such as normative beliefs, perceived usefulness, perceived risk and so on. The study can further be elaborated in the online purchase intention context.

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