

## Antecedents of Service Quality Gaps in Private Hospitals of Ahmednagar: A Critical Inquiry into the Hospital Attributes

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### ABSTRACT

The enhancement in “Service Quality” as a competitive advantage for enhanced customer satisfaction is the truth that has been realized by service providers and health care industry shall be no exception to it. This realization along with the shift in government policies from welfare state to regulator and putting the onus on private players through globalization, liberalization and privatization have contributed to the enhanced focus on service delivery, customer satisfaction and inquiry and addressing of gaps in the “Service Quality”. The burgeoning middle class with disposable income and information at hand is ready to shell out but at the same time is more demanding for value creation. Various types of hospitals including those governed by trust which either has specified for profit and not for profit as their motive or hospitals affiliated to medical colleges are rendering their services to patients in rural areas where premium government hospitals such as All India institute of Medical sciences are not available. The present study is an attempt to understand the patient expectations, their opinion and perception of “Service Quality” and identify and understand the gaps in the “Service Quality”. The study has presented a unique dimension by taking into consideration the relative importance or weightage of each parameter of “Service Quality” and further investigating the gaps in “Service Quality” on each dimension between the types of hospitals and departments of hospitals. The study revealed that amongst all of the criteria 'reliability', was ranked the top most followed by 'responsiveness', 'assurance' and 'empathy'. The 'tangibility', of services was perceived to be least important amongst the entire service dimension. Further it was observed that the patient expectations exceeded their perceptions for all service dimensions. Moreover such a gap was observed highest amongst the 'reliability', dimension followed by 'assurance', 'empathy' and 'responsiveness'. The type of hospital was not a significant differentiator on this count but the department and duration of patient stay in hospital significantly influenced the gaps in the “Service Quality”.

**Key words:** : Gap in Service Quality, Private Hospitals, Service Quality, Wards

### Introduction

The provision of medical care varies across countries and the nature of such provisioning is determined by the socio-economic and political forces in a given society. First, there are countries where the state plays a central role in the finance, provision and administration of services but at the same time private interests in the form of individual practice, hospitals and other supportive services coexist. Second, there are countries where the state is the sole provider of medical care and no private interests are allowed. Third, there are countries which rely largely on the market for the provisioning of services. Over the last decade privatization has gained a central place in determining directions in health policy world over. This is a result of the restructuring of the welfare state whereby of the state has been minimized and there is a greater reliance on the market for service provision. However, the nature and direction of privatization varies across countries, depending on the type of public-private mix that exists. Healthcare is one of India's largest service sectors, in terms of revenue and employment, and one can well witness the sector to expand rapidly. . With the fast growing purchasing power, Indian patients are willing to pay more to avail health care services of international standard. In the era of globalization and heightened competition, it has been observed that delivery of quality service is imperative for Indian healthcare providers to satisfy their indoor as well as outdoor patients. During the last few decades, the number of private centers providing

health care services in Ahmednagar district has been growing, and the private sector health care services market has turned out to be a competitive environment. The peer competitions have made the hospitals to provide superior services in order to retain in the competitive environment. It is essential to be aware of how the patients evaluate the quality of health care service. Such an understanding facilitates hospital administration to enhance quality of service and satisfy patients to a great extent as well. (Chakraborty, Oct 2011)“SERVQUAL” instrument among several tools of measuring “Service Quality” and patient satisfaction is the most widely used tool. Five dimensions in “Service Quality” (“SERVQUAL”), 'tangibility', 'reliability', 'responsiveness', 'empathy', and 'assurance' (A. Parasuraman V. A., 1985) have been considered for this empirical research as per the expectation of patients.

### **Scenario of the Indian Healthcare Industry**

In the Indian context, privatization of medical care is a complex phenomenon because the private sector has not grown independently of the public sector. Since independence, the Indian state has invested in infrastructure, training of medical and paramedical personnel and medical research. This has provided the base for the growth of the private sector and is therefore interrelated to the public sector at several levels. The share of services in India's gross domestic product (GDP) at factor cost (at current prices) has expanded from 33.3 per cent in 1950-51 to 56.5 per cent in 2012-13 as per Advance Estimates (AE)

1. India's healthcare industry is currently worth Rs 73,000 crore which is roughly 4 percent of the GDP. The industry is expected to grow at the rate of 13 percent for the next six years which amounts to an addition of Rs 9,000 crores each year.
2. The national average of proportion of households in the middle and higher middle income group has increased from 14% in 1990 to 20 % in 1999.
3. The population to bed ratio in India is 1 bed per 1000, in relation to the WHO norm of 1 bed per 300.
4. In India, there exists space for 75000 to 100000 hospital beds.
5. Private insurance will drive the healthcare revenues.

Considering the rising middle and higher middle income group we get a conservative estimate of 200 million insurable lives. In the health care sector, customer satisfaction is also an important issue as in other service sectors (Vidhya, July August 2013) quality services; keeping in view patients' expectation and continuous improvement in the health care service (Zineldin, 2006). But, there is no in-depth study was conducted in Ahmednagar District for measuring quality of the services in Private Hospitals. Hence the study is rationale for measuring “Service Quality” using “SERVQUAL” Model, An instrument that can measure customer expectation and perception helps to: identify opportunities; and improve overall as well as specific “Service Quality”. Thus, “SERVQUAL” measures global as well as individual “Service Quality” dimensions in a given setting thereby allowing service providers to systematically analyze service delivery processes and enable them to allocate resources where maximum benefit can be achieved. Nevertheless, this does not mean that service providers can ignore those dimensions that reflect lesser quality gaps. The study would enable hospital managers to understand how patients and their attendants evaluate the quality of healthcare provided in respect of every dimension. A comparison of perceptions between patients and attendants would aid to allocate resources to various aspects of healthcare. This study would help Hospital administrators to use the instruments proposed to obtain feedback on their performance on “Service Quality” parameters so that they can benchmark themselves with their competitors.

### **Literature Review**

#### *Service Quality*

Traditionally, “Service Quality” has been conceptualized as the difference between customer expectations regarding a service to be received and perceptions of the service being received; (Gronroos, 2001). In some earlier studies, “Service Quality” has been referred as the extent to which a service meets customer's needs or expectations (Barbara R Lewis, 1990); (John A.Dotchin, 1994).It is also conceptualized as the consumers overall impression of the relative inferiority or superiority of the services (A. Parasuraman, 1985).

### *Service Quality Dimensions*

(Kang, 2004) identified five dimensions of “Service Quality” (Viz. 'reliability', 'responsiveness', 'assurance', 'empathy', and tangibles) that link specific service characteristics to consumer's expectations. (a) Tangibles-physical facilities, equipment and appearance of personnel;

1. Tangibles-physical facilities, equipment and appearance of personnel;
2. Empathy'- caring, individualized attention;
3. Assurance'- knowledge and courtesy of employees and their ability to convey trust and confidence;
4. Reliability',- ability to perform the promised service dependably and accurately; and
5. Responsiveness"- willingness to help customers and provide prompt service.

### *Gaps in Service Quality*

*Gap 1:* The difference between management perceptions of what customers expect and what customers really do expect.

*Gap 2:* The difference between management perceptions and “Service Quality” specifications - the standards gap.

*Gap 3:* The difference between management perceptions of what customers expect and what customers really do expect.

*Gap 4:* The difference between management perceptions and “Service Quality” specifications - the standards gap.

*Gap 5:* The difference between what customers expect of a service and what they actually receive expectations are made up of past experience, word-of-mouth and needs/wants of customers measurement is on the basis of two sets of statements in groups according to the five key service dimensions.

### *Patient Satisfaction*

The “Service Quality” has two dimensions (a) Technical dimension i.e., the core service provided and (b) a process/functional dimension i.e., how the service is provided (Chakraborty, Oct 2011). (A. Parasuraman V. A., 1985) suggested a widely used model known as “SERVQUAL” for evaluating the superiority of the “Service Quality”. In the “SERVQUAL” model, Parasuraman et. al. identified the gap between the perception and expectation of consumers on the basis of five attributes viz. 'reliability', 'responsiveness', 'assurance', 'empathy' and tangibles to measure consumer satisfaction in the light of “Service Quality” (A. Parasuraman V. A., 1985). In general, patient satisfaction surveys are used to examine the quality of the healthcare service provided (Binshan Lin, 1995). Much evidence has been documented for the “Service Quality” to satisfaction link in different consumer satisfaction studies including those in the area of health care marketing (Robertson, 2001); (Gottlieb, 1994); (Yarimoglu, June 2014); (SS, 2001).

### *SERVQUAL MODEL*

Measuring “Service Quality” is difficult due to its unique characteristics: “Intangibility”, heterogeneity, inseparability and perishability (Bateson, 1995). “Service Quality” is linked to the concepts of perceptions and expectations (Parasuraman et al., 1985, 1988; Lewis and Mitchell, 1990). Customers' perceptions of “Service Quality” result from a comparison of their before-service expectations with their actual service experience. The service will be considered excellent, if perceptions exceed expectations; it will be regarded as good or adequate, if it only equals the expectations; the service will be classed as bad, poor or deficient, if it does not meet them (Vázquez et al., 2001). Based on this perspective, Parasuraman et al. developed a scale for measuring “Service Quality”, which is mostly popular known as “SERVQUAL”. This scale operationalizes “Service Quality” by calculating the difference between expectations and perceptions, evaluating both in relation to the 22 items that represent five “Service Quality” dimensions known as 'tangibles', 'reliability', 'responsiveness', 'assurance' and 'empathy'. The “SERVQUAL” scale has been tested and/or adapted in a great number of studies conducted in various service settings, cultural contexts and geographic locations like the quality of service offered by a hospital (Babakus and Mangold, 1989), a CPA firm (Bojanic, 1991), a dental school patient clinic, business school placement center, tire store, and acute care hospital (Carman, 1990), pest control, dry cleaning, and fast food (Cronin and Taylor, 1992), banking (Cronin and Taylor, 1992; Spreng and Singh, 1993; Sharma and Mehta, 2004) and discount and departmental stores (Finn and Lamb, 1991). All these studies do not support the factor structure proposed by (A. Parasuraman V. A., 1985). The universality of the scale and its dimensions has also

also been the subject of criticisms (Lapierre et al., 1996) and it is suggested that they require customization to the specific service sector in which they are applied.

### Methodology

The private hospitals having bed size of more than 100 beds were selected for the present study. The reason for setting the above criteria was that big ticket hospitals would be more allied with patients expectations on various aspects and it was expected that these hospitals would have their service practices in allegiance to the patient expectations as initial investigations suggested that small hospitals faced many difficulties such as untrained manpower, shortage of resources, lack of professional approach to name a few. Further only IPD patients were included as they were admitted and could in way experience the “Service Quality” first hand. 10 major hospitals in ahmednagar district were all included in the present study and patients were interviewed on a convenience basis from each of these hospitals in proportion to the available beds in these hospitals. The patients were presented with the structured “SERVQUAL” instrument with 3 additional statements apart from Parsuraman instrument. The population of patients in the area under study is about 3030. As such the researcher has selected representative samples of 303 patients. The samples cover patients from different departments admitted with different ailments. The method of selection was convenience sampling. The questions included multiple choice questions, dichotomous questions and also questions based on a 7 point Likert scale. The 7 point scale was used in order to lend more granularity to the existing research. The “Service Quality” is measured on each dimension of “Service Quality” including 'tangibility', 'empathy', 'reliability', 'responsiveness'. Further the hospital attributes include department, type of hospital. The testing had been done as follows,

1. The score of the patient on the scale 0-7 is multiplied the relative weight assigned by the patient to each dimension. The mean score of each respondent on each dimension is calculated. The mean score is divided further by number of valid responses.
2. The mean expectation score and mean perception score are calculated and difference is calculated which is further processed to calculate the mean difference.
3. The score obtained are further compared using ANOVA and t test to note the significant differences across various group of sample.

### Discussion

#### *Types of Hospitals*

In this particular study various types of hospitals were included for the study. The hospitals according to their type can be identified from the following table,

1. College Affiliated Hospitals: Pravara Medical Trust and Vikhe Patil Memorial Hospital
2. Not for profit Hospitals where treatment rate are at concessional rates: St Luke, SaiBaba, Sainath, Sakhar kamgar, FJFM
3. Hospitals governed by principle of no profit and no loss basis: Ananad rushi, Atma Malik and Nitya seva
4. Hospitals governed by principle of for profit: Noble Hospital

The rationale for selecting type of hospital as a differentiating factor was due to the fact that during the elaborative study on “Service Quality” of same hospitals it seems that patients have varied service experience according to type of hospital. For instance the hospitals affiliated to colleges where the interns were supposedly to attend patients have a different structure as compared to for profit hospitals. Taking this into account types of hospitals was presumed to be a key differentiator and was investigated accordingly.

### Departments

The patients availed services of various departments of hospitals which could influence their perception and expectations of “Service Quality”. The patients may differ on opinion regarding “Service Quality” gaps as the clinical procedures differ amongst these departments and hence were investigated in the present study. The frequency distribution of patients according to types of hospitals is tabulated below:

**Table 1:** Frequency Distribution of Patients according to Types of Hospitals

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cardiology	23	7.6	7.6	7.6
	General	35	11.5	11.6	19.1
	Surgery	21	6.9	6.9	26.1
	Gynecology	28	9.2	9.2	35.3
	Orthopedics	47	15.5	15.5	50.8
	Ophthalmology	40	13.2	13.2	64.0
	Medicine	12	3.9	4.0	68.0
	ENT	22	7.2	7.3	75.2
	Neurology	20	6.6	6.6	81.8
	ICU	17	5.6	5.6	87.5
	OPD	20	6.6	6.6	94.1
	Casualty	3	1.0	1.0	95.0
	Urology	4	1.3	1.3	96.4
	Dental	4	1.3	1.3	97.7
	Skin	4	1.3	1.3	99.0
	Oncology	2	.7	.7	99.7
	17.00	1	.3	.3	100.0
	Total	303	99.7	100.0	
Missing	System	1	.3		
Total		304	100.0		

Source: Primary Data

From the table it is observed that 15% of the patients have availed services of orthopedics department followed by ophthalmology and general services of physicians.

#### *Factor analysis*

A factor analysis was conducted on the "SERVQUAL" instrument and as expected and prescribed in literature 5 factors were extracted. The nomenclature of factors is retained and discussion is avoided as the same is substantiated by plenty of literature available on this topic. Moreover the area of interest and scope of the present study is investigation on these established service parameters and assessment of the gaps in the present service dimensions.

*Expectations on each factor:*

**Table 2:** Expectations on each factor

Descriptive Statistics				Skewness		Kurtosis	
	Mean	SD	Variance	Statistic	SE	Statistic	SE
Weighted expectation 'tangibility',	3.6016	2.123	4.505	-.345	.240	-.738	.379
weighted expectation 'responsiveness'	4.4652	2.535	6.426	.015	.240	-.602	.379
weighted expectation 'assurance'	3.6142	1.974	3.895	-.167	.240	-.895	.379
weighted expectation 'reliability',	4.1401	1.905	3.627	-.324	.240	-.809	.379
weighted expectation 'empathy'	3.8841	1.742	3.036	-.289	.240	-.406	.379

Source: Primary Data

From the table it can be seen that the mean score of 'responsiveness" dimension of “Service Quality” has scored maximum which implies that patients expect hospitals to be responsive. Patients they give highest preference to scheduling and execution of services on time, promptness of service and dislike any delay in services. This may attributed to the nature of health care services which may not afford delay in services. The 'tangibility', aspect in health care services receives least preference which again can be attributed to the nature of services which again can be corroborated by similar such studies. The negative value of skewness except for 'responsiveness" indicates that expectation is left skewed. Finally the skewness and kurtosis statistics are less than 1.96 on both directions indicating that data is normally distributed.

*Perception on Each Factor*

**Table 3: Perception on Each Factor**

				Skewness		Kurtosis	
	Mean	SD	Variance	Statistic	SE	Statistic	SE
weighted perception ‘responsiveness’	2.6964	1.588	2.522	-.001	.240	-.900	.379
weighted perception ‘reliability’,	2.2806	1.354	1.833	-.039	.240	-.953	.379
weighted perception ‘tangibility’,	2.8281	1.770	3.132	.257	.240	-.554	.379
weighted perception ‘assurance’	2.2250	1.308	1.710	.055	.240	-.858	.379
weighted perception ‘empathy’	2.3088	1.285	1.652	.043	.240	-.776	.379

Source: Primary Data

From the above table it can be observed that the patients perceive the 'tangibility', aspect of hospitals on a much higher satisfaction scale as compared to 'reliability', aspect which has the lowest mean score. The skewness and kurtosis values are below the threshold value of 1.96 which suggests normal distribution.

By observing the gaps it is clear that the highest “Service Quality” gaps amongst all dimensions of “Service Quality” are reported on 'reliability', aspect followed by 'assurance' and 'responsiveness" of the services.

*Attribution of Gaps amongst Types of Hospitals*

*ANOVA:*

**Table 4: ANOVA**

		Sum of Squares	df	Mean Square	F	Sig.
weighted expectation ‘tangibility’,	Between Groups	93.524	10	9.352	2.155	.021
	Within Groups	1267.024	292	4.339		
	Total	1360.549	302			
weighted expectation ‘reliability’,	Between Groups	51.956	10	5.196	1.454	.156
	Within Groups	1043.497	292	3.574		
	Total	1095.453	302			
weighted expectation ‘responsiveness’	Between Groups	112.776	10	11.278	1.802	.060
	Within Groups	1827.764	292	6.259		
	Total	1940.540	302			
weighted expectation ‘assurance’	Between Groups	46.505	10	4.650	1.202	.289
	Within Groups	1129.732	292	3.869		
	Total	1176.237	302			
weighted expectation ‘empathy’	Between Groups	37.197	10	3.720	1.235	.268
	Within Groups	879.728	292	3.013		
	Total	916.925	302			

		Sum of Squares	df	Mean Square	F	Sig.
weighted perception ‘reliability’,	Between Groups	27.384	10	2.738	1.519	.132
	Within Groups	526.327	292	1.802		
	Total	553.711	302			
weighted perception ‘responsiveness’	Between Groups	61.086	10	6.109	2.016	.032
	Within Groups	884.914	292	3.031		
	Total	946.000	302			
weighted perception ‘assurance’	Between Groups	27.909	10	2.791	1.668	.088
	Within Groups	488.585	292	1.673		
	Total	516.494	302			
weighted perception ‘empathy’	Between Groups	7.337	10	.734	.436	.928
	Within Groups	491.500	292	1.683		
	Total	498.837	302			
weighted perception ‘tangibility’,	Between Groups	22.893	10	2.289	2.274	.014
	Within Groups	293.930	292	1.007		
	Total	316.823	302			
weighted perception ‘reliability’,	Between Groups	20.115	10	2.011	2.074	.026
	Within Groups	283.203	292	.970		
	Total	303.317	302			
weighted perception ‘responsiveness’	Between Groups	29.950	10	2.995	1.795	.061
	Within Groups	487.159	292	1.668		
	Total	517.109	302			
weighted perception ‘assurance’	Between Groups	17.307	10	1.731	1.624	.099
	Within Groups	311.106	292	1.065		
	Total	328.412	302			
weighted perception ‘empathy’	Between Groups	28.974	10	2.897	1.459	.154
	Within Groups	579.787	292	1.986		
	Total	608.760	302			

Source: Primary Data

By observing the table it can be concluded that the gaps in “Service Quality” as reported by IPD patients do not differ significantly amongst groups of hospitals. The F values and their significance values further corroborate the fact that type of hospitals does not influence the reported gaps in “Service Quality”.

Gaps in Service Quality

**Table 5: Descriptive Statistics**

	Mean			Skewness		Kurtosis	
	Statistic	Std Dev	Vari	Statistic	SE	Statistic	SE
weighted gap ‘assurance’	-1.443	1.024	1.049	-.709	.240	.315	.379
Weighted gap ‘tangibility’,	-1.3209	1.002	1.004	-.811	.240	.468	.379
weighted gap ‘responsiveness’	-1.637	1.308	1.712	-.939	.240	.678	.379
weighted gap ‘empathy’	-1.389	1.042	1.087	-.638	.240	-.062	.379
weighted gap ‘reliability’,	-1.568	1.419	2.016	.368	.240	1.078	.379

Source: Primary Data

By observing the mean values it can be inferred that the highest gap reported by patients regarding various service dimensions is reported on 'responsiveness' aspect of "Service Quality" followed by 'reliability', aspect of "Service Quality".

*Attribution of Gaps amongst Departments of Hospitals*

**Table 6:** ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
weighted expectation 'tangibility',	Between Groups	235.570	15	15.705	4.007	.000
	Within Groups	1124.979	287	3.920		
	Total	1360.549	302			
weighted expectation 'reliability',	Between Groups	141.201	15	9.413	2.831	.000
	Within Groups	954.252	287	3.325		
	Total	1095.453	302			
weighted expectation 'responsiveness'	Between Groups	263.592	15	17.573	3.007	.000
	Within Groups	1676.947	287	5.843		
	Total	1940.540	302			
weighted expectation 'assurance'	Between Groups	140.097	15	9.340	2.587	.001
	Within Groups	1036.140	287	3.610		
	Total	1176.237	302			
weighted expectation 'empathy'	Between Groups	86.731	15	5.782	1.999	.015
	Within Groups	830.193	287	2.893		
	Total	916.925	302			
weighted perception 'tangibility',	Between Groups	146.560	15	9.771	4.558	.000
	Within Groups	615.169	287	2.143		
	Total	761.729	302			
weighted perception 'reliability',	Between Groups	91.803	15	6.120	3.803	.000
	Within Groups	461.908	287	1.609		
	Total	553.711	302			
weighted perception 'responsiveness'	Between Groups	172.068	15	11.471	4.254	.000
	Within Groups	773.933	287	2.697		
	Total	946.000	302			
weighted perception 'assurance'	Between Groups	86.493	15	5.766	3.849	.000
	Within Groups	430.001	287	1.498		
	Total	516.494	302			
weighted perception 'empathy'	Between Groups	35.467	15	2.364	1.464	.118
	Within Groups	463.370	287	1.615		
	Total	498.837	302			
weighted perception 'tangibility',	Between Groups	33.213	15	2.214	2.241	.006
	Within Groups	283.610	287	.988		
	Total	316.823	302			
weighted perception 'reliability',	Between Groups	25.355	15	1.690	1.745	.042
	Within Groups	277.963	287	.969		
	Total	303.317	302			



		Sum of Squares	df	Mean Square	F	Sig.
weighted perception 'responsiveness'	Between Groups	36.648	15	2.443	1.459	.120
	Within Groups	480.460	287	1.674		
	Total	517.109	302			
weighted perception 'assurance'	Between Groups	21.390	15	1.426	1.333	.181
	Within Groups	307.023	287	1.070		
	Total	328.412	302			
weighted perception 'empathy'	Between Groups	39.385	15	2.626	1.323	.187
	Within Groups	569.376	287	1.984		
	Total	608.760	302			

Source: Primary Data

### Conclusion

The "Service Quality" of private hospitals was inquired in the present study. The various dimensions of "Service Quality" as reported by earlier studies were further corroborated in the present study. The expectation of patients on various service dimensions was inquired and it revealed that patients expect 'responsiveness' and 'reliability', of the services as top most criteria followed by other service parameters. Moreover the 'tangibility', aspect of services was expected on a much lower scale and hence hospitals should pay diligence to the fact that hospital administration should intensify the current human resource practices which are at the core of 'reliability', and 'responsiveness' aspect of "Service Quality".

The 'reliability', aspect of services pertains to ability to perform the promised service dependably and accurately which can only be possible with proper scheduling of operations and clinical procedures. The scheduling of procedures and execution at the right time shall help to gain patient confidence and trust in the services. The 'responsiveness' aspect on other hand deals with willingness to help customers and provide prompt service. Though it is an attitude or behavioral training it underlines the fact that the same needs to be incorporated during training and development of hospital employees by administration of hospitals. The hospitals seldom do have a budget for training and development and hence it is required that considering the attributed importance by patients to this aspect calls for an introspection on current HR practices in these hospitals. The selection of types of hospitals as a key differentiator was based on the premise that hospitals with professional approach shall be able to diligently plan their human resource or align their human resource practices thereby forecasting a different picture regarding gaps in "Service Quality" as compared to their counterparts in college affiliated hospitals or charitable hospitals who may be more inclined to allocate resources on tangible aspects has been rejected and it is concluded that hospitals in regards to "Service Quality" do not differ significantly in regards to "Service Quality".

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