Reviewing the Scope of Medical Tourism in the State of Odisha: The Case of a Public Teaching Hospital

[1]Ansuman Samal, [2]Lalat Indu Misra, [3]Prof. (Dr.) Bibhuti Bhusan Pradhan, [4]Prof (Dr.) Jyotirmoyee Jena
[1]Assistant Professor, [2] Assistant Professor, [3]Registrar, [4]Professor
[1]Facultyof Hospitality & Tourism Management, Siksha O Anusandhan Deemed to be University, Bhubaneswar, Odisha
[2]Facultyof Hospitality & Tourism Management, Siksha O Anusandhan Deemed to be University, Bhubaneswar, Odisha
[3]Siksha O Anusandhan Deemed to be University, Bhubaneswar, Odisha
[4]Facultyof Medical Sciences, KIIT Deemed to be University, Bhubaneswar, Odisha

Abstract : India with more than a billion people in its arsenal, technically affluent workforce, use of modern technology, and cost-effective nature, certainly possess opportunities for medical tourism. But, the million dollar question is whether we are in a state to offer services to both the local and global customers in terms of the necessary service qualities. At one end we are looking to establish India as a global leader in medical tourism whereas at the other end we are increasingly failing to provide the basic facilities to our citizens. Issues like severe malnutrition, maternal & infant deaths, outbreak of diseases like dengue, malaria, swine flu etc., prevailing social taboos, unavailability of basic amenities, neglected hospital surroundings, inadequate infrastructural facilities, misbehaviour of doctors & staffs and may more disheartening stories are the frequent headlines which forces us to rethink about our efforts. With this background, we have tried to assess the health care service quality available in the state of Odisha by using the SERVQUAL scale. For sampling, we have chosen one of the renowned tertiary care teaching hospital situated in the Berhampur city of the Ganjam district. The study revealed the various truths about the current state of health care in the state and also revealed many areas that need immediate attention. Based on the findings and feedbacks of the customers, we have recommended some measures for improvement.

IndexTerms **- Service, quality, healthcare, hospitals.**

I. INTRODUCTION

Quality has been the differentiating factor in this era of hyper competitiveness which provides the businesses with the ever desired competitive advantage. As the healthcare industry provides hope and relief to the suffering mass and thus, helps in maintaining a healthy and sizable workforce, it becomes more important to provide extra care and attention for continuous quality improvement in this sector (Irfan & Ijaz, 2011). At a time when the markets have become highly competitive, the expectation and perception scores of the customers have to be measured frequently and whenever required necessary steps needs to be taken to constantly deliver optimal quality of services (Cronin & Taylor, 1992). The idea is to measure and reduce the gaps of between the expectations and perceptions scores so that the requirements of the customers can be met profitably and thereby we can gain sustainable competitive advantage over others. (Zeithaml, Berry & Parasuraman, 1993).

In the 1990s, when India adopted the policies of globalization, across industry segments, it opened its doors towards the private as well as the foreign players. Over the years, it has witnessed some success in its efforts in many sectors that further resulted in the explosion of consumerism where the customers are willing to pay more in order to get the products/services of best in quality and class. Over the years, the healthcare industry has become a sunshine sector globally, least affected from the ghost of recessions. With the advent of globalization & new millennium, newer concepts like medical/wellness tourism also arrived in the center stage though they have been practised in our country from centuries ago. Definition wise, medical tourism is about visiting a foreign soil for getting healthcare services. (Horowitz, et. al, 2007). The various reasons for which people normally availing medical tourism facilities can be listed as the unavailability of particular treatments, legality/morality factors in the host countries, lower cost of treatments, less waiting time, privacy & confidentialities issues, tourism and vacation purposes etc. Complex surgical procedures, like cosmetic, cardio vascular or others, Chemotherapies, dental treatments, fertility services, psychiatry, alternative medicine, and convalescent care are the mostly sort after treatments amongst the medical tourists (Mattoo & Rathindran, 2006). The allied market research group has conducted a survey in 2017 that estimated the total value of worldwide medical tourism market at US$ 61,172 million at the end of 2016 and is further estimated to reach at $165,345 million by 2023 at CAGR of 15.0% from 2017 to 2023. As per the statistics of the International Healthcare and Research Centre, Indian has been ranked 5th on the medical tourism index globally and 2nd in Asian continent. The major contributors towards this unmatched growth story can be listed as low costs of treatment, quality of healthcare services, availability of highly-skilled doctors & other para-medical staffs, ever-increasing demand, rise in research & innovations, privatization & corporatization of healthcare services, and the wholehearted support by the government etc. All these certainly portray a huge potential opportunity for India in becoming a future global leader in medical tourism arena. But when we look beyond this happy story, the scenario appears to be paradoxical where many distressing news of prevailing social taboos, infant & maternal mortalities, severe malnutrition, unavailability of basic healthcare infrastructures, carelessness & misbehaviours shown by the hospitality authorities, outbreak of

contagious diseases which points towards a dismal state of health care infrastructures in the country which certainly needs more heartfelt efforts.

At a time, when we are daring to stare at the developed nations and competing to match with their levels, certainly we need to search for the loop-holes in our system in a serious & systematic manner and work towards eliminating the deficit in the field. Therefore, it's a high time for all the enlighten minds to seriously look for the causes and act towards the improvement of the facilities so that we can be at a place where we can start to think about the global competition. In this regard we have taken the case of a state government controlled tertiary care medical college hospital, situated at the Berhampur city of the State of Odisha which is one of the oldest and most renowned medical college hospitals in the state offering its services in the entire southern corridors in Odisha as well as in the states of Andhra Pradesh and Telengana since the year 1962. As a part of a larger scale doctoral study, we have taken around 120 nos. of samples of the patients coming for their treatment at the stated hospital.

II. LITERATURE REVIEW

The definition and use of quality is there since the inception of the industrial revolution in Europe but it gained momentum only after the world wars when the completion between companies intensified to capture maximum market share. (Samal *et al.* 2017). The concept of quality has gained paramount importance in recent years as it directly yields customer satisfaction and that further translates into generation of customer loyalty and their repeat purchase behaviours (Jaswal & Walunj, 2017). Thus, we can identify the quality of services, customer satisfaction and loyalty as the three cornerstones of success that help in generating sustainable competitive advantages for a business (Shahnaz & Kianoush, 2014). If we go by the book definitions, quality is the combination of technical (What is offered?) and functional (How it is offered?) aspects of a product or service offerings (Gronroos, 1984; Andaleeb, 1998; Yousapronpaiboon & Johnson, 2013). Some other defines it as the difference between expectations before availing the products/services and perceptions after availing the products/services (Parsuraman *et al.* 1988; Wang & Shieh, 2006). It can also be defined as the parameters for superior offerings which increases the satisfaction levels of the customers (Jones *et al.,* 2003; Lymperopoulos *et al.,* 2006) and thereby helps in earning profitability and enhancing the market share of the company (Newman, 2001; Szmigin & Carrigan, 2001; Caruana, 2002; Dadoa *et al.,* 2012; & Sharma, 2014). As the services sector possess some unique characteristics, it becomes more difficult to evaluate their quality (Gronroos, 1990). Hence, for evaluating the services quality, we generally take note of the perceptions of the customers rather than depending on the technicality of the services (Parsuraman *et. al.* 1985, 1988).

In order to assess the customer's perceptual scores, many models have been developed to capture the data over the years (Sasser et al., 1978, Lehtinen, & Lehtinen, 1982, Grönroos, 1984, Garvin, 1987, Coddington, & Moore, 1987, Haywood, 1988, Brogowicz, Delene, & Lyth, 1990, Cronin, & Taylor, 1992, Mattsson, 1992, Teas, 1993 Rust, & Oliver, 1994 Dabholkar, *et al.,* 1996, Sweeney, Soutar, & Johnson, 1997, Philip, & Hazlett, 1997, Evans, & Lindsay, 1999, Frost, & Kumar, 2000, Victor, *et al.,* 2001, Brady, & Cronin, 2001, Zhu, *et al.,* 2002, Parasuraman, Zeithaml, & Malhotra, 2005, Landrum, *et al.,* 2008, Lee, D. 2016) amongst which the SERVQUAL scale designed by Parsuraman, Zeithamal and Berry (1985, 1988) in scaling the gap between the perceptions and expectations of the customers, have become the major yard stick in recent years. Many researchers have conducted their research on the applicability of SERVQUAL scale, and found it to be a robust and reliable scale and which can be applied across various industries. (Babakus & Mangold, 1992, Asunbonteng *et al.,* 1996, Heung *et al.,* 2000). Due to its universal acceptability and use across different segments, we have chosen the SERVQUAL scale for our study.

III. OBJECTIVES

The basic objectives of this study are as follows.

- ✓ To assess the reasons of visiting the particular hospital.
- ✓ The map the average spending as well as their view towards pricing.
- ✓ To find out the overall satisfaction levels and feelings of the customers.
- ✓ To map the gaps between the expectation and perception levels of the customers.
- ✓ To seek suggestions for improving the services quality.

IV. RESEARCH METHODOLOGY

This research was conducted in the Berhampur city of the Ganjam district of state of Odisha. The only government controlled medical college hospital there was selected for the study. A SERVQUAL based questionnaire was developed after thorough review of literatures. The questionnaire possessed five service quality dimensions empathy, assurance, tangible, timeliness and responsiveness speeded across 22 nos. questionnaire set. The perception and expectation of patients were recorded in a seven point scale. The total samples taken were 120 conducted vide non-probability convenience sampling. The target population belonging to SEC A, B and C were only considered for the study who had been admitted to the medical college hospital. For capturing their expressions, a seven-point Likert Scale from entirely disagrees to the entirely agrees was used for empirical analysis. The coding of the Likert scale was made as [1 = entirely disagree], [2 = mostly disagree], [3 = somewhat disagree], [4 = neither agree nor disagree], [5 = somewhat agree], [6 = mostly agree], [7 = entirely agree]. The descriptive statistics of the respondents of this study is given below.

IV. RESULTS AND DISCUSSION

4.1 The demographic profiling:

- ✓ Out of the total 120 respondents, 82 (68.33 percent) were males whereas 38 (31.67 percent) were females.
- ✓ Almost 55 percent (i.e. 55.83 percent to be precise) of people belonged to rural areas where as 44.17 percent of people were from the urban areas.
- ✓ If we go for the social strata, out of the 120 people interviewed, around 50.83 percent of people belonged to the SEC A, followed by 35.0 percent of people in SEC B and 14.17 percent of people in SEC C.
- ✓ Age wise, majority of the people were in between 46 to 55 years (around 26.67 percent of the total population) whereas around 24.17 percent of people are in the age group of 36 to 45 years. Around 20.83 percent of the people were in the age group of more the 55 years, followed by 18.33 percent of people in the group of 26 to 35 years and 10.00 percent in the age bracket of 18 to 25 years.
- ✓ The highest literacy rate belonged to the group of graduates/post graduated with 39.17 percent. 29.17 percent of people were undergraduates where as 20.00 percent of people had qualification up to matriculation (SSC/ HSC) and 11.67 percent of people were found to be illiterates.
- ✓ Almost 57 percent of the respondents (i.e. 56.67 percent) were married with/without children followed by 17.50 percent are older couple who stayed alone, 16.67 percent were unmarried, and 9.17 were either widowed / divorced / separated from their spouses.
- ✓ When we focused on the monthly household incomes, almost 34.17 percent of population are in the income group of Rs. 20,001/- to Rs. 30,000/- Only whereas around 20.83 percent of people are in the range of Rs. Rs. 30,001/- to Rs. 50,000/-. Around 19.17 percent of people were having monthly household incomes less than Rs.10,000/- Only, around 16.67 percent people were in the range of Rs. 10,001/- to Rs. 20,000/- only per month income, and around 9.17 percent of people were having income in excess of Rs. 50,000/-.
- ✓ 63.33 percent of the respondents were the repeat customers visiting the hospitals where as the rest 36.67 percent people found to be the first timers.
- ✓ When asked about the average spending per visit to a hospital, around 43.33 percent said they usually spend between Rs. 1,001/- to Rs. 3,000/- Only per visit whereas 19.17 percent of people said that they usually spend between Rs. 3001/- to Rs. 5000/- Only while visiting a hospital. Around 15.83 percent said they usually spend less than Rs. 1,000/-followed by 14.17 percent people who spend between Rs. 5001/- to Rs. 10000/- and Only 7.50 percent spend more than Rs. 10,000/-.

4.2 Reasons for availing health care in the particular hospital:

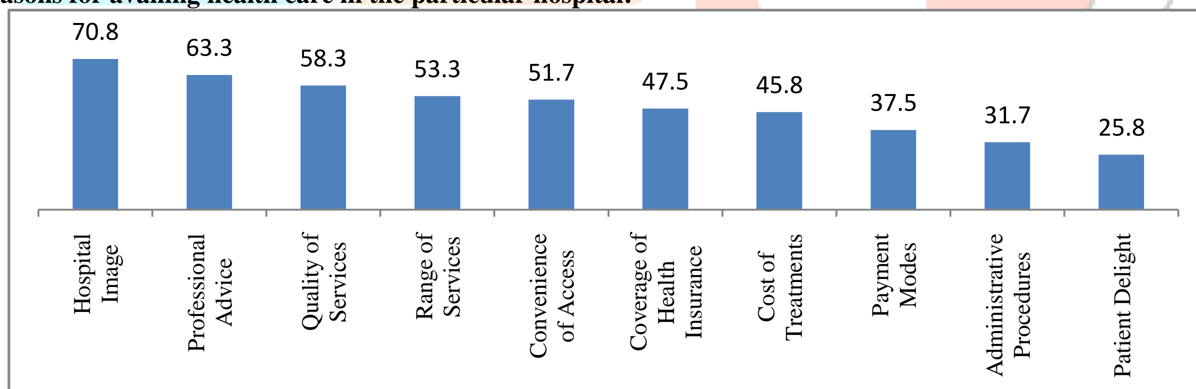

Figure 1: Reasons for availing healthcare services at a particular hospital

When the reasons were assessed that were propelling them towards the particular hospital, around 70.8 percent mentioned about the hospital image, followed by other reasons like professional advice (63.3), quality of services (58.3), range of services (53.3) and convenience of access (51.7). Some other factors like coverage of health insurance, cost factors, payment methods, administrative procedures and patient delight play comparatively lesser roles than others.

4.3 The SERVQUAL Statements (Expectations Vs Perceptions):

Table 1: GAP Analysis of SERVQUAL dimensions

Parameters	Quality Statements	Mean Expectations	Mean Perception	Gap Analysis
Assurance	Courteous and friendly behaviour of Doctors and staffs	6.18	3.95	2.23
	Wide spectrum of knowledge possessed by the doctors	6.35	5.32	1.03
	Treatment of patients with dignity and respect	6.15	4.86	1.29
	Thorough explanations to Patients about their conditions	6.29	4.8	1.49
Empathy	Feedbacks from the patients	5.97	2.88	3.09

	Round the clock availability of services	6.14	3.28	2.86
	Patients' best interests at heart	6.25	4.35	1.9
	Understanding about the specific needs of patients	6.22	4.37	1.85
	Personal attention given to the patients	6.11	4.42	1.69
	Patients are dealt in a caring fashion	6.22	4.15	2.07
Reliability	availability of Services in the appointed time	6.26	3.95	2.31
	Carrying out the services accurately	6.22	4.38	1.84
	Professional and competent doctors and staffs	6.2	4.58	1.62
	System of error free and fast retrieval of documents	6.12	3.8	2.32
	Cost of treatment and consistency of charges	6.2	4.52	1.68
Responsiveness	Provision of prompt services	6.34	3.88	2.46
	Responsive shown by doctors and staffs	6.32	3.88	2.44
	Attitude of doctors and staff that instil confidence in patients	6.22	4.35	1.87
	Waiting time not exceeding one hour	6.17	3.6	2.57
Tangibility	Up-to-date and well-maintained facilities and equipment	6.37	4.14	2.23
	Clean and comfortable environment and with good directional signs	6.26	3.6	2.66
	Neat appearance of doctors and staffs	6.08	4.09	1.99

When we are tried to capture the gaps between the expectation and perception levels of the customers, we found considerable gap scores existing between the two. Across the five segments, upon various parameters, the highest amount of gap between the perception and expectation levels were found as follows

- ✓ Non-existence of proper feedbacks systems or grievance redressal system of the patients
- ✓ Unavailability of essential services especially in odd hours of operations
- ✓ Dirtiness and mismanagement within and outside the facilities
- ✓ Longer waiting time for availing the services
- ✓ Unresponsive and rude behaviour of the doctors and other staffs

4.4 Overall Satisfaction towards the hospital:

When asked about the satisfaction level, around 40.00 percent gave a relatively positive feedback (somewhat satisfied, very satisfied and extremely satisfied) whereas around 50.83 percent gave relatively negative satisfaction scores (somewhat dissatisfied, very dissatisfied and extremely dissatisfied). About 9.17 percent of people remained neutral giving not a specific satisfaction remark.

4.5 Concern towards the Pricing of various services:

When we tried to capture their concerns towards the pricing of various services, around 36.07 percent found it reasonable whereas 34.43 percent of people found it to be expensive (combined scores of people depicting expensive and very expensive) and 29.51 found it to be on the cheaper side (combined scores of people depicting cheap and very cheap).

4.5 Overall Feelings towards the hospital:

When we took a note of the feelings towards the hospital, around 34.17 percent gave a relatively positive note (Slightly good, quite good and extremely good) whereas around 45 percent gave somewhat negative feedback (Slightly bad, quite bad and extremely bad).

4.7 Suggestions for Improvement:

Table 2: Things that they dislike

Sl.	DISLIKES / GRIEVANCES ABOUT THE HOSPITAL	Percentage
1	Unhygienic conditions inside & outside of the hospital premises (Inadequate garbage handling / waste disposal systems)	62
2	Waiting time for availing healthcare and associated services	55
3	Unsafe premises in & out (Harbouring of Thieves, drunkards, & Goons)	51
4	Absence of feedback & grievance handling mechanisms	51
5	Rude Behaviours of Doctors and Staffs	46

6	Unavailability of equipments (Essentials and Regular)	45
7	Inadequate Infrastructures (Beds, buildings, labs, equipments, medicines, sign boards, power backups, good quality foods, drinking water facilities etc.)	44
8	Unsafe facilities (Unavailability of safety equipments, physical protections, issues of electrical short circuits & water slippage etc.)	42
9	Inefficient medical recordkeeping / retrieval system	42
10	Unavailability of experienced doctors & Specialists	42
11	Unavailability of Ambulance at the time of need	42
12	Uncontrollable Crowding at key places like the OPD Units, OT, medicine outlets and testing labs	41
13	Issues of corruption (Prescribing non-generic and large quantities of medicines and unnecessary tests & non-refund policy of high value medicines) & bribery (Claiming money for providing beds and other facilities) etc.	41
14	Only pushing for private practice / other clinics	39
15	Administration, (Lack of Control and Coordination, agents / brokers roaming inside the premises & harassing the patients, no single window services)	36
16	Improper lab tastings (Delay & Chaos in obtaining, processing, & publication of reports)	35
17	Unavailability of round the clock services and irresponsive nature of staffs in odd hours of operations	34
18	Inadequate facilities / amenities for patient's attendants	33
19	Informal / longer procedures of discharging after treatment / death / post mortem procedure	32
20	Improper attention towards the indoor patients	27
21	Improper functioning of specialist information system in the premises (Where to go and whom to consult?) for the patients	26
22	Inadequate / Inconvenient and unsafe parking places	22

In an open ended question, when asked about the list of factors disliked by the patients, we got the above responses which derive upon the fact that, not only the self view but also the opinion of the reference groups plays a part in determining the overall satisfaction of a patient. Also it can be found that, absence of a stronger administrative procedure can become a major hindrance in terms of providing adequate level of service quality for the customers.

V. RECOMMENDATIONS:

The fieldwork in our study has revealed certain areas which can be/should be improved and acted upon in order to generate sustainability in healthcare sector. Based upon the study, the various recommendations can be listed as follows.

- ✓ As the hospitals are associated with diseases, we need to ensure cleanliness both inside and outside of the premises under any circumstances which is a must do activity for the hospital authorities.
- ✓ As a service provider, we need to make sure a pleasant or at least a hassle free environment. For that, we need to keep constant touch with the customers especially during the service encounter phase. For this, neutral feedbacks from patients has to be taken on a regular basis as it will provide ideas about the areas of improvements as well as gives a sense of assurance to the patients that someone is listening to their grievances.
- ✓ Another area of improvement is the behavioural aspects of the doctors and staffs in handling the patients as during the study we got many negative feedbacks in this regard. As the place where we conducted the interviews is a government entity, issues of misbehaviour, assault and abuse were common matters of concern. For mitigation of such undesirable incidences, we need to tighten the administrative/security grip as well as need to provide behavioural training to the employees for maintaining a mutual bridge between the service providers and customers.
- ✓ Implementation of stringent administrative model in the premises will ensure smooth flow of activities, chaotic traffic, and prevention of delays in any processes be it treatment, pathological tests or discharge / death / post mortem etc..
- ✓ The feedbacks of customers also get hugely affected by their reference group / attendants for which we need to ensure at least a bare minimum provision for them as well. Rest shades, dormitories, provision of clean drinking water, food at affordable costs etc. are some of the measures which can be taken for the attendants.
- ✓ Similarly we need to tighten the security aspects to eliminate the danger from both the facilities related (Safer equipments, safety from electrical failures, water slippage, other infrastructural facilities like broken staircases, lifts etc.) as well as from human elements (such as thieves, drunkards, brokers etc.)
- ✓ Need to ensure the strengthening of the infrastructural facilities like the helpdesk, clear signage & directional boards (multi language), ambulance services, elevators (where it is required), convenient & safe parking places and others to improve upon the patient care.

VI. WAY FORWARD:

The ultimate goal of a healthcare initiative is to provide cure from the diseases as well as satisfy the needs of the customers and consistently deliver high quality of services to provide the ultimate level of customer satisfaction. Then the generated customer satisfaction will lead to customer retention and earning the respect as well as profitability for the organization

REFERENCES

[1] Andaleeb, S.S. (1998): Determinants of customer satisfaction with hospitals: a managerial model", International Journal of Health Care Quality Assurance, 11 (6): 181-187
[2] Asunbonteng, P. McCleary, K.J. Swan, J.E. (1996): SERVQUAL revisited: a critical review of service quality, *The journal of services marketing,* 10(6): 62-81
[3] Babakus, E. & Mangold, W.G. (1992): Adapting the SERVQUAL Scale to Hospital Services: An Empirical Investigation, *HSR: Health Services Research,* 26(6): 767-786
[4] Brady, M.K. & Cronin, Jr.J.J. (2001): Some new thoughts on conceptualizing perceived service quality: a hierarchical approach, *Journal of Marketing,* 65 (3): 34-49
[5] Brogowicz, A.A. Delene, L. M. & Lyth, D.M. (1990): A synthesised service quality model with managerial implications, International Journal of Service Industry Management, 1(1): 27-45
[6] Caruana, A. (2002): Service loyalty: The effects of service quality and the mediating role of customer satisfaction, European Journal of Marketing, 36 (7/8): 811-828
[7] Coddington, D. & Moore, K. (1987): Quality of Care as a Business Strategy: How Customers define Quality and How to Market it, Healthcare forum, 30(2): 29-32
[8] Cronin, J. Joseph, J. & Taylor, S.A. (1992): Measuring service quality: a re-examination and extension, Journal of Marketing, 56(3): 55–68
[9] Dabholkar, P.A., Thorpe, D.I. & Rentz, J.O. (1996): A measure of service quality for retail stores: scale development and validation, Journal of the Academy of Marketing Science, 24 (1): 3-16
[10] Dadoa, J. Petrovicovaa, J.T. & Rajicc, S.C.T. (2012): An empirical examination of the relationships between service quality, satisfaction and behavioral intentions in higher education setting, Serbian Journal of Management, 7(2): 203–218
[11] Evans, J. & Lindsay, W. (1999): The Management & Control of Quality 4ed. Cincinnati: South-Western, 52
[12] Frost, F.A. & Kumar, M. (2000): INTSERVQUAL-an internal adaptation of the GAP model in a large service organisation, Journal of Services Marketing, 14(5): 358-377
[13] Garvin, D.A. (1987): Competing on the eight dimensions of Quality, Harvard Business Review, 65(6): 101-109
[14] Grönroos Christian (1984) "A Service Quality Model and its Marketing Implications", European Journal of Marketing, Vol. 18 Issue: 4, pp.36-44
[15] Haywood-Farmer, J. (1988): A conceptual model of service quality, International Journal of Operations & Production Management, 8(6): 19-29
[16] Jaswal, A.R. & Walunj, S.R. (2017): Antecedents of Service Quality Gaps in Private Hospitals of Ahmednagar: A Critical Inquiry into the Hospital Attributes, IBMRD's Journal of Management & Research, 6(1): 42 – 51.
[17] Jones, M.A. Taylor, V.A. Becherer, R.C. & Halstead, D. (2003): The impact of understanding on satisfaction and switching intentions, Journal of Consumer satisfaction, dissatisfaction and Complaining Behaviour, 16(1): 10-18
[18] Landrum, H. Prybutok, V.K. Leon, A. & Zhange, X. (2008): SERVCESS: A Parsimonious Instrument to Measure Service Quality and Information System Success, *The Quality Management Journal*, 15(3): 17–25
[19] Lee, D. (2016): HEALTHQUAL: a multi-item scale for assessing healthcare service quality, *Service Business*, DOI 10.1007/s11628-016-0317-2
[20] Lehtinen, U. & Lehtinen, J.R. (1982): A Study of Quality Dimensions, Service Management Institute, Helsinki, working paper, 5, 25-32
[21] Lymperopoulos, C. Chaniotakis, I.E. & Soureli, M. (2006): The importance of service quality in bank selection for mortgage loans, Managing Service Quality, 16(4): 365-379
[22] Mattsson, J. (1992): A service quality model based on an ideal value standard, International Journal of Service Industry Management, 3(3): 18-33
[23] Newman, Karin (2001): Interrogating SERVQUAL: a critical assessment of service quality measurement in a high street retail bank, International Journal of Bank Marketing, 19(3): 126-139
[24] Parasuraman, A. Zeithaml, V.A. & Berry, L.L. (1985): A conceptual model of service quality and its implications for future research, The Journal of Marketing, 49(4): 41-50
[25] Parasuraman, A. Zeithaml, V.A. & Berry, L.L. (1986): SERVQUAL: a multiple-item scale for measuring customer perceptions of service quality, Report No. 86-108, Marketing Science Institute, Cambridge, MA.
[26] Parasuraman, A. Zeithaml, V.A. & Berry, L.L. (1988): SERVQUAL: a multi-item scale for measuring consumer perceptions of the service quality, Journal of Retailing, 64(1): 12- 40
[27] Parasuraman, A. Zeithaml, V.A. & Berry, L.L. (1991): Refinement and reassessment of the SERVQUAL scale, Journal of Retailing, 67(4): 420-450
[28] Parasuraman, A. Zeithaml, V.A. & Malhotra, A. (2005): ES-QUAL a multiple-item scale for assessing electronic service quality, Journal of service research, 7(3): 213-233
[29] Philip, G. & Hazlett, S.A. (1997): The measurement of service quality: A new P-C-P attributes model, International Journal of Quality & Reliability Management, 14(3): 260-286
[30] Rust, R.T. & Oliver, R.L. (1994): Service quality: insights and managerial implications from the frontier, in Rust, R.T. and Oliver, R.L. (Eds), Service Quality: New Directions in Theory and Practice, Sage Publications, Thousand Oaks, CA, 1-19

[31] Sasser, W.E., Olsen, R.P. & Wyckoff, D.D. (1978): Management of Service Operations, Boston: Allyn & Bacon
[32] Shahnaz Sharifi & Kianoush Saberi, (2014), Hospital Management Factors for better quality outcomes, Indian Journal of Fundamental and Applied Life Sciences, 2014 Vol. 4 (2) April-June, pp.508-514.
[33] Sharma, D. (2014): Examining the Influence of Service Quality on Customer Satisfaction and Patronage Intentions in Convenience Store Industry, Institute Of Management Ahmedabad India Research and Publications, P.1 of 29 W.P. No.2014-04-05
[34] Sweeney, J.C. Soutar, G.N. & Johnson, L.W. (1997): Retail service quality and perceived value: A comparison of two models, Journal of Retailing and Consumer Services, 4(1): 39-48
[35] Szmigin, I. & Carrigan, M. (2001): Learning to love the older consumer, Journal of Consumer Behaviour, an International Research Review, 1(1): 22-34
[36] Teas, R.K. (1993): Expectations, performance evaluation, and consumers' perceptions of quality, The Journal of Marketing, 57(October): 18-34
[37] Victor E.S. Duffy, J.A. Kilbourne, W.E. Jones, P. (2001): The Dimensions of Service Quality For Hospitals: Development and Use of the KQCAH Scale, *Health care management review,* 26(2): 47-59
[38] Wang, I.M. & Shieh, C.J. (2006): The relationship between service quality and customer satisfaction: The example of CJCU library, Journal of Information and Optimization Sciences, 27(1): 193–209
[39] Yousapronpaiboon K. & Johnson W.C. (2013): Measuring hospital out-patient service quality in Thailand, Leadership in Health Services, 26(4): 338-355
[40] Zhu, F. Wymer, W. & Chen, I. (2002): IT-Based Services and Service Quality in Consumer Banking, *International Journal of Service Industry Management,* 13(1): 69-90