

A Theoretical Study: Service Quality of Health Care Centers and its Consequences

Dr. R. Sindhya, MBA, M.Phil., Ph.D.,
Professor

Department of Management Studies
PSNA College of Engineering and Technology, Dindigul

Abstract

The study on service quality may be focused by core, value added, critical and innovative service quality in Health Care Centers industry at near future. The present study treats the patients satisfaction as only mediator variables in between service quality and patient loyalty. It may extended to patient value and patients faith on the health care centers in future research work. There may be scope of the study on comparative analysis on Health Care Centers service quality in corporate health care centers and poly clinics.

Keywords: Service Quality, Health Centre, Study

1. Introduction

The service sector is increasing at a faster rate and becoming more competitive today (Akter, et al., 2008). The health care consumers in developing countries are becoming more aware on the facilities at health care industries at the international level (Nketiah – Amponsah and Hiemenz, 2009). As the standard of living of the consumer, urbanization and increase in information and technology, there is a demand for better medical care to improve the life style of consumers (Alhashem, et al., 2011). The role of service quality at health care centers is widely recognized as being a critical determinant for the success and survival of the health care centers in the competitive environment. (Zain, et al., 2010). Many stakeholders in health care sectors are now emphasising service quality delivery (Lepsley, 2000) as a mechanism to meet consumer demand and value of money (Smith et al., 2006). Patient satisfaction has emerged as an important measure of the quality services offered by the health care centers (Noor, 2010). The understanding of patients' satisfaction on the Health Care Centers service quality will improve the outcome of healthcare system and enhance better service quality. (Arasli et al., 2008). In addition, patients' satisfaction are more likely to generate patient loyalty towards their Health Care Centers (Kessler and Mylod, 2011). Hence it is essential to study the patients view on the service quality of health care centers and its consequences for future policy implications.

1.1 Health Care Services Industry in India

In India, health is recognized as the responsibility of the state (Gyan and Singh, 2007). The health service is delivered both public and private health care systems. The government allocation of funds to public health care is system is equalent to meet the increase in demand for health care services by the population in India (Suchitra, 2003). The private sector investment in the health care industry has been increasing especially after liberalization of the Indian economy. There are lot of innovations, modern equipments, infra structural facilities and updation are visible in the health care industry in India (Bhupesh et al., 2013). Eventhough the health care industry is one of the India's largest sector in terms of revenue and employment (Venkatesh, 2007), the health outcome is far from satisfactory (Bajpai and Goyel, 2009). Hence, the Government of India implemented health care reformation in India (NHP, 2002). The main issue focused in the health care sector is the patient satisfaction (Ellis, et al., 2010). It is essential to examine whether the health care reformation has done a good thing in the India health care system or not. Hence the present study focuses on the aspects of service quality in health care centers, patient satisfaction and patient loyalty.

2. Literature Review

i) Health Care Centers Service Quality

The Health Care Centers service quality have examined with the help of seven dimensions namely personnel quality, infrastructure, administrative process, process of clinical care, safety, overall medical care and social responsibility (Duggirala et al., 2008). Lani and Kunz (2004) examined the admission process, physician care, nursing care and discharging process to measure Health Care Centers service quality. Butt and Cyril (2010) and Sohail (2003) tested the basic servqual measures to measure the service quality in Health Care Centers. Chahal and Kumari (2010) analysed physical environment, interaction quality and outcome quality regarding the Health Care Centers service quality. Suki et al., (2011) focused on the interaction between patient and doctors and the confidence of the patients in the quality of medical services at Health Care Centers regarding this aspect.

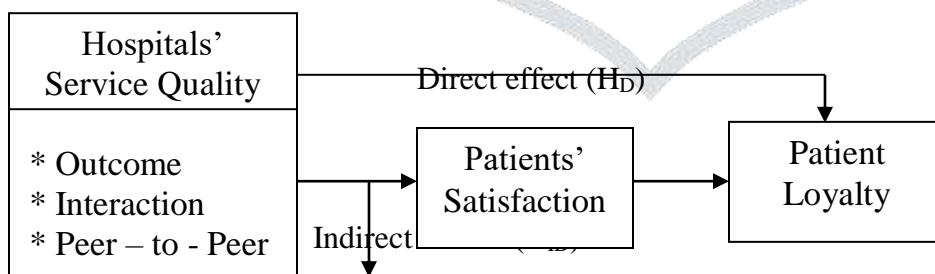
ii) Patient Satisfaction

The patient are satisfied if their perceived performance matches their expectations of services from the health care centers (Witzl, and Lee, 2003). Wirtz and Mattila (2001) measured the patient satisfaction by disconfirmation model. Patient's satisfaction is mediated by a patients' personal belief and values about a Health Care Centers (Kim et al., 2008). Grogan et al., (2000) identified the important role of patients' satisfaction in the measurement of quality care in Health Care Centers industry. Alhashem et al., (2011) revealed that there is a direct impact of relationship between patients and doctors on the patients' satisfaction. Esch et al., (2008) correlated the technical and interpersonal care with the patient satisfaction.

iii) Patient Loyalty

Zithaml et al., (1996) mentioned that the patient loyalty as a signal the customers will remain in with the service provider. Ladhari (2009) measured the patients loyalty by positive word of mouth and repurchase intention Finkelstein et al., (1999) measured the patient loyalty by the recommendation of the treatment to others. Kessler and Mylod (2011) measured by higher satisfaction and revisit of the Health Care Centers. Amin et al., (2011) revealed that he patient loyalty was developed by the previous experience in the Health Care Centers. Gaur et al., (2011) found a significant relationship between the patient satisfaction and patient loyalty.

Eventhough, there are so many studies related with the service quality, patient satisfaction and patient loyalty in health care industry, there is no exclusive study in the Dindigul district. Hence the present study has made an attempt to fill up the research gap with the help of proposed research model.



Based on the proposed research model, the present study confine its objectives to (i) to test the validity and reliability of variables in each measurement scale; (ii) to examine the direct and indirect impact of Health Care Centers' service quality on patient loyalty.

3. Hypotheses

The formulated hypotheses of the present study are:

- i) There is no significant direct effect of Health Care Centers' service quality on the patient loyalty;

- ii) There is no significant mediator role of patient satisfaction in between Health Care Centers' service quality and patient loyalty.

4. Research Methodology

4.1 Sample

The sample size of the study was determined as 532 patients with the help of formula of $n = \left[\frac{Z\sigma}{D} \right]^2$.

The 532 patients were equally distributed to public and private health care centers in Dindigul district, Tamilnadu. Out 532 patients, only 296 patients were responded the schedule at the reusable level. Hence, these 296 schedules were taken for further analysis.

4.2 The Instrument

The interview schedule was used as an instrument to collect the relevant data from patients. Three dimensions of Health Care Centers service quality, patient satisfaction and patient loyalty along with their profile were incorporated in the interview schedule as per the recommendation of Aagja and Garg (2010); Choi and Kim (2012). A scale ranging from '1' very low to '5' very high was used to measure Health Care Centers service quality, patient satisfaction and patient loyalty. To avoid the issues of conceptual and psychometric property raised by Cronin and Jaylor (1992), the researchers used only perception of quality (Yavas et al., 2004).

5. Conceptual Frame Work of the Study

5.1 Service Quality in Health Care Centers

The service quality in health care centers represents the quality of service offered by the health care centers to the patients (Muslem 2008). It is based on the original service quality factors carried by Parasuraman et al., (1988). These are reliability, responsiveness, assurance, empathy and tangibles. Lynch and Schuler (1990), Sadig (2003) and Zim et al., (2004) also supported the core service quality factors to measure the Health Care Centers service quality. It was extended to value added service quality by Studer (2003), Massaro (2003) and Deman et al., (2002). Hariharan et al., (2004) supplemented the core service quality factors long with the previous two to measure the health care centers service quality.

The service quality in health care centers are classified into outcome quality, (Kang and James, 2004), interaction quality (Jap, 2001) and Peer-to-peer quality (Payne et al., 2008). The outcome quality is the quality of the outcome of service act and what the patient is left with after service delivery is complete (Gronroos, 1984). It reflects the patient's perception of the superiority of service experience (Brady and Cronin, 2001). Interaction quality is related to patient's perception of the interactions with service providers (Bitner et al., 1994). It shows the manner in which the service is delivered during service encounters (Lemke et al., 2011). Peer-to-peer quality has been defined as a perceived judgement about an entity's excellence and superiority (Verhoef et al., 2009). In the present study, the above said three service qualities are measured with the help of relevant variables.

Patient's satisfaction shows the overall attitude of the patients on the Health Care Centers services (Boyer et al., 2006). It includes the performance of Physician, Nurses, para medical staffs, administrative staffs and also their process (Crowe, 2002). Patient's Loyalty is the positive attitudes based on cumulatively satisfying usage occasions (Oliver, 1999). It is defined as "an intention to perform a diverse set of behaviour that signal a motivation to maintain a relationship with the focal firm, including allocating a higher share of the category wallet to the specific service provider, engaging in positive words of mouth, and repeat purchasing (Sirdeshmukh et al., 2002).

The collected data were processed with the help of confirmatory factor analysis (Sureshkumar et al., 2002) and Structural equation model (Alrubaiee, L. and Alkaa'ida, 2011) in order to justify the validity of and reliability of measurement scale and the role of patient satisfaction as a mediator role in between Health Care Centers service quality and patient loyalty.

6. Results

6.1 Descriptive Statistics

Majority of patients are belonging to private Health Care Centers. The dominant gender among the patients is female. The important level of education among the patients are at the school level and under graduation. The important nativity among the patients is semi-urban whereas the dominant family size among them is four members. The dominant family income per month among the patients is Rs.10,000 to 20,000 whereas the important years of experience in this present Health Care Centers is 5 to 7 years.

6.2 Reliability and Validity of variables in the Construction

The constructs developed to test the hypotheses in the present study are outcome quality, interaction quality, peer-to-peer quality, patients' satisfaction and patients' loyalty. The variables in the constructs are varying from 3 to 5. The present study has made an attempt to examine the reliability and validity of variables in each construct with the help of confirmatory factor analysis (Anderson and Gerbing, 1998) and the Cronbach alpha (Nunnally, 1978).

The standardised factor loading of the variables in each construct is greater than 0.60 which reveals the content validity (Byrne, 2001). The significance of 't' statistics of the standardised factor loading of the variables in each construct reveal the convergent validity (Arun, 2012). It is also supported by the composite reliability and average variance extracted since these are greater than its minimum threshold of 0.50 and 50.00 per cent respectively (Carmines and Zeller, 1988). The Cronbach alpha of each construct exceeded the minimum standard of 0.70 (Nunnally and Bernstein, 1994). All these results indicate the reliability and validity of the constructs developed in the study.

6.3 Discriminant Validity among the Constructs

The discriminant validity among the five constructs have been tested with the help of the mean of AVE and square of correlation coefficient between all possible pair of the constructs developed in the present study. If the mean of AVEs is greater than its square of correlation coefficient between the pair, its discriminant validity will be assured (Fornell and Larcker, 1981).

The mean of AVEs of all pair of the constructs are greater than its respective square of correlation coefficient. It shows the discriminant validity among the constructs. For example, the mean of AVEs between outcome quality and interaction quality (0.5357) is higher than its square of correlation coefficient (0.5041). The sample types of results are seen in all possible pair of the constructs.

6.4 Patient's Perception on HCCSQ and its Consequences

The patient's perception on health care centers' service quality and its consequences namely patient satisfaction and patient loyalty have been measured by the mean score of the variables in each construct. The mean of each construct among the patients in private and public health care centers have been computed separately. The 't' test has been administered to find out the significant difference among the two group of health care centers regarding their patient's view on HCCSQ and its consequences.

The highly perceived HCCSQ by the patients in private health care centers is outcome quality since its mean score is 3.9097. It is followed by interaction quality since its mean score is 3.6118. Among the patients in public health care centers, these are outcome quality and Peer-to-peer quality since its mean scores are 2.3417 and 2.2784 respectively. The patients satisfaction and loyalty are higher among the patients in private health care centers compared to patients in public Health Care Centers. The patient loyalty is very poor on public Health Care Centers. Regarding the view on HCCSQ factors and its consequences, there is a significant difference among the patients in private and public health care centers since then respective 't' statistics at five per cent level.

6.5 Direct and Indirect effect of HCCSQ factors on Patient's Loyalty

The Health Care Centers service quality may have some significant direct effect on Patient Loyalty. But, the insignificant direct effect of HCCSQ on patients loyalty may involve some indirect effect through the mediator variable namely patient satisfaction. The present study has made an attempt to examine the direct,

indirect and total effect of HCCSQ factors on patients loyalty with the help of structural equation modeling (Bagozzi and Yi, 1988; Amderson and Gerbing, 1988).

Initially, the fitness of data in the measurement model was justified since the chi-square is significant at Zero per cent level, the Root Mean Square Residual (0.0174), Goodness-of-fit-Index (GFI), Adjusted Goodness-of-fit-Index (AGFI) and comparative Fit index (CFI) are better than it respective standard minimum level (Gerbing et al., 1987). The significant direct effect of HCCSQ on patients loyalty is made by outcome quality alone since its path coefficients (0.1344) is significant at five per cent level. But all the three HCCSQ factors are having a significant indirect impact on patient loyalty since their path coefficients through patient satisfaction are significant at five per cent level. The higher indirect effect is made by interaction quality. The higher total effect of HCCSQ on patient loyalty is noticed in the case of interaction quality since its coefficient is 0.3866. The analysis reveals the importance of patient satisfaction as a mediator variable in between HCCSQ and patient loyalty.

7. Research Implications

The Health Care Centers' service quality measured by the three dimensions namely outcome, interaction and Peer-to-peer quality reveal the findings of Beom and Kim, (2012); Peyrot et al., (1993) and Amin and Siti (2013). The patient satisfaction and loyalty in public health care centers are lesser than that in private health care centers recall the findings of Arasli et al., (2008); Lim and Tang (2000) and Angelo Ponlon et al., (1998). The patient loyalty on health care centers' services among the patients is lesser than the patient satisfaction on Health Care Centers services is similar with the findings of Ambori et al., (2010) and Srideshmukh et al., (2002). The significant indirect effect of service quality on patient loyalty i.e. through the patient's satisfaction indicates the result of previous findings of Abuosi and Atinga, (2012) and; Hussein and Amal, (2013).

7.1 Managerial Implications

Own empirical findings should focus important managerial implications. First the health care centers authorities are advised to design their Health Care Centers' service quality in order to satisfy their patients. The important health care centers' service quality factors to be focused are outcome and interaction quality. The outcome quality reveals the recovery of the patient whereas the interaction quality create a faith among the patients. Even though the interaction quality and Peer-to-peer quality have no significant direct impact on patient's loyalty, these factor have a significant indirect impact on patient's loyalty. Hence, the Health Care Centers administrators are advised to provide an conducive environment to their employees which motivate them to offer a high quality services to patients. Even though the peer-to-peer quality has no direct effect on patient loyalty, it has a significant indirect effect an patient loyalty through patient satisfaction. It implies that the Health Care Centers authorities should facilitate the interaction among the patients to improve patients satisfaction and then patients loyalty. Since the patients satisfaction is a key mediator, the Health Care Centers administrators may need to choose a proper combination of Health Care Centers' service qualities to ensure patient satisfaction.

8. Conclusion

Since the present study limited its scope to health care centers only at Dindigul district, in future research, the scope may be extended. The study on service quality may be focused by core, value added, critical and innovative service quality in Health Care Centers industry at near future. The present study treats the patients satisfaction as only mediator variables in between service quality and patient loyalty. It may extended to patient value and patients faith on the health care centers in future research work. There may be scope of the study on comparative analysis on Health Care Centers service quality in corporate health care centers and poly clinics. The role of demographic profile in Health Care Centers service quality gaps may be analysed in future research work.

References

- [1] Aagja, J.A., and Garg, R., (2010), "Meaning perceived service quality for public health care centers (Pub-HosQual) in the India Context", **International Journal of Pharmaceutical and Health Care Marketing**, 4(1), pp.60-83.
- [2] Aaron, A. Abuosi, and Rogu, A. Atinge, (2012), "Service quality in health care institutions: establishing the gaps for policy action", **International Journal of Health Care Quality Assurance**, 26(5), pp.481-492.
- [3] Akter, M.S., Upal, M, and Hani, U., (2008), "Service quality perception and satisfaction: A study over sub-urban public health care centers in Bangaldesh", **Journal of Services Research**, Speical Issue, pp.125-146.
- [4] Alhashem, A.M., Alqudaini, H. and Chowdhury, R.I., (2011), "Factors influencing patient satisfaction in primary health care clinics in Kuwait", **International Journal of Health Care Quality Assurance**, 24(3), pp.249-262.
- [5] Alvufaiee, L. and Alkaa'ida, F. (2011), "The mediating effect of patient satisfaction in the patient's perception of health care quality – patient trust relationship", **International Journal of Marketing Studies**, 3(1), pp.103-127.
- [6] Amin, M. and Isa, Z., (2008), "An examination of the relationship between perception of service quality and customer satisfaction: A SEM approach towards Malaysian Islamic Banks", **International Journal of Islamic Middle Eastern Finance and Management**, 1(3), pp.191-209.
- [7] Anbori, A., Ghani, S.N., Yadav, H. Daher, A.M. and Su, T.T., (2010), "Patient satisfaction and loyalty to the private health care centers in Sanala Yemen", **International Journal of Quality in Health Care**, Published online, 12 June.
- [8] Angelopoulon, P., Kangis, P. and Batis, G., (1998), "Private and Public Medicine: A Comparison of Quality Perceptions", **International Journal of Health Care Quality Assurance**, 11(1), pp.14-20.
- [9] Arasli, H. Ekiz, E.H. and Katir Ciozlu, S.T., (2008), "Creaning service quality into public and private health care centers in small islands", **International Journal of Health Care Quality Assurance**, 21(1), pp.8-23.
- [10] Arunkumar Agasiya (2012), "CRM scale development validation in Indian banking sector", **Journal of Internet Banking and Commerce**, 17(1), pp.1-17.
- [11] Bagozzi, R. and Yi, Y., (1988), "On the evaluation of structural equation models", **Journal of Academy of Marketing Science**, 16(Spring), pp.74-94.
- [12] Beom Joon Choi and Hyun Sik Kin, (2013), "The impact of outcome quality, interaction quality, and Peer-to-Peer quality on customer satisfaction with a Health Care Centers service", **Managing Service Quality**, 23(3), pp.188-204.
- [13] Bhupesh Umath, Amitkumar Marwah and Manish Sani (2013), "Study of service quality of Indian health care centers using SERVQUAL model", **Indian Journal of Research**, 2(3), pp.37-39.
- [14] Butt, M. M., and Cyril de Run, E., (2010), "Private health care quality: applying a SERVQUAL model", **International Journal of Health Care Quality Assurance**, 23(7), pp.658-673.
- [15] Buyer, L., Froneis, D., Partre, E., Weil, Gard Laharene, J., (2006), "Perception and use of the results of patient satisfaction surveys by care providers in a French Teaching Health Care Centers ", **International Journal of Quality in Health Care**, 18(5), pp.359-364.
- [16] Byrne, B.M., (2001), "**Structural Equation Modeling with AMOS: Basic concepts, applications and programming**, Lawrence Erlbaum Associates, Mahah, N.J.
- [17] Carmines, E.G., and Zeller, R.A., (1988), "**Reliability and Validity assessment**, Sage Beversly Hills, CA.
- [18] Chalal, H., and Kumari, N., (2010), "Development of multi dimensional scale for health care service quality (HCSQ) in Indian Context", **Journal of Indian Business Research**, 2(4), pp.230-255.
- [19] Cronin, J.J. and Taylor, S.A., (1992), "Meaning service quality: a reexaminations and extension", **Journal of Marketing**, vol.56, pp.55-68.
- [20] Crowe, R., Gage, H., Hampson, S. Hout, J., Kimper, A., Shrey, L., and Thomas, H., (2002), "The measurement of satisfaction with health care: Implications for practice from systematic review of the literature", **Health Technology Assessment**, 32(6), pp.1-24.
- [21] Duggirala, M., Rajendran, C., and Anasstharaman, R.N., (2008), "Patient perceived dimension of total quality service in health care", **Benchmarking: An International Journal**, 15(1), pp.560-583.

- [22] Ellis, R. Alam, M., and Gupta, I., (2000), "Health Insurance in India: Progress and Prospects", **Economic and Political Weekly**, 35(4), pp.207-217.
- [23] Esch, B.M., Marian, F., Busato, A. and Heusser, P. (2008), "Patient Satisfaction with primary care: an observational study comparing anthroposophic and Conventional Care", **Health and Quality of Life Outcomes**, 6(74), pp.1-15.
- [24] Forenell, C., Johnson, M.D., Anderson, E.W. Cha, J. and Bryant, B.E., (1996), "The American customer satisfaction Index: Nature, purpose and findings", **Journal of Marketing**, 60(4), pp.7-18.
- [25] Fornell, C. and Larcker, D., (1981), "Evaluating structure models and unobservable variables and measurement errors", **Journal of Marketing Research**, 18(February), pp.39-50.
- [26] Frinkelstein, B.S., Harper, D.L., and Rosenthal, G.E., (1999), "Patient assessments of Health Care Centers maternity care: a useful tool for consumers?", **Health Services Research**, 34(2), pp.623-640.
- [27] Furguson, R.J., Paulin, M., Pigeassao, C. and Gauduchon, R., (1999), "Assessing service management effectiveness in a health resort: implications of technical and functional quality", **Managing Service Quality**, 9(1), pp.58-65.
- [28] Gaur, S.S., Xu, Y., Quazi, A. and Nandi, S., (2001), "Relational impact of Service providers' interaction behaviour in health care", **Managing Service Quality**, 21(1), pp.67-87.
- [29] Gerbing, D.W., Anderson, J.C., and Hunter, J.E., (1987), "On the assessment of unidimensional measurement internal and external consistency and overall consistency criteria", **Journal of Marketing Research**, 24(4), pp.432-437.
- [30] Gironroos, C., (1984), "A service quality model and its marketing implications", **European Journal of Marketing**, 18(4), pp.36-44.
- [31] Grogan, S., Conner, M., Norman, P., Willits, D. and Porter, I., (2000), "Validation of a questionnaire measuring patient satisfaction with general practitioners services", **Quality in Health Care**, 9(1), pp.210-215.
- [32] Gyan Prakash and Avantika Singh, (2007), "Out sourcing of health care services in Rajasthan: An exploratory study", **IIMB Management Review**, 19(2), pp.157-169.
- [33] Hariharan, S. Dey, P.K., Moseley, H.S.C., Kumar and Gorn, J., (2004), "A New tool for measurement of process – based performance of multi speciality tribary care Health Care Centers", **International Journal of Health Care Quality assurance**, 17(6), pp.302-312.
- [34] Hussein, M. Al-Borie, and Amal, M. Sheikh Damanhour, (2013), "Patients' satisfaction of service quality in Sandi Health Care Centers: A SERVQUAL analysis", **International Journal of Health Care Quality Assurance**, 26(1), pp.20-30.
- [35] Jap, S.D., (2001), "The strategic role of the sales force in developing customer satisfaction cross the relationship life cycle", **Journal of Personal Selling and Sales Management**, 21(2), pp.95-108.
- [36] Kang, G., and James, J., (2004), "Service quality dimensions: an examinations of Gronroos's service quality model", **Managing Service Quality**, 14(4), pp.266-277.
- [37] Kessler, D.P., and Mylod, D., (2011), "Does patient satisfaction affect patient loyalty?", **International Journal of health care quality assurance**, 24(4), pp.266-273.
- [38] Kim, Y.K., Cho, C., Ahu, S.K., Goh, I.H. and Kin, H.J., (2008), "A study on medical service quality and its influence an upon value of care and patient satisfaction – focusing upon outpatients in a large sized Health Care Centers ", **Total Quality Management and Business Excellence**, 19(11-12), pp.1155-1171.
- [39] Ladhari, R., (2009), "Service quality, emotional satisfaction, and behavioural intentions: a study in the hotel industry", **Managing Service quality**, 19(3), pp.308-331.
- [40] Lapsley, H., (2000), "**Quality measures in Australian Health Care**", in Blain, A., (Ed.), *Health reform in Australia and New Zealand*, Oxford University Press, Melbourne, pp.282-292.
- [41] Lemke, F., Clark, M. and Wilson, J., (2011), "Customer experience quality: an exploration in business and consumer contexts using repertory guid technique", **Journal of the Academy of Marketing Science**, 39(December), pp.846-869.
- [42] Lim, P.c. and Tang, N.K.H., (2000), "A study of patients' expectation and satisfaction in Singapore Health Care Centers", **International Journal of Health Care Quality Assurance**, 13(7), pp.290-299.
- [43] Lynch, J., and Schuler, D., (1990), "Customer evaluation of the quality of Health Care Centers services from an economics of information perspective", **Journal of Health Care Marketing**, 10(2), pp.16-22.

- [44] Massaro, R., (2003), "Investing in Patient-Safety: An Ethical and Business Imperative", **Trustee**, 56(6), pp.20-23.
- [45] Md.Muslam Uddin Chowdhuny (2008), "Customer expectations and management perceptions in Health Care Services of Bangladesh: An Over View", **Journal of Service Research**, 8(2), pp.121-149.
- [46] Muslim Amin and Siti Zahora Nasharuddin, (2013), "Health Care Centers Service quality and its effects of on patient satisfaction and behavioural intention", **Clinical Governance: An International Journal**, 18(3), pp.238-254.
- [47] National Health Policy (2002), Government of India.
- [48] Nketiah – Amponsah, E. and Hiemenz, U., (2009), "Determinants of Consumer Satisfaction of Health care in Ghana: does choice of health care provider matter?", **Global Journal of Health Science**, 1(2), pp.50-61.
- [49] Noor Hazilah Abd Manaf, (2010), "Inpatient Satisfaction: an analysis of Malaysian Public Hospitals", **International Journal of Public Sector Management**, 25(1), pp.6-16.
- [50] Nunnally, J.C., and Bernstein, I.H. (1994), **Psychometric Theory**, 3rd ed., McGraw Hill, New York, NY.
- [51] Oliver, L., (1997), "**Satisfaction: A behavioural perspective on the consumer**", New York, McGraw – Hill, Irwin.
- [52] Parasuraman, A., Zeithaml, V.A., and Berry, L.L., (1988), "SERVQUAL: a multiple – item scale for measuring customer perceptions of service quality", **Journal of Retailing**, 64(Spring), pp.12-40.
- [53] Payne, A.F., Storbacha, K. and Frow, P. (2008), "Managing the Co-creation of value", **Journal of the Academy of Marketing Science**, vol.36, pp.83-96.
- [54] Peray Change Zim and Nelson, K.H. Tay, (2000), "A study of Patients' expectation and satisfaction in Singapore Health Care Centers", **International Journal of Health Care Quality Assurance**, 13(7), pp.290-299.
- [55] Peyrot, M., Cooper, P.D., and Schuapf, D., (1993), "Patient Satisfaction and Perceived Quality of Out Patient Health Service", **Journal of Health Care Marketing**, 13(Winter), pp.24-33.
- [56] Sadiq Sohail, M., (2003), "Service quality in Health Care Centers: More favourable than you might think", **Managing Service Quality**, 13(3), pp.197-206.
- [57] Sharma, N. and Patterson, P.G., (1999), "The impact of communication effectiveness and service quality on relationship commitment in consumer, professional services", **Journal of Services Marketing**, 13(2), pp.151-170.
- [58] Sirdeshmukh, D., Singh, J. and Sabol, B., (2002), "Consumer trust, value and loyalty in relational exchanges", **Journal of Marketing**, 66(1), pp.15-37.
- [59] Smith, K.M., Humphreys, J.S. and Jones, J.A., (2006), "Essential tips for measuring levels of consumer satisfaction with rural health service quality", **Rural and Remote Health**, 6(4), p.594.
- [60] Sohail, M., (2003), "Service Quality in Health Care Centers: More favourable than you might think", **Managing Service Quality**, 13(3), pp.197-206.
- [61] Srideshmukh, D., Singh, J. and Sabol, B., (2002), "Consumer trust value, and loyalty in relational exchanges", **Journal of Marketing**, 66(1), pp.15-37.
- [62] Studer, Q., (2003), "How Health Care wins the consumers who want more", **Frontiers of Health Services Management**, 19(4), pp.3-16.
- [63] Suchitra Jampani (2003), "Innovation in the health care services industry in India", **The ICFAI Journal of Services Marketing**, 4(2), pp.61-74.
- [64] Suki, N.M., Lian, J.C.C., and Suki, N.M., (2011), "Do patients' perceptions exceed their expectations in private healthcare settings?", **International Journal of Health Care Quality Assurance**, 24(1), pp.42-56.
- [65] Sureshkumar, G.S., Rajendran C. and Anantharaman, R.N., (2002), "Determinants of customer perceived service quality: a confirmatory factor analysis approach", **Journal of Services Marketing**, vol.16, pp.9-34.
- [66] Venkatesh, R., (2003), "Recent developments in Health Care Marketing", **Marketing Master Mind**, vol.13, pp.9-13.
- [67] Verhoef, P.C., Lenon, K.N., Parasuraman, A., Rosgeveen, A., Tsios, M. and Schlesinger, L.A., (2009), "Customer Experience Quality: Determinants, Dynamics and Management Strategies", **Journal of Retailing**, 85(1), pp.31-41.