

Quality in Healthcare Services – A Paradoxical Story of a Public Teaching Hospital in the State of Odisha

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Abstract : With the advent of new Millennium, when the whole world is looking towards India as an emerging superpower, it's high time for the policy makers to rethink and reshape the technical, economical as well as administrative policies employed in order to achieve a commendable position in the World map. With policies like the Make in India initiative, where the Government is welcoming Foreign Direct Investments (FDI) in various sectors, now is the time to assess our current state and bridge the gap between the current and preferable positions. On pen and paper, this looks as a bright proposition but in actual practice we need to march many miles ahead in order to reach to a platform from where we can even think about a healthy competition. India in general and a state like Odisha in particular, when we look at the news about the healthcare initiatives, we found it quite pathetic with frequent stories of malnutrition, maternal & infant deaths, outbreak of contagious diseases like swine flu etc., prevailing social taboos towards treatments, unavailability of basic amenities, neglected hospital surroundings, inadequate infrastructural facilities, misbehaviour of doctors & staffs and may more. With all these in background, we tried to assess the perception of people towards the quality of health care in the state by using the famous SERVQUAL scale. As it is a general notion that the medical college hospitals provide better treatment than the general hospitals, we have taken the samples from one of the reputed government medical college hospitals in the state and captured the feedbacks of patients. The study revealed many areas which need to be improved in order to strengthen the health care infrastructure in the State. Based on the findings and feedbacks of the customers, we have recommended some measures for improvement.

IndexTerms - Service, Quality, Healthcare, Hospitals.

I. INTRODUCTION

In this modern era, quality has been proved to be an important parameter, when the customers decide about a product or service. In the health care scenario, it needs added attention from the policymakers in terms of continuous quality improvement as it not only provides hope and relief to the patients also help to maintain a sizable healthy human capital for a country (Irfan & Ijaz, 2011). As the market has become highly competitive, the perceptions and expectation levels of the customers are to be measured frequently and necessary steps needs to be taken in order to reduce the gap if any existing (Cronin & Taylor, 1992). The essence behind all these is to measure and reduce the gap of expectations and perceptions so that the quality of health services should meet the requirement of the customers and may exceed well ahead in order to gain sustainable competitive advantage over others. (Zeithaml, Berry & Parasuraman, 1993).

In India, after the implementation of LPG (Liberalization, Privatization and Globalization) policy in the early 1990s, it has witnessed success in many areas. Marching within this market driven economy, the Government as well as the private players offered their services whole heartedly in different sectors which resulted in the phenomena of consumerism in a previously reserved society like ours. Then in the mid 2000s, there came a stage of global recession, where many sectors have experienced negativity within their spheres of operations. But still the hospital sector has remained mostly unaffected in these periods as well and has seen unprecedented growth attributed to factors like ever increasing demand, rise in innovation and research in the sector, corporatization of healthcare facilities, and the support by the government. But when we look at the other side of the coin, the scenario doesn't look too bright. Frequent news of severe malnutrition, maternal and infant mortalities, prevailing ignorance & social taboo in the society, unavailability of healthcare infrastructures, carelessness & misbehaviours shown by the hospitality authorities, outbreak of contagious diseases and many other unfortunate incidences are pointing towards a sorry 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 of developments, certainly we need to look at the loop-holes existing in our system in a more serious & systematic manner and work towards eliminating the deficit in the field of health care which has been defined as the one of the most important and basic indices of development of human race. The story about the state of Odisha in particular is more miserable when the discussion is on for the health care quality. A recent incident of a person carrying the dead body of his wife on his shoulders for over 12 kms as the medical authorities denied the provision of hearse van or ambulance caused a worldwide disgrace for the state as the media gave it a wide coverage. Many other known and unknown events like high infant mortality rates, severe malnutrition within only 100kms premises of the state capital, evil custom of branding the infants with hot iron rods to cure them, carrying the pregnant women on the shoulders due to unavailability of roads and ambulance services, outbreak of malaria, swine flu, dengue fever, Japanese encephalitis, cholera, typhoid, jaundice, diarrhoea and various respiratory infections have created havoc in the state.

Some of these unfortunate events get media attentions when they start to flash them as sensational breaking news and politicians of different parties becomes engaged in war of words against each other to gain their mileage where as many other real and more heartbreaking incidents get ignored. But unfortunately the politicians and media people are not aware of the ground realities which are prevailing in the state.

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 medical college hospital, the Veer Surendra Sai Institute of Medical Sciences and Research (VIMSAR) situated in the Sambalpur district which is one of the oldest and renowned medical college hospitals in the state offering its services in the entire western Odisha along with parts of Chhatisgarh and Jharkhand States. It's a prominent part of the health care initiative of the state operating since the year 1959. 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 concept of service quality is not a new theory as it has been discussed time and again since the inception of 19th century onwards. But after the world wars, everyone took it seriously and it gradually gained momentum as it is directly yield customer satisfaction and further translates into loyalty and repeat purchase intentions (Jaswal & Walunj, 2017). For generating success in this hyper competitive marketplace, service quality, customer satisfaction as well as loyalty have become the three cornerstones of success (Shahnaz & Kianoush, 2014). Therefore the quality of services can make or break a deal and help in creating the brand image of the company (Arsanam & Yousapronpaiboon, 2014). If we go by the books, quality has been defined as the combination of technicality and functionality of an aspect (Gronroos, 1984; Andaleeb, 1998; Yousapronpaiboon & Johnson, 2013) where as some defines it as the difference between perception and expectations of the customers (Parsuraman *et al.* 1988; Wang & Shieh, 2006). Thus we can define it as the parameters of superior offerings which increases the satisfaction level (Jones *et al.*, 2003; Lymperopoulos *et al.*, 2006), help in earning profitability as well as help in increasing the market share of the company (Newman, 2001; Szmigin & Carrigan, 2001; Caruana, 2002; Dadoa *et al.*, 2012; & Sharma, 2014). In case of services, it becomes more difficult to evaluate the quality due to the unique characteristics of intangibility, perishability, variability and simultaneous production & consumption etc. which separate it from products (Gronroos, 1990). Due to the difficulty of evaluation, normally we take note of the perception of the customers rather than depending on the technicality of the services (Parsuraman *et al.* 1985, 1988).

In order to map the perception of people, we can find many models to capture the data (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 SERVQUAL scale developed by Parsuraman, Zeithamal and Berry (1985, 1988) in mapping the gap between the perception and expectation levels of the customers, have become the major yardstick in recent years. Many researchers have tried to conduct their research on the applicability of SERVQUAL scale, and found it to be a valid, robust, reliable, and predominate over all other types of scales (Babakus & Mangold, 1992, Asunbonteng *et al.*, 1996, Heung *et al.*, 2000). If we further dissect into the SERVQUAL scale it contains 22 set of parameters scheduled into 5 dimensions to assess the service quality of any object, institution or process. Due to its universal acceptability and use across different segments, we have chosen the SERVQUAL scale for our study. The dimensions of SERVQUAL scale can be defined as follows:

- ✓ Tangibles – It includes the physical facilities, entities, equipments, personnel, their uniforms, languages etc.
- ✓ Reliability – It's the ability of the firm to carry on the services as promised.
- ✓ Responsibility – It's the readiness of the company to provide the services.
- ✓ Assurance: This includes the knowledge and courtesy of the firm to carry the service delivery process.
- ✓ Empathy - The caring nature and ability to understand the suffering of others.

In order to carry out the survey, we need to put these five dimensions in to testing by implementing a questionnaire consists of 22 nos. of questions covering all aspects of a service delivery process.

III. OBJECTIVES

The basic objectives of this study are as follows.

1. To analyze the reasons for which people prefer to avail the services in the selected medical college hospitals.
2. To find out the level of satisfaction and feelings of the patients towards the medical college hospitals.
3. The map the average spending as well as their view towards pricing of the services within the hospital.
4. To assess the gap between the expectation and perception level of the customers.
5. To seek suggestions for improving the services quality of various aspects within a hospital.

IV. RESEARCH METHODOLOGY

This research was conducted in the Sambalpur district of state of Odisha. The Medical college hospital of VIMSAR (Veer Surendra Sai Institute of Medical Sciences and Research) 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.

V. RESULTS AND DISCUSSION

5.1 The demographic profiling:

Table 1: Demographic Profiling of the Respondents

Parameters	Demographic Profiles	No. of Respondents	Percentage
Gender	Male	75	62.5
	Female	45	37.5
Area	Urban	52	43.33
	Rural	68	56.67
Socio-Economic Classifications	SEC A	63	52.5
	SEC B	42	35.0
	SEC C	15	12.5
Age	18 to 25 years	13	10.83
	26 to 35 years	22	18.33
	36 to 45 Years	28	23.33
	46 to 55 Years	30	25.00
	More than 55 Years	27	22.50
Educational Background	Illiterate	5	4.17
	literate but with no formal education	6	5.00
	School - 5 to 9 years	17	14.17
	School - SSC / HSC	20	16.67
	Some College but not graduate	34	28.33
	Graduate / Post graduate - General	27	22.50
Marital Status	Graduate / Post graduate - Professional	11	9.17
	Unmarried	20	16.67
	Married and without Children	12	10.00
	Married with Children	62	51.67
	Widowed / Divorced / Separated	8	6.67
MHI (Monthly Household Income) in Rs.	Older Couple Staying Alone	18	15.00
	Less than Rs. 10000	17	14.17
	Rs. 10001 - Rs. 20000	22	18.33
	Rs.20001 - Rs. 30000	43	35.83
	Rs. 30001 - Rs. 50000	27	22.50
Type of Visit	More than Rs. 50000	11	9.17
	First Visit	43	35.83
Average Spending per visit in Rs.	Repeat Visit	77	64.17
	Less than Rs. 1000	20	16.67
	Rs. 1000 to Rs. 3000	57	47.50
	Rs. 3001 to Rs. 5000	22	18.33
	Rs. 5001 to Rs. 10000	13	10.83
	More than Rs. 10000	8	6.67

Source: Primary data

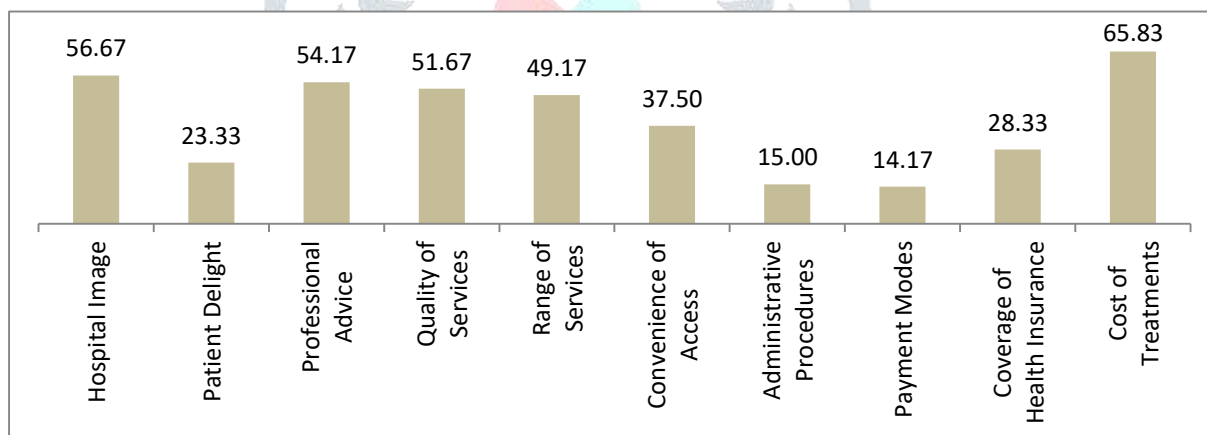
Table 1 reveals about the demographic profiles of the respondents across various parameters.

- ✓ Out of the total 120 respondents, 75 (62.5 percent) were male where as 45 (37.5 percent) were female.
- ✓ Almost 57 percent (i.e. 56.67 percent to be precise) of people belonged to rural areas where as 43.33 percent of people were from the urban areas.

- ✓ If we go for the social strata, out of the 120 people interviewed, around 52.5 percent of people belonged to the SEC A, followed by 35.0 percent of people in SEC B and 12.5 percent of people in SEC C.
- ✓ Age wise, majority of the people were in between 46 to 55 years (almost 25 percent of the total population) whereas around 23.33 percent of people are in the age group of 36 to 45 years. Around 22.50 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 10.83 percent in the age bracket of 18 to 25 years.
- ✓ The highest literacy rate belonged to the group of undergraduates (Some College but not passed out) with 28.33 percent. 9.17 percent of people had completed their professional degrees where as 22.50 percent of people graduates with general streams. Around 16.67 percent had qualification of matriculation (SSC/ HSC) and 14.17 were of the below matriculation category. A negligible 9.17 percent of people found to be illiterate.
- ✓ Almost 52 percent of the respondents (i.e. 51.67 percent) were married with children followed by 15.00 percent are older couple who stayed alone, 16.67 percent were unmarried, 12.00 percent were married with no children and 6.67 were either widowed / divorced / separated from their spouses.
- ✓ If we focus on the monthly household income, almost 35.83 percent of population are in the income group of Rs. 20,001/- to Rs. 30,000/- Only whereas around 22.50 percent of people are in the range of Rs. Rs. 30,001/- to Rs. 50,000/-. Around 18.33 percent of people are having monthly household income in the range of Rs. 10,001/- to Rs. 20,000/- only, around 14.17 percent are having income less than Rs.10,000/- Only and around 9.17 percent of people are having income in excess of Rs. 50,000/-.
- ✓ 64.17 percent of the respondents are the repeat customers visiting the hospitals where as the rest 35.83 percent people found to be the first timers.
- ✓ When asked about the average spending per visit to a hospital, around 47.5 percent said they spend between Rs. 1,001/- to Rs. 3,000/- Only per visit whereas 18.33 percent of people said that they usually spend between Rs. 3001/- to Rs. 5000/- Only while visiting a hospital. Around 16.67 percent said they usually spend less than Rs. 1,000/- followed by 10.83 percent people who spend between Rs. 5001/- to Rs. 10000/- and only 6.67 percent who spend more than Rs. 10,000/-.

5.2 Reasons for availing health care in the particular hospital:

Figure 1: Reasons why people visit a particular hospital



Source: Primary Data

When asked about the reasons for which they preferred the particular hospital, highest inclination of about 65.83 percent said due to the lower costs associated with the government controlled hospital followed by factors such as hospital image (56.67), professional advises (54.17), quality (51.67) and range of services (49.17). Some other factors like convenience of access, patient delight, administrative procedures and payment methods play comparatively lesser roles than others.

5.3 The SERVQUAL Statements (Expectations Vs Perceptions):

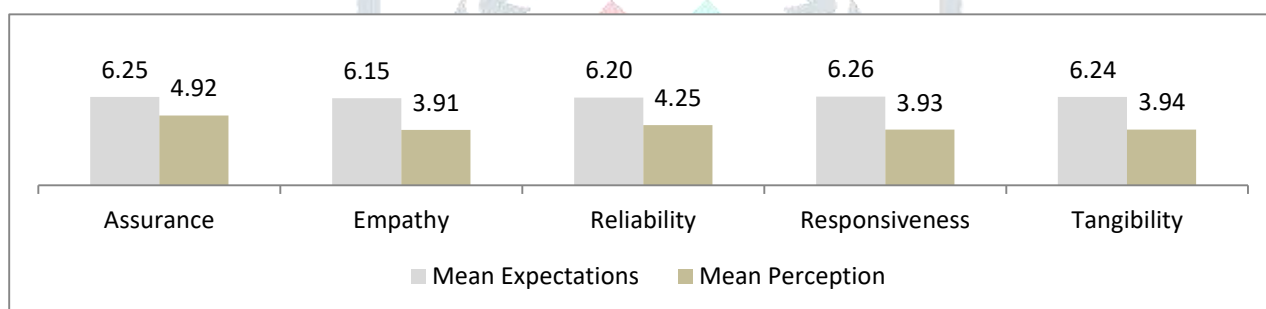
Table 2: GAP Analysis of SERVQUAL dimensions

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

Source: Primary Data

Figure 2: Mean difference between the expectations and perceptions



Source: Primary Data

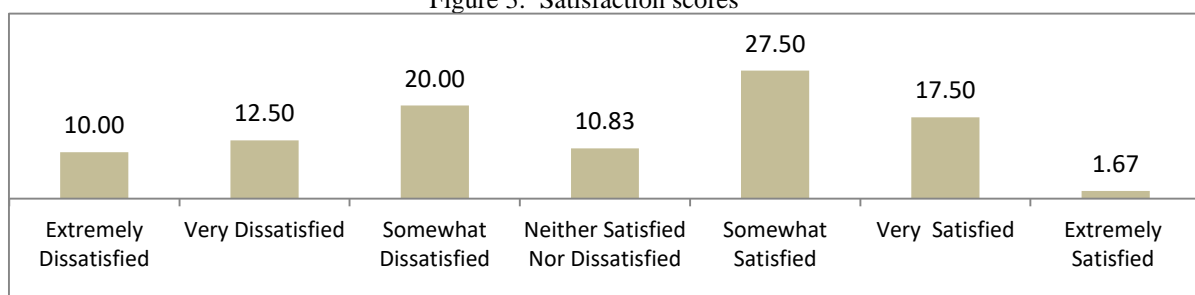
When we are tried to capture the gaps between the expectation and perception levels of the customers, we found considerable gap scores existing between the two. Across the five segments, upon various parameters, the highest amount of gap between the perception and expectation levels were found as follows

- ✓ Absence of feedbacks systems / complain registration from the patients
- ✓ Unavailability of essential services in odd hours of operations
- ✓ Dirtiness and mismanagement within and outside the facilities
- ✓ Longer waiting time for availing the services
- ✓ Unresponsive nature,
- ✓ Rude behaviour by the doctors and staffs

Followed by the other criteria, which certainly give a miserable picture of the services at the hospital. Dimension wise, highest gap score was found for the responsiveness of the doctors and staffs followed by other aspects such as empathy, tangibility, reliability and assurance.

5.4 Overall Satisfaction towards the hospital:

Figure 3: Satisfaction scores

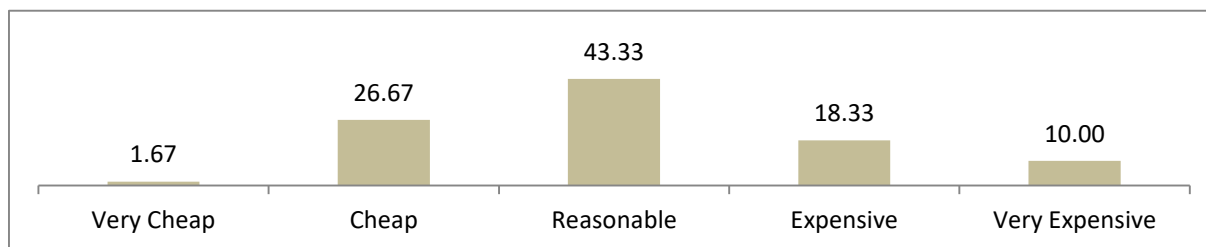


Source: Primary data

When asked about the satisfaction level, around 46.67 percent gave a relatively positive feedback (somewhat satisfied, very satisfied and extremely satisfied) whereas around 42.5 percent gave relatively negative satisfaction scores (somewhat dissatisfied, very dissatisfied and extremely dissatisfied). About 10.83 percent of people remained neutral giving not a specific satisfaction remark.

5.5 Concern towards the Pricing of various services:

Figure 4: Views towards Pricing Options



Source: Primary data

When we tried to capture their concerns towards the pricing of various services, almost half (43.33 percent to be precise) found it reasonable whereas 28.33 percent of people found it to be expensive and 28.34 found it to be cheaper.

5.6 Concern towards the Pricing of various services:

Figure 5: Views towards Feelings



Source: Primary data

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).

5.7 Attitudinal loyalty:

Table 3: Attitudinal Loyalty

Sl.	Statements	Mean Scores
1	I consider this hospital's services are good	4.12
2	This hospital's services are better than those of other hospitals	4.03
3	In general, the quality of this hospital's service is high	4.08
4	I will say positive things about this hospital	4.15
5	I will recommend this hospital to someone who seeks my advice	4.12
6	I will encourage my friends and relatives to undergo medical treatment in this hospital	4.17
7	I consider this hospital as the first choice for medical treatment	4.09
8	I will do all medical treatments in this hospital in the future	3.65
9	I will continue my medical treatment in this hospital, in case I change my residence	2.94

	to any other locality	
10	In every visit, I find better quality in this hospital's service	3.38

Source: Primary data

When we tried to capture the feelings of people towards the loyalty levels towards the hospital, overall a narrow margin of people accepted that the services of the hospital was comparatively good and also they were ready to give positive reviews about the same. However, given a better choice they were ready to shift to another option.

5.8 Suggestions for Improvement:

Table 4: 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

Source: Primary data

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.

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. In this regard, our

study has revealed certain areas which can be improved and acted upon in order to generate sustainability in healthcare sector. The recommendations in this regard are as follows.

- ✓ As a service provider, we need to ensure that a pleasant / at least hassle free stay at our premises. For that we need to keep a constant touch with them especially during the service encounter phase. In this regard the feedback from patients has to be taken on a regular basis as it gives us an idea about the areas where we are lacking as well as gives a sense of assurance to the patients that someone is there to listen to their grievances.
- ✓ As the hospitals are always associated with diseases, we need to improvise the cleanliness both inside and outside of the premises under any circumstances which is a must do activity for the hospital authorities.
- ✓ Another area of improvement is the behaviour of the doctors and staffs in handling the patients as many a times we received very negative feedbacks in this regard. As the place where we conducted the interviews is a government entity, issues of misbehaviour, assault and abuse was a common matter of concern. For mitigation of such unfortunate incidences, we need to tighten the administrative / security grip as well as need to provide behavioural training to the people working there in order to maintain 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. Proper techniques to manage the waiting lines will generate fewer no's of complaints from the patients.
- ✓ 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.
- ✓ Recruitment and proper training of more manpower in the system can give many hands and brain in providing optimum levels of services.

VII. FINAL WORDS:

India with more than a billion people is the next great thing in the global arena. But when it comes to provision of sustainable health care facilities to the common man, we can find many loopholes which are preventing its pace of progress. Here the needs are in great extent but resources are scarce which needs radical thinking and assessment of current position to build upon the strengths and provide reliable, affordable as well as innovative health care to the people. As the health care facilities of a country provide hope, help and relief to the patients and as a result supports in maintaining a health human capital, it always requires special attention from the key stakeholders. In this line, we need to focus upon the current state of the existing hospitals and try to improvise the overall quality of services offered.

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CONFLICT OF INTEREST: None

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] Arsanam, P. & Yousapronpaiboon, K. (2014): The Relationship between Service Quality and Customer Satisfaction of Pharmacy Departments in Public Hospitals, *International Journal of Innovation, Management and Technology*, 5(4): 261-265
- [3] 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
- [4] Babakus, E. & Mangold, W.G. (1992): Adapting the SERVQUAL Scale to Hospital Services: An Empirical Investigation, *HSR: Health Services Research*, 26(6): 767-786
- [5] 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
- [6] 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
- [7] 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
- [8] 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
- [9] Cronin, J. Joseph, J. & Taylor, S.A. (1992): Measuring service quality: a re-examination and extension, *Journal of Marketing*, 56(3): 55-68

- [10] 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
- [11] 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
- [12] Evans, J. & Lindsay, W. (1999): *The Management & Control of Quality* 4ed. Cincinnati: South-Western, 52
- [13] 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
- [14] Garvin, D.A. (1987): Competing on the eight dimensions of Quality, *Harvard Business Review*, 65(6): 101-109
- [15] Grönroos Christian (1984) "A Service Quality Model and its Marketing Implications", *European Journal of Marketing*, Vol. 18 Issue: 4, pp.36-44
- [16] Haywood-Farmer, J. (1988): A conceptual model of service quality, *International Journal of Operations & Production Management*, 8(6): 19-29
- [17] 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.
- [18] 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
- [19] Landrum, H. Prybutok, V.K. Leon, A. & Zhange, X. (2008): SERCESS: A Parsimonious Instrument to Measure Service Quality and Information System Success, *The Quality Management Journal*, 15(3): 17–25
- [20] Lee, D. (2016): HEALTHQUAL: a multi-item scale for assessing healthcare service quality, *Service Business*, DOI 10.1007/s11628-016-0317-2
- [21] Lehtinen, U. & Lehtinen, J.R. (1982): A Study of Quality Dimensions, Service Management Institute, Helsinki, working paper, 5, 25-32
- [22] 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
- [23] Mattsson, J. (1992): A service quality model based on an ideal value standard, *International Journal of Service Industry Management*, 3(3): 18-33
- [24] 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
- [25] 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
- [26] 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.
- [27] 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
- [28] Parasuraman, A. Zeithaml, V.A. & Berry, L.L. (1991): Refinement and reassessment of the SERVQUAL scale, *Journal of Retailing*, 67(4): 420-450
- [29] 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
- [30] 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
- [31] 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
- [32] Sasser, W.E., Olsen, R.P. & Wyckoff, D.D. (1978): *Management of Service Operations*, Boston: Allyn & Bacon
- [33] 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.
- [34] 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
- [35] 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
- [36] Szmigin, I. & Carrigan, M. (2001): Learning to love the older consumer, *Journal of Consumer Behaviour*, an International Research Review, 1(1): 22-34
- [37] Teas, R.K. (1993): Expectations, performance evaluation, and consumers' perceptions of quality, *The Journal of Marketing*, 57(October): 18-34

- [38] 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
- [39] Wang, I.M. & Shieh, C.J. (2006): The relationship between service quality and customer satisfaction: The example of CJCJ library, *Journal of Information and Optimization Sciences*, 27(1): 193–209
- [40] Yousapronpaiboon K. & Johnson W.C. (2013): Measuring hospital out-patient service quality in Thailand, *Leadership in Health Services*, 26(4): 338-355
- [41] 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

