

Breaking Down the Five Dimensions of Service Quality in Private & Government Hospitals – Delhi NCR

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Abstract

This examination intends to decide the degree of satisfaction towards the healthcare services provided to the patients because of their service systems or the impression of their informal community. This examination likewise also studies the premise of inclination among open & private medical clinics. Further the research has showed the impact of five components of hospital services quality(HSQ) on the consumer loyalty in emergency clinics along with this the distinction in understanding fulfilment of value services among work force & branch of the clinics has been analysed. data was collected on 5-point Likert to measure the satisfaction level of the patients. Findings say that healthcare services suppliers appear to have disregarded the patient's observation on the services given by the wellbeing cares. This examination means in finding the service quality components to the patients & it is fixated on them.

Keywords: Health care services, clinic, hospitals patients, service quality, SERVQUAL Model, government hospitals, private hospitals, Emergency clinics

1. Introduction

The Healthcare part of India has come out as one of the biggest help areas in India. The spending of this part is foreseen to ascend by 18% per annum. This would likewise prompt the work of individuals & can contribute adequately towards the GDP. The proficiency development & the ascent in livelihoods can cause higher per capita use on social insurance. In this manner this pattern would move Infectious illnesses to way of life ailments.

The clinical gear showcase is growing gigantically with

an extraordinary pace. The requirement for hello their tech items is nearly approaching 80 percent of the general market in India. There are low-tech gadgets in the residential market which is less looked for after in the present age. Numerous mammoth organizations of universal clinical gear are expanding their speculation & attempting to set up a neighbourhood base in India.

The current worth of the medicinal services industry in India is around Rs 75000 crores. It is 4% of India's GDP. In future, a pace of 13% expansion per annum is normal.

Indian Health Care Facts:

The current worth of the healthcare industry in India is around Rs 75000 crores. It is 4% of India's GDP. In future, a rate of 13% increase per annum is expected.

- According the WHO norm, the population to bed ratio must be 1:300 but it is 1:1000 in India.
- There are 75000 to 1000000 hospital beds in India.
- Healthcare revenues are mainly driven by the private insurances. There is an approximate estimate of 250 million lives in India due to the increase in the middle and upper middle-income group.
- Recently, the mentality of the Indians has changed, and they are spending more on healthcare.
- Pharmaceuticals and healthcare services almost account to 75% of the total market.
- The market is expected to grow, and the private healthcare plays a major role in this sector.

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Some of the big private hospitals in India are The Apollo Group of Hospitals, Fortis Health Care Group, Max Health Care. Some of the best government hospitals in India are All India Institute of Medical Sciences (AIIMS) Delhi and Tata Memorial Hospital.

Health care Market in India

The future of this industry seems to be very bright and increasing in terms of the expected surge in global demand and upsurge in investments. There are few key drivers of this industry which is listed as follows: continuous investment in research and development, globalization, newer techniques in the discovery and development of drugs and product proliferation. The main push for the growth of this industry is due to the increase in corporatization of growing and the affluent middle class. Most of the nations are now highlighting the medical professionals to ensure legitimacy of the services given by them. Development in the information technology will allow to the data to be processed and transferred over large distances to save the time of the physicians and the patients to speed up the treatment.

According to the WHO standard, the populace to bed proportion must be 1:300 however it is 1:1000 in India. There are 75000 to 1000000 emergency clinic beds in India. Healthcare incomes are mostly determined by the private protections. There is a surmised gauge of 250 million lives in India because of the expansion in the centre & upper canter pay gathering. Recently, the mind-set of the Indians has changed & they been spending more on social insurance. Pharmaceuticals & social insurance benefits nearly record to 75% of the all-out market. The showcase is relied upon to develop & the private social insurance assumes a significant job in this part.

There are different experts who have depicted assistance quality in various propensities. For example, Bitner,

Blasts and Mohr (1994) depict administrations quality as "the client's general impression of the relative insufficiency / predominance of the affiliation and its administrations. Parasuraman, Zeithaml and Berry (1985, p. 48) depicted assistance quality as "a component of the differentiations among want and execution along the quality estimations". The client's judgment of in general greatness of the services gave according to the quality that was normal.

David Garvin perceives five perspectives on quality. The powerful viewpoint on quality is synonymous with inborn enormity: a trait of rigid measures & high achievement. The point of view is much of the time applied to the performing expressions. It fights that people make sense of how to see quality directly through the experience got from dull introduction. From a helpful perspective, in any case, suggesting that chiefs or customers will know quality when they see it isn't valuable.

The item-based philosophy believes quality to be a careful & quantifiable variable. Complexities in quality, it battles, reflect differentiates in the proportion of a fixing or trademark the thing. Since this view is completely objective, it fails to speak to contrasts in tastes, needs, & tendencies of individual customers (or even entire market parcels).

User-based definitions start with the explanation that quality lies in the eyes of the onlooker. These definitions contrast quality & most prominent satisfaction. This passionate, request situated perspective sees that different customers have different needs & needs.

The assembling-based strategy is supply based & is concerned primarily with structuring & collecting rehearses (In services, we would express that quality is activities driven). It bases on conformance to inside

created determinations, which are much of the time controlled by effectiveness & cost-control goals.

Value-based definitions portray quality with respect to worth & cost. By pondering the exchange off between execution (or conformance) and worth, quality comes to be described as "reasonable greatness".

THE SERVICE MARKETING TRIANGLE

Company: Here, the facility is the association that evokes an idea of services offering (treatment), which will satisfy the customer's (patients), wants (for getting re-established).

Customer: The tolerant who attempts to get re-established is the customer for the clinical facility as he is the individual who benefits the services & pays for it.

Provider: Doctor, the unclear piece of the clinic is the

SERVICE QUALITY IN HEALTHCARE INDUSTRY:

The significant test in the health care industry was to gauge & characterize the nature of the services. In a medical clinic services condition, services quality estimation scale (SERVQUAL) has been generally used to gauge the sort & nature of the services gave. The investigation of the distinction between the patient desires & the observations has been considered & featured. This is one of the jobs played in improving (SERVQUAL). Understanding focused ways of thinking are presently acknowledged by the medical clinic associations & in this manner they are transforming their organizations into quality services draws near. The utilization of (SERVQUAL) is to gauge the view of the patients in the nature of the human services gave by the emergency clinics. To surpass the desires for the patients,

supplier, as he is the individual who comes in direct contact with the patient. The reputation of the clinical centre is honestly in the hands of the pro. A satisfied patient is a critical wellspring of verbal headway for the emergency clinics.

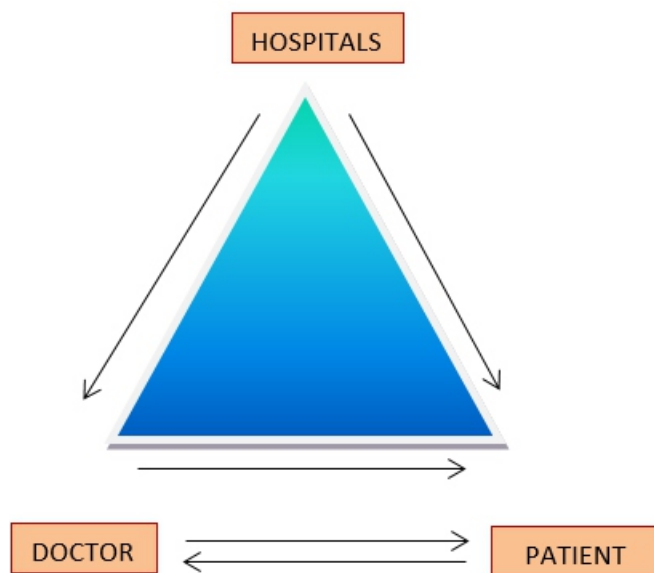


Figure-1 Service Marketing Trinagle

a hole investigation is done to upgrade the nature of the services gave.

Hospital service quality has been defined as: "degree and direction of discrepancy between patient's perceptions and expectations". It is also termed as HSQ i.e. patient-perceived hospital service quality. Hospital service quality in has been explored in detail, as measure to understand satisfaction level of the patients(Swain & Kar, 2018) , in context of Indian health care sector (Pramanik, 2016; Upadhyai et al., 2019). Further through empirical research on the behavioural intentions of patients, as a resultant of different level of satisfaction have been predicted (Jandavath & Byram, 2016).

As an important factor of hospital success different framework and dimension to measure HSQ are available in the literature. Pai and Chary's (2016) developed conceptual HSQ framework with 9 dimensions and

validated the same (Pai et al., 2018). In another study on the patients of hospitals in Gujrat, different factors measuring service quality identified- medical services, service responsiveness, discharge, admission, hygiene, and visual facility (Khambhati et al., 2020). In a comparative study on the patients of govt vs. private from six medical college hospitals from the state of Odisha total 13 dimensions of perceived service quality have been identified by the authors (Swain, 2019).

But there is clear evidence that original Parasuraman's SERVQUAL with the five dimension is one of the most utilised Model or atleast the basis of most of the frameworks. Gaps in the service quality in health care have been explored through measuring expectations and perceptions of the patients and their attendants (Fatima et al., 2017). Kansara (2016) utilised SERVQUAL model given by Parasuraman to collect satisfaction data the patients of hospitals in Jalandhar region and found only four out of the five dimensions relevant (Kansra & Jha, 2016).

Based on the most used system for estimating the patient's recognition is by utilizing the SERVQUAL review instrument. The gap between what the services ought to give & the patient's view of what the services really gives is being estimated to know the degree of services being given in the association. When there are littler holes then high calibres of services is being given. This technique helps in recognizable proof of five gaps to be specific about the patient's satisfaction towards the services enrolled.

THE SERVEQUAL MODEL

The inception of SERVQUAL Model is gotten from the investigation of Parasuraman, ZeithamI, & Berry in 1985 dependent on desire – discernment slot model. In 1985 work, Parasuraman, ZeithamI, & Berry outlined that customers' quality discernments are affected by a

progression of four unmistakable holes happening in associations. These gaps on the specialist co-op's side, which can hinder conveyance of services that buyers see to be of high calibre, are:

Gap1: Difference between patient/ Customer desires and the executive's impression of buyer desires.

Gap2: Difference between the board views of purchaser / patient desires & services quality particulars.

Gap3: Difference between services quality determinations & the services really conveyed.

Gap4: Difference between services conveyance & what is imparted about the services to customers.

Gap5: Difference between services desire & saw services quality.

According to Parasuraman, ZeithamI, and Berry (1985), pronounced assistance quality is described in the model as the difference between buyer wants and observations, which in this way depends upon the size and heading of the four holes related with the movement of administrations quality on the advertiser's side.

Furthermore, Brown & Bond (1995) expressed that the applied of services quality likewise called the desire – observation hole model is outstanding amongst other got and most heuristically significant commitments to the services writing. The model perceives the keys irregularities or openings relating to regulatory impression of administrations quality, and assignments related with administrations transport to customers. The Gap 1, Gap 2, Gap 3 & Gap 4 are recognized as elements of the manner by which services is conveyed, while Gap 5 relates to the client & as such is viewed as the genuine proportion of services quality (Shahin A., 2006).

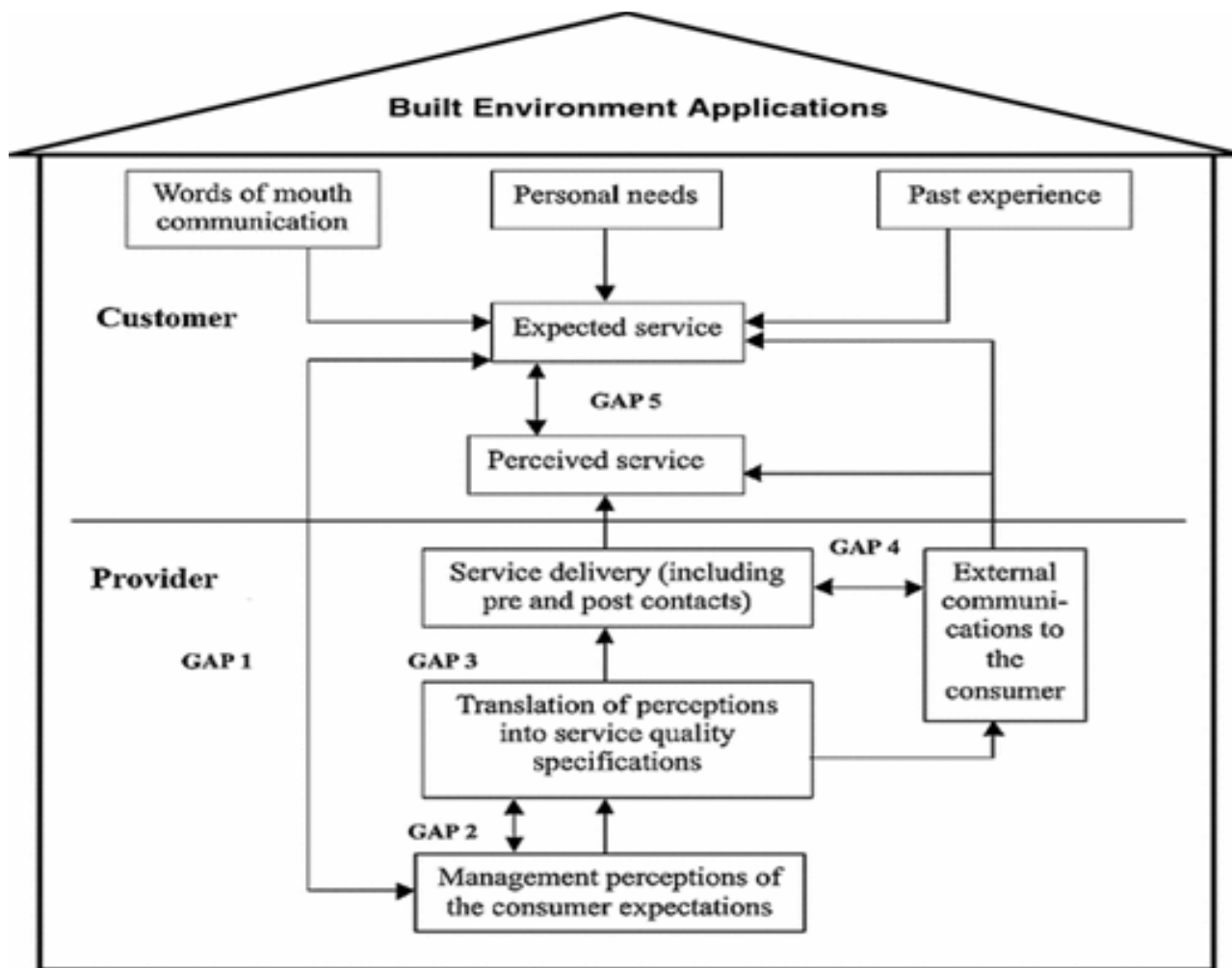


Figure-2 Service Quality Gaps

FIVE DIMENSIONS OF SERVICE QUALITY

In spite of the fact that there has been banter on the adequacy of the five qualities in recognizing services (e.g Regan 1963) these are all things considered broadly acknowledged by researchers & advertisers (e.g Zeithmal 1981 ,Levitt 1981) and utilized both as the reason for looking at services purchaser conduct and creating services showcasing procedures. It is in this manner critical to set up the degree to which these attributes mirror the point of view of the patients.

• **Reliability**

Do what you state you must do when you said you would do it.

Unwavering quality insinuates the affiliation's ability to play out the administrations unequivocally and

dependably. There are 3 basic fragments to this estimation, the ability to complete the administrations; 1) on time, 2) dependably (routine endeavours should be done in a consistent manner) and 3) blunder free. An instance of this is an open vehicle plan. Various people rely upon these administrations to get the chance to work every day and they envision that the schedule ought to be strong, or they would record grumblings and find elective strategies for transportation.

• **Responsiveness**

Respond rapidly, expeditiously, quickly, promptly, in a split of second. This portrayal depends on the capacity of the association to be receptive to client needs, with an accentuation on an eagerness to react quickly. Keeping a client pausing, particularly when there is no

unmistakable evident explanation, produces a negative discernment. For instance, on the off chance that you stroll into a clinic & are approached to be situated when there is obviously a corner open, you might be slanted to exit.

- **Assurance**

Emphasis on the satisfaction Guarantee as a specialist. Service suppliers are relied upon to be the specialists of the services they're conveying.

SERVQUAL research about indicated conveys that ability to clients. If a specialist co-op is exceptionally gifted, however clients don't see that, their trust in that supplier will be lower. Furthermore, their appraisal of that supplier's services quality will be lower.

- **Empathy**

Feel the situation of the seeker of the service. A representative's capacity to pass on care & certified worry for the client builds up the element of compassion. There are 3 principle segments that a client assesses, even unwittingly, while checking the degree of sympathy; 1) is the client assistance delegate agreeable, 2) does s/he appear to be touchy & 3) is the agent attempting to comprehend my necessities. A case of this measurement might be a client that profits a broken TV to a hardware store. A sympathetic client care rep may assume the liability for this issue and offer a store credit or substitution without questions inquired.

- **Tangibles**

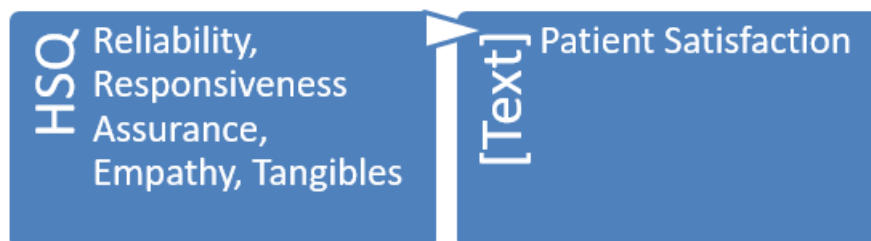
In spite of the way this is the least critical estimation, appearance matters just not as much as various estimations. Pro/Experts will at present need to appear, attires, gear, and work areas on the spot (closets, administrations work environments, and so on.) look incredible. The hazard is for providers to make everything look sharp, and a short time later come up short on Dependability or RESPONSIVENESS.

3. Objectives Of The Study

- › To measure level of Hospital Service Quality (HSQ) through five dimensions (Reliability, Responsiveness Assurance, Empathy, Tangibles)
- › To investigate the effect of HSQ applicability towards quality of services provided i.e. level satisfaction of the patients in the hospital.
- › To explore the differences in patients' perceptions of services provided by government and private hospitals.
- › To identify relative importance out of all the five dimensions in case of the both type of hospitals.

MODEL OF THE STUDY

In the light of above details of literature and objectives of the current investigation following model is used in the present research-



Source: Adopted from SERVQUAL Model- Parasuraman, ZeithamI, & Berry,1985
Figure-3 Model of the Study

4. Research Methodology

Organized Questionnaire (Annexure 1) is utilized for collecting the necessary information for the examination as a pilot study before moving forward with the fullscale study. The Research Process comprises of a progression of activity or steps important to successfully hold the examination and the ideal sequencing of these means.

The survey has been dispersed to the individuals who have taken up the services in the private clinics of Delhi NCR through convenience sampling. A self-directed survey was utilized for this reason. It was separated into 2 sections. The initial segment had inquiries for the level of satisfaction for the patients that they would almost certainly consider utilizing. This initial segment was partitioned under 5 dimensions of HSQ. The subsequent part had questions identified with the experience that has been given in the medical clinics. Every one of the

inquiries in the poll was evaluated on a 5-point Likert scale.

5. Findings of The Study

The initial study was done on the preferences of individuals prefer b/w Government Hospitals & Private Medical Clinics. The outcome demonstrates that progressively respondent like to favour government emergency clinics (68%) than the private (32%) ones since they feel that services medical clinic are more dependable & financially savvy than private ones.

According to the study we have chosen individuals who prefer Government Hospitals over Private Medical to test the quality of services via 5 dimensions of Service Quality. **Table- 1** shows the demographic representation of respondents of questionnaire

Table- 1 Demographics of Respondents

S.No.	Demographic Aspect		Numbers	Percentage
1	Gender	Male	28	56%
		Female	22	44%
2	Age	Below 25 yrs.	5	10%
		25-50 yrs.	17	34%
		50-75 yrs.	20	38%
		Above 75 yrs.	8	16%
3	Educational Qualifications	Primary level	8	16%
		Senior Secondary level	10	20%
		Graduation	19	38%
		Post-Graduation & above	14	28%
4	Marital status	Married	46	92%
		Unmarried	4	8%
5	Occupation	Unemployed/dependent	4	8%
		Business	15	30%
		Agriculture	5	10%
		Private Service	17	34%
		Government Service	9	18%
6	Income Levels of family (monthly)	Rs 10,000 & below	3	6%
		Rs 10,001-Rs 25,000	10	20%
		Rs 25,001- Rs 50,000	9	18%
		Rs 50,001 & above	28	56%

5. Data Analysis

Accordance to the Annexure 1 the analysed data & theory of respondent towards the services and customer satisfaction has been presented below.

5.1 Respondents Satisfaction & Reliability

Reliability quality assumes a significant job which influences the inclination for the clinic Private or Public. Constancy is described as ability to play out the ensured organization dependably and decisively.

On the off chance that the specialist & the other staff of emergency clinic are sufficiently solid to offer the types of assistance guaranteed they unquestionably are impacting the conduct of patient in picking a medical clinic.

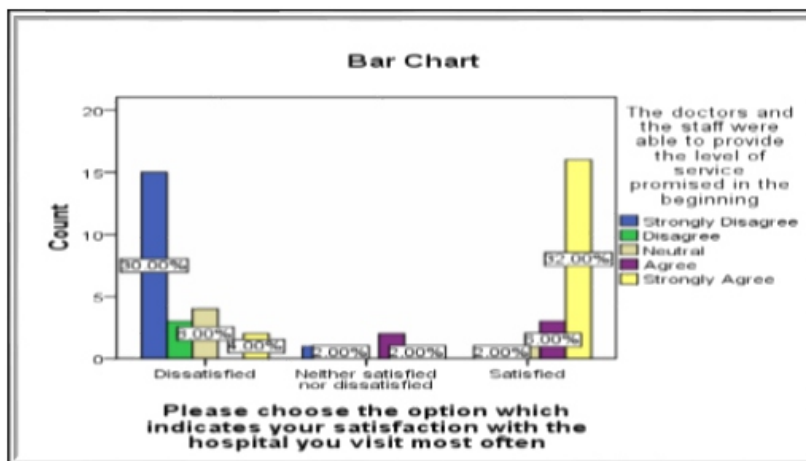
Connection & Cross arrangement are applied to comprehend the connection among Reliability & Customer (Patient) Satisfaction, which are as under

Table- 2 Reliability quality

If you don't mind pick the choice which shows your fulfilment with the medical clinic you visit frequently * The specialists & the staff had the option to give the degree of services guaranteed in the first place.						
➤ The doctors & the staff were able to provide the level of service promised in the beginning.						Total
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Dissatisfied	15	3	4	0	2	24
Neither satisfied nor dissatisfied	1	1	0	2	1	5
Satisfied	0	1	1	3	3	16
Total	16	5	5	5	19	

With the reverts of all the respondents according to the above table it have been analysed that there 32 % of patients who state that the Reliability was high & they were fulfilled & 30 % of patients who state that

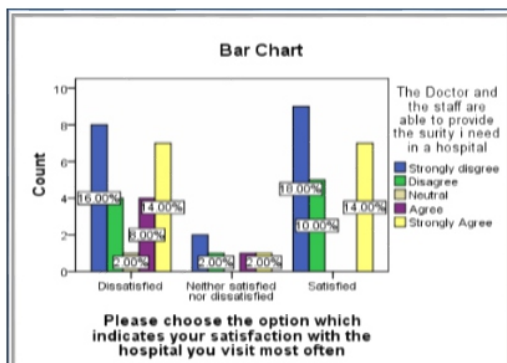
Reliability isn't high & they were not fulfilled. In this way Reliability firmly influences fulfilment level of a patient.



5.2 Respondents Satisfaction & Responsiveness

Readiness to support clients and offer brief assistance for instance responsiveness.

Connection & Cross arrangements are applied to comprehend the connection among Responsiveness & Customer (Patient) Satisfaction, which are as under:-



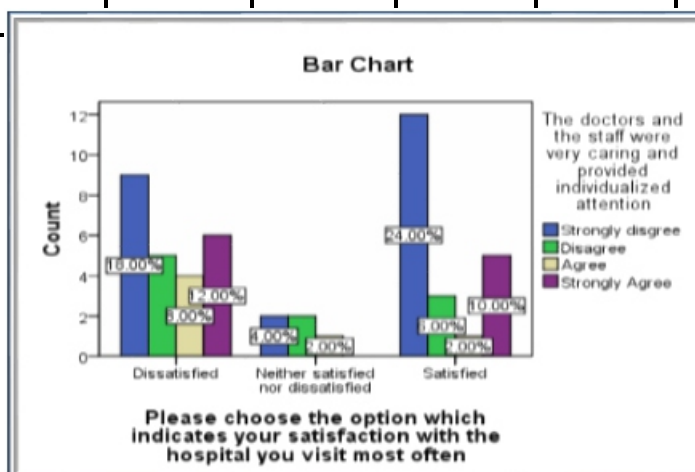
We find that there are 18 % individuals who were fulfilled inspite of poor Assurance. Along these lines Assurance doesn't influence in general Customer

Satisfaction. **Annexure 6**

Respondents Satisfaction & Empathy

Table- 5 Empathy

Attributes	Rank co- coeff (p)	Calculated value of 't' of 'p'	Table value of 't' at 1% sig lev	Calculated value of (x ²)	Corrected x ² value	T.V of x ² at 1% sig level	Degree of freedom
a) Students' Dropout (S.D) Problem vs. Economic	0.69	3.79	2.86	-	-	-	19
b) S.D. vs. Cultural Std.	0.79	4.65	2.86	-	-	-	19
c) S.D vs. Consciousness	0.59	3.55	2.86	-	-	-	
d) S.D. vs Edu. Std.	0.71	4.89	2.86	-	-	-	
e) S.D. vs. Neigs. Negl.	0.07	1.79	2.86	-	-	-	
f) S.D. vs. Parents' Frustration	0.61	3.59	2.86	-	-	-	



We find that there are 24 % individuals who are fulfilled in spite of poor Empathy. Subsequently Empathy doesn't influence by and large Customer (persistent) Satisfaction. Annexure 7

emergency clinics too substantial quality assumes a significant job. Emergency clinics which are well prepared and having quality clinical experts pull in an ever increasing number of patients.

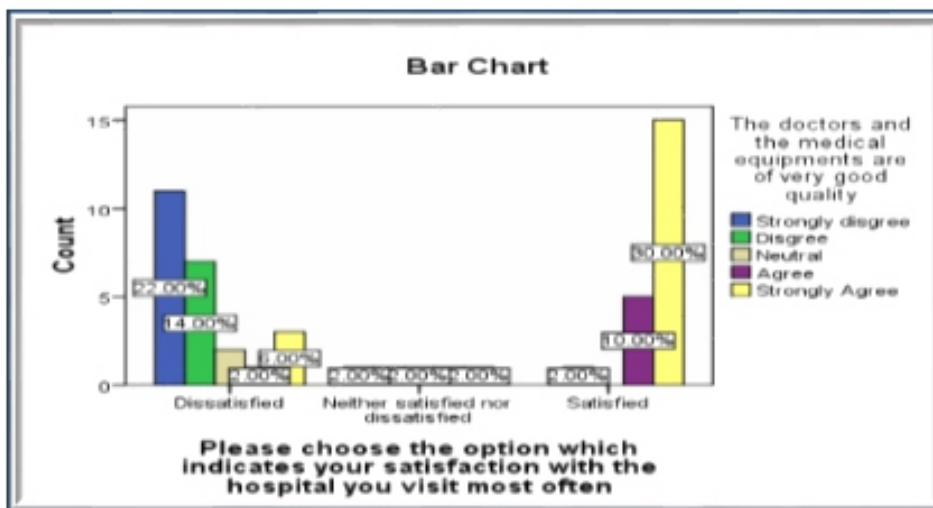
5.4 Respondents Satisfaction & Tangibility

Tangible structures the essential foundation of any association. If there should arise an occurrence of

Connection and Cross arrangement are applied to comprehend the connection among Tangibility and Customer (Patient) Satisfaction, which are as under

Table- 6 Tangibility

If it's not too much trouble pick the choice which demonstrates your fulfilment with the medical clinic you visit regularly							
* QUALITY DOCTORS AND INFRASTRUCTURE FACILITY							
➤ Specialist Doctors, Advanced Equipments & Well maintained Infrastructure							
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
	Dissatisfied	11	7	2	1	3	24
	Neither satisfied nor dissatisfied	1	1	1	1	1	5
	Satisfied	0	1	0	5	15	21
	Total	12	9	3	7	19	50



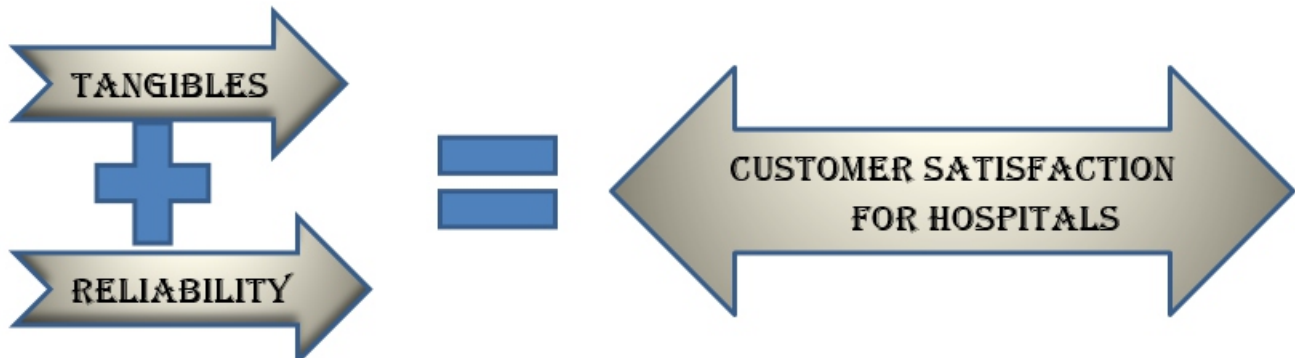
Here the graphs depict that 30% of patients who state that the physical assets were acceptable, and they were fulfilled and 22 % of patients who state that effects were bad and they were not fulfilled. Subsequently effects unequivocally influence fulfilment level of a patient.

Annexure 8

6. Discussions & implications of study

Tangible quality and Reliability have been removed as the most conspicuous components. The negative an incentive if there should be an occurrence of Quality specialists and foundation office and The Doctors and the staff had the option to give the degree of administration guaranteed in the first place shows the connection

between the client (persistent) fulfilment and inclination for the medical clinics. Better the framework office accessible and progressively qualified specialists to



- After breaking down the administration nature of clinic on 5 countenances for example Substantial, Reliability, Responsiveness, Assurance and Empathy following are some proposal and recommendations:
- Reliability and substantial quality are the greatest variables influencing the patient fulfilment in the medical clinics. Thusly all the emergency clinics should focus more on these variables to improve tolerant fulfilment level.
- Even however the staffs in private emergency clinics is increasingly compassionate, responsive and gives more affirmation yet the patient fulfilment doesn't rely much upon these components. Tolerant searches for better treatment and cost as the principal parameter to incline toward for specific medical clinic to benefit for treatment.
- Though there are some private clinics in the city however they need appropriate framework. So they should put more prominent accentuation on improving foundation and employing capable and experience clinical experts.
- The treatment in the administration medical clinic is acceptable however there is long procedure for

serve the patients present more will be the consumer loyalty.

everything like conceding patients, completing the different test and so forth. Measure ought to be taken to enhance these components.

- There is absence of brief assistance and the conduct of the staff working in the medical clinic ought to likewise be improved the same number of times they are not gracious. Despite the fact that sympathy doesn't influence a lot of the client (persistent) fulfilment level to go for a specific medical clinic yet on the off chance that conceivable some change ought to likewise be finished.

7. Conclusions

The Worldwide healthcare industry is changing step by step and has been changing for as far back as 20 years. By 2021, this administration industry may transform into a few trillion dollar industry around the world. The fundamental purpose behind the development of this industry is the private medical clinics and it is indistinguishable explanation in India from well. The administration medical clinics have seen the passageway of huge privat gatherings into the framework. Delhi NCR, home to an enormous populace, is helped by these private gatherings. To get a full favourable position, there is a fundamental thing to be done for example to fulfil the patients with administrations gave.

The SERVQUAL is an apparatus, this can be utilized in estimating the hole between the patient's desire and the nature of the administration gave. The three elements of value administration: unwavering quality, substantial quality and assurance have been effectively done in the private emergency clinics of Delhi NCR. Then again, it is negative for responsiveness and compassion. Thusly, the administration should attempt to address these perspectives and should find a way to defeat the insufficiencies.

Medicinal services in India are given by both the private and open areas. The general wellbeing framework comprises of the state and local government-run wellbeing offices. This framework offers types of assistance effortlessly for the oppressed gatherings of country and urban territories. Also, India has the benefits of low creation cost and talented works, which drives numerous organizations to contribute on innovative work and build up creation, focuses here.

- People lean toward the open emergency clinic more than the private one since individuals feel that it is more solid and productive than the private one.
- There is a dominant part of individuals who visit the emergency clinic when essential and there are scarcely any individuals who go to the customary registration and, along these lines, the use on clinical consideration is less and, accordingly, more individuals fall in the scope of Rs .0-500.
- The nature of the emergency clinic administration was estimated in five measurements, that is, substantial, dependability, responsiveness, security and compassion. The treatment given at the administration emergency clinic was acceptable contrasted with the private one and dependability and substantial quality are the most significant factor for

that.

- We found that for individuals the most significant thing is to have a sense of security, that is, when they enter the medical clinic they need them to be in acceptable hands. That is the motivation behind why individuals want to go to open emergency clinics rather than private medical clinics.
- Hospitals should concentrate on dependability and substance, the elements of administration quality, and allot assets to offer better assistance and, eventually, better support of outside customers, that is, patients.

8. Limitations

Utilizing the strategies for cross arrangement & factor investigation, joins were found between the five HSQ measurements & patient's fulfilments. Follow up look into issues & their suggestions are likewise talked about in the forthcoming parts. Thusly through this, we can discover various reasons why a specific patient would lean toward a private or government emergency clinic. This causes us in rating the services gave by the emergency clinics dependent on five measurements.

Health care gauges have two undeniable parts: specific quality & utilitarian quality. Specific quality insinuates the precision of clinical decisions & strategy, & is regularly fathomable to the master arrange, anyway not to customers (the debilitated for this situation). In social protection condition, specific quality fuses factors, for instance, result measures, ordinary length of remain & readmission rates. Persistent can't condemn the specific capacity of the clinical facility & its representatives. Consequently the customer makes a judgment on a centre reliant on the valuable qualities which he gets, the manner by which the medicinal services are managed to him.

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