

A Concept Note on Service Quality in Public and Private Hospitals

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Abstract: *Quality of health care is one of the most important topics in the health care sector today. Service quality has been a matter of concern for public and private healthcare institutions across the world. The increased focus on patient-centred care has led to several researches in exploring what determines service quality and how can it be measured. The objective of this paper is to explore and summarize the available pool of published literature as to understand the underlying dimensions of healthcare service quality, and how they can be assessed. The paper proposes a framework through which the dimensions of service quality in health care sector could be tapped and the way to understand its impact on the customer satisfaction. Competitive environment pushes service providers to understand in-patient needs and expectations and to provide a value-added service quality, far superior to other organizations. Improving and even maintaining the quality of care while reducing costs is a critical dilemma that all healthcare administrators face. Therefore, the researcher has attempted to draw a dependent antecedent and consequential relationship between the two major variables of Servqual Model i.e. Perceived Service and Service Delivery. Whereas perception is an independent variable and service delivery. Demand for sophisticated healthcare services is expected to grow exponentially owing to the incidence of lifestyle diseases, rising incomes, affordability, and increased penetration of health insurance. The interest in service quality parallels the focus on quality, total quality management, and customer satisfaction.*

Key words: *Healthcare, Service quality model, Perceived Service, Service Delivery, Patient Satisfaction.*

1. INTRODUCTION:

- 1) Gaps found between the Perceived Service and Service Delivery in various sectors because of which the good organizations do not succeed.

When we look into various organizations, we see there is a big gap between the perception of the people and the services being rendered. The perception differs from person to person and is independent. Actually, the organizations do not know or emphasize to the perception of the people about what they think with respect to services rendered, whether they are as per customers' expectation or not, whether the services being offered reach to all end users or not, etc. This is the main reason why organisations fail to succeed mostly. Sectors observing these gaps viz. Hospital Industry, Public Health, Pharmaceutical industry, Diagnostic sector, Medical insurance etc. The hospital like organisation should also ensure that the services reach to patients and attendants. Many hospitals have good number of services, but they fail in implementing them. Most of the Patients and attendants of the hospitals face so many problems and challenges in hospital for their treatment. Like poor services, misbehaviour by the hospital staff, inadequate treatment facilities. Therefore, the organizations should know the perception of the people which helps to improve services by reorganising it and with a better concept presentation and delivery.

- 2) Necessity of measuring the perception of in-patient, outpatient and attendants towards Healthcare services. Necessity of measuring the actual service delivery made by the Hospitals.

On the other hand, when we talk about the perception of inpatient, outpatient and attendants towards hospital it means how the services are being perceived by these respondents. Usually when we talk about an hospital like organisation, the success or achievement is always measured by the feedback of the inpatient, outpatient and attendants. Most of the hospitals have good facilities to be offered, but they lack in delivery of the services i.e their service delivery is poor. The hospital doesn't take much interest in knowing what patient and attendants expect and what is their feedback rather keep on dumping their services which ever ways they are.

This results in dissatisfaction of the end users, and passes on a negative feedback about the organization which finally retards its growth. Therefore, it is important to know how the services are being perceived by the patients and attendants and what are the major gaps oscillating between perceived service and service delivery constructs. For good patient satisfaction, the services delivered by the hospital should meet their expectation.

3) Impact of Service quality on Health care. Problems encountered by the patients and relatives during the treatment. impact of Fit society on the progress and prosperity of Society and Nation as whole.

Service quality has a major impact on healthcare delivery system. Hospital like organisations vary in terms of quality of the services. Most of the hospitals have good number of facilities or services, but their service delivery being poor fallouts a negative feedback and creates a similar perception in the mind of users too. But these organisations are unaware about lacuna. On the contrary, there can be some hospitals where the services or facilities are not much, but their impact on patients and attendants is remarkable, because of quality service delivery. These organisations grow as they get positive feedback from the patients. It is not important how many services hospital deliver, but how the services are being delivered. The services delivered by the hospital should reach to the patients as they are originally designed and should be satisfying for them. When every hospital or any organisation improve their service quality it will directly help in progress of the organisation and society in whole. Good services offered by the hospitals will result in good customer satisfaction and good satisfaction will result in growth of an organisation. When services would be good, treatment would be good, patient and attendants would be satisfied and in turn growth of an organisation. It will have a major impact on the society overall. Good quality services will result in good health and better living conditions of the people, will ultimately result in development of nation.

2. LITERATURE REVIEW:

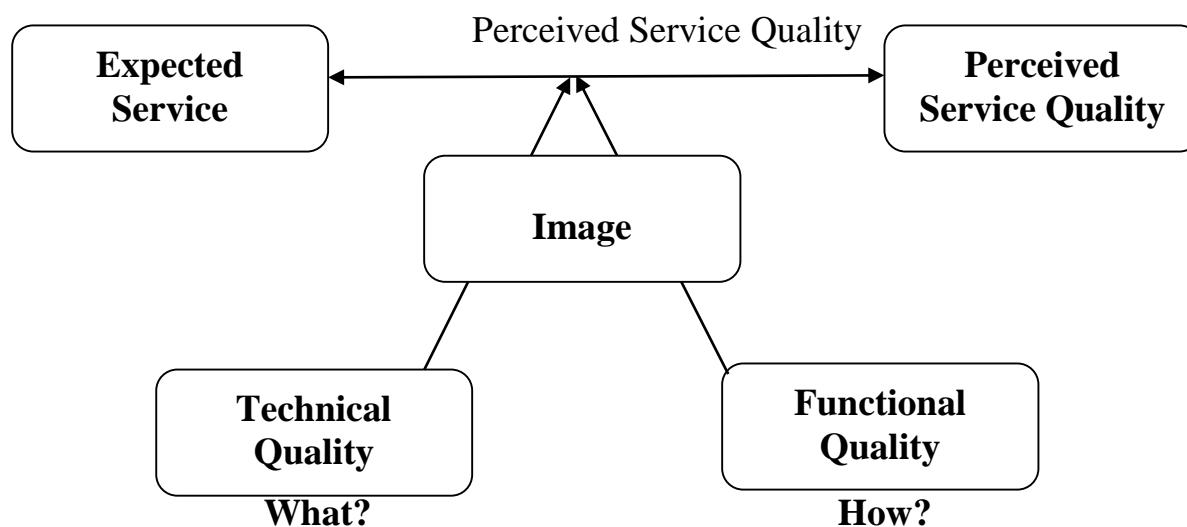
Many researchers have recognized service quality as a strategic tool for attaining operational efficiency and improved business performance (Babakus & Boller, 1992). According to Shierdan (1998) companies have a competitive advantage with better service quality as they can differentiate effectively from the competition with enhanced customer service. Choi, Lee, Kim and Lee (2005) used a four-factor model to study the quality of services in hospitals which was different from dimensions of SERVQUAL, these four dimensions were Tangibles, staff concern, doctor's concern and convenience of care process. This study was conducted in Korea to find the use of various models for measuring service quality of hospital services. Service quality is an important factor of customer satisfaction as well as word-of-mouth communication (Lang, 2011). Service quality is the best tool for marketing managers to find and analyse information about customer needs, wants, and perceptions about services. This information helps managers to identify problems and make strategic plans in order to improve efficiency, profitability, and overall performance by high quality. There seems to be a direct relationship between both service quality and satisfaction as service delivery leads to satisfaction from service provided. The interrelationships between the concepts of the study can be summarized as follows: Perceived service quality is the antecedent of satisfaction (Murray 2002 and Yoo, 2000); Perceived service quality has direct and indirect effects on behavioural intentions such as positive word of mouth (Ladhari, 2009); there is a positive relationship between service quality, satisfaction, and revisit intension (Lee, 2011) and service quality positively influences to customer satisfaction (Kuo and Deng 2009).

There has been an increasing interest in healthcare services, as standards and lifestyle of living have changed and there is a demand for better medical care and eagerness to take responsibility for their own health. (Singh and Prasher, 2019; Bhattacharya et. al., 2010; Levinson and Harding, 2005). Because of this shift in customers' approach the service providers are compelled to assess the parameters which influence customers to choose respective health care institution. Improving and even maintaining the quality of care while reducing costs is a critical dilemma that all healthcare administrators face. Competitive environment pushes service providers to understand in-patient needs and expectations and to provide a value-added service quality, better than other organizations. 'Healthcare facilities', inclusive of public and private hospitals, around which, the healthcare sector is centred, contribute around 70% of the total services rendered by entire Health care sector. The three major participants who provide facilities are Hospitals, Pharmaceutical industry & Diagnostic services. During last three decades, a number of philosophers have worked on service quality measurement and many research instruments have been suggested, but only some of them were acceptable and more used by practitioners. The major measurements of service quality entails following models:

2.1 Nordic Model

Early conceptualization of service quality was formed by Gronroos (1982, 1984), he defined service quality by technical or outcome (what consumer receive) and functional or process related (how consumer receive the service) dimensions (figure 1) (Gronroos, 1982, 1984, 1988). Image build up by technical and functional quality and effect of some other factors (marketing communication, word of mouth, tradition, ideology, customer needs and pricing). Nordic model is based on disconfirmation paradigm by comparing perceived performance and expected service. This was the first attempt to measure quality of service. Gronroos model was general and without offering any technique on measuring technical and functional quality. Rust & Oliver (1994) tried to refine the Nordic model by The Three-Component Model. They suggest three components: service product (i.e., technical quality), service delivery (i.e., functional quality), and service environment but they did not test their model and just a few support have been found.

Figure 1: Nordic model



Source: AR Ghotbabadi, R Baharun, S Feiz 2nd international conference on management (2nd icm 2012)

In 1985 Parasuraman, Zeithaml, and Berry suggested the most used and famous model named SERVQUAL. At first, they suggested ten dimensions for service quality but after some initial study in 1988, they reduced to five dimensions for service quality model. The SERVQUAL model was based on difference between perception and expectation of quality of service through five dimensions. Service quality model describes how to achieve desired quality in services. Achievement of desired quality in services differs from tangible products, because the evaluation is based on expectations and attitudes more than data about reliability. There are multiple service quality models.

2.2 SERVQUAL model

Based on disconfirmation paradigm, Parasuraman, Zeithaml, & Berry (1985) made the new model of service quality measurement. They try to cover the weakness of Nordic model by offering a new way for measuring service quality. In SERVQUAL model, they suggest to use the gap or difference between expected level of service and delivered level of service for measuring service quality perception with five dimensions: Reliability, Responsiveness, Assurances, Empathy, and Tangibility (Figure 2).

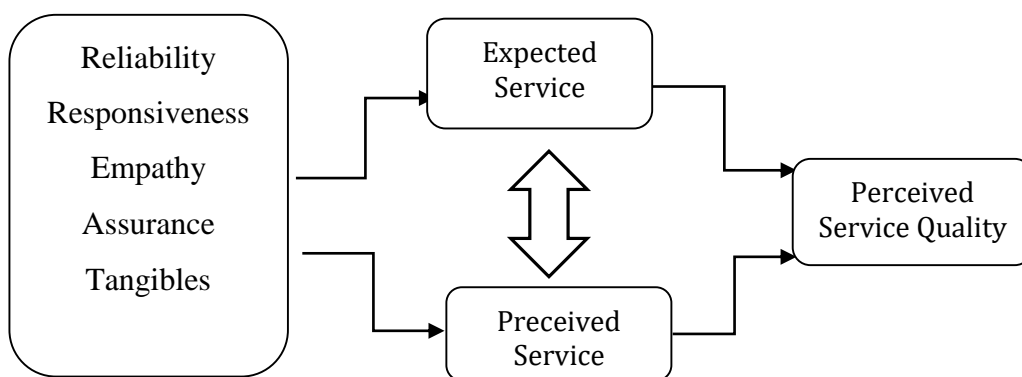
SERVQUAL is an analytical tool, which can help managers to identifying the gaps between variables affecting the quality of the offering services (Seth, Deshmukh, & Vrat, 2005). This model is the most used by marketing researchers and scientists, although it is an exploratory study and does not offer a clear measurement method for measuring gaps at different levels. This model has been refined during the years and some believe that only performance needed to be measured as SERVPERF model in order to find perception of service quality (Cronin & Taylor, 1992). Finding in years of using this model shows SERVQUAL factors are inconsistent and it is not comprehensive for different applications (Dabholkar, et al., 1996; Shahin & Samea, 2010).

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Figure 2 SERVQUAL Model

SERVQUAL DIMENSION EXTERNAL FACTORS/ INFLUENCING EXPECTATION

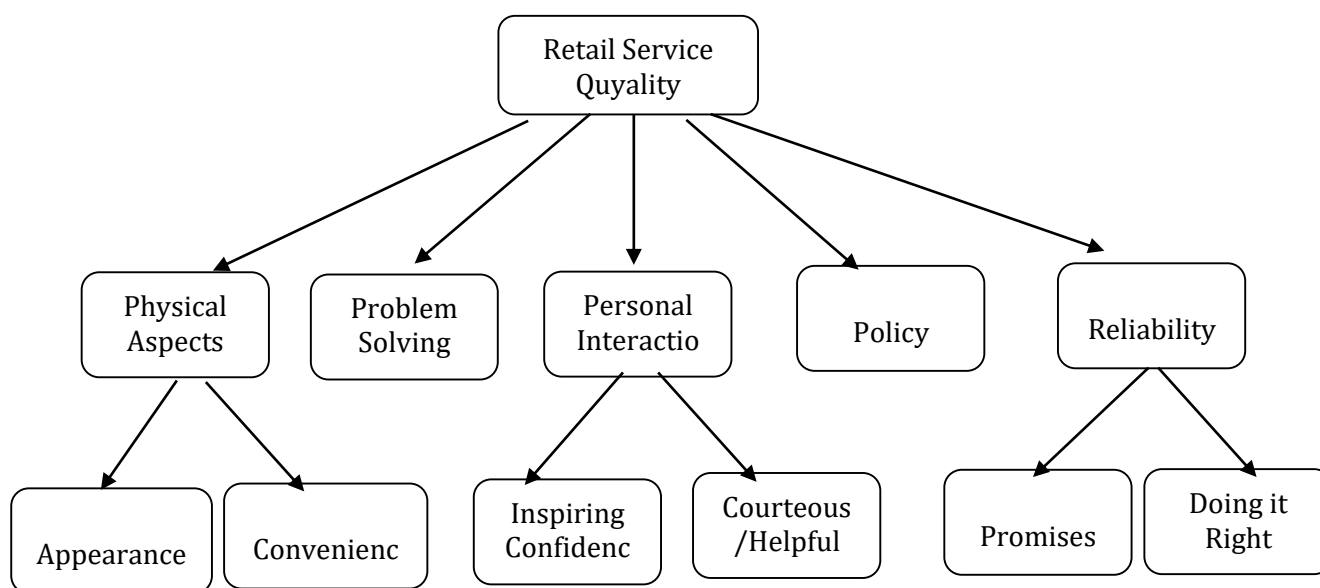


Source: O Tefera, K Govender African Journal of Hospitality, Tourism and Leisure, Volume 6 (3) - (2017)

2.3 Multilevel model

Because inconsistent reported in SERVQUAL factors, in 1996 Dabholkar, Thorpe and Rentz proposed the multilevel model for service quality. They suggest changing the structure of service quality models to a three-stage model: overall perceptions of service quality, primary dimensions, and Subdimensions (Figure 3). This model was for evaluating service quality in retail store. Although multilevel propose a new structure, it needs to generalize for different areas and consider the effect of some other factors such as environment, price, etc. In addition, there is lack of identifying attributes or factors that define the sub dimensions.

Figure:3 Multi level Model



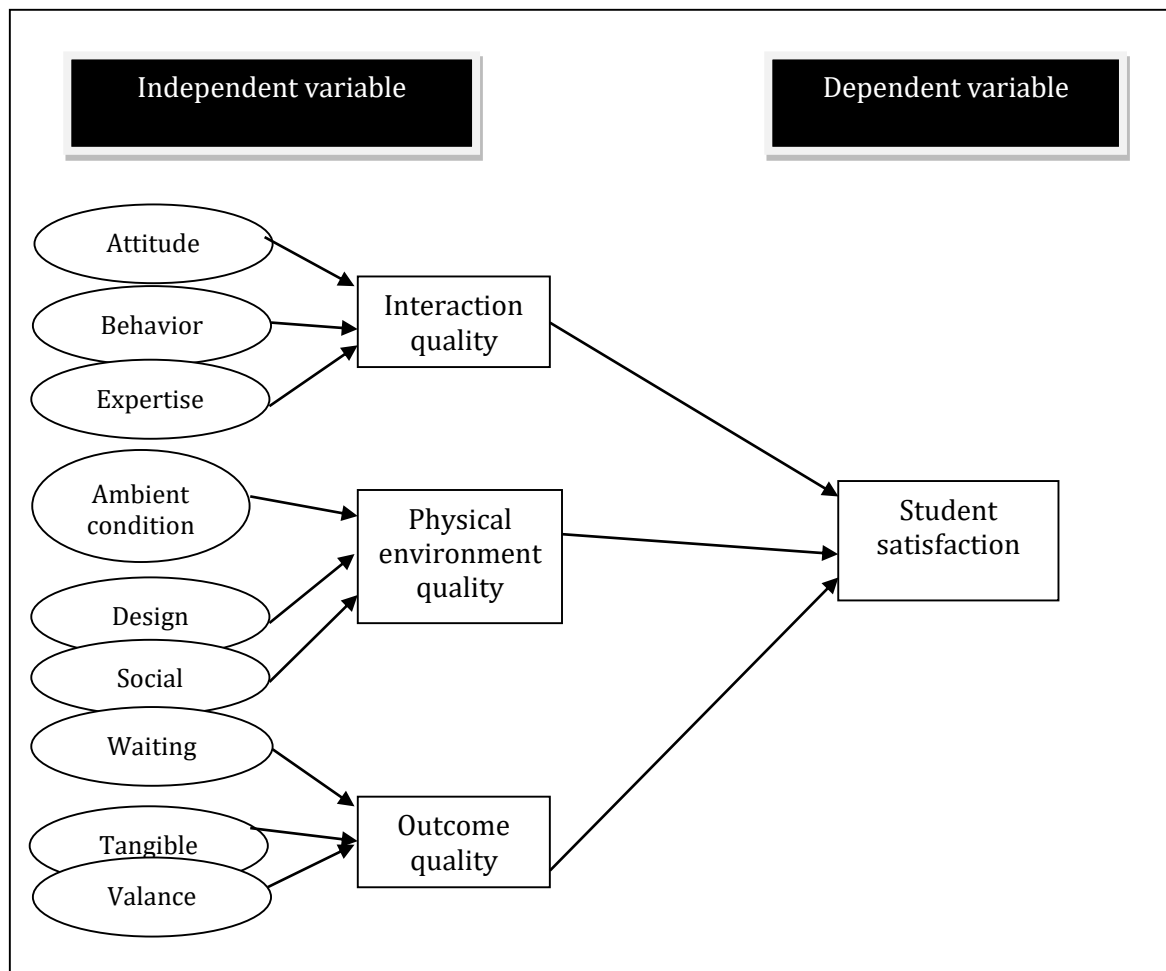
Source: AR Ghotbabadi, R Baharun, S Feiz, 2nd international conference on management 11th - 12th JUNE 2012.

2.4 Hierarchical model

In 2001 Brady and Cronin, suggested a new model by combining four models. They improved SERVQUAL (Parasuraman, et al., 1988) by specifying what needed to be reliable, responsive, empathic, assured and tangible. Brady and Cronin adopted service quality perception based on evaluation by customer in three dimensions: 1. Interaction Quality (i.e., functional quality) 2.Physical Environment Quality 3.Outcome Quality (i.e., technical quality) (Gronroos, 1984; Rust & Oliver, 1994). In addition, they accept multilevel service quality perceptions and multidimensional (Dabholkar, et al., 1996). Service quality has three primary level dimensions in this conceptualization such as interaction, environment and outcome with three sub dimensions for each one: Interaction (Attitude – Behavior – Expertise), Environment (Ambient Conditions – Design – Social Factors), and Outcome (Waiting Time – Tangibles – Valence. A new model conceptualized by this hierarchical model and SERVQUAL factors specified into sub dimensions. Brady and Cronin have improved service quality framework and solved the stalemate in this theory. It defines service quality perception and a clear form of service quality measurement. In

SERVQUAL measurement, service outcomes were not clearly considered, but Brady & Cronin’s model seems to fill this void (Pollack, 2009).

Figure 4 Hierarchical model



Source: AR Ghotbabadi, R Baharun, S Feiz, 2nd international conference on management 11th - 12th JUNE 2012.

2.5 Attribute Service Quality Model

It was developed by Haywood-Farmer (1988). According to it, High Quality of service can only be achieved by meeting customer preferences and expectations consistently. It highlights three basic attributes of services: physical facilities and processes; people’s behaviour; and professional judgment. Each attribute consists of several factors. The researcher tried to map different type of service settings as per degree of contact and interaction, degree of labour intensity and degree of service customization in to this model.

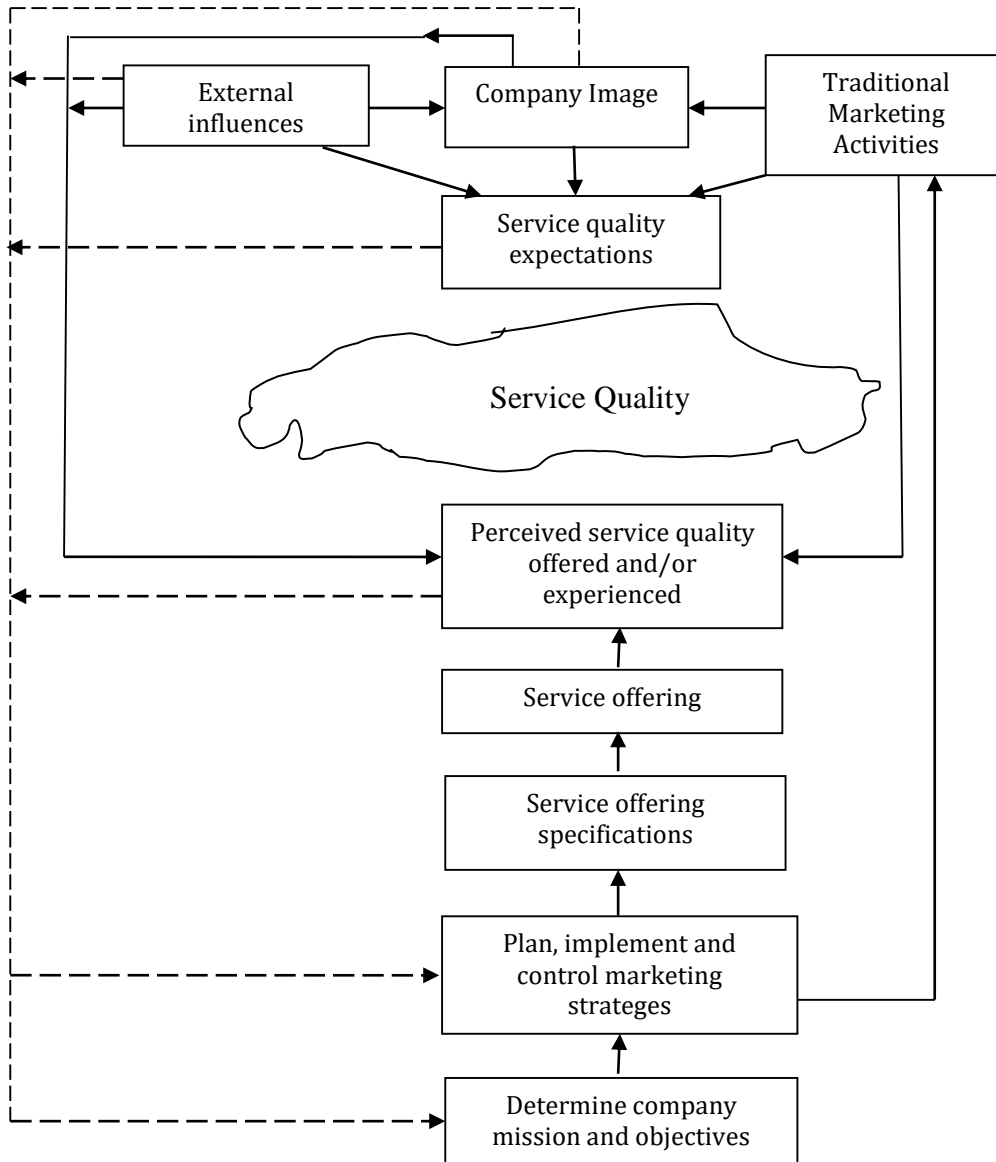
Figure 5 Attribute Service Quality Model (Haywood – Farmer, 1988)

Service quality attributes	Parasuraman’s et. al., 1985., service quality determinants
1. Physical facilities, processes and procedures, location, layout, size, décor, facility, reliability, process flow and flexibility, capacity balance, control of flow, range of services.	Tangibles
2. People behaviour and conviviality, timeliness, speed, communication, warmth, friendliness, attitude, tone of voice, dress, neatness, politeness, anticipation, handling complaints, solving problems.	Reliability, responsiveness, Access, courtesy, communication.
3. Professional judgement, diagnosis, advice, guidance, innovation, honesty, confidentiality, discretion, knowledge, skills	Competence, credibility, security, understanding consumer.

2.6 Synthesised Model of Service Quality

It is developed by Brogowicz et al. (1990). This model focuses on synthesis of traditional managerial framework, service design and operations and marketing activities. It identifies the dimensions related to service quality in a traditional managerial framework of planning, implementation and control. The synthesised model of service quality considers three factors, viz. company image, external influences and traditional marketing activities as the factors influencing technical and functional quality expectations.

Figure 6 Synthesised Model of Service Quality



Source: CB Fotopoulos, EL Psomas, International Journal of Quality & Reliability Management, December 2005.

2.7. Performance only model

It was developed by Cronin and Taylor (1992). The authors analysed the measurement of service quality and its relationship with consumer satisfaction and purchase intentions. They compared computed difference scores with perception to conclude that perceptions only are better predictor of service quality. They developed performance only measurement of service quality called SERVPERF by illustrating that service quality is a form of consumer attitude and the performance only measure of service quality is an enhanced means of measuring service quality. In particular, they maintained that Performance instead of “Performance-Expectation” determines service quality.

2.8 Model of e-service quality

It was developed by Santos (2003). It assumed that the success and failure of electronic commerce can be determined by quality of service offered. Rust and Lemon (2001) defined eservice as the role of service in cyberspace. This study proposed a conceptual model of e-service quality with its determinants. It is proposed that e-service quality have in

cubative (website design, technology soundness for easy access and website attractiveness) and active dimensions (good support, fast speed, and attentive maintenance that a web site can provide to its customers) for increasing hit rates, stickiness, and customer retention.

2.9 Ideal value model of service quality (Mattsson, 1992)

In majority of the studies on service quality “expectation is treated as belief about having desired attributes as the standard for evaluation”. However, this issue needs to be examined in the light of other standards such as experience based, ideal, minimum tolerable and desirable. The model argues for value approach to service quality, modeling it as an outcome of satisfaction process.

2.10 Evaluated performance and normed quality model (Teas, 1993)

According to the author the conventional disconfirmation model has conceptual, theoretical and measurement problems. He pointed out that following issues in the measurement of service quality, i.e. SERVQUAL (Parasuraman et al., 1988) as: conceptual definition ambiguity; theoretical justification of expectations in the measurement of service quality; the usefulness of the probability specification in the evaluated performance (EP) measurement; and link between service quality and consumer satisfaction/dissatisfaction. The author proposed the following two frameworks for service quality. Evaluated performance (EP) framework: with the assumption that an individual evaluates object with perceived certainty and that the object I has a constant amount of each attribute also with Minkowski space parameter equals to unity. The perceived quality is model as

2.11 IT alignment model (Berkley and Gupta, 1994 (CB Fotopoulos, EL Psomas, International Journal of Quality & Reliability Management December 2005)

Investments in information technology (IT) sectors are generally aimed at productivity of efficiency gains with a little attention to improve customer service and long-run customer effectiveness. This model links the service and the information strategies of the organization. It describes the use of IT for improving service quality through a number of case studies from variety of sectors (banking, courier, transportation, manufacturing and services industries). This model describes in detail where IT had been used or could be used to improve specific service quality dimensions including reliability, responsiveness, competence, access, communications, security, understanding and knowing the customers. Through some case studies use of IT for quality control (collect customer data, monitor operations and facilitate service) is also demonstrated. According to the model, it is important that service quality and information system (IS) strategies must be tightly coordinated and aligned. The model explains the process of aligning service and aligning strategies.

Out of several models of Service quality the researcher has adopted the Servequal Model given by Parsuraman et al. 1985. Service organizations have begun focusing on the customer perceptions of service quality, because it helps in developing strategies that lead to customer satisfaction (Saravanan R., 2007). Perceived service quality is expected to have a direct and positive influence on customer satisfaction Anderson and Fornell, (2000). Matzler, Wurtele and Renzl, (2006) argued out that if perceived quality is more than perceived costs, then customer value is high; but if cost is more than quality, then customer value is low. This concept is also known as price-quality ratio. If price will be high, the satisfaction with price will be high. If there are no hidden costs and if prices do not change unexpectedly customers will perceive high price reliability (Matzler et al, 2006). Hence, measurement of perceived value (i.e. price to quality ratio) is very important. Takala, Bhufhai and Husavat, (2006) explained another important factor regarding importance of customer satisfaction that perceived value both directly and indirectly influences customer satisfaction. In some industries quality may have a significant positive relationship on customer satisfaction which may not be the case in other industries (Al-Hawari and Ward, 2006).

In the health care sector, customer satisfaction is also an important issue as in other service sectors (Shabbir, 2010). It is the regular trend for companies to conduct customer satisfaction surveys to know customer’s point of view (Frank and Enkawa, 2007). Ultimately, improvements on the basis of such surveys are usually considered as improvements in the competitive position of the firm, which ultimately results in better offerings and better customer service (Frank and Enkawa, 2007). With the growth in size of the service sector of the global economy, services are distributed regionally, nationally, and globally and are earning a larger portion of an organizations’ revenues and the quality of their services plays a very important role in customer satisfaction (Landrum, Prybutok, Zhang and Peak, 2009). It is easier to compete on the basis of price for products as compared to services (Edvardsson, Johnson, Gustafsson and Strandvik, 2000). In marketing literature, the concept of customer satisfaction is the main outcome of marketing practices and occupies an important position in both theory and practice (Churchill and Surprenant, 1982).

The researcher has majorly focused on following vital elements of Servqual model (Parsuraman et al. 1985) which constitute the Perceived Service Variable and Service Delivery. This study has categorised Perceived Service as

independent variable, because the respondent creates his perception first which further lead to choices of decision making and actions.

- **Tangibility**

Tangibles - the physical facilities, equipment and employee's appearance. According to Brink and Berndt (2005: 60), this dimension refers to the facilities, equipment and material which must reflect positively on the organisation. Therefore, the physical appearance thus the aesthetic look of the hospitals must be able to satisfy the perception a customer have before visiting the facility. Presentation is fundamental to achievement.

- **Reliability**

Reliability - The ability to perform service dependably and accurately. Some organisations tend to oversell their services, prompting them to 'fabulous' guarantees that distort their genuine potential. The organisations must provide the patient with the precise service it suggests through advertising and it must convey what is guaranteed in a particular time period set out within the specified time frame. If service delivery is done in a proper manner, it will enhance the perceived quality that the customer experiences (Brink & Berndt, 2005: 60).

- **Assurance**

Assurance - the ability of employees to inspire confidence and trust. Judgement of high or low service quality largely depends on how the customers perceive the actual performance based on their expectation. Quality assurance is connected to customer service and that terrible service offered to clients bring about disappointment or dissatisfaction. Best or guaranteeing quality realises consumer loyalty and additionally client retention.

- **Empathy**

Empathy - the extent to which caring individualised service is given. It is at times a challenge for organisations to surpass client desires and request. For example, deficiencies of employees at the hotel and the requirement for best service and occasion facilitating have seen an expansion in sizes, extending the staff-customer proportion. This expanded proportion has implications on the level of individual consideration and compassion given to each client.

- **Responsiveness**

Responsiveness - The willingness to help and respond to customer need. Organisations ought to be receptive to the moving or shifting needs of their clients and giving courses and preparing programs that are important to the business. Dale, van der Wiele and van Iwaarden (2007: 240) define responsiveness as the willingness to assist customers and to provide prompt service on a continuous basis. This dimension focuses on attentiveness and willingness in dealing with customer requests, queries and prompt complaint resolution. The hospital employees should have the capacity to attend to patient inquiries, queries and complaints timeously, and thus quality of service is optimized and patient satisfaction is enhanced.

From the five dimensions stated above, reliability has consistently proven to be the most important factor in customers judgement of service quality, and reliability improvements lie at the heart of service quality enhancement efforts. Additionally, unreliable service implies broken promises on the attributes that customers care about the service received. If the core service is not performed reliably, customers may assume that the organisation is incompetent and may switch to another organisation or service provider – particularly with the nature of hospitality industry.

The researcher has selected service delivery as mediating variable and customer satisfaction as the dependent outcome variable. They also suggested that companies should establish a system that ensures that all activities lead towards customer satisfaction. According to a market economy business compete to satisfy customers and economic prosperity is based on increase in customer satisfaction (Anderson and Fornell, 2000).

This study has categorised Service delivery of Parasuraman's model (1985) as dependent variable. The construct has following constituting factors.

1. Admission Process
2. Nursing services
3. Medical services
4. Lab & diagnostic services
5. Patient care services
6. Housekeeping services
7. Food services
8. Security services

These all dimensions are directly related to the respondents who avail the facilities and services of the hospitals. A patient or attendant in a hospital starting from OPD consultation to Discharge are directly involved with these services. Actually, if we see the inpatients and attendants spend most of the time in hospitals as compared to our patients and their perception plays a key role in determining the service delivery. That's why these variables have been taken for study purpose. Every variable has its impact on in patients, out patients and attendants. These variables tell us how much the respondents are satisfied or dissatisfied with the services of the hospitals.

2.12. Relationship between Perceived Service & Service Delivery:

There seems to be a direct relationship between both service quality and satisfaction as service delivery leads to satisfaction from service provided. The interrelationships between the concepts of the study can be summarized as follows: Perceived service quality is the antecedent of satisfaction (Murray 2002 and Yoo, 2000); Perceived service quality has direct and indirect effects on behavioural intentions such as positive word of mouth (Ladhari, 2009); there is a positive relationship between service quality, satisfaction, and revisit intention (Lee, 2011) and service quality positively influences to customer satisfaction (Kuo and Deng 2009). Service quality results from customers' comparisons of their expectations about a service encounter with their perceptions of the service encounter (Parasuraman et al., 1993).

Gronroos (1984, 1990) and Little and Little (2009) state that customers evaluate service quality based on perceptions of a two-dimensional service quality concept, a technical quality or outcome of the service act dimension, (what is delivered) or how well the service performs as expected and as promised or what the customer receives in the end or what is delivered (Opoku et al., 2008) and the functional quality, or process-related dimension (how it is delivered), i.e., their perception of the manner in which the service is delivered (Opoku et al., 2008).

If the service worker's competence is perceived high then levels of satisfaction also increase. Proficiency strongly influences patients' service quality assessments (Andaleeb, 2001). Staff character also has a significant influence on customer satisfaction.

Staff character also has a significant influence on customer satisfaction. The method in which staff cooperates with the patient and staff sensitivity to the patient's personal experience seems to be important (Andaleeb, 2001).

It may be deliberated as one of the desired outcomes of care and so patient satisfaction information should be crucial to quality assessments for designing and organisation healthcare. Patient satisfaction augments hospital image, which in turn interprets into increased service use and market share (Andaleeb, 2001). Satisfied clients are likely to exhibit favourable behavioural intentions, which are valuable to the healthcare provider's long-term success.

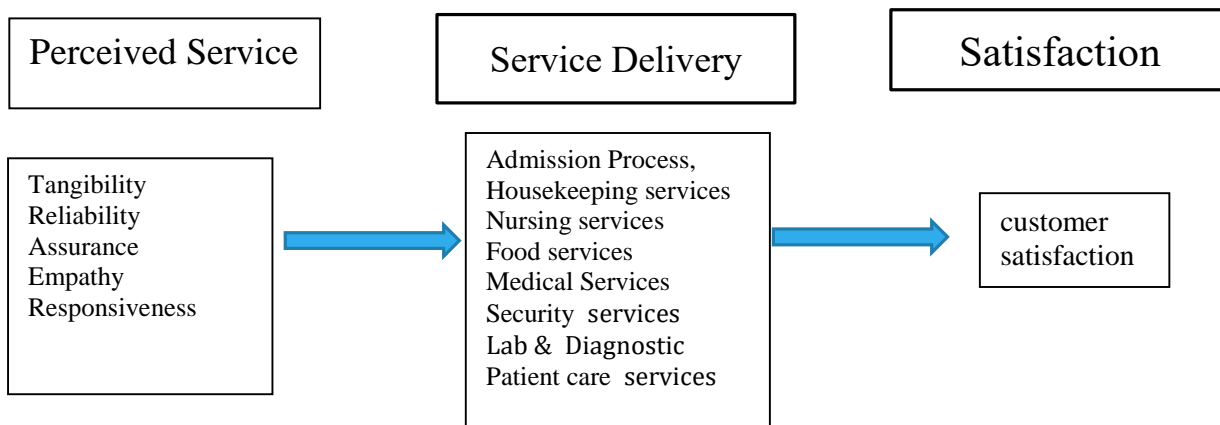
Pascoe (1983) suggests that "patient satisfaction may be one of the desired outcomes of healthcare information and patient satisfaction should be as indispensable to assessments of quality as to the design and management of healthcare systems". Studies in developing countries like Bangladesh have shown a clear link between patients' satisfaction and a variety of explanatory factors among which service quality has been prominent (Andaleeb, 2001; Khan et al., 2012).

Customer value and service quality has a close relationship, as proposed Lam (2004) which states the value of usability consumers of the quality of service will affect loyalty. This proves that the consumer utility value on the quality of service perceived is very important in business relations.

2.13 Researcher's Perspective on formulating the proposed model.

It was found that there are gaps in measurement and for finding solutions to fill these gaps, the researcher has proposed following model which is an extension of SERVQUAL Model (Parasuraman, et. al., 1985). This model reflects the relationship between Perceived Service & Service Delivery. The proposed model of the study is as follows:

Proposed Conceptual Model



The above diagram represents the researcher's proposed conceptual framework showing direct and mediating relationships between the perceived service and service delivery constructs.

3. OBJECTIVES OF THE STUDY:

- 1) To explore the models of service quality from extant literature.
- 2) To identify the research gaps from the literature available.
- 3) To propose a conceptual frame work for fulfilling the above-mentioned gaps.

4. RESEARCH METHODOLOGY

This research is a descriptive kind of study, which explains the relationship between perceived service & service delivery and establishes their antecedent and consequential association. The data collected was secondary in nature where literary contributions made by previous scholars and researchers were gathered from different electronic and printed databases like EBSCO, Emerald, Science Direct, Web of Science, SCOPUS, Infilnet etc. and assembled in a form where study could sequentially related. The relevant literature is elaborated and classified in the above section in broader way. On the basis of above literature and gaps identified, the researcher has formulated following proposed model for measuring the quality of services provided by Hospitals. The model encompasses how perception of patients and attendants is created and affect the service delivery.

4.1 Possible Proposed Hypotheses:

There could be several hypotheses formulated on the selected variables. The researcher suggests that each factor of independent and dependent variable could hypothesised and tested.

H₀ The perceived service of the in-patient has no association with their satisfaction.

H₁ The perceived service of the in-patient leads to their satisfaction.

H₀ The perceived service of the attendant has no association with their satisfaction.

H₁ The perceived service of the attendant leads to their satisfaction.

H₀ The perceived service of the outpatient has no association with their satisfaction.

H₁ The perceived service of the outpatient leads to their satisfaction.

5. DISCUSSION:

As discussed in the literature review, hospitals have to be aware of their customer (patient) requirements so as to satisfy them. The satisfied customers spread their word mouth and in turn persuade their family and friends to avail of services from a particular hospital. These recommendations play a significant role in patient purchase decision, as mostly patients depend on their attendants for availing healthcare services. The satisfied patients also remain loyal and are willing to pay more for enhanced services

The paper has provided a overview of literature in service quality in general and healthcare service quality, in particular. A conceptual research framework has been proposed to measure service quality from the perspectives of patients as well as attendants. Any hospital embarking on a journey towards total quality management should understand its customers as quality is defined as satisfying customer needs. For hospitals, understanding the customers' needs marks the starting point of their journey. These hospitals could use the service quality perceptions as "voice of customers", which would in turn serve to construct "house of quality" from organizational perspective.

When we talk about the perception of the patients visiting hospitals or any healthcare facility it means how the services or facilities offered by the hospitals satisfy the patients and attendants needs. How much the services are being perceived differs from individual to individual, organization to organization, service to service. The services or facilities of a hospital are perceived first by the patients and their attendants then they are measured to know the satisfaction level. This helps the organization to know, how their services or facilities satisfy the needs of the patients or attendants. The perception is directly proportional to the service delivery or customer satisfaction. Good perception perceived by the patient or attendant means good level of satisfaction. All the perception variables mentioned in the study viz tangibles, empathy, responsiveness, reliability and assurance lead to customer satisfaction or service delivery as outcome of the services. In an hospital, a patient or attendant come in contact with all these variables and they in turn determine the customer satisfaction.

6. CONCLUSION:

In this age, every organisation attempts to get the maximum information about their customers so that they could understand their requirements better than before so as to satisfy them. The current research helps the practitioners not only to understand customer preferences by measuring the service quality through its dimensions. The hospitals could use the instrument to collect data about their customers, in order to make strategic decisions. For example, a hospital scoring low on certain dimensions could probe into their systems more, if there are any assignable causes of customer dissatisfaction. The hospitals could also strive to segment the customers into various categories, so that they could know where to position themselves in future. Further, hospitals could use the data obtained from their customers to benchmark their services with their competitors' services. For this purpose, they compare the service quality perceptions of their

customers and the customers of their competitors. The sources of satisfaction and dissatisfaction in both cases would help hospitals to identify their prospective areas of improvement.

REFERENCES:

1. Berkley, B.J. and Gupta, A. (1994), "Improving service quality with information technology", *International Journal of Information Management*, Vol. 14, pp. 109-21.
2. Brogowicz, A.A., Delene, L.M. and Lyth, D.M. (1990), "A synthesised service quality model with managerial implications", *International Journal of Service Industry Management*, Vol. 1No. 1, pp. 27-44.
3. Cronin, J. Joseph and Steven A. Taylor (1992), "Measuring Service Quality: A Re-examination and Extension," *Journal of Marketing*, Vol. 56 No. 7, pp. 55-68.
4. Dabholkar, P. A., Thorp, 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, 3-16.
5. Grönroos, C. (1984), "A service quality model and its marketing implications", *European Journal of Marketing*, Vol. 18 No. 4, pp. 36-44.
6. Gronroos C. (1984). "A service quality model and its marketing implications", *European Journal of Marketing*, 18, 36-44.
7. Haywood-Farmer, J. (1988), "A conceptual model of service quality", *International Journal of Operations & Production Management*, Vol. 8 No. 6, pp. 19-29.
8. Lee, H., Lee, Y., & Yoo, D. (2000). The determinants of perceived service quality and its relationship with satisfaction. *Journal of Services Marketing*, 14(3), 217–231. doi:10.1108/08876040010327220.
9. Mattsson, J. (1992), "A service quality model based on ideal value standard", *International Journal of Service Industry Management*, Vol. 3 No. 3, pp. 18-33
10. Parasuraman, A, Zeithaml, V A and Berry, L. L. (1985), "A Conceptual Model of Service Quality and Its Implications for Future Research," *Journal of Marketing*, Vol. 49, pp. 41-50.
11. Parasuraman, A., Zeithaml, V.A. and Berry, L.L. (1988), "SERVQUAL: a multiple-item scale for measuring consumer perceptions of service quality", *Journal of Retailing*, Vol. 64, pp. 12-40.
12. Pollack, B. L. (2009). Linking the hierarchical service quality model to customer satisfaction and loyalty. [Research paper]. *Journal of Services Marketing*, 23(1), 42-50.
13. Rust, R.T. and Lemon, K.N. (2001), "E-service and the consumer", *International Journal of Electronic Commerce*, Vol. 5 No. 3, pp. 85-101.
14. Seth, N., Deshmukh, S. G., & Vrat, P. (2005). Service quality models: a review. *International Journal of Quality & Reliability Management*, 22(9), pp. 913-949.
15. Teas, K.R. (1993), "Expectations, performance evaluation, and consumers' perceptions of quality", *Journal of Marketing*, Vol. 57, October, pp. 18-34.

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