

Emerging Trends on Quality of care in the healthcare Sector: A systematic Review

Roshan Bhaladhare¹, Dr Parag Rishipathak²

PhD Scholar, Symbiosis International (Deemed University), Pune, India¹

Professor & Director, Symbiosis Centre for Health Skills, Symbiosis International (Deemed University), Pune, India²

roshanbhaladhare3@gmail.com¹, director_schs@siu.edu.in²

*** Corresponding Author:** Dr. Parag Rishipathak, Professor & Director, Symbiosis Centre for Health Skills, Symbiosis International (Deemed University), Pune, India

ABSTRACT

High-quality of health care systems are more crucial than service quality in the other sectors because they have a major impact on the health and well-being. In reality, there has been a lot of interest in healthcare quality since raising the standard of treatment has a favorable effect on a nation's population's health, which in turn helps the economy and culture as a whole. Increasing the caliber of hospital treatment is a top goal for all nations, particularly developing ones where hospitals serve as the primary healthcare facilities. The current research study was inspired by a number of studies on the costs and issues associated with malnutrition. Relevant papers were included after a search of the internet databases of PubMed, EMBASE, the Web of Science was done with English as the only permitted language. After that, databases got accessed to perform a more thorough literature search using key words or Boolean operators to produce papers relevant to the problem. Using inclusion/exclusion criteria, these papers were vetted to create a manageable eight pieces. These eight articles were evaluated, and the results showed that now the healthcare delivery and standard of care in the health sector suffer from considerable gaps. The study revealed the disparities in key service & quality of care parameters that depend on one another. Doctors & paramedical staff availability, patient discharge procedures, hospital documentation policies, staff awareness of social responsibility, management standards, and medicine availability are some of the important hospital administration elements that have an

impact on staff-patient interactions. The Research study came to the conclusion that Healthcare managers as service providers should think about improving the healthcare quality and other dimensions in addition to concentrating on those with the biggest gaps. On these less explored characteristics, future scholars can base their work. The average stay duration, patient cooperation, patient quality/illness, and patient socio-demographic parameters are the final elements influencing the level of service in terms of patient characteristics.

Key words: Hospital, Hospital care, Assessment, Health, Quality.

INTRODUCTION

Private and public healthcare cable companies throughout the world have long been concerned about the level of care available. More crucial than servqual model in other sectors of the health sector, high-quality health system has great effect on the health and well-being. (Kruk et al., 2018). In reality, there has been a lot of interest in healthcare quality since raising the standard of treatment has a favorable effect on a nation's population's health, which in turn helps the economy as society as a whole. Increasing the caliber of hospital treatment is a top goal for all nations, particularly developing ones where hospitals serve as the primary healthcare facilities. In order to help policymakers, accomplish India's national objectives and international obligations, the government unveiled the National Health Policy (NHP) 2017 in this respect. Consistency, good health outcomes, hospital, equity, or reliable service delivery are some of the essential characteristics of high-quality healthcare that NHP identifies. To achieve the health-related aims of said Sustainable Development Goals, boosting the standard of healthcare is equally crucial (SDGs) (Gopal, 2019). Indicators for maternity, fetal, and neonatal care are areas where ongoing quality improvement is required to reduce maternal mortality rates (MMR), mortality rates for infants (IMR), neonatal mortality rates (NMR), and under-five mortality, and the SDGs place focus on improving these indicators (U5MR) (Kruk et al., 2018)

The diversity of service quality offered is one of the most outstanding aspects of India's health care system. Leaders in healthcare innovation and quality may be found in India. Many Indians simultaneously get very low natural and hospital care, especially the impoverished (Kasthuri,

2018). The inadequate quality of care is a major concern for health policy due to India's fast rising chronic illness burden. The issue of poor health care quality is not specific to India. Many studies from industrialized and developing nations have shown common issues with clinicians who don't put much effort into ensuring that patients earn excellent treatment, regional disparities in the level of care provided, and high rates of medical mistakes (Mohan et al., 2017)

In low-resource environments, such as India, efforts to raise the caliber of healthcare services have usually concentrated on structural limitations. Recent research in low-income nations has revealed that there are significant gaps between providers' knowledge and indeed the care they offer, frequently referred to as "know-do gaps," and that provider knowledge is inadequate for both the public and private sectors (Peabody et al., 2006). Low levels of care may additionally be caused by a lack of incentives within the health system but rather information issues in the healthcare sector, together with an absence of accountability within and between providers and ineffective governance systems within the health system. This is in addition to the providers' insufficient resources or wisdom in such settings. It is critical to comprehend the steps involved in providing healthcare services as well as the variables that may restrict providers' efficacy.

OBJECTIVE

To investigate the principal dimension on quality healthcare service.

REVIEW OF LITERATURE

Concept of quality health care

It may be difficult and doubtful to define Quality fine, particularly on the subject of the health enterprise and the services presented there. consequently, that getting a high class of excellence and splendor may be used to explain high-quality in fash general. (Aggarwal et al., 2019) The transport method, the placing in which the carrier is furnished, and the manner in which the customer is served can all be considered elements of provider quality in the health sector may be difficult and doubtful to outline first-class, particularly with regards to the fitness industry and the offerings provided there. therefore, that obtaining a high degree of excellence and

attractiveness may be used to describe satisfactory in well-known. (Aggarwal et al., 2019) The transport technique, the putting in which the service is furnished, and the way in which the patron is served can all be considered factors of provider nice inside the fitness sector. The quality of medical care is also described either by American Medical Institute as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (Flodgren et al., 2016).” The UK health system too has established the provision of suitable health services to those in need, using appropriate practical techniques and society can afford and are accepted by the general public, as a measure of the quality of patient care. Continuous evaluation and planning for quality improvement are crucial given the significant relevance of quality within health systems because it influences illness incidence, expenditures of primary and clinical care, patient disabilities, and public mistrust of health system. (Grosios et al., 2010) Patients' quality of life may be improved by measuring and improving the quality of healthcare services by lowering hospital infections and mortality. Several issues and issues with health centres and hospitals may be resolved by monitoring and enhancing the level of service provided with in health system (Mainz et al., 2019)

Service Quality in Healthcare Sector

Assessing SQ in the healthcare sector is challenging because understanding patient perception and satisfaction is necessary and complex (Padma et al., 2009). The logical explanation might be that while several institutions in the healthcare sector offer the same services, they do not all provide the same standard of excellence. Studying the SQ is crucial in the healthcare industry. Also, customers today are more conscious of the options available to them and the improving quality of services. Due to these modifications, their expectations have grown (Lim and Tang, 2000). The significance of strict control, quality service, and the efficacy of medical treatment has risen due to the market's severe circumstances, globalization, and the necessity to please patients. (Suki & Lian, 2011). In order to address these problems, SERVQUAL measures have become widely utilized in healthcare research to measure consumers' perceptions of SQ across a range of service categories, including patient satisfaction, skilled nursing hospitals, etc (Lim and

Tang, 2000). Its application in healthcare has yielded a variety of results, indicating that it need refinement. (Duggirala et al., 2008). Despite SERVQUAL's widespread use, some authors created their original instrument to evaluate SQ, which can help them reach their study goals.

SERVQUAL model

Conjunction the Impact character of quality service, it makes sense to look at the SERVQUAL model, which ranks among the most popular methods for measuring it. The SERVQUAL model, which Parasuraman (1985) devised, divided service quality into five sub-dimensions: dependability, tangibles, reactivity, assurance, and empathy (Romiti & Sarti, 2016). Compare the three aspects of service quality that were mentioned previously (e.g. intangibility, heterogeneity, and inseparability), (Yoo & Park, 2007) We could see that five sub-dimensions may help in overcoming challenges brought on by the nature of the service. According to Miranda et al. (2010, p. 2139), the five sub-dimensions or service quality outlined by Parasuraman might apply to all service-providing businesses in general. Returning to SERVQUAL anti - anti, it is critical to comprehend what each one means. Thus, tangible dimension is “physical facilities, equipment, and appearance of personnel”; “reliability is ability to perform the promised service dependably and accurately”; “responsiveness is willingness to help customers and provide prompt service”; “assurance is knowledge and courtesy of employees and their ability to inspire trust and confidence” and “empathy is caring, the individualized attention the firm provides to its customers” (Miranda et al., 2010).

Several interactions between the four service quality categories enumerated by Dagger et al. (2007, p. 125) and the five SERVQUAL sub-dimensions might be discovered through comparison. At the beginning, it might be claimed that SERVQUAL sub-dimensions primarily relate to an interpersonal component because they all include some sort of contact between consumers and service providers. (“A Hierarchical Model of Health Service Quality: Scale Development and Investigation of an Integrated Model,” 2007). The fact that SERVQUAL might be used to measure the functional rather than the technical aspect of service quality is reinforced by Miranda et al. (2007, p. 2139). Two SERVQUAL sub-dimensions, tangible and responsiveness, can, however, be linked to the technical and administrative service quality

categories, respectively. The similarities between the technical category and the tangible dimension are rather obvious, while responsiveness could be connected to an administrative segment if we define admin duties (i.e. SERVQUAL aspects) as the willingness of administrative personnel to assist clients and offer prompt service. In their 2014 study, Kitapci et al. looked at the impact of 4.6 mm on patient satisfaction, found the impact of satisfaction for word-of-mouth advertising and repurchase intent, and looked for a strong correlation between these two variables in the Turkish healthcare sector. SERVQUAL variables were used in the study, and SEM was employed. (Kitapci et al., 2014)

There are two different approaches to the SERVQUAL dimension that may be found in the literature. One was proposed inside the SERVQUAL paradigm and it defined the five SERVQUAL aspects as a sub-dimension. (Parasuraman et al., 1985). Another strategy was put out by Brandy with Cronin, who showed the five SERVQUAL factors as assessors for dimensions rather than as sub-dimensions. (Brady & Cronin, 2018). Nonetheless, we may advise utilizing them as sub-categories inside the synopsis of Service Quality groups for the sake of our study rather than as evaluators overall categories. As a result, we choose to use the first stance as SERVQUAL sub dimensions, which enables us to analyses categories from a wider perspective than if SERVQUAL sub-dimensions were used only as assessors for rigid categories. Furthermore, the second method would include three levels, including categories, subcategories, and assessors of the latter, making the structure of basic service and hospital service quality categories even more complicated. (Gounaris, 2005). It should be noted that, for the sake of their depiction in our research, the second level's subcategories will be referred to as dimensions.

The relevant literature recognizes the significance of SQ or patient satisfaction, thus researchers could employ this input for more research in order to enhance hospitals' performance.

METHODOLOGY

A systematic review was conducted by adhering towards the Recommended Reporting Items for Systematic Evaluations and Meta-Analyses (PRISMA) statement's instructions for documenting results. At the time of database was created until 2023, all pertinent papers published on

the PubMed, EMBASE, and Web of Science databases were searched. The PICO's concept was used to construct search strategy. To include any pertinent research which might not have been found in the first search, a search was also carried out.

DATA COLLECTION STRATEGIES

Three databases were selected for this investigation, and they were used for the whole data collection procedure. PubMed, EMBASE, and Web of Science was search. The search was conducted using logical operators and keywords to reduce data saturation. So, it is essential to show that a thorough, extensive, and wide search was conducted.

Inclusion criteria

1. The included studies were:
2. Studies emphasized on quality of health care services
3. Studies published in the last 10 years
4. Studies published in English language
5. Peer Reviewed articles

Exclusion criteria

6. Pilot study or protocols
7. studies not conducted in the Asia-Pacific region
8. Not an original study
9. Paid articles
10. Articles written in other language than English

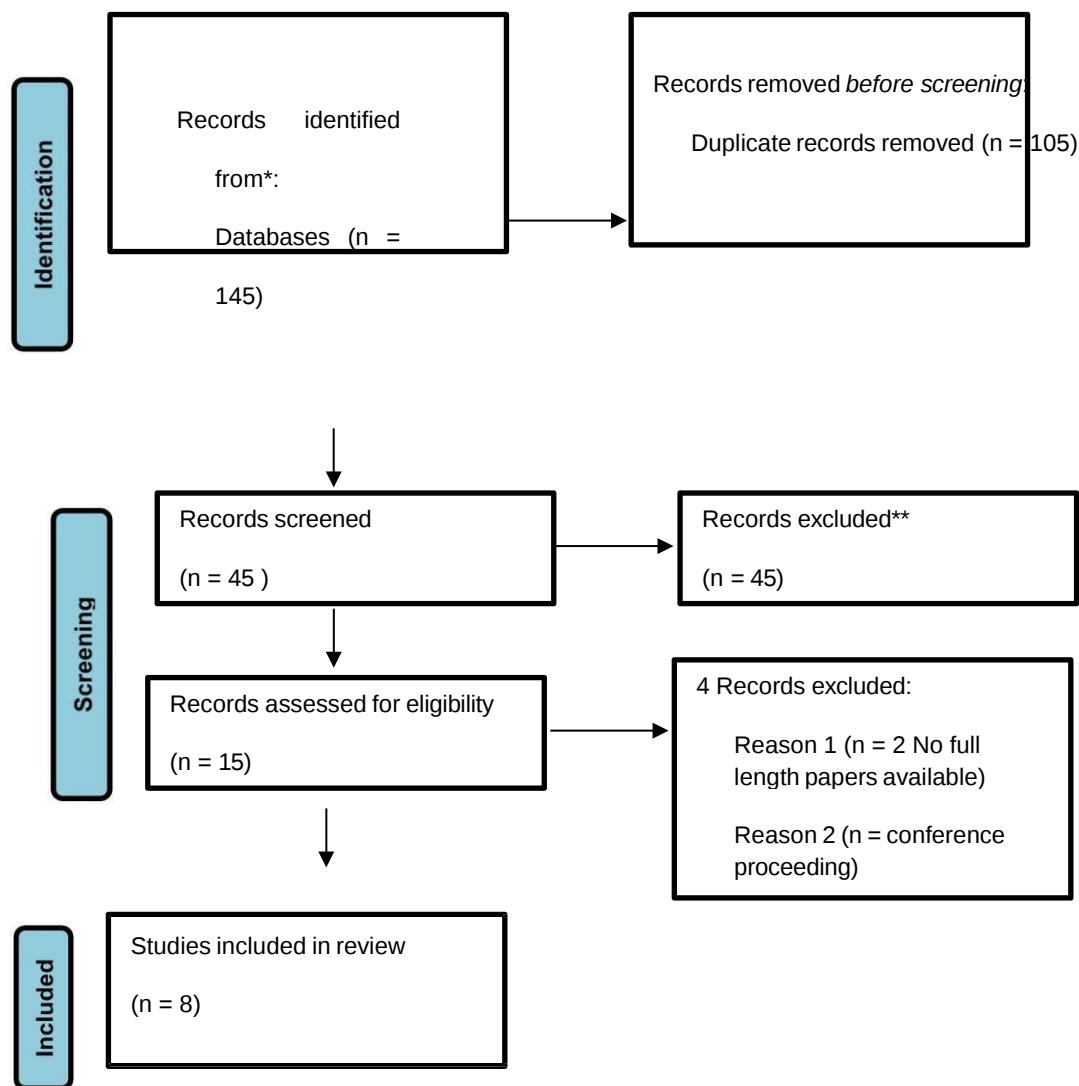
DATA EXTRACTION

A Boolean search for relevant phrases was performed, followed by filtering them using various filters based on inclusion criteria. This restricted the number of records to 55 in Web Of Science, 30 in Embase, and 60 in PubMed.

Two of the writers independently carried out the recommended reporting items from systematic studies and meta-analyses (PRISMA) criteria for data extraction. Discussions were used to settle disagreements. The author, publication year, nation or region where the study was done, and study setting were among the data gathered. Diagrams of PRISMA's flow were made. Due to

their lack of relevance to the study's topic, a few items were eliminated. The duplicates were eliminated, and each article's abstract was reviewed. Eight articles in total satisfied the admission requirements for all of this systematic review after papers with meta-analytic reviews were also eliminated.

PRISMA FLOWCHART



RESULTS

The completed compositions will be reviewed and analysed. The study is comprised of eight studies. The assessment of the current situation and comprehension of the literature were made possible by the application of such a theoretical model (The C.A.S.P. tool, 2018). Each article is summarized in the table below.

Author and Year	study design	Sample size	Key findings
Taqdees Fatima (Fatima et al., 2018)	Observational Survey	611	Recommend good quality of healthcare services help in building patient satisfaction.
Singh and Prashar (Singh & Prasher, 2017)	Observational Survey	650	The hospitals should focus more on Reliability and Trustworthiness to provide the high quality service to patients.
Kalaja et al (Kalaja et al., 2016)	Observational Survey	200	positive results towards quality services provided by healthcare professional.
Khalid Al Fraihi et al (Fraihi et al., 2016)	Cross Sectional descriptive study	306	major Significant impact on Service quality gaps.
Mohammad karim Bahadori et al (Bahadori et al., 2014)	Cross Sectional descriptive study	195	High quality Service was not as per expectations of the patient
Israr, et al (Israr et al., 2016)	Observational Survey	120	Patient Satisfaction on Quality Care
Nasim Kazemi et al (Kazemi et al., 2013)	Cross Sectional	190	Service Quality gaps
Lim et al (Lim et al., 2018)	Exploratory	176	High quality of service depends on patient satisfaction

In terms of healthcare quality service metrics and the theories used to examine healthcare service quality, the meta analysis of 8 papers produced a number of significant discoveries. Healthcare service quality, because of its intangible character and subjective nature, is difficult to define and measure. The comprehensive study of research articles about healthcare service quality illustrated that service quality in healthcare is examined by using different measures primarily related to service scape, personnel, hospital administration and patients.

Fatima et al. examined the relative importance of quality metrics in predicting patients' happiness and loyalty with a focus on hospital service quality. Results show that private medical providers are aiming to give their clients with well-improved healthcare services. The effectiveness of healthcare services tends to increase patient happiness and loyalty. The physical environment, customer-friendly atmosphere, responsiveness, communication, privacy, and safety features of healthcare services are positively associated to patient loyalty, which is mediated in patient satisfaction (Fatima et al., 2018). Fuzzy set theory and the SERVQUAL methodology were combined by Singh and Prashar to quantify service quality. They underlined that in order to provide better healthcare services, hospital management must understand and align with patients' perceptions of service quality (SQ). They emphasized that in order to compete in this cutthroat industry, it is crucial to properly grasp customer expectations and demands. (Singh & Prasher, 2017). The public regional hospital's level of service quality was evaluated by Kalaja et al. Five aspects of service quality were identified, including empathy, tangibility, responsiveness, assurance, and reliability, all of which are crucial for gauging patients' impressions and expectations of each. The results in particular show that there are no appreciable discrepancies between patients' actual perceptions and expectations in terms of receiving high-quality care. While making choices influencing service quality evaluation, hospital administrators and policy makers should take the findings into consideration as highly essential factors. (Kalaja et al., 2016). Using a gap in service quality model and factors affecting such gaps, Fraihi et al. looked at patients' views and expectations of hospital outpatient services. The findings demonstrated that the suggested model for dimensions of service quality satisfied the suggested values and had a satisfactory match. In every area of service quality, patients' expectations surpassed their perceptions, revealing statistically significant discrepancies in service quality. In the assertions, prompt services had the largest service quality gap, whereas privacy observation had the least service quality gap. The research revealed a connection between service quality characteristics and gender, age, education, and the number of visits. (Fraihi et al., 2016). An appealing outpatient environment and appropriate outpatient services are regarded as one of the most key causes for patients to visit the hospital, and the physical environment of the hospital plays a

significant role in increasing the service quality (Fraihi et al., 2016). Hospital services for individuals with chronic renal disease were evaluated by Bahadori et al. Results showed there were significant gaps in any and all dimensions because patient expectations were higher than what they thought the quality of the treatments they received were in all aspects. Healthcare professionals and staff members should pay greater attention to the views and feedback of their patients and utilise it to address issues at work and raise the calibre of the services offered. It is also advised that the medical personnel receive training on how to cater to the mental needs and expectations of the patients. They also emphasized the possibility that poor patient communication between doctors, nurses, and staff members may be the cause of the wide empathy difference (Bahadori et al., 2014) All of the respondents, according to Israr et al., expressed satisfaction with the medical care they received. By offering all healthcare facilities to the community and patients, and in the majority of cases, patients were happy with the health care system, quality service plays a crucial part in improving the health condition of the rural population (Israr et al., 2016) By using gap analysis or patient satisfaction, Kazemi et al. provided an empirical inquiry to gauge many aspects for hospital service quality (HSQ) (PS). the greatest disparity in "responsiveness" and the smallest in "confidence." The goal of service integrity is to add value to the hospital under study and to satisfy customers. Because a high level of service quality affects customer happiness, profitability, productivity, market share, and expenses, hospitals that want to stand out should pay attention to how patients feel about the quality of their care. The greatest gaps in reliability and empathy come after responsiveness. The hospital's confidence and tangible condition were better than others. Due to hospital staff members' lack of willingness to assist, inability to adequately reply to patient requests in a timely manner, and failure to call patients when necessary, patients were disappointed with the hospital's response (Kazemi et al., 2013) Hospital servqual, patient happiness, hospital usage, and hospital economic condition were investigated by Lim et al using a conceptual model. The analysis's findings indicate a considerable discrepancy in service quality, and that quality significantly influenced customer satisfaction, which in turn had an impact on financial success. The outcomes corroborate earlier findings that service quality and

patient satisfaction were positively correlated, and that patient satisfaction and utilization significantly improved financial performance. The analysis's findings confirm earlier findings that patient happiness and hospital service quality are positively correlated. Also, the results demonstrate a considerable positive relationship between patient happiness and hospital use and hospital financial success (Lim et al., 2018).

DISCUSSION

Overall, there are large inequalities in the service of quality of care provided by hospitals in a healthcare sector. Future researchers can look at these areas since the capacity of the infrastructure in healthcare facilities is frequently under or over utilized, which impedes the provision of healthcare services. Healthcare personnel attitude, efficacy, speed, empathy, responsiveness and assurance, physician / staff performance, professional performance, dependability, responsiveness, punctuality, and trustworthiness are the main factors used to assess the competence of human resources (people). Quality of hospital communication, information quality, professional reliability, provider motivation, and satisfaction encounters are some of the personnel characteristics that have received less research. These similar results are shown by (Gupta & Rokade, 2016) where they mentioned that these factors can influence the service quality of healthcare centers but are less researched in the past. Admission, assurance, the healthcare delivery system, high prevalence, standards, leadership and management, and medical service are some of the elements that impact the quality of hospital management and administration.

The research study showed the gaps in various dimensions of service and quality of care which are depending on each other. The same is in agreement with Suki and Lian, who backed the idea that even a gap with one dimension might negatively impact other factors related to service quality and cause those aspects to decline. Therefore, managers but also service providers should think about the quality improving in healthcare and other dimensions in addition to concentrating on those with the biggest gaps(Suki & Lian, 2011)Doctors or paramedical staff availability, patient discharge procedures, hospital documentation policies, staff awareness of social

responsibility, management standards, and medicine availability are some of the important hospital administration elements that have an impact on staff-patient interactions. These determinants are less studied in the literature. As mentioned and supported by (Mosadeghrad, 2014) that these lesser-studied characteristics might serve as the foundation for future study. The average duration of stay, user cooperation, medical quality/illness, and patient sociodemographic parameters are the final elements influencing the service level in terms overall patient characteristics.

Patients who frequently use outpatient services have different hopes for the empathy dimension and for receiving honorable treatment, in contrast to a study by Adebayo et al. that found no statistically significant relationship between the frequency of dental visits and gender and the quality gaps examined. In contrast to our findings, Kavitha's study done in India to identify the factors impacting the service quality gap found no relationship between age, gender, schooling, and occupation (Kavitha, n.d.). The components used to gauge hospitals' perceived service quality under theories except from the SERVQUAL model can be broadly categorized into the five SERVQUAL dimensions. Nevertheless, Chahal and Mehta also highlighted in agreement that various new dimensions are being utilized to evaluate the clinical quality of hospitals, including result quality, process quality, bureaucratic quality, utilization, technological quality, and trustworthiness (Chahal & Mehta, 2013)

LIMITATIONS

The current study has some shortcomings which open up opportunities for future research. The present study followed a systematic review process to obtain research articles from different database. Several inclusion criteria were applied, and only those full-text articles that are available in the English language were selected for the review. Therefore, there is the possibility of excluding some articles that are not available in these databases or are available in some other

languages. The limitations in the included a potential variability due to the types of settings. It only included peer-reviewed literature. The review of available literature has revealed that there are a large number of measurement tools available for the assessment of service quality in healthcare. However, the majority of these measurement instruments developed by the researchers assess quality from patients' perspectives and do not take into consideration service providers' perspectives. The technical aspect of service quality cannot be assessed by patients alone. For a better understanding of service quality evaluation and satisfaction of service encounters, both service providers' and receivers' perspectives should be taken into consideration.

CONCLUSION

The Research study has attempted to investigate and describe all dimensions and measurement tools relevant to healthcare service quality in light of the available literature. The study provides a thorough description of a vast number of investigations and reflects their outcomes. This research could help to understand the diverse conceptualizations of healthcare service quality in healthcare compared to other types of services. The study also identified various gaps in the available literature that could be answered by future research. Service quality is a subjective measure and hence tends to vary from place to place and from patient to patient based on preference. The study has identified different measures that have been utilized to date to examine service quality or quality gaps in various hospital settings. The majority of the studies that were chosen for review used SERVQUAL quality dimensions as service quality measures. The most of the research used a difference between the perceived and anticipated scores of servqual factors to determine service quality. In this study, which adds to the field of theory on the issues and topics mentioned above, an effort has been made to open up new areas for healthcare service quality care research in the future.

REFERENCES

1. Chahal, H., & Mehta, S. (2013). Modeling patient satisfaction construct in the Indian health care context. *International Journal of Pharmaceutical and Healthcare Marketing*, 7(1), 75–92. <https://doi.org/10.1108/17506121311315445/FULL/PDF>

2. Duggirala, M., Rajendran, C., & Anantharaman, R. N. (2008). Provider-perceived dimensions of total quality management in healthcare. *Benchmarking*, 15(6), 693–722. <https://doi.org/10.1108/14635770810915904>
3. Fatima, T., Malik, S. A., & Shabbir, A. (2018). Hospital healthcare service quality, patient satisfaction and loyalty: An investigation in context of private healthcare systems. *International Journal of Quality and Reliability Management*, 35(6), 1195–1214. <https://doi.org/10.1108/IJQRM-02-2017-0031>
4. Flodgren, G., Gonçalves-Bradley, D. C., & Pomey, M. P. (2016). External inspection of compliance with standards for improved healthcare outcomes. *Cochrane Database of Systematic Reviews*, 2016(12). <https://doi.org/10.1002/14651858.CD008992.PUB3>
5. Fraihi, K. J. Al, FAMCO, D., FAMCO, F., & Latif, S. A. (2016). Evaluation of outpatient service quality in Eastern Saudi Arabia: Patient's expectations and perceptions. *Saudi Medical Journal*, 37(4), 420. <https://doi.org/10.15537/SMJ.2016.4.14835>
6. Gopal, K. (2019). Strategies for Ensuring Quality Health Care in India: Experiences From the Field. *Indian Journal of Community Medicine : Official Publication of Indian Association of Preventive & Social Medicine*, 44(1), 1. https://doi.org/10.4103/IJCM.IJCM_65_19
7. A hierarchical model of health service quality: Scale development and investigation of an integrated model. (2007). *Journal of Service Research*, 10(2), 123–142. <https://doi.org/10.1177/1094670507309594>
8. Aggarwal, A., Aeran, H., & Rathee, M. (2019). Quality management in healthcare: The pivotal desideratum. *Journal of Oral Biology and Craniofacial Research*, 9(2), 180. <https://doi.org/10.1016/J.JOBCR.2018.06.006>
9. Bahadori, M., Raadabadi, M., Jamebozorgi, M. H., Salesi, M., & Ravangard, R. (2014). Measuring the Quality of Provided Services for Patients With Chronic Kidney Disease. *Nephro-Urology Monthly*, 6(5), 21810. <https://doi.org/10.5812/NUMONTHLY.21810>
10. Boffetta, P., McLerran, D., Chen, Y., Inoue, M., Sinha, R., He, J., Gupta, P. C., Tsugane, S., Irie, F., Tamakoshi, A., Gao, Y. T., Shu, X. O., Wang, R., Tsuji, I., Kuriyama, S., Matsuo, K., Satoh, H., Chen, C. J., Yuan, J. M., ... Potter, J. D. (2011). Body mass index and diabetes in

- Asia: a cross-sectional pooled analysis of 900,000 individuals in the Asia cohort consortium. *PloS One*, 6(6). <https://doi.org/10.1371/JOURNAL.PONE.0019930>
11. Brady, M. K., & Cronin, J. J. (2018). Some New Thoughts on Conceptualizing Perceived Service Quality: A Hierarchical Approach. *Https://Doi.Org/10.1509/Jmkg.65.3.34.18334*, 65(3), 34–49. <https://doi.org/10.1509/JMKG.65.3.34.18334>.
 12. Gounaris, S. (2005). Measuring service quality in b2b services: An evaluation of the SERVQUAL scale vis-à-vis the INDSERV scale. *Journal of Services Marketing*, 19(6), 421–435. <https://doi.org/10.1108/08876040510620193>
 13. Grosios, K., Gahan, P. B., & Burbidge, J. (2010). Overview of healthcare in the UK. *The EPMA Journal*, 1(4), 529. <https://doi.org/10.1007/S13167-010-0050-1>
 14. Gupta, K. S., & Rokade, V. (2016). Importance of Quality in Health Care Sector. *Http://Dx.Do.Org/10.1177/0972063415625527*, 18(1), 84–94.
<https://doi.org/10.1177/0972063415625527>
 15. Israr, M., Awan, N., Jan, D., Ahmad, N., & Ahmad, S. (2016). Patients' Perception, Views and Satisfaction with Community Health Center Services at Mardan District of Khyber Pakhtunkhwa. *American Journal of Public Health Research*, Vol. 4, 2016, Pages 79-87, 4(3), 79–87. <https://doi.org/10.12691/AJPHR-4-3-1>
 16. Kalaja, R., Myshketa, R., & Scalera, F. (2016). Service Quality Assessment in Health Care Sector: The Case of Durres Public Hospital. *Procedia - Social and Behavioral Sciences*, 235, 557–565. <https://doi.org/10.1016/J.SBSPRO.2016.11.082>
 17. Kasthuri, A. (2018). Challenges to Healthcare in India - The Five A's. *Indian Journal of Community Medicine : Official Publication of Indian Association of Preventive & Social Medicine*, 43(3), 141. https://doi.org/10.4103/IJCM.IJCM_194_18
 18. Kavitha, M. R. (n.d.). Service Quality Measurement in Health Care System-A Study in Select Hospitals in Salem City, TamilNadu. *IOSR Journal of Business and Management (IOSRJBM)*, 2(1), 37–43. Retrieved March 26, 2023, from www.iosrjournals.org
 19. Kazemi, N., Ehsani, P., Abdi, F., & Bighami, M. K. (2013). Measuring hospital service quality

- and its influence on patient satisfaction: An empirical study using structural equation modeling. *Management Science Letters*, 3(7), 2125–2136. <https://doi.org/10.5267/J.MSL.2013.06.005>
20. Kiadaliri, A. A., Jafari, M., & Gerdtham, U. G. (2013). Frontier-based techniques in measuring hospital efficiency in Iran: a systematic review and meta-regression analysis. *BMC Health Services Research*, 13(1). <https://doi.org/10.1186/1472-6963-13-312>
 21. Kitapci, O., Akdogan, C., & Dortyol, İ. T. (2014). The Impact of Service Quality Dimensions on Patient Satisfaction, Repurchase Intentions and Word-of-Mouth Communication in the Public Healthcare Industry. *Procedia - Social and Behavioral Sciences*, 148, 161–169. <https://doi.org/10.1016/J.SBSPRO.2014.07.030>
 22. Kotler, P. and Keller, K. (2006). *Marketing Management. 12th Edition, Prentice Hall, Upper Saddle River.* - References - Scientific Research Publishing. [https://www.scirp.org/\(S\(vtj3fa45qm1ean45vvffcz55\)\)/reference/ReferencesPapers.aspx?ReferenceID=1755960](https://www.scirp.org/(S(vtj3fa45qm1ean45vvffcz55))/reference/ReferencesPapers.aspx?ReferenceID=1755960)
 23. Kruk, M. E., Gage, A. D., Arsenault, C., Jordan, K., Leslie, H. H., Roder-DeWan, S., Adeyi, O., Barker, P., Daelmans, B., Doubova, S. V., English, M., Elorrio, E. G., Guanais, F., Gureje, O., Hirschhorn, L. R., Jiang, L., Kelley, E., Lemango, E. T., Liljestrang, J., ... Pate, M. (2018). High-quality health systems in the Sustainable Development Goals era: time for a revolution. *The Lancet Global Health*, 6(11), e1196–e1252. [https://doi.org/10.1016/S2214-109X\(18\)30386-3](https://doi.org/10.1016/S2214-109X(18)30386-3)
 24. Lim, J. S., Lim, K. S., Heinrichs, J. H., Al-Aali, K., Aamir, A., & Qureshi, M. I. (2018). The role of hospital service quality in developing the satisfaction of the patients and hospital performance. *Management Science Letters*, 8(12), 1353–1362. <https://doi.org/10.5267/J.MSL.2018.9.004>
 25. Mainz, J., Hess, M. H., & Johnsen, S. P. (2019). Measuring healthcare quality. *International Journal for Quality in Health Care*, 31(9), 717–720. <https://doi.org/10.1093/INTQHC/MZZ008>
 26. Malik, S. U. (2012). Customer Satisfaction, Perceived Service Quality and Mediating Role of Perceived Value. *International Journal of Marketing Studies*, 4(1). <https://doi.org/10.5539/IJMS.V4N1P68>

27. Miranda, J. M., Martínez, B., Pérez, B., Antón, X., Vázquez, B. I., Fente, C. A., Franco, C. M., Rodríguez, J. L., & Cepeda, A. (2010). The effects of industrial pre-frying and domestic cooking methods on the nutritional compositions and fatty acid profiles of two different frozen breaded foods. *LWT*, 43(8), 1271–1276. <https://doi.org/10.1016/J.LWT.2010.03.013>
28. Mohanan, M., Hay, K., & Mor, N. (2017). Quality Of Health Care In India: Challenges, Priorities, And The Road Ahead. *Https://Doi.Org/10.1377/Hlthaff.2016.0676*, 35(10), 1753–1758. <https://doi.org/10.1377/HLTHAFF.2016.0676>
29. Mosadeghrad, A. M. (2014). Factors influencing healthcare service quality. *International Journal of Health Policy and Management*, 3(2), 77. <https://doi.org/10.15171/IJHPM.2014.65>
30. Padma, P., Rajendran, C., & Sai, L. P. (2009). A conceptual framework of service quality in healthcare: Perspectives of Indian patients and their attendants. *Benchmarking: An International Journal*, 16(2), 157–191. <https://doi.org/10.1108/14635770910948213>
31. Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1985). A Conceptual Model of Service Quality and Its Implications for Future Research. *Journal of Marketing*, 49(4), 41. <https://doi.org/10.2307/1251430>
32. Peabody, J. W., Taguiwalo, M. M., Robalino, D. A., & Frenk, J. (2006). Improving the Quality of Care in Developing Countries. *Disease Control Priorities in Developing Countries, Berwick*, 1293–1307. <https://www.ncbi.nlm.nih.gov/books/NBK11790/>
33. Rivers, P. A., & Glover, S. H. (2008). Health care competition, strategic mission, and patient satisfaction: research model and propositions. *Journal of Health Organization and Management*, 22(6), 627. <https://doi.org/10.1108/14777260810916597>
34. Romiti, A., & Sarti, D. (2016). Service Quality Experience and Customers' Behavioural Intentions in Active Sport Tourism. *Modern Economy*, 07(12), 1361–1384. <https://doi.org/10.4236/ME.2016.712127>
35. Singh, A., & Prasher, A. (2017). Measuring healthcare service quality from patients' perspective: using Fuzzy AHP application. *Https://Doi.Org/10.1080/14783363.2017.1302794*, 30(3–4), 284–300. <https://doi.org/10.1080/14783363.2017.1302794>
36. Suki, N. M., & Lian, J. C. C. (2011). Do patients' perceptions exceed their expectations in private healthcare settings? *International Journal of Health Care Quality Assurance*, 24(1),

42–56. <https://doi.org/10.1108/09526861111098238>

37. Yoo, D. K., & Park, J. A. (2007). Perceived service quality: Analyzing relationships among employees, customers, and financial performance. *International Journal of Quality and Reliability Management*, 24(9), 908–926. <https://doi.org/10.1108/02656710710826180>