Patients Perception Towards Service Quality and Satisfaction: A Study of Eternal Hospital

By

Prerna Jain

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The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer Airport
Jaipur-302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: www.iihmr.edu.in

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

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This is to certify that Dr Prerna jain student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Eternal Hospital, Jaipur, from February 5' to April 16'.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.
I wish him all success in all his future endeavors.

Dr. Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Dr.Seema Mehta
Associate Professor
The IIHMR University, Jaipur

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CIN No. U85110RJ2007PTC023653

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The certificate is awarded to

Dr. Prerna Jain

In recognition of having successfully completed her

Dissertation in

Eternal Hospital , Jaipur

In

Department of Marketing

And has successfully completed her Project on

"Patients' Perception towards Service Quality and Satisfaction : A Study of Eternal Hospital"

From 05th February 2016 to 05th May 2016

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish her all the best for future endeavours.

For ETERNAL HEART CARE CENTRE & RESEARCH INSTITUTE PVT. LTD

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **"Patients' Perception towards Service Quality and Satisfaction: A Study of Eternal Hospital"** and submitted by **Dr. Prerna Jain** Enrollment No. **IIHMR-U/MBA-HM/19 14-2016/19-0190** under the supervision of **Dr. Seema Mehta** for award of MBA in Hospital and Health Management of the University, carried out during the period from **5 Feb 2016 to 5 April , 2016** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

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Dr. Prerna Jain

Executive Credit Cell
Eternal Hospital

ABSTRACT

Patients' Perception towards Service Quality and Satisfaction: A Study of Eternal Hospital

Advisor: Seema Mehta

Keywords: Service Quality, Patient Satisfaction, Perception

Background: In the competitive world of healthcare sector, success depends on providing a great quality service to patients. In terms of health care, service quality can be defined as a gap between patients' expectations and perceptions (Woodside et al., 1989). Expectations are treated as what the patients think should be offered in the medical services, and perceptions can be considered as the evaluation of patients regarding specific medical service attributes relative to their expectations.

In the service environment, customer satisfaction has been seen as a special form of customer attitude. Patient satisfaction is the judgment of perceived value and sustained response toward service related stimulus before, during or after the consumption of medical services by a patient. Patient satisfaction is concerned with the degree to which the expectations of a patient are fulfilled by the medical services. Moreover, patient satisfaction is a critical indicator for medical service industry. Healthcare industry in India, today, faces extremely competitive environment and this has raised awareness to the importance Service Quality and Patient's Satisfaction. A study is conducted at Eternal Hospital to identify patients' perception of service quality and patient satisfaction using Quality Dimensions which, upon implementation could lead to improvement in service quality at the required departments at Eternal Hospital and thus increased patient satisfaction.

OBJECTIVES OF STUDY

1. To Measure Consumer's Perception of Service Quality in the Hospital.
2. To Measure Consumer's Perception of Satisfaction Level in the Hospital.
3. To identify areas in which any improvements or alterations are needed in Service Quality to facilitate Higher Patient Satisfaction.

RESEARCH QUESTIONNAIRE

1. How do consumers perceive Service Quality at the Hospital?

2. Are Consumers satisfied with Service Quality offered by the Hospital?

METHODOLOGY

a) PLACE OF STUDY-Eternal Hospital.
b) STUDY AREA- All the areas of IPD and OPD at Eternal Hospital
c) SAMPLING METHOD- Purposive Sampling
d) Sample Size – 300 Respondents (IPD and OPD)
e) STUDY TOOLS: It has 30 Structured Questionnaire on a five point Likert scale out of this 22 forms the Servqual (on actual service performance by Parsuraman et al)
f) STUDY TYPE : Cross-sectional Descriptive study
g) STUDY RESPONDENT: Patients and their Attendants coming to the Eternal Hospital

RESULTS:

The result of factor analysis revealed the total mean score of patients' expectation and perception was 4.1 and 3.80 respectively. The highest expectation and perception related to the tangibles dimension and the lowest expectation and perception related to the Reliability and Responsiveness dimension.

Patient’s satisafaction level survey it was clear that strength of hospital are its doctor, cleanliness whose expectation level was higher than 80 % and weak areas are nurse communication, Food Services and Parking. Whose satisfaction level was below 50 %

CONCLUSION

The results showed that SERVQUAL is a valid, reliable, and flexible instrument to monitor and measure the quality of the services in private hospitals. Our findings clarified the importance of creating a strong relationship between patients and the

hospital practitioners and the need for hospital staff to be responsive, reliable, and empathetic when dealing with patients.

ABOUT ETERNAL HOSPITAL

Eternal Hospital, Jaipur is the state-of-the-art tertiary care hospital in Rajasthan embarking on the mission of redefining patient care with international clinical excellence and advanced technology. Eternal Hospital is one of the most advanced tertiary care facilities under the visionary initiative of Dr. Samin K Sharma & his wife Mrs. Manju Sharma boosted with great expertise in healthcare by leading clinicians, astute management team supported by highly trained clinical and non-clinical staff.

Eternal Hospital states newest addition of tertiary care hospital which brings together the state-of-the-art medical infrastructure, cutting edge technology and highly integrated and comprehensive information system along with quest for exploring and developing newer therapies. To serve the community at large we have energetic, enthusiastic, forward looking, devoted and able technical expertise of consultants from within & outside the country. Eternal Hospital is backed up by the trained supportive staff, efficient system with modern procedures in affiliation with Mount Sinai Medical Centre, New York with an aim to cater the needs of Rajasthan and people across the globe promoting the international medical tourism.

I. VISION

A Centre of excellence in area of medicine with highest international standard at affordable cost for the community around the globe.

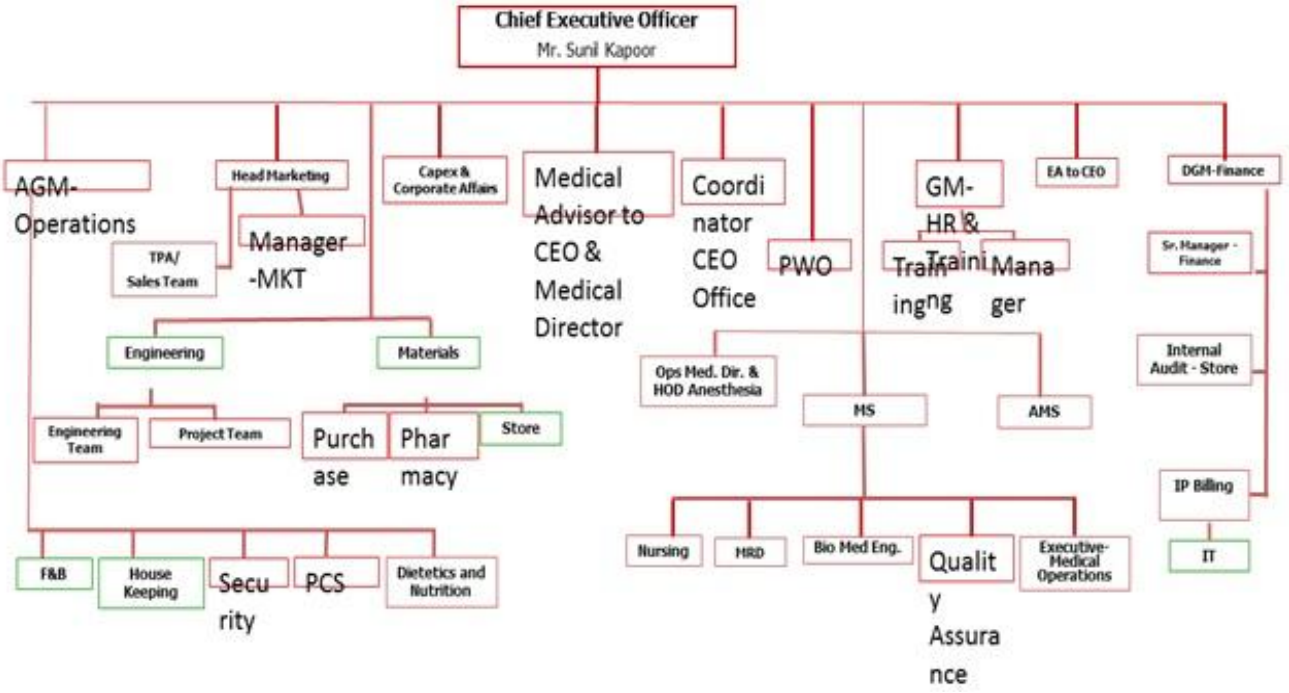
II. MISSION

To redefine healthcare by improving outcomes and experience of patients through cutting edge research and personalized clinical care including innovative, preventive, diagnostic, therapeutic and rehabilitation services

III. HOSPITAL SPECILISATION

- Interventional Cardiology
- Cardio Thoracic vascular Surgery (CTVS)
- Neurosurgery
- Pediatric
- Critical Care
- Preventive Cardiology & Internal Medicine
- Endocrinology
- Neurology
- Nephrology
- Orthopaedics
- Oncology
- Onco Surgery
- Obs. & Gynaecology
- Pulmonary & Sleep medicine
- Nuclear Medicine
- Anaesthesia
- Radiology
- Dietetics
- Physiotherapy
- Pathology
- Blood Bank
- Dental

IV. EHCC – The Leadership Team



V. A QUICK TOUR

- 225 Bedded Super Speciality Hospital (Operational Beds – 130).
- Modular "Class 100" Operation Theatre.
- 24 x 7 hr. Cath Lab.
- 24 x 7 Emergency with fully equipped ALS/BLS Ambulances.
- Blood Storage Bank.
- Nuclear Medicine (Gamma Camera with Stress Thallium)
- Radio-Diagnosis & Imaging Sciences (MRI, CT Scan, CT Angiography, Bone Densitometry, X-Ray).
- Clinical Pathology – Bio Chemistry & Microbiology
- Pneumatic chute for quick sample transportation.
- Transfusion Medicine.
- Non Invasive Cardiology (Echo, TMT etc.)
- Environment friendly: Use of Solar Energy, Green Building & Recycled Water.

- Café Lounge.
- Library
- Seminar Hal & Conference Room.

VI. SALIENT FEATURES:

- Largest Cardiologist Team in Private Sector in the State to perform Complex Cases.

- Contribution of 80 Critical Care Beds to the State – Rajasthan is having scarcity of critical care beds and people are dying without availability of critical care beds at the emergency and when it is required. EHCC is giving 80 critical care beds including Medical, Surgical, Cardiac Care, CT Recovery etc.

- Cath lab - EHCC consists of 2 state-of-the-art Cath Labs that house the most advanced technology including bi-plane flat panel imaging, which allows for more images with less contrast dye usage, and magnetic catheterization. We have facility to show the live cases at our auditorium for medical fraternity.

- Treatment in Golden Hours - EHCC believes in Rapid Action and focused care to give best results for heart attack, brain attack and trauma because we believe that needle time is important.

- Modular/Laminar Flow "Class 100" Operation theatres with HEPA filter and zero infection level.

- Availability of Gama Imaging, Nuclear medicine for cardiac treatment.

- Pneumatic Chutes – first time introducing Pneumatic Chutes.

  It is a system placed at sample collection counter and nursing stations. It is a suction operated system and supports to send collected samples directly to laboratory. The system reduces man power, infection possibilities.

- Separate in and out system for sterile and non-sterile items is also an infection controlling measure.

- Steam disinfection system for infection free instruments.
- Minimum involvement of attendants and patients. Video briefing for attendant's information and counselling.
- EHCC is establishing a Research Department to evaluate delayed recovery of admitted patients, patients in Critical Areas, infection cases after surgery etc. A team of senior doctors will audit the surgery and treatment results. Team of Mount Sinai Hospital, USA will be available for live Audio/Video advises.

  Eternal Heart Care Centre & Research Institute being a truly International Standard hospital has procured the latest equipments and technology for better results and patient outcomes. EHCC has recently procured its 2nd Cath lab which is the latest one "Phillips FD20" which can perform a full spectrum of cardiac and vascular interventions. It combines a large field of view and high resolution flat detector with advanced diagnostic and 3D interventional tools – all seamlessly integrated in the clinical workflow of a mixed lab.
- Advanced interventional tools for vascular and PTCA procedures.
- Sharp, crisp visualization of small details and objects during cardiac and vascular interventions.
- Dose Wise offers low X-ray dose and excellent image quality as compared to conventional cath labs which is an advantage to both for a performing cardiologist and patient.
- Compact design provides full patient access and supports steep projections.

  Other Equipments are as follows:
- 3-D Mapping system for EP Study
- Philips MP-20 patient meter
- Arjohuntleigh E-8000 fully automated patient beds

VII. FACILITIES:

Total environmental control with proper treatment of air and water, well provided waiting space, sophisticated and well stocked pharmacy and facilities for communication and refreshment enhances the patient comfort. EHCC is supported by state-of-the art medical gas system, central sterile supply, laundry and full backup power generation.

Supporting most modern healthcare we adhere to stringent infection control, environment protection, biomedical waste disposal, sewage treatment and rain water harvesting. Currently the hospital is having 225 beds devoted for the patient comfort which includes ICU's, Economy Wards, Semi-private Rooms, Private/Deluxe Rooms and Super-Deluxe/Suite Rooms.

Eternal Heart Care Centre & Research Institute, Jaipur continues creating a world class integrated health care delivery system, entailing finest medical skills combined with compassionate patient care.

DISSERTATION TOPIC

Patients' Perception Towards Service Quality And Satisfaction:

A Study of Eternal Hospital

A. BACKGROUND

In the competitive world of healthcare sector, success depends on providing a great quality service to patients. The facilities that are available in the hospital play a decisive role in improving the quality of services. In the developing countries, the hospital services need both qualitative and quantitative improvements (Dr R.Kavitha 2012). In India increasing number of hospitals, face extremely competitive environments and that created an importance to branding. Hospital brand image increases patient loyalty directly and improves patient satisfaction through enhancing service quality, which in turn increases the re-visit intention of patients2. Hospital brand image indeed serves as a lead factor in enhancing service quality, patient loyalty and satisfaction (Chao-Chan Wu, June, 2011) Hospitals should create good will for themselves by providing better service to patients, and the hospital staff also has to understand, communicate and trust the brand values of hospitals because their attitude and behavior with patients will influence the success of the hospital brand over a period of time.

Hospitals have valuable tangible and intangible assets that need to be maintaining with care as they offer benefits to patients, employees and owners. The key importance of branding hospital is that, consumers (patients) perceive differences between services provided by different hospitals. The brand is not just for the customers; good branding can take a small company or a hospital to the next level3 (GREEN communications 2006, 2). Once a hospital achieves a superlative position it should be consistent in delivering healthcare to patients as consistency in delivering service or care to patients will lead to consistency in image of hospital which the patient carries in his/her mind We can observe that in olden days people use to go to the same doctor for years, may be their entire life and doctors were trusted without any criticism. Now-a-days situation has changed as the internet is offering plenty of information about diseases and treatments, the competition is getting more intense as more and more hospitals that are private were entering in to the market, and people were travelling far away to get the best treatment they want. Therefore, successful healthcare organizations are looking beyond the tradition; they are establishing a different way of thinking about the organization as a whole and increasing the role of marketing4. (DeVries & McKeever 2008, 15-16.)

B. Introduction about Service quality in hospital

Service quality which can be viewed as one of the important factors in business management has been extensively discussed and emphasized within both the academic and commercial fields (Chen and Chen, 2010;Liu and Tsai, 2010). The definition of service quality is the customer's overall impression or assessment concerning the relative inferiority or superiority of the its services (Zeithaml, 1988; Bitner and Hubbert,1994). It can be measured by the comparison of customers' expectations with customers' perceptions of actual service performance (Parasuraman et al., 1985).Customers form expectations prior to their encounter with the services. They develop perceptions during the process of service delivery, and then they compare to their expectations in evaluating the outcome of the service encounter. Specifically, service quality means that the service delivery should fulfil customers' requirements and expectations (Tan et al.,2010). According to aforementioned perspectives, service quality can be viewed as a measurement of how well the service level delivered conforms to customers 'expectations. In terms of health care, service quality can be defined as a gap between patients' expectations and perceptions (Woodside et al., 1989). Expectations are treated as what the patients think should be offered in the medical services, and perceptions can be considered as the evaluation of patients regarding specific medical service attributes relative to their expectations. Operationally, the service quality of hospital depends upon the balance of perceptions and expectations of patients. Moreover, Lytle and Mokva (1992) proposed that service quality satisfies the needs of patients, and patients evaluate a hospital's service quality from its service output, service process, and physical environment.

Measuring the quality of a service can be a very difficult exercise. Unlike product where there are specific specifications such as length, depth, width, weight, colour etc. a service can have numerous intangible or qualitative specifications. In addition there is there expectation of the customer with regards the service, which can vary considerably based on a range of factors such as prior experience, personal needs and what other people may have told them.

C. Patient satisfaction

Oliver (1997) noted that satisfaction is a general psychological state which is about the expectation for emotions and experience from shopping behavior. In the service environment, customer satisfaction has been seen as a special form of customer attitude. It is a phenomenon of post-purchase reflection on how much the customer likes or dislikes the service after experiencing it (Woodside et al., 1989), and it can be treated as a fulfilment of consumptive goals as experienced and described by customers (Oliver, 2006). Furthermore, the strategic importance of customer satisfaction for organizations is even more highlighted (Wang and Pho, 2009; Khattak and Rehman, 2010).In the field of medical service, Kim et al. (2008b) adopted the concept of customer satisfaction and defined that patient satisfaction is the judgment of perceived value and sustained response toward service related stimulus before, during or after the consumption of medical services by a patient. Patient satisfaction is concerned with the degree to which the expectations of a patient are fulfilled by the medical services. Moreover, patient satisfaction is a critical indicator for medical service industry. Providers of medical services need to understand the patients' expectations and try to meet them (Lee et al.,2010).

For hospitals, satisfied patients are important because they are more likely to keep using medical services, follow the prescribed treatment plan, and maintain the relationship with a specific health care provider, and recommend the hospital to others (Hekkert et al.,2009). Undoubtedly, patient satisfaction is the passport to profitability in the hospital setting.Loyalty is a positive propensity for an organization or brand (Da Silva and Alwi, 2008). In general, loyalty hasbeen considered in various ways, such as positive wordof-mouth, repurchase intention and so on. Dick and Basu(1994) firstly suggested that the concept of loyalty can be conceptualized as a two-dimensional construct, including attitude and behaviour. Subsequently, East et al. (2000)explained that loyalty is closer to a behavioural intention rather than an attitude. On the other hand, Buttle and Burton (2002) argued that loyalty is probably better seen as attitude than behaviour. In spite of the arguments about whether loyalty should be conceptualized as attitude, behaviour or both, it is apparent that most studies have conceptualized loyalty as a behavioural intention or behavioural response (Shukla, 2004). Several studies used re-visit intention as a surrogate for patient loyalty in the health care environment (Boshoff and Gray, 2004; Kim et al.,

2008b). Patient loyalty may be more appropriate viewed as a behavioral intention. Regardless of whether the discussion focuses on patient loyalty in the health care context or customer loyalty in the general service context, there is no question that the same benefits of customer loyalty apply to a hospital as they do to a bank or retail business. In fact, loyalty has been illustrated as the market place currency for the twenty-first century (Singh and Sirdeshmukh, 2000).Hence, patient loyalty acts as a competitive asset for the hospital.

REVIEW OF LITERATURE

The image of healthcare facilities has evolved ever since the nation's first hospital opened in Pennsylvania, in 175210 *(Matthew DeGeeter December 1, 2009).*Emerging of new hospitals and the demand for health care has created a need for creating a brand to a hospital, as branding is a valuable intangible asset *(Chao-Chan Wu, June 2011)1*for any organization. Branding creates an image to a hospital and reduces customers' perceived risks in buying services *(Kim et al., 2008a)*. Building a brand to a hospital can be done by offering a quality service to patients both in and out. According to G D Kunders, quality is the only measure of a hospital's brands, not the high number of patients or the amount of money it makes *(Building Brand Image for Hospitals, Express health, September 2009).* The service in health care is intangible, brings trust and goodwill to hospitals. Patients were treated as brand ambassadors' as in health care sector, hospital promotion is in hands of patients, depends on patients satisfaction. Successful branding for a hospital is a function of "Empathy and Sensitivity" and is all about communicating "care" through hospital staff, facility and collateral. Indian Corporate hospitals have spreading their wings, setting up branches under one umbrella with two-pronged strategy to attract Indians as well foreign patients *(Hindu 15 March 2005).* The Brand positioning of Hospitals revolves around number of *(Chicago's magazine Top Doctors 2005)* emotionally tied factors like expertise off staff, level of care and intensity of service provided.

The hospital market has today changed from a seller's market to a buyer's market, where, the patient is more important. In order to achieve patient satisfaction, the hospital has to develop its own technology and has to become more service-oriented. The patient-customer in the hospital is very different from the regular customer, the difference being that they do not want to be customers in the first place. The hospital

customer is forced to be a customer because of their illness and unfortunately, he/she has to part with their money11. *(Annamalai Solayappan, Jothi Jayakrishnan 2010)*. Good branding can take a small company or a hospital to the next level *(GREEN communications 2006, 2)* improving its financial status. Customers engage with hospitals with the medium of hospitals brand and the brand creates a relationship between the hospital and the customer

RESEARCH QUESTIONNAIRE

1. How do consumers perceive Service Quality at the Hospital?

2. Are Consumers satisfied with Service Quality offered by the Hospital?

OBJECTIVES OF STUDY

1. To Measure Consumer's Perception of Service Quality in the Hospital.
2. To Evaluate Consumer's Perception of Satisfaction Level in the Hospital.
3. To Identify areas in which any improvements or alterations are needed in Service Quality to facilitate Higher Patient Satisfaction.

D. METHODOLOGY

Sampling and data collection

The survey sample for this study was obtained from patients and their attendants at Eternal Hospital. In constraint of research budget, 300 patients were randomly selected from OPD and IPD area. The self-administrative questionnaires were delivered to selected patients and attendants. A cover letter regarding the purpose of this study was included in each questionnaire. Out of those 300, response of 30 attendants to the questionnaire was considered inadequate due to incomplete answers or missing data. Consequently, 270 usable questionnaires were ultimately used for further statistical analysis. Amongst the respondents, there were 150 males and 120 females. The questionnaire was distributed to respondents who were above the age of 18 years.

The cross-sectional study was conducted between Februarys to April 2016 at Eternal Hospital, Jaipur. The study sample was composed of 300 randomly selected patients at EHCC hospital. The aim of the study was explained to patients, and they were assured the privacy of their information. The illiterate patients were interviewed by a trained interviewer.

Survey Instrument

The study questionnaire was composed of 2 parts: The First part included 13 questions relating to the Patient Satisfaction. The Second part included 16 questions relating to Service Quality which were divided under 3 subheadings namely (a) Reliability/Responsiveness, (b) Empathy, and (c) Tangibles. In total, the questionnaire included 29 items both in Hindi and English. As this was the first such study at the Eternal Hospital. A five-point LIKERT Scale was used, ranging from poor (1) to excellent (5) to assess the level of patients' satisfaction and perception of service quality. Data analysis was done using Microsoft Excel.

Study Participants

The study was conducted amongst patients and attendants coming to Eternal Hospital, Jaipur. Adults 18 years and older were included. Amongst IPD patients, only those who had remained in the hospital longer than 48 hours were selected.

Patients admitted to the Neurology Department were excluded because a high percentage had pathologies of the central nervous system (such as cerebrovascular disease) that could hinder or prevent participation in the study. Patients with serious physical or mental illnesses, such as terminal disease and psychosis, which could make the comprehension and completion of the questionnaire difficult, were also excluded.

E. A Methodology for Measuring Service Quality

As a way of trying to measure service quality, researchers have developed a methodology known as SERVQUAL – a perceived service quality questionnaire survey methodology. SERVQUAL examines five dimensions of service quality:

- Reliability;
- Responsiveness;
- Assurance;
- Empathy, and
- Tangible (e.g. appearance of physical facilities, equipment, etc.)

In this study Reliability, Responsiveness have been clubbed together and also Assurance and Empathy have been clubbed together for the sake of ease of data analysis. For each dimension of service quality in this study, SERVQUAL measures both the expectation and perception of the service on a scale of 1 to 5, 16 questions in total.

A measurement of perception expectations of respondents that would relate to an 'excellent company' i.e. Expectation score (ES) was calculated.

Then, a measurement for perception of respondents for Hospital in question - Eternal Hospital i.e. Perception score (PS) was derived.

Gap Score which was calculated as PS minus ES was calculated. It provides an assessment of Gap between actual and desired performance. A negative Gap score indicates that the actual service (the Perceived score) was less than what was expected (the Expectation score). This allows an organization to focus its resources where necessary and maximize Service Quality.

Then, each of the three dimensions are weighted according to customer importance.
Unweighted SERVQUAL Score = Average Gap Score divided by number of statements
Weighted Average SERVQUAL Score for each Dimension = Importance weight for each dimension multiplied with Average Gap Score of each Dimension.

The Gap score is a reliable indication of each of the five dimensions of service quality. Using SERVQUAL, service providers can obtain an indication of the level of quality of their service provision, and highlight areas requiring improvement.

The Methodology

Outlined below are the instructions for carrying out a SERVQUAL survey and a sample of the questions used in the questionnaire. In our sample, a survey was conducted at Eternal Hospital.

1. Obtain the score for each of the 16 Expectation statements. Then, obtain the score for each of the 16 Perception statements. Calculate the Gap Score for each of the statements where the Gap Score = Perception – Expectation (see Table 1 below).
2. Obtain an average Gap Score for each dimension of service quality by assessing the Gap Scores for each of the statements that constitute the dimension and dividing the sum by the number of statements making up the dimension.
3. Sum the averages calculated in step 2 above and divide by 3 to obtain an average SERVQUAL score. This core is the unweighted measure of service quality for the area being measured.
4. If you want to have a weighted score, calculate the importance weights for each of the five dimensions of service quality constituting the SERVQUAL scale. The sum of the weights should add up to 100 (see Table 2 below).
5. Calculate the weighted average SERVQUAL score for each of the 3 dimensions of service quality multiplying the averages calculated in step 2 above by the weighted scores calculate in step 4 above (see Table 3 below). Sum the scores calculated in step 5 above to obtain the weighted SERVQUAL score of service quality for the area being measured.

F. RESULTS AND CONCLUSION

The present study was an attempt to assess the level of satisfaction and service quality in terms of various quality dimensions and also for various services provided at the hospital. Since there are few studies available in this area in the hospital,the present study lacks the data for comparision in the services available. Yet,the findings of the present study would be helpful if they are translated into action for improving the quality of health care.

G. CHARACTERISTICS OF PATIENTS

It includes the information on Sex, Age, Literacy level of patients. Table shows 150 Male and 120 Females respondents ; 121 OPD and 149 IPD respondents ; 12 Illetrate 12 respondents, Graduate or Above 168 respondents and Under Graduate 90 respondents ; Less than 30 years- 30 respondents, Between 30-50-180 respondents and Greater than 50- 60 respondents.

Demographic variables

	Age			Gender		Patient Type		Qualification		
	<30	30 - 50	>50	Male	Female	OPD	IPD	Illiterate	Graduate or Above	Under Graduate
Count=>	30	180	60	150	120	121	149	12	168	90
% Count	11.11%	66.67%	22.22%	55.56%	44.44%	44.81%	55.19%	4.44%	62.22%	33.33%

Measuring the quality of a service can be a very difficult exercise. Unlike product where there are specific specifications such as length, depth, width, weight, colour etc. a service can have numerous intangible or qualitative specifications. In addition there is there expectation of the customer with regards the service, which can vary considerably based on a range of factors such as prior experience, personal needs and what other people may have told them.

As a way of trying to measure service quality, researchers have developed a methodology known as SERVQUAL – a perceived service quality questionnaire survey methodology.

H. SERVQUAL Score

1. Average Gap Score for each dimension of service quality by assessing the Gap Scores for each of the statements that constitute the dimension and dividing the sum by the number of statements making up the dimension (see Table 1 below).

Table 1.

Unweighted average SERVQUAL score					
Dimensions	**Statement**	**Expectation Score**	**Perception Score**	**Gap Score**	**Average for Dimension**
Reliability	14	4	4.15	0.15	-0.328333333
	15	4	3.8	-0.2	
	16	4	3.98	-0.02	
	17	4	4.1	0.1	
	18	5	3.93	-1.07	
	19	5	4.07	-0.93	
Empathy	20	4	4.22	0.22	0.034
	21	4	4.27	0.27	
	22	4	4.38	0.38	
	23	5	4.17	-0.83	
	24	4	3.99	-0.01	
	25	4	4.09	0.09	
	26	4	4.12	0.12	
Tangibles	27	4	4.81	0.81	0.48
	28	4	4.32	0.32	
	29	4	4.31	0.31	

The importance weights for each of the five dimensions of service quality constituting the SERVQUAL scale. The sum of the weights should add up to 100 (see Table 2)

Table 2.

SERVQUAL Importance Weights	
Dimensions	**Score**
Reliability / Responsiveness/	40
Empathy/ Assurance	35
Tangibles	25

The weighted average SERVQUAL score for each of the five dimensions of service quality multiplying the averages calculated in step 2 above by the weighted scores calculate in step 4 above (see Table 3 below).

Table 3.

Calculation of Weighted SERVQUAL Score			
SERVQUAL Dimension	**Score from Table 1**	**Score from Table 2**	**Weighted Score**
Reliability and Responsiveness	-0.33	40	-13.13
Empathy	0.034	35	1.2
Tangible	0.48	25	12
Average Weighted Score			**0.02**

- Dimension 1 included 6 items relating to the reliability, responsiveness"
- Dimension 2 includes 5 empathy items and 2 assurance items,
- Dimension 3 includes 3 tangible items.

I. DISCUSSION

Based on our findings, the Average scores of expectations were high and ranged from 4 to 5. The total Average score of patients' expectation was 4.18. Among the three dimensions, the highest expectation was related to the Reliability dimension (dimension's Average score = 4.33) and the lowest expectation related to the Tangible dimension (dimension's mean score = 4.00). Among the three items with highest expectation score, two items related to the Reliable and one item related to the empathy dimension.

The Average score of the perceptions ranged from 3.80 for (item 15: providing services at appointed time to patients) to 4.81 for (item 27: neat & well dressed personnel). The total Average score of patients' perceptions was 4.16. Among the three dimensions of quality, the highest perception related to the tangibles dimension (dimension's mean score = 4.48) and the lowest perception related to the Reliability

dimension (dimension's mean score = 4.005). Among the four items with highest perception score, 3 items related to the tangibles and one item related to the empathy dimension. From the items with lowest perception score, all 3 items related to Reliability.

The gap score for each item and dimension was computed by subtracting the expectation score from the perception score.

Our findings show that the highest gap of the quality relates to the Reliability dimension (Average unweighted score = -0.328), and there is a considerable gap between the patients' expectations and perceptions. The lowest gap of the quality relates to the tangibles dimension (Average unweighted score = 0.48). An overview of 16-items gap scores shows that from those three items with highest gap, two items relate to the Reliability dimension (items 18,19), and one item relates to the Empathy dimension (item 23), confirming the above-mentioned results (see Table 2).

The highest expectation and perception and lowest gap of quality is related to the tangibles dimension, showing that the Eternal Hospital has paid attention to the physical aspects and infrastructures of care delivery. The tangibles dimension entails considerable importance for customer evaluation of service quality, so that attractive environment and suitable hotel services are compelling reasons for them to choose a specific private hospital.

Low perception and expectation score and high gap score of Reliability dimension is indicative of a weak relationship between the physician, nurses, and the personnel with patients and need to improve timely delivery of services. Importance relative to nonhuman elements in the patients' perception of the quality of the private health care services, and the interpersonal relationships are one of the most important factors in the perception of service quality. Results from several studies have shown the importance of the interpersonal relationship component of service quality regarding satisfaction and patient loyalty. The practitioners/personnel must make the patients aware of their disease conditions, answer their questions, recognize and pay attention to their emotional and social needs and be available when needed.

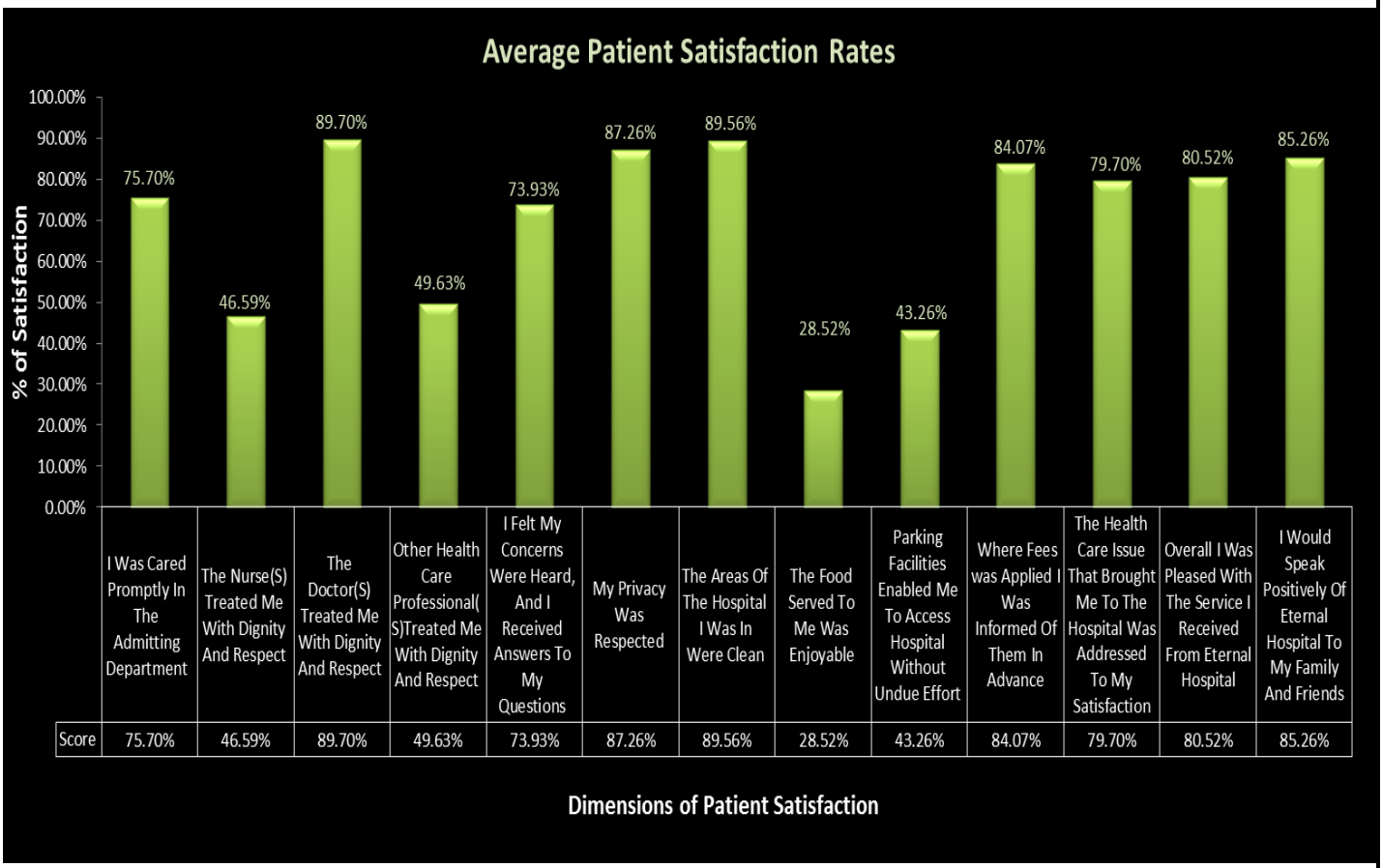
Professional, timely, and proper services are what the patients expect from the hospitals. The quality of services provided by the hospitals is determined mainly by the process-related factors like scheduling, delivery of care in the fastest time, and correctness. Previous study results show that process of care delivery is a determining factor in the patients' perception of the quality of the services, and they are more sensitive to the process of care delivered by the nurses and personnel. Accordingly, the reliability/responsiveness dimension, focusing on the process of care, still requires more attention to meet the patients' expectations regarding this aspect of quality.

J. PATIENT SATISFACTION

To measure level of satisfaction questionnaire was made random sampling was done. Some of the quality dimensions studied are as follows: general satisfaction, technical quality, interpersonal manner, comunication, financial aspects, time spent with doctor and acessibility and convenience. These quality dimensions are useful for judging the hospital and medical care facilities on such parameters and hence, in knowing the Customer satisfaction.

Table shows frequency distribution for all patients according to the responses on the questionnaire.

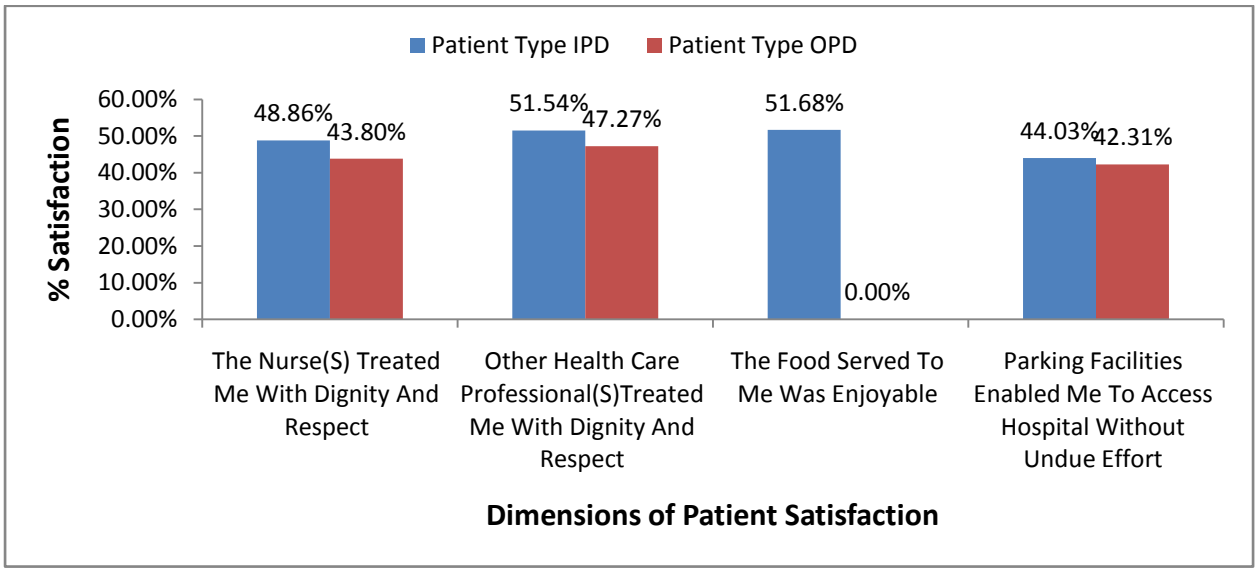
Answers	Ques1	Ques2	Ques3	Ques4	Ques5	Ques6	Ques7	Ques8	Ques9	Ques10	Ques11	Ques12	Ques13
Poor	0	23	0	12	1	0	0	18	44	4	2	0	0
Average	5	172	1	162	1	1	1	162	171	4	5	3	5
Good	115	44	11	57	107	0	29	54	24	7	25	16	8
Very Good	83	25	114	32	131	169	80	25	25	173	201	220	168
Above Expectatio	67	6	144	7	30	100	160	11	6	82	37	30	89
Total	270	270	270	270	270	270	270	270	270	270	270	269	270



From this graph, we can easily conclude that strength of hospital are its doctor, cleanliness and weak areas are nurse communication, Food Services and Parking.

Demographic comparison of these 4 Dimensions whose Satisfaction level is less than 50% are:

1. Comparison between IPD and OPD



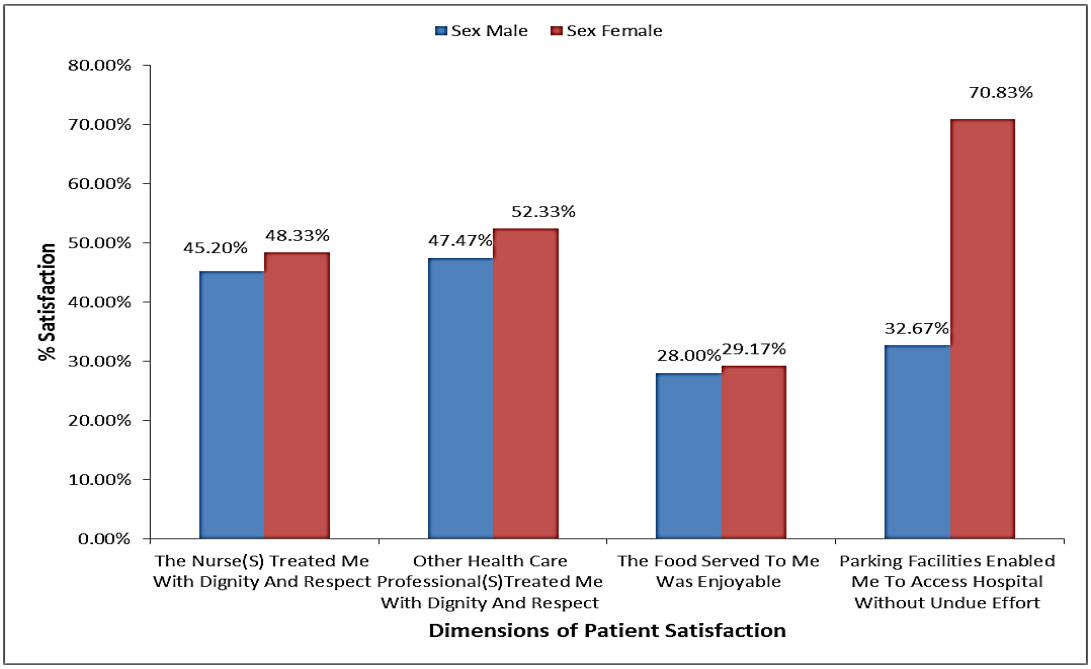
Out of 270 patients undertaken for the study, it was observed that satisfaction level for the Statements of 2,4,8 and 9 were less than 50% and by comparing these dimensions from IPD and OPD patients we concluded that IPD patients have only 48.86% Satisfaction level with Nurses attitude towards their Management and care. In comparison OPD patients had 43.80 % satisfaction level only for the same statement.

Similarly, IPD and OPD patients had satisfaction level of 51.54% and 47.27% respectively with other health care professionals towards their care and for attitude towards them.

IPD patients had 51.68% satisfaction level for the food supplied to them during their stay in the hospital. This particular statement was not put forwad to OPD patients to access patient satisfaction as they had no or minimal access to similar hospital food which was served to IPD patients.

IPD and OPD patients had almost similar satisfaction level of 44.03% and 42.31% respectively when evaluated for ease of parking facilities to access hospital without undue efforts. Comparison between Male and Female

2. Comparison between Male and Female



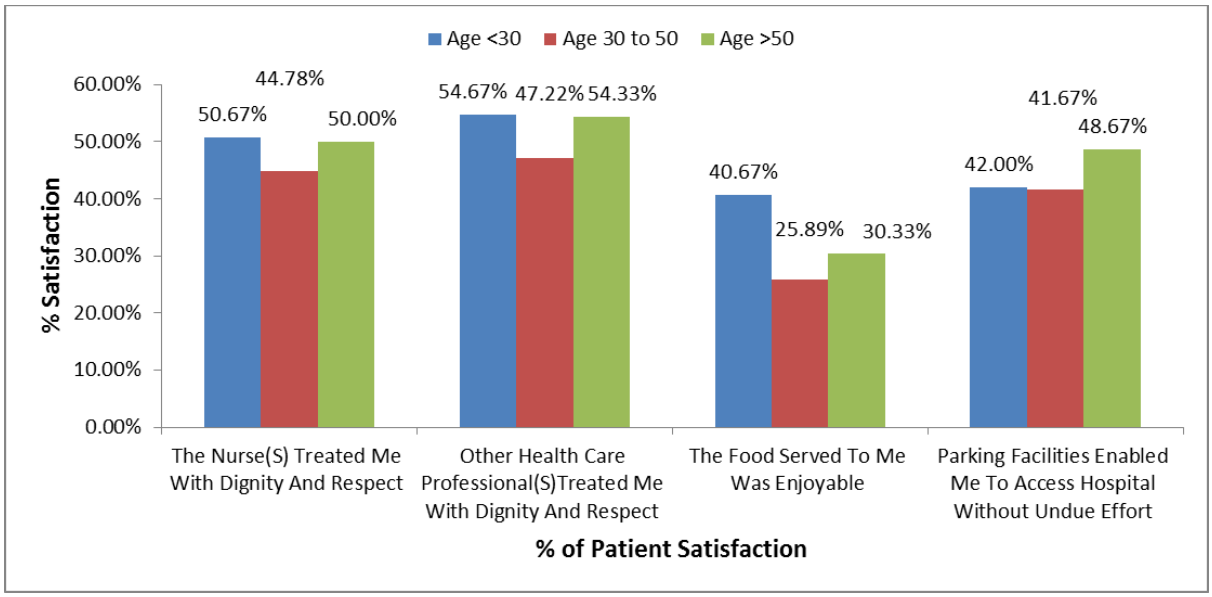
Out of 270 patients undertaken for the study, it was observed that satisfaction level for the Statements of 2,4,8 and 9 were less than 50% and by comparing these dimensions from Male and Female patients we concluded that Male patients have only 45.20% Satisfaction level with Nurses attitude towards their Management and care. In comparison Female patients had 48.33 % satisfaction level for the same statement.

Similarly, Male and Female patients had satisfaction level of 47.47% and 52.33% respectively with other health care professionals towards their care and for attitude towards them.

Male patients had 28.00% satisfaction level for the food supplied to them during their stay in the hospital. On a similar pattern, female patients has satisfaction level of 29.17% for the food supplied to them during their hospital stay.

Male and Female patients had satisfaction level of 32.67% and 70.83 % respectively when evaluated for ease of parking facilities to access hospital without undue efforts. The higher satisfaction level in females was possibly due to the fact that females are usually pillion rider or accompanying person and they do not usually have to go through parking hassels.

3. Comparison between Age Groups



Amongst the statement 2,4,8 and 9 which had satisfaction level of less than 50% and by comparing these statements from various age groups of patients we concluded that < 30 years age group patients have 50.67% Satisfaction level with Nurses attitude towards their Management and care. In comparison 30-50 years age group patients had 44.78 % satisfaction level while more than 50 years age group patients had satisfaction level of 50.00% for the same statement.

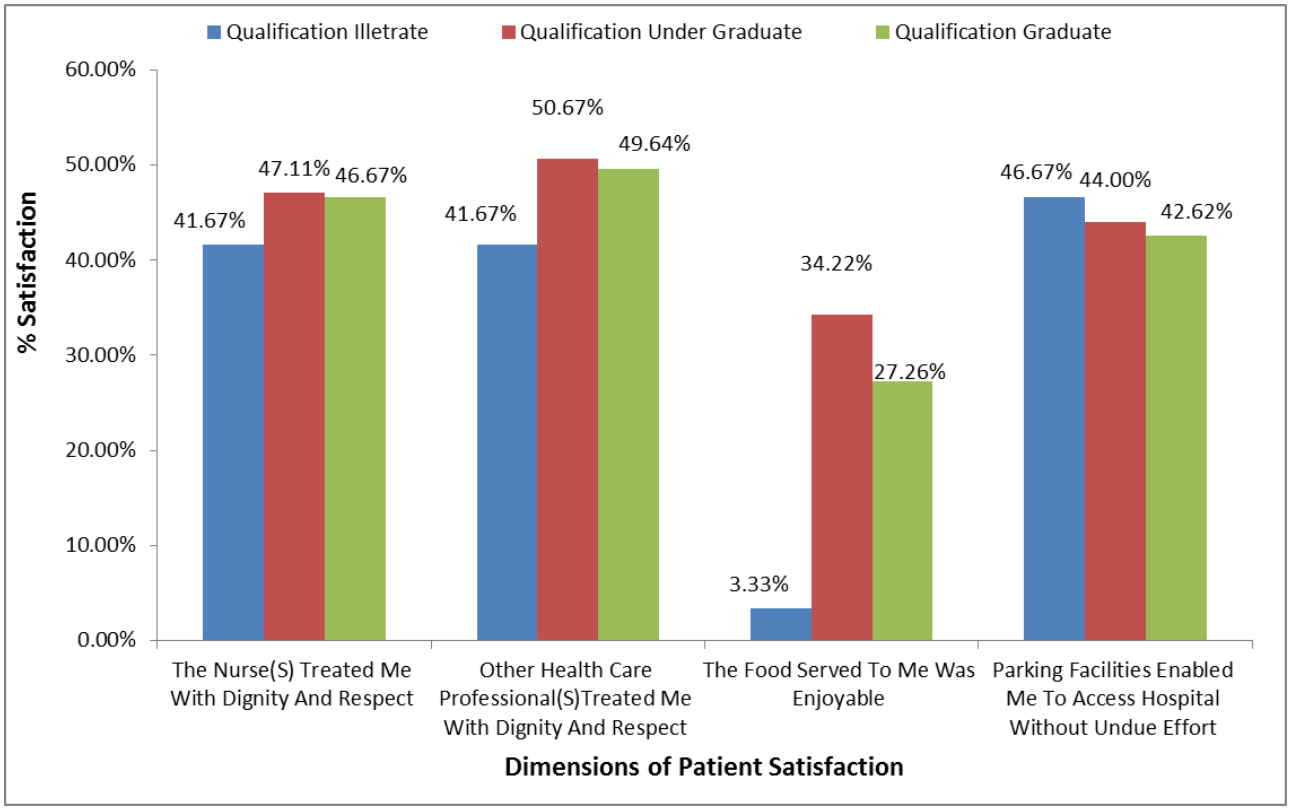
Similarly, we concluded that < 30 years age group patients have 54.67% Satisfaction level with other health care professionals towards their care and for attitude towards them. In comparison 30-50 years age group patients had 47.22 % satisfaction level while more than 50 years age group patients had satisfaction level of 54.33% for the same statement.

< 30 years age group patients had satisfaction level of 40.67% with the food served to them during their hospital stay. In comparison, the age group of 30-50 years had

satisfaction level of only 25.89% . Amongst age group more than 50 years, the satisfaction level for food quality was only 30.33%. It showed that respondents above the age of 30 had far less satsifaction level with food when compared to respondents below 30 years age group.

< 30 years age group patients had satisfaction level of 42.00% when evaluated for ease of parking facilities to access hospital without undue efforts. In comparison, the age group of 30-50 years had satisfaction level of 41.67% . Amongst age group more than 50 years, the satisfaction level for parking facilities was 48.67%.

4. Comparison between Education level



Amongst the statement 2,4,8 and 9 which had satisfaction level of less than 50% and by comparing these statements from various educational qualification groups of patients we concluded that Illiterate patients had 41.67% Satisfaction level with Nurses attitude towards their Management and care. In comparison, under-graduate patients had 47.11 % satisfaction level while graduate patients had satisfaction level of 46.67% for the same statement.

Similarly, we concluded that Illiterate patients have 41.67% Satisfaction level with other health care professionals towards their care and for attitude towards them. In comparison Under-graduate patients had 50.67 % satisfaction level while Graduate patients had satisfaction level of 49.64% for the same statement.

Illiterate patients had satisfaction level of 3.33% with the food served to them during their hospital stay. In comparison, the under graduate respondents had satisfaction level of only 34.22% . Amongst Graduate respondents, the satisfaction level for food quality was only 27.26%.

Illiterate patients had satisfaction level of 46.67% when evaluated for ease of parking facilities to access hospital without undue efforts. In comparison, under-graduate respondents had satisfaction level of 44.00% . Amongst Graduate, the satisfaction level for parking facilities was 42.62%.

K. Limitations and Problems faced

1. Since the sample size is small it cannot be said whether it is representative of the target population
2. Although the questions in questionnaire are pre set, and the validity of the study has already been established based on an old model still there might be people that would define the quality of care differently.
3. The responses of the patients depend on their personality and their perceptions. Some may be satisfied with average services while other may be dissatisfied with even the best
4. GAP score is a poor choice as a measure of physiological construct and SERVQUAL model has no equivalent in theories of psychological functions.
5. SERVQUAL only focuses on service delivery process rather than outcome of service encounter.
6. SERVQUAL is fundamentally flawed as researchers contended that service quality is in aggregation of various quality sub dimensions and service quality has multilevel construct as well as multidimensional construct.

Problems Faced

1. It was challenging to get the patients / patients attendant to fill the questionnaire as they are usually impatient because either they were sick or loved ones are sick.
2. Getting a large sample size was a problem since the hospital is relatively new
3. There are not many patients who come to hospital.
4. There was a language barrier with patients
5. Some patients had problem following instructions in filling questionnaire.

L. Recommendations and Conclusion

For Service Quality

After conducting the quality of Service assessment using SERVQUAL technique, the recommendations are as follows:

1. The Hospital needs to prioritize which dimensions of quality have to be worked upon first. According to our study, reliability and resposibility had lowest weighted score, this means that the hospital needs to take steps which can make its consumers perceive that it is a realiable hospital. Some of the steps which can be taken are :

- When the hospital promises TAT for its services Eg: Lab Reports, procedure or OT schedule, it should try and adhere to the timeline.
- Proper processes and SOPs to be made for all departments providing services to customers so that proper TAT can be set for these processes.
- Scheduled audit to be done for patients' records and reports and regular reporting to take place of these audits to higher management.
- Scheduled audit to be done for TAT of services being provided and GAP identification to be done, and eventually filling the gaps and then follow up of audits to see if the GAPS have been filed.
- Proper training of the stake holders about the processes of the services in question in audit to make them more efficient so that TAT can be achieved.

2. The second quality dimension to be improved is the responsiveness. The following steps can be taken in order to improve the responsiveness.

- Update traditional service channels. New telephony systems, streamline automated response system, or direct extension options can route calls to appropriate representative faster. Adding new service channel like Email, Live Chat, Instant Messaging to address customer service issues more quickly and also improve customer service responsiveness.
- Develop hospital customer service staff - Recruit staff that understand the importance of customer service and have the aptitude and desire to provide your customers with effective resolution on the first contact whenever possible. Reinforce these positive attitudes with ongoing opportunities for training and development. Be sure that all the training efforts are directed toward responding to

customer's need by being sensitive and considerate to their individual circumstances.

- Ensure that hospital's front office department understands that as the initial (and sometimes only) point of contact between your business and your customer, it is tasked with being aware of any shifts in the general needs of the customer. Hospital's front office supervisors and managerial staff should also be aware that information gained directly from your customers has a premium value when developing strategies for addressing similar needs of hospital's customer base.
- Request feedback from the customer. Hospital can use phone surveys, email questionnaires, or simply have front office representatives close the interaction by enquiring if there is anything that could have been done to improve the customer service experience. Not only you will obtain valuable information on how to improve hospital's service level and responsiveness to your customer service but you also be improving customer loyalty and your hospital's brand image.
- Implementation of complete management system

For patients' satisfaction

1. A reward and recognition system should also be developed to recognize individual staff members for their efforts. Staff members should be rewarded by their managers and administration based on comments on patient satisfaction survey, patient letters, and recognition from fellow staff members. This will keep the staff motivated to continuously perform well and hence achieve higher levels of customer satisfaction.

2. Involving everyone in the process and driving accountability through all levels of management and staff may also prove beneficial. Staff members of the hospital should be asked to make recommendations about their own areas of responsibility. New staff may contribute by sharing previous job's experiences. Periodic official meetings may be done within the service providers and with the other staff members in order to discuss on issues related to patients' dissatisfaction and to know the bottle necks and inefficiencies and hence implementing required necessary steps /solutions.

3. Simple act of offering a sympathetic and understanding ear, and answering questions, many of which were unrelated to medical problems at hand, may have a salutary effect on overall patient and family satisfaction with both nursing and medical care.

Recommendation for improving Nursing Care /other Health care personnel

1. Scripting: Many fear that scripting means fast food restaurant–type rote responses. In fact, it's a useful tool when handled correctly. Scripting empowers nurses with tools to make their communication with patients easier. Regular discussion and training about patient interactions ensures nurses know what is expected. A scripting example: the hospital expects that all nurses will introduce and identify themselves and their professional credentials to new patients, and explain the treatment regimen. Scripting gives nurses tools for handling issues such as delayed procedures and lost test results. It also gives them tools for difficult situations such as deescalating angry patients.

2. Supplies: Keep frequently needed supplies in patient rooms and restock regularly. Maintain a multitude of stockrooms and supply cupboards and don't make nurses walk miles to track them down. It's frustrating for patients and staff when nurses have to stop what they are doing to track down supplies.

3. Uniforms: In many hospitals, RNs are indistinguishable to patients from the people delivering their meal trays. Consider choosing a defined scrub color for RNs to ensure that patients know who they can talk to and who is looking out for them.

4. Hourly rounding: Make a commitment to hourly rounding, and you will see patient satisfaction go up and call bell usage go down. Patients feel better when they know someone will be in to check on them within an hour. Alternating visits between RNs and nursing assistants ensures that the time commitment is manageable – and helps both groups plan their workflows since they no longer will spend so much time running after constant call lights.

5. Sitting down: Something as simple as sitting down when talking with patients can make a huge difference in satisfaction scores. Sitting down at the bedside implies that the nurse has time for the patient and is actively interested in the conversation.

6. Patient education: Make time for patient education. Nurses are pulled in a thousand different ways and often feel obligated to complete patient education as quickly as possible. But this time spent one-on-one means so much to patients. We know that patients often are too overwhelmed or intimidated to process information provided by physicians during initial diagnosis or post-procedure, and they look to

nurses for easy-to-understand translation of difficult or complicated news. Put a value on this time with patients so that nurses will prioritize it.

7. Bedside report: Instead of conducting report at the nurse's station or break room, do it at the bedside. Patients should be empowered to take an active part in their care. Increase their autonomy by discussing report in their presence and encouraging their involvement.

8. Nurse-led initiatives: Don't simply hand down service improvement programs from above and tell nurses what to do. Programs driven by nurses have ready-made support and are often much more effective. Nurses will be more engaged in improving patient satisfaction when they develop ideas themselves and are accountable for success or failure.

9. Nurse empowerment: Nurses with autonomy over their practices provide better patient care. Ensure that the nurse practice council is robust and able to make decisions about clinical practice. Empower a nurse staffing committee to make decisions about safe patient care.

10. Demonstrate caring: According to Gallup polls, nurses are the most trusted professionals in the country. People can relate to nurses, whereas physicians can be intimidating to ordinary patients. The best patient satisfaction scores happen when patients feel genuinely cared for and cared about. Most nurses do this automatically. They bring an extra blanket or sit down and hold a patient's hand for a few short minutes to provide comfort. Value these small details and recognize them publicly so that nurses know these parts of their role are just as important as the rest.*Re*

Recommendations for parking

Hospital parking facility management isn't just about parking cars. The success or inefficiency of parking procedures directly impacts two fundamental success factors: customer satisfaction and profitability.

1. Hospitals that utilize a valet parking system are taking advantage of an outstanding public relations tool. Hospital valet parking will improve a facilities patient satisfaction scores, as well as amplify the status of the facility. A Valet Attendant is typically the first and last point of contact for patients and visitors at your healthcare facility. Valets strive to create a five-star hotel-like environment by warmly

welcoming patients and visitors, opening and closing vehicle doors, assisting with wheelchairs, walkers and oxygenated equipment, as well as helping with any baggage. Additionally, valet parking attendants provide directions and assist patients and visitors with physical limitations.

2. Abolish Pay Parking in hospital premises for patients. This creates a good-will gesture and leaves a a good impression.

Recommendation for Food Quality and Services

1.Take measure to improve taste of food. Do not keep it bland. "Patients remember their food. It's the one thing that comes to them three times a day.

2..Improve presentation of food and packaging.

3. Strengthen Room-service delivery of food in Hotel-style.

4. Ensure timely delivery of food in room service delivery. Food should not become cold before it reaches patient.

5. Increase the menu available. Keep in mind the choice of food for patients from different categories.

6.keep the kitchen and serving outlet of vegetarian food from non-veg food.

7.in exceptional cases, if possible, allow homemade food for certain patients keeping in mind their cultural beliefs.

8. Keep prices of food items in check.

9. Regular monitoring and inspection of kitchen premises to ensure hygiene.

M. Conclusions

The results showed that SERVQUAL is a valid, reliable, and flexible instrument to monitor and measure the services quality and enables the hospital managers to identify the areas that need improvement from the patients' perspective. The results could be used in the planning for quality improvement by the hospital. According to the findings, the quality improvement efforts of private hospitals is advised to mostly focus on modernizing equipments, timeliness of care delivery, accuracy of performance as well as on enhancing the interpersonal relationships and communication skills of its physicians, nurses and other personnel. Also, hospital must design a scheduling system of service provision and be bound to it

P. REFERENCES

1. Moser Mike, United we brand, Boston: Harvard Business School Press, 2003, Ries A., Origin of brand, New York: Harpe Business, 2004

2. Singla R.K., Business Studies, V.K.Publication, 2010, P 358

3. Saxena Rajan, Marketing Management, TMH, 2006, P 282

4. Aaker David A., Brand Portfolio strategy, Free Press, New York, 2004

5. . Aaker David A., Brand Portfolio strategy, Free Press,1996, New York, P 380

6. Blair Mark, 360 Degree Brand in Asia, Wiley, Singapore, 2003

7. Capsule, Design Matters: Logos 01: An Essential Primer for Today's Competitive Market (Design Matters), Rockport Publishers, Gloucester, 2007

8. Carpenter Phil, E-Brand Building on Internet Business at Breakneck Speed, HBSP, Boston, 2000,

9. Drawbaugh, Kevin, Brands in the balance,Pearson, 2001

10. Dhar Mainak, Brand Management 101:101 Lessons from Real-World Marketing May 11, 2007

11. Pandey U.S., E-Commerce and its applications, S. Chand Publications, New Delhi, 2007

12. Bharadwaj, Sundar G., P Rajan Varadarajan, and John Fahy. A Sustainable competitive advantage in service industries, Journal of Marketing. Chicago. Vol. 57, No. 4, 1993, pp. 83 –100

13. Berry, Leonard. Cultivating Service Brand Equity, Journal of the Academy of Marketing

14. Science, Vol. 28, No.1, 2000, pp. 128 – 137.

15. Anderson, Eugene W. Customer Satisfaction and Word of Mouth, Journal of Service Research, Vol 1 (May), 1998, pp. 5 – 17.

16. Aron O'Cass and Debra G, Exploring consumer experiences with a service brand, Journal of Product & Brand Management, Volume 13 ·Number 4, 2004, pp. 257-268.

17. de Chernatony, L. and Dall' O, R, , Experts' views about defining services brands and the principles of service branding, Journal of Business Research, Vol 46 No.2, 1999, pp. 181 – 192.

18. Heskett, James L., Thomas O. Jones, Gary W. Loveman, W.Earl Sasser, Jr., and Leornard A Schlesinger, Putting the Service Profit Chain to Work, Harvard Business Review, 72 (March –April), 1994, pp. 164 – 174.

19. Bitner, Mary J , Servicescapes: The Impact of Physiacl Surroundigs and Customers and

20. Employees", Journal of Marketing, Vol. 56, No. 2, 1992, pp. 57–71.

21. Arora, Raj and Charles Stoner, The effect of perceived service quality and name familiarity on the service selection decision, The Journal of Services Marketing, Vol. 10, 1996, pp. 22-34.

22. Padgett, Dan and Douglas Allen, Communicating experiences: Anarrative approach to creating service brand image, Journal of Advertising, Vol. 26, Iss. 4, 1997, pp. 49 – 63.

23. Richins, Marsha L, Measuring emotions in the consumption experience, Journal of Consumer Research, Vol. 24, Iss. 2, 1997, pp. 127 –147.

24. Boles, James S., Barry J Babin, Thomas G Brashear, Charles Brooks. An examination of the relationships between retail work environments, salesperson selling orientation-customer orientation and job performance, Journal of Marketing Theory and Practice,. Vol. 9, Iss. 3,2001, pp. 1 - 13

25. Siguaw, Judy A, Anna Mattila and Jon R Austin, The brand-personalityscale, Cornell Hotel and Restaurant Administration Quarterly. Vol. 40,Iss. 3, 1999, pp. 48-56.

26. Crosby, L.A., Kenneth, R.E., and Deborah C. Relationship Quality in Service Selling: An Interpersonal Influence Perspective, Journal of Marketing, Vol.54, (July), 1990, pp. 68 – 81.

27. Balmer, J.M.T. and A. Wilkinson, Building societies, change, strategy, and corporate identity,Journal of General Management, Vol.17, No.2, 1991, pp. 20-33.

28. Bristow, Dennis N. and Kenneth C. Schneider and Drue K. Schuler, The brand dependence scale: measuring consumers' use of brand name to differentiate among product alternatives, Journal of Productand Brand Management, Vol. 11, 2002, pp. 343-356