

Building Competitiveness in Healthcare Sector from Teachings of the Hotel Industry: The Case of a Tertiary Care Hospital in Odisha

Ansuman Samal¹, Prof. (Dr.) Bibhuti Bhusan Pradhan², and
Prof. (Dr.) Jyotirmoyee Jena³

¹(Asst. Professor, Faculty of Hospitality & Tourism Management, Siksha 'O' Anusandhan University, Bhubaneswar, Odisha, India)

²(Registrar, Siksha 'O' Anusandhan University, Bhubaneswar, Odisha, India)

³(Professor, Dept. of Pharmacology, Kalinga Institute of Medical Sciences, KIIT University, Bhubaneswar, Odisha, India)

Abstract: In the recent years, building and maintaining the sustainable competitive advantage across various sectors has become important for businesses. In the case of Hospitals, quality has been proven as one of the important parameters for differentiating and thereby developing a competitive advantage over others. With the advent of more nos. of private players in the industry along with the wholehearted support by the Government through initiatives like Make in India campaigns, the demand has begun for transformation from the basic healthcare provider to wellness provider. In this time, we can take lessons from the hotel industry which shares many characteristics with the hospital sector. In the hotel industry, after years of research and implications of quality standards widespread innovations and improvements for customer service has derived. Now it is the time to transform the hospital industry on the same line with the hotel sector. With this in the background, our study is an effort for measuring the level of satisfaction and getting feedbacks from the patients for improving the quality standards in hospitals. Our article has tried to reduce the gap between both the sectors so that the hospital can leverage from the successful advancements made in the hotel industry.

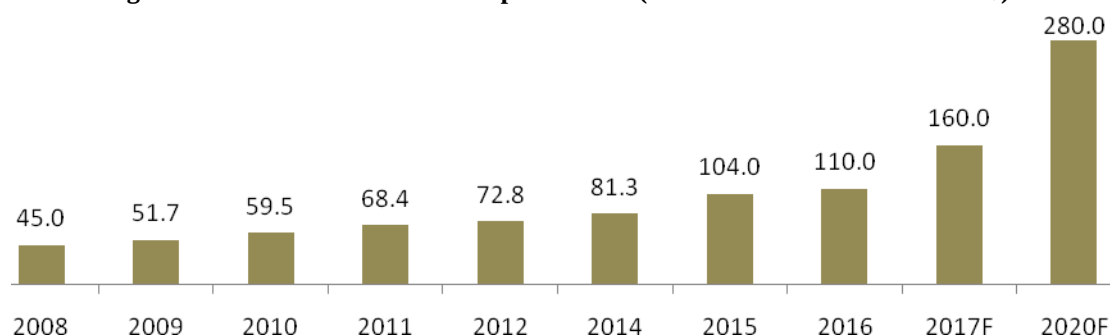
Keywords: Hotel, Hospital, Expectations, Perception, Satisfaction, Quality.

I. INTRODUCTION

To win the race of rabbits, one has to become a leopard. In this hypercompetitive era, we need to provide more than the basic amenities to customers in order to gain maximum share in the lucrative pie. After globalization, when the physical, financial and mental barriers are diminishing between the countries, culture, and societies, we need to be competent enough to give all the global players a tough fight. In this regard, the provision of high quality, customer satisfaction, relationship marketing, and competitive advantage come into play.

In the recent years, the hospital sector has become one of the fastest growing industries. As per National Association of Software and Services Companies (NASSCOM) the current Indian health care market is worth around 100 billion US \$ and it will see a major growth in the coming years to get around 280 billion US \$ by 2020 at the Compound Annual Growth Rate (CAGR) of 22.9 percent. Please refer to (Figure 1: Growth of Hospital Sector in India).

Figure1: Growth of the Indian Hospital Sector (All numbers are in billion US \$)



Source: Frost & Sullivan, LSI Financial Services, Deloitte, TechSci Research (F: Forecasting)

As the sector become lucrative, more nos. of players are entering into it. Some of the significant factors that have contributed to the growth of health care industry in India can be listed as rising income level, ageing population, growing health awareness, changing attitude towards preventive healthcare, lower cost of medical facilities, low cost of clinical research, healthcare opportunities, favourable investment opportunities provided by the Government, tax benefits has established many growth prospects etc.

Thus the health care sector has become a sunshine industry where the generation of revenue and creation of jobs have ample opportunities. But to survive and thrive in this volatile marketplace, we cannot always depend upon the conventional ways to manage and grow the business. We need to invent different innovative measures to effectively cater to the customers to gain advantage and sustain it over a period of time. The taste and preference of customers have transformed greatly in the recent past with the change in market economies. In a country like India, the change from the centrally controlled economy, to open market happened during the 90s that made the customers more demanding over the years. As the nos. of competitors increased, the tolerance levels of the customers have decreased significantly. This change has also affected the emergency sector such as hospital business for which nowadays, we need to keep vigil in the market to observe and adopt any innovative way of customer service that will make us different than the others.

In this direction, the hotel industry can help the policy makers of the hospital sector to a great extent as both of them have evolved from the base of hospitality affairs. In the hotel industry today, there exist the much-needed improvements and innovations for better customer care after years of efforts and research. Therefore a bit of cross-fertilization between both the sectors is required which in turn will provide essential insights to the members of the hospital fraternity to cater their customers in a more efficient manner. Adaptations of practices proven to be successful in hotel sector can lead to significant improvements in hospital industry gaining patients approval and satisfaction.

This research paper has investigated the service quality perception of the patients visiting a famous private medical college hospital in the state of Odisha. Here we have tried to capture their imaginations and feedbacks about quality parameters implemented in the hospital. Based on the findings of the study we have tried to suggest some measures in order to make the service delivery process more effective in the hospital sector.

II. LITERATURE REVIEW

(Zygourakis et. al, 2014) suggested that there exist many levels of similarities between the hospitals and the hotels. The first thing normally offered by both of them is the provision of lodging and other services. Both of them have the hierarchical setting of employment where nos. of worker performs their duties in various capacities. The staying experiences in both the places are associated with the emotions of the customers. Coming to the differences between the two sectors, the basic alteration happens in the purpose of visit. Mostly a customer visits a hotel for enjoyment whereas a customer goes to a hospital only in case of a health emergency. In the setting of hospitals, the customers normally possess the state of anxiety and apprehension which is quite different than the customers of a hotel who are more of excited in nature. The timing and payment factors also differentiate the gap a bit more between the hotels and the hospitals.

Thus, comparatively, we can find the position of the hospitals disadvantageous from the beginning. Therefore, they need to put more efforts for ensuring comfort for not only the patients but to their relatives and attendants accompanying them.

(Srinivasan, 2008) conducted a study on the guest cycle in a hospital and derived 4 distinct phases in it.

- a) **Attention:** While entering the hospital, the patient requires an immediate attention and assurance that he will be attended by competent people soon.
- b) **Information:** During treatment, the patients and his/her relatives and friends require detailed information about the treatment, facilities as well as regular update about the health of the concerned.
- c) **Listening:** As it is related to self-health, the patient though unwell always possess the deep desire speak out about his/her condition and expects patient listening.
- d) **Delivery according to promise:** As we normally expect as we are promised, the customers and his reference group always expects all the details that are advertised or told before availing the services.

(Chetty, 2010) in his research shown that there exist similarities between the guest cycles of a hotel and a hospital by conducting a study on the standard operating procedures. The applied guest cycle developed by Abbott and Lewry in 1999 gives us an idea about the general process through which guests are treated in both the sectors. Please refer to (Figure 2: Guest Cycle).

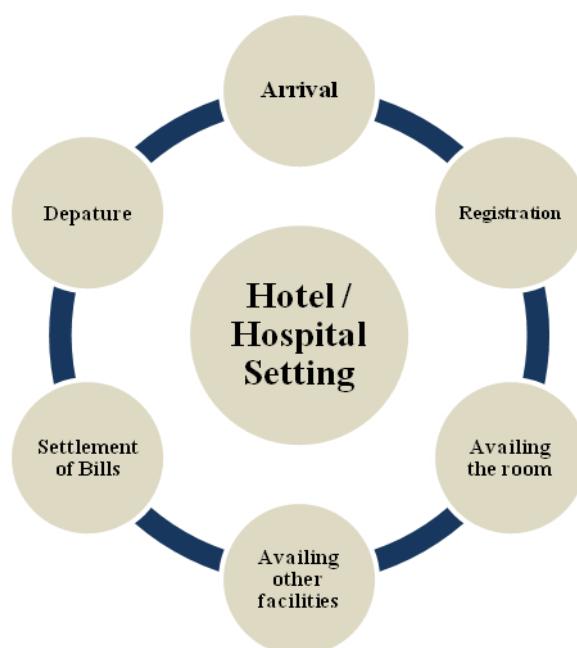


Figure2: Guest Cycle

Source: as derived by Abbott & Lewry (1999) for hotels and re-approved by Chetty, (2010) for hospitals.

As hospitals and hotels both come under the ambit of services, which is dominantly intangible in nature, therefore, the quality of hospitality broadly based on the relation between host and guest interactions in the both the places. (Ive, 2000) proposed that if we need to set highest standards of services, then we need to possess a deep understanding of our people. Both who are providing and who are receiving. Hence, Jones & Lockwood (1989) supported this fact by adding that to get the highest level of customer satisfaction; we need to act during the actual service encounter phase.

Hospitality is an industry that takes care of people who are outside their homes and Mullins, (1995) confers that by offering an effective and efficient environment to the guests, we can achieve customer satisfaction. Therefore the hotels and the hospitals can learn from each other while catering to the demands of the customers who visit them. Singh (2006) identified that the hospitals gradually becoming “being hospitable” which in turn is improving their environment. Fottler et al. (2000) agree that the healthcare industry has recognized the physical environment as a valuable resource which can affect its customers over the last ten years. Thus management is an essential component of the hospitality industry that holds both hotel and hospitals. As per David (2005), proper management is must as it can make or break the industry. Because of the unique characteristics of the services sector, the management of both employees and customers are equally important for a smooth transition of services.

In a hospital set up, the first and foremost duty is to provide good quality health care, but other ancillary parameters such as patient’s comfort and wellbeing etc. should also be taken care of. The essence regarding this is to understand and implement the quality parameters from the customer’s angle, not from the hospital’s understandings. Regarding this quality, we can find numerous studies that happened in the last few decades. (Grönroos, 1984) stated that the service quality is the difference between the quality perceived and the quality received. (Berry, Parasuraman, Zeithaml, 1988) So when we talk about the term quality we need to make a comparison between the customer’s expectations and perceptions. Regarding the formation of expectations, (Oliver, 1980) described it as the beliefs/predictions of the consumers towards the outcome of a service.

(Cadotte, Woodruff, and Jenkins in 1987) considered it to be the base standard a product or service should offer. In a study by Parasuraman, Zeithaml and Berry (1988) suggested that expectations are the wants of the customers from the service providers and perceptions are the evaluation of the consumers towards the service provider. As per (Oliver, 1980) and (O’Connor, Trinh & Shewchuk, 2001), the expectations of people are generally influenced by consumer characteristics, accepted marketing practices, advertising, word of mouth communications, and past services experiences etc. Again the term quality can be bifurcated into technical quality and functional quality. (Grönroos, 1990) in his study revealed that technical quality is the combination of systems and infrastructures that are designed to deliver the service whereas functional quality is the level of interaction between the company and the customers while delivering the services.

In a hospital environment, the technical quality includes the use of technical knowledge, up-to-date equipment, system related solutions, know-how etc. whereas the functional quality includes the employees, their behavior, service orientations, appearances, language spoke, accessibility etc. As the health care sector comes under the credence feature of the services, therefore we as third persons cannot only depend upon the technical

quality while assessing its overall level of quality. We have to consider the functional quality with equal weight like the technical quality so that they (hospitals) can literally transform them from treatment providers to wellness providers.

In this direction, the SERVQUAL scale plays a major role developed by A. Parasurman, Valarie Zeithaml and Leonard L. Berry in 1988. It became a breakthrough in the measurement methods used for research on service quality. In this model, there is a list of 22 nos. of statements which revolve around 5 parameters namely

- ✓ **(Tangibles)** - The appearance of the hospital's physical facilities, equipment, personnel and communication materials
- ✓ **(Reliability)** - The hospital's ability to perform the promised service dependably and accurately.
- ✓ **(Responsibility)** - The hospital's willingness to help the patients and provide a prompt service.
- ✓ **(Assurance)** - The knowledge and courtesy of the hospital's employees and their ability to convey trust and confidence.
- ✓ **(Empathy)** - The caring, individualized attention the hospital provides its patients.

Although the SERVQUAL has received many criticisms for its concept, generalization, and dimensions (Babakus & Boller, 1992; Cronin & Taylor, 1992; Lam & Woo, 1997 and Buttle, 1996) but over the years, it has established itself as one of the robust scales to measure service quality across different sectors (Wong, 2002; Youssef, Nel & Bovaird, 1996; Sewel, 1997 and Jabnoun & Chaker, 2003). Numerous studies have been conducted using the SERVQUAL scale and the findings have given new knowledge and dimensions towards the concept (Butler, Oswald & Turner, 1996). Due to its universal acceptability and use across different segments, we have chosen the SERVQUAL scale for our study.

Objectives

The basic objectives of the study are as follows.

- ✓ To analyze factors affecting selection of hospitals
- ✓ To assess the overall service quality of the hospital.
- ✓ To find out the level of satisfaction of customers towards various services.
- ✓ To assess their views regarding various aspects of hospital services such as pricing, ease of paper works, treatments etc.
- ✓ To list their likings, disliking and gather their view for improvement of services.
- ✓ To suggest measures from the point of view of hotel and hospitality industry to improve the overall service quality.

III. RESEARCH METHODOLOGY

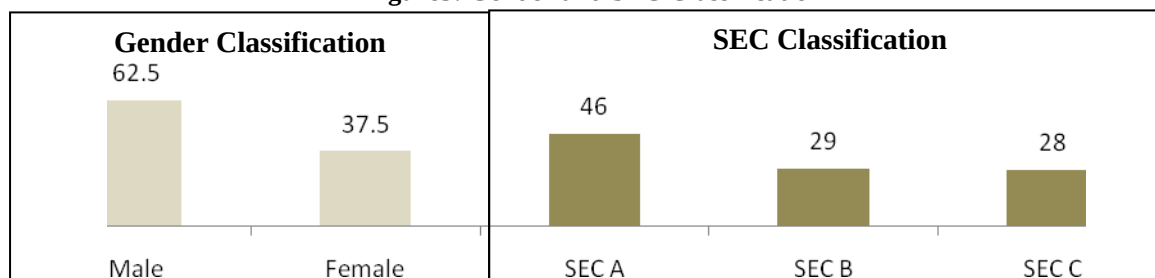
This research was conducted at the local level in Bhubaneswar, the capital city of the Indian state of Odisha. A questionnaire was developed after a thorough review of the literature and using the 22 set questions of SERVQUAL model. The 22 items representing five services quality dimensions empathy, assurance, tangible, timeliness and responsiveness. The perception and expectation of patients were recorded on a seven-point scale. The total sample size of 120 was taken for the study. The target population considered for the study was all persons belonging to SEC A, B or C who had been admitted to the IMS & SUM hospital. Bhubaneswar. The sample was based on non-probability convenience sampling. A Seven point Likert Scale from entirely disagrees to the entirely agrees was used for empirical analysis. The coding of the Likert scale was made as [1 = entirely disagree], [2 = mostly disagree], [3 = somewhat disagree], [4 = neither agree nor disagree], [5 = somewhat agree], [6 = mostly agree], [7 = entirely agree]. The descriptive statistics of the respondents of this study is given below.

IV. FINDINGS AND INTERPRETATIONS

Demographic Profile of the respondents

The target population was dominated by male respondents and the views from the SEC A, B and C were taken into consideration. Please refer to (Figure 3).

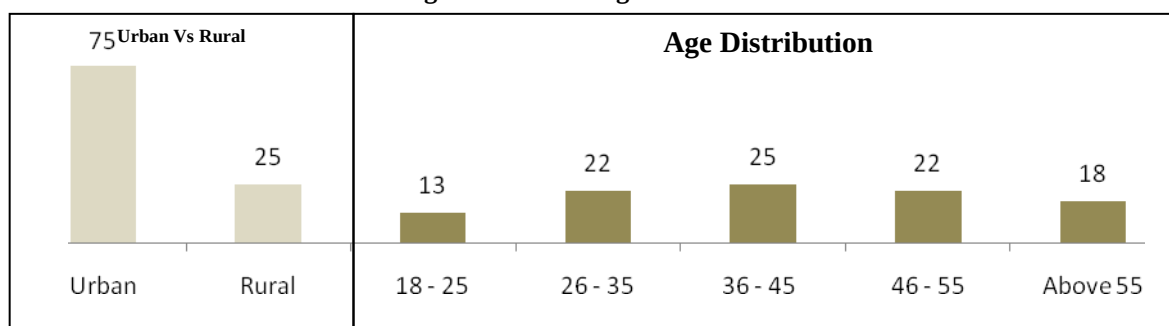
Figure3: Gender and SEC Classification



Source: Primary Data

- ✓ More respondents were from the urban areas and the age group that provided us the feedback were mostly in the age bracket of 26 to 55 years. Please refer to (Figure 4).

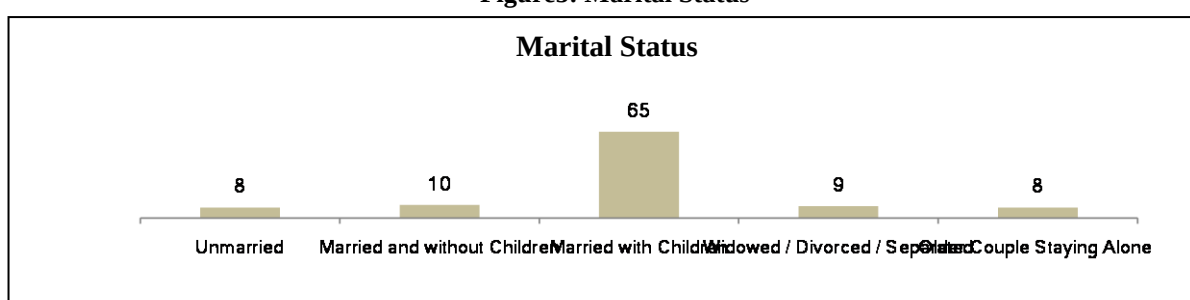
Figure4: Area & Age Distribution



Source: Primary Data

- ✓ The majority of the respondents were married with children. Please refer to (Figure 5).

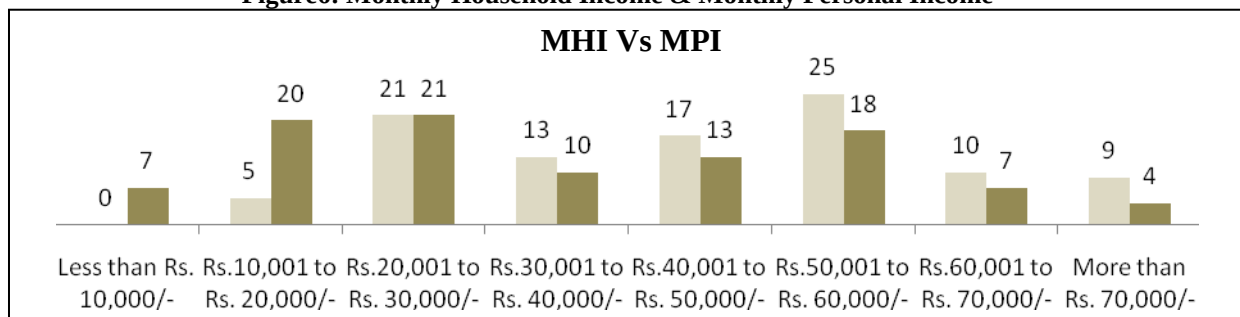
Figure5: Marital Status



Source: Primary Data

- ✓ The MHI figure was found to be comparatively more in the range between Rs. 50001 to 60,000/- per month whereas the MPI figure were comparatively higher in the range of Rs. 10,001 to Rs 30,000/- only. Please refer to (Figure 6).

Figure6: Monthly Household Income & Monthly Personal Income

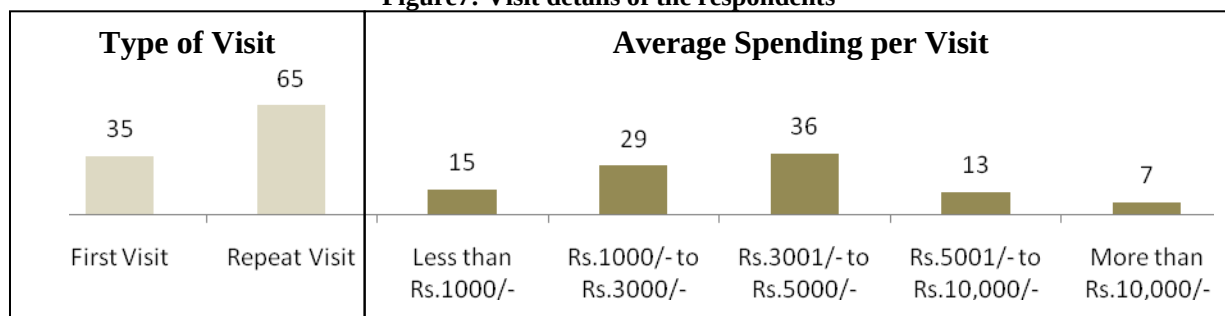


Source: Primary Data

Details of visits of the respondents

For around 65% of the respondents, the visit was repetitive in nature. The average spending per visit to the hospital was in the range of Rs. 3001/- to Rs 5,000/- only. Please refer to (Figure 7).

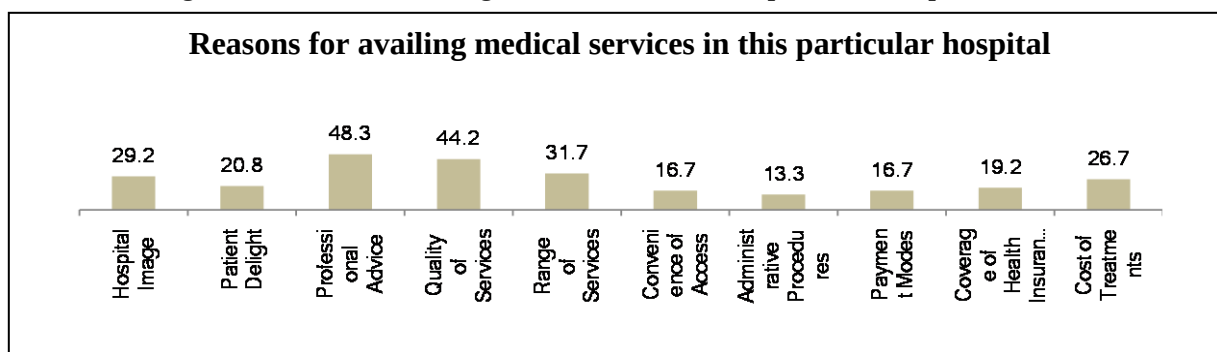
Figure7: Visit details of the respondents



Source: Primary Data

- ✓ When asked about the reasons for availing treatment in the particular medical college hospital, we got more response for the reason of professional advice followed by quality and range of services available. Administrative procedures followed by convenience access and flexible payment modes were the least told reasons for availing health care facilities. Please refer to (Figure 8).

Figure8: Reasons for availing medical services in this particular hospital.



Source: Primary Data

The Quality Parameters – The SERVQUAL Statements

The Gap Score is comparatively more for Assurance factor followed by tangibility, empathy, responsiveness and reliability.

The service quality gap is described by the equation $SQ = E_{jk} - P_{jk}$, where E_{jk} = expectation of service dimension, J for respondent k and P_{jk} = perception of service dimension J for respondent k. The average mean score of expectation and perception is shown here with the calculation of Gap score. The mean score and gap score are available for all the 5 dimensions and associated 22 statements of quality parameters.

From the table, we can derive that comparatively, the gap scores for the assurance and tangibility parameters are relatively higher from the other aspects. The gap is lowest for the parameters of reliability and responsiveness of the hospital staff for which they have rated for the first and second place. The parameter of empathy comes at the third place.

Decoding the table, it is found that there exist a comparatively high gap when it comes to obtaining feedbacks, employees' neat appearance, communication regarding services, problem in doing the right things for the first time, poor knowledge of the employees to answer the patients' questions and problems in personal attention and offering a clean and comfortable environment.

Similarly, when it comes to offering prompt services, consistency in charges, up-to-date and well-maintained equipment, professional and competent doctors, the gap becomes shortens as the perception is almost matched with the expectation of the customers.

Please refer to (Table 1) and (Figure 9).

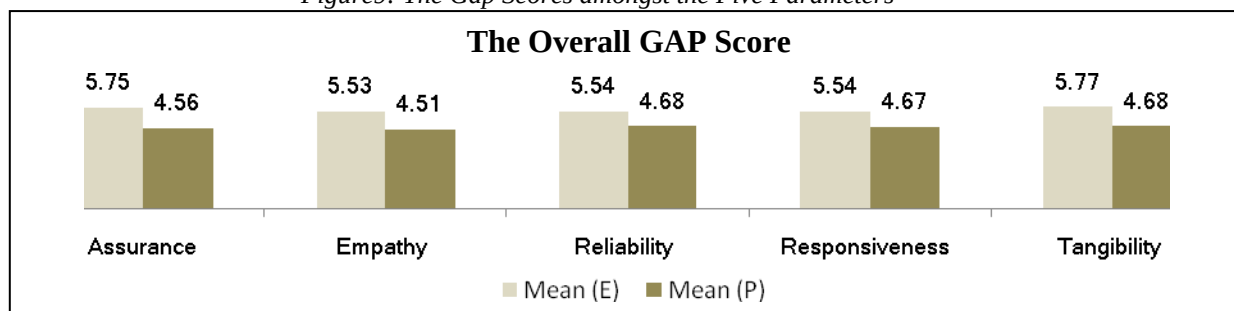
Table1: The SERVQUAL Statements

SERVQUAL Statements		Mean (E)	Mean (P)	Gap Score
I. Assurance		5.75	4.56	1.19
1	Courteous and friendly behavior by doctors and staffs	5.83	4.78	1.05
2	Possession of a wide spectrum of knowledge by the Doctors	5.62	4.51	1.11
3	Treatment of patients with dignity and respect	5.88	4.54	1.34
4	Thorough explanation of medical conditions to Patients	5.66	4.42	1.24
II. Empathy		5.53	4.51	1.02
5	Collection of Feedbacks from patients	5.72	4.22	1.50
6	Round the clock availability of services for convenience of patients	5.62	4.78	0.84
7	Patients' best interests at heart of the doctors and staffs	5.63	4.73	0.90
8	The specific needs of patients are understood by the doctors and staffs	5.57	4.72	0.85
9	Personal attention is given to the patients by doctors and staffs	5.25	4.34	0.91
10	Patients are dealt in a caring fashion by doctors and staffs	5.38	4.28	1.10
III. Reliability		5.54	4.68	0.86
11	Services provided at the appointed time	5.86	4.98	0.88
12	Services to be carried out right at the first time	5.64	4.42	1.22
13	Professional and competency shown by the doctors and staffs	5.34	4.64	0.70
14	System of error free and fast retrieval of documents	5.72	4.63	1.09
15	Consistency of charges	5.15	4.72	0.43

IV. Responsiveness	5.54	4.67	0.87
16 Provision of Prompt services	5.15	4.72	0.43
17 Responsive doctors and staffs	5.66	4.64	1.02
18 Attitude of doctors and staff that instills confidence in patients	5.68	4.69	0.99
19 Waiting time does not exceed one hour	5.68	4.64	1.04
V. Tangibility	5.77	4.68	1.09
20 Up-to-date and well-maintained medical facilities and equipment	5.76	5.06	0.70
21 Clean and comfortable environment and with good directional signs	5.72	4.53	1.19
22 Neat appearance of doctors and staffs	5.82	4.44	1.38

Source: Primary Data

Figure9: The Gap Scores amongst the Five Parameters

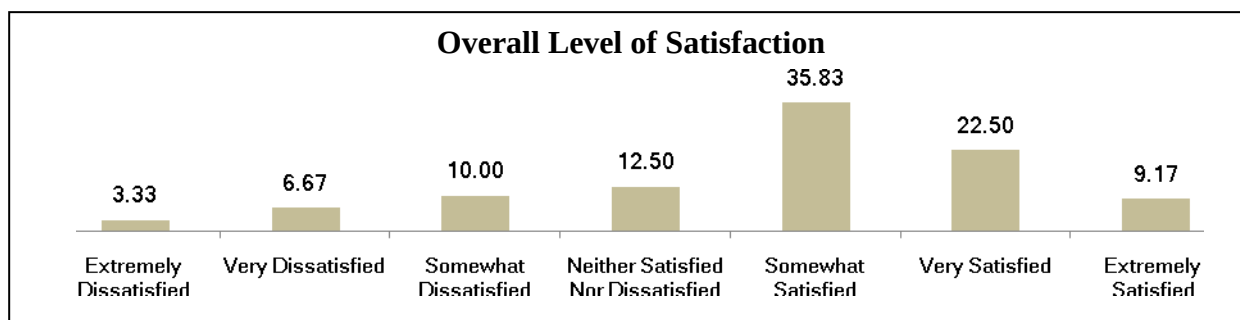


Source: Primary Data

Satisfaction towards the services of this hospital

- ✓ When asked about the overall level of satisfaction towards the particular hospital, around 68% of people were fairly satisfied with the services offered by the medical college hospital. Please refer to (Figure 10).

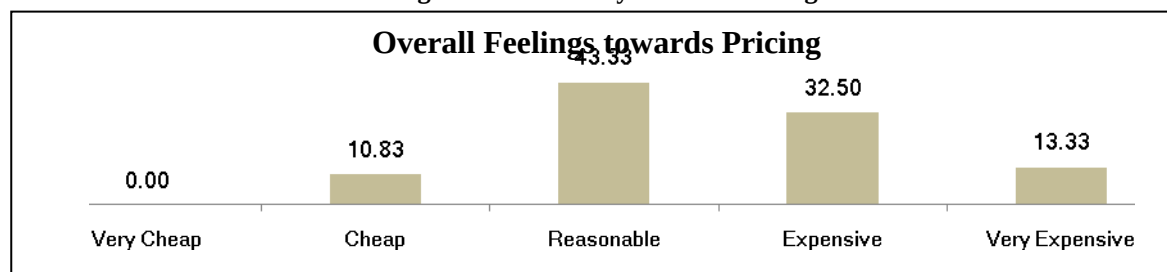
Figure10: Satisfaction Scores



Source: Primary Data

- ✓ More than 40% of the respondents perceived the price structure to be reasonable whereas around 32.50 found it to be expensive and only around 13% found it to be very expensive. Please refer to (Figure 11).

Figure11: Sensitivity towards Pricing

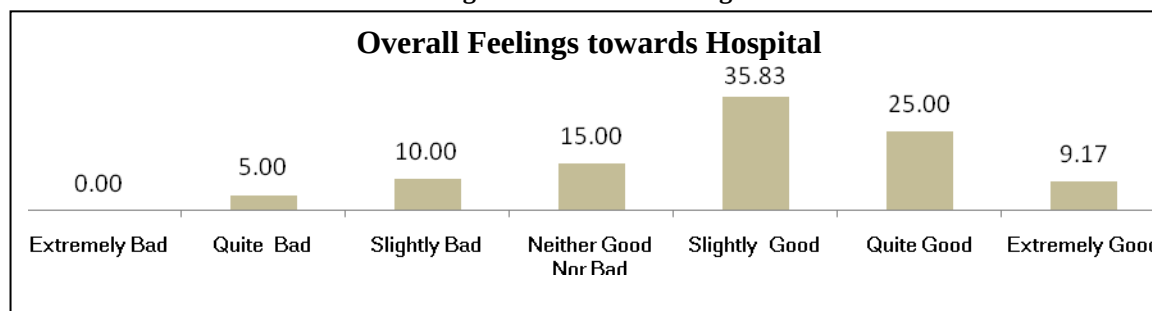


Source: Primary Data

Feelings towards this hospital

We got more positive feedbacks about the hospital when patients were asked for their feelings with around 70% of the respondents answered in a positive note. Please refer to (Figure 12).

Figure12: Overall Feelings



Source: Primary Data

- ✓ Around 75% of the respondents perceived the services offered by the hospital as good and acceptable.
- ✓ Around 66% of the respondents perceived the services offered by the hospital better than that of others.
- ✓ The overall quality of the hospital was highly acceptable by most of the respondents with around 63% perceived it as high.
- ✓ As most of the respondents were satisfied they were also ready to spread positive word of mouth communication towards the hospital.
- ✓ Also, most of them were ready to recommend the hospital to anyone who would seek their advice.
- ✓ The positive perception and subsequently generated attitude most of them were also ready to encourage their friends and relatives to undergo medical treatment in the stated hospital.
- ✓ The positive image and the perceived quality parameters have enforced the hospital to become the first choice for availing medical treatment between the respondents.
- ✓ Most of them were ready to do all their medical treatments in the stated hospital in future which is again attributed towards their positive feelings.
- ✓ Here we can find some discrepancy when asked about their willingness to continue with the services of the particular hospital in case they change their residence to some other locality as around 25% of the respondents were ready to visit again in spite of change of residence whereas around 30% disagreed with the visit and around 21% were not sure about their choice. The growth of alternative hospitals may also play a vital role for this question.
- ✓ Because of the satisfaction generated towards the service quality provided by the hospital, they find it more innovative towards the improvement of standards over a period of time. Please refer to (Table 2).

Table2: Attitudinal Loyalty Statements

	Entirely Disagree	Mostly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Mostly Agree	Entirely Agree
Attitudinal							
I consider this hospital's services are good	0.00	5.83	10.00	9.17	37.50	23.33	14.17
This hospital's services are better than those of other hospitals	0.00	9.17	15.00	9.17	35.00	16.67	15.00
In general, the quality of this hospital's service is high	0.00	10.83	14.17	11.67	39.17	13.33	10.83
I will say positive things about this hospital	0.00	10.00	15.00	11.67	32.50	16.67	14.17
I will recommend this hospital to someone who seeks my advice	0.00	7.50	9.17	10.00	39.17	18.33	15.83
I will encourage my friends and relatives to undergo medical treatment in this hospital	0.00	0.00	6.67	9.17	40.83	25.00	18.33
I consider this hospital as the first choice for medical treatment	0.00	5.00	11.67	10.83	31.67	23.33	17.50
I will do all medical treatments in this hospital in	0.00	7.50	11.67	12.50	33.33	18.33	16.67

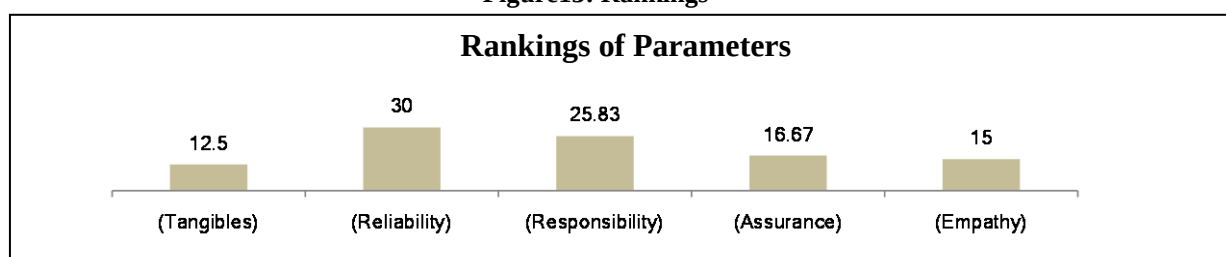
the future							
I will continue my medical treatment in this hospital, in case I change my residence to any other locality	8.33	15.00	30.00	21.67	10.00	9.17	5.83
In every visit, I find better quality in this hospital's service	6.67	12.50	18.33	20.00	20.83	11.67	10.00

Source: Primary Data

Ranking of Parameters that help to evaluate the Hospital Services:

- ✓ When asked to rank the important parameters to evaluate the quality of hospitals, most of them ranked the reliability factor of the hospitals as no 1 followed by responsibility parameter. From this, we can infer that the dependability, accuracy, willingness and prompt service play major catalyst for most of the customers. Please refer to (Figure 13).

Figure13: Rankings



Source: Primary Data

The voice of Customers (Suggestions for Improvement):

- ✓ Quality is not only about self-perception but it's the combination of various aspects that affect the service delivery system. Views from the reference group also come to play as we can find the mentioning of factors like parking, waiting line management, safety, the lighting of various areas in and around the premises are amongst the most suggested measures of improvement. Please refer to (Table 3).

Table3: Suggestions

Sl. No	Areas of Improvement	Percentage
1	Waiting Periods before consultations	53
2	Mismanagement near the test-labs	45
3	Hygiene & Sanitation conditions	39
4	Safety at night in the nearby areas and approaching roads	36
5	Proper lighting facility inside and outside of the premises	33
6	Parking facility (Shaded)	30
7	Inconvenient Parking spot	28
8	Attitude of the Staffs	25
9	Sufficient dormitories for Attendants	22

Source: Primary Data

V. SUGGESTIONS

From the above study, we got more of positive responses about the hospital and its services but there exist various areas where we can improvise. Based on the findings and stimulated by the suggestions of the customers, we can recommend some improvement measures for the services of the hospital.

- ✓ Upon arrival at the hospitals, the patients should be greeted generously and the health care procedures need to be explained thoroughly in order to reduce their anxiety levels which remain high in case of emergencies.
- ✓ We should aim for providing the services within 15 minutes of the arrival as that defines the overall experience as proven in the case of hotels.
- ✓ If the patient is paying them a repeat visit, then he has to be recognized once inside the premises like it happens in hotels. Here, we need to develop the habit of saying we have been expecting you from the current practices of asking for photo ids etc.
- ✓ The language used in the treatment process can make or break the quality perception. In this regard, we need to train the employees to use soothing and subtle language while dealing with the patients and

their relatives. Also, clear dialogue with the patients can generate trust amongst the people as they search for empathy when taking treatment in a hospital.

- ✓ Generally, hospitals are associated with diseases, for which the management needs to concentrate more on the efforts to enhance the visual appearance of the hospital. Frequent cleaning of various areas, changing of bed sheets and pillow covers, cleaning of dustbins, use of gloves and masks, neat appearance of all the employees will generate more positive feelings amongst the patients over a period of time.
- ✓ Similarly, by providing behavioral training to all the staffs working in the medical college hospital will generate more satisfaction amongst the customers. In this regard, we need to install the concept of relationship marketing and mutual respect so that the doctor-patient relationship will flourish in future. Normally the patients believe the doctors as demigods for which the doctors also need to treat them with caring fashion.
- ✓ The patients should be explained about their problems and the services should be performed in the right direction from the beginning which will help to reduce the patient's tension, worries and generate confidence for the hospital.
- ✓ The timing of provision of services also plays an important role as nowadays the zone of tolerance amongst the customers are dramatically decreasing as the options are increasing.
- ✓ Apart from the core hospital services, other ancillary facilities like parking, lighting and safety measures in and around the premises should also be managed with equal efficiency.
- ✓ The concept of taking feedbacks from the patients and their attendants has to be implemented vigorously which can further strengthen the bond.
- ✓ The discharge process should also take less time like the admission process. We need to act and make the payment process realistic and ease of use for the customers to make their transition seamless and less stressful.

Despite all our efforts, some things may go wrong sometimes. To manage them in line with hotels, we need to develop proactive measures like reaching the customer at first place, providing a regretful acknowledgment offering some discounts for the unsatisfactory performance of the services. In this way, we can turn the complainers into advocates for us.

Way Forward

As already we have discussed, maintenance of technical quality is important but at the same time, we need to focus also on the functional quality as both of them jointly affects the optimum service delivery perceived by the customers. Our study here strengthens the above belief a bit more where the renowned hospital has been positively perceived by more than half of the customers. Still there exist some gaps which we need to fill up in order to gain a lucrative competitive advantage over the competitors.

In our country hospitals are often considered as intimidating and uncomfortable. So, we need to change the perception of people shifting the attention from the uncomfortable environment to a pleasant place to get well.

In this direction, we can always take the help of hotel industry where the quality customer care concept has been researched and applied well over the years. While we obviously cannot match all parameters of hospital services as same as hotels, we can at least track the satisfaction pulse of the customers on a regular basis to understand their sentiments, identify their levels of dissatisfactions and act upon to make their stay pleasant.

VI. REFERENCE

- [1] Abbott, P. & Lewry, S., (1999), "Front Office: Procedures, Social Skills, Yield and Management", 1st Edition, Oxford: Butterworth-Heinemann.
- [2] Annamalai Solayappan, Dr. Jothi Jayakrishnan, Sethu Velmani, (2011), "Quality Measurement for Hospital Services", at 3rd International Conference on Information and Financial Engineering, IPEDR vol.12 (2011), IACSIT Press, Singapore.
- [3] Ashok Thiakaran, A. Sindhuja, R. Krishnaraj, (2015), "Service Quality in Hospitals at Chennai", International Journal of Pharmaceutical Sciences Review and Research, 34(1), pp. 238-242.
- [4] Berry, L.L., Parasuraman, A. and Zeithaml, V.A., (1988), "The service-quality puzzle", Business Horizons, September-October, 1988, pp. 35-43.
- [5] Boshoff, C. and Gray, B., (2004), "The relationships between service quality, customer satisfaction and buying intentions in the private hospital industry", South African Journal Business Management, 35(4), pp. 27-38.
- [6] Butler, D., Oswald, S.L. and Turner, D.E., (1996), "The effects of demographics on determinants of perceived health-care service quality: the case of users and observers", Journal of Management in Medicine, 10(5), pp. 8-20.
- [7] Chetty, K., "RK Khan Hospital [online]." (2010). Available at: <http://www.kznhealth.gov.za/rkxhnhospital.htm>.
- [8] Cronin, J. J. and Taylor, S. A., (1992), "Measuring service quality: A re-examination and extension", Journal of marketing, 56(3), pp. 55-68.
- [9] Corinna C. Zygourakis, John D. Rolston, James Treadway, Susan Chang, and Michel Kliot, (2017), "What do hotels and hospitals have in common? How we can learn from the hotel industry to take better care of patients," Surgical Neurology International, 5(Suppl 2), pp. S49-S53.
- [10] David, J., (2005), "Textbook of Hotel Management.", New Delhi: Anmol Publications.

- [11] Fottler, M. D., Ford, R. C., Roberts, V., Ford, E. W. & Spears, J. D., (2000), "Creating a healing environment: The importance of the service setting in the New Consumer-Oriented Healthcare System," *Journal of Healthcare Management*, 45(2), pp. 91-106.
- [12] Gronroos, C. (1990), *Service Management and Marketing*, Lexington Books, Lexington, MA.
- [13] Gronroos, C. (1984), "A service quality model and its marketing implications", *European Journal of Marketing*, 18(4), pp. 36-44.
- [14] Ive, J., (2000), "Achieving Excellence in Guest Service", Melbourne: Hospitality Press.
- [15] Jabnoun, N. and Chacker, M., (2003), "Comparing the quality of private and public hospitals", *Managing Service Quality*, 13(4), pp. 290-99.
- [16] Jones, P. & Lockwood, A., (1989), *The Management of Hotel Operations*, London: Cassell Educational.
- [17] Mullins, L. J., (1995), "Hospitality Management: A Human Resources Approach.", Harlow, Essex: Longman.
- [18] O'Connor, S.J., Trinh, H.Q. and Shewchuk, R.M., (2001), "Perceptual gaps in understanding patient expectations for healthcare service quality", *Quality Management in Healthcare*, 9(2), pp. 26-42.
- [19] Oliver, R.L., 1980, "A cognitive model of the antecedents and consequences of satisfaction decisions", *Journal of Marketing Research*, 17(4), pp. 460-9.
- [20] Parasuraman, A., Zeithaml, V.A. and Berry, L.L., (1985), "A conceptual model of service quality and its implications for future research", *Journal of Marketing*, 49(Autumn1985), pp. 41-50.
- [21] Parasuraman, A., Zeithaml, V.A. and Berry, L.L., (1988), "SERVQUAL: a multiple-item scale for measuring consumer perceptions of service quality", *Journal of Retailing*, 64(1), pp. 12-40.
- [22] Singh, P. K., "Express Hospitality. Hospitals turn to Hospitality", (2006), Available at: <http://www.expresshospitality.com/20060215/market01.shtml>.
- [23] Sohail, M.S., (2003), "Service quality in hospitals: more favourable than you might think", *Managing Service Quality*, 13(3), pp. 197-206.
- [24] Srinivasan, A. V., "Managing a Modern Hospital. Los Angeles," (2008), Calif.: Response Books.
- [25] Zeithaml, V.A., Berry, L.L. and Parasuraman, A., (1996), "The behavioral consequences of service quality", *Journal of Marketing*, 60(2), pp. 31-46.