EFFECT OF SERVICE QUALITY ON CUSTOMER SATISFACTION AND WORD OF MOUTH IN PRIVATE HOSPITALS OF AIZAWL

Dissertation submitted to Mizoram University
For the partial fulfilment of the requirements for the award of Master of Philosophy in Management

Submitted by:
V. L. Nuntluanga
MZU/M.Phil./565 of 29.05.2020

Under the Supervision of
Prof. L. S. Sharma
Department of Management

DEPARTMENT OF MANAGEMENT
SCHOOL OF ECONOMICS, MANAGEMENT AND INFORMATION SCIENCE
MIZORAM UNIVERSITY
AIZAWL, MIZORAM 796004
2021

EFFECT OF SERVICE QUALITY ON CUSTOMER SATISFACTION AND WORD OF MOUTH IN PRIVATE HOSPITALS OF AIZAWL

Submitted by:
V. L. Nuntluanga
Department of Management

Under the Supervision of
Prof. L. S. Sharma
Department of Management

Submitted
in partial fulfillment of the required Degree of Master of Philosophy in Management of
Mizoram University, Aizawl

DEPARTMENT OF MANAGEMENT

SCHOOL OF ECONOMICS, MANAGEMENT AND INFORMATION SCIENCES

MIZORAM UNIVERSITY, AIZAWL

DECLARATION

I, V. L.Nuntluanga, hereby declared that the subject matter of this dissertation is the record of work done by me, and the content of this dissertation did not form basis of the award of any previous degree to me or to do the best of my knowledge to anybody else, and that the dissertation has not been submitted by me for any research degree in any other University / Institute.

This is being submitted to the Mizoram University for the degree of Master of Philosophy in Management.

(V.L.Nuntluanga)

Candidate

HEAD OF DEPARTMENT

SUPERVISOR

MIZORAM UNIVERSITY

Prof. L. S. Sharma

Department of Management
School of Economics Management and Information Sciences,
Aizawl, Mizoram, India. PIN-796004
Tel: 2330710/9862569024
Email : lsksharma@yahoo.co.in

CERTIFICATE

This is to certify that MPhil dissertation entitled "Effect of Service Quality on Customer Satisfaction and Word of Mouth in Private Hospitals of Aizawl" by V. L. Nuntluanga Regn. No. MZU/M.Phil./565 of 29.05.2020 has written the project under my supervision.

He has fulfilled all the required norms laid down under the "Prevention of Plagiarism in Higher Educational Institutions (HEI) Regulations, 2018" laid down University Grants Commission, New Delhi. The dissertation is the result of his own investigation. Neither the research work as a whole nor any part of it was ever submitted to any University/Institution for any degree.

Aizawl (Prof. L. S. Sharma)

22.8.2021 Supervisor

ACKNOWLEDGEMENT

First and foremost, I would like to express my sincere gratitude to my supervisor, Prof L.S. Sharma, Department of Management, Mizoram University for his motivation, understanding and patience. In spite of his busy schedule, has spared his valuable time and provided me with very bit of assistance and expertise during the course of my research work. This dissertation would not have been possible without his guidance.

Secondly to the faculty of the department of management, Mizoram University, I am sincerely grateful as they have been a constant source of motivation and providing me with valuable input advice and encouragements.

I would also like to thank all the respondents for providing me their precious time during my field survey.

I would also like to extend my heartfelt gratitude to my family and friends for their love, encouragement and sacrifices. Most importantly, I would like to thank the almighty God whose guidance and blessings has enabled me to complete this dissertation.

Last but not least I would like to thank our respected Head of Department Dr. Amit Kumar Singh for his encouragement and support at the time of completion of the dissertation.

V. L. Nuntluanga

CONTENTS

LIST OF TABLES

ACRONYM

ANOVA	:	Analysis of Variance
C.S.	:	Customer satisfaction
CHC	:	Community Health Centres
CMO	:	Chief Medical Officer
DHME	:	Directorate of Hospital and Medical Education
DHS	:	Directorate of Health Services
IPD	:	Inpatients department
OPD	:	Outpatients department
PHC	:	Primary Health Centres
PWOM	:	Positive word of mouth
RATER	:	Reliability, Assurance, Tangibles, Empathy and Responsiveness
SC	:	Sub-Centres
SERPERF	:	Service
SERVQUAL	:	Service Quality
WOM	:	Word of mouth

Chapter 1

INTRODUCTION

1.1 Introduction

In recent years, interest in hospital services has increased as the standard of living has changed and better medical care is required to improve lifestyle. Improving the quality of medical care has become a major concern for patients, and in order to provide better service to patients, the quality of service is becoming increasingly important for hospitals in terms of patient satisfaction and loyalty (Alhashem et al., 2011; Arasli et al., 2008). Meehan et al. (2002) highlighted that understanding inpatients' assessment of the performance quality of hospital services will improve the outcome of the existing health system and the quality of services. As a result, the number of satisfied inpatients increases and patients will continue to visit their hospitals (Arasli et al., 2008). In addition, patients who value the relationship are more likely to remain loyal to their hospital and refer the hospital to others (Kessler and Mylod, 2011). However, hospitals that fail to understand the importance of providing quality of service and customer satisfaction may invite potential loss of patients (Andaleeb, 1998; Padma et al., 2010). In such situations, customer satisfaction was seen as a fundamental determinant of maintaining long-term customer behavior (Oliver, 1980; Zeithaml et al., 1996; Anthanassopoulos et al., 2001). In other words, the happier the customer, the greater the customer loyalty (Anderson and Sullivan, 1993; Fornell, 1992) and the likelihood of referring the hospital to other potential customers (Zeithaml et al., 1996). In addition, patients are becoming more open to competitive advances and more familiar with healthcare services, so service quality alone may not be sufficient to ensure a long-term patient-hospital relationship (Gaur et al., 2011). To ensure long-term patient loyalty to the hospital, many hospitals seek not only satisfaction but also

loyalty development in order to reduce the perceived risk of using the service (Ranaweera and Prabhu, 2003). Customer satisfaction is seen as a critical factor of considerable importance in the process of building and maintaining relationships in medical services (Aagja and Garg, 2010; Gaur et al., 2011) that affects willingness to recommend, i.e., word of mouth (WOM) with other customers about the services offered, whether positive or negative. As Swan and Oliver (1989) found, satisfied customers produce more WOM than dissatisfied customers. Thus, this may suggest that customer satisfaction is an important factor for hospitals in maintaining a long-term relationship with their patients so that word of mouth can be improved. David and Dagger (2011) also found that WOM is particularly important for service providers whose offers are largely immaterial and empirical or credible. WOM is one of the most important success factors for service companies.

The term word of mouth (WOM) refers to the oral or written communication between actual consumers and others, including family, friends, independent experts, who are all potential consumers and others (Helm and Schlei, 1998). These verbal messages can be either negative or positive depending on the service the customer is receiving. Previous research argues how word of mouth affects buying behavior (Bansal and Voyer, 2000) and how it affects customer attitudes (Bone, 1995). Ennew et al. (2000) point out that the value of word of mouth cannot be the same in all market, product and organizational contexts. For example, the influence of word of mouth is greater for products that have outstanding experience and credibility qualities or for products whose purchase is highly associated with a perceived risk, e.g., hospitals. In this context, Murray (1991), prior to making a purchase decision, affirms that consumers of services take the opinions and experiences of other people into account to the greatest possible extent and notes that word of mouth is greatly reduced by word of mouth. This is in line with the assumption made by Berry and Parasuraman (1991) that word of mouth is particularly critical to the success of service-based organizations and businesses.

Parasuraman et al. (1988) found a positive correlation between customer satisfaction and the desire to give recommendations to the service provider in relation to the factors influencing word of mouth. In addition, Lovelock et al. (1996) suggested that customer satisfaction and quality of service encourage positive word of mouth. Even if this relationship has been investigated in various studies in the past, there is a clear gap in the literature on the question of how the dimensions of service quality affect customer satisfaction such as word of mouth, especially in the healthcare sector. In this context, the study examines the impact of each variable on customer satisfaction and positive word of mouth for private hospitals in Aizawl.

The selection of hospitals as a specific study sector was based on the fact that word of mouth is important in promoting hospital services, as the perceived risks are much higher compared to other services. In addition, hospital customers have limited options for repeat purchases as each patient's health is uncertain. In addition, as Youssef et al. (1996) healthcare hospitals offer the same types of services, but differ in the quality of the services they provide. Organizations today are faced with the problem of providing reliable quality of service, as quality of service is an essential factor for sustainable growth. Intense competition contributes to the fact that the quality of services is a primary determinant of the effectiveness and sustainability of organizations in the current customer-oriented economic environment of the world, in which customers are given rights in the choice of the object of purchase (Eboli & Mazzulla, 2007). As such, every business seeks to attract consumers and increase consumer satisfaction, as word of mouth plays a vital role in influencing attitudes in buying decisions and increasing the risk of other buying decisions.

1.2 Healthcare Sector in Mizoram

Mizoram is located in northeast India, between Myanmar and Bangladesh, and so holds a strategic location. It has a total area of 21,087 km2. For roughly 1013 kilometres, the state shares an international boundary with Bangladesh and Myanmar. Mizoram also shares a

national border with Manipur, Assam, and Tripura. Mizoram is a forested mountainous area that stretches from north to south. Mizoram has a population of 10,98,827 people and a literacy rate of 93.33 percent (Mizoram Statistics, 2019).

The history of healthcare may be traced back to the founding of today's civil hospital in 1896 as a "*kuli*" dispensary with a small number of beds, which gradually grew as the number of beds rose. It had 56 beds in the 1960s, but as migration increased, its capacity grew to 200 beds. The hospital includes 300 beds and departments of surgery, medicine, obstetrics and gynaecology, paediatrics, orthopaedics, dermatology, radiography, ophthalmology, ENT, pathology, bacteriology, biochemistry, anaesthesiology, oncology, forensic medicine, and blood banking. During the establishment of the Civil Hospital, the Champhai dispensary was also opened, and later several dispensaries were opened in Kolasib, Sairang, Lunglei, N. Vanlaiphai, Sialsuk, Tlabung, Vahai and Tuipang in the 1920s.

As per the handwritten records preserved in the Health Department's "Inspection Book, Champhai Dispensary, from 1896 to 1973," it was stated that Dr. E. Christian Harr, Surgeon Captain, was the first Civil Surgeon of Lushai Hills. At the time of Indian independence in 1947, it had a 36-bed hospital and clinics. The number of hospitals, physicians and pharmacists in Mizoram was significantly small as Mizoram was a district of Assam. The Health Services organization was managed by a Civil Surgeon in Aizawl, with help from a Sub-Divisional Medical Officer in Lunglei. When the Mizoram District Council was formed in 1952, one more hospital, 7 Public Health Dispensaries, 3 Primary Health Centres and 7 Traveling Dispensaries were also established. However, during the civil uprising during 1970s and 1980s in the state, some Dispensaries/Traveling Dispensaries were not functional.

The functions of Health Department, according to Government (Allocation of Business) Rules, 1987 are as follows:-

1. Administration of Government Hospitals, Dispensaries and Primary Health Centres (PHCs).
2. Prevention of Food Adulteration.
3. Drug Control Acts.
4. Implementation of National Schemes in Health and Family Planning(Welfare).
5. Administration of Medical Services.
6. Indian Lunacy Act/Poison Act.
7. Maternal and Child Health Programmes.
8. TB, Leprosy and Child Health Programmes.
9. Matters relating to Indian Medical Council.
10. Health Education Schemes.

In addition to the aforementioned, the Health Department has jurisdiction over a variety of topics relating to preventative, promotive, curative, and rehabilitative health care, as well as new health concerns and difficulties. To meet these tasks, the Health Department has been divided into two divisions: the Directorate of Health Services (DHS) and the Directorate of Hospital and Medical Education (DHME), each with its own budget. DHS is in charge of rural health facilities. i.e., Community Health Centres (CHCs), Primary Health Centres (PHCs), Sub-Centres (SCs) and Rural Hospital, Tlabung. Similarly, Civil Hospital (Aizawl), Kulikawn, Hospital and all the district hospitals come under the jurisdiction of Directorate of Hospital & Medical Education.

The DHS and DHME are represented at the district level by the Chief Medical Officer (CMO) and Medical Superintendent, respectively. For health care delivery, Aizawl District has been operationally split into Aizawl East and Aizawl West districts, each led by a CMO. Program Officers, Deputy Directors (Administrators), an Executive Engineer and his team, Medical Officers, Research Officers, Finance & Accounts Officers, Officer Superintendent, and ministerial and contractual personnel help the two Directors at the state level. It is planned to coordinate and integrate these two Directorates under the Principal Director at State level

and the Senior CMO at district level, as recently recommended by the Cadre Review Committee, Government of Mizoram.

1.2.1 Primary Health Care Services in Mizoram:

Mizoram now has one state hospital (an upgraded district hospital), eight district hospitals, five sub-district hospitals, one tertiary hospital, nine community health centers, 57 primary health centers, eight urban health centers, and 371 sub-centres and 166 clinics distributed across the state (Table 1). The Central Government sets population norms, which may need to be modified in Mizoram in order to reach all members of the community. To meet the aims and duties of Mizoram's health department, several types of technical and non-technical people collaborate in a coordinated effort. As of 2019, there are 13 full fledged Government hospitals, and one Medical College (Table 2) in the state with various departments and specialities. The hospitals are located at Aizawl, Lunglei, Champhai, Serchhip, Saiha, Kolasib, Mamit, Lawngtlai and Falkawn. An Integrated Ayush hospital with 50 beds is also set up at Thenzawl alongwith the Mizoram State Cancer Institute with 50 beds at Aizawl.

Table 1. Primary Healthcare centres during 2019-20

Sl. No.	District	Tertiary Hospital	District Hospital	Sub-District Hospital	Community Health Centre	Primary Health Centre	Urban Primary Health Centre	Sub-Centre	Clinic
1	Aizawl East	1	1	1 (Saitual)	2	5	3	54	39
2	Aizawl West	0	1	1 (Kulikawn)	1	5	3	41	33
3	Champhai	0	1	1 (Khawzawl)	2	11	0	60	27
4	Kolasib	0	1	0	1	5	0	26	6
5	Lawngtlai	0	1	0	1	6	0	36	19
6	Lunglei	0	1	2 (Tlabung & Hnahthial)	0	9	2	70	16
7	Mamit	0	1	0	1	7	0	33	8
8	Saiha	0	1	0	0	4	0	24	13
9	Serchhip	0	1	0	1	5	0	27	5
TOTAL		**1**	**9**	**5**	**9**	**57**	**8**	**371**	**166**

(Source: Economic Survey of Mizoram 2019-20)

Table 2. Government Hospitals in Mizoram during 2018-19

Sl. No.	Name of Hospitals	No. of Beds
1	Civil Hospital, Aizawl	270
2	Kulikawn Hospital, Aizawl	50
3	Civil Hospital, Lunglei	150
4	District Hospital, Champhai	75
5	District Hospital, Serchhip	60
6	District Hospital, Saiha	45
7	District Hospital, Kolasib	60
8	District Hospital, Mamit	30
9	District Hospital, Lawngtlai	34
10	Referral Hospital, Falkawn (including TB Hospital)	267
11	Mizoram State Cancer Institute (MSCI)	50
13	Integrated Ayush Hospital, Thenzawl	50
	Total	1141

(Source: Economic Survey of Mizoram 2019-20)

1.2.2 Private hospitals in Mizoram:

Table 3 shows the current status of the private hospitals in Mizoram as per the Statistical Survey 2019-20. Altogether there are 24 private hospitals currently in Mizoram with a total number of 1553 beds available. Among them Synod Hospital is the largest with 355 beds, followed by Aizawl Hospital and Research Centre, Mission Veng. This is followed by Christian Hospital, Serkawn with 100 bedded and Bethesda Hospital, Bawngkawn with 100 bedded. The next hospital having highest number of beeds is Ebenezer Medical Centre, Chawnpui, Aizawl with 84 beds. Among the 24 private hospitals, 9 hospitals are located in Serkawn, Saiha, Lawngtlai, Champhai (2 hospitals), Kolasib, Lunglei (3 hospitals) and Serchhip; while the remaining 15 private hospitals are located in Aizawl district.

Table 3. Private Hospitals in Mizoram 2018-19

Sl. No.	Name of Hospitals	No. of Beds
1	Synod Hospital, Durtlang	355
2	Christian Hospital, Serkawn	100
3	Greenwood Hospital, Bawngkawn	87
4	Adventist Hospital, Seventh Day Tlang	50
5	Nazareth Hospital, Chaltlang	38
6	Bethesda Hospital, Bawngkawn	100
7	Aizawl Hospital & Research Centre, Mission Veng	145
8	Vaivenga Hospital & Research Centre, Dawrpui	21
9	Grace Nursing Home, Electric Veng, Aizawl	32
10	Ebenezer Medical Centre, Chawnpui, Aizawl	84
11	Maraland Gospel Centenary Hospital, Saiha	60
12	Lairam Christian Medical Centre, Lawngtlai	50
13	Alpha Hospital, Kulikawn	35
14	Med-Aim Adventist Hospital, Champhai	22
15	B.N. Hospital Kulikawn	59
16	Nazareth Nursing Home, Tumpui, Kolasib	20
17	Hope Hospital, Lunglei	35
18	Faith Hospital, Lunglei	30
19	D.M Hospital, Champhai	30
20	City Hospital, Mission Veng	62
21	LRM Hospital, Ramhlun, Aizawl	67
22	Redeem Hospital, College Veng, Aizawl	26
23	John William Hospital, Lunglei	30
24	Mercy Hospital(RD&RC), Serchhip	15
	Total	1553

(Source: Economic Survey of Mizoram 2019-20)

1.2.3 Number of Patients in Private Hospitals:

As shown in the Table 4, the data shows the number of patients in both outpatients (OPD) and inpatients (IPD) of the private hospitals during the years 2009-10 to 2018-19. The data show that the number of OPD patients has been varies between 141,890 to 211,213 between 8.02 percent to 11.94 percent of the total patients. The IPD shows a dramatic increase in the number of patients ranging from 39,902 to 81,204 with a percentage range from 8.15 to 16.59

of the total patients. The table shows that the demand and services provided by private hospitals are increasing especially in the IPD.

Table 4. Number of Patients in 2018-19

Sl. No.	Year	Private Hospitals			
		OPD	Percentage	IPD	Percentage
1	2009-10	163,768	9.26	40,845	8.35
2	2010-11	162,467	9.18	40,642	8.30
3	2011-12	141,486	8.00	39,902	8.15
4	2012-13	214,233	12.11	57,787	11.81
5	2013-14	141,890	8.02	41,467	8.47
6	2014-15	156,696	8.86	47,462	9.70
7	2015-16	177,310	10.02	47,051	9.61
8	2016-17	204,090	11.54	47,096	9.62
9	2017-18	196,101	11.08	45,940	9.39
10	2018-19	211,213	11.94	81,204	16.59
	Total	1,769,254	100.00	489,396	100.00

(Source: Economic Survey of Mizoram 2019-20)

1.3 Need of the study

The quality of health care is increasingly under scrutiny as financial constraints cause professional standards to fall below the minimum acceptable level (Azam et al., 2012). Aizawl hospital service users are now better informed, more aware and demanding superior services. The potential customers are able to carefully search the internet and monitor options as customers become more sensitive buyers and also rely heavily on word of mouth for their information source. Patients in Aizawl can be classified as special clients as they generally do not seek medical help proactively. However, if services are required, the customer will reasonably seek the best available service based on the other customer's satisfaction. The customer rating can differ significantly from that of the health care provider due to quality measures, which is mainly caused by an information asymmetry between the health care provider and the beneficiary (Wisniewski and Wisniewski, 2005). Thus, the effectiveness of

health care providers can strike a balance between patient desires and expectations (Brailsford and Vissers, 2011). Drastic changes in the legal, political and economic environment in India, increased competition between different healthcare providers, who in turn recognize that the provision of customer satisfaction is the key to success and long-term viability. This is especially true in hospitals, where users prefer a more efficient use of scarce resources. Therefore, it is necessary that the medical staff understand the patient's perception. Against this background, the aim of this study is to examine the influence of service quality on customer satisfaction and word of mouth in private hospitals in Aizawl.

1.4 Scope of the study

The study is revolved around 5 dimensions used for measurement of service quality known as SERVQUAL instrument proposed by Parasuraman et al. (1991). These dimensions are also called the RATER dimensions and consist of the following dimensions:

The reliability dimension is related to the provision of services as promised, e.g., providing services effectively the first time and providing services at the right time. Security is the ability to infuse trust in customers and to make them feel secure in transactions. Tangible objects relate to physical conditions such as decoration, ambience and appearance at the place of service, appearance such as cleanliness and clothing of the staff and the use of clean modern equipment. Empathy means to best serve the interests of the customers and to understand the needs of the customers. Responsiveness means letting customers know when services are being provided and reflecting a willingness to help customers. These dimensions are used to measure the service quality of private hospitals in Aizawl and its effect on customer satisfaction and word of mouth.

1.5 Statement of Problem:

Education and awareness have created a demand for world-class services and facilities, especially in the healthcare sector, where previous experiences and preferences of other customers are extremely important and apart from searching and monitoring options online. Customers are perceived as more sensitive and rely heavily on word of mouth as a source of information. This is especially true in the health sector, where the perceived risk is much higher than in other sectors. This creates problems for healthcare providers as word of mouth is out of their control and therefore healthcare providers need a review of their service quality in order to receive positive word of mouth.

Therefore, consumers of hospitals and clinics, who have the most direct experience of the services provided by these organizations, are most respected as a source of information regarding the quality of services. When it comes to complex issues such as the quality of hospital services and health care, some believe that customer opinions are too arbitrary and do not consider them to be a good quality judgment. Petersen (1988) suggests that it really doesn't matter whether the patient is right or wrong, what matters is how the patients felt, even if the healthcare organisation’s perception of reality is very different.

1.6 Objectives of the Study:

The aims of the study are:

1 To examine the service quality dimensions of private hospitals in Aizawl

2 To investigate the relationship between service quality and customer satisfaction in private hospitals in Aizawl

3 To explore the relationship between customer satisfaction and word of mouth in private hospitals in Aizawl

1.7 Hypotheses

1.7.1 Main Hypothesis:

H_0: There is no significant relationship between the dimensions of service quality with customer satisfaction and word of mouth in the private hospitals in Aizawl.

1.7.2 Sub- Hypotheses:

H_{01}: There is no significant relationship between tangible dimensions of service quality and customer satisfaction in the private hospitals in Aizawl.

H_{02}: There is no significant relationship between responsiveness dimension of service quality and customer satisfaction in the branch of private hospitals in Aizawl.

H_{03}: There is no significant relationship between reliability dimension of service quality and customer satisfaction in the private hospitals in Aizawl.

H_{04}: There is no significant relationship between assurance dimension of service quality and customer satisfaction in the private hospitals in Aizawl.

H_{05}: There is no significant relationship between empathy dimension of service quality and customer satisfaction in the private hospitals in Aizawl.

H_{06}: There is no significant relationship between customer satisfaction and word of mouth in the private hospitals in Aizawl.

1.8 Research Methodology:

1.8.1 Research Strategy

The research strategy pursued for this study is based on quantitative analysis. The methodology is based on ontological position of objectivism and trying to come to conclusion on the basis of deduction (Bryman and Bell, 2003). Furthermore, the data is collected through a questionnaire and the analysis is conducted on these quantities derived from the survey. The study is not for developing theories but testing the existing theories to come to conclusions by deducting from the data collected.

1.8.2 Data Source

The sources of data for the study is both from primary and secondary. Sekaran (2003) describe primary data as the information collected for the first time by researcher on the variables of research. The primary data is collected from the patients who has stayed in the private hospitals in Aizawl. The responses are used to apply and test the hypothesis developed earlier. The secondary data is collected various books, journal, websites and databases for review of articles. The secondary data were used for the development of concept of the variables and for analysis of data.

1.8.3 Sampling Method & Sample Size:

For the study, 4 hospitals are selected out of a total of 24 private hospitals available in Mizoram as per the economic survey of Mizoram 2019-20. Among the 24 hospitals altogether 15 hospitals are operating in Aizawl city while the remaining 9 private hospitals are operating in other districts of Mizoram. The selection criteria of the hospitals are based on the largest number of available hospital beds in these hospitals. The samples are selected on the basis of quota system based on the number of beds available in the hospital and quota was taken for 25 percent of the total number of beds in the selected hospitals and the fractions are rounded up, so altogether 172 patients are selected on the basis of bed number in the hospital as respondents. The selection criteria for the patients for the study are as the basis of stay at hospital for two days and two nights or more in the hospital. The selection of patients were carried out on convenience method. OPD and very short stay which is less than 2 days are not selected for the study as the study focused on the perception of the patients on the quality of the services were to be measured.

Table 5. Sample size and allocation of respondents

Hospital	No. of Beds	Quota Sample (25%)	Respondents (Rounded off)
Synod Hospital, Durtlang	355	88.75	89
Aizawl Hospital	145	36.25	37
Bethesda Hospital	100	25	25
Ebenezer Hospital	84	21	21
Total	684	171	172

(Source: Primary data)

1.8.4 Data Collection:

Saunders et al. (2009) explain survey as a strategy which is normally linked to deductive approach. This strategy is common in business and management research and mostly used to answer the question like who, what, where, how much and how many. Survey has the benefit of collecting large amount of data from sizeable population in economical way. Survey strategy is observed to be trustworthy by people in general and comparatively easy to explain and understand.

Collection of data was done using primary sources and also including secondary data such as journals, research reports etc. The duration of data collection was between 1st May 2020- 31st July 2020. Since the data was collected during COVID -19 pandemic, strict precautions were taken in order to follow protocol of the government and local level task force. The respondents selected for the study were not approached directly in order to avoid physical contact and questionnaire was collected through the help of the staffs of the hospitals who collected the data in person.

The questionnaire for the study follows the dimensions of the SERVQUAL instrument as developed by Parasuraman et al. (1991a, b) which evaluates perception and expectations of the customers in 44 questions, along with 2 questions for customers satisfaction, and 3 for word of mouth. All the 49 questions are measured in a 7-point Likert scale. Content validation is

carried out with the help of expert's opinion and reliability of the questionnaire is tested using Cronbach's alpha.

1.8.5 Data analysis:

Since the data collected is categorical in nature, the analysis carried out is suitable for the investigation of phenomena. The study has collected both categorical and ordinal data and these were used to break down the components, clarify the nature of components and relationship between them (Saunders et al., 2009). The study primarily used the service gap model to assess the effective quality of the hospitals. The gap is defined between the expectation variable and the perception variable that forms the calculation (P-E= Service Quality Gap Score) (Parasuraman et al., 1985). Descriptive statistics were used to examine the demographic profile of the respondents. For analysis of the relationship between the dimensions of SERVQUAL, customer satisfaction and word of mouth, a multiple regression model was developed and tested by using statistical software.

1.8.6 Model of the study:

The study follows a model drawn after a conceptual development of model which lead to the following equations:

1) Effects of service quality on customer satisfaction:

$$\widehat{Y} = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + e$$

Where:

$\hat{Y}$ = Customer satisfaction

X_1 = Tangibles

X_2 = Reliability

X_3 = Assurance

X_4 = Responsiveness

X_5 = Empathy

e = Errors

2) Effects of customer satisfaction on word of mouth

$$\hat{Y} = \beta_0 + \beta_1 X_1 + e$$

Where:

$\hat{Y}$ = Word of mouth

X_1 = Customer Satisfaction

e = Errors

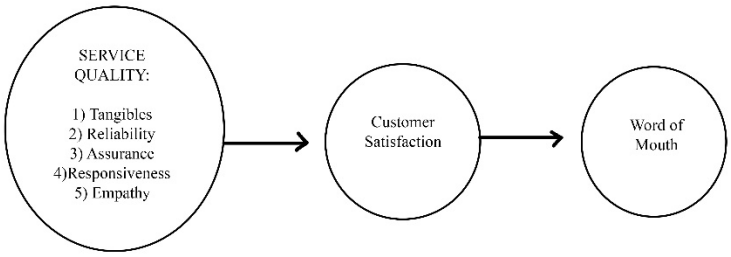

Figure 1 Model Diagram of the study

1.9 Limitations:

The followings are the limitations of the study:

1. The study is limited to only Aizawl city, although the city has the densest population in Mizoram. Taking the other cities of Mizoram would be more representative of status of healthcare services in Mizoram.
2. Since the study is an outcome of Master of Philosophy, the time frame allotted is limited and the period of data collection was shorter as well as the period was hampered by the outbreak of COVID-19 pandemic.

3. SERVQUAL analysis limits the study of service quality to description of the service only and does not give explanation on why the customers have such perception and expectation.

1.10 Chapterization:

Chapter 1: Introduction

The chapter dealt with the introduction of the research topic and staus of healthcare sector in Mizoram. It also includes need of the study, problem statement, scope of the study, objectives, hypothesis and methodology of the study.

Chapter 2: Review of Literature and Conceptual Development

Chapter 2 consists of review of literature on service quality , word of mouth and satisfaction. It furthers analysis and develops the conceptualisation of the research theme and the research model is developed here.

3: Data Analysis of Service Quality Effectiveness

This chapter analyses the demographic profile of the respondents and the service quality effectiveness is measured by using service gap identification. The chapter further examines the various components of the service variables which has an effect on service quality.

Chapter 4: Testing of Model and Hypothesis

Chapter 4 examines the model and and it is tested along with the hypothesis which was developed in the earlier chapters.

Chapter 5: Findings, Conclusions and Suggestions

In this chapter, the conclusions of the study are drawn and major finding of the study is

reported.

1.11 Summary

This introductory chapter focuses on a preliminary introduction about the study, the needs of the study and scope of the study. The chapter also explores the healthcare structure available in Mizoram examines the development of the healthcare till 2021. The chapter alsi defines its the objectives of the study, states the hypothesis to be tested in order to find the significance of the study. The chapter also gives an introduction on the variables to be studied, which are service quality, customer satisfaction and word of mouth, and how relationships may be drawn among the mentioned variables in the private healthcare sector. The final part of the chapter describes the research methodology used for the study which includes, sampling size and sampling method, the data collection procedure and also the data analysis for the study.

Reference:

Aagja, J.A. & Garg, R. (2010). Measuring perceived service quality for public hospitals (PubHosQual) in the Indian context. *International Journal of Pharmaceutical and Healthcare Marketing*,4(1),60-83.

Alhashem, A.M., Alquraini, H., & Chowdhury, R.I. (2011). Factors influencing patient satisfaction in primary healthcare clinics in Kuwait. *International Journal of Health Care Quality Assurance*,24(3),249-262.

Andaleeb, S.S. (1998), Determinants of customer satisfaction with hospitals: a managerial model. *International Journal of Health Care Quality Assurance*,11,181-187.

Anderson, E.W. & Sullivan, M.W. (1993). The antecedents and consequences of customer satisfaction for firms. *Marketing Science Letters*, 12(2),125-143.

Anthanassopoulos, A., Gounaris, S., & Sathakopoulos, V. (2001). Behavioural responses to customer satisfaction: an empirical study. *European Journal of Marketing*, 35(5/6),687-707.

Arasli, H., Ekiz, E.H., & Katircioglu, S.T. (2008). Gearing service quality into public and private hospitals in small islands. *International Journal of Health Care Quality Assurance*,21(1),8-23.

Azam, A. Qiang, P. & Abdullah, M.I. (2012). *Consumers' E-commerce acceptance model: Antecedents of trust and satisfaction constructs*. Kuala Lumpur,Malaysia: BEIAC 2012 - 2012 IEEE Business, Engineering and Industrial Applications Colloquium.

Bansal, H.S. & Voyer, P.A. (2000). Word-of-Mouth Processes within a Services Purchase Decision Context. *Journal of Service Research*, 3(2), 166-177.

Berry, L.L. & Parasuraman, A. (1991),*Marketing Services: Competing through Quality*, New York, NY: The Free Press.

Brailsford, S. & Vissers, J. (2011). OR in healthcare: A European perspective. European *Journal of Operational Research*, 212, 223-234.

Bryman, A. & Bell, E. (2007). *Business research methods*. 2nd edition. Oxford University press

Chaniotakis, I. & Lymperopoulos, C. (2009). Service quality effect on satisfaction and word of mouth in the health care industry. *Managing Service Quality*, 19, 229-242.

Dagger, T.S., & David, M.E.(2011). Do relationship benefits and maintenance drive commitment and loyalty? *Journal of Services Marketing*, 25 (4), 273-281.

Eboli, L. & Mazzulla, G. (2007). Service Quality Attributes Affecting Customer Satisfaction for Bus Transit. *Journal of Public Transportation*. 10.

Ennew, C., Banerjee, A., & Li, D. (2000). Managing word of mouth communication: Empirical evidence from India. *International Journal of Bank Marketing*, 18, 75-83.

Fornell, C. (1992). A national customer satisfaction barometer: the Swedish experience, *Journal of Marketing*, 56, 6-21.

Gaur, S.S., Xu, Y., Quazi, A., & Nandi, S. (2011). Relational impact of service providers' interaction behavior in health care. *Managing Service Quality*, 21(1),67-87.

Helm, S. & Schlei, J. (1998). Referral Potential - Potential Referrals. In P. Anderson, (ed), *Proceedings of the 27th EMAC conference* (pp. 41-56). Stockholm: Stockholm School of Economics.

Kessler, D.P. & Mylod, D. (2011). Does patient satisfaction affect patient loyalty?. *International Journal of Health Care Quality Assurance*, 24 (4), 266-273.

Lovelock, C. H. (1996). *Adding Value to Core Products With Supplementary Services*. In Service Services Marketing (2nd ed.), NJ: Prentice Hall,337-359.

Meehan, T., Bergen, H., & Stedman, T. (2002). Monitoring consumer satisfaction with inpatient service delivery: the inpatient evaluation of service questionnaire. *Australian and New Zealand Journal of Psychiatry*,36, 807-811.

Murray, K. (1991). A Test of Services Marketing Theory: Consumer Information Acquisition Activities. *Journal of Marketing*, 55.

Ng, S., David, M.E, & Dagger, T.S. (2011). Generating positive word-of-mouth in the service experience. *Managing Service Quality: An International Journal*,21(2), 133-151.

Parasuraman, A., Zeithaml, V.A. and Berry, L.L. (1985) 'A conceptual model of Service Quality and its implication for future research', *Journal of Marketing*, Vol. 49 (4), 41- 40.

Parasuraman, A., Zeithaml, V., & Berry, L. (1988). SERVQUAL: A multiple- Item Scale for measuring consumer perceptions of service quality. *Journal of retailing*,61,12-14

Parasuraman, A., Berry, L., & Zeithaml, V., (1991a Autumn). Perceived service quality as a customer-based performance measure: an empirical examination of organizational barriers using an extended service quality model. *Human Resource Management*, 30 (3), 335-64.

Parasuraman, A., Zeithaml, V.,& Berry, L., (1991b).Refinement and reassessment of the SERVQUAL scale. *Journal of Retailing*, 67 (4), 420-450.

Padma, P., Rajendran, C., & Lokachari, P.S. (2010). Service quality and its impact on customer satisfaction in Indian hospitals. Perspectives of patients and their attendants. *Benchmarking: An International Journal*,17 (6), 807-841.

Petersen, M.B.H. (1988 May). R.N. Measuring patient satisfaction: Collecting useful data. *Journal of Nursing Quality Assurance*, 2(3),25-35.

Ranaweera, C. & Prabhu, J. (2003). The influence of satisfaction, trust and switching barriers on customer retention in a continuous purchasing setting. *International Journal of Service Industry Management*, 14(4),374-395.

Sekaran,U & Bougie R. (2016).Research methods for business: A skill building approach (7th edition). John Willey and Sons Limited, West Sussex, United Kingdom

Swan, J.E. & Oliver, R.L. (1989). Post purchase communications by consumers. *Journal of Retailing*, 65(2), 516–33.

Saunders, M., Lewis, P. & Thornhill, A. *Research methods for business students, 4th edn* .Harlow: Prentice Hall, 2006.

Oliver, R.L. (1980). A cognitive model of the antecedents and consequences of satisfaction decisions. *Journal of Marketing Research*, 17, 460-469.

Wisniewski, M. & Wisniewski, H. (2005). Measuring service quality in a hospital colposcopy clinic. *International Journal of Health Care Quality Assurance*,18 (3), 217-228.

Youssef, M.A., Boyd, J., & Williams, E. (1996). The impact of total quality management on firms' responsiveness: an empirical analysis. *Total Quality Management*, 7 (1), 127-44.

Zeithaml, V., Berry, L., & Parasuraman, A. (1996). The behavioural consequences of service quality. *Journal of Marketing*, 60 (2), 31-46.

Chapter 2

REVIEW OF LITERATURE AND CONCEPTUAL DEVELOPMENT

2.1 Introduction

This chapter reviews the concepts of service quality, customer satisfaction and word of mouth from the past literature. The first part of the review focuses on the concept of service and service quality. The second part of the review then discusses the concept of satisfaction followed by the concept of word of mouth. Further, the review examines the literatures on the review of hospital industry. The study also examines use of SERVQUAL model and its applications in various studies. The chapter then studies the gaps in the literature and it presented the constructed conceptual model at the end of the chapter.

2.2 The nature of Service Industry

The service sector in India has grown by leaps and bounds and its contribution to the share of gross value added is over 55.57% in financial year 2020 (IBEF, 2021). Among the growth sectors of the service industry, activities of hotel and restaurants, trade, transport, telecommunications, real estate, business services, services associated with real estates are some sectors which may be mentioned. Among the start-up and foreign direct investments, the health care sector has been a major attractive area for investment. One of the major growth is in telemedicine which is expected to increase at a CAGR of 31% from 2020 to 2025 (IBEF, 2021). One of the important components of service is providing excellent customer service, and it holds the key to sustainable competitive advantage for the service sector in India (Sureshchandar et al., 2002).

Service is considered as an act of serve and from an economics point of view, it means output consisting the act perform by one person for another and distinct from goods. Lovelock and Wirtz (2007) described a definition of services as:

> *Services are economic activities offered by one party to another, most commonly employing time-based performances to bring about desired results in recipients themselves or in objects or other assets for which purchasers have responsibility. In exchange for their money, time and effort, service customers expect to obtain value from access to goods, labour, professional skills, facilities, networks and systems; but they do not normally take ownership of any of the physical elements involved.*

Kotler et al. (2008) further refined the definition by bringing in the concept of service characteristics and introduced characteristics of intangibility, inseparability, variability and perishability. These characteristics further helped to distinguish the service from a physical product or goods. The service sector and the healthcare service are fulfilling the characteristics offered by Kotler et al. (2008) having the above-mentioned characteristics. This group of characteristics is termed as heterogenous meaning diverse in nature and quality is also seen from heterogenous perspective.

2.3 Service Quality

Parasuraman et al. (1991) and Gronroos (1984) defined service quality as the attitude of a consumer in respect of difference between perception and expectation of the service act. Although the concept of the perception of service performance is widely accepted, the concept of service expectations formed is diverse. The following reviews looks into the reasons for the variance of views on these concepts.

Ginter (1974) defined service quality as one which possesses the ideal levels of all features of service quality and in line with Ginter's suggestion, Oliver (1997) suggested the following equation to judge the service quality.

$$Q_j = 100 - \sum (pr_y \mid P_y - I_i \mid)$$

where Q_j = quality judgement of brand j

100 = arbitrary constant to ensure positive numbered judgements

$\sum$ = summation over all attributes

pr_y = probability of brand j processes attribute i

P_y = performance level of brand j on attribute i

I_i = ideal level of attribute i

| | = absolute value bars

The second 'comparative standard' consumers might use in determining service quality perception is that of excellence or level of service provided by an excellent company leading to the following equation (Oliver, 1997).

$$Q_j = \sum (P_y - E_i)$$

where Q_j = quality gap for the company

P_y = performance perception for company j on dimension i

E_i = excellent expectation for dimension i

Parasuraman et al. (1991) mentioned that SERVQUAL can be usefully combined with additional qualitative or quantitative analysis to examine the factors influencing the SERVQUAL study's main issue areas. SERVQUAL is a good starting point for measuring and optimizing service efficiency, but it's not considered to be the final solution. Its five-dimensional structure provides a useful tool for measuring and evaluating a company's service quality output over time and against competitors.

Shafiq et al. (2019) on their research into and determination of the impact of Gen Y's perceived service quality on their satisfaction with the Malaysian hotel industry. They concluded that the analysis presented enough data to use SERVQUAL to consider Gen Y's satisfaction with the Malaysian hotel industry, and that all SERVQUAL dimensions closely

correlate with customer satisfaction, with four of these dimensions (tangibility, reliability, assurance, and empathy) have a major impact on customer satisfaction.

According to the findings of Al-Neyadi et al. (2016), the relative quality of healthcare facilities in private and public hospitals is not substantially diverse. Patients' satisfaction with the quality of treatment rendered by doctors and nurses, as well as the quality of the hospital setting, did not differ substantially between public and private hospitals, beyond the fact that they were more satisfied with nursing care. The SERVQUAL dimension of certainty was ranked as the most important, while the SERVQUAL dimension of responsiveness was classified as the least important. In the United Arab Emirates, the SERVQUAL's five measurements proved to be a clear and accurate scale for assessing healthcare service efficiency.

Grönroos (1993), on his study, stated that an optimal technical standard is needed to ensure that customers are satisfied. The communication process is critical to the quality of the system. Furthermore, customer-oriented physical and technological tools, as well as the firm's usability of services, the focus of self-service programmes, and the firm's capacity to establish direct interaction with its clients, are examples of ways to influence the practical quality variable, and the quality aspects of the service. Achieving suitable technological consistency is a requirement for achieving successful practical quality. On the other hand, if the practical standard is high enough, temporary issues with the technological quality may be overlooked. Finally, the significance of the image must be recognized.

Kalepu (2014) studied on service quality in select hospitals of Krishna District of Andhra Pradesh, and attempted to diagnose service quality gaps. The results of the study confirmed that the demographic factors and socio-economic status play a vital role in patients’ satisfaction towards service quality.

Amin and Nasharuddin (2013) utilised structure equation model (SEM) approach to assess the constructs between hospital service efficiency, patient satisfaction, and behavioral purpose. Their findings revealed that the five dimensions of hospital service quality – registration, patient service, total service, departure, and social responsibility – are distinct constructs for hospital service quality, with each dimension having a substantial interaction with hospital service quality. Overall service was the most important driver of hospital service quality, followed by social responsibility, medical service, discharge, and admission. The study finds that patients are looking for a hospital that provides services, and shows a genuine interest in solving the problems; those services are provided on time with a wide range of products and services. They also claimed that when it comes to forming a partnership with their hospitals, patients are more concerned with the overall care dimension than other aspects.

Butt and de Run (2010) studied Malaysian healthcare sector and stated that SERVQUAL is a rigorous tool for evaluating Malaysian healthcare service providers. The findings have showed that on their respective scales, healthcare experience and expectation metrics are strongly correlated. As a result, failure to achieve any particular indicator can result in a negative opinion of the service provider as a whole. The study expected to help private healthcare professionals start solving quality problems by measuring service quality gaps and taking corrective steps on a daily basis.

Rashid and Jusoff (2009) explored the concept of service quality in a health care setting in USA. It was found that service quality in health care is very complex as compared to other services it involves high risks. They also stated that SERVQUAL appears to be a consistent and reliable scale to measure heath care service quality. The study using relative significance of service quality dimensions, identified where, and how to improve the health care services offered to patients.

2.4 Customer Satisfaction

Salampessy et al. (2020) evaluated service variables of a bank in Ambon city by using multiple linear regression analysis. The study found that there is a substantial relationship between tangible on customer satisfaction, reliability on customer satisfaction, responsiveness on customer satisfaction, assurance on customer satisfaction, assurance on customer satisfaction, and empathy on customer satisfaction either simultaneously or partially.

Sharmin et al. (2016) studied on beauty parlours in Chittagong, and finds that tangibility has the highest effect on customer satisfaction, implying that physical facilities entice customers and that people are more likely to accept service in a pleasant setting. The other four SERVQUAL measurements' have less bearing on customer loyalty. The study suggested that in order to increase customer loyalty, beauty parlour authorities in Chittagong may concentrate on tangibility factor.

Faezipour and Ferreira (2013) examined the important factors and their relations in healthcare sustainability relating to patient satisfaction using the technique of system dynamics approach. The paper examines the patient satisfaction from the perspective of sustainability consisting of items like equity, empowerment, accessibility, participation, cultural identity, and institutional stability. The paper concludes that patient satisfaction relates to the cost, accessibility to services and resources, and patient well-being. The paper has used the tool of systems thinking approach to analyse the social aspect in healthcare systems.

Oswal et al. (2021) examined the cancer patients' experience with caregiver, healthcare practitioners and healthcare system. The paper assessed the experience of cancer patients in Assam in order to identify potential areas for improvement in delivering high quality cancer care service. The study used structured questionnaire on 400 patients having access to cancer care and other services of the hospitals. The study finds that the patients are satisfied with the services of first consultation, pre-treatment and during treatment. The study suggested that

areas of explanations related to long term side effects, guidance to cope with psychological, emotional and physical aspects of their cancer diagnosis, treatment and recovery are the specific areas which are required to be focussed on. The paper also examines into the requirements of the policy changes in terms of accessibility, affordability and psychosocial care, including counselling and financial support, to ensure better cancer care services.

Lee (2018) empirically examines the effects of a patient learning experience and technology-driven service encounters on patients' satisfaction with their experience in using self-service capabilities of digital devices and systems in large hospitals. The study is based on data collected from 212 patients who had care experience at large hospitals in metropolitan areas of South Korea. The study finds that patients' learning experience with technologies and technology-driven service encounters encourage patients to participate in the treatment process, which in turn positively affect patients' experience satisfaction. It also found insights on issues of care quality and patient experience satisfaction which has a direct impact on technology intervention. Suggestions for reducing the disruptive effects by giving training and planning ahead may reduce the resistance to change.

Meesalaam and Paul (2018) tried to identify the most critical factors related to customer satisfaction in hospitals that will affect is survival in the near future. This study was based on data from 40 different private hospitals in Hyderabad, India, that treated clients. The factors examined for this study were tangibility, reliability, responsiveness, assurance, and empathy (service quality aspects), patient satisfaction, and hospital loyalty. Using structural equation models, the study finds that reliability and responsiveness are the key factors that affect customer satisfaction. It is also related with loyalty to the hospital but age and marital status has no effect on customer satisfaction.

2.5 Word of Mouth

According to the study conducted by Anderson **(**1998), he stated that very disgruntled consumers are observed to spread more word of mouth than customers who are satisfied. Their findings also stated from observed significant difference that widespread of high level of negative WOM may be unwarranted by others and might not effect the reputation of the companies. However it is evidently clear that negative word of mouth are spread with a greater force than positive word of mouth.

Bone's (1995) results showed a number of techniques that managers should use to improve favourable views of their goods and services. First and foremost, managers must concentrate on the conversations that customers have when using a product or service. Effective listening may reveal to managers about many facets of the product and service that consumers consider "worthy" of discussion and constructive evaluation. Customers' conversations will then be guided to these subjects by employees. Managers will also choose to structure scenarios in-store that will "spark" word-of-mouth.

Burnham and Leary (2018) found that customer satisfaction is positively correlated with positive-word-of-mouth (PWOM) and recommendation likelihood measures identify, or mediate, the impact of satisfaction on PWOM. Furthermore, it was found that word of mouth (WOM) opportunity is strongly correlated with PWOM and significantly increases the probability of recommendation through PWOM.

Buttle (1998) examined the antecedents and consequences of word of mouth in this paper. He had studied the word of mouth through characterization of valence, focus, timing, solicitation and degree of management intervention. The study examined WOM in the context of influence, employee and recruitment markets. The review study developed several research questions which offered a future path for research in the construct of word of mouth.

File and Prince (1992) stated that customers' optimistic WOM behaviours should be positively promoted by bank advertisers, according to their report on bank operation. Customer/service provider engagement approaches such as periodic service level reviews and account review sessions that enable consumers to express good emotions are examples of specific techniques. Referrals to other clients can be requested and followed up on by financial services advertisers. Unless existing service quality standards are already strong, these programmes would be inefficient.

Naik et al. (2013) on their study on the impact of service quality and word of mouth on patients' satisfaction of private hospitals in Hyderabad, India, found that patients' satisfaction is influenced by the service quality provided by the hospital industry and suggest that hospitals should constantly conduct workshops and training programmes for employees to train them on interpersonal skills and relationship building which will ultimately lead to delighted consumers.

Chaniotakis and Lymperopoulos (2009) researched among 1,000 mothers who have given birth to a child during the last five years in Greece found that in addition to "satisfaction", the only service quality dimension that directly affects WOM, is "empathy". In addition, "empathy" affects "responsiveness", "assurance" and "tangibles" which in turn have only an indirect effect to WOM through "satisfaction".

Martin (2017) studied on word-of-mouth in the health care sector, stated that WOM is an important tool in marketing especially in high risk service such as healthcare. However, there are some WOM-related factors which might not or might only be partly influenced by the service providers and payers and causes a potential risk factors of WOM which might arise due to a circulation of false health-related information. Therefore, health care providers and payers should consider monitoring and if possible, preventing such misleading information.

Sanjaya and Yasa (2018) studied on Sanglah Hospital Denpasar, Indonesia. Their findings stated that service quality have positive and significant effect to positive word of mouth, and service quality have positive and significant effect to consumer satisfaction. The study also finds that service quality has positive and significant effect to corporate image, and patient satisfaction have positive and significant effect to corporate image. Finally, the study concludes with the finding that positive word of mouth have positive and significant effect to corporate image.

Khalid et al. (2013) studied the members of University of Gujrat on effectiveness of WOM regarding healthcare facilities in Gujarat. The result of their study reveals that the social factors and personal factors have very important contribution in consumer decision-making. However, the WOM communications are regarded as most powerful contributor in the effective decision-making based on the social structure of the consumers. The study also concludes that as WOM is a very influential tool, therefore, the healthcare practitioners should use it to enhance and promote their personal image.

2.6 Healthcare Sector studies

Padma et al. (2009) examined to study the service quality dimensions of Indian hospitals from the perspectives of patients and their friends and relatives. The study adopted models from the literature reviews and conceptualize the measurement of service quality in Indian hospitals. The study finally proposed two instruments to measure the service quality of the hospitals.

Aagja and Garg (2010) examined to study the service quality of public hospitals in India. They carried out literature review by using Delphi methods and expert's opinions to examine the scale developed. The researchers developed a scale called public hospital service quality scale (PubHosQual) to measure five dimensions of public hospital. The dimensions

explored consisted of admission to the hospital, medical service provided, overall service, the discharge process and social responsivity of the hospital.

Martins et al. (2015) studied to assess the influence distance has on perceived service quality when no similar service alternatives are available. The SERPERF instrument was used to collect data from public hospitals. The respondents were women who had delivered a baby during 2011. The data analysis was carried out using exploratory data analysis. The study finds that assurance was one of the dimensions that contributes to service quality and tangibles was the least effective dimension. The study also concludes the distance of service place and education level of the respondent also plays an important role on the perception of the service quality.

Senarath and Gunawardena1 (2011) studied to develop and validate an instrument to measure patient perception of quality of nursing care and hospital services in Sri Lanka. The researchers developed a questionnaire through intense literature review, group discussions with patients and brainstorming with expert panels and culminating into a scale of 72 items. The scale was administered to a sample of 120 respondents in Sri Lanka. The study finds that 18 and further 11 items were found to be irrelevant, then deleted from the items. At the end altogether, 36 items were found to be relevant. The items were grouped into interpersonal aspects, efficiency, competency, comfort, physical environment, cleanliness, personalized information, and general instructions. The study concluded with the development of a highly comprehensive, reliable and valid, 36-item instrument that could be used to measure nurse's care quality in hospitals.

Gaughan et al. (2020) researched on the area of lower quality being associated with smaller hospitals by taking the sample of small hospitals in England. The researchers examined from the patient perspective by taking the case mix of patients first admitted to small hospital then to a larger hospital. Then, the second step was the examination of differences of quality

perceived in small and large hospitals by using a range of quality dimensions consisting of mortality rates, infection rate, waiting time and care perception received. The study finds that those hospitals having more than 400 beds are not associated with lower quality services.

Li et al. (2015) examined the perceptions of patients in nine cities of China. The researchers used SERVQUAL questionnaire to the patients and by using SPSS factor analysis and regressions were carried out to examine the perceptions. The study found that dimensions of tangibility played an important role. Elderly patients were more focussed on the reliability and empathy dimensions. Overall, the study found that service quality of these nine cities were satisfactory and suggested to increase awareness and ability to serve to the public at large.

Narang (2011) studied to measure the perception of patients towards quality of services in public healthcare centres in rural India. The study used a reliable and validated instrument to measure the variable. The study found that the opinions of the respondents towards, healthcare quality were not favourable. Negative scores were obtained on items of "availability of adequate medical equipment" and "Availability of doctors for women". The variables of education, gender and income were found to be significantly associated with the user perception of hospital service quality.

2.7 Research Gap

From the literature review above, it can be seen that several studies have been conducted in the past on the quality of service, customer satisfaction and word of mouth communication. Also, other studies have been carried out in healthcare services especially regarding to the quality of service offered by the hospitals. However, a combined study on these three variables of service quality and its effect on customer satisfaction and word of mouth are rare, hence, the study is an attempt to examine the effect of the variables of service quality on word of mouth in relation to customer satisfaction. The study has also been attempted in several international level organisation but it has not been attempted in the

hospitals local level at the north eastern region of India (Aizawl city). Therefore, the study suggests examining the impact of quality of service on customer satisfaction and word of mouth in healthcare based on the services provided by private hospitals in Aizawl City, Mizoram.

2.8 Service quality and its measurement

In today's competitive environment, service quality has been seen as the most significant determinant for service organizations' success. Any reduction in the satisfaction of customers as a result of service quality not meeting expectations will give rise to various concerns for service organization. Customers' assumptions about the quality of service have also increased and have become more responsive to service standards and industry patterns (Hajikarimi et al., 2009). The gap between customers' expectations and perception of service is taken as a measurement for customer satisfaction in service quality (Othman & Owen, 2001). It is seen as an efficient system of achieving strategic interests, such as, retention rates for consumers or increased efficiency and operating profit (Sohail and Shaikh, 2008). In fact, in most service business, customer and customer satisfaction and service quality are seen as an important issue. Product and service quality is not only a strategic problem for businesses and organizations, but also a very significant topic for the national economy (Thai, 2008).

Improvement of service quality attracts new consumers, helps to increase customer retention and also good services increase buyouts and raise word of mouth positively, attracting new customers. The direct effect of the standard of service is to improve the capacity of the business to provide consumers with reliable and productive service as businesses can find out about the needs of their consumers. Greater quality and consistency in service delivery would improve business profitability (Seyyed Javadin and Kimasi, 2005). Parasuraman et al., (1985) stated that "An unmeasured quality is not a system but a slogan". Therefore, service quality is rather effective on purchasing decisions of the customers. Thus, it is indispensable in evaluation of service quality and as Barlow and Moller (2009) name direct statement of dissatisfaction by

the customers as complaint. It is hard to understand quality and it is rather complex to distinguish it in dimensions (Parasuraman, Zeithaml and Berry, 1988).

In order to measure the service quality of a service business using dimension .SERVQUAL instrument which was developed by Zeithaml, Berry and Parasuraman in 1985 and it consisted of 10 dimensions which are competence, courtesy, credibility, security, access, communication, knowing the customer, tangibles, reliability and responsiveness. This was later reviewed in 1991 to fit 5 dimensions. The 5 dimensions consist of consist of tangibles, reliability, responsiveness, assurance and empathy (Parasuraman et al.,1985:1991).

Tangibles refers to physical conditions such as decoration, ambience and appearance in location of service, appearance such as cleanliness and dress of staff and use of clean modern equipment. Visible evidence of the quality of the service customers receives that customer use to judge the service provider are known as tangibles. (Fitzsimmons and Fitzsimmons, 2006). According to Wilson et.al., "Tangibility refers to the appearance of physical facilities, equipment, personnel and communication material" (Wilson et al., 2012; Bateson and Hoffman, 2011).

Reliability dimension is associated with providing services as promised, such as performing services right the first time and providing services at the right time. Reliability refers to consistency of results over time. Customers expect the same results from services rendered to them. Consistency of good quality service provided means that the provider can be relied upon and trusted over time. As Schneider and White (2004) defines, "Reliability is the most critical component of a service, with the customer expecting the service to be accomplished timeously, consistently and errorfree each time they interact with the service provider."

Responsiveness involves keeping the customers informed about when services will be performed and reflect the willingness to help customers. Responsiveness refers to the willingness of the service providers to provide a quick service and response to their customers. It deals with the promptness in handling the customers' request, problems and complaints with speed and attentiveness. Most customers become irritated and annoyed if they feel that they are being ignored or not taken care. This unresponsiveness from the service providers lead to the discernment of poor-quality service (Presbury, 2009; Giannakos et al., 2012).

Assurance is the ability to instil confidence in the customers and making them feel safe about the transactions. Customers need the assurance that the providers have the customers best interest at heart. They need to feel safe and assured that the product they have chosen is best suited for their needs. Assurance is defined as employees' knowledge, courtesy and ability to inspire trust and confidence to the customer (Arasli et al., 2005).

Empathy involves having the customer's interest best at heart and understanding the needs of the customers. According to Grönroos (2000), empathy involves the understanding the clients' problems, doing things in their best interests and providing them with individual and personal attention; it implies approachability and sensitivity. It involves paying individual attention to customers and caring about them through providing personalized services which are unique and special to each customer.

2.9 Service Quality Perception and Customers' Satisfaction in Healthcare Sector

It is generally agreed that satisfaction is related to consumer expectations and is defined as a general feeling or emotion resulting from the consumer's disconfirmed expectations (Bolton and Drew, 1994). This implies that satisfaction has an effect on whether an individual feels that the product or service offered provides positive utility (Rust and Oliver, 1994). In

this sense, satisfaction is viewed as a subjective feeling, which signifies the degree to which the consumer's expectations concerning a particular purchase encounter are met.

Zabkar et al. (2010) suggested that visitor satisfaction results from numerous encounter experiences involving a large number of individuals and organizational factors that jointly determine the visitor's likelihood of revisiting and spreading positive word of mouth. Grönroos (1984), divides definition on service quality differently to two as technical and functional quality. He explained what the customer bought for technical quality and how the customer bought for functional quality.

It is possible to submit this definition as an evidence for necessity to define the service quality and perceived service quality by separating the two constructs. The most referenced definition from studies of Parasuraman et al. (1988) is strength and direction of the difference between the customer expectations and perceptions are the definitions of the perceived quality. The definition updated by Zeithaml et al. (1990) defines the perceived service quality as "general opinion or attitude towards superiority of service"

Healthcare service is an intangible product and cannot physically be touched, felt, viewed, counted or measured like manufactured goods. Producing tangible goods allows quantitative measures, since they can be sampled and tested for quality throughout the production process and in later use. However, healthcare service quality, because of its intangibility, depends on service process, customer and service provider interactions (Joss and Kogan, 1995).

Some healthcare service quality dimensions, such as consistency, completeness and effectiveness are hard to measure beyond the customer's subjective assessment. It is often difficult to reproduce consistent healthcare services, which differ between producers, customers, places and time. This "heterogeneity" can occur because different professionals

(e.g., physicians, nurses, etc.) deliver the service to patients with varying needs. Quality standards are more difficult to establish in service operations. Healthcare professionals provide services differently because factors vary, such as education/training, experience, individual abilities and personalities (McLaughlin and Kaluzny, 2006).

Donabedian (1980) defined healthcare quality as "the application of medical science and technology in a manner that maximises its benefit to health without correspondingly increasing the risk" and stated that healthcare services are simultaneously produced and consumed and cannot be stored for later consumption. This makes quality control difficult because the customer cannot judge "quality" prior to purchase and consumption. Unlike manufactured goods, it is less likely to have a final quality check. Therefore, healthcare outcomes cannot be guaranteed. Customers' quality perceptions have an undisputed effect on selecting healthcare providers. Customers are concerned about healthcare providers' ability to cure their diseases, while upholding their best interest at a lowest possible cost (Ramsaran-Fowdar, 2005). Researchers argue that private healthcare sector growth is the direct consequences of customer's negative perception about the quality offered by public healthcare institutions (Lafond, 1995).

Zeithaml and Bitner (2000) stated that it is important for private healthcare providers to understand how the country's general population perceives health service quality. A satisfied customer will more likely to continue to use the service, spread positive views that help healthcare providers get new customers without additional cost such as advertising. In a highly competitive market, such as healthcare, delivering services that satisfy customer needs is an important customer satisfaction antecedent and a vital strategy for retaining them (Parasuraman et al., 1991b). Moreover, healthcare is unique because customers lack ability to properly gauge clinical service quality technical aspects such as surgeon's skills, or general practitioner's diagnostic abilities (Bakar et al., 2008).

Traditionally, heath service quality is measured in more technical terms that customers may not understand, making it difficult for them to properly respond. For example, a customer is not qualified to judge that the test suggested by a doctor to diagnose a disease was appropriate and conducted properly. Nevertheless, customers are considered adequately qualified to measure functional quality such as the laboratory technician's personal hygiene – the person who carries out those tests – and laboratory cleanliness. Research affirms that customers are better able to assess functional than technical quality (Bakar et al., 2008; Devebakan and Aksarayli, 2003).

Evidence from previous research also shows that behavioural intensions of customers is greatly affected by the perception of customers. Parasuraman et al. (1988) reported that perceptions of service quality have a positive relationship with customers' willingness to recommend the company. The relationship between overall dimensions of service quality and customers' behavioural intentions has been examined by Cronin and Taylor (1992) and Boulding et al .(1993). SERVPERF was employed and it focused on both repurchase intentions and willingness to recommend based on service quality. In the study by Boulding et al., (1993) found that there is a positive effect on repurchase intentions and willingness to recommend, while Cronin and Taylor (1992) find that the standard of service seemed to have no important (positive) influence on the repurchase intentions. Casado-Dı´az et al. (2007), showed the effect of emotions activated by the service recovery on satisfaction with the service recovery with regards to the banking sector which is putting up with subsequent customers requests and tremendous challenges.

Jayawardhena and Farrell (2011) also stated that service quality and customer satisfaction are positively related to retail customers' behavioural intentions such as willingness to recommend and repurchase intentions. Casado-Diaz and Nicolau-Gonzalbez, (2009) found that recovery strategies, service failure, procedural and distributive justice, recuperation-related

feelings(emotions) and satisfaction with service recuperation had an influence on customers' selection of the type of feedback, with the satisfaction with service recuperation showing the higher influence.

Kuo et al., (2009) examined relationships among perceived value, service quality, customer satisfaction and post-purchase intentions and states that customer satisfaction is indirectly positively influenced by service quality. However, linkage of both the constructs of service quality and customer satisfaction at the dimensional level increases the characteristics of explaining customers' behaviour. In order to gain an in-depth insight into this issue, the first part of the equation of the study aims to add to the quality-of-service research and its effect on the behavioural preferences of consumers by examining the relationship at the level of the individual dimensions of quality of service in relation to customer satisfaction.

In order to examine the relationship between the customer satisfaction and the influence of five predictor variables (dimensions of service quality), a multiple linear regression model is developed. The developed equation is explained as:

$$Y= \beta_0+\beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \beta_5X_5 +e$$

where:

$\hat{Y}$= Customer satisfaction

X_1 = Tangibles

X_2 = Reliability

X_3 = Assurance

X_4 = Responsiveness

X_5 = Empathy

e = Errors

2.10 Service Quality Perception and Word of Mouth communication (WOM) in Healthcare Sector

Zeithaml et al. (1996) developed a conceptual model on how customer behaviours are influenced by service quality, such as word of mouth communications. These are denoted by statements like “saying good things about the company”, “recommending the company to others”, “motivating friends and relatives to do business with the company and purchasing intentions”, “doing more business with the company in the coming years”, “finding the company as the first option to purchase services from”. The statements from the model was taken from the studies of various others such as, telling others something good about the business. Recommendation of service offered by the company to others (Boulding et al., 1993; Zeithaml et al., 1988), encouraging relatives and colleagues to do business with the company (Zeithaml et al., 1996), continuing purchase of the service of the company (Cronin and Taylor, 1992), picking the company as first choice when purchasing (Zeithaml et al., 1996), and remaining loyal customers (Boulding et al., 1993) are some of the items for deliberation in the linking of work of mouth and customer satisfaction. It was found from the developed model that as the performance of the company’s service quality improved, propensity to engage in positive word of mouth and purchase intention got higher.

Services cannot be rated prior to purchase as they are associated with inseparability. Services, in fact, does not have the characteristic of trialability and observability, also it is intangible. This has resulted in a lengthy process of acceptance and diffusion due to higher risk, as service is considered particularly high in risk due to its fundamental nature (Murray, 1991). This indicates that WOM and perceived quality have important connections as Hartline and Jones (1996) notes the correlation between WOM and perceived quality; positive perceived quality will make the customer disseminate more positive WOM. Buttle (1998) proposed that

the public praise of expectations, perceived quality, and customers' attitudes and behaviour are influenced by WOM, and the influence of WOM on perceived quality is positive.

Positive word-of-mouth communication covers all communications of customers with members of their social and professional networks (Anderson 1988). It is usually expressed by talking or e-mailing to family members, friends, relatives, colleagues, and these days through the use of blogs or social media. WOM may be the result of satisfaction (positive WOM) or dissatisfaction (negative WOM) (Zeelenberg and Pieters, 2004). Poor interaction with a rude representative while filing a complaint can cause negative word of mouth, even before the complainant gets a written response from the organization, thus word-of-mouth may predate any possible satisfaction of the complaint resolution. This suggests that priority should be given to reducing the likelihood of negative word-of-mouth activity by not giving the customers anything bad to talk about (Davidow, 2003).

Swan and Oliver (1989) believed that satisfied customers would produce more WOM than unsatisfied customers. Many studies have confirmed the positive correlation between satisfaction and WOM. As Ranaweera and Prabhu (2003) suggested, satisfaction and positive WOM have a strong relationship; unsatisfied customers are more likely to produce negative WOM, and satisfied customers are more likely to spread positive WOM. In addition to the linear relationship, Anderson (1998) confirmed that there is a u-shaped relationship between customer satisfaction and WOM. Specifically, when the degree of satisfaction is higher or lower, consumers' intention to spread WOM is higher, and when customers' satisfaction or dissatisfaction is average, their intention to spread WOM is lower. David and Dagger (2011) suggest that WOM stands out as a highly trusted information source, which may include giving recommendations about a service provider, passing along positive comments about particular service aspects, and encouraging friends and family to purchase from a particular provider. Ng, David and Dagger (2011) found that WOM is especially important for service providers whose

offerings are largely intangible and experience or credence based. WOM is seen as arguably one of the most important factors in the success of service firms

Petersen (1988) suggested that, it really does not matter if the patient is right or wrong. What counts is how the patients felt even though the caregiver's perception of reality may be quite different. Hospital and clinic consumers who have the most direct experience with the services provided, are the most trusted as the source of information regarding the quality of service. On complex issues, such as the quality of hospital services and healthcare, while some believe that customer's opinions are too arbitrary and do not consider it a good judge of quality. In addition, researchers are arguing about the important word of mouth is in purchase behavior of customers (Bansal and Voyer, 2000) and its formation of consumers' behaviour and attitudes (Bone, 1995). Ennew et al. (2000), state that the word-of-mouth value cannot be identical across different products, organizations and markets. For example, the impact of WOM is greater for products or services requiring huge potential for expertise and reputation, and for products or services associated with high-perceived risk.

In the same context, Murray (1991) approved that consumer of service take in mind the opinions and experience of pre-consumers before making service purchase decisions and suggests that word of mouth reduces the risk associated with that buying decisions. According to Berry and Parasuraman's (1991) proposal that word of mouth is very important for the service business to survive and ss for the factors, it has also been suggested that there is a connection between customer satisfaction and the willingness to make recommendations to the service provider (Parasuraman et al., 1988). Youssef et al. (1996) mentioned hospitals offer the same kinds of services in the healthcare sector but are distinguished on the basis of quality of service. Word of mouth impact is important for the promotion of hospital health care services as there are difficulties in leveraging the traditional elements of promotional mix. In addition, hospitals' customers, normally have limited opportunities for repeated purchases. In addition,

Lovelock et al. (1996) state that customer satisfaction and quality of service promote good word of mouth. Although these relationships have been extensively researched in the past in pairs, there is a gap in the literature related to the impact on satisfaction and word of mouth of each service quality aspect, especially in the health care marketing field. In this context, this study aims to study the effect of service quality satisfaction in this sector and word of mouth using the following equation:

$$\hat{Y} = \beta_0 + \beta_1 X_1 + e$$

Where $\hat{Y}$= Word of mouth

X_1 = Customer Satisfaction

e = Errors

To examine the influence of the predictor variables (customer satisfaction) on word of mouth a linear regression model is used.

2.11 Summary

The chapter addresses the major reviews of literature on service landscapes consisting of service quality effectiveness, customer satisfaction and word of mouth. Extensive reviews has been carried to look into the meaning as well as the constructs and evaluation of these three variables from the past literature. The chapter also examines the development of theories of service quality and the research carried out along with the variables relating to service quality. The chapter further converges into the building the conceptual framework of the research by linking the relation of the service quality effective to customer satisfaction. So in order to link into this, dimensions relating to tangibles, reliability, assurance, responsiveness and empathy are linked to customer satisfaction and further customer satisfaction to the word of mouth. The chapter also concludes by framing a multiple regression for variables of service quality effectiveness to customer satisfaction and a linear regression for customer satisfaction to word of mouth.

Reference

Aagja, J.P. and Garg, R. (2010). Measuring perceived service quality for public hospitals (PubHosQual) in the Indian context, *International Journal of Pharmaceutical and Healthcare Marketing*, 4(1), 60–83.

Al-Neyadi H.S., Abdallah, S., & Malik, M., (2016). Measuring patient's satisfaction of healthcare services in the UAE hospitals: Using SERVQUAL. *International Journal of Healthcare Management*, 11, 1-10.

Amin, M., & Nasharuddin, S. (2013). Hospital service quality and its effects on patient satisfaction and behavioural intention. *Clinical Governance: An International Journal*. 18(3), pp. 238-254. https://doi.org/10.1108/CGIJ-05-2012-0016

Anderson EW (1998). Customer Satisfaction and Word of Mouth. *Journal of Service Research*.1(1), 5-17.

Arasli, H., & Mehtap, S., & Katircioglu, S. (2005). Customer service quality in the Greek Cypriot banking industry. *Managing Service Quality*, 15, 41-56.

Bakar, C., Seval Akgün, H. & Al Assaf, A.F. (2008). The role of expectations in patient assessments of hospital care: An example from a university hospital network. *International Journal of Health Care Quality Assurance*, 21(4), pp. 343-355.

Bansal, H. S., & Voyer, P. A. (2000). Word-of-Mouth Processes within a Services Purchase Decision Context. *Journal of Service Research*, *3*(2), 166–177.

Barlow, J., & Moller, C. (2009). *A Complaint Is a Gift: Recovering Customer Loyalty When Things Go*. Berrett-Koehler Publishers; 2nd edition

Bateson, J. E. G. & Hoffman, K. D. (2011). *Services Marketing*, 4th edition. South-Western

Bateson, J.E.G., & Hoffman, K.D. (1999). *Managing Services Marketing: Text and Readings*. Orlando, FL: Dryden Press.

Bolton, R., & Drew, J. (1994). Linking customer satisfaction to service operations and outcomes. In R. T. Rust, & R. L. Oliver (Eds.), *Service quality: New directions in theory and practice* ,173-200. SAGE Publications, Inc.

Bone, P.F.(1995).Word-of-mouth effects on short-term and long-term product judgments. *Journal of Business Research*, 32(3), 213-223.

Boulding, W., Kalra, A., Staelin, R. & Zeithaml, V.A. (1993), A dynamic process model of service quality: from expectations to behavioural intentions , *Journal of Marketing Research*, 30, 7-27.

Burnham, T.A. & Leary, R.B.(2018). Word of mouth opportunity: why recommendation likelihood overestimates positive word of mouth. *Journal of Marketing Theory and Practice*, 26(4), 368-389.

Butt, M.M., & Cyril de Run. E. (2010). Private healthcare quality: applying a SERVQUAL model. *International Journal of Health Care Quality Assurance*, 23(7), 658-673

Buttle, F. (1998). Word of mouth: Understanding and managing referral marketing. *Journal of Strategic Marketing*, 6,. 241-254.

Casado-Dı´az, A.B., M_as-Ruiz, F.J. & Kasper, H. (2007). Explaining satisfaction in double deviation scenarios: the effects of anger and distributive justice. *International Journal of Bank Marketing*, 25(5), 292-314.

Casado-Diaz, A. & Nicolau-Gonzalbez, J. (2009). Explaining consumer complaining behaviour in double deviation scenarios: the banking services. *The Service Industries Journal*, 29 (12), pp. 1659-1668.

Chaniotakis, I.E. & Lymperopoulos, C. (2009). Service quality effect on satisfaction and word of mouth in the health care industry, *Managing Service Quality: An International Journal*, 19 (2), 229-242.

Cronin, J.J. Jr & Taylor, S.A. (1992). Measuring service quality: a re-examination and extension. Journal of Marketing, 56(3), 55-68.

David, M.E. and Dagger, T.S. (2011). Generating positive word-of-mouth in the service experience, *Managing Service Quality: An International Journal*, 21(2),133-151.

Davidow, M. (2003). Organizational responses to customer complaints – what works and what doesn't. *Journal of Service Research*, 5(3), 225-50.

Devebakan, N. & Aksarayli, M. (2003). The usage of SERVQUAL scores for the measurement of quality of perceived service in health facilities and implementation of private Altinordu hospital . *Journal of Institute of Social Sciences*, 5(1), 38-53.

Donabedian, A. (1980). *The definition of quality and approaches to its assessment Exploration in quality assessment and monitoring, Volume 1*. Ann Arbor: Health Administration Press.

Eiglier, P. & Langeard, E. (1977). *A new approach to service marketing in Eiglier, P., Langeard, E., Lovelock, C.H., Bateson, J.E.G. and Young, R.F. (Eds), Marketing Consumer Services: New Insights.* Marketing Science Institute, Cambridge, MA. 33-58.

Ennew, C. T., Banerjee, A. K., & Li, D. (2000). Managing word of mouth communication: empirical evidence from India. *International Journal of Bank Marketing*, *18*(2), 75-83.

Faezipour, M. and Ferreira, S. (2013). A System Dynamics Perspective of Patient Satisfaction in Healthcare. *Procedia Computer Science*. 16, 148-156.

File, K.M. and Prince, R.A. (1992). Positive Word-of-Mouth: Customer Satisfaction and Buyer Behaviour. *International Journal of Bank Marketing*, 10 (1), 25-29.

Fitzsimmons, J.A., & Fitzsimmons, M.J. (2006). *Service Management*. New York: McGraw-Hill, 5th edition.

Gaughan, J., Siciliani, L., Gravelle, H., Moscelli, G. (2020). *Do small hospitals have lower quality? Evidence from the English NHS*. Social Science & Medicine. https://doi.org/10.1016/j.socscimed.2020.113500

Ginter J.L. (1974). An Experimental Investigation of Attitude Change and Choice of a New Brand. *Journal of Marketing Research*. 1974;11(1):30-40.

Giannakos, M.N., Pateli, A.G., & Pappas, I.O., (2012). Investigation of the hotel customers perceptions: a study based on user-generated content of online booking platforms. 2nd Advances in Hospitality and Tourism Marketing & Management Conference, Corfu Island, May 31-June 3.

Grönroos, C. (1984). A Service Quality Model and its Marketing Implications, *European Journal of Marketing*, 18 (I): 4, 36 – 44.

Grönroos, C. (1993). A Service Quality Model and Its Marketing Implications. *European Journal of Marketing*, 18, 36-44.

Gronroos, C. (2000). *Service Management and Marketing: A Customer Relationship Management Approach*. Hoboken: John Wiley and Sons, Ltd.

Hajikarimi, A., Makkizaeh, M., & Jamalieh Bastami, B. (2009). The relationship between service quality and customer loyalty in the commercial-service organizations. *Journal of Management Vision*, 9(32), 29-47.

IBEF (2021). Services Sector in India, Ministry of Commerce & Industry, Government of India publication, India.

Lovelock, C. & Wirtz, J. (2007). *Marketing dei servizi*, Italian edition., Pearson, Bruno Mondadori, Pavia.

Jayawardhena, C. & Farrell, A.M. (2011). Effects of retail employees' behaviours on customers' service evaluation. *International Journal of Retail & Distribution Management*, 39 (3), pp 203-217.

Joss, R., & Kogan, M. (1995). *Advancing Quality: Total Quality Management in the National Health Service.* Buckingham: Open University Press.

Kalepu R.N.P (2014). Service Quality in Healthcare Sector: An Exploratory Study on Hospitals. *IUP Journal of Marketing Management.* 13(1),7-28.

Khalid, S., Ahmed, M. A., & Ahmad, Z. (2013). Word – of Mouth communications: A powerful contributor to Consumers Decision –making in Healthcare Market. *International Journal of Business and Management Invention*, 2(5), 55-64.

Kotler, P., Armstrong, G., Wong, V., & Saunders, J. (2008). *Principles of Marketing*. (5th ed.). Prentice Hall. N. J.

Kuo, Y.F., Wu, C.M. & Deng, W.J. (2009). The relationships among service quality, perceived value, customer satisfaction, and post-purchase intention in mobile value-added services. *Computers in Human Behavior*, 25(4), 887-896.

LaFond, A. (1995). *Sustaining Primary Health Care*, London: Earthscan.

Lee, D. H. (2018). Strategies for technology-driven service encounters for patient experience satisfaction in hospitals. *Technological Forecasting and Social Change*. 137, 118-127. https://doi.org/10.1016/j.techfore.2018.06.050

Li, M., Lowrie, D. B., Huang, C., Lu, X., Zhu, Y., Wu, X., Shayiti, M., Tan, Q., Yang, H., Chen, S., Zhao, P., He, S. Wang, X., & Lu, H. (2015). Evaluating patients' perception of service quality at hospitals in nine Chinese cities by use of the ServQual scale. *Asian Pacific Journal of Tropical Biomedicine*. 5(6), 497–504.

Lovelock, Christopher H. (1996). *Adding Value to Core Products With Supplementary Services. In Service Services Marketing (2nd ed.)*. NJ: Prentice Hall. 337-359.

Marcel Zeelenberg, Rik Pieters (2004). Beyond valence in customer dissatisfaction: A review and new findings on behavioral responses to regret and disappointment in failed services. *Journal of Business Research*, 57(4) , 445-455.

Martin S. (2017). Word-of-mouth in the health care sector: a literature analysis of the current state of research and future perspectives. *International Review on Public and Non profit Marketing*.14.35–56.

Martins, A. L., de Carvalho, J. C., Ramos, T., & Fael, J. (2015). Assessing Obstetrics Perceived Service Quality at a Public Hospital. *Procedia - Social and Behavioral Sciences* 181.414 – 422.

McLaughlin, C. P., & Kaluzny, A. D. (2006). *Continuous quality improvement in health care. Sadbury*, Massachusetts: Jones and Bartlett Publishers.

Meesalaam, A. & Paul, J. (2018). Service quality, consumer satisfaction and loyalty in hospitals: Thinking for the future. *Journal of Retailing and Consumer Services*. 40, 261-269. https://doi.org/10.1016/j.jretconser.2016.10.011

Michael D. H, & Keith C (1996).Employee performance cues in a hotel service environment: Influence on perceived service quality, value, and word-of-mouth intentions, *Journal of Business Research*. 35(3), 207-215

Murray, K.B. (1991). A test of services marketing theory: consumer information acquisition activities. *Journal of Marketing* .55, 10-25.

Naik, J. R. K., Anand, B., & Bashir, I. (2013). Healthcare service quality and word of mouth: Key drivers to achieve patient satisfaction. Academic Journals, 5(17), 39–44.

Narang, R. (2011) 'Determining quality of public health care services in rural India', *Clinical Governance: An International Journal*, 16(1), 35–49.

Oliver, R. L.(1997). *Satisfaction: A Behavioral Perspective on Consumer*. New York: McGraw-Hill,

Oswala, K., Kanodia, R., Nadkar, U., Kharodia, N., Avhad, M., Venkataramanan, R., Sethuraman, L., Caduff, C., and Purushotham, A. (2021). Cancer patients' experience of oncology services in Assam, India. Journal of Cancer Policy. 27.

Othman, A., & Owen, L. (2001). Adopting and measuring customer service quality (SQ) in Islamic banks: a case study in Kuwait finance house. *International Journal of Islamic financial services*, *3*(1), 1-26.

Padma, P., Rajendran, C. and Sai, L.P. (2009) .A conceptual framework of service quality in healthcare perspectives of Indian patients and their attendants, *Benchmarking: An International Journal*, 16(2), 157–191.

Parasuraman, A., Berry, L., & Zeithaml, V., (1991a Autumn). Perceived service quality as a customer based performance measure: an empirical examination of organizational barriers using an extended service quality model. *Human Resource Management*, 30 (3), 335-64.

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1985). A conceptual model of service quality and its implications for future research. *The Journal of Marketing*, 41-50. https://doi.org/10.1177/002224298504900403

Parasuraman, A., Zeithaml, V., & Berry, L. (1988). SERVQUAL: A multiple- Item Scale for measuring consumer perceptions of service quality. *Journal of retailing*,61, 12-14.

Parasuraman, A., Zeithaml, V., & Berry, L., (1991). Refinement and reassessment of the SERVQUAL scale. *Journal of Retailing*, 67 (4), 420-450.

Paula Fitzgerald Bone (1995). Word-of-mouth effects on short-term and long-term product judgments. *Journal of Business Research*, 32(3), 213-223.

Petersen MBH. (1988). Measuring patient satisfaction: collecting useful data. *Journal of Nursing Quality Assurance.* 2(3), 25–35.

Presbury, R. (2009). *Service quality in Sydney hotels: a perspective from managers, staff and customers*. Sydney: University of Western Sydney. available at: http://researchdirect.westernsydney.edu.au/islandora/object/uws:7824 (accessed September 2020).

Rashid, W.E. & Jusoff, K. (2009). Service quality in health care setting. *International journal of health care quality assurance*. 22. 471-82.

Ramsaran, R. (2005). Identifying Health Care Quality Attributes. *Journal of health and human services administration*, 27, 428-43.

Ranaweera, C. & Prabhu, J. (2003). The influence of satisfaction, trust and switching barriers on customer retention in a continuous purchasing setting. *International Journal of Service Industry Management*, 14 (4), 374-395.

Richard L. Oliver, John E. Swan (1989). Equity and Disconfirmation Perceptions as Influences on Merchant and Product Satisfaction. *Journal of Consumer Research*, 16(3), pp 372–383.

Rust, R.T., & Oliver, R.L. (1994). Service Quality: Insights and Managerial Implications from the Frontier. In: Rust, R.T. and Oliver, R.L., Eds., *Service Quality: New Directions in Theory and Practice*, Sage Publications, Thousand Oaks, 1-19.

Salampessy, H., Tuhelelu, A., Wahyudi, I., & Umanailo, M. C. B. (2020). Banking Servqual analysis of customer satisfaction (case study at Ambon branch BRI bank in Ambon City). *Proceedings of the International Conference on Industrial Engineering and Operations Management*. 2575–2582.

Sanjaya, D.P.W., & Yasa, N.N.K (2018) .The influences of service quality on customer satisfaction, positive word of mouth and corporate image. *Journal of Business and Management*, vol. 20(7)

Schneider, B., & White, S.S. (2004). *Service Quality: Research Perspectives*. Thousand Oaks, USA: Sage Publications

Senarath, U. & Gunawardena, N. S. (2011). Development of an Instrument to Measure Patient Perception of the Quality of Nursing Care and Related Hospital Services at the National Hospital of Sri Lanka. Asian Nursing Research. 5(2). 71–80.

Seyyed Javadin, R., & Kimasi, M. (2005). *Quality Management Services*, Tehran, Neghah Danesh Publication.

Seyyed Javadin, S.R., & Kimasi, M (2006). *Services quality management (first edition)*. Negah -e-Tehran publications: Tehran

Shafiq, A., Mostafiz, M.I. ,& Taniguchi, M. (2019).Using SERVQUAL to determine Generation Y's satisfaction towards hoteling industry in Malaysia. *Journal of Tourism Futures*, 5 (1), 62-74.

Sharmin, S., Tasnim, I., & Shimul, D. (2016) Measuring Customer Satisfaction through SERVQUAL Model: A Study on Beauty Parlors in Chittagong. *Eur. J. Bus. Management*, 8, 97–108.

Sohail, M. S., & Shaikh, N. M. (2008). Internet banking and quality of service: perspectives from a developing nation in the Middle East. *Online Information Review*, *32*(1), 58-72.

Sureshchandar, G.S., Rajendran, C. & Anatharaman, R.N., (2002) 'Determinants of customer perceived service quality: a confirmatory factor analysis approach', *Journal of Services Marketing*, Vol. 16, (1). 9-34.

Thai, V. V. (2008). Service quality in maritime transport: conceptual model and empirical evidence. *Asia Pacific Journal of Marketing and Logistics*, *20*(4), 493-518.

Williams, M., & Buttle, F. (2007). The Influence of Word - of - Mouth in Customer Acquisition in Service Companies: A Six Markets Model Analysis. Proceedings of *Australian and New Zealand Marketing Academy Conference (ANZMAC 2008*), Adelaide.

Wilson, A., Zeithaml, V. A., Bitner, M. J., & Gremler, D. D. (2012). *Services Marketing: Integrating Customer Focus Across the Firm*. (2nd European Edition ed.).

Youssef, F.N. (1996). Health care quality in NHS hospitals. *International Journal of Health Care Quality Assurance*, 9(1), 15-28.

Žabkar, V., Brenčič, M., & Dmitrovic, T. (2010). Modelling perceived quality, visitor satisfaction and behavioural intentions at the destination level. *Tourism Management*, 31, 537-546.

Zeithaml, V. A., Parasuraman, A., & Berry, L. L., (1990). *Delivering Quality Service: Balancing Customer Perceptions and Expectations*. New York, NY : Free Press.

Zeithaml, V.A. (2000). Service Quality, Profitability, and the Economic Worth of Customers: What We Know and What We Need to Learn. *Journal of the Academy of Marketing Science*, 28(1), 67-85.

Zeithaml, V.A., Berry, L.L. & Parasuraman, A. (1996). The behavioural consequences of service quality. *Journal of Marketing*, 60(2). 31-46.

Chapter 3

DATA ANALYSIS OF SERVICE QUALITY EFFECTIVENESS

3.1 Introduction:

This chapter describes analyses the data collected for the study and focusses on the analysis of service quality effectiveness. An attempt is also made to examine the service quality gap, which is defined as the average overall gap for all respondents. Second, it also outlines the mean value for the expectation and perception of the schedule items and the mean gap score of the SERVQUAL questions. The chapter then describes the average gap score for the five dimensions viz., tangibles, reliability, assurance, responsiveness and empathy. The next section in the chapter describes each question that has the highest and lowest mean gap score for each of the five dimensions. It then further describes the mean gap score for each question. Finally, the results on service quality effectiveness are discussed and compared to the literature. The chapter closes with considerations for analysing the effectiveness of the service quality.

3.2 Demographic statistics of respondents:

Table 6. Demographic Profile of Respondents

	Background Variables	Total Number of Respondents	Percentage
Gender	Male	89	51.74
	Female	83	48.26
	Total	172	100.00
Age	Young adults (18-29)	92	53.49
	Adults (30-59)	75	43.60
	Elders (60 and above)	5	2.91
	Total	172	100.00
Education	Below Matriculation	56	32.56
	Higher Secondary	67	38.95
	Bachelor's Degree	33	19.19
	Master's Degree	16	9.30

	Total	172	100.00
Income (pa)	Below Rs. 2,50,000	67	38.95
	Rs. 2,50,000 -7,00,000	80	46.51
	Above Rs. 7,00,000	25	14.53
	Total	172	100.00

(Source: Primary data)

Table 6 above shows the data collected from the 4 selected hospitals in Aizawl, Mizoram. The respondents selected were on the basis who has spent two days and two nights or more in the select hospital and altogether 172 respondents answered the questionnaire. The gender respondents are more or less equitable represented by 51.74 percent males and 48.26 females. Among the age groups, 53.89 percent represent the age groups of young adults between 18 to 29 while 43.60 percent represent adults 30 to 59. In terms of educational levels majority of the respondents i.e. 38.95 percent are from higher secondary and 32.56 percent represent below matriculation while 19.19 percent represent bachelor's degree and 9.30 percent for Master's degree holders. The respondents' income levels are varied as income between the range of Rs. 2.50,000 to 7,00,000 per annum is represented by 46.51 percent as maximum, while income above Rs.7,00,000 are represented by 14.53 percent. The overall observation from the panel data is that the respondents are educated and income levels are high with the equal age group among young and adults with equal representation of gender.

3.3 Measurement of Service Quality using SERVQUAL:

To measure the quality of service (Buttle, 1997), the method used by Parasuraman et al. (1994) is used unchanged as widely used by several researchers. Despite being criticized by others to some extent, the method of evaluating service quality by Parasuraman is still used extensively. Service quality is defined as the gap between a customer's expectation of a service and the perception of the service experience felt by the customer (Zeithaml and Berry, 1988). Gap score are obtained directly by analysing the gap between the perception and expectation of the customers.

3.3.1 Overall analysis of SERVQUAL questions:

Table 7. Dimension wise score

Dimensions	Perception Mean Gap Score	Expectation Mean Gap Score	Overall mean gap score
Tangibles	4.359	4.052	0.307
Reliability	4.355	4.034	0.321
Assurance	4.391	4.078	0.313
Responsiveness	4.276	4.008	0.267
Empathy	4.339	3.985	0.353

(Source: Primary data)

Table 7 shows the overall dimension wise score of the respondents. The mean gap score was calculated by subtracting the mean expectation score from the mean perception score. Empathy has the most positive service quality gap with a score of 0.353 followed by Reliability with a score of 0.321, Assurance with 0.313 and Tangibles with 0.307 respectively. Responsiveness has the lowest positive score of 0.267. This analysis shows that there is not much difference in the service quality gap score of all the dimensions with a range of only 0.086.

3.3.2. Highest mean gap score for each dimension:

Table 8. Highest mean gap score

Dimensions	Questions:		Perception	Expectation	Gap score
Tangibles	Q2	The physical facilities at hospital are visually appealing.	4.326	3.820	0.506
	Q4	Materials associated with the service (such as pamphlets or statements) are visually appealing in the hospital.	4.442	3.936	0.506
Reliability	Q7	The hospital performed the service right the first time.	4.366	3.930	0.436
Assurance	Q13	Employees of the hospital are trustworthy	4.430	3.924	0.506
Responsiveness	Q14	Employees of the hospital told the customers exactly when services will be performed.	4.233	3.901	0.331

Empathy	Q22	The employees of the hospital understand the specific needs of their customers.	4.401	3.901	0.500

(Source: Primary data)

The highest gap score of tangibles dimension consists of two questions which are Q2 and Q4 with a score of 0.506 each. These are the physical facilities of the hospital are visually appealing and materials associated with the service are (such as pamphlets or statements) are visually appealing. This ensures that the customers are more satisfied with the physical facilities such are bed, bench, chairs, tables, toilets, architecture, etc. while also are satisfied with the materials associated with the service such as pamphlets, statement, presentation of bills, etc.

The highest gap score of reliability dimension is Q7 with a score of 0.436 which is "The hospital performed the service right the first time". This means that the customers are more satisfied with how reliable the hospitals are in the treatment the patients (customers) receive.

For assurance dimension, the highest gap score is Q13 which is "Employees of the hospital are trustworthy" with a gap score of 0.506. It shows that the hospital's employee's actions and behaviour assure the patients (customers) that they are trustworthy and patients are satisfied with their assurance.

In terms of responsiveness dimension, the highest gap score is Q14 which is "Employees of the hospital told the customers exactly when services will be performed". Customers of the hospitals are most satisfied with how well information is given in terms of when the service will be performed, this reduces the chance of anxiety on the customers.

Finally for empathy dimension, the highest scoring gap is Q22 which is "The employees of the hospital understand the specific needs of their customers" with a score of 0.500. The

customers are more satisfied with how well the staffs of the hospital understand the specific needs of their customers and their willingness to fulfill the customers needs.

3.3.3. Lowest mean gap score for each dimension:

Table 9. Lowest mean gap scores

Dimensions		Statements	Perception	Expectation	Gap score
Tangibles	Q3	Employees of the hospital are neat-appearing.	4.302	4.203	0.099
Reliability	Q8	The hospital provided their services at the time they promise to do so.	4.302	4.116	0.186
Assurance	Q12	Employees of the hospital consistently courteous (respectful) with customers.	4.355	4.215	0.140
Responsiveness	Q18	Employees of the hospital have the knowledge to answer customer questions.	4.250	4.052	0.198
Empathy	Q20	The hospital have operating hours convenient to all their customers.	4.297	4.180	0.116

(Source: Primary data)

The lowest gap score for tangible is Q3 with a score of 0.099 which is “employees are neat appearing”. This means while the customers are satisfied with the cleanliness and visuals of the attire worn by the employees. There is need for improvement in the way the employees dress, their cleanliness and overall appearance.

For reliability dimension, the lowest scoring gap is Q8 with a score of 0.186 which is “The hospital provided their services at the time they promise to do so”.The score is a positive score but however since it is the least scoring, the hospital punctuality in performing the service as their promise needs improving.

The lowest scoring gap for assurance is Q12 with a score of 0.140 which is “Employees of the hospital consistently courteous (respectful) with customers”. This means that the customers are least satisfied with how respectful the staff of the hospital are with the customers. Since hospital services are very high risk services, there is a need of improvement in this area.

In responsiveness dimension, the lowest scoring gap is Q18 with a score of 0.198 which is "Eemployees of the hospital have the knowledge to answer customer questions". This means that customers are least satisfied with the knowledge of the staffs in the hospital when answering question asked by the customers.

Finally for empathy dimension, the lowest scoring gap is Q20 with a score of 0.116 which is "The hospital have operating hours convenient to all their customers". Customers of the hospitals are satisfied with the operating hours of the hospital but however thinks improvement is needed the most in this area.

3.3.4 Analysis of service quality dimensions:

3.3.4.1 Tangibles:

Table 10. Tangibles

	Statements	Perception	Expectation	Gap score
Q1	The hospital has modern-looking equipment.	4.366	4.250	0.116
Q2	The physical facilities at hospital are visually appealing.	4.326	3.820	0.506
Q3	Employees of the hospital are neat-appearing.	4.302	4.203	0.099
Q4	Materials associated with the service (such as pamphlets or statements) are visually appealing in the hospital.	4.442	3.936	0.506
	OVERALL MEAN	**4.359**	**4.052**	**0.307**

(Source: Primary data)

Further analysis of the dimension revealed that there is no negative gap scores in the tangibles dimension. This indicated that the customers rated all the perception questions of the tangibles dimension for the hospital higher than their expectations. The most positive mean gap score is Q2 and Q4 both of which scores 0.506 and relates to visual appearance of the

hospital associated with the service such as wards, beds, chairs, rooms, corridors, pamphlets, statements, bills, etc. The second lowest gap score is Q1 with 0.116 which is “hospital has modern looking equipment”, as compared to the most positive mean score, the score is relatively very low. Meaning that improvement is heavily required in this area. Finally, the lowest gap score is Q3 with “Employees of the hospital are neat-appearing”. Similar to the second lowest gap score i.e., Q1 with 0.099. The perception of the customers barely overlaps their expectations, this means that if improvement is not administered it will result in dissatisfaction of customers towards this area.

3.3.4.2. Reliability

Table 11. Reliability Dimensions

	Statements	Perception	Expectation	Gap score
Q5	When hospital promise to do something by a certain time, they do so.	4.436	4.116	0.320
Q6	When customers have a problem, The hospital showed a sincere interest in solving it.	4.297	3.959	0.337
Q7	The hospital performed the service right the first time.	4.366	3.930	0.436
Q8	The hospital provided their services at the time they promise to do so.	4.302	4.116	0.186
Q9	The hospital insist on error-free records.	4.372	4.047	0.326
	OVERALL MEAN	**4.355**	**4.034**	**0.321**

(Source: Primary data)

Analysis of reliability dimension shows that all the scores are positive this assures that customer satisfaction is achieved in all the statements under the reliability dimension. The most positive gap score is Q7 with a score of 0.436 which is “The hospital performed the service right the first time”. followed by Q6 with a score of 0.337 which is “When customers have a problem, The hospital showed a sincere interest in solving it”. The third least score is by Q9 with a score of 0.326 which is “The hospital insist on error-free records”. And is closely

followed by Q5 with a score of 0.320 which is “When hospital promise to do something by a certain time, they do so”. The least gap score is from Q8 with a score of 0.186 which is “The hospital provided their services at the time they promise to do so”.

The gap scores of the four statements Q5, Q6, Q7 and Q9 are very close to each other with very low range in between them, therefore it can be stated that the customers are most satisfied with the fulfilment of the promises kept by the hospital, their willingness to solve the problems of customers, their ability to perform services right the first time and their maintenance of error free records. However, as found in the gap on Q8, the customers are almost dissatisfied with the punctuality of the hospital when it comes to service delivery such as wait time for doctors, nurse, delivery time of meals, etc.

3.3.4.3 Assurance:

Table 12. Assurance dimensions

	Statements	Perception	Expectation	Gap score
Q10	The behaviour of employees of the hospital instil confidence in customers.	4.407	4.099	0.308
Q11	Customers of the hospital feel safe in their transactions.	4.372	4.076	0.297
Q12	Employees of the hospital consistently courteous (respectful) with customers.	4.355	4.215	0.140
Q13	Employees of the hospital are trustworthy	4.430	3.924	0.506
	OVERALL MEAN	**4.391**	**4.078**	**0.313**

(Source: Primary data)

As shown in Table 12, assurance dimension does not have any negative gap score. This means that the customers are satisfied with the services performed by the hospital under assurance dimension. The highest scoring gap is Q13 with a score of 0.506 which is “Employees of the hospital are trustworthy”, followed by Q10 with a score of 0.308 which is “The behaviour of employees of the hospital instil confidence in customers”. The second least

scoring gap is Q11 with a score of 0.297 which is “Customers of the hospital feel safe in their transactions”. The least scoring gap is Q12 with a score of 0.140 which is “Employees of the hospital consistently courteous (respectful) with customers”.

It is evidently clear from analysis of assurance dimension that customers are most satisfied with the trustworthiness of the employees of the hospital followed by their ability to instil confidence in customers. This is a result of the actions and behaviour of the employees of the hospitals towards their customers which the customers perceive to be trustworthy and raises their confidence towards the employees. The customers are also satisfied with their transaction and feel safe when the service is rendered. The least scoring gap which is related to the respectfulness of employees towards the customers show that there is a big room for improvement towards this area, while it is evident that from analysis that customers are satisfied the level of satisfaction is still very marginal as compared to the other statements in the dimension. Therefore, first and foremost improvement is required towards the respectfulness of employees towards customers

3.3.4.4 Responsiveness:

Table 13. Responsiveness Dimensions

	Statements	Perception	Expectation	Gap score
Q14	Employees of the hospital told the customers exactly when services will be performed.	4.233	3.901	0.331
Q15	Employees of the hospital gives prompt service to customers.	4.262	4.023	0.238
Q16	Employees of the hospital are always be willing to help customers.	4.308	4.052	0.256
Q17	Employees of the hospital are never be too busy to respond to customer requests.	4.326	4.012	0.314
Q18	Employees of the hospital have the knowledge to answer customer questions.	4.250	4.052	0.198

	OVERALL MEAN	**4.276**	**4.008**	**0.267**

(Source: primary data)

Responsiveness dimension's gap score show that all the gaps are positive meaning customer satisfaction is achieved. Further analysis of responsiveness dimension also shows the highest scoring gap is from Q14 with a score of 0.331 which is "Employees of the hospital told the customers exactly when services will be performed". Followed by Q17 with a score of 0.314 which is "Employees of the hospital are never be too busy to respond to customer requests". Q16 with a score of 0.256 which is "Employees of the hospital are always be willing to help customers" and Q15 with a score of 0.238 which is "Employees of the hospital gives prompt service to customers" respectively. The least scoring gap is from Q18 with a score of 0.198 which is "Employees of the hospital have the knowledge to answer customer questions."

The results of the gaps shows that the range between the highest scoring gap i.e., Q14 and lowest scoring gap i.e., Q18 is very narrow; this means that customers satisfaction is relatively close to each other in all the statements under responsiveness dimension. The results show that customers are most satisfied with information deliverance to the customers, followed by how well the employees respond to the customers queries and the employees ability to give prompt response to the customers, respectively. However, the customers satisfaction level is lowest for the knowledge of the employees when it comes to answering the questions of customers.

3.3.4.5 Empathy:

Table 14. Empathy Dimensions

	Statements	Perception	Expectation	Gap score
Q19	The hospital gives customers individual attention.	4.285	3.971	0.314
Q20	The hospital has operating hours convenient to all their customers.	4.297	4.180	0.116
Q21	The hospital have the customers' best interests at heart.	4.372	3.890	0.483
Q22	The employees of the hospital understand the specific needs of their customers.	4.401	3.901	0.500
	OVERALL MEAN	**4.339**	**3.985**	**0.353**

(Source: Primary data)

The gap scores of empathy dimensions are all positive meaning that customer satisfaction is achieved in empathy of the hospitals towards the customers. The highest scoring gap is Q22 with a score of 0.500 which is “The employees of the hospital understand the specific needs of their customers”. The second highest scoring gap is from Q21 with a score of 0.418 which is “The hospital have the customers' best interests at heart”. The second least scoring gap is from Q19 with a score of 0.314 which is ‘The hospital gives customers individual attention”. The least scoring gap is from Q20 which is “The hospital has operating hours convenient to all their customers”.

The analysis of empathy dimension shows that three statements have a close score between them which are Q22, Q21 and Q20. This shows that customers are most satisfied with the hospitals ability to understand all the employees specific needs, followed by the hospitals ability to have the customers best interest at heart and how the hospital is able to give individual attention to all the customers respectively. However, the customers are least satisfied with the convenience of operating hour of the hospital.

3.4 Summary

The chapter has examined the demographic profile of the respondents as well as service quality gaps of the respondents towards private hospital's service quality. The chapter has extensively used the SERVQUAL model to assess the service quality dimensions and it was found that the empathy dimension has a very close score meaning expectation and perception are more or less close to each other. The study then further looks into the relationship between the customer satisfaction and word of mouth in the forthcoming chapter.

Reference:

Buttle FA (1997). I heard it through the grapevine: issues in referral marketing, *Proceedings of the 5th International colloquium in relationship marketing*, Cranfield School of Management, Cranfield University, England.

Grönroos, C. (1984). A Service Quality Model and its Marketing Implications, *European Journal of Marketing*, 18 (I): 4, 36 – 44.

Parasuraman, A., Berry, L.L. and Zeithaml, V.A. (1991). Refinement and reassessment of the SERVQUAL scale, *Journal of Retailing*,. 67(4), 420–450.

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), 12–40.

Parasuraman, A., Zeithaml, V.A. and Berry, L.L. (1994). Reassessment of expectations as a comparison standard in ensuring service quality: implications for further research, *Journal of Marketing*,58(2),111–124.

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(4), 41–50.

Chapter 4

TESTING OF MODEL AND HYPOTHESES

4.1 Introduction:

The main aim of this study is to examine the relationship between service quality, customer satisfaction and word of mouth in the patients of private hospitals in Aizawl, Mizoram. To obtain these aims, questionnaires were collected from 4 selected largest private hospitals in Aizawl based on the number of beds (Economic Survey of Mizoram 2019-20). A quota of 25% based on the total number of beds in the individual hospitals was chosen and the fractions rounded up, which amount to a total of 172 respondents altogether. The respondents are in house patients who have stayed two days and two nights or more in the hospital. The questionnaire for analysis consists of 27 questions altogether where 22 were for measuring the perception of service quality, developed by Parasuraman et al. (1991), 2 for customer satisfaction and 3 for word of mouth. The questionnaire was compiled on a 7 point Likert scale from strongly disagree to strongly agree.

4.2 Gender profile of respondents:

As stated, 4 hospitals were selected for the study as they are the 4 biggest private hospitals in Aizawl. 25% each from the number of available beds were selected as selection criteria for each hospitals and the total number of respondents amounted to 172 respondents. The distribution of respondents for each hospital is shown in Table 15. The table shows that the selected private hospitals are Presbyterian Hospital also known as Synod Hospital has maximum representation consisting of 62.92 percent male respondents and 39.76 percent female respondents. Synod is the largest private hospital having a highest bed capacity of 355 among the private hospitals in Aizawl.

Table 15. Gender profile of the respondents

Hospital	No. of Beds	Male	%	Female	%	Total	%
Presbyterian Synod Hospital	355	56	62.92	33	39.76	89	51.74
Aizawl Hospital	145	17	19.10	20	24.10	37	21.51
Bethesda Hospital	100	10	11.24	15	18.07	25	14.53
Ebenezer Hospital	84	6	6.74	15	18.07	21	12.21
Total	684	89	100.00	83	100.00	172	100.00

(Source: Primary survey)

In Aizawl Hospital, the female respondents were more in number than the male respondents as represented by 20 female and 17 male respondents. The remaining hospitals viz., Bethesda Hospital and Ebenezer Hospital are smaller in size as the number of beds having the capacity of 100 and 84 beds respectively. Both Bethesda and Ebenezer are represented by more female respondents than male respondents as indicated by 15 female respondents in comparison to male respondents of 6 for Bethesda Hospital. For Ebenezer Hospital also, the number of female respondents are more than male respondents represented by 18.07 percent in comparison to male respondents of 6.74 percent.

4.3 SERVQUAL scores of select private hospitals

Table 26. Overall SERVQUAL score of private hospitals

Hospitals	Perception	Expectation	Mean gap score
Presbyterian Synod Hospital	4.280	3.994	0.285
Aizawl Hospital	4.320	3.894	0.426
Bethesda Hospital	4.332	4.038	0.294
Ebenezer Hospital	4.604	4.264	0.341

(Source: Author's calculation)

Overall SERVQUAL score as analysed in Table 16 shows that mean gap score is positive in all the scores which means that customer satisfaction is achieved in all the hospitals. The highest mean gap score is by Aizawl Hospital with a score of 0.426. followed by Ebenezer hospital with a score of 0.341 and Bethesda hospital with a score 0.294. The least scoring hospital is Synod Hospital with a score of 0.294.

4.4. Dimensional scores of each select hospitals:

Table 17. Dimensional scores of the hospitals

		Presbyterian Synod	Aizawl	Bethesda	Ebenezer
Tangibles	Perception	4.317	4.369	4.540	4.331
	Expectation	4.065	3.940	4.120	4.041
	Gap score	**0.253**	**0.429**	**0.420**	**0.291**
Reliability	Perception	4.337	4.229	4.640	4.276
	Expectation	4.000	3.800	4.376	3.973
	Gap score	**0.337**	**0.429**	**0.264**	**0.303**
Assurance	Perception	4.351	4.286	4.410	4.527
	Expectation	4.126	3.845	4.130	4.189
	Gap score	**0.225**	**0.440**	**0.280**	**0.338**
Responsiveness	Perception	4.162	4.438	4.608	4.527
	Expectation	3.926	4.086	4.368	4.232
	Gap score	**0.236**	**0.352**	**0.240**	**0.295**
Empathy	Perception	4.244	4.274	4.740	4.331
	Expectation	3.902	3.774	4.270	4.115
	Gap score	**0.343**	**0.500**	**0.470**	**0.216**

(Source: Author's calculation)

Analysis of table 17 shows that for Synod hospital Empathy scores the highest mean gap with a score of 0.343 while the lowest scoring dimension is Assurance with a score of 0.225. The highest mean gap scoring dimensions for Aizawl hospital is Empathy dimension with a score of 0.500 while Responsiveness scores the lowest with a score of 0.352. As for Bethesda hospital the highest mean gap scoring dimension is Empathy with a score of 0.470 while the lowest mean gap scoring dimension is Responsiveness with a score of 0.240. For Ebenezer hospital the highest mean gap scoring dimension is assurance with a score of 0.338 while the lowest mean gap scoring variable is Empathy with a score of 0.216.

4.5 Hypothesis Test

4.5.1 Hypotheses

H_0: There is no significant relationship between the dimensions of service quality with customer satisfaction and word of mouth in the private hospitals in Aizawl.

Sub- Hypothesis

H_{01}: There is no significant relationship between tangible dimensions of service quality and customer satisfaction in the private hospitals in Aizawl.

H_{02}: There is no significant relationship between responsiveness dimension of service quality and customer satisfaction in the branch of private hospitals in Aizawl.

H_{03}: There is no significant relationship between reliability dimension of service quality and customer satisfaction in the private hospitals in Aizawl.

H_{04}: There is no significant relationship between assurance dimension of service quality and customer satisfaction in the private hospitals in Aizawl.

H_{05}: There is no significant relationship between empathy dimension of service quality and customer satisfaction in the private hospitals in Aizawl.

H_{06}: There is no significant relationship between customer satisfaction and word of mouth in the private hospitals in Aizawl.

4.5.2 Assumption test

In order perform a multiple linear regression (extension of linear regression) certain assumptions have to be met in order to validate the analysis. Multiple linear regression is useful when more than two independent variables are present and to determine the overall fit of the model. Altogether three assumptions are tested for hypotheses 1 to 5 and for another three is used for testing hypothesis 6 (Osborne and Waters, 2002). It was found that normality test using Kolmogorov-Smirnov test shows significance value is >0.05 which indicates that the variable is normally distributed. Further a Q-Q scatterplot is plotted to analyse the existence of a linear relationship between the independent variables and dependent variables. Reliability

tests of each variable using Cronbach's Alpha also shows that scores of each variable is > 0.700. Further, hypothesis 6 is also tested and is found to be suitable for application of linear regression analysis.

Table 18. Assumption test for Hypothesis 1 to 6

Assumptions	**Hypotheses 1 to 5**			**Hypothesis 6**		
Normality	Kolmogorov-Smirnova			Kolmogorov-Smirnova		
	Statistic	df	Sig	Statistic	df	Sig
	0.269	172	0.200	0.248	172	0.200
Linear Relationship	Exists			Exists		
Reliability Test	Dimensions		Cronbach's Alpha	Dimensions		Cronbach's Alpha
	Tangibles		0.856	Customer Satisfaction		0.899
	Reliability		0.875	Word of mouth		0.926
	Assurance		0.791			
	Responsiveness		0.861			
	Empathy		0.871			
			<0.70			**<0.70**

(Source: Author's calculation)

4.4.3. Analysis of Data

Multiple Linear Regression:

(Hypothesis 1 - 5)

Table 19. Model summary

Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
1	.947[a]	.897	.893	.24498

a. Predictors: (Constant), Empathy, Responsiveness, Assurance, Tangibles, Reliability

(Source: Author's calculation)

Table 20. ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	86.344	5	17.269	287.744	.000[b]
	Residual	9.962	166	0.06		
	Total	96.307	171			

a. Dependent Variable: Customer Satisfaction
b. Predictors: (Constant), Empathy, Responsiveness, Assurance, Tangibles, Reliability
(Source: Author's calculation)

Table 21. Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-0.243	0.15		-1.613	0.109
	Tangibles	0.029	0.049	0.029	0.599	0.55
	Reliability	0.262	0.06	0.255	4.384	0
	Assurance	0.183	0.046	0.186	3.987	0
	Responsiveness	0.202	0.046	0.198	4.44	0
	Empathy	0.375	0.06	0.362	6.241	0

(Source: Author's calculation)

A value of 0.947 for R indicates a good value for prediction of satisfaction by the independent variables which is depicted by Table 19. Furthermore, 89.7 percent of the variability is explained by the independent variables. Table 20 shows the independent variables significantly predict the dependent variables [F (5,166) = 287.744, P<0.05], thus proving that the model is good fit of data. Table 20 also shows the independent variables significantly predicted and the model is fit for data. Table 21 also shows that among the predictors, tangibles is not significant i.e., ($p < 0.05$), while the other predictors reliability, assurance, responsiveness and empathy are significant. This indicates that there is no significant relationship between tangibles with the dependent variable customer satisfaction.

$$\mathbf{Y = -0.243 + 0.029X_1 + 0.262X_2 + 0.183X_3 + 0.202X_4 + 0.375X_5}$$

A significant regression equation is established with respect to model 1 to the above variables with p value less than the assumed significance level of 5 percent as shown from table 5. The following are inferred from the equation:

- With β=0.029, t value=0.599 and p value=0.550 which is more than the assumed significance level of 5 percent, it is observed that tangibles has no effect on satisfaction of the hospital patients. Thus, the null hypothesis H_1 is accepted.
- With β=0.262, t value=4.384 and p value=0.000 which is less than the assumed significance level of 5 percent, it is observed that reliability has positive and some effect on satisfaction of the hospital patients. Thus, we reject the null hypothesis H_2.
- With β=0.183, t value=3.987 and p value=0.000which is less than the assumed significance level of 5 percent, it is observed that assurance has positive and some effect on satisfaction of the hospital patients. Thus, we reject the null hypothesis H_3.
- With β=0.202, t value=4.440 and p value=0.000which is less than the assumed significance level of 5 percent, it is observed that responsiveness has positive and some effect on satisfaction of the hospital patients. Thus, we reject the null hypothesis H_4.
- With β=0.375, t value=6.241 and p value=0.000which is less than the assumed significance level of 5 percent, it is observed that empathy has positive and some effect on satisfaction of the hospital patients. Thus, we reject the null hypothesis H_5.

Linear Regression:

(Hypothesis 6)

Table 22. Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
II	.895[a]	0.801	0.8	0.33166

a. Predictors: (Constant), Customer Satisfaction
(Source: Author's calculation)

Table 23. ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
II	Regression	75.225	1	75.225	683.875	.000[b]
	Residual	18.7	170	0.11		
	Total	93.924	171			

a. Dependent Variable: WOM
b. Predictors: (Constant), Customer Satisfaction
(Source: Author's calculation)

Table 24. Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
II	(Constant)	0.569	0.185		3.075	0.002
	Customer Satisfaction	0.894	0.034	0.895	26.151	0

a. Dependent Variable: WOM
(Source: Author's calculation)

Table 22 shows that 80.1 percent of the variance in the dependent variable is explained in the independent variables (predictors) and is statistically significant. Table 23 shows that the overall regression model is statistically significant, $F(1, 170) = 683.875$, $p < 0.001$. This means that the predictors account for a significant amount of variance in the dependent variable i.e., word of mouth. Table 24 shows that the predictor Customer Satisfaction has a significant effect on the Dependent variable Word of mouth, $P < 0.05$. Unstandardized Coefficients (B) shows that for every 1 unit of change in the predictor variable customer satisfaction, there is a 0.894 change in word of mouth.

4.6 Summary :

Table 25. Summary of Hypotheses Testing

Hypothesis	Independent Variables	Dependent Variables	Sig.	Result
H_1	Tangibles	Customer Satisfaction	.550	Confirmed
H_2	Reliability	Customer Satisfaction	.000	Rejected
H_3	Assurance	Customer Satisfaction	.000	Rejected
H_4	Responsiveness	Customer Satisfaction	.000	Rejected
H_5	Empathy	Customer Satisfaction	.000	Rejected
H_6	Customer Satisfaction	Word of mouth	.000	Rejected

(Source: Author's calculation)

According to the results of Table 25, we can say that finally after testing, only null hypothesis H_1 is confirmed while the other hypotheses H_2-H_6 are rejected. This suggests that the independent variable Tangibles has no influence on the dependent variable customer satisfaction and this finding is related to Kitapci et al. (2014). However the hypotheses H_2-H_6 are all rejected meaning that there is a significant effect of the independent variables on the dependent variable. This explicitly accounts for the variables Reliability, Assurance, Responsiveness and Empathy have an important effect on the satisfaction (Bostanji. 2013).

References:

Bostanji, G. M., (2013). The Impact of Service Quality on Customers Loyalty: A Study on Five Stars Hotel's Customers in Riyadh, KSA, *European Journal of Business and Management*, 5(31), 230-241

Economic Survey of Mizoram 2019-20. A Government of Mizoram publication. Aizawl. Mizoram.

Kitapci, O., Akdogan, C. and Dortyol, I. T. (2014). The Impact of Service Quality Dimensions on Patient Satisfaction, Repurchase Intentions and Word-of-Mouth Communication in the Public Healthcare Industry. *Procedia - Social and Behavioral Sciences.* 148, 161 – 169.

Parasuraman, A., Berry, L.L. and Zeithaml, V.A. (1991). Refinement and reassessment of the SERVQUAL scale, *Journal of Retailing*,. 67(4), 420–450.

CHAPTER 5

FINDINGS, CONCLUSIONS AND SUGGESTIONS

5.1 Findings

5.1.1 Findings on Service Quality

The main findings of the study are based on the measure of service quality of private hospitals in Aizawl which is described in Chapter 3 and Chapter 4. The perception and expectation of the customers are both high which means that customers were not only satisfied with the service they received but also had a high expectation from the hospital, upon further analysis of tables 8, 9, 10, 11, 12, 13 and 14, the following findings can be summarized.

1) Perception of customer's exceeded the expectation of customer's, therefore were satisfied with the service quality.
2) Expectation of the respondents were the highest for assurance dimension and lowest for empathy dimension.
3) Perception was highest for assurance dimension of the SERVQUAL and lowest for responsiveness dimension.
4) The study also finds that the most positive scoring gap was empathy dimension while lowest was responsiveness dimension.
5) The highest scoring gap for tangibles is related to the physical appearance of the hospital and the materials associated with the service while the lowest scoring gap was in relation to neatness in appearance of employees .
6) The highest scoring gap for reliability is related to how the hospital was able to performed service right the first time and lowest scoring gap was punctuality of the hospital in deliverance of service in promised time.

7) The highest scoring gap for assurance is how employees of the hospital are trustworthy and lowest scoring gap was found to be the respectfulness of the employees towards the customers.
8) The study also found that the highest scoring gap for responsiveness is how employees of the hospital communicate to the customers exactly when services will be performed while the least scoring gap is the employees' knowledge to answer customers' queries.
9) The highest scoring gap for empathy is the employees ability to understand the specific needs of their customers while the lowest scoring gap is convenience of operating hour to all the customers.
10) Amongst all the statements, the least scoring gap is "Employees of the hospital are neat-appearing." While the highest is a three-way tie between the following "The physical facilities at hospital are visually appealing", "Materials associated with the service (such as pamphlets or statements) are visually appealing in the hospital" and "Employees of the hospital are trustworthy".

Further analysis of the SERVQUAL scores of each hospital was done in Chapter 4 and the following are the findings:

1) The perception scores exceeded all the expectations for all the hospitals this implies that customer satisfaction is met in all the hospitals.
2) The perception scores are highest for Ebenezer Hospital while lowest for Presbyterian Synod hospital.
3) The study also finds that the expectations scores are highest for Ebenezer Hospital while lowest for Aizawl hospital.

4) The mean gap score is highest for Aizawl hospital followed by Ebenezer hospital and Bethesda hospital, while Presbyterian Synod hospital has the lowest score.
5) Presbyterian Synod hospital has highest mean gap score in their empathy dimension while the lowest scoring dimension is assurance.
6) The highest mean gap scoring dimensions for Aizawl hospital is Empathy dimension while responsiveness scores the lowest.
7) As for Bethesda hospital, the highest mean gap scoring dimension is empathy while the lowest mean gap scoring dimension is responsiveness.
8) For Ebenezer hospital the highest mean gap scoring dimension is assurance while the lowest mean gap scoring variable is empathy.

The analysis of overall SERVQUAL gap score as shown in Table 7 demonstrates that all the 5 dimensions viz., Tangibles, Reliability, Assurance, Responsiveness, Empathy has a higher perception score than expectation scores. As Othman and Owen (2001) stated the gap between customers' expectations and perception of service is taken as customer satisfaction in service quality, which indicates that customer satisfaction is fulfilled in all the 5 dimensions. In comparison to previous healthcare studies (Irfan and Ijaz, 2011; Karassavidou, 2009; Butt and Cyril De Run, 2010; Chakravarty, 2010; Camilleri and O'Callaghan, 1998; Youseff et al., 1996), the finding is a significant in terms of positive perception for all dimensions. The majority of those studies were conducted in the public sector, and the perception ratings were nearly equal to or lower than the expectations ratings. Butt and de Run (2010) also found unfavourable perceptions in all five categories in their study, which were performed in private Malaysian hospitals (tangible, reliability, responsiveness, assurance and empathy). Irfan and Ijaz (2011) performed their study at private and public hospitals in Pakistan, finding that the public hospital had lower perceptions for all five factors. In their studies of public hospitals, in

the United Kingdom and Greece, Youseff (1996) and Karassavidou (2009) also found that perceived service quality was negative in all five factors. Therefore, it can be assumed that the service quality of private hospitals in Aizawl is significantly viewed favourably and the customers are relatively satisfied with the services offered. This may be due to the hospitals being owned by the local as well as the staffs of the hospitals being able to converse in the local language; these factors may have resulted in personal relationship being developed by the employees and customers during the customers' stay at the hospital. This also could be due to the factor that service industries solely rely on personal interaction between the customers and employees, such interpersonal relationship developed might have played a role in influencing the positive attitude of customers towards the hospitals.

While it is evidently clear that SERVQUAL instrument is very useful tool for analysing the perceptions and expectations of customers and measuring the level of customers satisfaction, it does not answer the question of "Why" of such findings, therefore we can only state that from the findings private hospitals in Aizawl, service quality is satisfactory and the expectations of the customers were met. However, there are still some areas where the mean gap is low, which means there are some areas in which improvement is greatly required.

5.1.2 Findings on Relationships between Service Quality, Satisfaction and Word of Mouth:

The purpose of the study in Chapter 4 is to determine the effect of service quality and satisfaction on word of mouth. After conducting an empirical research, it was revealed that among the independent factors, tangibles had no significant effect on customer satisfaction. This might be owing to the weight assigned to other criteria such as reliability, assurance, responsiveness, and empathy. Other aspects of service quality are given more weight, which might be owing to Mizoram's lack of proficient diversity of hospital services. The underlying explanation might be owing to the study's select hospitals being run by non-governmental

groups with little resources. The respondents may also be preoccupied with other elements of service delivery as their services were more in need than examining the tangibility, and the majority of them may be unaware of the most up-to-date equipment accessible for patients.

Second part of the study shows that customer satisfaction has a significant effect on word of mouth. The results may be due to the fact that the gap score of SERVQUAL analysis was positive so customer satisfaction was achieved. This is similar to Burnham and Leary's (2018) findings which stated "that customer satisfaction is positively correlated with positive-word-of-mouth and will greatly increase recommendation probability". The underlying explanation might be that most of the customers of the hospital have relatives and friends who keep in close contact with them and as it is a normal custom for friends and relatives to ask the customer about their stay in the hospital. Word of mouth is bound to happen especially is the customer is satisfied.

5.2 Conclusions

This section begins by drawing some final conclusions from the work carried out on the service quality of private hospitals in Aizawl and its relation to customer satisfaction and word of mouth propagation. The study examined the service quality effectiveness by using the SERVQUAL model and using the technique service gap to explore the difference between perception and expectation of the patients in private hospital in Aizawl. One of the major conclusions drawn from the analysis from chapter 3 is the almost all the respondents have higher perception about the private hospitals than the expectations in Aizawl. This might be concluded that the pride of being the hospitals owned by the local as well as being able to converse in the local language plays a major role in having the positive attitude towards the organisations set up in competition to the public health services. Secondly, the concept of 24 X 7 offered by the private hospitals may be considered as an added point for having a positive perceptual mindset towards the private hospital. The study also concludes that the widest gap

among the service quality dimension is the tangible aspects of the services where the respondents feels that the physical items are not as that appealing as well the information brochures and other printed materials are not of expected quality. So, these may have widened the service gap.

From the other perspectives of the study, it is found and concluded that the four dimensions of service quality viz, reliability, assurance, responsiveness and empathy have some degree of contribution towards customer satisfaction. Therefore, the word of mouth of the patients are very much affected by these dimensions and efforts must be carried on to reduce the gap between perception and expectation of these dimensions.

5.3 Suggestions:

The SERVQUAL analysis shows that customer satisfaction is achieved in all the statements under the 5 dimension viz., tangibles, reliability, assurance, responsiveness and empathy. This is a result of the hospitals service quality perception of customers meeting the expectations of the customers. However, the gap achieved is still very marginal in all the dimensions which indicate that there is still room for improvement in these areas especially "responsiveness of the employees" which has the lowest overall score in almost all the hospitals. Employees of the hospital need to be more courteous in how they interact with their customers and managers of the hospitals need to advice their employees to be more respectful to their customers. Also, as one of the least scoring question was the neatness and appearance of the staffs, Hospitals need to ensure that the dress code of the employees are visually appearing and clean. And as improvements in the service quality areas may change the perception of the hospital and help the organisation compete in a very competitive market, the directors/managers may take actions to improve the perceptions of the customers.

It is also evident from the study that service quality has an effect on customer satisfaction and word of mouth. For marketers, word of mouth has become one of the most significant part of advertising techniques as Peppers and Rogers (1993) stated “many consumers trust a current customer's WOM advice over every other source of knowledge”. This is a type of promotion in which consumers who have utilized the product or service advocate it to others. Several electronic media, as well as their applications of word of mouth, have become a popular research topic now-a-days. Customers' voices are heard through social media tools such as Facebook, Whatsapp, Twitter, email, blogs and YouTube. Electronic word of mouth is growing and playing an increasingly important part in educating customers by endorsing or at times, reinforcing in either a positive or negative way. The study also finds that when customers use services, they have a memorable and delightful experience, which contributes to positive word of mouth. As Swan and Oliver (1989) believed that satisfied customers would produce more WOM than unsatisfied customers, Companies must enhance client satisfaction by the quality of services given in order to encourage word of mouth.

There are still other areas of research that need to be pursued. Firstly, in the SERVQUAL analysis as shown in the findings, customers’ perception and expectations are measured to analyse if customer satisfaction is achieved. However, the study is lacking in explaining the “why” such as “why did the sample of customers rate some of the dimension higher than others and why did customers rate the expectations lower than the perceptions in all of the questions?”.Hence, Future researchers should try to focus in modifying the SERVQUAL instrument as to answer the “why” part of the study. Secondly, the study was conducted to analyse whether service quality has an effect on customer satisfaction and word of mouth. Further analysis is still required to analyse whether level of customer satisfaction has an effect on either negative word of mouth or positive word of mouth along with other variables.

Reference:

Burnham, T.A. & Leary, R.B.(2018).Word of mouth opportunity: why recommendation likelihood overestimates positive word of mouth. *Journal of Marketing Theory and Practice*, 26(4), 368-389.

Butt, M. M., & Cyril de Run, E., (2010) 'Private Healthcare quality: applying a SERVQUAL model', *International Journal of Health Care*, 23 (7), 658-673.

Camilleri, D. & O'Callaghan, M. (1998) 'Comparing public and private hospital care service', *International Journal of Health Care Quality Assurance*, 11 (4), 127-133.

Chakravarty, C. A., (2010) Evaluation of service quality of hospital outpatient department services, *Medical Journal Armed Forces India*, 67 (3), 221-224.

Irfan, S. M., & A. Ijaz, (2011) 'Comparison of Service Quality between Private and Public Hospitals: Empirical Evidences from Pakistan', *Journal of Quality and Technology Management* 7, 11-22.

Karassavidou, E., Glaveli, N. & Papadopoulos, C. (2009) 'Health care quality in Greek NHS hospitals: No one knows better than patients', *International QMOD Conference*, August, 20-22.

Oliver, R.L & Swan. J (1989). Equity and Disconfirmation Perceptions as Influences on Merchant and Product Satisfaction. *Journal of Consumer Research*,16(3),372–383

Othman, A., & Owen, L. (2001). Adopting and measuring customer service quality (SQ) in Islamic banks: a case study in Kuwait finance house. *International Journal of Islamic financial services*, 3(1), 1-26.

Peppers, D. & Rogers, M. (1993). *The One to One Future*, Piatkus: New York.

Youseff, F.N., Jones, R. And Hunt, A. (1996) 'Health care quality in NHS hospitals', *International Journal of Health Care Quality Assurance*, 9 (1), 15-28.

BIBLIOGRAPHY

Aagja, J.P. &Garg, R. (2010). Measuring perceived service quality for public hospitals (PubHosQual) in the Indian context, *International Journal of Pharmaceutical and Healthcare Marketing*, 4(1), 60–83.

Alhashem, A.M., Alquraini, H., & Chowdhury, R.I. (2011). Factors influencing patient satisfaction in primary healthcare clinics in Kuwait. *International Journal of Health Care Quality Assurance*,24(3),249-262.

Al-Neyadi H.S., Abdallah, S., & Malik, M., (2016). Measuring patient's satisfaction of healthcare services in the UAE hospitals: Using SERVQUAL. *International Journal of Healthcare Management*, 11, 1-10.

Amin, M., & Nasharuddin, S. (2013). Hospital service quality and its effects on patient satisfaction and behavioural intention. *Clinical Governance: An International Journal*. 18(3), 238-254. https://doi.org/10.1108/CGIJ-05-2012-0016

Andaleeb, S.S. (1998), Determinants of customer satisfaction with hospitals: a managerial model. *International Journal of Health Care Quality Assurance*,11,181-187.

Anderson EW (1998). Customer Satisfaction and Word of Mouth. *Journal of Service Research*.1(1), 5-17.

Anderson, E.W. & Sullivan, M.W. (1993). The antecedents and consequences of customer satisfaction for firms. *Marketing Science Letters*, 12(2),125-143.

Anthanassopoulos, A., Gounaris, S., & Sathakopoulos, V. (2001). Behavioural responses to customer satisfaction: an empirical study. *European Journal of Marketing*, 35(5/6),687-707.

Arasli, H., & Mehtap, S., & Katircioglu, S. (2005). Customer service quality in the Greek Cypriot banking industry. *Managing Service Quality*, 15, 41-56.

Arasli, H., Ekiz, E.H., & Katircioglu, S.T. (2008). Gearing service quality into public and private hospitals in small islands. *International Journal of Health Care Quality Assurance*,21(1),8-23.

Azam, A. Qiang, P. & Abdullah, M.I. (2012). *Consumers' E-commerce acceptance model: Antecedents of trust and satisfaction constructs*. Kuala Lumpur,Malaysia: BEIAC 2012 - 2012 IEEE Business, Engineering and Industrial Applications Colloquium.

Bakar, C., Seval Akgün, H. & Al Assaf, A.F. (2008). The role of expectations in patient assessments of hospital care: An example from a university hospital network. *International Journal of Health Care Quality Assurance*, 21(4), 343-355.

Bansal, H. S., & Voyer, P. A. (2000). Word-of-Mouth Processes within a Services Purchase Decision Context. *Journal of Service Research*, *3*(2), 166–177.

Barlow, J., & Moller, C. (2009). *A Complaint Is a Gift: Recovering Customer Loyalty When Things Go*. Berrett-Koehler Publishers; 2nd edition

Bateson, J. E. G. & Hoffman, K. D. (2011). *Services Marketing*, 4th edition. South-Western

Bateson, J.E.G., & Hoffman, K.D. (1999). *Managing Services Marketing: Text and Readings*. Orlando, FL: Dryden Press.

Berry, L.L. & Parasuraman, A. (1991),*Marketing Services: Competing through Quality*, New York, NY: The Free Press.

Bolton, R., & Drew, J. (1994). Linking customer satisfaction to service operations and outcomes. In R. T. Rust, & R. L. Oliver (Eds.), *Service quality: New directions in theory and practice* ,173-200. SAGE Publications, Inc.

Bone, P.F.(1995).Word-of-mouth effects on short-term and long-term product judgments. *Journal of Business Research*, 32(3), 213-223.

Bostanji, G. M., (2013). The Impact of Service Quality on Customers Loyalty: A Study on Five Stars Hotel's Customers in Riyadh, KSA, *European Journal of Business and Management*, 5(31),230-241

Boulding, W., Kalra, A., Staelin, R. & Zeithaml, V.A. (1993), A dynamic process model of service quality: from expectations to behavioural intentions , *Journal of Marketing Research*, 30, 7-27.

Brailsford, S. & Vissers, J. (2011). OR in healthcare: A European perspective. European *Journal of Operational Research*, 212, 223-234.

Bryman, A. & Bell, E. (2007). *Business research methods*. 2nd edition. Oxford University press

Burnham, T.A. & Leary, R.B.(2018).Word of mouth opportunity: why recommendation likelihood overestimates positive word of mouth. *Journal of Marketing Theory and Practice*, 26(4), 368-389.

Butt, M.M., & Cyril de Run. E. (2010). Private healthcare quality: applying a SERVQUAL model. *International Journal of Health Care Quality Assurance*, 23(7), 658-673

Buttle FA (1997). I heard it through the grapevine: issues in referral marketing, Proceedings of the *5th International colloquium in relationship marketing*, Cranfield School of Management, Cranfield University, England.

Buttle, F. (1998). Word of mouth: Understanding and managing referral marketing. *Journal of Strategic Marketing*, 6, 241-254.

Camilleri, D. & O'Callaghan, M. (1998) 'Comparing public and private hospital care service', *International Journal of Health Care Quality Assurance*, 11 (4), 127-133.

Casado-Dı´az, A.B., M_as-Ruiz, F.J. & Kasper, H. (2007). Explaining satisfaction in double deviation scenarios: the effects of anger and distributive justice. *International Journal of Bank Marketing*, 25(5), 292-314.

Casado-Diaz, A. & Nicolau-Gonzalbez, J. (2009). Explaining consumer complaining behaviour in double deviation scenarios: the banking services. *The Service Industries Journal*, 29 (12), 1659-1668.

Chakravarty, C. A., (2010) Evaluation of service quality of hospital outpatient department services, *Medical Journal Armed Forces India*, 67 (3),. 221-224.

Chaniotakis, I. & Lymperopoulos, C. (2009). Service quality effect on satisfaction and word of mouth in the health care industry. *Managing Service Quality*, 19, 229-242.

Cronin, J.J. Jr & Taylor, S.A. (1992). Measuring service quality: a re-examination and extension. *Journal of Marketing*, 56(3),. 55-68.

David, M.E. and Dagger, T.S. (2011). Generating positive word-of-mouth in the service experience, *Managing Service Quality: An International Journal*, 21(2),133-151.

Davidow, M. (2003). Organizational responses to customer complaints – what works and what doesn't. *Journal of Service Research*, 5(3), 225-50.

Devebakan, N. & Aksarayli, M. (2003). The usage of SERVQUAL scores for the measurement of quality of perceived service in health facilities and implementation of private Altinordu hospital . *Journal of Institute of Social Sciences*, 5(1), 38-53.

Donabedian, A. (1980). *The definition of quality and approaches to its assessment Exploration in quality assessment and monitoring, Volume 1*. Ann Arbor: Health Administration Press.

Eboli, L. & Mazzulla, G. (2007). Service Quality Attributes Affecting Customer Satisfaction for Bus Transit. *Journal of Public Transportation*. 10.

Economic Survey of Mizoram 2019-20. A Government of Mizoram publication. Aizawl. Mizoram.

Eiglier, P. & Langeard, E. (1977). *A new approach to service marketing in Eiglier, P., Langeard, E., Lovelock, C.H., Bateson, J.E.G. and Young, R.F. (Eds), Marketing Consumer Services: New Insights.* Marketing Science Institute, Cambridge, MA. 33-58.

Ennew, C. T., Banerjee, A. K., & Li, D. (2000). Managing word of mouth communication: empirical evidence from India. *International Journal of Bank Marketing*, *18*(2), 75-83.

Faezipour, M. and Ferreira, S. (2013). A System Dynamics Perspective of Patient Satisfaction in Healthcare. *Procedia Computer Science.* 16, 148-156.

File, K.M. and Prince, R.A. (1992), "Positive Word-of-Mouth: Customer Satisfaction and Buyer Behaviour", *International Journal of Bank Marketing*, Vol. 10 No. 1, 25-29.

Fitzsimmons, J.A., & Fitzsimmons, M.J. (2006). *Service Management*. New York: McGraw-Hill, 5th edition.

Fornell, C. (1992). A national customer satisfaction barometer: the Swedish experience, *Journal of Marketing*, 56, 6-21.

Gaughan, J., Siciliani, L., Gravelle, H., Moscelli, G. (2020). Do small hospitals have lower quality? Evidence from the English NHS. *Social Science & Medicine*. https://doi.org/10.1016/j.socscimed.2020.113500

Gaur, S.S., Xu, Y., Quazi, A., & Nandi, S. (2011). Relational impact of service providers' interaction behavior in health care. *Managing Service Quality*, 21(1),67-87.

Giannakos, M.N., Pateli, A.G., & Pappas, I.O., (2012). Investigation of the hotel customers perceptions: a study based on user-generated content of online booking platforms. 2nd Advances in Hospitality and Tourism Marketing & Management Conference, Corfu Island, May 31-June 3.

Ginter J.L. (1974). An Experimental Investigation of Attitude Change and Choice of a New Brand. *Journal of Marketing Research*. 1974;11(1):30-40.

Grönroos, C. (1984). A Service Quality Model and its Marketing Implications, *European Journal of Marketing*, 18 (I): 4, 36 – 44.

Grönroos, C. (1993). A Service Quality Model and Its Marketing Implications. *European Journal of Marketing*, 18, 36-44.

Gronroos, C. (2000). *Service Management and Marketing: A Customer Relationship Management Approach*. Hoboken: John Wiley and Sons, Ltd.

Hajikarimi, A., Makkizaeh, M., & Jamalieh Bastami, B. (2009). The relationship between service quality and customer loyalty in the commercial-service organizations. *Journal of Management Vision*, 9(32), 29-47.

Helm, S. & Schlei, J. (1998). Referral Potential - Potential Referrals. In P. Anderson, (ed), *Proceedings of the 27th EMAC conference* (pp. 41-56). Stockholm: Stockholm School of Economics.

IBEF (2021). *Services Sector in India*, Ministry of Commerce & Industry, Government of India publication, India.

Irfan, S. M., & A. Ijaz, (2011) 'Comparison of Service Quality between Private and Public Hospitals: Empirical Evidences from Pakistan', *Journal of Quality and Technology Management* 7, 11-22.

Jayawardhena, C. & Farrell, A.M. (2011). Effects of retail employees' behaviours on customers' service evaluation. *International Journal of Retail & Distribution Management*, 39 (3), 203-217.

Joss, R., & Kogan, M. (1995). *Advancing Quality: Total Quality Management in the National Health Service.* Buckingham: Open University Press.

Kalepu R.N.P (2014). Service Quality in Healthcare Sector: An Exploratory Study on Hospitals. *IUP Journal of Marketing Management.* 13(1),7-28.

Karassavidou, E., Glaveli, N. & Papadopoulos, C. (2009) 'Health care quality in Greek NHS hospitals: No one knows better than patients', *International QMOD Conference*, August, 20-22.

Kessler, D.P. & Mylod, D. (2011). Does patient satisfaction affect patient loyalty?. *International Journal of Health Care Quality Assurance*, 24 (4), 266-273.

Khalid, S., Ahmed, M. A., & Ahmad, Z. (2013). Word – of Mouth communications: A powerful contributor to Consumers Decision –making in Healthcare Market. *International Journal of Business and Management Invention*, 2(5), 55-64.

Kitapci, O., Akdogan, C. and Dortyol, I. T. (2014). The Impact of Service Quality Dimensions on Patient Satisfaction, Repurchase Intentions and Word-of-Mouth Communication in the Public Healthcare Industry. *Procedia - Social and Behavioral Sciences.* 148, 161 – 169. doi: 10.1016/j.sbspro.2014.07.030

Kotler, P., Armstrong, G., Wong, V., & Saunders, J. (2008). *Principles of Marketing*. (5th ed.). Prentice Hall.

Kuo, Y.F., Wu, C.M. & Deng, W.J. (2009). The relationships among service quality, perceived value, customer satisfaction, and post-purchase intention in mobile value-added services. *Computers in Human Behavior*, 25(4), 887-896.

LaFond, A. (1995). *Sustaining Primary Health Care*, London: Earthscan.

Lee, D. H. (2018). Strategies for technology-driven service encounters for patient experience satisfaction in hospitals. *Technological Forecasting and Social Change*. 137, 118-127. https://doi.org/10.1016/j.techfore.2018.06.050

Li, M., Lowrie, D. B., Huang, C., Lu, X., Zhu, Y., Wu, X., Shayiti, M., Tan, Q., Yang, H., Chen, S., Zhao, P., He, S. Wang, X., & Lu, H. (2015). Evaluating patients' perception of service quality at hospitals in nine Chinese cities by use of the ServQual scale. *Asian Pacific Journal of Tropical Biomedicine*. 5(6), 497–504. http://dx.doi.org/10.1016/j.apjtb.2015.02.003

Lovelock, C. & Wirtz, J. (2007). *Marketing dei servizi*, Italian edition., Pearson, Bruno Mondadori, Pavia.

Lovelock, C. H. (1996). *Adding Value to Core Products With Supplementary Services*. In Service Services Marketing (2nd ed.), NJ: Prentice Hall,337-359.

Marcel Zeelenberg, Rik Pieters (2004). Beyond valence in customer dissatisfaction: A review and new findings on behavioral responses to regret and disappointment in failed services. *Journal of Business Research*, 57(4) , 445-455.

Martin S. (2017). Word-of-mouth in the health care sector: a literature analysis of the current state of research and future perspectives. *International Review on Public and Non profit Marketing*.14.35–56.

Martins, A. L., de Carvalho, J. C., Ramos, T., and Fael, J. (2015). Assessing Obstetrics Perceived Service Quality at a Public Hospital. *Procedia - Social and Behavioral Sciences* 181.. 414 – 422. doi: 10.1016/j.sbspro.2015.04.904

Martins, A. L., de Carvalho, J. C., Ramos, T., and Fael, J. (2015). Assessing Obstetrics Perceived Service Quality at a Public Hospital. Procedia - Social and Behavioral Sciences 181. 414 – 422. doi: 10.1016/j.sbspro.2015.04.904

McLaughlin, C. P., & Kaluzny, A. D. (2006). *Continuous quality improvement in health care. Sadbury*, Massachusetts: Jones and Bartlett Publishers

Meehan, T., Bergen, H., & Stedman, T. (2002). Monitoring consumer satisfaction with inpatient service delivery: the inpatient evaluation of service questionnaire. *Australian and New Zealand Journal of Psychiatry*,36, 807-811.

Meesalaam, A. and Paul, J. (2018). Service quality, consumer satisfaction and loyalty in hospitals: Thinking for the future. *Journal of Retailing and Consumer Services*. 40, 261-269. https://doi.org/10.1016/j.jretconser.2016.10.011

Michael D. Hartline, Keith C (1996).Employee performance cues in a hotel service environment: Influence on perceived service quality, value, and word-of-mouth intentions, *Journal of Business Research*. 35(3), 207-215

Murray, K.B. (1991). A test of services marketing theory: consumer information acquisition activities. *Journal of Marketing* .55, 10-25.

Naik, J. R. K., Anand, B., & Bashir, I. (2013). Healthcare service quality and word of mouth: Key drivers to achieve patient satisfaction. Academic Journals, 5(17), 39–44.

Narang, R. (2011) 'Determining quality of public health care services in rural India', *Clinical Governance: An International Journal*, 16(1),.35–49.

Ng, S., David, M.E, & Dagger, T.S. (2011). Generating positive word-of-mouth in the service experience. *Managing Service Quality: An International Journal*,21(2), 133-151.

Oliver, R. L.(1997). *Satisfaction: A Behavioral Perspective on Consumer*. New York: McGraw-Hill.

Oliver, R.L & Swan. J (1989). Equity and Disconfirmation Perceptions as Influences on Merchant and Product Satisfaction. *Journal of Consumer Research*,16(3),372–383

Oliver, R.L. (1980). A cognitive model of the antecedents and consequences of satisfaction decisions. *Journal of Marketing Research*, 17, 460-469.

Oswala, K., Kanodia, R., Nadkar, U., Kharodia, N., Avhad, M., Venkataramanan, R., Sethuraman, L., Caduff, C., and Purushotham, A. (2021). Cancer patients' experience of oncology services in Assam, India. *Journal of Cancer Policy*. 27. https://doi.org/10.1016/j.jcpo.2020.100267

Othman, A., & Owen, L. (2001). Adopting and measuring customer service quality (SQ) in Islamic banks: a case study in Kuwait finance house. *International Journal of Islamic financial services*, *3*(1), 1-26.

Padma, P., Rajendran, C. and Sai, L.P. (2009) 'A conceptual framework of service quality in healthcare perspectives of Indian patients and their attendants', *Benchmarking: An International Journal*, 16(2), 157–191.

Padma, P., Rajendran, C., & Lokachari, P.S. (2010). Service quality and its impact on customer satisfaction in Indian hospitals. Perspectives of patients and their attendants. *Benchmarking: An International Journal*,17 (6), 807-841.

Parasuraman, A., Berry, L., & Zeithaml, V., (1991). Perceived service quality as a customer based performance measure: an empirical examination of organizational barriers using an extended service quality model. *Human Resource Management*, 30 (3), 335-64.

Parasuraman, A., Berry, L.L. and Zeithaml, V.A. (1991). Refinement and reassessment of the SERVQUAL scale, *Journal of Retailing*, Vol. 67, No. 4, 420–450.

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1985). A conceptual model of service quality and its implications for future research. *The Journal of Marketing*, 41-50. https://doi.org/10.1177/002224298504900403

Parasuraman, A., Zeithaml, V., & Berry, L. (1988). SERVQUAL: A multiple- Item Scale for measuring consumer perceptions of service quality. *Journal of retailing*,61, 12-14.

Parasuraman, A., Zeithaml, V., & Berry, L., (1991). Refinement and reassessment of the SERVQUAL scale. *Journal of Retailing*, 67 (4), pp 420-450.

Parasuraman, A., Zeithaml, V.A. and Berry, L.L. (1985) 'A conceptual model of Service Quality and its implication for future research', *Journal of Marketing*, 49 (4), 41- 40.

Parasuraman, A., Zeithaml, V.A. and Berry, L.L. (1994). Reassessment of expectations as a comparison standard in ensuring service quality: implications for further research, *Journal of Marketing*, 58, (2), 111–124.

Paula Fitzgerald Bone (1995). Word-of-mouth effects on short-term and long-term product judgments. *Journal of Business Research*, 32(3), 213-223.

Peppers, D. & Rogers, M. (1993). *The One to One Future*, Piatkus: New York.

Petersen MBH. (1988). Measuring patient satisfaction: collecting useful data. *Journal of Nursing Quality Assurance.* 2(3), 25–35.

Petersen, M.B.H. (1988 May). R.N. Measuring patient satisfaction: Collecting useful data. *Journal of Nursing Quality Assurance*, 2(3),25-35.

Presbury, R. (2009). *Service quality in Sydney hotels: a perspective from managers, staff and customers*. Sydney: University of Western Sydney. available at: http://researchdirect.westernsydney.edu.au/islandora/object/uws:7824 (accessed September 2020).

Ramsaran, R. (2005). Identifying Health Care Quality Attributes. *Journal of health and human services administration*, 27, 428-43.

Ranaweera, C. and Prabhu, J. (2003). The influence of satisfaction, trust and switching barriers on customer retention in a continuous purchasing setting. *International Journal of Service Industry Management*, 14 (4), 374-395.

Rashid, W.E. & Jusoff, K. (2009). Service quality in health care setting. *International journal of health care quality assurance*. 22. 471-82.

Richard L. Oliver, John E. Swan (1989). Equity and Disconfirmation Perceptions as Influences on Merchant and Product Satisfaction. *Journal of Consumer Research*, 16(3), 372–383.

Rust, R.T., & Oliver, R.L. (1994). Service Quality: Insights and Managerial Implications from the Frontier. In: Rust, R.T. and Oliver, R.L., Eds., *Service Quality: New Directions in Theory and Practice*, Sage Publications, Thousand Oaks, 1-19.

Salampessy, H., Tuhelelu, A., Wahyudi, I., & Umanailo, M. C. B. (2020). Banking Servqual analysis of customer satisfaction (case study at Ambon branch BRI bank in Ambon City). *Proceedings of the International Conference on Industrial Engineering and Operations Management*. 2575–2582.

Sanjaya, D.P.W., & Yasa, N.N.K (2018) .The influences of service quality on customer satisfaction, positive word of mouth and corporate image. *Journal of Business and Management*, vol. 20(7)

Schneider, B., & White, S.S. (2004). *Service Quality: Research Perspectives*. Thousand Oaks, USA: Sage Publications

Senarath, U. and Gunawardena, N. S. (2011). Development of an Instrument to Measure Patient Perception of the Quality of Nursing Care and Related Hospital Services at the National Hospital of Sri Lanka. Asian Nursing Research. 5(2). 71–80.

Seyyed Javadin, R., & Kimasi, M. (2005). *Quality Management Services*, Tehran, Neghah Danesh Publication.

Seyyed Javadin, S.R., & Kimasi, M (2006). *Services quality management (first edition)*. Negah -e-Tehran publications: Tehran

Shafiq, A., Mostafiz, M.I. ,& Taniguchi, M. (2019).Using SERVQUAL to determine Generation Y's satisfaction towards hoteling industry in Malaysia. *Journal of Tourism Futures*, 5 (1), 62-74.

Sharmin, S., Tasnim, I., & Shimul, D. (2016) Measuring Customer Satisfaction through SERVQUAL Model: A Study on Beauty Parlors in Chittagong. *Eur. J. Bus. Management*, 8, 97–108.

Sohail, M. S., & Shaikh, N. M. (2008). Internet banking and quality of service: perspectives from a developing nation in the Middle East. *Online Information Review*, *32*(1), 58-72.

Sureshchandar, G.S., Rajendran, C. and Anatharaman, R.N., (2002) 'Determinants of customer perceived service quality: a confirmatory factor analysis approach', *Journal of Services Marketing*, Vol. 16, (1) 9-34.

Swan, J.E. & Oliver, R.L. (1989). Post purchase communications by consumers. *Journal of Retailing*, 65(2), 516–33.

Thai, V. V. (2008). Service quality in maritime transport: conceptual model and empirical evidence. *Asia Pacific Journal of Marketing and Logistics*, *20*(4), 493-518.

Williams, M., & Buttle, F. (2007). The Influence of Word - of - Mouth in Customer Acquisition in Service Companies: A Six Markets Model Analysis. Proceedings of *Australian and New Zealand Marketing Academy Conference (ANZMAC 2008*), Adelaide.

Wilson, A., Zeithaml, V. A., Bitner, M. J., & Gremler, D. D. (2012). *Services Marketing: Integrating Customer Focus Across the Firm*. (2nd European Edition ed.).

Wisniewski, M. & Wisniewski, H. (2005). Measuring service quality in a hospital colposcopy clinic. *International Journal of Health Care Quality Assurance*,18 (3), 217-228.

Youseff, F.N., Jones, R. And Hunt, A. (1996) 'Health care quality in NHS hospitals', *International Journal of Health Care Quality Assurance*, 9 (1), 15-28.

Youssef, M.A., Boyd, J., & Williams, E. (1996). The impact of total quality management on firms' responsiveness: an empirical analysis. *Total Quality Management*, 7 (1), 127-44.

Žabkar, V., Brenčič, M., & Dmitrovic, T. (2010). Modelling perceived quality, visitor satisfaction and behavioural intentions at the destination level. *Tourism Management*, 31, 537-546.

Zeithaml, V. A., Parasuraman, A., & Berry, L. L., (1990). *Delivering Quality Service: Balancing Customer Perceptions and Expectations*. New York, NY : Free Press.

Zeithaml, V., Berry, L., & Parasuraman, A. (1996). The behavioural consequences of service quality. *Journal of Marketing*, 60 (2), 31-46.

Zeithaml, V.A. (2000). Service Quality, Profitability, and the Economic Worth of Customers: What We Know and What We Need to Learn. *Journal of the Academy of Marketing Science*, 28(1), 67-85.

Zeithaml, V.A., Berry, L.L. and Parasuraman, A. (1996). The behavioural consequences of service quality. *Journal of Marketing*, 60(2). 31-4

SEMINAR PAPER PRESENTATION

Presented a paper entitled *"Examining The Service Quality of Synod Hospital in Aizawl: A SERQUAL Analysis"*. on a national seminar on local governance organized and management in Northeast India organised by Department of Management, Mizoram University sponsored by Rajiv Gandhi National institute of Youth Development from 14th January 2021- 15th January 2021.

APPENDIX

QUESTIONNAIRE

.

EFFECT OF SERVICE QUALITY ON CUSTOMER SATISFACTION AND WORD OF MOUTH IN PRIVATE HOSPITALS OF AIZAWL:

Dear Respondent:

I am a research scholar at Mizoram University. I would be very pleased if you could participate in my survey. The aim of the research is to analyse the effect of service quality on customer satisfaction and word of mouth in private hospitals of aizawl. This survey consists of several questions and will take only few minutes of your valuable time. Please note that the information collected will be for academic purpose only and kept anonymous and confidential.

Thanking you for your help.

Sincerely Yours,

(V.L.Nuntluanga)

PROFILE:

1. LOCALITY_____
2. GENDER: _____
3. AGE: _____
4. HOSPITAL IN WHICH ADMITTED:
   - i) AIZAWL HOSPITAL & RESEARCH CENTER ◯
   - ii) BETHESDA HOSITAL ◯
   - iii) SYNOD HOSPITAL ◯
   - iv) EBENEZER MEDICAL CENTER ◯
5. NUMBER OF DAYS ADMITTED: _____

6. EDUCATIONAL LEVEL ___________________________

7. INCOME (P.A) _________________________________

B) PERCEPTION:

PARTICULARS:	Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree
1) The hospital has modern-looking equipment.							
2) The physical facilities at hospital are visually appealing.							
3) Employees of the hospital are neat-appearing.							
4) Materials associated with the service (such as pamphlets or statements) are visually appealing in the hospital.							
5) When hospital promise to do something by a certain time, they do so.							
6) When customers have a problem, The hospital showed a sincere interest in solving it.							
7) The hospital performed the service right the first time.							

PARTICULARS:	Very Strongly	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly
8) The hospital provided their services at the time they promise to do so.							
9) The hospital insist on error-free records.							
10) Employees of the hospital told the customers exactly when services will be performed.							
11) Employees of the hospital gives prompt service to customers.							
12) Employees of the hospital are always be willing to help customers.							
13) Employees of the hospital are never be too busy to respond to customer requests.							
14) The behaviour of employees of the hospital instil confidence in customers.							
15) Customers of the hospital feel safe in their transactions.							
16) Employees of the hospital consistently courteous (respectful) with customers.							

PARTICULARS:	Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree
17) Employees of the hospital have the knowledge to answer customer questions.							
18) The hospital give customers individual attention.							
19) The hospital have operating hours convenient to all their customers.							
20) The hospital have employees who give customers personal attention.							
21) The hospital have the customers' best interests at heart.							
22) The employees of the hospital understand the specific needs of their customers.							

C. EXPECTATIONS:

PARTICULARS:	Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree
1) The hospital will have modern-looking equipment.							
2) The physical facilities at hospital will be visually appealing.							
3) Employees of the hospital will be neat-appearing.							
4) Materials associated with the service (such as pamphlets or statements) will be visually appealing in the hospital.							
5) When hospital promise to do something by a certain time, they will do so.							
6) When customers have a problem, The hospital will show a sincere interest in solving it.							
7) The hospital will performed the service right the first time.							

PARTICULARS:	Very Strongly	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly
8) The hospital will provide their services at the time they promise to do so.							
9) The hospital will insist on error-free records.							
10) Employees of the hospital will tell the customers exactly when services will be performed.							
11) Employees of the hospital will gives prompt service to customers.							
12) Employees of the hospital will always be willing to help customers.							
13) Employees of the hospital will never be too busy to respond to customer requests.							
14) The behaviour of employees of the hospital will instil confidence in customers.							
15) Customers of the hospital will feel safe in their transactions.							
16) Employees of the hospital will consistently courteous (respectful) with customers.							

PARTICULARS:	Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree
17) Employees of the hospital will have the knowledge to answer customer questions.							
18) The hospital will give customers individual attention.							
19) The hospital will have operating hours convenient to all their customers.							
20) The hospital will have employees who give customers personal attention.							
21) The hospital will have the customers' best interests at heart.							
22) The employees of the hospital will understand the specific needs of their customers.							

D) CUSTOMER SATISFACTION:

PARTICULARS:	Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree
1) I am satisfied with the services offered by the staffs of the hospital							
2)I am satisfied with the services offered by the hospital							

E) WORD OF MOUTH:

PARTICULARS:	Not at all Likely	Unlikely	Slightly Unlikely	Neutral	Slightly Likely	Likely	Extremely Likely
1) How likely are you to say positive things about the hospital to others ?							
2) How likely are you to recommend the hospital to someone who seeks your advice ?							
3) How likely are you to encourage friends and relatives to choose the hospital when they require service ?							

PARTICULARS OF THE CANDIDATE

NAME OF CANDIDATE : V.L.Nuntluanga

DEGREE : Master of Philosophy

DEPARTMENT : Management

TITLE OF DISSERTATION : EFFECT OF SERVICE QUALITY ON CUSTOMER SATISFACTION AND WORD OF MOUTH IN PRIVATE HOSPITALS OF AIZAWL

DATE OF PAYMENT OF ADMISSION : 30-JULY-2019

(Commencement of First Semester)

APPROVAL OF RESEARCH PROPOSAL

1. **BOPS** : 29.05.2020

2. **SCHOOL BOARD** : 27.11.2020

REGISTRATION NO. & DATE : MZU/M.Phil./565 of 29.05.2020

DUE DATE OF SUBMISSION : 20th August 2021

EXTENTION (IF ANY) : 1 semester

Head

Department of Management

BIO-DATA

NAME: V.L. NUNTLUANGA

FATHER'S NAME: LALTANPUIA

MOTHER'S NAME: H. VANLALHRIATI

GENDER: MALE

NATIONALITY: INDIAN

CATEGORY: Scheduled Tribe (ST)

ADDRESS: B-25, Tuikual South, Aizawl, Mizoram, 796001.

PHONE No. : 9862716783

EMAIL: Vlnuntluangahmar@gmail.com

EDUCATIONAL QUALIFICATION:

SL.No.	Name of Examination	Year of Passing	Name of the Board/University	Percentage/ Grade
1	HSLC	2011	Mizoram Board of School Education (MBSE)	64.60%
2	HSSLC	2013	Mizoram Board of School Education (MBSE)	47.20%
3	B.Com	2016	Mizoram University	55.20%
4	MBA (Marketing, Human Resource)	2019	Mizoram University	71.50 %
5	M.Phil. (Marketing)	2019-21	Mizoram University	not declared

NATIONAL ELIGIBILITY TEST (NET):

NTA ref. No.	Year of passing:	Subject:
190520005944	Dec 2019	MANAGEMENT
200510342267	Sept 2020	MANAGEMENT

EXPERIENCE:

1) 1 year of professional experience as Sales Manager in Florence Meditech, Thuampui. (2017-2019)
2) 2 years of research experience under M. Phil (2019-2021)

Curiginal

Document Information

Analyzed document	Plagirism check.docx (D108717724)
Submitted	6/12/2021 9:09:00 PM
Submitted by	Shashikumar Sharma
Submitter email	lsksharma@yahoo.co.in
Similarity	4%
Analysis address	lsksharma.mzu@analysis.urkund.com

Sources included in the report

W	URL: https://cyberleninka.org/article/n/916405 Fetched: 10/17/2019 12:20:51 AM	1
W	URL: http://mzuir.inflibnet.ac.in/jspui/bitstream/123456789/575/1/Vanlalnguri%20Hmar%252C%20Management.pdf Fetched: 6/12/2021 9:11:00 PM	1
W	URL: https://health.mizoram.gov.in/page/history Fetched: 6/12/2021 9:11:00 PM	3
W	URL: http://mzuir.inflibnet.ac.in:8080/jspui/bitstream/123456789/818/1/MARIE%20ZODINPUII%252C%20PA.pdf Fetched: 6/12/2021 9:11:00 PM	1
W	URL: https://planning.mizoram.gov.in/uploads/attachments/4d6a424cb421f1fafef5c29cb0068b83/economic-survey-2019-20.pdf Fetched: 6/12/2021 9:11:00 PM	1
W	URL: http://etd.aau.edu.et/bitstream/handle/123456789/22608/Rahel%20Belay.pdf?sequence=1&isAllowed=y Fetched: 3/21/2021 7:21:11 AM	2
W	URL: http://www.repository.smuc.edu.et/bitstream/123456789/3936/1/Final_Research_new_-_final_Yisak%5BAfter%20comment%20%5D%20%28the%20final%29.pdf Fetched: 1/19/2021 5:25:10 AM	2
W	URL: http://197.156.93.91/bitstream/123456789/4231/1/demeke%20berhanu.pdf Fetched: 1/18/2021 7:07:29 PM	1
W	URL: https://s3-ap-southeast-1.amazonaws.com/gtusitecirculars/uploads/Thesis_Enrl.%20No.129990992027_Management%20_Batch%202012_Rupal%20Khambhati_893438.pdf Fetched: 3/19/2020 11:37:27 AM	7
W	URL: http://etd.aau.edu.et/bitstream/handle/123456789/13025/Meron%20Tilahun.pdf?sequence=1&isAllowed=y Fetched: 2/5/2021 2:02:54 PM	2
W	URL: https://www.researchgate.net/publication/13140628_Health_care_quality_in_NHS_hospitals Fetched: 12/2/2019 6:07:48 PM	4

EFFECT OF SERVICE QUALITY ON CUSTOMER SATISFACTION AND WORD OF MOUTH IN PRIVATE HOSPITALS OF AIZAWL

Submitted by:
V. L. Nuntluanga
Department of Management

Under the Supervision of
Prof. L. S. Sharma
Department of Management

Submitted
in partial fulfillment of the required Degree of Master of Philosophy in Management of
Mizoram University, Aizawl

DEPARTMENT OF MANAGEMENT

SCHOOL OF ECONOMICS, MANAGEMENT AND INFORMATION SCIENCES

MIZORAM UNIVERSITY, AIZAWL

DECLARATION

I, V. L.Nuntluanga, hereby declared that the subject matter of this dissertation is the record of work done by me, and the content of this dissertation did not form basis of the award of any previous degree to me or to do the best of my knowledge to anybody else, and that the dissertation has not been submitted by me for any research degree in any other University / Institute.

This is being submitted to the Mizoram University for the degree of Master of Philosophy in Management.

(V.L.Nuntluanga)

Candidate

HEAD OF DEPARTMENT

SUPERVISOR

MIZORAM UNIVERSITY

Prof. L. S. Sharma

Department of Management
School of Economics Management and Information Sciences,
Aizawl, Mizoram, India. PIN-796004
Tel: 2330710/9862569024
Email : lsksharma@yahoo.co.in

CERTIFICATE

This is to certify that MPhil dissertation entitled "Effect of Service Quality on Customer Satisfaction and Word of Mouth in Private Hospitals of Aizawl" by V. L. Nuntluanga Regn. No. MZU/M.Phil./565 of 29.05.2020 has written the project under my supervision.

He has fulfilled all the required norms laid down under the "Prevention of **Plagiarism** in Higher Educational Institutions (**HEI**) Regulations, 2018" laid down University Grants Commission, New Delhi. The dissertation is the result of his own investigation. Neither the research work as a whole nor any part of it was ever submitted to any University/Institution for any degree.

Aizawl (Prof. L. S. Sharma)

22.8.2021 Supervisor

ACKNOWLEDGEMENT

First and foremost, I would like to express my sincere gratitude to my supervisor, Prof L.S. Sharma, Department of Management, Mizoram University for his motivation, understanding and patience. In spite of his busy schedule, has spared his valuable time and provided me with very bit of assistance and expertise during the course of my research work. This dissertation would not have been possible without his guidance.

Secondly to the faculty of the department of management, Mizoram University, I am sincerely grateful as they have been a constant source of motivation and providing me with valuable input advice and encouragements.

I would also like to thank all the respondents for providing me their precious time during my field survey.

I would also like to extend my heartfelt gratitude to my family and friends for their love, encouragement and sacrifices. Most importantly, I would like to thank the almighty God whose guidance and blessings has enabled me to complete this dissertation.

Last but not least I would like to thank our respected Head of Department Dr. Amit Kumar Singh for his encouragement and support at the time of completion of the dissertation.

V. L. Nuntluanga

Contents

List of Tables:

1.1 Introduction:

In recent years, interest in hospital services has increased as the standard of living has changed and better medical care is required to improve lifestyle. Improving the quality of medical care has become a major concern for patients, and in order to provide better service to patients, the quality of service is becoming increasingly important for hospitals in terms of patient satisfaction and loyalty (Alhashem et al., 2011; Arasli et al., 2008). Meehan et al. (2002) highlighted that understanding inpatients' assessment of the performance quality of hospital services will improve the outcome of the existing health system and the quality of services. As a result, the number of satisfied inpatients increases and patients will continue to visit their hospitals (Arasli et al., 2008). And as Swan and Oliver (1989) found, satisfied customers produce more WOM than dissatisfied customers. Thus, this may suggest that customer satisfaction is an important factor for hospitals in maintaining a long-term relationship with their patients so that word of mouth can be improved. David and Dagger (2011) also found that WOM is particularly important for service providers whose offers are largely immaterial and empirical or credible.

The selection of hospitals as a specific study sector was based on the fact that word of mouth is important in promoting hospital services, as the perceived risks are much higher compared to other services. In addition, hospital customers have limited options for repeat purchases as each patient's health is uncertain. In addition, as Youssef et al. (1996) healthcare hospitals offer the same types of services, but differ in the quality of the services they provide. Organizations today are faced with the problem of providing reliable quality of service, as quality of service is an essential factor for sustainable growth. Intense competition contributes to the fact that the quality of services is a primary determinant of the effectiveness and sustainability of organizations in the current customer-oriented economic environment of the world, in which customers are given rights in the choice of the object of purchase (Eboli & Mazzulla, 2007). As such, every business seeks to attract consumers and increase consumer satisfaction, as word of mouth plays a vital role in influencing attitudes in buying decisions and increasing the risk of other buying decisions.

1.2 Healthcare in Mizoram:

Mizoram has one state hospital (an upgraded district hospital), eight district hospitals, five sub-district hospitals, one tertiary hospital, nine community health centres, 57 primary health centres, eight urban health centres, and 371 sub-centres and 166 clinics distributed across

the state. The Central Government sets population norms, which may need to be modified in Mizoram in order to reach all members of the community. To meet the aims and duties of Mizoram's health department, several types of technical and non-technical people collaborate in a coordinated effort. As of 2019, there are 13 full-fledged Government hospitals, and one Medical College (Table 2) in the state with various departments and specialities. The hospitals are located at Aizawl, Lunglei, Champhai, Serchhip, Saiha, Kolasib, Mamit, Lawngtlai and Falkawn. An Integrated Ayush hospital with 50 beds is also set up at Thenzawl along with the Mizoram State Cancer Institute with 50 beds at Aizawl. All of this are under the jurisdiction of the state's Health Department which are related to preventative, promotive, curative, and rehabilitative health care, as well as new health concerns and difficulties.

Table 1. Primary Healthcare centres during 2019-20

Sl.	District	Tertiary	District	Sub-District Hospital	Community Health Centre	Primary Health Centre	Urban Primary Health	Sub-	Clinic
1	Aizawl East	1	1	1 (Saitual)	2	5	3	54	39
2	Aizawl West	0	1	1 (Kulikawn)	1	5	3	41	33
3	Champhai	0	1	1 (Khawzawl)	2	11	0	60	27
4	Kolasib	0	1	0	1	5	0	26	6
5	Lawngtlai	0	1	0	1	6	0	36	19
6	Lunglei	0	1	2	0	9	2	70	16
7	Mamit	0	1	0	1	7	0	33	8
8	Saiha	0	1	0	0	4	0	24	13
9	Serchhip	0	1	0	1	5	0	27	5
TOTAL		**1**	**9**	**5**	**9**	**57**	**8**	**371**	**166**

(Source: Economic Survey of Mizoram 2019-20)

1.3. Private hospitals in Mizoram:

Altogether there are 24 private hospitals currently in Mizoram with a total number of 1553 beds available. Among them Synod Hospital is the largest with 355 beds, followed by Aizawl Hospital and Research Centre, Mission Veng. This is followed by Christian Hospital, Serkawn with 100 bedded and Bethesda Hospital, Bawngkawn with 100 bedded. The next hospital having highest number of beeds is Ebenezer Medical Centre, Chawnpui, Aizawl with 84 beds. Among the 24 private hospitals, 9 hospitals are located in Serkawn, Saiha, Lawngtlai, Champhai (2 hospitals), Kolasib, Lunglei (3 hospitals) and Serchhip; while the remaining 15 private hospitals are located in Aizawl district.

Table 2. Private Hospitals in Mizoram 2018-19

Sl. No.	Name of Hospitals	No. of Beds
1	Synod Hospital, Durtlang	355
2	Christian Hospital, Serkawn	100
3	Greenwood Hospital, Bawngkawn	87
4	Adventist Hospital, Seventh Day Tlang	50
5	Nazareth Hospital, Chaltlang	38
6	Bethesda Hospital, Bawngkawn	100
7	Aizawl Hospital & Research Centre, Mission Veng	145
8	Vaivenga Hospital & Research Centre, Dawrpui	21
9	Grace Nursing Home, Electric Veng, Aizawl	32
10	Ebenezer Medical Centre, Chawnpui, Aizawl	84
11	Maraland Gospel Centenary Hospital, Saiha	60
12	Lairam Christian Medical Centre, Lawngtlai	50
13	Alpha Hospital, Kulikawn	35
14	Med-Aim Adventist Hospital, Champhai	22
15	B.N. Hospital Kulikawn	59
16	Nazareth Nursing Home, Tumpui, Kolasib	20
17	Hope Hospital, Lunglei	35
18	Faith Hospital, Lunglei	30
19	D.M Hospital, Champhai	30
20	City Hospital, Mission Veng	62
21	LRM Hospital, Ramhlun, Aizawl	67
22	Redeem Hospital, College Veng, Aizawl	26
23	John William Hospital, Lunglei	30
24	Mercy Hospital(RD&RC), Serchhip	15
	Total	1553

(Source: Economic Survey of Mizoram 2019-20)

1.4 Conceptual development of the study:

1.4.1 Service quality perception and customers' satisfaction in healthcare sector:

It is generally agreed that satisfaction is related to consumer expectations and is defined as a general feeling or emotion resulting from the consumer's disconfirmed expectations (Bolton and Drew, 1994). This implies that satisfaction has an effect on whether an individual feels that the product or service offered provides positive utility (Rust and Oliver, 1994). In this sense, satisfaction is viewed as a subjective feeling, which signifies the degree to which the consumer's expectations concerning a particular purchase encounter are met.

Zabkar et al. (2010) suggested that visitor satisfaction results from numerous encounter experiences involving a large number of individuals and organizational factors that jointly determine the visitor's likelihood of revisiting and spreading positive word of mouth. Grönroos (1984), divides definition on service quality differently to two as technical and functional quality. He explained what the customer bought for technical quality and how the customer bought for functional quality.

Healthcare service is an intangible product and cannot physically be touched, felt, viewed, counted or measured like manufactured goods. Producing tangible goods allows quantitative measures, since they can be sampled and tested for quality throughout the production process and in later use. However, healthcare service quality, because of its intangibility, depends on service process, customer and service provider interactions (Joss and Kogan, 1995).

Some healthcare service quality dimensions, such as consistency, completeness and effectiveness are hard to measure beyond the customer's subjective assessment. It is often difficult to reproduce consistent healthcare services, which differ between producers, customers, places and time. This "heterogeneity" can occur because different professionals (e.g. physicians, nurses, etc.) deliver the service to patients with varying needs. Quality standards are more difficult to establish in service operations. Healthcare professionals provide services differently because factors vary, such as education/training, experience, individual abilities and personalities (McLaughlin and Kaluzny, 2006).

Jayawardhena and Farrell (2011) also stated that service quality and customer satisfaction are positively related to retail customers' behavioural intentions such as willingness

to recommend and repurchase intentions. Casado-Diaz and Nicolau-Gonzalbez, (2009) found that recovery strategies, service failure, procedural and distributive justice, recuperation-related feelings(emotions) and satisfaction with service recuperation had an influence on customers' selection of the type of feedback, with the satisfaction with service recuperation showing the higher influence.

Kuo et al., (2009) examined relationships among perceived value, service quality, customer satisfaction and post-purchase intentions and states that customer satisfaction is indirectly positively influenced by service quality. However, linkage of both the constructs of service quality and customer satisfaction at the dimensional level increases the characteristics of explaining customers' behaviour. In order to gain an in-depth insight into this issue, the first part of the equation of the study aims to add to the quality-of-service research and its effect on the behavioural preferences of consumers by examining the relationship at the level of the individual dimensions of quality of service in relation to customer satisfaction.

In order to examine the relationship between the customer satisfaction and the influence of five predictor variables (dimensions of service quality) a multiple linear regression model is developed. The developed equation is explained as:

$$Y= \beta_0+\beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \beta_5X_5 +e$$

where:

$\hat{Y}$= Customer satisfaction

X_1 = Tangibles

X_2 = Reliability

X_3 = Assurance

X_4 = Responsiveness

X_5 = Empathy

e = Errors

1.4.2 Service quality perception and Word of Mouth communication (WOM) in healthcare sector:

Zeithaml et al. (1996) developed a conceptual model on how customer behaviours are influenced by service quality, such as word of mouth communications. These are denoted by statements like “saying good things about the company”, “recommending the company to others”, “motivating friends and relatives to do business with the company and purchasing intentions”, “doing more business with the company in the coming years”, “finding the company as the first option to purchase services from”. The statements from the model was taken from the studies of various others such as, telling others something good about the business. (Boulding et al., 1993), recommendation of service offered by the company to others (Zeithaml et al., 1988), encouraging relatives and colleagues to do business with the company (Zeithaml et al., 1996), continuing purchase of the service of the company (Cronin and Taylor, 1992), Picking the company as first choice when purchasing (Zeithaml et al., 1996), and remaining loyal customers (Boulding et al., 1993)”. It was found from the developed model that as the performance of the company’s service quality improved, propensity to engage in positive word of mouth and purchase intention got higher.

Services cannot be rated prior to purchase as they are associated with inseparability. Services, in fact does not have the characteristic of trialability and observability, also it is intangible. This results in a lengthy process of acceptance and distribution due to the greater risk involved as service is considered particularly high in risk due to its fundamental nature (Eiglier and Langeard, 1977). This indicates that WOM and perceived quality have important connections as Hartline and Jones (1996) note the correlation between WOM and perceived quality: positive perceived quality will make the customer disseminate more positive WOM. Buttle (1998) proposed that the public praise of expectations, perceived quality, and customers’ attitudes and behaviour are influenced by WOM, and the influence of WOM on perceived quality is positive.

Swan and Oliver(1989) believed that satisfied customers would produce more WOM than unsatisfied customers. Many studies have confirmed the positive correlation between satisfaction and WOM. As Ranaweera and Prabhu (2003) suggested, satisfaction and positive WOM have a strong relationship; unsatisfied customers are more likely to produce negative WOM, and satisfied customers are more likely to spread positive WOM. In addition to the linear relationship, Anderson (1998) confirmed that there is a u-shaped relationship between customer satisfaction and WOM. Specifically, when the degree of satisfaction is higher or

lower, consumers' intention to spread WOM is higher, and when customers' satisfaction or dissatisfaction is average, their intention to spread WOM is lower.

David and Dagger (2011) suggest that WOM stands out as a highly trusted information source, which may include giving recommendations about a service provider, passing along positive comments about particular service aspects, and encouraging friends and family to purchase from a particular provider. Ng, David and Dagger (2011) found that WOM is especially important for service providers whose offerings are largely intangible and experience or credence based. WOM is seen as arguably one of the most important factors in the success of service firms

Petersen (1988) suggested that, it really does not matter if the patient is right or wrong. What counts is how the patients felt even though the caregiver's perception of reality may be quite different. Hospital and clinic consumers who have the most direct experience with the services provided, are the most trusted as the source of information regarding the quality of service. On complex issues, such as the quality of hospital services and healthcare, while some believe that customer's opinions are too arbitrary and do not consider it a good judge of quality.

In addition, Lovelock et al. (1996) state that customer satisfaction and quality of service promote good word of mouth. Although these relationships have been extensively researched in the past in pairs, there is a gap in the literature related to the impact on satisfaction and word of mouth of each service quality aspect, especially in the health care marketing field. In this context, this study aims to study the effect of service quality satisfaction in this sector and word of mouth using the following equation:

$$\hat{Y} = \beta_0 + \beta_1 X_1 + e$$

Where $\hat{Y}$= Word of mouth

X_1 = Customer Satisfaction

e = Errors

To examine the influence of the predictor variables (customer satisfaction) on word of mouth a simple linear regression model is used.

1.5. Need of the study

The quality of health care is increasingly under scrutiny as financial constraints cause professional standards to fall below the minimum acceptable level (Azam et al., 2012). Aizawl hospital service users are now better informed, more aware and demanding superior services. The potential customers are able to carefully search the internet and monitor options as customers become more sensitive buyers and also rely heavily on word of mouth for their information source. Patients in Aizawl can be classified as special clients as they generally do not seek medical help proactively. However, if services are required, the customer will reasonably seek the best available service based on the other customer's satisfaction. The customer rating can differ significantly from that of the health care provider due to quality measures, which is mainly caused by an information asymmetry between the health care provider and the beneficiary (Wisniewski and Wisniewski, 2005). Thus, the effectiveness of health care providers can strike a balance between patient desires and expectations (Brailsford and Vissers, 2011). Drastic changes in the legal, political and economic environment in India, increased competition between different healthcare providers, who in turn recognize that the provision of customer satisfaction is the key to success and long-term viability. This is especially true in hospitals, where users prefer a more efficient use of scarce resources. Therefore, it is necessary that the medical staff understand the patient's perception. Against this background, the aim of this study is to examine the influence of service quality on customer satisfaction and word of mouth in private hospitals in Aizawl.

1.6. Scope of the study

The study is revolved around 5 dimensions used for measurement of service quality known as SERVQUAL instrument proposed by Parasuraman et al. (1991). These dimensions are also called the RATER dimensions and consist of the following dimensions:

The reliability dimension is related to the provision of services as promised, e.g., providing services effectively the first time and providing services at the right time. Security is the ability to infuse trust in customers and to make them feel secure in transactions. Tangible objects relate to physical conditions such as decoration, ambience and appearance at the place of service, appearance such as cleanliness and clothing of the staff and the use of clean modern equipment. Empathy means to best serve the interests of the customers and to understand the needs of the customers. Responsiveness means letting customers know when services are being provided and reflecting a willingness to help customers. These dimensions are used to measure

the service quality of private hospitals in Aizawl and its effect on customer satisfaction and word of mouth.

1.7. Research design

1.7.1 Statement of the problem:

Education and awareness have created a demand for world-class services and facilities, especially in the healthcare sector, where previous experiences and preferences of other customers are extremely important and apart from searching and monitoring options online. Customers are perceived as more sensitive and rely heavily on word of mouth as a source of information. This is especially true in the health sector, where the perceived risk is much higher than in other sectors. This creates problems for healthcare providers as word of mouth is out of their control and therefore healthcare providers need a review of their service quality in order to receive positive word of mouth.

Therefore, consumers of hospitals and clinics, who have the most direct experience of the services provided by these organizations, are most respected as a source of information regarding the quality of services. When it comes to complex issues such as the quality of hospital services and health care, some believe that customer opinions are too arbitrary and do not consider them to be a good quality judgment. Petersen (1988) suggests that it really doesn't matter whether the patient is right or wrong, what matters is how the patients felt, even if the healthcare organisation’s perception of reality is very different.

1.7.2 Objectives of the Study:

The aims of the study are:

1. To examine the service quality dimensions of private hospitals in Aizawl
2. To investigate the relationship between service quality and customer satisfaction in private hospitals in Aizawl
3. To explore the relationship between customer satisfaction and word of mouth in private hospitals in Aizawl

1.7.3 Hypothesis

Main Hypothesis:

H_0: There is no significant relationship between the dimensions of service quality with customer satisfaction and word of mouth in the private hospitals in Aizawl.

Sub- Hypotheses:

H_{01}: There is no significant relationship between tangible dimensions of service quality and customer satisfaction in the private hospitals in Aizawl.

H_{02}: There is no significant relationship between responsiveness dimension of service quality and customer satisfaction in the branch of private hospitals in Aizawl.

H_{03}: There is no significant relationship between reliability dimension of service quality and customer satisfaction in the private hospitals in Aizawl.

H_{04}: There is no significant relationship between assurance dimension of service quality and customer satisfaction in the private hospitals in Aizawl.

H_{05}: There is no significant relationship between empathy dimension of service quality and customer satisfaction in the private hospitals in Aizawl.

H_{06}: There is no significant relationship between customer satisfaction and word of mouth in the private hospitals in Aizawl.

1.8 Research Methodology:

1.8.2 Research Strategy

The research strategy pursued for this study is based on quantitative analysis. The methodology is based on ontological position of objectivism and trying to come to conclusion on the basis of deduction (Bryman and Bell, 2003). Furthermore, the data is collected through a questionnaire and the analysis is conducted on these quantities derived from the survey. The study is not developing theories but testing the existing theories to come to conclusions by deducting from the data collected.

1.8.3 Data Source

The sources of data for the study is both from primary and secondary. The primary data is collected from the patients who has stayed in the private hospitals in Aizawl. The responses

are used to apply and test the hypothesis developed earlier. The secondary data is collected various books, journal, websites and databases for review of articles. The secondary data were used for the development of concept of the variables and for analysis of data.

1.8.4 Sampling Method & Sample Size:

For the study, 4 hospitals are selected out of a total of 24 private hospitals available in Mizoram as per the economic survey of Mizoram 2019-20. Among the 24 hospitals altogether 15 hospitals are operating in Aizawl city while the remaining 9 private hospitals are operating in other districts of Mizoram. The selection criteria of the hospitals are based on the largest number of available hospital beds in these hospitals. The samples are selected on the basis of quota system based on the number of beds available in the hospital and quota was taken for 25 percent of the total number of beds in the selected hospitals and the fractions are rounded up, so altogether 172 patients are selected on the basis of bed number in the hospital as respondents. The selection criteria for the patients for the study are as the basis of stay at hospital for two days and two nights or more in the hospital. The selection of patients were carried out on convenience method. OPD and very short stay which is less than 2 days are not selected for the study as the study focused on the perception of the patients on the quality of the services were to be measured.

Table 3. Sample size and allocation of respondents

Hospital	No. of Beds	Quota Sample (25%)	Respondents (Rounded off)
Presbyterian Hospital, Durtlang	355	88.75	89
Aizawl Hospital	145	36.25	37
Bethesda Hospital	100	25	25
Ebenezer Hospital	84	21	21
Total	684	171	172

Source: Primary data

1.8.5 Data Collection:

Saunders et al (2009) explain survey as a strategy which is normally linked to deductive approach. This strategy is common in business and management research and mostly used to answer the question like who, what, where, how much and how many.

Survey has the benefit of collecting large amount of data from sizeable population in economical way. Survey strategy is observed to be trustworthy by people in general and comparatively easy to explain and understand.

Collection of data was done using primary sources and also including secondary data such as journals, research reports etc. The duration of data collection was between 1st May 2020- 31st July 2020. Since the data was collected during COVID -19 pandemic, strict precautions were taken in order to follow protocol of the government and local level task force. The respondents selected for the study were not approached directly in order to avoid physical contact and questionnaire was collected through the help of the staffs of the hospitals who collected the data in person.

The questionnaire for the study follows the dimensions of the SERVQUAL instrument as developed by Parasuraman et al. (1991a, b) which evaluates perception and expectations of the customers in 44 questions, along with 2 questions for customers satisfaction, and 3 for word of mouth. All the 49 questions are measured in a 7-point Likert's scale. Content validation is carried out with the help of expert's opinion and reliability of the questionnaire is tested using Cronbach's alpha.

1.8.6 Data analysis:

Since the data collected is categorical in nature, the analysis carried out is suitable for the investigation of phenomena. Out study has collected both categorical and ordinal data and these can be used to break down the components, clarify the nature of components and relationship between them (Saunders et al., 2009). The study primarily used the service gap model to assess the effective quality of the hospitals. The gap is defined between the expectation variable and the perception variable that forms the calculation (P-E= Service Quality Gap Score) (Parasuraman et al., 1985). Descriptive statistics were used to examine the demographic profile of the respondents. For analysis of the relationship between the dimensions of SERVQUAL, customer satisfaction and word of mouth, a multiple regression model was developed and tested by using statistical software.

1.9. Limitations:

The followings are the limitations of the study:

1. The study is limited to only private hospital in Aizawl further analysis of a larger size (whole of Mizoram) may represent a different result of the study.
2. The study is limited to only Aizawl city,therefore the study is demographically limited to the Residents of Aizawl
3. The study was limited to a smaller sample size as Data was collected during the COVID-19 pandemic.
4. Time frame of the study was also limited by the pandemic.
5. SERVQUAL analysis limits the study of service quality to description of the service only and does not give explanation on why the customers have such perception and expectation.

1.10. Chapterization:

Chapter 1: Introduction

The chapter dealt with the introduction of the research topic and staus of healthcare sector in Mizoram. It also includes need of the study, problem statement, scope of the study, objectives, hypothesis and methodology of the study.

Chapter 2: Review of Literature and Conceptual Development

Chapter 2 consists of review of literature on service quality , word of mouth and satisfaction. It furthers analysis and develops the conceptualisation of the research theme and the research model is developed here.

3: Data Analysis of Service Quality Effectiveness

This chapter analyses the demographic profile of the respondents and the service quality effectiveness is measured by using service gap identification. The chapter further examines the various components of the service variables which has an effect on service quality.

Chapter 4: Testing of Model and Hypothesis

Chapter 4 examines the model and and it is tested along with the hypothesis which was developed in the earlier chapters.

Chapter 5: Findings, Conclusions and Suggestions

In this chapter, the conclusions of the study are drawn and major finding of the study is

reported.

1.11 Findings

1.11.1 Findings on Service Quality

The main findings of the study are based on the measure of service quality of private hospitals in Aizawl which is described in Chapter 3 and Chapter 4. The perception and expectation of the customers are both high which means that customers were not only satisfied with the service they received but also had a high expectation from the hospital, upon further analysis of tables 8, 9, 10, 11, 12, 13 and 14, the following findings can be summarized.

1) Perception of customer's exceeded the expectation of customer's, therefore were satisfied with the service quality.
2) Expectation of the respondents were the highest for assurance dimension and lowest for empathy dimension.
3) Perception was highest for assurance dimension of the SERVQUAL and lowest for responsiveness dimension.
4) The study also finds that the most positive scoring gap was empathy dimension while lowest was responsiveness dimension.
5) The highest scoring gap for tangibles is related to the physical appearance of the hospital and the materials associated with the service while the lowest scoring gap was in relation to neatness in appearance of employees .
6) The highest scoring gap for reliability is related to how the hospital was able to performed service right the first time and lowest scoring gap was punctuality of the hospital in deliverance of service in promised time.
7) The highest scoring gap for assurance is how employees of the hospital are trustworthy and lowest scoring gap was found to be the respectfulness of the employees towards the customers.
8) The study also found that the highest scoring gap for responsiveness is how employees of the hospital communicate to the customers exactly when services will be performed while the least scoring gap is the employees' knowledge to answer customers' queries.

9) The highest scoring gap for empathy is the employees ability to understand the specific needs of their customers while the lowest scoring gap is convenience of operating hour to all the customers.
10) Amongst all the statements, the least scoring gap is “Employees of the hospital are neat-appearing.” While the highest is a three-way tie between the following “The physical facilities at hospital are visually appealing”, “Materials associated with the service (such as pamphlets or statements) are visually appealing in the hospital” and “Employees of the hospital are trustworthy”.

Further analysis of the SERVQUAL scores of each hospital was done in Chapter 4 and the following are the findings:

1) The perception scores exceeded all the expectations for all the hospitals this implies that customer satisfaction is met in all the hospitals.
2) The perception scores are highest for Ebenezer Hospital while lowest for Presbyterian Synod hospital.
3) The study also finds that the expectations scores are highest for Ebenezer Hospital while lowest for Aizawl hospital.
4) The mean gap score is highest for Aizawl hospital followed by Ebenezer hospital and Bethesda hospital, while Presbyterian Synod hospital has the lowest score.
5) Presbyterian Synod hospital has highest mean gap score in their empathy dimension while the lowest scoring dimension is assurance.
6) The highest mean gap scoring dimensions for Aizawl hospital is Empathy dimension while responsiveness scores the lowest.
7) As for Bethesda hospital, the highest mean gap scoring dimension is empathy while the lowest mean gap scoring dimension is responsiveness.

8) For Ebenezer hospital the highest mean gap scoring dimension is assurance while the lowest mean gap scoring variable is empathy.

The analysis of overall SERVQUAL gap score as shown in Table 7 demonstrates that all the 5 dimensions viz., Tangibles, Reliability, Assurance, Responsiveness, Empathy has a higher perception score than expectation scores. As Othman and Owen (2001) stated the gap between customers' expectations and perception of service is taken as customer satisfaction in service quality, which indicates that customer satisfaction is fulfilled in all the 5 dimensions. In comparison to previous healthcare studies (Irfan and Ijaz, 2011; Karassavidou, 2009; Butt and Cyril De Run, 2010; Chakravarty, 2010; Camilleri and O'Callaghan, 1998; Youseff et al., 1996), the finding is a significant in terms of positive perception for all dimensions. The majority of those studies were conducted in the public sector, and the perception ratings were nearly equal to or lower than the expectations ratings. Butt and de Run (2010) also found unfavourable perceptions in all five categories in their study, which were performed in private Malaysian hospitals (tangible, reliability, responsiveness, assurance and empathy). Irfan and Ijaz (2011) performed their study at private and public hospitals in Pakistan, finding that the public hospital had lower perceptions for all five factors. In their studies of public hospitals, in the United Kingdom and Greece, Youseff (1996) and Karassavidou (2009) also found that perceived service quality was negative in all five factors. Therefore, it can be assumed that the service quality of private hospitals in Aizawl is significantly viewed favourably and the customers are relatively satisfied with the services offered. This may be due to the hospitals being owned by the local as well as the staffs of the hospitals being able to converse in the local language; these factors may have resulted in personal relationship being developed by the employees and customers during the customers' stay at the hospital. This also could be due to the factor that service industries solely rely on personal interaction between the customers and

employees, such interpersonal relationship developed might have played a role in influencing the positive attitude of customers towards the hospitals.

While it is evidently clear that SERVQUAL instrument is very useful tool for analysing the perceptions and expectations of customers and measuring the level of customers satisfaction, it does not answer the question of "Why" of such findings, therefore we can only state that from the findings private hospitals in Aizawl, service quality is satisfactory and the expectations of the customers were met. However, there are still some areas where the mean gap is low, which means there are some areas in which improvement is greatly required.

1.11.2 Findings on Relationships between Service Quality, Satisfaction and Word of Mouth:

The purpose of the study in Chapter 4 is to determine the effect of service quality and satisfaction on word of mouth. After conducting an empirical research, it was revealed that among the independent factors, tangibles had no significant effect on customer satisfaction. This might be owing to the weight assigned to other criteria such as reliability, assurance, responsiveness, and empathy. Other aspects of service quality are given more weight, which might be owing to Mizoram's lack of proficient diversity of hospital services. The underlying explanation might be owing to the study's select hospitals being run by non-governmental groups with little resources. The respondents may also be preoccupied with other elements of service delivery as their services were more in need than examining the tangibility, and the majority of them may be unaware of the most up-to-date equipment accessible for patients.

Second part of the study shows that customer satisfaction has a significant effect on word of mouth. The results may be due to the fact that the gap score of SERVQUAL analysis was positive so customer satisfaction was achieved. This is similar to Burnham and Leary's (2018) findings which stated "that customer satisfaction is positively correlated with positive-

word-of-mouth and will greatly increase recommendation probability". The underlying explanation might be that most of the customers of the hospital have relatives and friends who keep in close contact with them and as it is a normal custom for friends and relatives to ask the customer about their stay in the hospital. Word of mouth is bound to happen especially is the customer is satisfied.

1.12 Conclusions

This section begins by drawing some final conclusions from the work carried out on the service quality of private hospitals in Aizawl and its relation to customer satisfaction and word of mouth propagation. The study examined the service quality effectiveness by using the SERVQUAL model and using the technique service gap to explore the difference between perception and expectation of the patients in private hospital in Aizawl. One of the major conclusions drawn from the analysis from chapter 3 is the almost all the respondents have higher perception about the private hospitals than the expectations in Aizawl. This might be concluded that the pride of being the hospitals owned by the local as well as being able to converse in the local language plays a major role in having the positive attitude towards the organisations set up in competition to the public health services. Secondly, the concept of 24 X 7 offered by the private hospitals may be considered as an added point for having a positive perceptual mindset towards the private hospital. The study also concludes that the widest gap among the service quality dimension is the tangible aspects of the services where the respondents feels that the physical items are not as that appealing as well the information brochures and other printed materials are not of expected quality. So, these may have widened the service gap.

From the other perspectives of the study, it is found and concluded that the four dimensions of service quality viz, reliability, assurance, responsiveness and empathy have some degree of contribution towards customer satisfaction. Therefore, the word of mouth of

the patients are very much affected by these dimensions and efforts must be carried on to reduce the gap between perception and expectation of these dimensions.

1.13. Suggestions:

The SERVQUAL analysis shows that customer satisfaction is achieved in all the statements under the 5 dimension viz., tangibles, reliability, assurance, responsiveness and empathy. This is a result of the hospitals service quality perception of customers meeting the expectations of the customers. However, the gap achieved is still very marginal in all the dimensions which indicate that there is still room for improvement in these areas especially "responsiveness of the employees" which has the lowest overall score in almost all the hospitals. Employees of the hospital need to be more courteous in how they interact with their customers and managers of the hospitals need to advice their employees to be more respectful to their customers. Also, as one of the least scoring question was the neatness and appearance of the staffs, Hospitals need to ensure that the dress code of the employees are visually appearing and clean. And as improvements in the service quality areas may change the perception of the hospital and help the organisation compete in a very competitive market, the directors/managers may take actions to improve the perceptions of the customers.

It is also evident from the study that service quality has an effect on customer satisfaction and word of mouth. For marketers, word of mouth has become one of the most significant part of advertising techniques as Peppers and Rogers (1993) stated "many consumers trust a current customer's WOM advice over every other source of knowledge". This is a type of promotion in which consumers who have utilized the product or service advocate it to others. Several electronic media, as well as their applications of word of mouth, have become a popular research topic now-a-days. Customers' voices are heard through social media tools such as Facebook, Whatsapp, Twitter, email, blogs and YouTube. Electronic word of mouth is growing and playing an increasingly important part in educating customers by

endorsing or at times, reinforcing in either a positive or negative way. The study also finds that when customers use services, they have a memorable and delightful experience, which contributes to positive word of mouth. As Swan and Oliver (1989) believed that satisfied customers would produce more WOM than unsatisfied customers, Companies must enhance client satisfaction by the quality of services given in order to encourage word of mouth.

There are still other areas of research that need to be pursued. Firstly, in the SERVQUAL analysis as shown in the findings, customers' perception and expectations are measured to analyse if customer satisfaction is achieved. However, the study is lacking in explaining the "why" such as "why did the sample of customers rate some of the dimension higher than others and why did customers rate the expectations lower than the perceptions in all of the questions?".Hence, Future researchers should try to focus in modifying the SERVQUAL instrument as to answer the "why" part of the study. Secondly, the study was conducted to analyse whether service quality has an effect on customer satisfaction and word of mouth. Further analysis is still required to analyse whether level of customer satisfaction has an effect on either negative word of mouth or positive word of mouth along with other variables.

Reference:

Aagja, J.P. and Garg, R. (2010). Measuring perceived service quality for public hospitals (PubHosQual) in the Indian context, *International Journal of Pharmaceutical and Healthcare Marketing,* 4(1), 60–83.

Alhashem, A.M., Alquraini, H., & Chowdhury, R.I. (2011). Factors influencing patient satisfaction in primary healthcare clinics in Kuwait. *International Journal of Health Care Quality Assurance,*24(3),249-262.

Al-Neyadi H.S., Abdallah, S., & Malik, M., (2016). Measuring patient's satisfaction of healthcare services in the UAE hospitals: Using SERVQUAL. *International Journal of Healthcare Management,* 11, 1-10.

Amin, M., & Nasharuddin, S. (2013). Hospital service quality and its effects on patient satisfaction and behavioural intention. *Clinical Governance: An International Journal*. 18(3), 238-254. https://doi.org/10.1108/CGIJ-05-2012-0016

Anderson EW (1998). Customer Satisfaction and Word of Mouth. *Journal of Service Research*.1(1), 5-17.

Arasli, H., & Mehtap, S., & Katircioglu, S. (2005). Customer service quality in the Greek Cypriot banking industry. *Managing Service Quality*, 15, 41-56.

Azam, A. Qiang, P. & Abdullah, M.I. (2012). *Consumers' E-commerce acceptance model: Antecedents of trust and satisfaction constructs*. Kuala Lumpur,Malaysia: BEIAC 2012 - 2012 IEEE Business, Engineering and Industrial Applications Colloquium.

Bakar, C., Seval Akgün, H. & Al Assaf, A.F. (2008). The role of expectations in patient assessments of hospital care: An example from a university hospital network. *International Journal of Health Care Quality Assurance*, 21(4), 343-355.

Bansal, H. S., & Voyer, P. A. (2000). Word-of-Mouth Processes within a Services Purchase Decision Context. *Journal of Service Research*, 3(2),166–177.

Barlow, J., & Moller, C. (2009). *A Complaint Is a Gift: Recovering Customer Loyalty When Things Go*. Berrett-Koehler Publishers; 2nd edition

Bateson, J.E.G., & Hoffman, K.D. (1999). *Managing Services Marketing: Text and Readings*. Orlando, FL: Dryden Press.

Bolton, R., & Drew, J. (1994). Linking customer satisfaction to service operations and outcomes. In R. T. Rust, & R. L. Oliver (Eds.), *Service quality: New directions in theory and practice* ,173-200. SAGE Publications, Inc.

Bone, P.F.(1995).Word-of-mouth effects on short-term and long-term product judgments. *Journal of Business Research*, 32(3). 213-223.

Boulding, W., Kalra, A., Staelin, R. & Zeithaml, V.A. (1993), A dynamic process model of service quality: from expectations to behavioural intentions , *Journal of Marketing Research*, 30. 7-27.

Brailsford, S. & Vissers, J. (2011). OR in healthcare: A European perspective. European *Journal of Operational Research*, 212, 223-234.

Bryman, A. & Bell, E. (2007). *Business research methods*. 2nd edition. Oxford University press

Burnham, T.A. & Leary, R.B.(2018). Word of mouth opportunity: why recommendation likelihood overestimates positive word of mouth. *Journal of Marketing Theory and Practice*, 26(4). 368-389.

Butt, M. M., & Cyril de Run, E., (2010) 'Private Healthcare quality: applying a SERVQUAL model', *International Journal of Health Care*, 23 (7). 658-673.

Buttle, Francis. (1998). Word of mouth: Understanding and managing referral marketing. *Journal of Strategic Marketing*. 6.241-254.

Camilleri, D. & O'Callaghan, M. (1998) 'Comparing public and private hospital care service', *International Journal of Health Care Quality Assurance*, 11 (4), 127-133.

Casado-Dı´az, A.B., M_as-Ruiz, F.J. & Kasper, H. (2007). Explaining satisfaction in double deviation scenarios: the effects of anger and distributive justice. *International Journal of Bank Marketing*, 25(5), 292-314.

Casado-Diaz, A. & Nicolau-Gonzalbez, J. (2009). Explaining consumer complaining behaviour in double deviation scenarios: the banking services. *The Service Industries Journal*, 29 (12), 1659-1668.

Chakravarty, C. A., (2010) Evaluation of service quality of hospital outpatient department services, *Medical Journal Armed Forces India*, 67 (3), 221-224.

Cronin, J.J. Jr & Taylor, S.A. (1992). Measuring service quality: a re-examination and extension. Journal of Marketing, 56(3), 55-68.

Dagger, T.S., & David, M.E.(2011). Do relationship benefits and maintenance drive commitment and loyalty?, *Journal of Services Marketing*, 25 (4), 273-281.

David, M.E. and Dagger, T.S. (2011). Generating positive word-of-mouth in the service experience, *Managing Service Quality: An International Journal*, 21(2),133-151.

Davidow, M. (2003). Organizational responses to customer complaints – what works and what doesn't. *Journal of Service Research*, 5(3), 225-50.

Devebakan, N. & Aksarayli, M. (2003). The usage of SERVQUAL scores for the measurement of quality of perceived service in health facilities and implementation of private Altinordu hospital . *Journal of Institute of Social Sciences*, 5(1), 38-53.

Donabedian, A. (1980). *The definition of quality and approaches to its assessment Exploration in quality assessment and monitoring, Volume 1*. Ann Arbor: Health Administration Press.

Eboli, L. & Mazzulla, G. (2007). Service Quality Attributes Affecting Customer Satisfaction for Bus Transit. *Journal of Public Transportation*. 10.

Eiglier, P. & Langeard, E. (1977). *A new approach to service marketing in Eiglier, P., Langeard, E., Lovelock, C.H., Bateson, J.E.G. and Young, R.F. (Eds), Marketing*

Consumer Services: New Insights. Marketing Science Institute, Cambridge, MA. 33-58.

Ennew, C. T., Banerjee, A. K., & Li, D. (2000). Managing word of mouth communication: empirical evidence from India. *International Journal of Bank Marketing*, 18(2), 75-83.

Faezipour, M. and Ferreira, S. (2013). A System Dynamics Perspective of Patient Satisfaction in Healthcare. *Procedia Computer Science*. 16, 148-156.

File, K.M. and Prince, R.A. (1992), "Positive Word-of-Mouth: Customer Satisfaction and Buyer Behaviour", *International Journal of Bank Marketing*, Vol. 10 No. 1, 25-29.

Fitzsimmons, J.A., & Fitzsimmons, M.J. (2006). *Service Management*. New York: McGraw-Hill, 5th edition.

Gaughan, J., Siciliani, L., Gravelle, H., Moscelli, G. (2020). Do small hospitals have lower quality? Evidence from the English NHS. Social Science & Medicine. https://doi.org/10.1016/j.socscimed.2020.113500

Giannakos, M.N., Pateli, A.G., & Pappas, I.O., (2012). Investigation of the hotel customers perceptions: a study based on user-generated content of online booking platforms. 2nd Advances in Hospitality and Tourism Marketing & Management Conference, Corfu Island, May 31-June 3.

Grönroos, C. (1993). A Service Quality Model and Its Marketing Implications. *European Journal of Marketing*, 18, 36-44.

Gronroos, C. (2000). *Service Management and Marketing: A Customer Relationship Management Approach*. Hoboken: John Wiley and Sons, Ltd.

Hajikarimi, A., Makkizaeh, M., & Jamalieh Bastami, B. (2009). The relationship between service quality and customer loyalty in the commercial-service organizations. *Journal of Management Vision*, 9(32), 29-47.

Irfan, S. M., & A. Ijaz, (2011) 'Comparison of Service Quality between Private and Public Hospitals: Empirical Evidences from Pakistan', *Journal of Quality and Technology Management* 7, 11-22.

Jayawardhena, C. & Farrell, A.M. (2011). Effects of retail employees' behaviours on customers' service evaluation. *International Journal of Retail & Distribution Management*, 39 (3), 203-217.

Joss, R., & Kogan, M. (1995). *Advancing Quality: Total Quality Management in the National Health Service.* Buckingham: Open University Press.

Karassavidou, E., Glaveli, N. & Papadopoulos, C. (2009) 'Health care quality in Greek NHS hospitals: No one knows better than patients', *International QMOD Conference*, August, 20-22.

Kuo, Y.F., Wu, C.M. & Deng, W.J. (2009). The relationships among service quality, perceived value, customer satisfaction, and post-purchase intention in mobile value-added services. *Computers in Human Behavior*, 25(4),887-896.

LaFond, A. (1995). *Sustaining Primary Health Care*, London: Earthscan.

Lee, D. H. (2018). Strategies for technology-driven service encounters for patient experience satisfaction in hospitals. Technological Forecasting and Social Change. Volume 137, 118-127. https://doi.org/10.1016/j.techfore.2018.06.050

Li, M., Lowrie, D. B., Huang, C., Lu, X., Zhu, Y., Wu, X., Shayiti, M., Tan, Q., Yang, H., Chen, S., Zhao, P., He, S. Wang, X., & Lu, H. (2015). Evaluating patients' perception of service quality at hospitals in nine Chinese cities by use of the ServQual scale. Asian Pacific Journal of Tropical Biomedicine. 5(6), 497–504. http://dx.doi.org/10.1016/j.apjtb.2015.02.003

Lovelock, Christopher H. (1996). *Adding Value to Core Products With Supplementary Services. In Service Services Marketing (2nd ed.)*. NJ: Prentice Hall. 337-359.

Marcel Zeelenberg, Rik Pieters (2004). Beyond valence in customer dissatisfaction: A review and new findings on behavioral responses to regret and disappointment in failed services. *Journal of Business Research*, 57(4) , 445-455.

Martin, A. L., de Carvalho, J. C., Ramos, T., and Fael, J. (2015). Assessing Obstetrics Perceived Service Quality at a Public Hospital. Procedia - Social and Behavioral Sciences 181. 414 – 422. doi: 10.1016/j.sbspro.2015.04.904

McLaughlin, C. P., & Kaluzny, A. D. (2006). *Continuous quality improvement in health care. Sadbury*, Massachusetts: Jones and Bartlett Publishers.

Meehan, T., Bergen, H., & Stedman, T. (2002). Monitoring consumer satisfaction with inpatient service delivery: the inpatient evaluation of service questionnaire. *Australian and New Zealand Journal of Psychiatry*,36, 807-811.

Meesalaam, A. and Paul, J. (2018). Service quality, consumer satisfaction and loyalty in hospitals: Thinking for the future. Journal of Retailing and Consumer Services. Volume 40, Pages 261-269. https://doi.org/10.1016/j.jretconser.2016.10.011

Michael D. Hartline, Keith C (1996).Employee performance cues in a hotel service environment: Influence on perceived service quality, value, and word-of-mouth intentions, Journal of Business Research. 35(3), 207-215

Murray, K.B. (1991). A test of services marketing theory: consumer information acquisition activities. *Journal of Marketing* .55, 10-25.

Narang, R. (2011) 'Determining quality of public health care services in rural India', *Clinical Governance: An International Journal*, 16(1), 35–49.

Oliver, R.L & Swan. J (1989). Equity and Disconfirmation Perceptions as Influences on Merchant and Product Satisfaction. *Journal of Consumer Research*,16(3),372–383

Oswala, K., Kanodia, R., Nadkar, U., Kharodia, N., Avhad, M., Venkataramanan, R., Sethuraman, L., Caduff, C., and Purushotham, A. (2021). Cancer patients' experience of oncology services in Assam, India. Journal of Cancer Policy. Volume 27. https://doi.org/10.1016/j.jcpo.2020.100267

Othman, A., & Owen, L. (2001). Adopting and measuring customer service quality (SQ) in Islamic banks: a case study in Kuwait finance house. *International Journal of Islamic financial services*, 3(1), 1-26.

Padma, P., Rajendran, C. and Sai, L.P. (2009) 'A conceptual framework of service quality in healthcare perspectives of Indian patients and their attendants', Benchmarking: An International Journal, 16(2), 157–191.

Parasuraman, A., Berry, L., & Zeithaml, V., (1991a Autumn). Perceived service quality as a customer based performance measure: an empirical examination of organizational barriers using an extended service quality model. *Human Resource Management*, 30 (3), 335-64.

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1985). A conceptual model of service quality and its implications for future research. *The Journal of Marketing*, 41-50. https://doi.org/10.1177/002224298504900403

Parasuraman, A., Zeithaml, V., & Berry, L. (1988). SERVQUAL: A multiple- Item Scale for measuring consumer perceptions of service quality. *Journal of retailing*,61,12-14

Parasuraman, A., Zeithaml, V., & Berry, L., (1991). Refinement and reassessment of the SERVQUAL scale. *Journal of Retailing*, 67 (4), 420-450.

Parasuraman, A., Zeithaml, V.A. and Berry, L.L. (1985) 'A conceptual model of Service Quality and its implication for future research', *Journal of Marketing*, Vol. 49 (4), 41- 40.

Paula Fitzgerald Bone (1995). Word-of-mouth effects on short-term and long-term product judgments. *Journal of Business Research*, 32(3), 213-223.

Peppers, D. & Rogers, M. (1993). *The One to One Future*, Piatkus: New York.

Petersen, M.B.H. (1988 May). R.N. Measuring patient satisfaction: Collecting useful data. *Journal of Nursing Quality Assurance*, 2(3),25-35.

Presbury, R. (2009). *Service quality in Sydney hotels: a perspective from managers, staff and customers*. Sydney: University of Western Sydney. available at: http://researchdirect.westernsydney.edu.au/islandora/object/uws:7824 (accessed September 2020).

Ramsaran, R. (2005). Identifying Health Care Quality Attributes. *Journal of health and human services administration*, 27, 428-43.

Ranaweera, C. and Prabhu, J. (2003). The influence of satisfaction, trust and switching barriers on customer retention in a continuous purchasing setting. *International Journal of Service Industry Management*, 14 (4), 374-395.

Richard L. Oliver, John E. Swan (1989). Equity and Disconfirmation Perceptions as Influences on Merchant and Product Satisfaction. *Journal of Consumer Research*, 16(3), 372–383.

Rust, R.T., & Oliver, R.L. (1994). Service Quality: Insights and Managerial Implications from the Frontier. In: Rust, R.T. and Oliver, R.L., Eds., *Service Quality: New Directions in Theory and Practice*, Sage Publications, Thousand Oaks, 1-19.

Salampessy, H., Tuhelelu, A., Wahyudi, I., & Umanailo, M. C. B. (2020). Banking Servqual analysis of customer satisfaction (case study at Ambon branch BRI bank in Ambon City). *Proceedings of the International Conference on Industrial Engineering and Operations Management*. 2575–2582.

Saunders, M., Lewis, P. & Thornhill, A. *Research methods for business students, 4th edn* .Harlow: Prentice Hall, 2006.

Schneider, B., & White, S.S. (2004). *Service Quality: Research Perspectives*. Thousand Oaks, USA: Sage Publications

Senarath, U. and Gunawardena, N. S. (2011). Development of an Instrument to Measure Patient Perception of the Quality of Nursing Care and Related Hospital Services at the National Hospital of Sri Lanka. Asian Nursing Research. 5(2). 71–80.

Seyyed Javadin, S.R., & Kimasi, M (2006). *Services quality management (first edition)*. Negah -e-Tehran publications: Tehran

Shafiq, A., Mostafiz, M.I. ,& Taniguchi, M. (2019).Using SERVQUAL to determine Generation Y's satisfaction towards hoteling industry in Malaysia. *Journal of Tourism Futures*, 5 (1), 62-74.

Sharmin, S., Tasnim, I., & Shimul, D. (2016) Measuring Customer Satisfaction through SERVQUAL Model: A Study on Beauty Parlors in Chittagong. *Eur. J. Bus. Management*, 8, 97–108.

Sohail, M. S., & Shaikh, N. M. (2008). Internet banking and quality of service: perspectives from a developing nation in the Middle East. *Online Information Review*, *32*(1), 58-72.

Sureshchandar, G.S., Rajendran, C. and Anatharaman, R.N., (2002) 'Determinants of customer perceived service quality: a confirmatory factor analysis approach', *Journal of Services Marketing*, Vol. 16, (1) 9-34.

Thai, V. V. (2008). Service quality in maritime transport: conceptual model and empirical evidence. *Asia Pacific Journal of Marketing and Logistics*, *20*(4), 493-518.

Williams, M., & Buttle, F. (2007). The Influence of Word - of - Mouth in Customer Acquisition in Service Companies: A Six Markets Model Analysis. Proceedings of *Australian and New Zealand Marketing Academy Conference (ANZMAC 2008*), Adelaide.

Wilson, A., Zeithaml, V. A., Bitner, M. J., & Gremler, D. D. (2012). *Services Marketing: Integrating Customer Focus Across the Firm*. (2nd European Edition ed.).

Wisniewski, M. & Wisniewski, H. (2005). Measuring service quality in a hospital colposcopy clinic. *International Journal of Health Care Quality Assurance*,18 (3), 217-228.

Youssef, F.N. (1996). Health care quality in NHS hospitals. *International Journal of Health Care Quality Assurance*, 9(1), 15-28.

Žabkar, V., Brenčič, M., & Dmitrovic, T. (2010). Modelling perceived quality, visitor satisfaction and behavioural intentions at the destination level. *Tourism Management*, 31, 537-546.

Zeithaml, V. A., Parasuraman, A., & Berry, L. L., (1990). *Delivering Quality Service: Balancing Customer Perceptions and Expectations*. New York, NY : Free Press.

Zeithaml, V.A. (2000). Service Quality, Profitability, and the Economic Worth of Customers: What We Know and What We Need to Learn. *Journal of the Academy of Marketing Science*, 28(1), 67-85.

Zeithaml, V.A., Berry, L.L. and Parasuraman, A. (1996). The behavioural consequences of service quality. *Journal of Marketing*, 60(2). 31-46.