

Assessment of service quality dimensions in healthcare industry A study on patient's satisfaction with Bangladeshi private Hospitals.

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ABSTRACT : *Poor service quality perception toward public hospitals lead to Increasing demand for private health care in Bangladesh. Observing the growth of private health care sector, it is imperative to measure the service quality of private hospitals in Bangladesh. This study attempts to identify the service quality factors that influence patient satisfaction with private hospitals. A survey was conducted on patients of ten different hospitals in Dhaka city. A self-administered survey method and non-probability judgment sampling was used in the research to obtain information regarding patients' perceptions toward 11 service quality dimensions of private hospitals. Multiple-regression was used to identify the service quality factors that influence patients' satisfaction. And descriptive statistics represented the patient's satisfaction level with different service quality factors.*

Keywords: *Service quality, health care, hospitals, patients' perception, patient satisfaction.*

I. INTRODUCTION

Consumers today are more aware of alternative offerings and rising standards of service have increased their expectations. They are also becoming increasingly sensible of the quality of service they experience. Patient satisfaction is an important indicator of the quality of medical care and a major determinant in the choice of a care provider in the future (Croucher, 1991). Accurate and reliable survey information provides the basis for continuous quality improvement in the delivery of services. By meeting the needs of the patient, the institutions in turn will ultimately ensure its competitive position (Curbow, 1996). Service quality has been increasingly identified as a key factor in differentiating services and building competitive advantage. Therefore, understanding, measuring and improving quality is a formidable challenge for all organizations since they compete to great degree on the basis of service. Customers evaluate service quality both on the outcome of the service and the process of service delivery. Health care services have a distinct position among other services due to the highly involving and risky nature of services and the general lack of adequate knowledge possessed by consumers. This makes conceptualizing and measuring customer satisfaction and service quality in health care settings more important and at the same time more complex. To maintain and improve the quality of health care services, besides relying on clinical and economic criteria, healthcare administrators should utilize the feedback through patient perceptions of care surveys.

While the efforts are in the right direction, the public health sector is plagued by uneven demand and perceptions of poor quality and the quality perception is driving patients to private healthcare sector (Andaleeb et al. 2007). This poor service quality is the pivotal cause responsible for declining utilization rate of public health care facility in Bangladesh. Overall utilization rate for public health care services is as low as 30% (Ricardo et al. 2004). Dissatisfaction with public health care sector is shifting demand toward private health care sector in the country. The trend of utilization of public health care services in Bangladesh had been declining between 1999 and 2003, while the rate of utilization of private health care facilities for the same period had been increasing (CIET Canada, 2003). The private health care sector (including unqualified providers) also deserves close scrutiny as about 70% of the patients seek medical care from this sector (World Bank, 2003). Between 1996 and 2000, private hospitals grew around 15% per annum (HEU, 2003b). Massive investments in the private sector are boosting the growth. In 2005, Apollo hospital alone has invested \$35 million (People's Daily Online, 2005). Similar investments have been done by other major corporate groups.

Observing at the growth in Bangladesh private health care sector, it's imperative to identify whether service is being ignored here. Some of its main drawbacks in private health care in Bangladesh include disregard

of standard treatment protocols, lack of qualified nurses and unnecessary diagnostic tests (World Bank 2003). These instances reflect that the problems of the health service delivery system that must be quickly and responsibly addressed.

A large number of Bangladeshi patients who are able to afford it are going to foreign hospitals. Institute of Health Economics, University of Dhaka, estimates that Bangladeshis spend approximately \$300 million a year on foreign healthcare services (World Bank, 2003). This results in huge losses of foreign exchange for Bangladesh. A better understanding of the determinants of patient satisfaction with private hospitals should help policy and decision-makers adopt and implement strategies to improve health care services in the country and thus contribute more to country's GDP. In the competitive market of health care private hospitals in Bangladesh need to understand the key factors of service quality that have impact on patient satisfaction which will enable them to gain a competitive advantage in the local market and regional market by assuring better service quality at home. In this study, the researcher intended to identify the impact of service quality dimensions of Bangladeshi private hospitals on patient satisfaction.

1.1 Research Objectives

The objectives of the research are:

1. To identify the service quality factors that influence patients' satisfaction with private hospitals in Bangladesh.
2. To identify how patients rate the service quality factors of private hospitals in Bangladesh.

II. REVIEW OF LITERATURE AND RELATED STUDIES

2.1 Concepts of Service Quality in Healthcare:

Health care service providers' effort to determine and improve weaker aspects of their service delivery system requires a better understanding of how consumers evaluate health care service quality. And service quality can be enhanced by monitoring patient perceptions and implementing action plan based on patient feedback. The SERVQUAL framework has guided numerous studies in the service sector that focus on banks, repair and maintenance services, telephone companies, physicians, hospitals, hotels, academic institutions and retail stores (Parasuraman et al. 1988; Carman 1990; Boulding et al. 1993). Parasuraman et al. (1988) first proposed the SERVQUAL framework with five dimensions of service:

- (1) Tangibles – physical facilities, equipment and appearance of personnel;
- (2) Empathy – being caring, and providing individualized attention;
- (3) Assurance – knowledge and courtesy of employees and their ability to convey trust and confidence;
- (4) Reliability – ability to perform the promised service dependably and accurately;
- (5) Responsiveness – willingness to help customers and provide prompt service.

The SERVQUAL instrument was used by different researchers (Canel and Fletcher, 2001; Lam, 1997; Donthu, 1991; Sohail, 2003 Andaleeb, 2001, 2007) to evaluate health care service quality. Scardina (1994) and Arikon (1999) reported that SERVQUAL was superior in validity and reliability for evaluating patient satisfaction (Sohail, 2003). The SERVQUAL instrument has been empirically evaluated in the hospital environment and has been shown to be a reliable instrument in that setting (Babakus and Manggold, 1992).

To measure health care service quality and patient satisfaction in Bangladesh few studies were conducted, and SERVQUAL was used in most of them with or without modification. Andaleeb (2000a, 2001) used Responsiveness, Assurance, Communication, Discipline, Bakhshesh (facilitation payments) to compare service quality between public and private hospitals. SERVQUAL framework was advanced by Andaleeb, Nazlee and Khandakar *al.*, (2007) with variables like, Reliability, Responsiveness, Assurance, Tangibles, Communication, Empathy, Process features, Cost, Availability/access to explain patient satisfaction with foreign and local health care service. Sohail (2003) in "Service quality in hospitals: more favorable than you think" examined and measured the quality of services provided by private hospitals in Malaysia. LeKim (2005) in "Inpatients' satisfaction with service quality: A study on the Transport Hospital in Hanoi, Vietnam" measured the satisfaction level of inpatients.

2.2 Independent variables:

2.2.1 Reliability:

Reliability refers to a providers' ability to perform the promised service dependably and accurately. Perceptions of reliability are also lessened when doctors do not provide correct treatment the first time

(accusation that doctors recommend unnecessary medical tests, irregular supervision of patients by care providers and specialists are unavailable).

2.2.2 Responsiveness:

Patients expect hospital staff to respond promptly when needed. It is the willingness and promptness of responding to the patients. They also expect the experts and required equipment to be available, functional and able to provide quick diagnoses of diseases.

2.2.3 Assurance:

Assurance is the knowledge, skill and courtesy of the service provider that inspire trust and confidence in consumers' mind. In the health care setting, assurance is reflected by competencies of diagnosis, skills to interpret laboratory report, provide appropriate explanations to queries. Well-trained nurses and other support staffs also play vital roles in providing support to patients' feelings of assurance and safety.

2.2.4 Tangibles:

Appearance (tangibility) of the physical facilities, equipment, personnel and written materials affects patients' satisfaction. A systematized, ordered and clean appearance of hospital premises, restrooms, equipment, wards, beds and the whole construction or infrastructure can influence patients' impressions about the hospital. Tangibles are the physicals representations of intangible service that create the image in customer's mind.

2.2.5 Communication:

If a patient feels alienated, uninformed or uncertain about his / her health status and outcomes, it may affect the healing process. When the nature of the treatment is clearly explained, patients' queries are responded, and it may alleviate patients' feelings of uncertainty. Appropriate communication and good rapport can, thus, help convey important information to influence patient satisfaction.

2.2.6 Empathy:

Empathy represents the sympathy of service provider. Health care providers' sympathy and understanding of patients' problems and needs can greatly influence patient satisfaction. Patients desire the doctors to be observant, attentive and understanding towards them. Similarly patients expect nurses to provide personal care and mental support to them. This reflects service providers' empathy.

2.2.7 Process features:

Process features refer to an orderly management of the overall health care service process. This constitutes patients' expectation that doctors will maintain proper visiting schedules and that there will be structured visiting hours for relatives, friends, etc. Updated patient records and standard patient release procedures also facilitate patient care.

2.2.8 Cost:

Treatment cost is an important factor that may form patients' expectation and affects patients' satisfaction. Andaleeb (2001) and Hasin *et al.*, (2001), used cost in the SERVQUAL dimensions to assess patients' satisfaction. In a developing country like Bangladesh, cost is a continuing concern of consumers for making purchase decision for services, given their low earnings. In health care setting costs include consultation fees, laboratory test charges, travel, drugs and accommodation. Private hospitals are costly but their costs vary markedly across hospitals.

2.2.9 Access:

Availability of doctors, nurses, hospital beds and information round the clock with minimum hassle is of concern to patients in defining the level of access they have to health care. If hospital inadequate number of doctors, nurses, beds and cabins may affect patients' satisfaction because people want health service to be available to them with minimum hassle.

2.2.10 Billing services:

Billing service can be referred as making or sending out of bills or invoices. A crude, rough and unpolished billing service it may cause dissatisfaction among patients. Hughes (1991) used billing services in his attribute based model to measure patient satisfaction.

2.2.11 Treatment outcome:

Treatment outcome reflects the results or effects of medical care. Hughes (1991) used treatment outcome to assess patient satisfaction. From the patient's point of view, if they do not feel cured in their mind, indeed they are not cured. For Bangladeshi patients it is an important factor.

Zifko-Baliga and Krampf (1997) followed the Williams and Torrens' idea (1988) with a development of a theoretical framework that is composed of structure, process, and treatment outcome, which a researcher should consider when studying about health care service quality.

III. RESEARCH FRAMEWORK

This study attempted to examine the impact of service quality dimensions of private hospitals in Bangladesh on patient satisfaction. Reviewing the literature on the topic from research papers and articles, a number of service factors were identified. Eleven important attributes (Reliability, Responsiveness, Assurance, Tangibles, Communication, Empathy, Process features, Cost, Access, Billing service and Treatment outcome) of health care service quality emerged as latent variables from the literatures and theoretical models described earlier.

IV. RESEARCH METHODOLOGY

This study identified and obtained information on the patient (outpatient) satisfaction with the service quality dimensions of ten private hospitals in Dhaka city, Bangladesh. For these reasons, this study can be considered as descriptive research, which is defined as a type of conclusive research which major objective is to describe existing phenomena (Hussey, 1997).

4.1 Sampling method:

A non-probability judgment sampling plan was implemented in the study. This method was used in this research because some judgment on the part of the researcher was necessary in order to make sure the “right” respondents were chosen among the patients in the ten private hospitals in Bangladesh. Help was given to those patients who had problems in the interpretation of the questionnaire.

4.2 Data collection procedures:

The researcher used a self-administered questionnaire to collect data for the research. Self-administered questionnaire is the survey in which respondents take responsibility for reading and answering the questions. It is considered as a superior mode for minimizing bias and improving response rates (Bell, Halliburton and Preston, 2004). The effects of independent variables on the dependable variable are assessed by the 5-point Likert attitude scale.

Secondary information were gathered from different secondary sources such as books, magazines, journals, newspapers and online databases via internet etc. These data are usually available, can be obtained quickly and inexpensive. Sample survey or cross-sectional survey was the main method to explore attitudes of patients' satisfaction with private hospitals in Bangladesh. This is a method of primary data collection in which information is based on communication with a representative sample of target population at a point in time (Churchill, 1996). In this research, a total of 400 questionnaires were distributed to the patients visiting ten different private hospitals, who met the sampling requirements. A total of 393 questionnaires were returned to the researcher so the response rate is approximately 98.25%. 390 questionnaires were considered valid for data analysis; three were rejected due to incomplete information. Data collection took nearly 6 weeks from July 5th to August 20th, 2012.

V. PRESENTATION OF DATA AND CRITICAL DISCUSSION OF RESULTS

5.1 Level of patient satisfaction with service quality dimensions of private hospitals:

To measure the levels of patient satisfaction with the dimensions of service quality, the researcher had to calculate the means of all service quality dimensions. From the statistics in Table 5.1.1, the researcher found that the patients were satisfied most with assurance (strongly satisfied) followed by billing services (satisfied), reliability (satisfied), process (satisfied) treatment outcome (satisfied), tangibles (satisfied), cost (satisfied), access (satisfied), They were neither satisfied nor dissatisfied with communication, responsiveness and empathy (neutral).

Table 5.1.1- Descriptive Statistics of patients' satisfaction with each service quality dimensions

Service dimensions	Mean	Std. Deviation	N
Reliability	4.0615	.46751	390
Responsive	3.0790	.68575	390
Assurance	4.2134	.52434	390
Tangible	3.9998	.48554	390
Communication	3.3136	.67487	390
Empathy	3.0667	.68765	390
Process	4.0209	.62258	390
Cost	3.7667	.65487	390
Access	3.5662	.64738	390
Billing	4.0934	.60562	390
Outcome	4.0113	.61751	390

5.2 Multiple Regression Analysis:

Table 5.2.1- Regression table:

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. Change
1	.844(a)	.713	.702	.18552	.713	84.439	11	378	.000

A Predictors: (Constant), outcome, responsive, billing, process, tangible, assurance, access, reliability, cost, empathy, communication

Table 5.2.1.1 ANOVA (b)

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	31.932	11	2.903	84.439	.000(a)
	Residual	13.010	378	.034		
	Total	44.942	389			

A Predictors: (Constant), outcome, responsive, billing, process, tangible, assurance, access, reliability, cost, empathy, communication

B Dependent Variable: satisfaction

Table 5.2.1.2: Coefficients (a)

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	.714	.152		4.747	.000
	Reliability	.137	.023	.197	5.963	.000
	Responsiveness	.088	.023	.176	3.770	.000
	Assurance	.072	.026	.130	2.803	.005
	Tangible	.059	.018	.110	3.301	.001
	Communication	.073	.028	.128	2.650	.008
	Empathy	.104	.026	.164	3.963	.000
	Process	.076	.028	.116	2.724	.007
	cost	.078	.025	.107	3.092	.002
	Access	.060	.032	.110	1.856	.065
	Billing	.084	.025	.082	1.727	.086
	Outcome	.019	.035	.027	.547	.525

a Dependent Variable: satisfaction

Equation:

$$Y = a + b_1X_1 + b_2X_2 + b_3X_3 + b_4X_4 + b_5X_5 + b_6X_6 + b_7X_7 + b_8X_8 + b_9X_9 + b_{10}X_{10} + b_{11}X_{11}$$

Where Y= Patient satisfaction (Dependent variable)

- X₁ = Reliability (Independent Variable)
- X₂ = Responsiveness (Independent Variable)
- X₃ = Assurance (Independent Variable)
- X₄ = Tangibility (Independent Variable)
- X₅ = Communication (Independent Variable)
- X₆ = Empathy (Independent Variable)
- X₇ = Process features (Independent Variable)
- X₈ = Cost (Independent Variable)
- X₉ = Access (Independent Variable)
- X₁₀ = Billing services (Independent Variable)
- X₁₁ = Treatment outcome (Independent Variable)

$$Y = 0.714 + .137X_1 + .088X_2 + .072X_3 + .059X_4 + .073X_5 + .104X_6 + .076X_7 + .078X_8 + .060X_9 + .084X_{10} + .019X_{11}$$

From the table 5.2.1, it can be observed that Patient satisfaction have high positive relationships with treatment outcome, responsive, billing, process, tangible, assurance, access, reliability, cost, empathy, communication as R is equal to 0.844 which is close to “1= strong relationship”. Moreover, patient satisfaction was explained by all Independent variables equal to 71.3% (R² = 0.713). From the F-test, the Alternative hypothesis can be accepted, which means that at least one of independent variables (Reliability, Responsiveness, Assurance, Tangibles, Communication, Empathy, Process features, Cost, Access, Billing service and Treatment outcome) has influence on Patient satisfaction (F = 84.439, Sig. = 0.000) at 0.05 confidence levels.

Table 5.3.: Summary of Hypotheses testing

Hypotheses	Sig.	Result
H10: Reliability of private hospital service providers has no impact on patients' satisfaction H1a: Reliability of private hospital service providers has an impact on patients' satisfaction.	.000	Reject Ho / Accept Ha
H20: Responsiveness of private hospital service providers has no impact on patients' satisfaction. H2a: Responsiveness of private hospital service providers has an impact on patients' satisfaction.	.000	Reject Ho / Accept Ha
H30: Assurance from private hospital service providers has no impact on patients' satisfaction. H3a: Assurance from private hospital service providers has an impact patients' satisfaction.	.005	Reject Ho / Accept Ha
H40: Physical appearance (tangibility) of the private hospital service providers has no impact on patients' satisfaction. H4a: Physical appearance (tangibility) of the private hospital service providers has an impact on patients' satisfaction.	.001	Reject Ho / Accept Ha
H50: The quality of communication has no impact on patients' satisfaction. H5a: The quality of communication has an impact on patients' satisfaction	.008	Reject Ho / Accept Ha
H60: Empathy received from private hospital service providers has no impact on patients' satisfaction. H6a: Empathy received from private hospital service providers has an impact on patients' satisfaction.	.000	Reject Ho / Accept Ha
H70: The process features of private hospital service providers have no impact on patients' satisfaction. H7a: The process features of private hospital service providers have an impact on patients' satisfaction.	.007	Reject Ho / Accept Ha
H80: The overall cost of private hospital service providers has no impact on patients' satisfaction. H8a: The overall cost of private hospital service providers has an impact on patients' satisfaction.	.002	Reject Ho / Accept Ha
H90: The access to private hospital service has no impact on patients' satisfaction. H9a: The access to the private hospital service has an impact on patients' satisfaction.	.065	Fail to reject Ho / Accept Ho
H100: The billing services of private hospital service providers have no impact on patient satisfaction. H10a: The billing services of private hospital service providers have an impact on patient satisfaction	.086	Fail to reject Ho / Accept Ho
H110: The treatment outcome of private hospital service providers has no impact on patient satisfaction. H11a: The treatment outcome of private hospital service providers has an impact on patient satisfaction.	.525	Fail to reject Ho / Accept Ho

Reliability (p-values equal to 0.000, which is less than 0.05), responsiveness (p-values equal to 0.000, which is less than 0.05), assurance (p-values equal to 0.005, which is less than 0.05), tangibles (p-values equal to 0.001, which is less than 0.05), communication (p-values equal to 0.008, which is less than 0.05), empathy (p-values equal to 0.000, which is less than 0.05), process features (p-values equal to 0.007, which is less than

0.05), and costs (p-values equal to 0.002, which is less than 0.05) have positive influence on Patient satisfaction. Whereas, access (p-values equal to 0.065, which is greater than 0.05), billing services (p-values equal to 0.086, which is greater than 0.05) and treatment outcome (p-values equal to 0.525, which is greater than 0.05) have no influence on Patients' satisfaction.

From the beta value of table 5. 2.1.2 (coefficients), it can be observed that, reliability has the greater impact on patient satisfaction by beta value is equal 0.197; followed by responsiveness at beta value is equal 0.176; empathy at beta value equal 0.164; assurance at beta value equal 0.130; communication at beta value equal 0.128; process features at beta value equal 0.116; tangible at beta value equal 0.110; cost at beta value equal at 0.107;

According to impact based on the beta values the dimensions can be ranked as:

1. Reliability, 2. Responsiveness, 3. Empathy, 4. Assurance, 5. Communication, 6. Process features, 7. Tangibles, 8. Cost.

VI. CONCLUSION

With the growth of private health care facilities, especially in Dhaka city, it is important to assess the quality of services delivered by these establishments. The research was conducted to identify the key service quality factors of private hospitals that affect patients' satisfaction and assess how patients rate the service quality dimensions of private hospitals. Eight service quality dimensions have positive impacts on patient satisfaction. It identifies the important service quality dimensions of the private hospitals to better understand the requirements of the patients to increase their satisfaction. Therefore, the study suggests that the managers of private hospitals should pay adequate attention to the service quality dimensions which are critical influencer of patients' satisfaction, eventually increase overall patient satisfaction with their services. Correct treatment and delivering promised service are critical issues to increase reliability in health care setting. Researcher found that the patients were satisfied with most of the service quality factors except communication, responsiveness and empathy (neutral). The private hospitals must consider this issue with greater importance. Responding promptly and being able to provide quick diagnoses of diseases, being caring, attentive and understanding are the desires of patients from service providers. Knowledge, skills, credentials inspire patients' trust and confidence. If a patient feels alienated, uninformed or uncertain about his / her health status and outcomes, it may affect the healing process. When the nature of the treatment is clearly explained, patients' queries are responded, and it may alleviate patients' feelings of uncertainty. Thus the communication between service providers and patients has to be improved. Along with that the appearance of the physical facilities, modern and advanced equipment, and cleanliness of the hospitals increase customer satisfaction. Cost is perceived as the least important factor influencing patients' satisfaction. That reflects that their priority is excellent service from private hospitals for which they are ready to pay fair price. Thus the private hospitals have to put emphasis on the above mentioned important factors to be more competitive in local and regional market.

In Bangladesh, the total health expenditure in the country is about US\$ 12 per capita per annum, of which the private health expenditure is around US\$ 8 (WHO, health system in Bangladesh, 2010). As they private health sector is having a significant support to country's economy it is critical for the private hospitals to focus on improving service quality dimensions and thus contribute more to country's GDP. Health is universally regarded as an important index of human development. To achieve sustainable improvement in health and human development private hospitals should be more service focused.

In this study data were gathered from the patients in ten private hospitals in Dhaka city of Bangladesh. The results may not be generalizable to all the patients in other private hospitals in Bangladesh. Further study may include more number of hospitals and also may target hospitals located in different cities in Bangladesh and regional areas.

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