

Measuring patients' perceived hospital service quality: A case study of Nepal's Private Hospitals

Anupama Rajbhandari

Masters of Business Administration
Graduate School of Business
Assumption University of Thailand

Apichart Intravisit, Ph.D.

Lecturer, Graduate School of Business
Assumption University of Thailand

Abstract

With the shift in focus to patient recognizing healthcare to be different compared to other services, service quality measurement needs to be tuned specifically to healthcare. The purpose of this paper is to describe hospital service quality of Nepal's private hospital as perceived by Nepalese patients and to which patients' satisfaction of health service quality impact upon their behavioral intention. Descriptive survey study design was adopted for this study. Survey method and 400 questionnaires were distributed to the out-patient. Only four private hospitals were evaluated in Kathmandu City. The data was analyzed using simple linear regression Analysis was applied to envisage the relation between dependent and independent variables. The researcher found that there exists a correlation between customer satisfaction and behavioral intention. Also, hospital service quality has an impact upon customer satisfaction. From the findings the researcher concludes to develop the right approaches personalization need to be improved which stabilizes the system appropriately and be contextualized to the true environment of the Nepalese consumers. Healthcare provider and hospital management should allocate the effort towards personalization to maximize patient satisfaction and to improve the perceived quality of healthcare services.

Keywords: hospital service quality, behavioral intention, customer satisfaction, perceived quality

Introduction

Hospital service quality as a pure perceptual of the essential belief properties of hospital service obtained. Hospitals service quality has become one of the most important means to find out the problems in healthcare system. To understand the direction of

improvement in the health care, hospital management should provide a direct link between health care facilities and those supplying the service. Customer satisfaction is ever-increasingly considered as a major determinant of long-term financial performance in competitive markets as perceived by patients. In today's environment, dramatic changes in the health care industry have put pressures on health care organizations to seek new opportunities for survival and growth (Zarie, Arab & Mohmoud, 2013). Dey, Hariharan & Brookes (2006) stated that health care is the fastest growing service among developed and developing countries facing a challenge for every government, state, political parties and insurance agencies due to high competition in field. Pai & Chary (2014) considered healthcare as credence purchase considering as need rather than want. Healthcare consumers prefers to use services that provide quality and best-value care unless service users are expediently provided with best value care and adverse outcomes minimized, healthcare organizations could suffer operational setbacks.

Healthcare in Nepal

Nepal, located in between India and Tibet, is one of the least developed countries in the world when it comes to health care. The country is a low-income, mostly rural, country with approximately over 31 million inhabitants with density of 201 per Km² as of 2016 (Retrieved from <http://worldpopulationreview.com/countries/nepal-population/>, accessed on 25/12/2016). Nepal is making progress to meet the development goals, but the progress is slow. Nepalese families in rural areas are undeveloped, where government health posts are often understaffed and undersupplied for years at a time. The low economic status of Nepal hinders the country from establishing a more reputable, universally accessible system of health care. About 90 percent of people pay out of pocket which highlights the disparities between the rich and the poor.

The changing demographic in Nepal has resulted in overall increase for healthcare services in Nepal from a socio-economic perspective. Kathmandu metropolitan is the main city which has the major economic development and has the most completed utility. In Nepalese context, hospital management skill and concept of hospital management is still beyond the priority of the government and the government still does not have any policy guidelines over the hospital management sector. Shrestha, Vaidya & Bajracharya (2011) found that most hospital and diagnostic infrastructure is concentrated in larger cities like Kathmandu and Pokhara, and there is little or no access in rural and peri-urban

areas. Healthcare infrastructure in Nepal is inadequate and compares unfavorably against most global averages.

Belief and socio- cultural aspects influencing health care service in Nepal

Modern medical services in Nepal started with the establishment of Bir Hospital in 1889 (Retrieved from Overview of Public-Private Mix in Health Care Service Delivery in Nepal). Until then, the country had relied on the traditional system of medicine to prevent, diagnose or treat physical and mental illness. In Nepal, culture is extremely diverse. Traditional medical beliefs and practices often exist when it comes to important health care decisions. Most people prefer to search traditional remedies such as Ayurveda, Siddha and medication to seek out traditional medical specialist, especially in rural areas. In general, there is a negative belief by the traditional people of Nepal who see modern medicine as corruption and unmatched to their needs spiritually. Illness and health is believed to be caused by supernatural attack but not by physical conditions. This influence kind of health care choices influences the trust relationship between patients, health care providers, and the prescribed treatment regimens. Nepalese beliefs make a distinctive challenge to traditional practice and western medical services in multicultural and multiethnic people. Beliefs about health and seeking treatment can adversely affect health care utilization to medication for patients to endure certain illness. The religious beliefs of the people result in many practices which are significantly different based on the person's religion.

Research Objectives

The main objectives of study are:

1. To describe hospital service quality of Nepal's private hospital as perceived by Nepalese patients.
2. To identify the extent to which Nepal's perception of hospital service quality has impact upon the patient's satisfaction
3. To identify the extent to which patient's satisfaction of hospital service quality has impact upon their behavioral intention.

Review of Literature

Review of Studies Related to Customer Satisfaction

Healthscape

According to Pai & Chary (2016), healthscape such as physical environment in healthcare has a remarkable effect in the satisfaction of the patients, as hospitals are dependent on its physical evidences that are often the deciding factor when choosing a hospital.

In different service industries, service quality evaluation is considered through customer listed service environment (Brady & Cronin, 2001). With patients arriving for healthcare facilities with illness, pain, anxiety, fear and under stress need service. Healthscape factors helps to develop customer satisfaction in customer's subconscious mind that further stressed that these help to build a favorable brand image about the service provider. Healthscape may influence the satisfaction of the target audience of a service provider organization and willingness to recommend an institution provider of healthcare services (Hutton & Richardson, 1995). Generally, in hospital healthscape factors such as tangibles facilities, infrastructure, physical environment, accommodation aspect help customer to perceive satisfaction that creates positive impressions to be in favor of patient satisfaction.

Personnel Quality

Duggirala (2008) highlighted that dimension to study the quality of care patients experience are given by health service personnel like doctors, nurses, paramedical and support staff, and administrative staff in the hospital.

The care provided by doctors, nurses and support staff with their skill, experience, warmth, responsiveness and courtesy are covered under the dimensions that measure the patient's experience in respect of the quality of care delivered by the doctor's satisfaction. Bitner (1990) identified that the medical encounter has been shown to have impact on patient satisfaction that requires intensive levels of interaction between a doctor and a patient. There is a long-term relationship between doctor and patient, with the doctor having a significant caution in meeting customer's need. In developing countries, social interactions and personal connectivity are particularly very important (Duggirala *et al.*,

2008). The effective component of satisfaction is expected to be salient, especially in the domain of physician services with ongoing doctor-patient relationships place more emphasis on feelings and emotions.

Hospital Image

Keller (1993) explained hospital image as the perceptions of a hospital in patient memory. A good image helps organizations to enter into new markets faster and enhance ability to expand services.

Andaleeb (1998) proposed that hospital image affects customer satisfaction passing through a filter effect. A favorable image has a positive impact on customer satisfaction. Likewise, Davies & Chun (2002) suggested that hospital image correlates with customer satisfaction. Image has been recognized as an important antecedent of customer satisfaction. Hence, a positive hospital brand image will tend to generate high customer satisfaction in the hospital. Thus, in order to build a good image and reputation, service organization should be committed to the culture of quality service towards its customers (Yousapronpaiboon & Johnson, 2013). Thus, in the hospital context, a positive hospital image appears to stimulate patient's loyalty and satisfaction which increases various outcomes such as customer satisfaction, service quality and behavior intention.

Trustworthiness

Parasuraman (1985) introduced trust, that signify patients who should be able to trust service providers, who can assured that their dealings are confidential and safe feeling.

In regard to the relationship between trust and satisfaction Josep & Velilla (2003) found that the degree of trust positively influences satisfaction, and furthermore trust directly and positively affects consequent satisfaction. Patients are anxious about the credibility of the health care provider they deal with, besides illegal interception of their transaction information; therefore, medical institutions must build up customers' psychological trust in the service encounters. Thus, the importance of trust for hospital and service provider is beyond any doubt.

Clinical care process

Duggirala (2008) defined clinical care process as healthcare's technical quality that describes doctors' performance, actions, activities and conduct in relation to patient care to evaluate the clinical quality that patient experience. The process is based on diagnostic accuracy and procedures or conformance to professional specifications (Lam, 1997).

Kocher, Emanuel & DeParle (2010) explained that providing high-quality clinical care and providing a good customer satisfaction are priorities for most health care systems. , there Kurtzman, Dawson & Johnson (2008) highlighted that patient satisfaction with clinical care was the most important determinant of patient overall satisfaction, thus an important area for further quality improvement efforts and underscoring the role of the entire health care team in the in-hospital treatment of patients. Thus, patients' satisfaction with their care provides important incremental information on the quality of their care and care providers.

Communication

Lehtinen & Lehtinen (1982) defined communication that embraces information transmission between provider and customer which is two-way communication recognized the quality arising from an interaction as one factor affecting service quality.

Effective communication can be very important because the quality of employee communication is a reflection of the quality of corporate communications to its customers. Lehtinen & Lehtinen (1982) study found that effective communication has a positive effect on building customer attachment. Without effective communication it is impossible to establish and develop healthy relations with customers. Bitner (1990) has also shown that, in health service industry, the quality of the interpersonal communication between the patient and the employee greatly influences customer satisfaction. Employees who are knowledgeable of patients needs will satisfy the customers. Friendly attitude and courteous behavior of the service workers at service firms leaves a positive impression on the customer which lead towards customer satisfaction Duggirala *et al.* (2008)

Relationship

Beatty, Mayer, Coleman, Ellis & Lee (1996) referred relationships as closeness and strength developed between provider and customer who include interpersonally close interactions in which trust or mutual liking exists.

Relationship is the customer's positive feeling that comes from the customer's evaluation of the patient and physician relationship (Geyskens, Inge & Nirmalya, 1999). Customer's satisfaction with the relationship develops the customer- company relationship where a firm can take advantage of the relationship exchanges (Roberts , Varki & Brodie, 2003). Customer satisfaction is one of the top management main concerns that have been thoroughly studied for consumer services (Kardaras & Karakostas, 1999). Consequently, when the customer is satisfied, the company is able to develop trust through maintaining this relationship. Patients share the responsibility for their own healthcare with physicians. Therefore, satisfaction with the relationship is essential in developing the relationship performance.

Personalization

Personalization is defined as customizing services to an individual through service representatives adapting their behavior (Shen & Ball, 2009). Also, customized personalization implies with employees tailor service to an individual customer by offering options or exercising discretion to accommodate customer needs (Keller, 1993).

According to Peppers & Rogers (1997), personalization is customizing some feature of a product or a service which can provide some convenience or benefit to the customers, it can improve customer's satisfaction. Lee (2005) indicated that personalization is compose of three dimensions: individualized attention, availability of a message area for receive customer question and feedback, that has positive relationship with customer satisfaction. Sohail (2003) stated that personalization in the hospital service offers customized treatment and recommendations that meet patient preference influencing their satisfaction and intention to visit again. Thongpapanl & Ashraf (2011) indicated that personalization include dimensions like addressing the patient by name, treating patients as individuals and the personalized attention. Theses personalization has a positive effect on customer satisfaction.

Administrative procedure

Pai & Chary (2013) stated that the hospital administrative procedures comprises of the admission in the hospital, stay and discharge and as well comprise of nonstop interaction as well as registrations and billings. The whole hospitalization service of a patient should feel safe and secure towards the service provided and be shown that employee care about their patients (Boshoff & Gray, 2004).

Studer (2003) found that improving administrative processes, by making post-discharge calls, improved the patients' evaluation of the overall service delivered. This finding was supported by patients who stated during survey that the AP of the hospitals was often difficult and confusing to follow. Grandzol & Gershon (1997) found that customer focuses on employee fulfillment which positively impacts customer satisfaction. Baalbaki *et al.* (2008) assisted administrative service as the production of a core service at the same time adding value to a customer's use of the service. Atinga, Abekah-Nkrumah & Domfeh (2011) suggested that the ease of these administrative procedures is important in ensuring patient satisfaction with the hospital service quality.

Behavioral Intention

The concept of behavioral intention is deeply rooted in psychological and behavioral fields of consistent action and behavior (Fishbein, 1967). Behavioral intentions are defined as patient's potential behaviors likely to be triggered by service quality and satisfaction.

Kessler & Mylod (2011) investigated that patient satisfaction affects the patient's intentions to return to a hospital. If patients are highly satisfied with admissions, discharge and other processes it will lead to patients returning to the hospital. In Asian culture, Ndubusi & Ling (2005) pointed out that family, friends and neighbors have a great influence on making decisions go service institutions and patients really depend on the personal recommendation from family and friends. When a patient enhanced a confidence it will improve the relationship satisfaction with their doctors and other staff members of hospital which simultaneously increases patient's loyalty. Indeed, the most commonly applied for behavioral intention starts from the well-established notion that when patients are highly satisfied with a hospital, they continue dealing with the hospital, and send positive messages to other people.

Research Framework and Methodology

Research Framework

The research framework is based on the previous studies on Hospital Service Quality (HSQ) which could measure the different dimensions of health care service quality. The study has identified six key factors that could affect the customer satisfaction. There are eight independent variables, one moderating variable and one dependent variable. The HSQ captured through independent variables: healthscape, personnel quality, hospital image, trustworthiness, clinical care, communication, personalization and administrative procedures. There is one moderating variable i.e. Customer satisfaction. The dependent variable is behavioral intentions. Thus, the conceptual framework's causal sequence – service quality leads to customer satisfaction, which leads to behavioral intention.

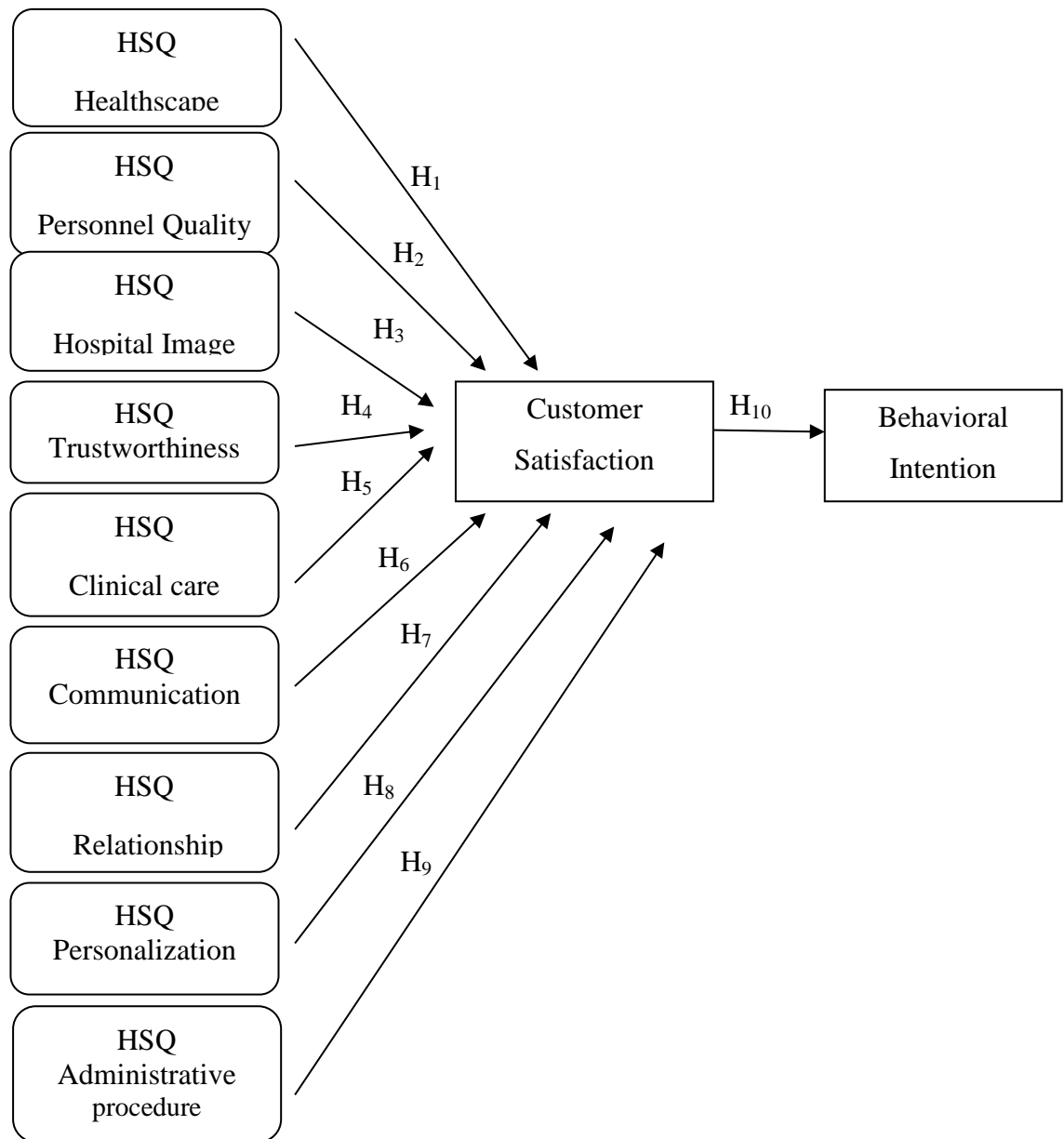


Figure 1: Conceptual Framework

The conceptual framework for the study is illustrated in the above Figure 1. To determine the significant factors, the researcher has used the hypotheses to test the relationship between dependent and independent variables which will be based on the following hypothesis:

There were 10 hypotheses formulated based on the framework and they are shown as follows:

H1: Healthscape has an impact upon customer satisfaction on hospital service quality

H2: Personnel quality has an impact upon customer satisfaction on hospital service quality

H3: Hospital image has an impact upon customer satisfaction on hospital service quality

H4: Trustworthiness has an impact upon customer satisfaction on hospital service quality

H5: Clinical care process has an impact upon customer satisfaction on hospital service quality

H6: Communication has an impact upon the customer satisfaction on hospital service quality

H7: Relationship has an impact upon the customer satisfaction on hospital service quality

H8: Personalization has an impact upon the customer satisfaction on hospital service quality

H9: Administrative procedure has an impact upon the customer satisfaction on hospital service quality

H10: Customer satisfaction has an impact upon the behavior intention on hospital service quality

Research Methodology

The descriptive method is used in the study is considered in order to examine patients perceived service quality of private hospital in Kathmandu city, the researcher decided to use this method in the study. In this study, the researcher has designed to use survey method for data collection method. All the questions in the questionnaire are close ended, which means respondents can select the answers only from provided options. Also, all the questionnaire used in this survey is self- administered questionnaire.

The sample size of this research have been determined based on previous studies. The reseracher comprises three previous studies according to Otani & Kurz (2004), Alrubaiee & Alkaa'ida (2011) and Duggirala *et al.* (2008). The first research is "to determine the rate of patients' satisfaction from general physicians' services" in the USA by Otani & Kurz (2004). The study designed was completed through the sampling of 400 patients. The second reseach is "to examine the medication effect of satisfaction on

service quality perceptions and behavioral intention of private hospital" in Malaysia. 300 hospital outpatients were selected for this study by Alrubaiee & Alkaa'ida (2011). The thord research is about "perceived service quality's effect on patient satisfaction and behavioral compliance". Based on 235 surveys which were analyzed in Kuantan, Malaysia by Bahari & Noor (2015).

The researcher has taken a total 400 samples that were collected through online survey and by distributing the survey form to the patients of Kathmandu's private hospital. Therefore, the researcher selected patients who have visited the Kathmandu's private hospital. The target population of this research are Nepalese patients living in Kathmandu valley who have visited the private hospitals for the treatment at least once in Kathmandu's selected hospital. In this study, the researcher collected data from four selected hospitals in Kathmandu that have a location advantage and provide better health services.

The researcher distributed questionnaires online and offline to the targeted population. The survey sheet form was handed over to the administration department of the hospital and patients those who are in waiting area of the hospitals for treatment. Also, the data were collected online through the social networking site. The selection of these parameters for efficient analysis was designed to collect the data starting from 30 October 2016 to 25 December 2016. The collection of data through the distribution of questionnaires have been considered effective and efficient, limiting the number of errors and the amount of time spent on the procedures. The researcher used HTML, form survey as the method of deployment of the survey. A link to the questionnaire was generated and forums were used to distribute the questionnaire. Secondary data in the form of research through books, the internet, journals and magazines were used by the researcher for a sense of direction and support to carry out the research

Research Findings

In this research, the hypotheses was tested using Simple Linear Regression Analysis to find the relationship between variables was at significance level 0.01 and the all null hypotheses were rejected.

Table 1

The majority of demographic factors and characteristics of the sampling.

Demographic Profile	Findings	Respondent Profile
Gender	Male	(209 respondents) 52%
Age	47-60	(175 respondents) 43.8%
Education	Bachelors Degree	(179 respondents) 44.8%
Occupation	Private Firm Employee	(131 respondents) 32.8%
Income	21,000-40,000 rupees	(136 respondents) 34.0%
Visit	Three and less/year	(278 respondents) 69.5%
Treatment	General Medicine (E/N/T)	(159 respondents) 39.8%

Table 1 summarizes the demographic profile of the 400 respondents of the patients who have visited the private hospital of Nepal. The majority of the respondents are male who are between the age group of 47-60 years old whose monthly income is between 21,000-40,000 rupees. Moreover, most of the respondents are private firm employee and visit three and less in a year to the hospital for general medicine (E/N/T).

Table 2

Summary of the highest and lowest means of variables

Variables	Mean	Std. Deviation
Healthscape	3.4267	.82879
Personnel	3.3944	.86164
Trustworthiness	3.4950	.83244
Hospital Image	3.2405	.81739
Clinical Care	3.5010	.79459
Communication	3.4935	.80510
Relationship	3.3250	.78739
Personalization	3.3317	.85155
Administrative Procedure	3.3714	.77266
Valid N (listwise)	400	

Comparing overall mean of the factors in the table 6.2, the highest mean belongs to the clinical care process with 3.5010 while lowest mean belongs to the hospital image. Factors including healthscape, personnel quality, trustworthiness, communication, relationship, personalization and administrative procedure are considered fairly important factors that impact customer satisfaction.

In this research, the factors that impact ten variables are tested using Simple Linear Regression Analysis to find the relationship between variables at significance level 0.01 and the entire null hypothesis rejected.

Table 3

The summary of the Hypotheses testing result from Simple Linear Regression Analysis

Hypothesis	Hypotheses Result	Beta (β)	Null Hypothesis
1	Healthscape has impact upon customer satisfaction on hospital service quality	0.821	Rejected
2	Personnel care has impact upon customer satisfaction on hospital service quality	0.755	Rejected
3	Trustworthiness has impact upon customer satisfaction on hospital service quality	0.783	Rejected
4	Hospital Image has impact upon customer satisfaction on hospital service quality	0.827	Rejected
5	Clinical care quality has impact upon customer satisfaction on hospital service quality	0.877	Rejected
6	Communication has impact upon customer satisfaction on hospital service quality	0.718	Rejected
7	Relationship has impact upon customer satisfaction on hospital service quality	0.729	Rejected
8	Personalization has impact upon customer satisfaction on hospital service quality	0.598	Rejected
9	Administrative procedure has impact upon customer satisfaction on hospital service	0.910	Rejected

	quality		
10	Customer Satisfaction has impact upon behavioral intention on hospital service quality	0.827	Rejected

The hypotheses 1 to 10 were analyzed using simple regression correlation coefficient to study different variables. . Based on hypotheses testing , healthscape, personnel quality, trustworthiness, hospital image, clinical care process, communication, relationship, personalization, administrative procedure have a positive impact upon customer satisfaction. After testing, the result shows that the significant value is less than 0.05, which means all null hypotheses are rejected.

Conclusion

The purpose of this research is to determine the hospital service quality of Nepal's private hospitals as perceived by Nepalese patients by considering healthscape, personnel quality, hospital image, trustworthiness, clinical care process, communication, relationship, administrative procedure, customer satisfaction and behavioral intention. This research aims to study the factors that impact the customer satisfaction on hospital service quality of private hospital of Kathmandu city based on questionnaire data of 400 respondents.

Based on the results of hypotheses 1 to 10, the researcher found that the null hypotheses are rejected and all variables have a positive impact upon customer satisfaction.

Healthscape has an impact on patient satisfaction of healthcare service quality. Therefore, healthcare providers need to understand which healthscape feature impact service quality, to create a healthscape that can satisfy customer need for comfort, convenience, safety, security, privacy and support. The above considered statement supports that healthscape can impact upon customer satisfaction on hospital service quality in private hospital of Kathmandu valley.

Personnel care is designed to measure the work of medical practitioners against agreed standards to ensure that professional aspects of patient care are constantly reviewed. The personnel care between a doctor and a patient requires intensive levels of interaction where the personnel care has been shown to have a significant impact on patient satisfaction. Therefore the study suggests that personnel quality can impact upon customer satisfaction on hospital service quality in private hospital of Kathmandu valley.

Trustworthiness has the greatest impact on overall perceived hospital service quality among patients' satisfaction. Health service trustworthiness is important that impact privacy and confidentiality from the patient perspective. Consequently, this dimension deals with providing medical treatment and maintaining privacy and confidentiality.

Hospital image emphasized as a filter that impact the perception of the organization's operation that externally validates the perceptions of patients. Hospital image enjoyed by a service firm impact its customer satisfaction. The image a firm enjoys also plays a pivotal role of conveying to a customer what the firm has to offer.

Clinical care practice can be changed and health outcomes can be improved by systematic patient evaluation practices. This aspect of service is taken for granted by the patients. When a hospital fails in this aspect, patients do not attach any importance to other aspects, i.e. even if the personnel are friendly in a hospital, the patient may not perceive the service to be of high quality if the doctor lacks the necessary competence and skill.

Communication is used to improve patient satisfaction by enhancing communication with patients and increasing their access to information relating to their condition and its treatment. Regardless of whether a patient is cured, the outcome of the

physician-patient encounter depends on communication. Through effective communication, physicians are more likely to positively impact health outcomes for their patients. The study recommended communication and good rapport can, thus, help convey important information to impact patient satisfaction.

Patients share the responsibility for their own healthcare with physicians. Human relationships are complex and the relationship between patient and physician is no exception. Patient-physician relationship was found to be the patient's first priority highlighting the relationship's significance. Therefore, this dimension examines the relationship between patient and staff.

The finding shows that patients in private hospital of Kathmandu valley are satisfied with hospital service quality in administrative procedure. Efficient administrative procedure makes patients appreciate hospital services. Thus, properly organized administrative procedure is required to make the patients feel safe and have a pleasant experience in hospital. Therefore, administrative procedure has a highest impact upon customer satisfaction by considering the beta coefficient.

Personalization is an important service quality determinant and customers evaluate employees on their ability to recognize the customers' place in society and their importance to business. The study suggests that personalization can less impact upon customer satisfaction on hospital service quality in private hospital of Kathmandu valley. Personalization which shows the lowest among other hypothesis which need to improve the personalized attention in the hospital to recognize the customers' place in society and their importance to business.

Recommendations

Healthcare provider and hospital management should allocate the effort towards personalization to maximize patient satisfaction and to improve the perceived quality of healthcare services. Hence this dimension can be effective in improving

perceived service quality by improving addressing the patient by name, treating patients as an individual's nor just as a patient only and giving the personalized attention. The regular feedback from patient's healthcare system and quality of healthcare services can bring a room of improvement. Hospitals have to give personalized attention to be aware of their patients while so as to satisfy them.

Managing hospital image in this area requires how health care providers can manage patient's requirement by correct treatment and delivering promised service are critical issues to increase reliability in health care setting. In healthcare services, the hospital's reputation has to be considered as a service quality element and accordingly, this dimension includes good doctors, honesty and ethics. Patients' image of the healthcare providers is the most critical components of expectations, providers must pay close attention to the image patients have of their practice.

Further Studies

The research has been conducted for developing the results; several further studies would be able to conduct this investigation. Similarly, the researcher would like to suggest other additional research according to the study. Firstly, the investigator studied only within four private hospitals of Kathmandu city, but not all over Nepal. For further studies, other researchers may include more number of hospitals and also may target hospitals located in different cities of Nepal and regional areas. Also, the researcher has focused only on out-patients of four private hospitals of Kathmandu valley. Future research should be applied to investigate not only on out-patients but as well as in-patients that can respond promptly and being able to be aware of the desires of patients from service providers.

The cultural perspective regarding health beliefs which have intimate linkage between disease, medicine can be analyzed. The researcher can study according to the category of illness impetus. Also, the current study is limited to measuring the perceived quality of health care services in the private hospitals only. Future study should embark on measuring and comparing the perceived quality of health care services in both private and public hospitals in Nepal. Furthermore, a study on the perceptions of the patients' family members and friends may contribute to the body of knowledge. As the technology and the context change, the study needs to be updated with new factors in the future.

References

- Aliman N. K., & Mohamad, W. N. (2013). Perceptions of Service Quality and Behavioral Intentions: A Mediation Effect of Patient Satisfaction in the Private Health Care in Malaysia. *International Journal of Marketing Studies*, 5(4), 15-29.
- Alexandris, K., Dimitriadis, N., & Markata, D. (2002). Can perceptions of service quality predict behavioral intentions? An exploratory study in hotel sector in Greece. *Managing Service Quality*, 12(4), 224-232.
- Alrubaiee, L., & Alkaa'ida, F. (2011). The mediating effect of patient satisfaction in the patients' perceptions of health care quality - patient trust relationship. *International Journal of Marketing Studies*, 3(1), 103-127.
- Andaleeb, S. (1998). Determinants of customer satisfaction with hospitals: a managerial model. *International Journal of Healthcare Quality Assurance*, 11(6), 181-187.
- Atinga, R. A., Abekah-Nkrumah, G., & Domfeh, K.A. (2011). Managing healthcare quality in Ghana: a necessity of patient satisfaction. *International Journal of Health Care Quality Assurance*, 24(7), 548-563.
- Baalbaki, I., Ahmed, Z. U., Pashtenko, V. H., & Makarem, S. (2008). Patient satisfaction with healthcare delivery systems. *International Journal of Pharmaceutical and Healthcare Marketing*, 2(1), 47-62.
- Bahari, M., & Noor, A. A (2015). Perceived service quality's effect on patient satisfaction and behavioural compliance. *International Journal of Health Care Quality Assurance*, 28(3), 300-314.
- Beach, C. M. and Roter, L. D. (2000). Interpersonal expectations in the patient-physician relationship. *Journal of General Internal Medicine*, 15(11), 825-827.
- Beatty, S. E., Mayer, M., Coleman, J. E., Ellis, K. E., & Lee, J. (1996). Customer-sales associate retail relationships. *Journal of Retailing*, 72(3), 223-247.
- Bitner, M. J. (1990). Evaluating service encounters: the effects of physical surrounding on employee responses. *Journal of Marketing*, 54(2), 69-82.

- Boshoff C., & Gray, B. (2004). The relationships between service quality, customer satisfaction and buying intentions in the private hospital industry. *South African Journal Business Management*, 35(4), 27-38.
- Bowen, D. E., & Schneider, B. (1985). Boundary spanning- role employees and the service encounter: some guidelines for management and research, in Czepiel J.A.,Solomon,R.and Surprenant, C.F. (Eds), *The Service Encounter: Managing Employee/Customer Interaction in Service Business*. Lexington Books, Lexington, KY, 127-148.
- Brady, M. K., & Cronin, J. (2001). Some new thoughts on conceptualizing perceived service quality: a hierarchical approach. *Journal of Marketing*, 65(3), 34-49.
- Davies, G., & Chun, R. (2002). Gaps between the internal and external perceptions of the corporate brand. *Corporate Reputation Review*, 5(2/3), 144-158.
- Dey, P.K., Hariharan, S. & Brookes, N. (2006). Managing healthcare quality using logical framework analysis. *Managing Service Quality*, 16(2), 203-222.
- Duggirala, M., Rajendran, C., & Anantharaman, R.N. (2008). Patient-perceived dimensions of total quality service in healthcare. *Benchmarking: An International Journal*, 15(5), 560- 583.
- Fishbein, M. (1967). *Attitude and the prediction behavior*, *Attitude Theory and Measurement*. John Wiley & Sons, New York, 477-492.
- Geyskens, I., Steenkamp, J. B. E. M. & Kumar, N. (1999). A Meta-Analysis of Satisfaction in Marketing Channel Relationships. *Journal of Marketing Research*, 36 (2), 223–238.
- Grandzol, J.R., & Gershon, M. (1997). Which TQM practices really matter: an empirical investigation? *Quality Management Journal*, 4(4), 43-59.
- Hutton, J. D. & Richardson, L. D. (1995). Healthscapes: the importance of place. *Journal of Healthcare Marketing*, 15(1), 10-11.
- Josep, M. R., & Velilla, M. (2003). Loyalty and trust as the ethical bases of organizations. *Journal of Business Ethics*, 44(1), 49–59.

- Kardaras, D. & Karakostas, V. (1999). Measuring the Electronic Commerce Impact on Customer Satisfaction: Experiences, Problems and expectations of the banking sector in the UK. *International conference of the Measurement of Electronic Commerce*, 102-104.
- Keller, K. (1993). Conceptualizing, measuring, and managing customer based equity. *Journal of Marketing*, 1(1), 1-22.
- Kessler, D.P. & Mylod, D. (2011). Does patient satisfaction affect patient loyalty?. *International Journal of Health Care Quality Assurance*, 24(4), 266-273.
- Kocher, R., Emanuel, E.J., & DeParle, N. A. (2010). The Affordable Care Act and the future of clinical medicine: the opportunities and challenges. *Annals of International Medicine*, 53(8), 536-539.
- 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.
- Kurtzman, E. T., Dawson, E. M., Johnson, J. E. (2008). The current state of nursing performance measurement, public reporting, and value-based purchasing. *Policy Polit Nursing Practice*, 9(3), 181-191.
- Lam, S. S. K. (1997). SERVQUAL: a tool for measuring patients opinion of hospital service quality in Hongkong. *Total Quality Management*, 8(4), 145-52.
- Lee, J. (2005). Measuring service quality in a medical setting in a developing country: the applicability of SERVQUAL. *Services Marketing Quarterly*, 27(2), 1-14.
- Lehtinen, J.R. and Lehtinen, O. (1982). Service quality: a study of quality dimensions. Unpublished working paper, *Service Management Institute*, Helsinki.
- Li, S. J., Huang, Y. Y., & Yang, M. M. (2011). How satisfaction modifies the strength of the influence of perceived service quality on behavioral intentions. *Leadership in Health Services*, 24(2), 91-105.
- Moorman, C., Deshpande, R. & Zaltman, G. (1993). Factors affecting trust in market research relationship. *Journal of Marketing*, 57(1), 81-101.

- Ndubusi, N. O., & Ling, T. A. (2005). Complaint behavior of Malaysian consumers. *Management Research News*, 29(1/2), 65-76.
- Otani, K. & Kurz, R.S. (2004). The impact of nursing care and other healthcare attributes on hospitalized patient satisfaction and behavioral intentions. *Journal of Healthcare Marketing*, 49(3), 181-196.
- Padma, P., Rajendran, C., & Lokachari, P.S. (2010). Service quality and its impact on customer satisfaction in Indian Hospitals. Perspective of patients and their attendants. *Benchmarking: An International Journal*, 17(6), 807-809.
- Pai, Y.P., & Chary, S.T. (2014). The impact of healthscape on service quality and behavioral intentions. *International Journal of Conceptions on Management and Social Sciences*, 2(2), 18-22.
- Pai, Y. P., & Chary, S. T. (2016). Measuring patient-perceived hospital service quality: a conceptual framework. *International Journal of Health Care Quality Assurance*, 9(3), 300-323.
- Parasuraman, A., Zeithaml, V. A., & Berry, L. (1985). A conceptual model of service quality and its implications for future research. *Journal of Marketing*, 49(4), 44-48.
- Pepper, D. & Rogers, M. (1997). *Enterprise One-to-One: Tools for Competing in the Interactive Age*. Currency double Day: New York.
- Pieter, N. J., & Willem, C. W. (1990). Customer satisfaction: A comprehensive Approach. *International Journal of Physical Distribution & Logistics Management*, 20(6), 2-46.
- Raajpoot, N. (2004). Reconceptualizing service encounter quality in a non-western context. *Journal of Service Research*, 7(2), 181-201.
- Roberts, K., Varki, S., & Brodie, R. (2003). Measuring the quality of relationships in consumer services: an empirical study. *European Journal of Marketing*; 37(1/2), 169-196.
- Rohini, R., & Mahadevappa, B. (2006). Service quality in Bangalore hospitals – an empirical study. *Journal of Services Research*, 6(1), 59-85.

- Salisbury, C., Burgess, A., Lattimer, V., Heaney, D., Walker, J., Turnbull, J., & Smith, H. (2005). Developing a standard short questionnaire for the assessment of patient satisfaction with out-of-hours primary care. *Family Practice*, 22(5), 560-569.
- Shen, A. & Ball, D. (2009). Is personalization of services always a good thing? Exploring the role of technology-mediated personalization in service relationships. *Journal of Services Marketing*, 23(2), 80-92.
- Shrestha R. R., Vaidya P. R., & Bajracharya G.R. (2011). A survey of adult intensive care units in Kathmandu Valley. *Government of Nepal National Planning Commission Secretariat Central Bureau of Statistics*, 11(1), 1-7.
- Silvestro, R. (2005). Applying gap analysis in the health service to inform the service improvement agenda. *International Journal of Quality and Reliability Management*, 22(3), 215-233.
- Sohail, M. S., & Shaik, N. M. (2004). Quest for excellence in business education: a study of student impressions of service quality. *International Journal of Educational Management*, 58(1), 65.
- Studer, Q. (2003). How healthcare wins with consumers who want more. *Frontiers of Health Services Management*, 19(4), 3-16.
- Thongpapanl, N., & Ashraf, A.R. (2011). Enhancing online performance through website content and personalization. *Journal of Computer Informatics Systems*, 52(1), 3-13.
- Yousapronpaiboon, K., & Johnson, W. C. (2013). Measuring hospital out-patient service quality in Thailand. *Leadership in Health Services*, 26(4), 338-355.
- Zeithaml, V. A. (2000). Service quality, profitability and economic worth of customers: what we know and we need to learn. *Academy of Marketing Science Journal*, 28(1), 67-85
- Zarei, E., Arab, M. & Mahmoud G. (2013). Understanding patients' behavioral intentions: Evidence from Iran's private hospitals industry. *Journal of Health Organization and Management*, 28 (6), 795-810.