Title page

**Title of the Article:**

Prospect of Medical Tourism in the state of Odisha: An analytical report from the selected private tertiary care hospitals

**Short Title:**

Medical tourism prospect in Odisha

**Word Count:2427**

Abstract: 245

Main Text:2182

**Number of References: 23**

**Number of Figures: 5**

**Number of Tables: 5**

**Authors:**

* **Ansuman Samal**

Asst. Professor, Faculty of Hospitality & Tourism Management,

Siksha ‘O’ Anusandhan University, Bhubaneswar, Odisha, India;

Mob: + 91-9437858200; Email: [ansumansamal@soauniversity.ac.in](mailto:ansumansamal@soauniversity.ac.in)

* **Prof. (Dr.) Bibhuti Bhusan Pradhan**

Registrar, Siksha ‘O’ Anusandhan University, Bhubaneswar, Odisha, India

Mob: +91- 9437031388; Email: [registrar@soauniversity.ac.in](mailto:registrar@soauniversity.ac.in)

* **Dr. Manas Ranjan Mishra\***

Associate. Professor, Dept. of Pharmacology, Kalinga Institute of Medical Sciences,KIIT University, Bhubaneswar, Odisha, India

Mob: +91-9338816676; Email: drmrmishra@gmail.com

* **Prof. (Dr.) Jyotirmoyee Jena**

Professor, Dept. of Pharmacology, Kalinga Institute of Medical Sciences,

KIIT University, Bhubaneswar, Odisha, India

Mob: +91-8280056315; Email: jyotirmoyee.jena123@gmail.com

***\* - Corresponding Author***

**Source of Support: NIL**

**Conflict of Interest: None**

**Abstract**

**Background:** Globalization and technological advancements has enabled health care sector worldwide to provide its services at an affordable cost thereby promoting medical tourism. Developing countries including India are also in the race to attract the people from other parts of the world to avail the health care services in the native land.

**Objectives:** This study is an attempt has to assess the ground realities of existing health care services in tertiary care hospitals in Odisha, to find out deficits and suggest corrective measures to facilitate medical tourism in the state.

**Methods:** Random sampling was done from three private tertiary care teaching hospitals. Opinions of the patients were captured in the form of questionnaire and assessed using SERVQUAL scale to find the gap between their expectations and perceptions. Likert scale was used to record the responses regarding the reason of their choice of hospitals, pricing of health services and attitudinal loyalty.

**Result:** The quality of the services was the major deciding factor while cost was the least in choosing any particular hospital. The gap between expectation and perception was highest for empathy of health care providers. Around half of the respondents were satisfied with the health care services provided. Most respondents had positive attitudinal loyalty towards the hospitals.

**Conclusion:** Ample scope of medical tourism exists in Odisha, provided continuous assessment of service qualities and necessary corrective measures are taken to reduce the gap between customer expectations and perceptions.

**Keywords:** Medical Tourism, Hospitals, Service Quality, SERVQUAL scale.

Main Text

**Introduction:**

Medical Tourism is about visiting a foreign land for availing health care services.1,2 After the globalization has started, the physical, financial, technical & psychological barriers of people has been reduced substantially. Health care sector in many developing countries has improved a lot providing quality medical services and India is no exception to it. At present, patients from the developed world, are not hesitating to visit the developing countries for availing health care due to factors like costs, waiting time, privacy, confidentialities, availability of specific medical services.2Over the last 2 decades, factors like the skilled physicians, modern hospitals, quality nursing care, use of cutting edge technology, strong value proposition on costs, international banking facilities, least waiting periods for the international patients, good hospitality propelled India significantly in the world medical tourism map (Figure 1).3,4 Additionally, use of alternative medicine, wellness, rejuvenation programs associated with ancient religious, cultural and natural attractions have given India an extra mileage in the race .

India is ranked amongst the top world destinations in terms of offering cross border health care.5The global medical tourism industry was estimated at USD10.5 billion in 2012 and expected to grow at a CAGR of 17.9 per cent to reach USD32.5 billion in 2019.6India issued around 1.78 lakh medical visas in 2016 that includes follow up treatment, as against the 1.22 lakh in 2015. The country is witnessing 22-25 percent growth each year and it is predicted to reach $6 billion by the end of 2018.7 Fueled by the boom in the corporate sector and whole hearted support from the government, India is positioned as a favoured destination for the medical tourists.3

On the other hand several distressing & disheartening news about infant and maternal mortalities, social taboos, eruption of epidemics like Dengue, Chikungunya, Japanese Encephalitis etc., sorry state of health care infrastructures are published in different media (print, electronic and social)from time to time points towards a very dismal state of the current health care system in India. While we are in the process of establishing India as a world-class health destination to attract medical tourist from across the countries, it is lagging far behind the developed nations in terms of provision of accessible, affordable quality health services for a large part of its population.

With this background, we have tried to assess the service quality in few tertiary care teaching hospitals in order to understand and prepare a ground report of the services offered and tried to suggest some measures for improvement of facilities to make them able to compete in medical tourism at global scale.

**Materials and Methods:**

The study was conducted in three private teaching hospitals in Bhubaneswar, a prominent capital city in the eastern part of India namely IMS & SUM Hospital, Kalinga Institute of Medical Sciences (KIMS) and Hi-tech Medical College providing tertiary health care services. The study was approved by the institutional ethics committees of the respective hospitals and informed consent of patients were obtained prior to their participation.

Objectives of the study are to

* Assess the reasons for which patients normally prefer to avail the services in the selected hospitals and the gap between their expectation and perception levels
* Estimate average spending towards the various services of the hospital and map their levels of satisfaction and feelings towards the hospitals.
* Build up suggestions for improving service qualities of the hospitals.

SERVQUAL scale developed by Parsuraman, Zeithamal and Berry was used for measuring the gap between the perception and expectation levels of patients.8,9 The scale containing a set of 22 parameters and covering 5 dimensions of customer perception along with some open ended questions in the form of a questionnaire was served to the patient to respond. A copy of sample questionnaire has been uploaded to MicosoftTM OnedriveTM cloud and can be viewed/downloaded from: https://goo.gl/xgYHZt . The 5 dimensions were:

* Tangibles – Includes the physical facilities, entities, equipments, personnel, their uniforms, languages etc.
* Reliability – Ability of the firm (hospital) to carry on the services as promised.
* Responsibility – Readiness of the company to provide the services.
* Assurance: Knowledge and courtesy of the firm (hospital) to carry the service delivery process.
* Empathy - The caring nature and ability to understand the suffering of others.

The expressions of respondents in terms of perceptions and expectations were recorded in a five-point Likert Scale ranging from entirely disagree to entirely agree and was used for empirical analysis. The coding of the Likert scale was made as [1 = strongly disagree], [2 = disagree], [3 = neither agree nor disagree], [4 = agree], [5 = entirely agree].The total samples taken were 180 (60 from each hospital) conducted through non-probability convenience sampling. The target population belonging to category A, B and C of New Socio-economic Classification 2011as developed by Media Research User Council that takes number of consumer durables and education of chief wage earner into account, were considered for the study.10

**RESULTS**

**Demographic profile:**

The demographic profiles of the respondents were collected and analyzed (Table 2). Majority of the respondents were male (71.11%). Nearly two-third of the respondents belonged to urban areas and majority of belonged to the SEC A (60%). Age wise, older patients participated and responded more to the questionnaire when approached. More than 85% of participants had the education level of HSC or above. Almost 50 percent of the respondents (i.e. 47.78 percent) were married with children and next in the order were older couple who stayed alone. When the monthly household income was considered, more than 75% of population was found to have monthly income Rs. 20000/- or more. As regards to the type of visit 63.89% of the respondents were revisiting the hospitals and average spending per visit to a hospital was Rs. 5000/- or more for more than 50% of the respondents.

**Reasons for availing health care in a particular hospital:**

While choosing hospitals for availing the health care services, the major deciding factor was quality of services provided by them followed by hospital reputation, range of services offered, professional advice and convenience of the patient. Cost of the treatment was the least deciding factor wile choosing any particular hospital (Figure 2).

**The SERVQUAL Statements:**

Gap scores analysis between the expectation and perception levels of the customers revealed considerable gaps between the two (Table 3). Across the five segments, upon various parameters, the highest amounts of gaps between the perception and expectation levels were found as follows.

* Higher Costs of the treatments available
* Unresponsive nature of the doctors and paramedical staff members
* Absence of any feedback / complaint registration systems
* Unavailability of essential services in odd hours of operations
* Rude behaviour by the doctors and staff
* Longer waiting time for availing the services

Dimension wise, highest gap score was found for the empathy of doctors and staffs followed by responsiveness, reliability, assurance and tangibility (Figure 3).

**Overall Satisfaction towards the hospital:**

When asked about the satisfaction level (Figure 4), 42.78% patients gave a relatively positive feedback (somewhat satisfied) whereas 23.89 percent gave relatively negative satisfaction scores (somewhat dissatisfied). About 10.00 percent of people remained neutral by not giving any specific satisfaction remark.

**Concern towards the Pricing of various services:**

Taking affordability into consideration almost three-quarters of the patients opined the treatment procedure to be either expensive or very expensive and only less than a quarter respondents said them to be reasonable (Figure 5)

**Assessment of Attitudinal loyalty:**

An attempt to capture the loyalty levels towards the hospital, showed get a relatively positive attitude of people towards them and they believe the services offered to be quite good, but in case of change of residence, they were not ready to avail the services from the same hospitals (Table 4).

**DISCUSSION:**

Service encounter is the core phase of a service delivery process. Service quality, customer satisfaction as well as loyalty have become the three cornerstones of success in gaining competitive advantage in the market.11 Service quality is a criterion of superior offerings which is associated with increased customer satisfaction, further translated into loyalty and repeat purchase intentions that ultimately leads to increased market share of the service provider.12,13,14  For that we need to ensure a pleasant and hassle free service experience by real-time follow-up and by extending a warm relation with the customers. In the long run, quality of services helps in creating the brand image of the service provider.15 It can also be defined as the difference between expectations and perceptions of the customers before and after availing the products / services.9 Due to the difficulty of evaluation, normally we take note of the perception of the customers rather than depending on the technicality of the services in healthcare system.8,9

In India, the health care service appears to be more paradoxical. At one hand world-class health destination are being established to attract medical tourist from across the countries. On the other hand it is lagging far behind the developed nations in terms of provision of accessible, affordable quality health services for a large part of its population. On the contrary, Cuba, a pioneer of health tourism in recent times, has established world class health infrastructures to attract people from all over the world and simultaneously transfer the profitability into its public health care so that Cubans receive free health care for entire life while tourists have to pay for it.3If efficiency of hospitals will be promoted and used sincerely, medical tourism can provide a country the financial boost by increasing the inflow of funds as well as it can provide the necessary help towards the local health care industry. Similarly, to compete on a global scale, we need to improve the infrastructure, quality and service delivery process in the hospitals in order to gain sustainable competitive advantage. The present study was undertaken to find out areas which can be improved and acted upon in order to generate sustainability in health care sector.

For measuring the perception of customers, there are many suggested models to capture the data amongst which the SERVQUAL scale developed by Parsuraman, Zeithamal and Berry has become the major yardstick in recent times. It measures the gap between the perception and expectation levels of the customers.8,9,16-20 Over the years, many researchers have tested the applicability of the scale and found it to be a valid, robust, reliable, and predominate over all other types of scales.21-23

With the help of open ended questions, when asked about the list of elements disliked by the patients, the responses revealed the fact that, caring attention, availability of round the clock services, use of modern / efficient technology & equipments has to be placed effectively in order to increase the efficiency of hospital services. The views of the reference groups also play important role forming the opinion towards betterment of the health care services. A stronger administrative procedure is also essential for providing adequate level of service quality for the customers. Constant touch with customer should be kept by taking feedback on a neutral basis while respecting their opinions and taking them empathetically. The communication can give us ideas about the areas of improvement and our true state of existence.

Doctors and paramedical staffs are normally well respected by the patients and their relatives as they deal with the health and wellness. On the other hand, the rude, unprofessional, unpleasant behaviour shown by the people from the hospital sides greatly disappoints the customers. Hence, these types of negative, abusive and rude behaviour shown by the health care providers should be avoided. The emotional nature of both the service providers and recipients should be tackled carefully to make the health care delivery smooth and pleasant.

Stringent administrative measures should be taken to ensure smooth flow of activities to prevent delays both in imparting treatment and completing other procedures and formalities. As the reference groups and their opinions affect the views of the customers, it is good enough to provide at least a bare minimum provision for them as well. Rest shades, dormitories, provision of clean drinking water, food at affordable costs etc. are some of the measures which can be taken care of for the attendants. The security aspect has to be looked upon seriously to mitigate the hazards from both the installed facilities (equipments, infrastructural facilities)as well as human elements (thieves, drunkards, goons etc.)

Infrastructural facilities have to be bolstered like provision of helpdesk, clear signage & multilingual directional boards, ambulance services, elevators (where it is required), convenient & safe parking places etc. to improve upon the patient care. Recruitment and proper training of more manpower in the system can give many hands and brain in providing optimum levels of services.

**CONCLUSION**

Medical tourism is the next big thing in the global tourism sector. As the health care industry of a country helps to develop a healthy human capital, it needs special attempts and attention from all the stakeholders. Therefore the current status of existing health care facilities should be assessed repeatedly, analyzed and necessary steps should be taken promptly to improve the overall quality of services to facilitate medical tourism in the state.

**REFERENCES:**

1. Connell J. Medical tourism: Sea, sun, sand and… surgery. Tourism management. 2006;27:1093-100.
2. Horowitz MD, Rosensweig JA, Jones CA. Medical tourism: globalization of the healthcare marketplace. Medscape General Medicine. 2007;9:33.
3. Gupta AS.Medical tourism in India: winners and losers, Indian Journal of Medical Ethics. 2008; 5:4-5.
4. India brand equity foundation research report 2017, Available from https://www.ibef.org/industry/healthcare-india.aspx
5. Destination Ranking- Medical Tourism Index. Available from https://www.medicaltourismindex.com/overview/destination-ranking/
6. Medical Tourism hamstrung by Obsolete Visa rules. Business standard 2nd Dec 2013. Available from http://www.business-standard.com/article/companies/medical-tourism-hamstrung-by-obsolete-visa-rules-113120201713\_1.html
7. Chowdary S. Medical tourist arrivals in India up 25%, Business Standard, 22nd April 2017
8. Parasuraman A, Zeithaml VA, Berry LL. A conceptual model of service quality and its implications for future research. The Journal of Marketing. 1985; 49:41-50
9. Parasuraman A, Zeithaml VA, Berry LL. SERVQUAL: A multi-item scale for measuring consumer perceptions of the service quality. Journal of Retailing. 1988; 64:12-40.
10. SOCIO-ECONOMIC CLASSIFICATION 2011. Available from http://www.mruc.net/sites/default/files/NEW%20SEC%20System.pdf
11. Shahnaz Sharifi & Kianoush Saberi, (2014), Hospital Management Factors for better quality outcomes, Ind. J. Fund. Appl Life Sci. 2014; 4:508-514.
12. Jaswal AR, Walunj SR. Antecedents of Service Quality Gaps in Private Hospitals of Ahmednagar: A Critical Inquiry into the Hospital Attributes. IBMRD's Journal of Management & Research. 2017; 6:42-51.
13. Lymperopoulos C, Chaniotakis IE, Soureli M. The importance of service quality in bank selection for mortgage loans. Managing Service Quality.2006; 16:365-79.
14. Sharma D. Examining the influence of service quality on customer satisfaction and patronage intentions in convenience store industry. International Journal of Business and Globalisation. 2015;15:152-70.
15. Arsanam, P. & Yousapronpaiboon, K. (2014): The Relationship between Service Quality and Customer Satisfaction of Pharmacy Departments in Public Hospitals, International Journal of Innovation, Management and Technology, 5(4): 261-265
16. Grönroos C. A service quality model and its marketing implications. European Journal of marketing. 1984;18:36-44.
17. Garvin D. Competing on the eight dimensions of quality. Harv. Bus. Rev.. 1987; 56:101-9.
18. Sweeney JC, Soutar GN, Johnson LW. Retail service quality and perceived value: A comparison of two models. Journal of Retailing and Consumer Services. 1997;4:39-48.
19. Philip G, Hazlett SA. The measurement of service quality: a new PCP attributes model. International Journal of Quality & Reliability Management. 1997;14:260-86.
20. Frost FA, Kumar M. INTSERVQUAL- an internal adaptation of the GAP model in a large service organization. Journal of Services Marketing. 2000;14:358-77.
21. Heung VC, Wong MY, Hailin Q. Airport-restaurant service quality in Hong Kong: An application of SERVQUAL. The Cornell Hotel and Restaurant Administration Quarterly. 2000;41:866-96.
22. Babakus E, Mangold WG. Adapting the SERVQUAL scale to hospital services: an empirical investigation. Health services research. 1992;26:767.
23. Asubonteng P, McCleary KJ, Swan JE. SERVQUAL revisited: a critical review of service quality. Journal of Services marketing. 1996;10:62-81.

**Table 1: MTI Competitive Ranking 2016**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.** | **Countries** | **MTI Ranking** | **Sl.** | **Countries** | **MTI Ranking** |
| 1 | Canada | 76.62 | 9 | Italy | 69.50 |
| 2 | UK | 74.87 | 10 | Colombia | 69.48 |
| 3 | Israel | 73.91 | 11 | Spain | 68.29 |
| 4 | Singapore | 73.56 | 12 | Japan | 68.00 |
| 5 | India | 72.10 | 13 | Panama | 67.93 |
| 6 | Germany | 71.90 | 14 | Costa Rica | 67.67 |
| 7 | France | 71.22 | 15 | Dominican Republic | 67.58 |
| 8 | South Korea | 70.16 |  |  |  |

**Source: International Health care Research Centre and Global Healthcare Resources**

**Table 2: Demographic Profiling of the Respondents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameters** | **Demographic Profiles** | **Nos** | **Percentage** |
| Gender | Male | 128 | 71.11 |
| Female | 52 | 28.89 |
| Area | Urban | 114 | 63.33 |
| Rural | 66 | 36.67 |
| Socio-Economic Classifications | SEC A | 108 | 60.00 |
| SEC B | 54 | 30.00 |
| SEC C | 18 | 10.00 |
| Age | 18 to 25 years | 22 | 12.22 |
| 26 to 35 years | 34 | 18.89 |
| 36 to 45 Years | 28 | 15.56 |
| 46 to 55 Years | 41 | 22.78 |
| More than 55 Years | 55 | 30.56 |
| Educational Background | Illiterate | 5 | 2.78 |
| literate but with no formal education | 6 | 3.33 |
| School - 5 to 9 years | 17 | 9.44 |
| School - SSC / HSC | 22 | 12.22 |
| Some College but not graduate | 36 | 20.00 |
| Graduate / Post graduate - General | 42 | 23.33 |
| Graduate / Post graduate - Professional | 52 | 28.89 |
| Marital Status | Unmarried | 28 | 15.56 |
| Married and without Children | 20 | 11.11 |
| Married with Children | 86 | 47.78 |
| Widowed / Divorced / Separated | 14 | 7.78 |
| Older Couple Staying Alone | 32 | 17.78 |
| MHI  (Monthly Household Income) in Rs. | Less than Rs. 10000 | 17 | 9.44 |
| Rs. 10001 - Rs. 20000 | 22 | 12.22 |
| Rs.20001 - Rs. 30000 | 37 | 20.56 |
| Rs. 30001 - Rs. 50000 | 58 | 32.22 |
| More than Rs. 50000 | 46 | 25.56 |
| Type of Visit | First Visit | 65 | 36.11 |
| Repeat Visit | 115 | 63.89 |
| Average Spending per visit  in Rs. | Less than Rs. 1000 | 10 | 5.56 |
| Rs. 1000 to Rs. 3000 | 22 | 12.22 |
| Rs. 3001 to Rs. 5000 | 51 | 28.33 |
| Rs. 5001 to Rs. 10000 | 65 | 36.11 |
| More than Rs. 10000 | 32 | 17.78 |

**Table 3: GAP Analysis of SERVQUAL dimensions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parameters** | **Quality** | **Mean Expectations** | **Mean Perception** | **Gap Analysis** |
| **Statements** |
| **Assurance** | Courteous and friendly behaviour of Doctors and staffs | 4.18 | 2.95 | 1.23 |
| Wide spectrum of knowledge possessed by the doctors | 4.35 | 3.32 | 1.03 |
| Treatment of patients with dignity and respect | 4.15 | 2.86 | 1.29 |
| Thorough explanations to Patients about their conditions | 4.29 | 2.8 | 1.49 |
| **Empathy** | Feedbacks from the patients | 4.32 | 1.88 | 2.44 |
| Round the clock availability of services | 4.14 | 2.28 | 1.86 |
| Patients’ best interests at heart | 4.25 | 2.35 | 1.9 |
| Understanding about the specific needs of patients | 4.22 | 3.37 | 0.85 |
| Personal attention given to the patients | 4.11 | 2.42 | 1.69 |
| Patients are dealt in a caring fashion | 4.22 | 2.15 | 2.07 |
| **Reliability** | availability of Services in the appointed time | 4.26 | 2.95 | 1.31 |
| Carrying out the services accurately | 4.22 | 3.37 | 0.85 |
| Professional and competent doctors and staffs | 4.2 | 3.58 | 0.62 |
| System of error free and fast retrieval of documents | 4.12 | 2.8 | 1.32 |
| Cost of treatment and consistency of charges | 4.2 | 1.52 | 2.68 |
| **Responsiveness** | Provision of prompt services | 4.34 | 1.88 | 2.46 |
| Responsiveness shown by doctors and staffs | 4.32 | 2.88 | 1.44 |
| Attitude of doctors and staff that instil confidence in patients | 4.22 | 3.35 | 0.87 |
| Waiting time not exceeding one hour | 4.17 | 2.6 | 1.57 |
| **Tangibility** | Up-to-date and well-maintained facilities and equipment | 4.37 | 3.14 | 1.23 |
| Clean and comfortable environment with good directional signs | 4.26 | 3.6 | 0.66 |
| Neat appearance of doctors and staffs | 4.17 | 3.09 | 1.08 |

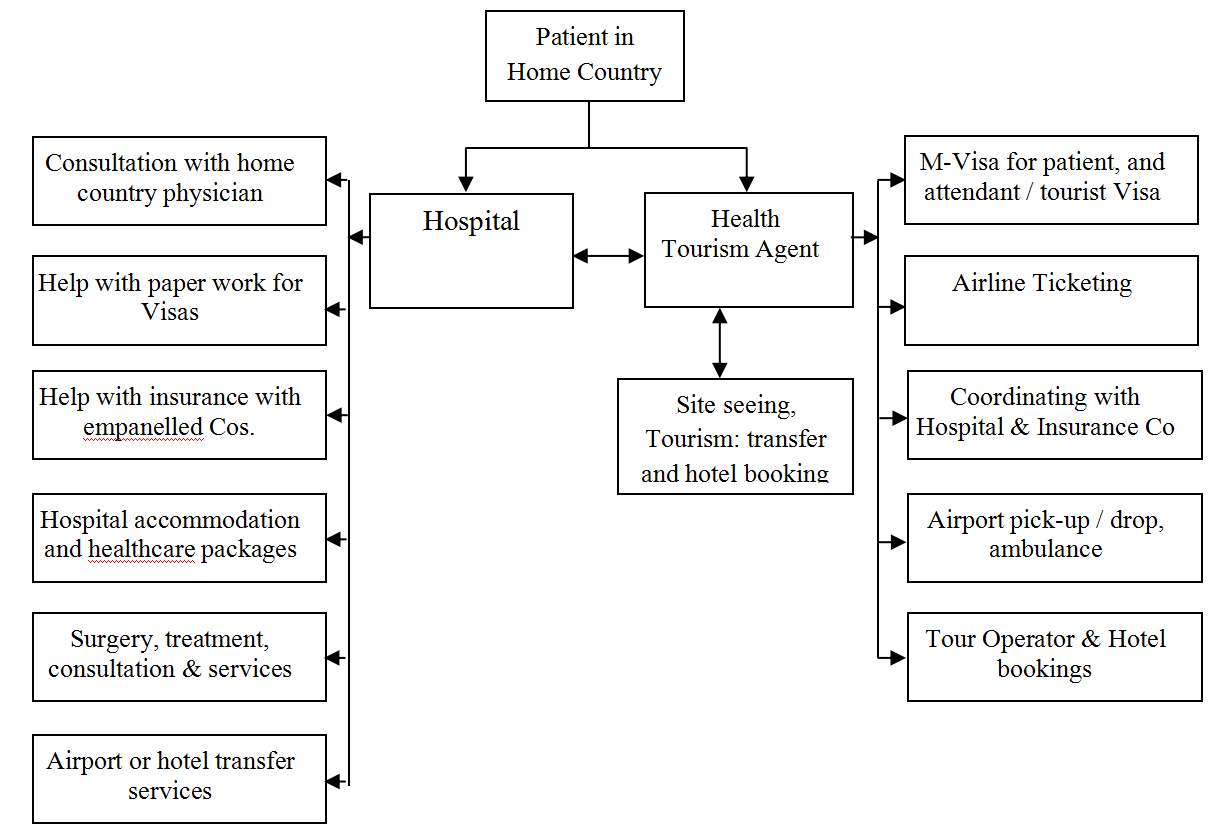
**Table 4: Attitudinal Loyalty Scoring**

|  |  |  |
| --- | --- | --- |
| **Sl.** | **Statements** | **Mean Scores** |
| 1 | I consider this hospital’s services are good | 4.12 |
| 2 | This hospital’s services are better than those of other hospitals | 4.03 |
| 3 | In general, the quality of this hospital’s service is high | 4.08 |
| 4 | I will say positive things about this hospital | 4.15 |
| 5 | I will recommend this hospital to someone who seeks my advice | 4.12 |
| 6 | I will encourage my friends and relatives to undergo medical treatment in this hospital | 4.17 |
| 7 | I consider this hospital as the first choice for medical treatment | 4.09 |
| 8 | I will do all medical treatments in this hospital in the future | 3.65 |
| 9 | I will continue my medical treatment in this hospital, in case I change my residence to any other locality | 2.94 |
| 10 | In every visit, I find better quality in this hospital’s service | 3.18 |

**Table 5: Things we need to look upon**

|  |  |  |
| --- | --- | --- |
| **Sl.** | **DISLIKES / GRIEVANCES ABOUT THE HOSPITAL** | **Percentage** |
| 1 | Waiting time for availing healthcare and associated services | 55 |
| 2 | Absence of feedback & grievance handling mechanisms | 51 |
| 3 | Rude Behaviours of Doctors and Staffs | 46 |
| 4 | Unavailability of equipments (Essentials and Regular) | 45 |
| 5 | Inefficient medical recordkeeping / retrieval system | 42 |
| 6 | Unavailability of experienced doctors & Specialists | 42 |
| 7 | Unavailability of Ambulance at the time of need | 42 |
| 8 | Uncontrollable Crowding at key places like the OPD Units, OT, medicine outlets and testing labs | 41 |
| 9 | Improper lab tastings (Delay & Chaos in obtaining, processing, & publication of reports) | 35 |
| 10 | Unavailability of round the clock services and irresponsive nature of staffs in odd hours of operations | 34 |
| 11 | Inadequate facilities / amenities for patient's attendants | 33 |
| 12 | Informal / longer procedures of discharging after treatment / death / post mortem procedure | 32 |
| 13 | Improper attention towards the indoor patients | 27 |
| 14 | Improper functioning of specialist information system in the premises (Where to go and whom to consult?) for the patients | 26 |
| 15 | Inadequate / Inconvenient and unsafe parking places | 22 |

**Figure 1: Aspects of Medical Tourism Industry**

**Source: IMaCS Research**

**Figure 2: Various reasons of people choosing for a particular hospital**

**Figure 3: Mean difference between the expectations and perceptions**

**Figure 4: Satisfaction scores**

**Figure 5: Views towards Pricing Options**