**Assessment of Healthcare Service quality at the First-most Smart city in India**

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**Abstract:** Quality is the new buzzword in the modern-day business sector, as fierce competition is going on in the volatile market. Everyone wants a larger pie than the rest and sustain it over a period of time. In the era of globalization, when the products are getting generalized and services personalized, it is the classic quality that marks the difference. As healthcare is the backbone of a society which helps to maintain a sizable and competent human resource, it is the need of the hour to carefully assess and take precautionary measures to ensure quality in its processes. In this regard, we have taken the case of Bhubaneswar, the capital and largest city in the state of Odisha, India. Recently, it was ranked as the first-most smart city in the country under the much ambitious smart city mission launched by the[ministry of urban development](https://en.wikipedia.org/wiki/Ministry_of_Urban_Development). We have taken the samples from the three renowned private teaching hospitals situated in the city to assess the perception of the patients towards the healthcare services available. As it is a general notion that, the private hospitals are superior to the public hospitals and the teaching hospitals provide better quality than the non-teaching entities, we have chosen the private teaching hospitals for the study. The SERVQUAL model was used through a questionnaire to capture the perception-expectation scores in a seven-point scale. Based on the findings and stimulated by the suggestions, some recommendations have been made to improve upon the service quality.

**Key words: *Make in India,* *Service quality, Healthcare quality, Hospitals.***

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**Introduction:** India always comes to the centre state, when the discussion is on for the health and wellness sector. With ancient healing & wellness practices like Yoga, Unani, Naturopathy and Ayurveda, it has always remained in a pivotal position in the world healthcare map. In the recent years, it has seen unprecedented growth even at the time of global recession when other sectors have ebbed and flowed. As per the report of the Indian brand equity foundation report 2017 (ibef, 2017), the healthcare sector was the 4th largest employer in India in 2017 where around 319,780 people were employed. India is expected to rank amongst the top 3 healthcare markets in terms of incremental growth by 2020. As one of the fastest growing industry, the Indian healthcare sector is currently growing at a CAGR of 22% and by that rate of growth; it is expected to reach US$372 billion by 2022. These impressive growth prospective can be attributed to factors like growing population, rising income levels, ageing population, ever increasing demand, introduction of new technology associated with continuous innovations and research, corporatization of healthcare facilities, wholehearted support by the governments like encouraging FDI, providing tax benefits, implementation of favourable government policies, rise in the medical tourism, growing health awareness and changing attitude towards preventive healthcare etc.

The total healthcare market in India can be divided into five verticals as described below. Amongst these, the hospital sector is the core of the system as all other verticals are assembled in it.

**Figure: 1- Healthcare Segments in India**

***Source:*** *Hospital Market – India by Research on India, Aranca Research*

Advent of lifestyle diseases along with the prevailing communicable diseases*,* expansion of health care facilities to tier II and tier III cities, management contracts, emergence of telemedicine, growth of health insurance sector, a giant leap in medical tourism, mobile based health delivery, technological initiatives, luxury offerings like the cosmetic surgeries, surrogacy etc. are some of the notable trends prevailing in the Indian healthcare sector in recent years.

**Smart city Programme & healthcare sector:** When the new central government took power in 2014, the visionary prime minister launched one of his ambitious projects, the smart city initiative to develop 100 cities in India as the model areas and make them citizen friendly and sustainable under the ambit of ministry of urban development. Under this scheme, a smart city challenge was launched inviting participation from all cities across the states in India except West Bengal. The selected the cities will receive funding from both the central and state governments to enhance their infrastructures in terms of land, housing, transportation, healthcare, traffic, drainage, wastage handling procedures, uninterrupted water and electricity supply, IT connectivity, e-governance etc. and thereby are aspired to offer good quality of life through smart solutions The cornerstones of the proposed smart cities can be listed as the institutional, physical, social and economic infrastructure of the destinations. Amongst others, one basic objective under the smart-cities programme is to improvise upon the quality of life for the residents. As, the healthcare services put major impacts on a person’s quality of life, therefore the provisions of healthcare in smart cities must be carefully considered and assessed.

**Bhubaneswar - the first-most smart city:** Bhubaneswar is the capital and largest city of the Indian state of Odisha. It’s a centre of economic and religious importance in Eastern India. Although the modern city of Bhubaneswar was formally established only in 1948, the history of the areas in and around the present-day city can be traced to 3rd century BCE and even earlier. Bhubaneswar is a confluence of Hinduism, Buddhism and Jain heritage, boasting of some of the finest Kalinga architecture. The city had a population of 917,766 in 2017. It is an emerging hub of information technology (IT) competing with existing cyber cities like Bangalore and Hyderabad by hosting the top five Indian IT companies like Infosys, Wipro, TCS, Tech Mahindra and Mindtree. The city has been ranked as the 3rd Best Place to “Do Business in India” by World Bank. It is also renowned as an education hub, with good number of schools, colleges and universities as well as one of the country's fastest growing cities with good hospitals and healthcare facilities. In January 2016 central ministry of Urban development declared Bhubaneswar as the first-most “Smart City” of India ahead of others. It possess good connectivity in all forms like road, rail and air with wide roads and the major national highway no 16 passing through. Recently international flights to Bangkok, Thailand have started operating from the Biju Patnaik International Airport situated at the middle of the city with future proposal to extend the services to the Middle Eastern countries which will further broaden the scope of medical tourism. Bhubaneswar houses many public and private multispecialty and super speciality healthcare entities. Apart from the public sector, the major private players situated in the city can be listed as Apollo, LV Prasad, AMRI, Care group, Sunshine, IMS & SUM, KIMS, Hi-tech, Adity Care, Sparsh, Kalinga and many more. According to a report published in the business standard in 2017, the city based hospitals normally see 50-60% patients’ inflow from within the city and the Khurda district, 30-35% from other neighbouring districts and the rest 5-10% from other states.

**The Problem Statement:** From the discussions above, we can comfortably derive that the healthcare has become a sunshine industry as it is helps in creation of employment and revenue generation. Even at the time when other industries have faced the debacle of global slowdown, the opportunities at the health care sector are on the path of steady growth. But if we look closely, we find it more of paradoxical in nature. At one end we are trying to establish India as a world class health destination to attract people across the globe whereas on the other front we are increasingly failing to provide sustainable healthcare facilities to the common Indian citizens. Poverty, backwardness, social taboos, expensive treatments and medical procedures, inadequate and inaccessible healthcare infrastructures, carelessness & misbehaviours shown by the hospitality authorities, frequent outbreak of contagious diseases and many other unfortunate incidences are frequently erupting in the media that points towards a sorry state of health care infrastructures in the country which certainly needs more heartfelt efforts. In this order, we have taken the case of the only three private owned medical college hospitals situated in the capital city of Bhubaneswar in the state of Odisha who have formed a prominent part of the health care initiative of the state. As a part of a larger scale doctoral study, we have taken around 180 nos. of samples of the patients visiting the stated hospitals. The study has given us some insights about the current status of healthcare industry in the state and thereby instigated us to propose some measures for the improvement of it.

**Literature Review:** The idea of service quality is being discussed time and again since the inception of industrial revolution in Europe. But it is only after the world wars, everyone took the concept seriously and by virtue of it, it gained momentum gradually (Samal *et al.* 2017). Over the years, the concept of service quality has been derived as the most important parameters of a business house that further yields customer satisfaction and thereby translates into loyalty and repeat purchase intentions (Jaswal & Walunj, 2017). Thus, service quality, customer satisfaction as well as loyalty have become the three cornerstones of success in this hyper competitive marketplace (Shahnaz & Kianoush, 2014; Arsanam & Yousapronpaiboon, 2014). Definition wise, the term quality can be described as the combination of technical aspect (What is given?) and functional aspect (How it is given to the customers) (Gronroos, 1984; **Yousapronpaiboon & Johnson, 2013**). Another mostly adopt definition of it is the difference between perception (after availing product/services) and expectations (before availing a product/services) of the customers (Parsuraman *et al.* 1988; **Wang & Shieh, 2006**). Thus, we can comfortably define it as the variable of superior offerings that translates into customer satisfaction (**Jones *et al.,* 2003;** Lymperopoulos *et al.,* 2006), help in gaining profitability as well as help in enhancement of the market share of the business (**Newman, 2001; Szmigin & Carrigan, 2001; Caruana, 2002; Dadoa *et al.,* 2012;** & Sharma, 2014**).** Due to the unique characteristics of the service sector, it becomes difficult to evaluate the service quality as it is divided into technical and functional aspects (Gronroos, 1990). Due to this difficulty of evaluation, generally the perception of customers are taken normally we take note of the perception of the customers rather than depending on the technicality of the service offerings (Parsuraman *et. al.* 1985, 1988).

In order to map the difference between perceptions of people, over the years many models have been derived (Sasser et al., 1978, Grönroos, 1984, Garvin, 1987, Haywood, 1988, Brogowicz, et al., 1990, Cronin, & Taylor, 1992, Mattsson, 1992, Teas, 1994, Rust, & Oliver, 1994 Dabholkar, *et al.,* 1996, Philip, & Hazlett, 1997, Sweeney, Soutar, & Johnson, 1997, Evans, & Lindsay, 1999, Frost, & Kumar, 2000, Brady, & Cronin, 2001, Landrum, *et al.,* 2009, Lee, D. 2016) amongst which the SERVQUAL scale developed by Parsuraman, Zeithamal and Berry in (1985, 1988) have become the major standard in the recent years. Many researchers have conducted their studies and proved it to be a valid, robust, and reliable measuring model over other types of scales (Babakus & Mangold, 1992, Asubonteng *et al.,* 1996, Heung *et al.,* 2000). The SERVQUAL scale essentially contains 22 set of questions under 5 dimensions to assess the service quality of any object, institution or process. Due to its universal acceptability and use across different industry sectors, we have chosen to use the SERVQUAL scale for our study. The 5 dimensions that shape the SERVQUAL scale can be described as Tangibles which includes the physical facilities, entities, equipments, personnel, their uniforms, languages etc.

* Reliability – It’s the ability of the firm to carry on the services as promised.
* Responsibility – It’s the readiness of the company to provide the services.
* Assurance: This includes the knowledge and courtesy of the firm to carry the service delivery process.
* Empathy - The caring nature and ability to understand the suffering of others.

**Objectives:** The basic objectives of this study are as follows.

* To assess the reasons for which people prefer to avail their healthcare services at the selected hospitals.
* To measure their levels of satisfactions with the medical college hospitals.
* The map the customer’s feelings towards the costs of various services at the selected hospitals.
* To assess the gap between the perception and expectation levels of the customers.
* To seek for suggestions for improving the services quality of the hospitals.

**Materials & Methods:** The research was conducted in the capital city of Bhubaneswar in the Khurda district of state of Odisha. All the three private medical college hospitals situated at the three corners of the city were selected for the study. A questionnaire based on the SERVQUAL parameter was developed after thorough review of literatures. The perception and expectation of patients were through a seven point scale. The total samples taken were 180 conducted vide non-probability convenience sampling. The target population belonging to SEC A, B and C were only considered for the study who had been admitted to those medical college hospitals. For capturing their views, a seven-point Likert Scale from entirely disagrees to the entirely agrees was used for empirical analysis. The coding of the Likert scale was made as [1 = entirely disagree], [2 = mostly disagree], [3 = somewhat disagree], [4 = neither agree nor disagree], [5 = somewhat agree], [6 = mostly agree], [7 = entirely agree]. The descriptive statistics of the respondents of this study is given below.

**Interpretations:**

**Profiling of the respondents:**

**Table 1: Demographic Profiling of the Respondents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameters** | **Demographic Profiles** | **No. of Respondents** | **Percentage** |
| Gender | Male  Female | 132  48 | 73.33  26.67 |
| Area | Urban  Rural | 148  32 | 82.22  17.78 |
| Age | Below 25 years  26 to 45 years  Above 45 Years | 15  113  52 | 8.6  62.9  28.5 |
| Educational Background | Up to 10th  Under graduate  Post graduate | 36  35  109 | 19.9  19.5  60.6 |
| Marital Status | Unmarried  Married with/without Children  Older Couple Staying Alone | 11  161  7 | 6.3  89.6  4.1 |
| MHI  (Monthly Household Income) in Rs. | Less than Rs. 20000  Rs. 20001 - Rs. 40000  Rs.40001 - Rs. 60000  More than Rs. 60000 | 11  54  87  28 | 6.3  29.9  48.4  15.4 |
| Type of Visit | First Visit  Repeat Visit | 28  152 | 15.8  84.2 |
| Average Spending per visit  in Rs. | Less than Rs. 1000  Rs. 1000 to Rs. 3000  Rs. 3001 to Rs. 5000  Rs. 5001 to Rs. 10000  More than Rs. 10000 | 6  50  63  40  21 | 3.6  27.6  34.8  22.2  11.8 |

*Source: Primary data*

Table 1 reveals about the demographic profiles of the respondents across various parameters.

* Out of the total respondents, 73.33 percent were males where as 26.67 percent were females.
* Around 82.22 percent of people belonged to urban areas where as 17.78 percent of people were from the rural areas.
* Age wise, majority of the people were in between 26 to 45 years (around 62.9 percent of the total population) whereas around 28.5 percent of people are in the age group of above 45 years. Around 8.6 percent of people were in the age bracket of less than 25 years.
* The highest literacy rate belonged to the group of people with post-graduation with 60.6 percent. 19.9 percent of people had completed their education up to 10th class. Around 19.5 percent had qualification of under graduation.
* Almost 89.6 percent of the respondents were married with/without children followed by 6.3 percent were unmarried and 4.1 percent were older couples staying alone.
* If we focus on the monthly household income, almost 48.4 percent of population were in the income group of Rs. 40,001/- to Rs. 60,000/- Only whereas around 29.9 percent of people were in the range of Rs. 20,001/- to Rs. 40,000/-. Around 15.4 percent of people were having monthly household income in excess of Rs. 60,000/- Only and around 6.3 percent of people were having income less than of Rs. 20,000/- Only per month.
* 84.2 percent of the respondents were the repeat customers visiting the hospitals where as the rest 15.8 percent people were the first timers.
* When asked about their average spending per visit to the hospitals, around 34.8 percent said they usually spent between Rs. 3,001/- to Rs. 5,000/- Only per visit whereas 27.6 percent of people usually spent between Rs. 1001/- to Rs. 3000/- Only while visiting a hospital. Around 22.2 percent said they usually spend between Rs. 5,001/- to Rs. 10,000/- Only followed by 11.8 percent people who spend more than Rs. 10000/- and only 3.6 percent who spend less than Rs. 1,000/- Only.

**Reasons for availing health care in the particular hospital**

**Figure 2: Reasons of visiting the hospitals**

*Source: Primary Data*

When asked about the reasons for which they preferred the particular hospital, highest inclination of about 77.38 percent said due to the quality of healthcare services followed by other factors such as range of services (67.87), professional advice (66.52), accessibility (66.06) and hospital image (65.61). Some other factors like costs of various ailments, payment modes, administrative procedures and patient delight played comparatively lesser roles.

**The SERVQUAL Statements (Expectations Vs Perceptions)**

**Table 2: GAP Analysis of SERVQUAL dimensions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parameters** | **Statements** | **Mean**  **Expectations** | **Mean**  **Perceptions** | **Gap**  **Scores** |
| Assurance  Mean E = 6.25  Mean P = 5.07  Gap S = 1.18 | Courteous and friendly behaviour | 6.28 | 5.10 | 1.18 |
| Wide spectrum of knowledge | 6.30 | 5.29 | 1.01 |
| Shown dignity and respect during treatment | 6.17 | 4.91 | 1.26 |
| medical conditions are explained thoroughly | 6.24 | 4.99 | 1.26 |
| Empathy  Mean E = 6.12  Mean P = 4.50  Gap S = 1.62 | Regular feedbacks from the patients | 5.96 | 3.82 | 2.14 |
| Availability of services round the clock | 6.10 | 4.38 | 1.72 |
| Patients’ best interests at heart while treatment | 6.05 | 4.80 | 1.26 |
| Understand the specific needs of patients | 6.17 | 4.70 | 1.47 |
| Personal attentions given to the patients | 6.21 | 4.63 | 1.58 |
| Dealing with the patients in a caring fashion | 6.22 | 4.65 | 1.57 |
| Reliability  Mean E = 6.14  Mean P = 4.63  Gap S = 1.51 | Provision of services at the appointed time | 6.17 | 4.45 | 1.72 |
| Services are carried out right at the first time | 6.18 | 4.66 | 1.52 |
| Professional and competent doctors & staffs | 6.19 | 4.88 | 1.31 |
| System of error free and fast retrieval of documents | 6.08 | 4.39 | 1.69 |
| Consistency of charges | 6.09 | 4.76 | 1.32 |
| Responsiveness  Mean E = 6.14  Mean P = 4.53  Gap S = 1.62 | Provision of Prompt services | 6.20 | 4.49 | 1.71 |
| Responsive doctors & Staffs | 6.17 | 4.64 | 1.53 |
| Attitude of doctors and staff generating confidence | 6.14 | 4.52 | 1.62 |
| Minimal waiting time (does not exceed one hour) | 6.07 | 4.46 | 1.61 |
| Tangibility  Mean E = 6.17  Mean P = 4.53  Gap S = 1.64 | Up-to-date and well-maintained facilities and equipment | 6.34 | 4.64 | 1.70 |
| Clean and comfortable environment | 6.14 | 4.40 | 1.74 |
| Doctors and staff are neat in appearance | 6.02 | 4.54 | 1.48 |

*Source: Primary Data*

When we are tried to capture the gaps between the expectation and perception levels of the customers, we found considerable gap scores existing between the two. Across the five segments, upon various parameters, the highest amount of gap between the perception and expectation levels were found as absence of the proper feedbacks systems, unavailability of clean and comfortable environment for healing, absence of essential services in odd hours of operations, longer waiting time for availing the services, unresponsive nature, ill managed facilities and equipments, rude behaviour by the hospital staffs followed by the other criteria, which certainly generated a concerned about the services at the hospitals. Dimension wise, highest gap score was found for the tangibility factor followed by responsiveness, empathy, reliability and assurance.

When the relationships between the data groups were measured, between urban and rural population the calculated t-value shown against assurance (3.974) and reliability (3.065) variables were found to be significant at 5% level (P>0.05) whereas other factors were found to be non-significant. Between the genders, there were no significant differences between any of the variables of the SERVQUAL scale. Analysis of variance showed significant differences between the age groups for the empathy (4.063) and reliability (3.925) factors at 5% level (P>0.05) whereas non significant differences were there between the other three variables. When the ANOVA test was conducted to difference between the opinions of people belonging to different marital status, there were no significant differences between them. In case of people with different educational backgrounds, significant difference was found within the group only for the assurance factor (3.289) at 5% level (P>0.05). Between the people with different income groups significant difference of opinions were found for the assurance (7.121), empathy (6.422), reliability (3.813), responsiveness (3.856) and tangibility (2.657) at 5% level (P>0.05) which depicted the difference in opinions of people depending on their income levels.

**Overall Satisfaction towards the hospital**

**Figure 3: Satisfaction scores**

*Source: Primary data*

When asked about the satisfaction level, around 56.94 percent gave a relatively positive feedback (somewhat satisfied, very satisfied and extremely satisfied) whereas around 21.94 percent gave relatively negative satisfaction scores (somewhat dissatisfied, very dissatisfied and extremely dissatisfied). About 21.11 percent of people remained neutral giving not a specific satisfaction remark.

When the relationships between the data groups were measured about the satisfaction scores, between urban and rural population the calculated t-value of (2.137) was found to be significant at 5% level (P>0.05) which pointed towards difference in their opinions towards the satisfaction scores. Amongst the genders also, the calculated t-value of (2.454) was found to be significant at 5% level (P>0.05) which showed differences in their opinions. Analysis of variance showed non-significant differences between the age groups for the age wise (0.367), marital status wise (0.181), and income groups wise (0.901) at 5% level (P>0.05) whereas significant differences were found between the opinions of people with different educational backgrounds (4.320) at 5% level (P>0.05).

**Concern towards the Pricing of various services**

**Figure 4: Views towards Pricing of services**

*Source: Primary data*

When we tried to capture their concerns towards the pricing of various services, almost 60 percent (combined scores of expensive and very expensive statements) found them to be expensive whereas around 33.94 percent people found the pricing to be reasonable. A miniscule 6.33 percent of people found the services to be cheaper.

When the relationships between the data groups were measured about the price sensitivity scores, non-significant t-value was measured between the urban and rural population (0.597) as well as the genders (1.842) at 5% level (P>0.05). Similarly when ANOVA test was conducted, we got non-significant difference between opinions of people with different age groups (0.003), marital status (0.014), and income groups (1.087) at 5% level (P>0.05) whereas significant difference was found within the people’s opinions with different educational backgrounds (3.092).

**Suggestions for Improvement:**

**Table 3: Things that they dislike**

|  |  |  |
| --- | --- | --- |
| **Sl.** | **Grievances with the hospital** | **Percentage** |
| 1 | Waiting time for availing healthcare and associated services | 56.11 |
| 2 | Absence of feedback & grievance handling mechanisms | 53.89 |
| 3 | Rude Behaviours of Doctors and Staffs | 51.11 |
| 4 | Unavailability of equipments (Essentials and Regular) | 48.33 |
| 5 | Inefficient medical recordkeeping / retrieval system | 45.56 |
| 6 | Unavailability of experienced doctors & Specialists | 42.78 |
| 7 | Unavailability of Ambulance at the time of need | 41.11 |
| 8 | Uncontrollable Crowding at key places like the OPD Units, OT, medicine outlets and testing labs | 39.44 |
| 9 | Issues of corruption (Prescribing non-generic and large quantities of medicines and unnecessary tests & non-refund policy of high value medicines) & bribery (Claiming money for providing beds and other facilities) etc. | 35.56 |
| 10 | Improper lab tastings  (Delay & Chaos in obtaining, processing, & publication of reports) | 33.89 |
| 11 | Unavailability of round the clock services and irresponsive nature of staffs in odd hours of operations | 32.22 |
| 12 | Inadequate facilities / amenities for patient's attendants | 30.56 |
| 13 | Informal / longer procedures of discharging after treatment / death / post mortem procedure | 29.44 |
| 14 | Improper attention towards the indoor patients | 28.89 |
| 15 | Inadequate / Inconvenient and unsafe parking places | 17.78 |
| 16 | Inadequate garbage handling / waste disposal systems | 12.22 |

*Source: Primary data*

In an open ended question, when asked about the list of factors disliked by the patients, we got the above mentioned responses which pointed towards the absence of stringent administrative policies which was causing somehow hindrances in the path of providing adequate level of service quality.

**Way forward:** In a country like India, where usually the problems share a bigger pie than the solutions, it becomes very important for the business houses to provide optimal levels of services as well as satisfy the need, wants and demands of the customers which will escalate into generating customer satisfaction. In this regard, our study has revealed some areas which can be acted upon in order to generate sustainability in healthcare sector.

* One of the shocking revelations made in the study was the absence of any kind of feedback/grievance redressal system in any of the hospitals. To understand and cater the customers satisfactorily, we need to keep constant touch with them. Hence, the feedbacks from patients have to be taken on a regular and unbiased basis which will give us an idea about the areas where we are lacking. It also can generate a sense of assurance between the patients that their grievances are being heard.
* Stringent administrative policies have to be implemented in order to deal with issues like absenteeism, unavailability of essential services at every hours, chaotic traffics at key areas, and help in smooth flow of activities, prevention of delays in any processes be it treatment, pathological tests or discharge/death/post-mortem etc. Proper waiting line management techniques have to be adopted that will ensure least no’s of complaints from the patients.
* Issues like stress factors, odd hours of operations, frustrations usually leads to misbehaviours that may further escalate into verbal and physical abuse. For mitigating such unwanted situations, we need to strengthen the administrative/security aspects as well as provide behavioural training to the employees in order to maintain a mutual respectful atmosphere within the premises.
* The attendants/relatives of the patients also form an important angle while expressing the satisfaction scores. Therefore, we need to ensure at least a bare minimum provision for them as well. Dormitories, rest-shades, provision of clean drinking water, food at affordable costs etc. are some of the measures which can be ensured.
* We also need to improvise upon the cleanliness both inside and outside the premises under all circumstances.
* Infrastructural facilities like the 24X7 functioning helpdesk, clear signage & directional boards (multi language), ambulance services; elevators (where it is required), convenient & safe parking places etc. need to be improvised.
* Recruitment and proper training of more manpower in the system can give many hands and brain in providing optimum levels of services.

**Final Words:** The potential of India as the next superpower is receiving much attention and news coverage from both the media houses as well as academicians. But sadly, when the provision of sustainable healthcare facilities to the common man is discussed, we can find many loopholes. In a country where the needs are greater than the resources, certainly we need some radical thinking and wholehearted efforts. In this line, we need to assess the current state of service quality in the existing hospitals and try to improvise the overall quality of services offered.

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