

EFFECT OF PERCEIVED SERVICE QUALITY ON PATIENT SATISFACTION

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Introduction

Perceived quality is defined as the consumer's judgment about a product's overall excellence or superiority (Zeithaml, 1988; Aaker and Jacobson, 1994). For example, Sethuraman and Cole (1997) found that perceived quality explains a considerable portion of the variance in the price premium consumers are willing to pay for national brands. The perceived quality of products and services of strong brands add value to consumers' purchase evaluations.

Achieving and maintaining customer-perceived service quality is regarded as essential strategy for the successful provision of overall customer satisfaction and customer retention in today's competitive environment (Parasuraman, Zeithaml, and Berry 1985, 1990; Reichheld & Sasser 1990). The measurement of perceived service quality is commonplace in service industries today as it is considered fundamental for the long term survival of service providers (MacStravic 1997).

Perceived service quality is explained as patient's judgment about a service excellence based on perception of what is received. In this study, process quality, doctor's care, nurse care, patient privacy and communication are considered as perceived service quality variables.

Background of the study

A review of literature has given an insight to a researcher for identifying research problem. For the purpose of the research the researcher has identified various dimensions of perceived service quality. It has been identified that process quality, doctor's care, nurse care, patient privacy and communication are the perceived service quality variables influencing the patients' satisfaction. It has been discussed forthcoming sessions.

Process quality

Process management is a key element in the successful care of high quality. Process quality in a hospital set-up includes the processes during admission, procedures during stay in hospital and the procedures involved in the exit or discharge stage of the patient's stay in hospital.

Admission process is related to the patient perception of the easy access, admission, acceptance of emergency case, reduction in unnecessary patient stays and waiting time.

Administrative process is related to the treatment procedures and practices to monitor maintain and improve patient care in the hospital. After treatment, when the patient is ready for discharge from the hospital, there are discharge procedures to be completed by the patient and or their family. The ease of discharge procedure and the advice given by the doctor with regard to the post treatment care and follow-up have important implication for the recovery and management of the patient from the illness.

Doctors' care

A doctor take care a person's health care over a period of time. A doctor is able to give a wide range of care. The medical encounter between a doctor and a patient requires intensive levels of interaction where the encounter has been shown to have a significant impact on patient satisfaction (O'Connor et al., 1994). These interactions typically involve complex communication patterns and customer problems (Bitner, 1990). There is often a formal, long-term relationship between doctor and patient, with the doctor having a significant discretion in meeting customer needs and evaluation is largely based on credence attributes (Bitner et al., 1990). Ongoing doctor-patient relationships place more emphasis on feelings and emotions rather than cognitive elements, as would be the case in an analysis of a discrete exchange.

Nursing care

Nursing service is one of the most important components of hospital services. Researchers have made important discoveries about the relationship between nursing and patients. Needleman and Buerhaus (2003) highlighted the vital contribution of nurses to the quality of patient care. The quality of a set is the most important attribute of acute hospital care. In another study by Carman (2000) pointed out that the personal quality of nurse care is the core service of a hospital.

Patient privacy

Privacy is the right of an individual to have safety and comfortable room, identifiable medical information kept private. Patient confidentiality means that personal and medical information given by health care provider will not be disclosed to others unless the individual has given specific permission for such release.

Because the disclosure of personal information could cause professional or personal problems, patients rely on physicians to keep their medical information private. It is rare for medical records to remain completely sealed, however. The most benign breach of confidentiality takes place when clinicians share medical information as case studies. When this data is published in professional journals the identity of the patient is never divulged and all identifying data is either eliminated or changed. If this confidentiality is breached in any way, patients may have the right to sue.

Communication

Communication between patient and physician is also very important antecedent of

patient's satisfaction with health care providers. Communication is a one crucial dimension of patients' trust. Patient trust should serve to reinforce the functioning of the clinical relationship as a health partnership, thereby increasing the probability of patient's satisfaction (Pearson and Raeke, 2000). Doctors' expertise, relationship with patients, respecting the patients are the fundamentals of trust on physicians. There were many empirically researches indicated that doctor-patient communication with patients' satisfaction are significantly associated. Frohna et al., (2001) stated that 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 influence health outcomes for their patients.

Patient satisfaction

A measurement that obtains reports or ratings from patients about services received from an organization, hospital, physician or healthcare provider. The relationship between healthcare quality and patient satisfaction is a great source of debate. Some early researchers' depicted service quality perception is as a satisfaction outcome. It is argued that consumer satisfaction leads to an overall evaluation or attitude about service quality over time (Bitner et al., 1990; Parasuraman et al., 1988). Later works, however, agree that service quality is a simpler, primarily a cognitive construct while satisfaction is a complex cognitive and affective construct. Satisfaction is a central construct that mediates the effect of service quality perception on behavioral intention and other outcomes (Bolton and Drew, 1991; Oliver, 1993; Shemwell et al., 1998; Brady and Robertson, 2001; Bigne et al., 2003). The importance of satisfaction is a key predictor of patients' intentional behaviors.

In different countries and for different types of healthcare services, satisfied patients are more likely to return to the same provider and to recommend them to their families and friends (Bendall-Lyon and Powers, 2004; Otani and Harris, 2004; Zineldine, 2006; Taylor, 1994; Choi et al., 2005). Because satisfaction reflects positive judgments patients form about their healthcare service experiences, satisfied patients appear to have more trust in their providers, more confident about their dealings and more willing to recommend them to others.

Significance of study

Healthcare is a fast-growing sector which is developing at a very fast pace. People are becoming health conscious and are demanding better quality healthcare measures. Many hospitals have been formed for the purpose of providing quality healthcare to the people. Huge investments are being made in research and development which has led to development of new and better life saving drugs and equipments. The future of this sector looks bright and promising. Both, the government and private sector enterprises are joining hands to boost the Indian healthcare sector. Overall, the prospects appear very bright and reflect the old adage 'health is wealth'.

Perceived service quality is especially important because of the unique nature of the industry of healthcare. For any hospital, lack of perceived quality when it comes to a consumer's health cannot be acceptable. People would expect and demand that quality, when it comes to their personal health and well-being, be of the highest in terms of treatment, concern, trust, quality of service, care, facilities and relationships with personal. Thus, perceived quality is

a critical dimension to incorporate into the study of brand satisfaction. If perceived quality is high, the effect on brand satisfaction will be positive. As a result, hospitals are provided with the opportunity to market this information through various marketing activities and in the long-run, establish a competitive advantage. In addition, if this particular component is high, it can create an opportunity for a hospital by allowing the hospital to market all of its other services based on the reason that patients will perceive quality as being inherent throughout all the services offered.

Objective of the study

The objective of research is to examine the effect of perceived service quality on patient satisfaction.

Hypotheses of the study

H₀ 1: There is no significant relationship between perceived service quality and patient satisfaction.

H₀ 2: Perceived service quality do not influence on patient satisfaction.

Method of the study

This study investigates the effect of perceived service quality on patient satisfaction. The researcher has collected necessary information from the respondents of a leading branded hospital in Chennai, Tamilnadu, India. The data are collected from the indoor patients with a minimum of 7 days stay in the hospital. The researcher gets an appointment from the patient for collecting the data through a schedule method. The schedule has been prepared to measure namely doctors' care, nurse care, patient privacy, communication process quality and satisfaction. The statements are asked with 5 point likert's scale, where 1 stands for strongly disagree and 5 stands for agree. A sample of 365 respondents is selected for this study by using convenience sampling method. The schedule is filled by the researcher personally contacting the sample patients. After collecting the data it was coded and entered in to SPSS 15 software package for further analysis. The data are analyzed with the appropriate statistical tools like Descriptive statistics, Correlation and Multiple regression.

Results and Discussion

Process quality, in the context of health care, refers to the medical care and administrative process that the patients need to undergo as part of their experience at a particular hospital. Thus, this dimension assesses the different aspect of process management in terms of admission process, administrative process, hospital care services and exit process. Table-1.1 indicates the patient's experience in the quality of the process quality provided by the hospital.

Admission process is examined with six statements. Patients are highly favorable towards admission process quality with the mean value between 3.74 and 4.13. The factors of admission process such as, easy access (4.13), proper admission process (4.12) unnecessary patient stay (4.09) and easy in getting appointments (4.08) are the factors highly impressing the patients. It shows that the hospital provides a good quality of admission process.

Table-1.1: Respondents' opinion towards process quality

Process quality Dimensions	S.NO	Factors	Mean	S.D
Admission process	1	Proper admission process	4.12	0.89
	2	Easy access to hospital	4.13	0.96
	3	Unnecessary patient stay	4.09	0.80
	4	Easy in getting appointments	4.08	0.81
	5	Desired bed on time	3.74	0.96
	6	Minimum waiting time to see the doctor	3.80	4.12
Administrative process	1	Detailed records	4.46	0.72
	2	Right service for the first time itself	4.39	0.81
	3	No delay in schedule operation	3.90	0.86
	4	Minimum waiting time for diagnostic	3.83	1.03
Hospital care process	1	Critical incidents handled promptly	4.52	0.78
	2	Thoroughly investigated	4.53	0.78
	3	well post-operative treatment has been managed	4.32	0.78
	4	Continuously informed Patients status.	4.22	0.89
Exit process	1	Advised upon discharge	4.06	0.85
	2	Charges are commensurate with actual treatment	4.01	0.96
	3	Discharge waiting time minimum.	3.72	0.90
	4	Action is taken for patients complaints	3.65	0.86

Source: Primary data computed; * Significant at one percent level.

Administrative procedure is related to the treatment procedures such as right services, waiting time for diagnosis and treatment. The calculated mean value lies between 3.83 and 4.46. It is observed that the patients have given positive opinion towards administrative procedure handled in the hospital. Patients have experienced that the hospital is maintaining detailed medical record (4.46), providing right services at the first time itself (4.39), there is no delay or cancellation of promised services (3.90) and there is a minimum time is taking for diagnostic procedure (3.83).

Hospital care process is an assessment of the medical care in terms of investigation, continuous appraisal to the patient with regard to the details of their treatment, possible complications. The rating of the patients towards hospital care process is highly appreciable. The mean value is ranged from 4.22 to 4.53. The patients have strongly agreed that the hospital has provided excellent hospital care process.

Exit process is related to after treatment. When the patient is ready for discharge from hospital, there are discharge procedures to be completed by the patients and or their family. This dimension assesses the practices prevalent in the hospital with regard to post-discharge. The calculated mean value is ranged between 3.65 and 4.06. The quality of exist process is high among the respondents. Patients believe that the hospital gives clear instructions towards the

medical care to be taken after leaving the hospital (4.06) and the charges commensurate with the actual treatment received by the patients (4.01).

In overall, admission process, administrative process, hospital care process and exit process of the hospital are highly appreciated by the patients. It shows that the hospital is maintaining a good process in quality management. This study result is supported by the earlier research findings. Rissanen (2000) noted that control process is a key element in the successful care of high quality. Process quality is a key activity for the hospital measurement to protect the life of patients. Tabish (1998) emphasized the complex interplay between medical, paramedical and administrative staff is determination of admission and discharge policies of the hospital. Edwards (2002) described a medical record as a compilation of pertinent factors about a patient's life and health history, including past and present illness and treatment given by health professionals contributing to the patient's care.

Masood Badri et al., (2002) confirmed that the quality of care depends on process, administration and information. The service process, easy access of place, time of service delivery and nature of relationship are the factors highly contributed to the patients over all experience for health care services (Himani Kau et al., 2008).

Table-1.2: Respondents' views on doctors care

S.NO	Factors	Mean	SD
1	Confidence builder	4.47	0.76
2	Listen patient	4.38	0.77
3	Ready to clear the doubts	4.35	0.80
4	Treat the attendants nicely	4.32	0.72
5	Honesty	4.28	0.72
6	Helpful	4.24	0.76
7	Friendly	4.23	0.76
8	Clearly explain the treatment	4.10	0.88
9	Available on time	4.12	0.81
10	Visit frequently	4.08	0.88

Source: Primary data computed; * Significant at one percent level.

The service of doctors is vital to deliver a high quality patient care. They should have patient welfare at the centre of their vision, mission and objectives. Quality of the doctors' care services are measured with ten factors, as, confidence building, helpful nature, patient listening, honesty, timely availability, friendly, clarity in explaining the treatment, fair treatment of attendants, frequent visits and doubt clearance. The respondents are asked to rate their opinion towards doctors care services. Table-1.2 displayed the result of the respondents' opinion.

The calculated mean score is between 4.08 and 4.47. The factors that are highly rated towards the doctor care services are confidence building (4.47), good listening (4.38), doubt clearance (4.35), fair treatment of attendants (4.32) and honesty (4.28).

Doctors should develop confidence in the patients. Building confidence in the mind of patients can give speedy recovery (Griffin, 2000). Connell (1999) pointed out that the listening ability of doctors, honesty in their work, friendly in nature and available on the time were the key determinants of doctors care services.

Douglas (2004) demonstrated that the patient level of satisfaction depends on the doctors' way of handling the critical problems, their emotional stability, in-depth investigation of patients' problems, friendly in nature, neat appearance and patient focused attention. Doctors care services had positive relationship with patient satisfaction. Clarification of patient doubts, clear explanation of treatment procedures, frequently visit and check-up the patients are having positive relationship with patient satisfaction (Susan Ball, 1999). High degree of patient satisfaction could be achieved by the means of good interpersonal relationship between doctors and patients (Connel, 1999).

Table-1.3: Respondents' views on nurse care

S.NO	Factors	Mean	SD
1	Sufficient control to the patients'	4.39	0.72
2	Care of patients' emotional	4.27	0.75
3	Clarify patients' queries	4.36	0.72
4	Friendly	4.32	0.74
5	Understand the needs of patients	4.30	0.75
6	Ready to listen the patient say	4.31	0.74
7	Courteous	4.31	0.70
8	Treat very nicely	4.30	0.69
9	Confidence Builder	4.29	0.77
10	Helpful	4.29	0.77
11	Timely attention	4.27	0.75
12	Spend sufficient time	3.88	1.07
13	Clear explanation	3.84	0.96

Source: Primary data computed; * Significant at one percent level.

The dimension of nursing care quality assesses the perception of the patients with respect to the quality of nursing care services provided during their stay in the hospital. Nurses need to be the care taker, courteous, sufficient controller, good listener and confidence builder of the patients.

They are expected to be very friendly and spend sufficient time with the patient to provide the patient needs. These qualities are considered while measuring the quality of nursing care services.

Nurse care service is measured with thirteen statements. The respondents are asked to rate their opinion towards nurse care services of the hospital. Patients' opinion is displayed in the table-1.3. The mean score and standard deviation value is calculated for all the statements. The calculated mean value lies from 3.84 to 4.39. The value indicates that the respondents are highly satisfied with nurse care services of the hospital. Nurses are having ability to have sufficient control over patients emotion, clearly explain their doubt, friendly in nature, understand their needs, ready to listen, courteous, build confidence, always helpful and timely attention.

The respondents have experienced the excellent nurse care services from this hospital. This finding is also supported by the earlier researchers. In concurrence, Nair (2004) has asserted for health service, that patients need a variety of amenities not necessary to associate with their need for reasonably good quality medical care but also want smiling, emphatic nurses and a quick responses to their call. Transformational leadership behavior nurses added to their work effectiveness and motivate them to provide quality patient care (Mailam, 2005). Oleni

(2003) described that the nurse care services is influenced by six domains, which includes, communication, information, participation, involvement, good interpersonal relationship and competence of nurses. Michie (1996) found the positive relationship with nurse care services and patient satisfaction, clarification of patient doubts, taking care of patients emotional, friendly nature, provide the patients need, carefully listening to the patients, courteous and sufficient time with patients are the factors highly influencing the patient satisfaction with nurse care services. Maintaining good rapport plays an important role to derive satisfaction from the patients in the aspect of nurse care services.

Table-1.4: Respondents' opinion on patient privacy

S.NO	Factors	Mean	SD
1	Safety Room	4.55	0.66
2	Comfortable Room	4.42	0.72
3	High level of privacy	4.32	0.71
4	Home-making courts acceptable	4.12	0.83

Source: Primary data computed; * Significant at one percent level.

Patient privacy can make the psychological feeling of relief from the disease. This dimension assesses the opinion of the patients towards privacy factors. Safety and comfortable room, possible to take home made foods and have permission of meeting the relatives and entertainment are the factors considered for assessing the patient privacy. Patient privacy is measured with four statements. The respondents are asked to rate their opinion towards privacy given by the hospital. The result is displayed in table-1.4. The mean value is ranged from 4.12 to 4.55. Based on the mean value, it is inferred that the respondents are highly satisfied with their privacy level.

Matt Elbeck (1988) found that the patient-oriented care programmes such as privacy, relaxation and education are reflecting a psychological relief of the patients. Homely atmosphere and patient privacy could benefit to the patients for reducing their stress (Winston, 1984). Sanchez (1984) suggests that the hospital has to reflect minimal motherhood appeal, providing high level of privacy and comfortable room facilities are paramount importance.

Table-1.5: Respondents' opinion towards communication

S.NO	Factors	Mean	SD
1	Telephone, intercom facilities	4.40	0.78
2	Informed about patient's condition	4.39	0.73
3	Clear indication	4.35	0.73
4	Clear invoice	4.35	0.69
5	Use the vernacular languages	4.23	0.91
6	Clarity of instruction	4.16	0.74
7	Friendly interaction	3.98	0.81

Source: Primary data computed; * Significant at one percent level.

Communication has always been recognized as a critical effort in hospital services. This dimension assesses the perception of the patients with respect to communication of the service provider. Use of vernacular language, clarity of instruction, friendly interaction and clear indication of way are the factors considered to assess the quality of communication.

The respondents are asked to rate their opinion towards communication process and it is displayed in table-1.5. The calculated mean score is ranged from 3.98 to 4.40. These values indicate that, the respondents are highly satisfied with the communication process.

It is found that the clear information about the patient condition and use of vernacular language of service providers make satisfaction of patients. An interesting argument was presented that poor communication by a service provider is a barrier to patient satisfaction. The language that is used by the service provider if misunderstood by the service recipient may result in dissatisfaction of patients (Dlamini, 2007). Furthermore, Mukhola (2000) argued that the use of foreign languages in conversation with the patients may result in communication breakdown and end up with unhappy patients.

It is observed that the brand (Hospital) provides excellent doctors and nurse care services, patient privacy and communication. Social interaction and personal connectivity are very important (Malhotra, 2004). Proctor and Wright (1998) noted that a number of recent studies have helped us to learn more about patient evaluation of medical encounters.

These studies illustrated the importance of the service encounter, i.e., doctors-patient interaction, nurse-staff interaction, communication of hospital staff with patients. Through effective communication, physicians are more likely to positively influence health outcomes for their patients (Frohna, et al., 2001). Physician-patient communication typically involves only the patient and the physician, but a third party, such as a family members sometimes may be involved. In such situation, the third party can potentially facilitate communication.

Table-1.6: Relationship between perceived service quality and patient satisfaction

S.NO	Perceived Service quality	Patient satisfaction (r-value)	p-value
1	Admission process	0.486	0.001*
2	Administrative process	0.643	0.001*
3	Hospital care process	0.631	0.001*
4	Exit process	0.654	0.001*
5	Doctors care	0.720	0.001*
6	Nursing care	0.665	0.001*
7	Patient privacy	0.621	0.001*
8	Communication	0.657	0.001*

Source: Primary data computed; * Significant at one percent level.

Service quality has always and will be a fundamental requirement for patient satisfaction. Patient satisfactions are vital to a dynamic health care industry. In today's shortened length of stay and increasing outpatient procedures, health care providers are competing to maintain a strong patient base. Table-1.6 explains the relationship between perceived service quality and patient satisfaction.

H_0 1: There is no significant relationship between perceived service quality and patient satisfaction.

In order to examine the above stated hypothesis, Pearson correlation is executed. The p-values are significant at one percent level. Thus, the stated hypothesis (H_0 1) is rejected. It infers that the perceived service quality has significant relationship with patient satisfaction. Further, r-values indicate the strength of relationship between perceived service quality variables and patient satisfaction. It is observed that all the variables have the positive impact on patient satisfaction. It is found that the services rendered by the doctors, communication of

all employees, services of nurses and easy procedures for discharging are having high level of relationship with patient satisfaction. Administrative process and hospital care process also have high level of positive impact on patient satisfaction. Though, admission process has the positive impact on patient satisfaction, it has comparatively secured low score than other perceived service quality variables.

Admission process is differed by the nature of the problem. Because of that it is having low correlation value than other services. Daniel Messina et al., (2009) have also found a statistically significant and low correlation between patient satisfaction and admission procedure in their study.

Table-1.7: Effect of perceived service quality on patient satisfaction

R value	R square value	Adjusted R square value	Std error	F value	P value
0.840	0.705	0.696	0.427	79.490	0.001*

Variables	B-value	Std error	Beta	t- value	p-value
Constant	-0.908	0.308	-	-2.951	0.004**
Doctors care	0.512	0.116	0.414	4.408	0.001*
Nurse care	0.349	0.109	0.285	3.203	0.002**
Exit process	0.165	0.066	0.133	2.486	0.014**
Patient privacy	0.182	0.090	0.135	2.026	0.045**

Source: Primary data computed; * Significant at one percent level; ** Significant at five percent level.

H_02 : Perceived service quality do not influence on patient satisfaction.

In order to examine the stated hypothesis, stepwise multiple regression is applied. Here, the perceived service quality variables namely admission process, administrative process, hospital care process, exit process, doctors care, nurse care, patient privacy and communication are considered as independent variables and patient satisfaction is treated as dependant variable. The result is displayed in table-1.7. From the F-statistic value (79.490) and P-value (0.001), it is inferred that the independent variables significantly influence on patient satisfaction. Hence, the hypothesis (H_02) is rejected at one percent level.

Stepwise multiple regression analysis indicates that among the independent variables, which are the most influencing variables on patients' satisfaction. Among the perceived serviced quality variable, doctors' care, nurse care, exit process and patient privacy are the factors highly influenced to the patient satisfaction.

The calculated adjusted R-square value indicates that these variables are influenced by 69.6 percent on patient satisfaction.

The standardized co-efficient beta value indicates the relative importance of perceived service quality variable to the predictor's level of patient satisfaction. Doctor care, nurse care, exit process and patient privacy are the highly predicting variables of patient satisfaction. The corresponding p-value of these variables is significant at one percent and five percent level.

So, these variables significantly influenced on patients' satisfaction. Patient satisfaction is expressed by the equation.

$$\text{Patient satisfaction} = -0.908 + 0.512 (\text{Doctors care}) + 0.349 (\text{Nurse Care}) + 0.165 (\text{Exit Process}) + 0.182 (\text{Patient Privacy})$$

The equation is explained that the doctor care, nurse care, exit process and patient privacy have the positive impact on patient satisfaction. To have one unit increase in patient satisfaction, the doctor care has to be increased by 0.512 levels when other factors remain constant. Similarly, 0.349 increases in nurse care, 0.165 increases in exit process and 0.182 increases in patient privacy needed to have for one unit increases of patient satisfaction.

Quality of doctor care, nurse care and supporting staffs, perceived performance and expectation and health system are the predictors of patient satisfaction (Patrick and Sandra, 2008). Services extended by doctors and nurses, easy procedure of discharge and privacy of the patients are the predominant factors for the satisfaction. Chung Hung Tsai and Bi kun chuang (2010) have found that the doctors are not only the most important suppliers of medical treatment but also the best care taker of the patients. Nesreen Alaloola and Waleed Albedaiwi (2008) found that there was a significant satisfaction with privacy of the patients such as room temperature, room call button system and respectful staff. Douglas Amyx and Dennis Bristow (2001) results of experiment indicated that allowing patients' choice of physicians favourably raised patient satisfaction levels. Patients are preferred private hospitals over the public hospital. Because, there are number of experience of the patient is highly dependent on the interaction with people. The encounter with the nurses and doctors seem to have supreme importance over others (File et. al., 1992). Satisfaction and perceived service quality have been found to be conceptually distinct but closely related constructs (Dabholkar, 1995).

Implication of the study

➤ It is found that perceived service quality has the positive impact on patients' satisfaction. In hospital industry perceived service quality is a critical issue. It is suggested that if the provider can control few dimensions like admission process, it will result in managing customer perception of quality which will lead to high patient's satisfaction. If a perceived waiting time gets longer than what the patients expect, then their satisfaction will be diminished. Therefore, the appropriate time is essential to patients' satisfaction. In order to ensure patients' satisfaction, the management must view in the stages such as pre-process, in-process and post-process. Management should assess the effects of duration-reduction efforts at each state on patients' satisfaction.

➤ Perceived service quality as being all about prevailing value to provide a reason to buy, differentiating brand, attract members' interest. Given the nature of health care industry and their complex decision making involved in choosing a health care brand, perceived service quality is a significant part of patient satisfaction. If marketing of the hospital brand focuses on perceived quality attributes, it could seen possible that a perspective patient would also perceive the existence of quality through all the service offered by the hospital.

Recommendation for future research

❖ One limitation to the results of this research is that it was conducted in only one brand and one city. Additional research in other city, other brand, similar to this study, would

provide further analysis of patient satisfaction for hospital industry.

❖ In this study, perceived service quality is taken into consideration. Thus further research may be included other variables, namely, brand loyalty, brand trust and brand image.

❖ In addition, it is recommended that a detailed study of all patients, who have taken treatment this hospital, as inpatient or as an outpatient, it might yield a different result.

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