DIMENSIONS OF SERVICE QUALITY IN INDIAN HOSPITALS - A CROSS SECTIONAL ANALYSIS OF OMANI MEDICAL TOURISTS

Dr. Kabaly P Subramanian
Assistant Professor,
Business Studies
Arab Open University,
Azaiba, Sultanate of Oman

Dr.M.Senthil
Professor and Head,
Department of Logistics Management
Alagappa University,
Karaikudi-630003
professor.msenthil@gmail.com

Dr.N.Gayathri*
Post Doctoral Research Fellow,
Department of Logistics Management
Alagappa University,
Karaikudi- 630003
ngayathrimails@gmail.com

***Corresponding Author**

Abstract

The research work is focused on the objectives of analysing the medical tourist's perception of service quality in Indian hospitals with specific reference to sultanate of Oman. An in-depth review was done with the previous literatures which include both national and international levels in the areas of medical tourism, service quality, hospital service quality and the relationship of service quality with customer satisfaction. Having the reviews as the base a theoretical model of service quality of medical tourism was developed. The crux of the model is the measurement of medical tourist's perception of service quality at Indian hospitals. The research objectives, research questions and hypotheses were structured based on the input from the preliminary studies. Also the researcher identified eight dimensions which determine the Service quality. They are Reliability, tangibility, assurance, empathy, responsiveness, core service, systematization of service delivery & social responsibility. The buying habits of the medical tourist's such as preferred destination, information search, reasons for selecting a medical tourism destination, difficulties faced during the medical tourism process were analysed. Furthermore, the medical tourist's perception of service

quality in Indian Hospitals was analyzed against the demographic variables. The relationship between the service quality dimensions and customer (medical tourists) satisfaction were computed. Finally certain strategies were recommended based on the findings for the improvement of service quality, which will help the Indian hospitals to be competitive, globally.

Keywords : Service Quality, Medical Tourism, Customer satisfaction, Indian Hospitals.

Introduction

The service sector is obtaining increasing importance in the global economy, particularly in most advanced countries, such as those in the European Union, Canada, Japan, and the United States. Bowen and Hallowell (2002) says that services have replaced goods as the building blocks of employment and gross national product in the economically developed world. The same is true in emerging economy like India. India's economic development in the present scenario seems to be service led, especially in the fields of Information Technology, Software, Information technology enabled services, Tourism and so on.

People in the western world are now living in a service economy. One of the key publications on the shift from products to services is "the limits to certainty" by Giarini and Stahel (1993). Academic literature on service quality is divided on how service quality should be conceptualised. Early work (Gronroos, 1982 and 1984; Lewis and Booms, 1983; Parasuraman et al, 1985 and 1988) on service quality conceptualised it as disconfirmation process.

Originally the efforts in defining and measuring the concept of service quality stemmed up from the goods sector. Whereas the solid base for the research in the particular area was laid down in the mid of eighties(Parasuraman, Zeithaml and Berry 1985). In the field of marketing the notion of service quality plays a fundamental role in understanding customer satisfaction and retention (Parasuraman, Zeithaml and Berry 1985). High service quality upshots in positive behavioural intentions and ultimately results in the greater market share and profitability as well hence there arises the importance and mounting recognition in studying service quality in service industries (Rust and Zahorik, 1993; Zeithaml, 2000).

Badwe et al (2012) revealed that medical tourism is attracting attention of travellers from all over the globe. It is witnessed in the health tourism industry a sudden paradigm shift in the last few years. It is known that India practices traditional medicine for several thousand years to give relief to the needy at free of cost as a part of "Manav dharma" (Ajay and Pooja, 2015)

The guideline document given by the Government of India (Government of India 2016) highlights the need for encouraging and enabling the tourism sector in the Indian context. But the regulatory and ethical framework has not been discussed in detail in the guideline document. Countries such as Israel have evolved comprehensive legislations to deal with the regulatory issues pertaining to medical tourism (Levush 2018).

Several studies have been conducted in the area of service quality all over the world and these studies have wide focus on issues relating to defining and conceptualizing service quality, measurement and improvement of service quality, managing service quality and its impact on organisational performance and so on. In order to measure the hospital service quality, the development of a suitable multiple item scale is reported by a study Vandamme and Leunis (1993) in a Belgian Hospital. The five quality attributes of SERVQUAL Model was studied by Bowers et al. (1994). Their findings reveals that three of the generic SERVQUAL dimensions like empathy, responsiveness and reliability were found to be relatively significant to patient satisfaction. The expectations and perceptions of the patients in Singapore hospitals were studied using the modified scale of the original SERVQUAL that included 25 – items representing six dimension; namely tangibles, reliability, assurance, responsiveness, empathy, accessibility and affordability. Their study revealed the existence of an overall service quality gap between patients' perceptions and expectations. Youssef et al (1995) examined service quality in West Midlands N H S hospital and in all five dimensions of SERVQUAL that were measured found that patients perceptions' failed to meet their expectations. Another study by Youssef (1996) revealed reliability as the most serious problem facing N H S hospital providers involved in their study.

Jobnoun and Chaker (2003) compared the service quality deduced by private and public hospitals in the UAE. They used the ten – dimension instruments developed by Parasuraman et al (1985) namely, tangibles, accessibility, understanding, courtesy, reliability, security, credibility, responsiveness, communication & competence. Their study revealed that there is a significant difference between private and public hospitals in overall service quality. Hayes (1997) says the process of identifying customers' attitudes begins with determining requirements or quality dimensions. As a result of the series of focus group sessions some ten quality dimensions are identified by Parasuraman et al. (1985), it is also found that the customers use the same measure to assess service quality independent of the service type. The authors later developed SERVQUAL (Parasuraman et al, 1988), a two part instrument for measuring service quality that was enhanced again (Parasuraman et al, 1991). Hayes (1997), says that a few quality dimensions are universal across many services, and it is needed to comprehend quality dimensions that enable to develop measures to assess them. Most of the research these days has focussed on measuring service quality using this approach and its use has become widespread. (Brown et al, 1993; Kang and James, 2004).

The core service refers to the essence of a service whatever service features are offered is as important as how it is delivered (Rust and Oliver, 1994). Ahire et al. (1995) reasoned that the overall quality of the products or services could be made better by improving the quality of the processes either directly or indirectly. Enhancement of technological capability (e.g. computerization, networking of operations, etc) plays a crucial role in setting up the flawlessness in delivery of the service.

A research carried out by Zemke and Schaaf (1990) on customers of non – banking financials found that one of the prime consumer anxieties on service quality was about getting good service at an affordable price, but at the cost of the quality of service. Customer satisfaction is a necessary precondition for customer loyalty, which in turn a key driver of

profit growth and performance (Reichheld 1993; Hesket et al 1997). The kind of the relationship flanked by perceived service quality and customer satisfaction is a fascinating topic. A few researchers have found that the perceived service quality is a precursor of customer satisfaction. (Anderson and Sullivan 1993; Ravald and Gronroos 1996; de Ruyter et al. 1997). Some researchers (Parasuraman et al 1988; Bolton and Drew 1991; Patterson and Johnson 1993) hold on to the view that customer satisfaction precedes perceived service quality. Teas (1993) claims as there is a lack of concord on the operational definition of the construct satisfaction and perceived service quality hence results in the chaos of the causal relationship between the constructs.

Methods

The objectives of the study are to ascertain the critical dimensions of service quality in Hospitals from the perspective of Omani Medical Tourists, to develop an instrument to measure customer–perceived service quality in hospitals based on the identified dimensions with a specific focus on Medical tourists and to investigate the relationship between the customer satisfaction and dimensions of service quality with a focus on the Medical Tourism, with reference to Omani medical tourist.

In the aim to extract the service quality factors for the study, the researcher conducted literature survey and also a preliminary study with experts and 30 respondents. Based on the outcome, the questionnaire was developed which was tested with the pilot study at stage II. The experience of the researcher during the pilot study was useful in fine-tuning the questionnaire which was then used in the final study in stage III.

A Preliminary Qualitative study was conducted with five experts in this field of medical tourism and service quality in Oman. The experts were chosen based on their experience and knowledge about medical tourism and service quality. Delphi technique was used to extract information from the experts. As per the standard procedure of Delphi technique, initial information regarding medical tourism and service quality was elicited from the experts. Then the extracted information is given back to the experts. The experts assess the same information once more-influenced by the opinions of other experts. The derived valuable inputs from the Delphi process along with literature survey formed the basis of research objectives, research questions, research hypothesis and determinants of service quality. Then another study was conducted using open ended questions in Sultanate of Oman with 30 Medical tourists to find out their opinion on the factors influencing service quality to determine the dimensions of service quality in a bias free method.

The reliability of the scales were ensured using Cronbach’s Alpha value which was above 0.85 for all dimensions of Service quality. Analysis of Variance (ANOVA) was used to test the existence of difference among the demographic variables of medical tourist with respect to service quality dimensions. Regression analysis was used to identify the relationship between the eight dimensions of service quality (independent variables) and the customer satisfaction (dependent variable) of the respondents. Further, the regression analysis helps the researcher to find out the extent of influence of independent variables (Service Quality dimensions) on the dependent variable (Medical Tourists satisfaction). The population for this study consists of the adults living in Sultanate of Oman, Omani Nationals, visited as a medical tourist. The sample size for the given population was found to be 196 at

95% confidence level and an acceptable error of 0.07. The questionnaires were distributed across Sultanate of Oman. The country Sultanate of Oman's population is mainly concentrated on the five major cities: Muscat, Nizwa, Ibra, Sohar, and Salalah. Quota sampling method was used to choose the respondents for the study

Analysis

It is inferred that out of total respondents 67.9% are male medical tourists and 32.1% are female medical tourists. Most of the respondents (54.1%) belong to age group of 25-40 years and above 40 years constitutes 31.1%. It is found that in the type of employment 46.9% fall into the category of "Government" followed by 19.9% of private. Business Category (1.5%) is the lowest of the employment type's shows that very few business people are going to India as a medical tourist. In an attempt to know the family income it is identified that significantly 48.5% of the respondents fall in the category of 400-800 rial. It is notable that 52.6% of the respondents fall into the category family size 6-10. In the nature of medical system availed by the Medical tourists of Oman tourists Allopathy (74.0%) leads the pack. Internet (36.7%) provides the main source of information followed by Hospital agents (20.4%). The majority (54.1%) says they visit, Thailand, if they had not visited India. It shows that Thailand is the closest competitor to India in Medical Tourism for Omani's.

From the mean score analysis it is noted that the long waiting time for treatment at the home country is the most important reason for going to a foreign country. It is followed by non - availability and cost of treatment. It is to be noted that in Sultanate of Oman, every citizen is eligible for free treatment in Government Hospitals. Oman being a developing country, growing rapidly in the last forty years, it is evident that the availability of all types of specialties and treatments may not be available. This goes well with the influence that the second important for the Omanis to go to other country is the non-availability of treatment in the home country.

Table 1

	Reasons for seeking medical treatment in a Foreign Country		**Reason for selecting India for Medical Treatment**	
S. No	**Reason**	**Mean Score**	**Reason**	**Mean Score**
1	Cost is very high in the Home country	8.6	Cost is affordable	10.6
2	Long waiting time for treatment	14.1	Availability of Alternative systems of Medicine	10.1
3	Non-availability of treatment in the home country	11.2	Quality is very high	14.4
4	Love to travel different countries	6.7	Exotic Locations	4.5
5	Advised by Doctors in the home country	8.6	Wide range of specialities	12.6
6	Want of Anonymity	5.4	Lesser waiting period	10.1

An interesting influence from the table 1 is the least interest shown by the Omanis to travel to other countries. The reason could be that they don't want to mix-up touring places

with medical treatment. Indian hospitals should take cue from the push factors and design their offers and strategies to pull medical tourists. The prime reason Omanis select India for their medical treatment is the high quality of Medical treatment provided by India. This also reflects India's image as a high quality medical tourism destination. Also the hospitals in the country should understand that they should take all the efforts to maintain their service quality, because, that is their differentiating factor from other medical tourism destinations. The second important reason stated by the Oman medical tourists for selecting India being the availability of wide range of specialties. This goes well with the push factor, which states that the Omani's travel to other countries for medical treatment is the non-availability of wide range of specialties. Surprisingly, the cost advantage India provides is the third important reason for selecting it. This shows that the Omani medical tourist are not just looking at the cost factor only, but the value for money. This is an important message for Indian hospitals to respond.

From the table 2 it is identified that there is significant difference among male and female with respect to the dimensions responsiveness, empathy and social responsibility. Since P-value is less than 0.05, the null hypothesis is rejected at 5% level with respect to the dimensions of responsiveness, empathy and social responsibility. There is no significant difference among the different age groups with respect to their perception of dimensions Tangibility, responsiveness, assurance, empathy, core service, systematization of service delivery and social responsibility, since $P > 0.05$. There is no difference in the perception of dimensions of service quality among different employment groups. Hence we can infer that all the employment groups perceive the same level of service quality. The medical tourist's educational qualification is not an influencing factor of perception of service quality. The difference in income is not an influencing factor of service quality perception.

There is significant difference between groups of periods of treatment with respect to Medical tourists' perception of core service and there is no significant difference among the different periods of treatments with respect to their perception of dimensions Tangibility, responsiveness, reliability, assurance, empathy, systematization of service, delivery and social responsibility. There is no difference in perception among the place of treatments: Mumbai, Chennai, Hyderabad and others. It is also expressed that age is not a barrier in visiting places. All the age groups show equal interest in visiting tourist places.

The set of weighted independent variables forms the regression model, a linear combination of the independent variables that best predicts the dependent variable. In our research model, customer (medical tourists) satisfaction is the dependent variable and the eight dimensions of the service quality are independent variables shown in table 3.

The regression for predicting the dependent variable customer satisfaction given the independent variables, eight dimensions of service quality is intended to be developed. The Multiple correlation coefficients 0.8073 measures the degree of relationship between the actual values and predicted values of customer satisfaction (Y).Because the predicted values are obtained as linear combination of Tangibility (X1), Reliability (X2), Responsiveness (X3), Assurance(X4), Empathy (X5), Core service (X6), Systematization of service delivery (X7), Social Responsibility (X8), the coefficient value of 0.8073 indicates that the relationship between the customer satisfaction and the eight independent variables is quiet strong and positive.

Table 2

Dimensions of Service Quality	Gender		Age group		Type of employment		Educational Qualification		Monthly Income		Period of Treatment		Place of Treatment	
	t	P	F	P	F	P	F	P	F	P	F	P	F	P
Tangibility	0.120	0.903	2.125	0.126	1.823	0.169	0.394	0.676	0.869	0.424	2.642	0.078	0.269	0.848
Reliability	1.340	0.186	3.903	0.025*	1.51	0.228	0.107	0.899	2.921	0.06	1.281	0.284	0.373	0.773
Responsiveness	2.520	0.014*	0.756	0.473	1.088	0.343	0.711	0.495	0.263	0.77	0.480	0.621	0.884	0.454
Assurance	1.160	0.249	0.978	0.381	0.733	0.484	0.92	0.403	0.678	0.511	1.778	0.176	0.684	0.565
Empathy	2.290	0.025*	1.527	0.224	0.775	0.465	1.21	0.304	0.786	0.46	0.977	0.381	0.362	0.781
Core Service	1.800	0.076	3.800	0.271	3.645	0.311	2.935	0.06	0.485	0.618	4.548	0.014*	0.311	0.818
Systematization of Service delivery	0.940	0.352	1.766	0.179	0.544	0.583	0.57	0.568	0.693	0.504	1.047	0.357	1.383	0.255
Social Responsibility	2.040	0.045*	0.764	0.696	0.459	0.634	0.459	0.634	0.049	0.952	0.141	0.869	0.199	0.897

Table 3

Variables	Unstandardised coefficient b	Standardised coefficient β	t value	Sig	F	F Change	R2	Adj - R2
Constant	1.464		2.696	0.008**				
Tangibility (X1)	0.022	0.124	1.149	0.254				
Reliability (X2)	0.03	0.117	0.831	0.408				
Responsiveness(X3)	0.065	0.142	1.041	0.301				
Assurance(X4)	0.097	0.399	2.585	0.012*	15.200**	15.2	0.65167	0.65
Empathy (X5)	0.052	0.09	0.700	0.486				
Core service (X6)	0.097	0.366	2.702	0.008**				
Systematization of services (X7)	0.052	0.163	1.505	0.137				
Social Responsibility (X8)	0.169	0.279	2.238	0.028*				

Note: ** denotes significance at 1% level
* denotes significance at 5% level

The coefficient of determination R-Square measures the goodness -of- fit of the estimated Sample regression plane (SRP) in terms of proportion of the variation in the dependent variables explained by the fitted sample regression equation. Thus the value of R square 0.6517 simply means that about 65.17% of the variation in adjustment is explained by the estimated SRP that uses the independent variables Tangibility (X1), Reliability (X2), Responsiveness (X3), Assurance(X4), Empathy (X5), Core service (X6), Systematization of service delivery (X7), Social Responsibility (X8) and R square value is significant at 1% level. The Multiple Regression model is

$Y=1.464+0.022X1+0.030X2+0.065X3+0.097X4+0.052X5+0.097X6+0.052X7+0.169X8$

To further validate the model the collinearity statistics were analysed with focus on tolerance and variance inflation factor (VIF). It was found that all the values are within the permissible limit and this confirms that there is no multi-collinearity between the independent variables.

The hypothesis testing showed that assurance ($\beta=0.39$, $p<0.05$), core service ($\beta=0.36$, $p<0.01$), and social responsibility ($\beta=0.27$, $p < 0.05$) were significant dimensions of service quality in achieving higher customer satisfaction. In other words, higher the patient perception of assurance, core service, and social responsibility, the superior the Customer satisfaction. On the other hand, tangibility ($\beta=0.12$, $p > 0.05$), reliability ($\beta=0.11$, $p > 0.05$), responsiveness ($\beta=0.14$, $p > 0.05$), empathy ($\beta=0.09$, $p > 0.05$), systematization of service delivery ($\beta=0.16$, $p > 0.05$) were not significant dimensions in achieving customer satisfaction.

Findings

The primal reason for visiting a foreign country for a medical treatment is the “lengthy waiting time” in the home country for the treatment. The next reason is the less availability or non availability of specialised treatment in the home country. Very few respondents says that they visit the country because of their love to travel to different countries. The primary reason for selecting India for medical treatment is the quality of the treatment. The subsequent reasons are availability of wide range of treatments and affordability. It is widely believed that the cost of the treatment in India is economical. Male respondents and Female respondents perceive Empathy, Responsiveness and Social responsibility differently. Male rates the mentioned dimensions relatively higher than the female counterparts. Respondents below the age group of 25 perceive the dimension of reliability slightly higher than the other age groups.

Different types of employment groups do not have any difference in perception with regards to the different dimensions of service quality. They perceive the dimensions almost equally. Difference in educational qualification or the differences in their monthly income doesn’t interfere with their perception with the different dimensions of service quality. It is also found that the customer satisfaction is getting influenced by the service quality by significant 65.2%. The dimensions namely core service, assurance and social responsibility are found to be influencing the customer satisfaction significantly than the dimensions like Reliability, Tangibility, Empathy, Responsiveness and systematization of service delivery.

Hence it can be inferred that more focus can be given to the factors core service, assurance and social responsibility. And it is also identified that the two of the three new factors which are included in the measurement scale of service quality are rated as the chief dimensions which influences the customer satisfaction.

Implications

The experience of the researcher is that the male respondents are more approachable than female respondents, because of their cultural affiliation. This may be one of the reasons for the dominance of male medical tourists in this study. The study clearly indicates that men are relatively, the important target population of the medical tourism market. The majority of the medical tourists are above 25 years of age. This piece of information can help marketers in designing marketing strategies, especially target segment. The medical tourism is most sought by the people who are working in government sector in Oman. The interpretations of this fact can be, Oman is a country where in much of the employment opportunities are with the government since employment opportunities are generated by government in various government related departments. Oman is a country where in the employees working for government does get good financial support from the government for medical treatment. Moreover the government is sponsoring Omani to take medical treatment abroad. Average Omani earner prefers India as their medical tourism destination. The medical affordability in India is quite conducive for an average Omani earner. The medical tourism sector in India is much contributed by the middle level earners of Oman. The allopathy treatment is most preferred medical system throughout the world. Invariably, people across the globe accept the genuineness of allopathic with full confidence. That confidence becomes the building block of success of allopathic medical system.

Hospitals are advised to keep their waiting time low, since it is the primal reason for the medical tourist to look at a foreign country for medical treatment. Indian hospitals should develop more specialities and super specialities which can attract more medical tourists. Indian hospitals should focus on providing “error” free treatment, since it is identified as one of the shortcomings in the research. Indian hospitals should take more efforts in cutting the cost of treatment, so that their price is affordable. This is very much required, because one of the main reasons for the medical tourists to look at a foreign country for medical treatment is, cost.

Indian hospitals should treat all patients equally (i.e.) whether they are rich or poor, west or east, male or female, white or black. “Quality” being the primary reason for choosing India as the Medical Tourism Destination by the Medical Tourists from Sultanate of Oman hence hospitals in India can concentrate more on enhancing their service quality.

Indian hospitals should put extra effort to improve Service Quality and hence customer satisfaction by focusing on three important dimensions: Core service, Assurance, and Social Responsibility. Indian hospitals should measure service quality periodically to check their current position and augment their strategies accordingly. The result of this study is a useful tool in understanding the medical tourist needs and wants.

Conclusion

Medical Tourism in the country is identified as one of the prospective Industry for economic growth. Most of the leading corporate hospitals / private hospitals participate in this Industry. The growth in this industry is fuelled by the changing demographics, expectation of the customers, increased awareness, customer preferences, and huge Medical costs. There is a stiff competition across the world to attract Medical Tourists. The major differentiating factor could be the "Service quality". Hence it gains importance in conducting such study to find out the customers perception of Indian Hospitals service quality. The study aimed at developing an approach and subsequently a tool for assessing service quality to measure the customer perceived service quality in the medical tourism sector. Also strategies were deliberated in putting India as a favourite Medical Tourism destination. Sultanate of Oman being one of the target market for the Indian medical tourism industry, this study investigated the Omanis medical tourists' perception of service quality in Indian hospitals. It is found that Omani medical tourists are satisfied with the Indian hospital service quality. They have identified that assurance; core service and social responsibility are the significant service quality dimensions which can influence customer satisfaction.

Scope for future research

Study can be replicated in other potential markets of Medical Tourism like, UAE, US, UK using the service quality scale developed in this study. Studies can investigate the potential economic impact of Medical Tourism. Studies can investigate the impact of Medical Tourism on the domestic Healthcare Industry. Studies can also be undertaken on Intrabound Medical Tourism. Thus by and large there is plenty of research problems available related to Medical Tourism. Hence it is the right time for the research community to identify and conduct studies which will benefit the country at large. Further, as consumer dynamics are changing frequently, studies can be repeated and made longitudinal to get an update of market happenings and thereby evolving suitable strategies.

References

Books

1. Crosby, P. (1984) Quality without Tears McGraw-Hill Book Company New York.
2. Euglier,P and Langeard,E (1987) , Servection Mcgraw-Hill, Paris.
3. Garvin, (1988) Managing Quality. New York:Macmillan.
4. Garvin. D.A, (1988) Managing Quality- The Strategic and Competitive edge. The Free Press,New York,.
5. Hair,J.F., Black, W.C .,Babin, Barry J.,Anderson, R.E., Tatham, R.L. (2009), Multivariate Data Analysis 6th Ed,Pearson Education.
6. Heskett,J., Sasser,E and Schlesinger, L(1997), The Service Profit Chain: How leading companies Link Profit and Growth to Loyalty, Satisfaction and Value. The Free Press,.
7. Juran.J.M., Jurans (1988) Quality Control Handbook,MC Graw-Hill,New York,4th edition,.

8. Kotler, P. And P.Keller(2006), Marketing Management, New York: Pearson Prentice Hall,.
9. Kotler, Philip, J. Bowen and J.C. Makens (2006) , Marketing for Hospitality and Tourism, Pearson Prentice Hall, New Jersey.
10. Lewis,R.C. and Booms, B.H.(1983) ,The Marketing aspect of Service Quality, in Emerging Perceptions on Services Marketing; Berry, L., Shostack, G. And Upah, G. (eds)., Chicago, American Marketing Association, 99-102.
11. LoveLock,C.H., and Wright,L., (1999) Principles of Service Management and Marketing, Prentice – Hall,Engleword Cliffs,NJ,.
12. Nunnally, J. C. (1988), Psychometric Theory, McGraw Hill Book Company, Englewood-Cliffs, NJ.
13. Payne,The Essence of Services Marketing ,Englewood Cliffs NJ, 1993.
14. Whiteley, R.C (1991), The Customer Driven Company, Addisson Wesley Publishing,Reading, MA.
15. Zeithaml, V.A, A. Parasuraman, and LL.Berry(1990), "Delivering quality service: Balancing customer perceptions and expectations", N ew York, NY: The Free Press.

Journals

1. Ajay Kumar Dogra and Pooja Dogra (2015) Medical Tourism in India- A Paradigm Shift. International Journal of Hospitality and Tourism Systems; Kurukshetra. 8:2.
2. Bowers, MR, Swan, J.E, Koehler, and William F (1994), "what attributes determine quality and satisfaction with healthcare services?" , Health Care Management Review, 19:4, 49.
3. Government of India (2016), Revised Guidelines for the Promotion of Wellness and Medical As Niche Tourism Products, Available at http://tourism.gov.in/sites/default/files/guideline/REVISED%20GUIDELINES%20FOR%20WELLNESS%20MEDICAL%20TOURISM%20AS%20ON%2006.12.2016.pdf
4. Lim, P and Tang, N (2000), "Study of patients expec tations and satisfaction in Singapore hospitals", International Journal of Heal thcare Quality Assurance, 13:7, 290-299.
5. Parasuraman A., Zeithaml,V.A.,Berry.L.L(1994), "Rea ssessment of Expectations as a Comparision Standards in measuring service quality:Implications for further research", Journal of Marketing, 58:1, 111-124.
6. Parasuraman, A and Grewal, D.(2000), "The Impact of technology on the Quality-Value-Loyalty Chain: A research agenda", Journal of the Academy of Marketing Science, 28:1, 168-174.
7. Parasuraman, A. Berry. L. L and Zeithaml. V.A(1993)"More on improving service quality measurement", Journal of Retailing, 69,140- 147
8. Parasuraman, A., Berry, L.L. and Zeithaml, V.A.(1991), "Refinement and reassessment of the SERVQUAL scale", Journal of Ret ailing, 68:4, 420-450.

9. Parasuraman, A., V. A. Zeithaml and L. L. Berry (1998)," SERVQUAL: a multiple item scale for measuring consumer perceptions of service quality", Journal of Retailing, 64(1), 12 – 37.
10. Parasuraman, A., Zeithaml, V.A. & Berry, L.L (1991, b), "Refinement and Reassessment of the SERVQUAL scale", Journal of Ret ailing, 67.
11. Parasuraman,A,Zeithaml,V.A.,Berry L.L.,(1994), "Servqual: Alternative Scales for marketing service quality? A comparative assessment based on psychometric and diagnostic criteria", Journal of Retailing, 70:1, 1 93-199.
12. Parasuraman. A, Zeithaml, V.A Berry. L. L (1994 b)," Alternating scales for measuring service quality: a comparative assessment based on pshycometric and diagnostic criteria", Journal of Retailing, 70:3, 201-30.
13. Parasuraman.A, Zeithaml V.A., and Berry.L.L (1985), "A conceptual model of service quality and implications for future research". Journal of Marketing, 49:3, 41-50.
14. Rust, R.T. and Zahorik, A.J(1993),"Customer satisfaction ,Customer retention and market share", Journal of Retailing, 69, 193-215.
15. Ruth Levush (2018), Knesset Passes Medical Tourism Legislation The Library of Congress, (2018) Available at: http://www.loc.gov/law/foreign-news/article/israel-knesset-passesmedical-tourism-legislation/
16. Teas, K.R (1994), "Expectations as a comparison Standard in measuring service quality: An assessment of a reassessment," Journal of Marketing (58), 132-139.
17. Teas, K.R, (1993), "Expectations, performance evaluation and consumers perception of quality", Journal of Marketing, 57, 18-34
18. Vandamme, R. And Lewis, J. (1993), "Development of a multiple item scale for measuring Hospital service quality", International Journal of Service Industry Management, 4:3, 30-49.
19. Youssef, F., Nel, D., and Bovaird, T. (1995), 'Service Quality in NHS hospitals', Journal of Management in Medicine, 9:11, 66-74.
20. Zeithaml, V.A, Berry, LL. and Parasuraman, A (1993), "The nature and determinants of customer expectations of service", Journal of Academy of marketing science, 21, 1-2.
21. Zeithaml, V.A, Berry, LL. and Parasuraman, A (1996), "The behavioral consequences of service quality", Journal of Marketing, 60, 31-4 6.
22. Zeithaml,V.A,Berry,LL.and Parasuraman.A(1988)."Communication and control process in the delivery of service quality", Journal of Marketing, V52:2,35-48.