

Assessment of Tangibility: A Comparative Study of Predictor of Service Quality in Health Care Industry

Shilpa Katira¹, Rajiv Samuel², Shefali Tiwari³

^{1,2}Department of Management, Dr. A. P. J. Abdul Kalam University, Indore (M.P.)-452016

³Shri RGP Gujarati Professional Institute, Indore (M.P.) – 452010

Corresponding Author

Shilpa Katira

Abstract:

The research work undertaken is aimed at Tangibility, SERVQUAL model measurement, which is viewed as a significant determinant of analysing service quality in terms of measurement of services by patients of the selected hospitals of Central India. In order to achieve this objective, the data was accumulated from 250 patients visiting selected hospitals, two from public sector and two from private sector. The gap analysis was determined between expectations and perception of Tangibility with regard to the Set-up that includes number of Beds and ICUs, well equipped medical facilities, appearance of doctors, nurses and staff and quality of information provided to patients by the hospital employees on the basis of patient responses. The study looks forward towards discussing the prominence of tangibility in government and private hospitals. The study aids in finding out that Tangibility is a prominent aspect of service quality and furthermore it is also seen that the tangible services that the private hospitals offer are more useful as compared to the Public Hospitals. The study backs that public hospitals require much more upgrading in the services they provide, as in India, majority of people are not in position to afford the charges of a Private Hospital. Therefore, the need to work into developing a Public-Private Partnership Model for improvements is felt more.

Keywords: SERVQUAL, Tangibility, Expectations, Perception, Gap analysis

1. Introduction

The study intends to evaluate the performance of selected hospitals of Central India, both Private and Public, based on the SERVQUAL model that relates to Tangibility, a dimension of service quality. The study has made a comparison amongst the Private and the Public Hospitals with respect to Tangibility. The term “service quality” in several ways has been defined. Parasuraman et al. (1988) expresses the word service quality between consumers’ perceptions and expectations” known as “a measure of the degree of discrepancy between consumers’ perceptions and expectations”. It was advised in one of the studies whether public or private sector, that the standard of services is very critical and can be strengthened by maintaining the right balance between procedures and approaches for improving the structure, staff’s frame of mind, behaviour and work climate Tiwari Shefali (2016).

Service Quality in Health Care Industry:

Healthcare has gained a lot of attention today, as it is the world's speediest flourishing service sector. Concerns regarding the condition of healthcare and patient care have risen, particularly in the form of expenses, malpractice, and reform of health care. The research indicates that the provision of health service options is a priority for both patients and care serving employees, as well as an atmosphere that is reliable and protected, neat, comfortable, quiet and friendly to exercise and get

medical treatment **Lee D (2015)**. The health care reliability and efficient services, patient awareness towards their health-related rights, reforming the healthcare conditions etc. all have been changing rapidly since last few years **Raposo et al. (2009)**. It is a challenge to revise the quality of health care services between hospitals in a comparative way and offer overview of how changes in the eminence of health care services can be done. **Myers B (1965)** has given the concept of health care quality and applied many dimensions in defining this concept. Relying on feedback is a strong tool to bring together the information and control service quality. To get a total understanding on the aspects of services, relevant feedback must be taken from the patient, nurses, Doctors, Specialist, Consultants, society etc. and accordingly try to make changes wherever, it is necessary. Various approaches were practised like (SERVQUAL, SERVPERF, or mixed models), for improving the dimensions of service quality. **Lee D (2017)** proposed a model of healthcare service quality measurement items, HEALTHQUAL focusing on care process. HEALTHQUAL is comprised of five components: “empathy, tangibles, safety, efficiency, and degree of improvements of care service.”

On the basis of past reviews, it is noticed that the services of health care are classified into two dimensions, one is technical and the other is functional. The technical means the diagnosis on machines like MR, CT Scan, X-Ray, USB etc. and that have accuracy in diagnosing and can be within the monetary reach of the patients. The other measurements help is providing immediate health care services to patients after the symptoms (**Lam, S. S. 1997**). Patients are given proper information about their diseases so that they come to know the treatment procedure (**Bowers et al., 1994**). **Ware and Snyder (1975)** examined in their study about the awareness of patients or their attendants about serious diseases, their diagnosis and treatments. The patients know that they can be cured in the hospitals serving best of the health care services in form of tangible services. Moreover, research found that if patients are given information on time, satisfaction of patients increase for those Hospitals (**Lam, S. S. (1997)**). **Cronin and Taylor (1994)** and **McAlexander et al. (1994)** also discussed about tangible services like proper information is mentioned in brochures, sitting space, canteen facility, clean environment, proper direction to guide them where they have to go etc. should be proper and that exerts positive impact on their satisfaction level (**Brown and Swartz, 1989; Barnes and Mowatt, 1986; Crane and Lynch, 1988; Davies and Ware, 1981**). According to **Oswald et al. (1998)**, argued in their study about the level of fulfilment with the health care services as they stated that if services are provided timely then there would be more chance to increase satisfaction. The major purpose of Healthcare providers is to concentrate on the apt way of providing treatment to their patients along with managing them properly, as the entire system of country depends upon the health of people. **Swartz and Brown (1989)** said, if patients are not given timely treatment then they conceive misconception about the Physicians and that this tarnish the goodwill and reputation of Physicians. Communication by the word of mouth is a very quick way to convey one's satisfaction or dissatisfaction and in the perspective of Doctors or the Hospitals' image, that would have been affected seriously and this led to decline in potential clients (**Brown and Swartz, 1989**).

Service Quality in hospitals:

In hospitals, traditionally the service quality measurements has relied on the structure-process-outcome framework developed by **Donabedian (1980)**. In this paradigm, structure refers to the inputs including the details of professionals (such as age and specialty) and of facilities. Process encompasses what is done to and for the patient and can include practice guidelines as well as aspects of how patients receive care. Outcomes are the end results of care that include the health status, mental status, and general well-being of patients. Government hospital Units are providing services free of charge or minimal charge and Community hospitals providing services usually against price. Service Quality as perceived by patients is defined as the degree and directions of discrepancy between patients' service

perceptions and expectations. It is also defined as difference between “technical quality” and “functional quality” (how it is delivered), and as “process quality” (judged during the treatment of process) and “output quality” (judged after the treatment).

2. Rationale of the Study

The basic objective of the research undertaken is to inspect the Gap analysis between Public and Private Hospitals. India has a very large population with a limited government hospital but numerous private ones all over the country. Majority of Indians cannot afford the treatment in the private hospitals so the health care system in India requires to be altered to fill this gap. Through this study, the researcher has drawn attention of readers towards the services delivered by Government and Private Hospitals. It is observed that in comparison to the Public Hospitals the services are delivered promptly in Private Hospitals. One of the important factor Tangibility is measured in selected government and private hospitals.

3. Literature Review

Azhagan, C.T., and Jeyabal, S.(2019) in their study discussed that Quality is considered as one of the imperative factors of fulfilment. The fulfilment of the patient which has been performed by the hospital relied upon the service execution. The expectation and perception of the patient about service quality has been measured and the level of a gap can be addressed so that improvements could be made in specific areas. Service dissatisfaction because of gaps in the hospital industry emerges in patient services. In this event if services are provided as per the expectations of patients then they are satisfied otherwise if services are not up to the mark they do not continue with such services and move to another Hospitals. The gap between the two by using SERVQUAL model will indicate whether the service quality is high or low on each of this variable (service engagement, patient safety, staff capacity, admission and discharge process, a culture of respect) in order to measure service quality.

Rostami et al. (2018) stated that to achieve the competitive differentiation, Service quality is a major factor of satisfaction of patients, as well as a remarkable tool for marketing. The present study was aimed to analyse the quality gap using SERVQUAL approach where a cross-sectional survey was conducted on 361 patients of selected hospitals of Golestan Province. The result showed that the expectation of hospital service quality related to reliability dimension was highest, while the lowest perception was about responsiveness aspect. The highest difference between perceptions and expectation in the reliability dimension was significant. There was a significant correlation between perceptions and expectation in terms of responsiveness dimension. The largest gap P-E was about reliability and physicality dimension that can likely be reduced by the staff appearance, physical environment, and utilization of suitable equipment and assurance to patients.

Lee, D. (2017) examined the effects of quality of services in healthcare (HEALTHQUAL) measurement items. For the research, in South Korea, Hospital was chosen with 500 Beds and patient's satisfaction was measured by using HEALTHQUAL measurement items. The data was collected from those patients who have classified into three groups. The results has shown some differences for the treatment of these patient's groups.

Panda. T. and Das, S. (2015) examined the importance of service quality factors particularly in terms of Tangibility that exerts its effect on customer satisfaction, a ultimate goal for sustaining service organizations. Service Quality have five dimensions namely; Response, assurance, tangibility, empathy and reliability. In individual terms, it is noted that all the five dimensions have its separate importance in lieu of customer fulfilment. In this study, through Operation-Based Tangibility (OBT) and Marketing Based Tangibility (MBT), customer satisfaction has been calculated. This is driven primarily by analyzing and gauging the influence of tangibility on customer satisfaction across

hospital and hospitality sector. The study has developed a structural model by analysing the components of tangibility to test its importance on customer satisfaction.

Nadi **et., al. (2016)** conducted study on measuring the perception towards service quality factors in two Hospitals. This is comparison between two selected Hospitals. The study has revealed that the service quality is assessed from the consumer's side and wanted to depict the parameters on which service quality is assessed. The study indicated that first priority is given to empathy as patients want care and concern from the Doctors regarding their problems. The second rank is given to physical appearance including cleanliness, proper information of services etc. The next in row comes responsiveness which indicates how Doctors or Staff respond to their complaints, then assurance and the least weightage is given to reliability of Hospitals. So the modifications are to be done in assurance and reliability. There are differences in the status of service quality variables among selected hospitals. It is suggested that hospital management should take care of the patients by providing the best facilities.

Gupta, K. S., & Rokade, V. (2016), in their study, analysed that patients nowadays are aware of their rights in terms of health care services and their quality being delivered to them. This implies that the most important criterion for evaluating the quality of services offered by a service provider is customer satisfaction. Positive customer feedback adds to the goodwill of service providers in the industry, which indirectly extends the business, while negative feedback makes it poor.

Kansra, P., & Jha, A. K. (2016), in their study moved ahead while keeping an understanding that the quality of service and customer satisfaction are the two most important concepts, which companies need to understand in order to remain competitive in the market. Service quality in healthcare services is important and demands continuous attention by the customers. Keeping this in mind, in the study, the researcher made an attempt to find out the most important dimensions of quality of service that affects the customer's satisfaction in hospitals. The study applies the SERVQUAL model given by Parasuraman, for measuring the

quality of service in hospitals of Jalandhar region. A structured questionnaire has been formed using the five dimensions (reliability, assurance, tangibles, responsiveness, and empathy) as given by Parasuraman. The data has been collected from the hospitals in Jalandhar region based on random sampling approach; the model has been validated through both confirmatory and exploratory factor analysis approach. The results of the study did not support the five dimensions of Parasuraman SERVQUAL in India, thus reducing the number of factors (dimensions) used to calculate the standard of service of hospitals in Jalandhar, India to four. For quality assurance and patient satisfaction, policy makers and hospital management should concentrate on these four factors.

Umath, B. Marwah, A. K. & Soni, M. (2015), in their research work uses SERVQUAL model to analyse the gap between perceptions and expectations of the patients, concerning with these services at hospital units in selected cities of state of Madhya Pradesh. Customer satisfaction level is assessed for the services offered at selected hospital units in the cities of Ujjain, Dewas and Indore. In this empirical study, five dimensions of service quality were taken into account: tangibility, efficiency, responsiveness, empathy, and assurance. Study findings have shown that hospital-provided services have a positive effect and are critical for building patient satisfaction. The results of this empirical study repeat the point of view that dimensions of service quality are important for hospital patient satisfaction. Because in fast growing economies such as India's, it is an upcoming sector with high growth potential and opportunities. More information about the value of service quality (SERVQUAL) is expected to be generated by the results of this report, so that hospitals can use it as an initial building block for their management and to assess and further enhance the quality of service. In the study conducted, **Singh, P. P. (2013)** emphasises that the primary duty of private or

government hospitals is to provide their patients with quality services and enhance the quality of services that are considered to be important. In order to gain patient satisfaction in the Varanasi district, the study aims to compare the services based on quality offered by public and private hospitals. The updated 'SERVQUAL' tool was used for this purpose to assess the patient's view of the hospital's service quality. Service quality criterion were used to assess patient perceptions of the service quality of public and private hospitals in the district of Varanasi; tangibility, efficiency, responsiveness, assurance and empathy. The outcome shows that private hospitals provide their patients with an improved level of care relative to public hospitals. Based on the approach used in the study, hospital managers are able to understand patient preferences about the quality of health care and the level of their satisfaction, and marketing strategies are also created by managers. This appears to be effective in enhancing the quality of services in order to increase customer satisfaction and the ability to recommend the services of a particular healthcare provider to others.

Aagja and Garg (2010), in their study developed a scale termed as public hospital service quality (PubHosQual) with five dimensions named „admission, medical service, overall service, discharge process and social responsibility.“ This diagnostic tool possesses dimensions of SERVQUAL and some other dimensions that varied from the SERVQUAL ones. Author compared reliability and validity of both scales and found 0.72–0.86 and 0.58–0.89, respectively. The study concentrated on only one multi-specialty public hospital in developing countries like India where area catchment of the population was predominantly from lower middle to middle-income social class. Therefore, developed instrument can be tested for validity in varied cultural contexts.

Yeşilada, F., & Direktouml, E. (2010) studied three factors related to service quality that is empathy, tangibility and reliability. The result shows that private Hospitals have better facilities compared to Public Hospitals. Patients in the private sector are fully pleased with the services they get, and patients in government hospitals are not pleased. The gap suggests that there is less gap for private hospitals, although there is more gap for government hospitals. The study proposed that the four dimensions of service quality in the public sector should also be strengthened.

Sower. V.et., al. (2001) identified the key characteristics of service traits that have an impact on customer satisfaction. These key characteristics enable the organizations to focus on areas for improvements. This research is an attempt to sufficiently operationalize the level of care in hospitals as a multi-dimensional construct to capture the shifting experiences of providers and patients. The study has developed a valid and accurate scale to help hospitals improve the dimensions of service quality. The study named this scale as Key Quality Characteristics Assessment for Hospitals (KQCAH) scale framed to measure the satisfaction level of patients. Through the use of focus group, the KQCs were identified on recently discharged patients, Health Care Providers, Hospital employees and administrative department. After many phases, this scale was developed to get the accurate results for better outcomes.

4. Objectives of the Study

1. To compare the well- equipped medical facilities between private and Public Hospitals.
2. To examine the difference of environment between private and Public Hospitals.
3. To compare the appearance of Doctors/Staff between private and Public Hospitals.
4. To study the differences between private and Public Hospitals in terms of Information Brochures about services available at the reception desk.

5. Hypotheses of the Study

H01: There is no significant difference in the well-equipped medical facilities between private and Public Hospitals.

H02: There is no significant difference environment between private and Public Hospitals.

H03: There is no significant difference in the appearance of Doctors/Staff between private and Public Hospitals.

H04: There is no significant difference in the availability of information Brochure about services between private and Public Hospitals.

6. Research Methodology

This study had selected two Private Hospitals and Two Public Hospitals in Central India as per the convenience of researcher. Total 255 patients were selected randomly, those who have taken treatment from these Hospitals. Patients had different types of diseases and since some of them were in a serious condition so their family members were approached. Out of 250, 125 patients were selected from private sector Hospitals and 125 were from Public sector Hospitals. These patients were from different parts of Central India. Through self-structured questionnaire, their responses were recorded and on the basis of these responses, the suggestions were also given to concerned Hospitals for taking necessary action. These

Hospitals consisted of 300 Beds and ten ICUs. The questionnaire had very simple close ended questions which was very easy to fill up. While maintaining social distancing, questionnaires were filled. SPSS 22 was used for analysing this study.

Reliability of Items

Table 1: Reliability Statistics

Cronbach's Alpha	N of Items
.796	4

The scale has .796 reliability value consisting of 4 items means that 79.6% scale is reliable. Firstly, gap analysis was conducted for Government and private hospitals to check the mean difference between perception and expectation for tangibility dimension. And later t-test was applied for comparing tangibility dimension of selected hospitals.

Table 2: Gap Analysis (P-E) of Public Hospitals

Parameters of Tangibility	Mean of Perception (P)	Mean of Expectation (E)	Mean of Gap (P-E)	Standard Deviation of Gap
Well Equipped Medical Facilities	1.87	3.68	-1.81	0.1846
clean & comfortable environment with proper directional signs	2.160	3.42	-1.26	0.2693
neat appearance of Doctors/Staff	3.14	3.49	-0.35	0.143
availability of information Brochure at the reception desk about services	2.168	3.45	-1.282	0.285

The table shows the gap between perception and expectation towards the parameter of Tangibility. The variable Well Equipped Medical Facilities have mean of gap -1.81 with the SD of Gap 0.1846. The second variable clean & comfortable environment with proper directional signs have mean of

Gap -1.26 with SD of Gap 0.2693, the next variable neat appearance of Doctors/Staff have mean of Gap -0.35 with SD of Gap 0.143 and the last variable availability of information Brochure at the reception desk about services have mean of Gap - 1.282 with SD of Gap 0.285. It can be concluded that the item neat appearance of Doctors/Staff had least gap score and the other three items had more gap between perception and expectations so in those areas more improvements in services are needed for public hospitals selected.

Table 3: Gap Analysis (P-E) of Private Hospital

Parameters of Tangibility	Mean of Perception (P)	Mean of Expectation (E)	Mean of Gap (P-E)	Standard Deviation of Gap
Well Equipped Medical Facilities	2.99	3.42	-0.43	0.4564
clean & comfortable environment with proper directional signs	3.46	3.68	-0.22	0.203
neat appearance of Doctors/Staff	3.28	3.65	-0.37	0.249
availability of information Brochure at the reception desk about services	3.45	3.62	-0.17	0.1876

The table shows the gap between perception and expectation towards the parameters of Tangibility in Private Hospitals. The variable Well Equipped Medical Facilities have mean of gap -0.43 with the SD of Gap 0.4564. The second variable clean & comfortable environment with proper directional signs have mean of Gap -0.22 with SD of Gap 0.203, the next variable neat appearance of Doctors/Staff have mean of Gap -0.37 with SD of Gap 0.249 and the last variable availability of information Brochure at the reception desk about services have mean of Gap -0.17 with SD of Gap 0.1876. It can be concluded that the item availability of information Brochure at the reception desk for services had least gap score and the other three items had more gap between perception and expectations so in those areas more improvements in services are needed for private hospitals selected.

7. Results on Hypotheses

H01: There is no significant difference in the well-equipped medical facilities between private and Public Hospitals.

Table 4: Group Statistics on well-equipped medical facilities

	Group	N	Mean	Std. Deviation	Std. Error Mean
T1	Public	125	1.8720	1.15686	.10347
	Private	125	2.9920	1.39986	.12521

Table 5: Independent Samples Test on well-equipped medical facilities

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
T1	4.865	.028	-	248	.000	-	.16243	-	-
			6.895	239.500	.000	1.12000	.16243	1.43992	.80008
T1	4.865	.028	-	248	.000	-	.16243	-	-
			6.895	239.500	.000	1.12000	.16243	1.43997	.80003

The table exhibits the difference of means between Public and Private Hospitals with reference to well-equipped medical facilities. From Table 4 it is seen that the mean value of Private Hospitals (2.99) is higher than the mean value of Public Hospitals (1.87), therefore, it is stated that the Private Hospitals have well equipped medical facilities. The p value is .000 which is less than 0.05 hence, the null hypothesis is not accepted and concluded that there is a difference between Public and Private Hospitals with regard to well-equipped medical facilities.

H02: There is no **significant difference in clean & comfortable environment** between private and Public Hospitals.

Table 6: Group Statistics on clean & comfortable environment

	Group	N	Mean	Std. Deviation	Std. Error Mean
T2	Public	125	2.1600	1.27886	.11438
	Private	125	3.4560	1.05114	.09402

Table 7: Independent Samples Test on clean & comfortable environment

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
T2	22.955	.000	-	248	.000	-	.14806	-	-
			8.753	239.039	.000	1.29600	.14806	1.58762	1.00438
T2	22.955	.000	-	248	.000	-	.14806	-	-
			8.753	239.039	.000	1.29600	.14806	1.58768	1.00432

The table exhibits the mean difference between Public and Private Hospitals with regard to clean & comfortable environment with proper directional signs. From the table 5 it is seen that the mean value of Private Hospitals (3.45) is higher to the mean value of Public Hospitals (2.16), therefore, it is stated that the Private Hospitals have clean & comfortable environment with proper directional signs. The p value is .000 which is less than 0.05(los) hence, the null hypothesis „There is no significant difference in the clean & comfortable environment with proper directional signs between private and Public Hospitals“ is not accepted and concluded that there is a difference between Public and Private Hospitals with regard to clean & comfortable environment with proper directional signs.

H03: There is no significant difference in the neat appearance of Doctors/Staff between private and Public Hospitals.

Table 8: Group Statistics on neat appearance of Doctors/Staff

	Group	N	Mean	Std. Deviation	Std. Error Mean
T3	Public	125	3.1440	1.14796	.10268
	Private	125	3.3280	1.21001	.10823

Table 9: Independent Samples Test on neat appearance of Doctors/Staff

	Levene's Test for Equality of Variances		t-test for Equality of Means							
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
								Lower	Upper	
T3	Equal variances assumed	.906	.342	1.233	248	.219	-.18400	.14918	-.47783	.10983
	Equal variances not assumed			1.233	247.316	.219	-.18400	.14918	-.47783	.10983

The table exhibits the difference of means between Public sector and Private sector Hospitals with reference to the appearance of Doctors/Staff. From table 8 it is seen that the mean value of Private Hospitals (3.32) is nearly equal to the mean value of Public Hospitals (3.14), therefore, it is stated that the both Public sector and Private sector Hospitals have neat appearance of Doctors/Staff. The p value is 0.219 > 0.05(los) hence, the null hypothesis is accepted and concluded that there is no difference between Public sector and Private sector Hospitals with regard to neat appearance of Doctors/Staff.

H04: There is no significant difference in the availability of information Brochure at the reception desk about services between private sector and Public sector Hospitals.

Table 10: Group Statistics on the availability of information Brochure

	Group	N	Mean	Std. Deviation	Std. Error Mean
T4	Public	125	2.1680	1.31208	.11736
	Private	125	3.4560	1.11806	.10000

Table 11: Independent Samples Test on the availability of information Brochure

		Levene's Test for Equality of Variances		t-test for Equality of Means							
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
										Lower	Upper
T4	Equal variances assumed	15.468	.000	8.354	248	.000	-1.28800	.15418	1.59168	-.98432	
	Equal variances not assumed			8.354	241.910	.000	-1.28800	.15418	1.59172	-.98428	

The table exhibits the difference of means between Public sector and Private sector Hospitals with reference to the availability of information Brochure at the reception desk about services. From table 10 it is seen that the mean value of Private Hospitals (3.45) is higher to the mean value of Public Hospitals (2.16), therefore, it is stated that the Private Hospitals have availability of information Brochure at the reception desk about services. The p value is 0.00 which is less than 0.05 level of significance, hence the null hypothesis is not accepted and concluded that there is a contrast between Public and Private Hospitals with regard to availability of information Brochure at the reception desk about services.

8. Suggestions

On the basis of results some suggestions have been given:

The Public Hospitals should have well equipped medical facilities so that patients will get immediate treatment. Services would not be delayed.

The Public Hospital should have clean & comfortable environment with proper directional signs to guide the patients.

Information Brochures about services should be available at the reception desk in order to provide the information and that Brochure would contain all the relevant details.

The Budget sanctioned by the Government should be utilized fully in making the improvements of Public Hospitals.

The appearance of Doctors/Staff should be appealing so that patients can open to them regarding their diseases.

In all the services should be appealing as aesthetics play a very important role to boost the self-confidence of the patients who are sick and come for treatment and care to the hospitals.

9. Conclusion

The study found a difference in public and private hospitals between perception and expectation of tangibility, a dimension of service quality. The result showed that the minimum gap was found in the appearance of Doctors / Staff for the Public Hospital, but the maximum gap is observed in providing the well-equipped medical facilities, clean & comfortable atmosphere with proper directional signs and accessibility of Information Brochures on reception desk services. After analysis it was also found that the minimum gap for private hospitals is found in the availability of information brochures about services at the reception desk, indicating that they have all the relevant information in private hospitals, but in other parameters, the maximum gap is found having the well-equipped medical facilities, clean & comfortable environment with proper directional signs. The relative study between Public sector hospitals and Private sector hospitals also found that, for the well-equipped medical facilities, the Private Hospitals are more ahead in providing the services. The result also indicated that Private Hospitals have clean & comfortable environment with proper directional signs compared to Public Hospitals. Regarding the availability of information at the reception desk, again the services of Private Hospitals are much better than Public Hospitals. But for the neat appearance of Doctors/Staff, both Private and Public sector hospitals have same level of Tangible services. Physician/staff neatly dressed in white coat can be an essential component of the patient care experience in this era of adequately increased emphasis on patient awareness and satisfaction.

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