

# Exploring Assessment Strategies for Quality Care in the Healthcare Sector; A Systematic Review



## ARTICLE INFO

### Article Type

Systematic Review

### Authors

Bhaladhare R.<sup>1</sup> MBA  
Rishipathak P.<sup>2\*</sup> MD, PhD

### How to cite this article

Bhaladhare R, Rishipathak P. Exploring Assessment Strategies for Quality Care in the Healthcare Sector; A Systematic Review. Health Education and Health Promotion. 2024;12(1):79-84.

<sup>1</sup>Department of SCHS, Faculty of Medical and Health Science, Symbiosis International University, Pune, India

<sup>2</sup>Symbiosis Centre for Health Skills, Symbiosis International University, Pune, India

### \*Correspondence

Address: Symbiosis Centre for Health Skills, Symbiosis International (Deemed University), Campus Hill Base, Lavale, Pune, India. Postal Code: 412115

Phone: (+91)020-66975028/66975030

Fax: (+91)020-66975028/66975030

director\_schs@siu.edu.in

### Article History

Received: December 5, 2023

Accepted: January 18, 2024

ePublished: February 3, 2024

## ABSTRACT

**Aims** The aim of this study was to conduct an in-depth analysis of the quality of healthcare services, focusing specifically on the costs and challenges faced in healthcare administration.

**Information & Methods** A systematic review was carried out across major databases, including PubMed, Web of Science, and EMBASE, with studies in English being the sole inclusion criterion. The search strategy utilized keywords and Boolean operators to find relevant articles that met the predefined inclusion and exclusion criteria, culminating in the selection of eight pertinent articles. Analysis of these articles uncovered substantial deficiencies in the delivery and standard of care within the healthcare sector.

**Findings** The study underscores the pivotal role played by healthcare staff and efficient management practices in improving the quality of services. It stresses the importance of tackling disparities and enhancing access for marginalized groups. Future research is urged to delve into lesser-studied areas to gain a comprehensive understanding of factors affecting healthcare service quality. The findings advocate for the advancement of patient-centered care and a commitment to continual improvement as key strategies for achieving and maintaining excellence in healthcare services.

**Conclusion** This study calls for a transformative approach to improving healthcare service quality, highlighting the critical interplay between different aspects of care, the importance of healthcare personnel, and the need for efficient management. It encourages a worldwide collaborative effort to expand our understanding and promotes a culture of ongoing enhancement to foster lasting improvements in the quality of healthcare services.

**Keywords** Quality of Health Care; Healthcare Sector; Hospitals; Delivery of Health Care

## CITATION LINKS

[1] High-quality health systems in the Sustainable Development Goals era: time for a ... [2] Strategies for ensuring quality health care in India: experiences from ... [3] Challenges to healthcare in India-The ... [4] Quality of health care in India: challenges, priorities, and the road ... [5] Quality management in healthcare: The pivotal ... [6] External inspection of compliance with standards for improved healthcare ... [7] Overview of healthcare in ... [8] Improving healthcare quality in ... [9] A conceptual framework of service quality in healthcare: perspectives of Indian patients and ... [10] Do patients' perceptions exceed their expectations in private healthcare ... [11] Modeling patient satisfaction construct in the Indian health care ... [12] Provider-perceived dimensions of total quality management in ... [13] The impact of service quality dimensions on patient satisfaction, repurchase intentions and word-of-mouth communication in the public healthcare ... [14] Service quality experience and customers' behavioural intentions in active ... [15] The effects of industrial pre-frying and domestic cooking methods on the nutritional compositions and fatty acid profiles of two different frozen ... [16] A conceptual model of service quality and its implications for ... [17] Some new thoughts on conceptualizing perceived service quality: a hierarchical ... [18] Measuring service quality in b2b services: an evaluation of the SERVQUAL scale vis-à-vis the ... [19] Hospital healthcare service quality, patient satisfaction and loyalty: An investigation in context of private ... [20] Measuring healthcare service quality from patients' perspective: Using Fuzzy AHP ... [21] Service quality assessment in health care sector: The case of Durrës ... [22] Evaluation of outpatient service quality in Eastern Saudi Arabia: Patient's expectations and ... [23] Measuring the quality of provided services for patients with chronic kidney ... [24] Patients' perception, views and satisfaction with community health center services at mardan district of ... [25] Measuring hospital service quality and its influence on patient satisfaction: An empirical study using ... [26] The role of hospital service quality in developing the satisfaction ... [27] Patient assessment of the quality of dental care services in ...

## Introduction

Healthcare systems globally, encompassing both public and private sectors, consistently face challenges related to the quality of care provided. The importance of a high-quality health system extends beyond simple service delivery; it significantly affects individual health outcomes [1]. There has been a growing focus on healthcare quality, acknowledging that improvements in care standards not only enhance the health of a nation's citizens but also contribute to its broader socioeconomic development. Enhancing the quality of hospital treatments is critical for all countries, particularly for developing ones where tertiary care facilities often serve as the primary source of healthcare. This commitment is evident in India's 2017 National Health Policy (NHP), which aligns with domestic objectives and international commitments toward achieving health-related Sustainable Development Goals (SDGs). The NHP emphasizes the importance of consistency, positive health outcomes, equitable service provision, and reliability as key indicators of high-quality healthcare [2]. Addressing infant mortality rates (IMR), maternal mortality rates (MMR), neonatal mortality rates (NMR), and under-five mortality rates (U5MR) necessitate a focus on continuous quality improvement in maternity, fetal, and neonatal care [1]. The quality of healthcare services in India varies significantly, with instances of innovation and excellence existing alongside substantial service delivery gaps. Despite advances in medical science, a considerable portion of the Indian population, particularly those who are economically disadvantaged, still receives substandard primary and secondary care [3]. The issue of inadequate healthcare quality is pervasive, impacting both developed and developing nations, and is characterized by high rates of medical errors, geographical disparities in care quality, and a lack of clinician engagement [4]. Historically, efforts to improve healthcare quality in resource-limited settings like India have primarily focused on overcoming structural barriers. Recent research in low-income countries has highlighted "know-do gaps," or discrepancies between the care that caregivers can provide and their actual knowledge level. Beyond structural issues, poor care can also result from information deficits and a lack of accountability within governance frameworks, with the scarcity of resources and expertise among healthcare professionals further compounding these challenges. Understanding the nuances of healthcare service delivery and the limitations affecting providers' effectiveness is crucial for addressing the challenges faced by the healthcare sector.

## Justification

The motivation behind this systematic study stems from the need to bridge the significant gap between patient expectations and perceptions of healthcare

services. As the healthcare sector evolves, the importance of patient-centered care, which emphasizes the role of patients in defining the quality of services, becomes increasingly vital. This evaluation examines the dynamic nature of service quality assessment, focusing on the aspects that patients deem most critical to change. It also highlights the competitive nature of the healthcare sector and the importance for organizations to meet patient expectations to achieve success. The literature review sets the stage by outlining the definition of quality healthcare and the challenges associated with measuring service quality in this field. The noted limitations draw attention to potential biases and constraints in the review process, advising caution in the interpretation and application of the findings. Overall, the justification emphasizes the significance of understanding and enhancing healthcare service quality from the perspective of patient expectations.

## Review of Literature

**Concept of Quality Health Care:** Defining quality within the healthcare sector is challenging, often characterized by striving for a high level of excellence and satisfaction [5]. It includes healthcare competencies, the environment of service delivery, and interactions between clients and healthcare providers. Quality medical care is defined as the extent to which health services improve healthcare outcomes and reflect professional expertise [6]. The UK healthcare system underscores the provision of appropriate healthcare services that are feasible, accessible, accepted by the public, and elevate the overall standard of patient care. Planning for quality improvement and continuous evaluation is crucial because quality significantly affects patient disabilities, healthcare costs, disease occurrence, and public trust in the healthcare system [7]. Enhancing healthcare quality, which involves addressing issues like hospital infections and mortality rates, is linked to improving patients' quality of life [8].

**Service Quality in the Healthcare Sector:** Measuring service quality in the healthcare field is fraught with difficulties due to the complexities involved in understanding patient perceptions and satisfaction [9]. While healthcare institutions may offer similar services, the quality of these services can differ, highlighting the importance of studying service quality. As awareness increases and service standards rise, patient expectations have escalated, emphasizing the need for quality control, effective medical treatments, and service quality [10]. The widely used SERVQUAL model assesses customer perceptions of service quality across various service domains, including skilled nursing facilities and patient satisfaction [11]. However, its application in healthcare has produced mixed outcomes, suggesting that further refinement is necessary [12, 13].

## SERVQUAL Model

The SERVQUAL model, introduced by Parasuraman in 1985, is a widely recognized approach for evaluating the complex nature of service quality. It delineates service quality into five sub-dimensions: tangibles, responsiveness, reliability, assurance, and empathy [14]. These sub-dimensions are designed to tackle the challenges associated with the intangibility, variability, and inseparability of services. Tangibles emphasize the physical facilities and equipment; reliability focuses on consistent service delivery; responsiveness pertains to timely service; assurance involves the competence and courtesy of employees; and empathy refers to the personalized attention given to customers [15]. The application of SERVQUAL has been examined in numerous studies, demonstrating its utility. In the literature, there are two perspectives on the SERVQUAL dimensions: one treats the five SERVQUAL elements as sub-dimensions, and the other regards them as evaluators for dimensions [16, 17]. This review adopted the former perspective, enabling an extensive analysis of the categories. Despite its broad application in healthcare research, the use of the SERVQUAL model indicates an ongoing need for refinement and enhancement [18].

**Information and Methods**

For documenting findings, the systematic review adhered to the Recommended Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The literature search extended from the inception of each database up to 2023, covering studies from PubMed, Web of Science, and EMBASE databases. A search strategy, based on the PICO

framework, was developed. Additionally, a follow-up search was performed to capture any relevant research that might have been missed initially. This comprehensive strategy aimed to ensure a thorough and extensive collection of relevant literature for the systematic review.

**Inclusion and Exclusion Criteria**

Publications were selected based on both inclusion and exclusion criteria, with only English-language articles considered. Peer-reviewed journals were specifically chosen to ensure the reliability of the evidence. Articles published within the last 10 years were prioritized.

**Data Collection Strategies**

The literature search involved three databases: PubMed, EMBASE, and Web of Science, chosen for a complete data collection process. The search utilized logical operators and keywords to avoid data saturation. This method was designed to conduct a thorough, extensive, and comprehensive search, ensuring the inclusion of relevant literature and reducing the risk of missing significant studies.

**Data Extraction**

Data regarding study design, time period, participant characteristics, interventions, and limitations were collected using a standardized form. Inclusion and exclusion criteria were rigorously applied, and duplicate articles were removed. Initially, 270 articles were identified. After applying the filters, articles were further screened by their titles and full texts. Those that remained were fully reviewed, and additional articles were retrieved as necessary. Ultimately, 8 articles were selected for detailed analysis and inclusion in the review (Figure 1.).

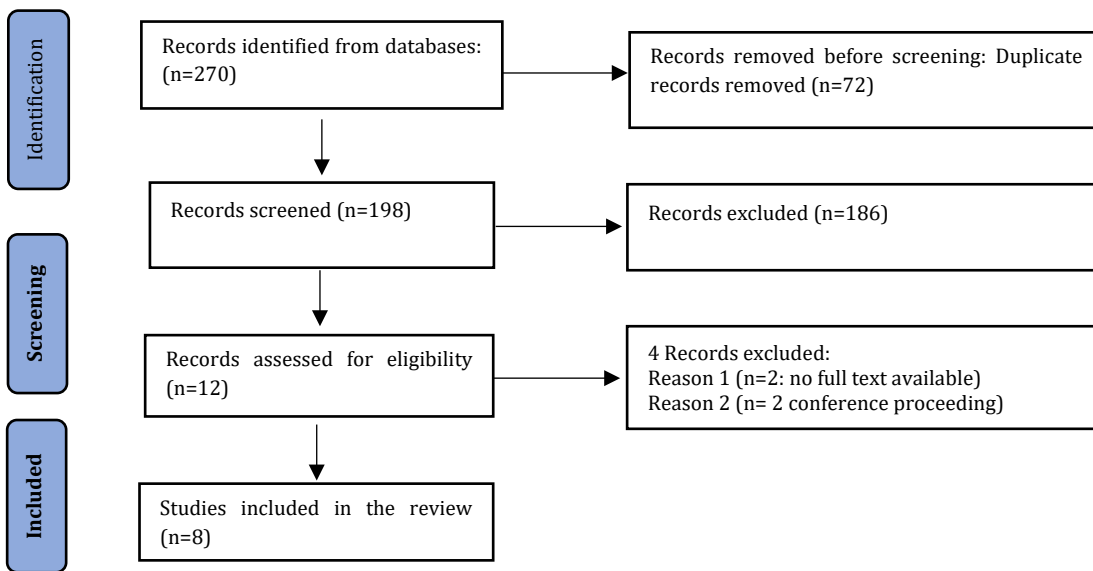


Figure 1. Prisma flowchart

**Findings**

Upon completion, the compositions were thoroughly examined and evaluated, encompassing a total of eight studies. Utilizing a theoretical framework

allowed for a comprehensive evaluation of the situation and facilitated a deeper understanding of the literature [21]. The table below summarizes each article (Table 1).

**Table 1.** Findings of previous studies

Author(s) and Year	Study Design	Sample size	Key findings
Fatima <i>et al.</i> (2018) <sup>[19]</sup>	Observational survey	611	High-quality services are advised by the healthcare industry for patient outcomes and satisfaction.
Singh and Prasher (2017) <sup>[20]</sup>	Observational survey	650	Better quality services for patients focus on the trustworthiness and reliability of hospitals
Kalaja <i>et al.</i> (2016) <sup>[21]</sup>	Observational survey	200	Good quality of positive results provided by hospitals.
Fraihhi <i>et al.</i> (2016) <sup>[22]</sup>	Cross-sectional descriptive study	306	Significant service quality gaps were identified.
Bahadori <i>et al.</i> (2014) <sup>[23]</sup>	Cross-sectional descriptive study	195	Quality services by the hospital are not as per patient satisfaction.
Israr <i>et al.</i> (2016) <sup>[24]</sup>	Observational survey	120	The quality of care was deemed satisfactory by the respondents.
Kazemi <i>et al.</i> (2013) <sup>[25]</sup>	Cross-sectional	190	The quality of services in healthcare was identified by this study.
Lim <i>et al.</i> (2018) <sup>[26]</sup>	Exploratory	176	Superior healthcare services enhance patient satisfaction and results.

The meta-analysis of eight publications revealed significant insights into the measurement of healthcare service quality and the theories applied in assessing it. The quality of healthcare services, being subjective and intangible, presents challenges in definition and quantification. An in-depth review of articles on healthcare service quality showed that various metrics are used to evaluate it, primarily focusing on the service environment, staff, hospital management, and patient experiences.

Fatima *et al.* specifically explored the significance of service quality measurements in predicting patient satisfaction and loyalty within hospital services. The results highlighted that private healthcare providers are keen to deliver superior healthcare services to their patients. When healthcare services are effective, there tends to be an increase in patient satisfaction and loyalty. Factors such as the physical environment, a welcoming atmosphere, effective communication, responsiveness, safety, and privacy within healthcare services are all positively linked to patient loyalty. In this dynamic, patient satisfaction serves as a mediating factor<sup>[19]</sup>. Singh and Prashar integrated the SERVQUAL model with fuzzy set theory to evaluate service quality, highlighting the necessity for hospital management to be attentive and responsive to patients' perceptions of service quality to enhance healthcare services. They stressed the importance of thoroughly understanding client expectations and needs to remain competitive in this highly competitive industry<sup>[20]</sup>. Kalaja *et al.* evaluated the service quality of a public regional hospital, focusing on patients' perceptions and expectations across five dimensions: tangibility, assurance, responsiveness, empathy, and reliability. Notably, the study found no significant differences between patients' expectations and their perceptions of receiving high-quality care, suggesting that hospital administrators and policymakers consider these findings as critical inputs for decision-making related to service quality assessment<sup>[21]</sup>. Fraihhi *et al.* investigated patient expectations and perceptions regarding hospital outpatient services using a service quality gap model and identified factors influencing

these gaps. The results showed a satisfactory alignment and confirmed the proposed model's effectiveness in capturing the essential components of service quality. Statistically, patients' expectations surpassed their perceptions in all areas of service quality, with privacy observation having the smallest gap and timeliness of services the largest. The study also highlighted correlations between the number of visits, demographic factors, and aspects of service quality<sup>[22]</sup>. The importance of an inviting outpatient environment and appropriate services was emphasized as key reasons for hospital visits, with the physical layout of the hospital significantly affecting care quality<sup>[22]</sup>. Bahadori *et al.* researched the care quality for patients with chronic renal disease, revealing that the quality of care received did not meet patients' expectations, indicating significant gaps across all dimensions. The study recommended that employees and healthcare providers be more open to patient feedback to address workplace issues and enhance service standards. Furthermore, training medical staff to meet patients' expectations and emotional needs was advised. The study also pointed out that a significant gap in empathy might result from poor communication between medical professionals, nurses, and staff<sup>[23]</sup>. Israr *et al.* reported that every participant was satisfied with the medical care they received. Quality service is crucial for enhancing the health of the rural population by making healthcare services accessible to the community and patients, who are generally content with the healthcare system<sup>[24]</sup>. To measure various dimensions of hospital service quality (HSQ), Kazemi *et al.* undertook an empirical study using gap analysis or patient satisfaction, finding the greatest disparity in "responsiveness" and the least in "assurance". The primary goals of service quality include satisfying clients and adding value to the hospital under investigation. Hospitals aiming to excel should prioritize patient satisfaction, as it directly influences customer satisfaction, profitability, productivity, market share, and costs. Following responsiveness, significant gaps were noted in reliability and empathy. The hospital was rated better in physical



and mental health conditions than others. However, patients expressed dissatisfaction with the hospital's responsiveness, noting staff members' apparent lack of eagerness to help, slow reactions to requests, and failure to answer calls when needed [25]. Lim *et al.* explored HSQ, patient satisfaction, hospital utilization, and financial performance using a conceptual model. Their analysis revealed a wide variance in service quality, which significantly impacts client satisfaction and, consequently, financial performance [26]. These findings align with previous research indicating a positive correlation between service quality and patient satisfaction, and a substantial cost benefit associated with combined patient satisfaction and utilization. This study corroborates earlier evidence of a positive relationship between patient satisfaction and HSQ. Moreover, it shows a significant positive link between hospital utilization, financial success, and patient satisfaction [26].

## Discussion

Significant disparities exist in the quality of care provided by hospitals. Unlike other factors within the servicescape, utilization has historically received less attention. Future research could explore this area further, given that healthcare facilities' infrastructure is often either underutilized or overutilized, complicating the delivery of healthcare services. The primary factors for assessing the competency of human resources in the healthcare sector include personnel attitudes, effectiveness, efficiency, empathy, responsiveness, assurance, professional conduct, dependability, timeliness, and reliability. However, aspects such as provider motivation, satisfaction interactions, professional reliability, quality of information, and the quality of hospital communication have received less focus. It was similarly observed that these characteristics, despite being under-researched, could impact the quality of care in healthcare facilities [25]. Factors affecting the quality of hospital management and administration include admission processes, assurance, the healthcare delivery system, prevalence rates, standards, leadership and management, and medical services.

The study highlighted disparities across various service and care quality factors, which are interconnected. Suki *et al.* support the idea that a deficiency in one dimension could negatively affect other service quality areas, leading to a decline in overall quality [10]. Therefore, managers and service providers should aim to improve other dimensions, in addition to concentrating on those with the most significant gaps.

Several key factors in hospital administration impact staff-patient interactions, including the availability of doctors or paramedical staff, patient discharge protocols, hospital documentation practices, staff

awareness of social responsibility, management standards, and the availability of medications. These aspects have not been extensively studied in the existing literature. Future research could further explore these under-researched attributes [22, 23]. Factors, such as the average length of stay, patient cooperation, medical quality/condition, and patient sociodemographic data also play a crucial role in influencing patient characteristics and the level of service provided.

Adebayo *et al.* observed the highest service quality gap in assurance and positive gap in empathy dimensions, indicating expectations are met in this dimension among the patients attending the dental clinic [27]. The five SERVQUAL dimensions serve as a broad categorization for the elements used to evaluate hospitals' perceived service quality within frameworks other than the SERVQUAL model. However, Chahal and Mehta pointed out that hospitals are increasingly being evaluated based on new criteria, including outcome quality, process quality, quality of bureaucracy, utilization, technology quality, and trustworthiness [11].

This study faces certain limitations that offer opportunities for further research. It employed a systematic review process to collect research articles from various databases, selecting only those full-text papers available in English after applying several inclusion criteria. As a result, some studies available only in other languages or not indexed in the selected databases might have been missed. Among the limitations were potential variances due to the diversity of settings. Only peer-reviewed content was considered. A review of the literature reveals numerous tools for assessing healthcare service quality. However, most of these assessment tools developed by researchers focus on quality from the patient's perspectives, overlooking the viewpoints of the service providers. Patients alone may not be able to assess the technical aspects of service quality. To gain a comprehensive understanding of service quality assessment and satisfaction with service interactions, it is crucial to incorporate both service providers' and recipients' perspectives.

## Conclusion

This study conducted an in-depth analysis of healthcare service quality dimensions and measurement tools, offering insights derived from a broad range of literature. The identified research gaps highlight areas for future exploration. By acknowledging the subjective nature of service quality, this study contributes to theoretical frameworks, facilitating further progress in comprehending and improving healthcare service quality.

**Acknowledgements:** We sincerely appreciate the students and staff who collaborated with us in this study.

**Ethical Permissions:** This study was approved by the Ethics Committee for Research Involving SIU PUNE INDIA Exploring Assessment Strategies for Quality Care in the Health Care Sector: A Systematic Review.

**Conflicts of Interests:** The authors have no conflicts of interest to declare.

**Authors' Contribution:** Bhaladhare R (First Author), Introduction Writer/Methodologist/Main Researcher/Statistical Analyst (50%); Rishipathak P (Second Author), Introduction Writer/Methodologist/Assistant Researcher/Discussion Writer/Statistical Analyst (50%)

**Funding/Support:** This study received no funding.

## References

- 1- Kruk ME, Gage AD, Arsenault C, Jordan K, Leslie HH, Roder-DeWan S, et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. *Lancet Glob Health*. 2018;6(11):e1196-252.
- 2- Gopal KM. Strategies for ensuring quality health care in India: experiences from the field. *Indian J Community Med*. 2019;44(1):1.
- 3- Kasthuri A. Challenges to healthcare in India-The five A's. *Indian J Community Med*. 2018;43(3):141-3.
- 4- Mohanan M, Hay K, Mor N. Quality of health care in India: challenges, priorities, and the road ahead. *Health Aff*. 2016;35(10):1753-8.
- 5- Aggarwal A, Aeran H, Rathee M. Quality management in healthcare: The pivotal desideratum. *J Oral Biol Craniofacial Res*. 2019;9(2):180-2.
- 6- Flodgren G, Gonçalves-Bradley DC, Pomey MP. External inspection of compliance with standards for improved healthcare outcomes. *Cochrane Database Syst Rev*. 2016;12(12):CD008992.
- 7- Grosios K, Gahan PB, Burbidge J. Overview of healthcare in the UK. *EPMA J*. 2010;1(4):529-34.
- 8- Quentin W, Partanen VM, Brownwood I, Klazinga N. Improving healthcare quality in Europe. Copenhagen: European Observatory on Health Systems and Policies; 2019.
- 9- Padma P, Rajendran C, Sai LP. A conceptual framework of service quality in healthcare: perspectives of Indian patients and their attendants. *Benchmarking Int J*. 2009;16(2):157-91.
- 10- Mohd Suki N, Chiam Chwee Lian J, Mohd Suki N. Do patients' perceptions exceed their expectations in private healthcare settings?. *Int J Health Care Qual Assur*. 2011;24(1):42-56.
- 11- Chahal H, Mehta S. Modeling patient satisfaction construct in the Indian health care context. *Int J Pharmaceutical Healthc Marketing*. 2013;7(1):75-92.
- 12- Duggirala M, Rajendran C, Anantharaman RN. Provider-perceived dimensions of total quality management in healthcare. *Benchmarking Int J*. 2008;15(6):693-722.
- 13- Kitapci O, Akdogan C, Dortyol IT. The impact of service quality dimensions on patient satisfaction, repurchase intentions and word-of-mouth communication in the public healthcare industry. *Procedia-Social Behav Sci*. 2014;148:161-9.
- 14- Romiti A, Sarti D. Service quality experience and customers' behavioural intentions in active sport tourism. *Modern Economy*. 2016;7(12):1361-84.
- 15- Miranda JM, Martínez B, Pérez B, Antón X, Vázquez BI, Fente CA, et al. The effects of industrial pre-frying and domestic cooking methods on the nutritional compositions and fatty acid profiles of two different frozen breaded foods. *LWT-Food Sci Technol*. 2010;43(8):1271-6.
- 16- Parasuraman A, Zeithaml VA, Berry LL. A conceptual model of service quality and its implications for future research. *J Marketing*. 1985;49(4):41-50.
- 17- Brady MK, Cronin Jr JJ. Some new thoughts on conceptualizing perceived service quality: a hierarchical approach. *J Marketing*. 2001;65(3):34-49.
- 18- Gounaris S. Measuring service quality in b2b services: an evaluation of the SERVQUAL scale vis-à-vis the INDSERV scale. *J Services Marketing*. 2005;19(6):421-35.
- 19- Fatima T, Malik SA, Shabbir A. Hospital healthcare service quality, patient satisfaction and loyalty: An investigation in context of private healthcare systems. *Int J Quality Reliabil Manag*. 2018;35(6):1195-214.
- 20- Singh A, Prasher A. Measuring healthcare service quality from patients' perspective: Using Fuzzy AHP application. *Total Quality Management & Business Excellence*. 2019;30(3-4):284-300.
- 21- Kalaja R, Myshketa R, Scalera F. Service quality assessment in health care sector: The case of Durres public hospital. *Procedia-Social Behav Sci*. 2016;235:557-65.
- 22- Al Fraihi KJ, Famco D, Latif SA. Evaluation of outpatient service quality in Eastern Saudi Arabia: Patient's expectations and perceptions. *Saudi Med J*. 2016;37(4):420-8.
- 23- Bahadori M, Raadabadi M, Jamebozorgi MH, Salesi M, Ravangard R. Measuring the quality of provided services for patients with chronic kidney disease. *Nephro-urology Monthly*. 2014;6(5):e21810.
- 24- Israr M, Awan N, Jan D, Ahmad N, Ahmad S. Patients' perception, views and satisfaction with community health center services at mardan district of Khyber Pakhtunkhwa. *Am J Public Health Res*. 2016;4(3):79-87.
- 25- Kazemi N, Ehsani P, Abdi F, Bighami M. Measuring hospital service quality and its influence on patient satisfaction: An empirical study using structural equation modeling. *Manag Sci Letters*. 2013;3(7):2125-36.
- 26- Lim J, Lim K, Heinrichs J, Al-Aali K, Aamir A, Qureshi M. The role of hospital service quality in developing the satisfaction of the patients and hospital performance. *Manag Sci Letters*. 2018;8(12):1353-62.
- 27- Adebayo ET, Adesina BA, Ahaji LE, Hussein NA. Patient assessment of the quality of dental care services in a Nigerian hospital. *J Hosp Adm*. 2014;3:20-8.