Centurion Journal of
Business, Economics and
Social Science
Vol.1 | Issue 2 | December 2024

A Study on Quality of Customer Services in Corporate Hospitals: A Literature Review

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Abstract

Services are considered to be important because of their significant role in daily life, in industrial States in the past two decades the services sector has been at the forefront of economic activities. This is a clear indication of the importance of services and their role in the daily life of individuals.

This paper studies the quality of services in corporate hospital. The study confirmed that the Supreme Council of the hospital is responsible for command and control quality at strategic level. The study also found that the field of improving the medical health is very developed and there is an opportunity for those interested in this field for documentation and installation of their practices related to the improvement of quality, particularly that health care literature is not applicable scientifically in the field of employment.

Keywords: Corporate hospitals, Health services, Service quality, SLR, SERVQUAL

1. INTRODUCTION

Many Governments of developing countries recognize healthcare as an important driver of community services infrastructure. The healthcare industry is interrelated with other community services such as public health, energy, environment, education and social security. Healthcare industry remains the prime concern of people especially in the times of increasing incidences of

communicable diseases and increasing percentage of old age population.

India is the 7th largest country in the world and the 2nd most populous country after China. A large part of India's population lives on less than $2 a day. The standards of living and hygiene is very unsatisfactory, especially in rural areas. All these reasons, coupled with a sub tropical climate, make India a hotbed for diseased people. And it's not just the poor who suffer, the rich suffers too. The rich have money and therefore can afford expensive medical treatments. At a time when medical costs are rising worldwide, India is emerging as a popular treatment destination thanks to its relatively low cost and better success rates. However, it is a kind of paradox that the health care services still remain out of reach not only for the poor, but also the middle class people. Compounding the problem is the paltry number of beds and qualified doctors available to provide treatment- 178.7 Hospital beds per 1,00,000 people in the urban areas, and an astonishingly low 9.87 beds per 1,00,000 people in rural areas. Making matters worse are the sky high prices of various medical tests (ranging from the basic X-rays, blood tests, to various other complicated tests) and the ever increasing price of drugs.

People who can afford it, and are lucky enough to get into a good hospital, pay through their nose, and end up losing all their savings on treating themselves or their family members/relatives. However, the rich have hope as the private health care unit is opening up and it will translate into more options for them.

The scenario in Odisha is much worse than the National average The scenario in Odisha is much worse than the national average. The health care facilities both in terms of infrastructure and expertise in rural belt are abysmally poor. In urban areas though private hospitals are coming up in large numbers, the service quality is not up to standard. In last decade few private multispecialty hospitals came up especially in Bhubaneswar (capital city of Odisha), but the systems and procedures in these multi-specialty hospitals is yet to be stabilized. Hence, though these hospitals are set up by renowned doctors and established groups in medical field, as far as service quality is concerned they lag behind by their counterparts in other metros by a huge margin. Through this study an attempt will be made to explore the consumer (patients and attendants) perception about the services rendered by the hospitals.

2. LITERATURE SURVEY

Quality could be defined as exceeding customer expectations consistently. There has been a paradigm shift from quality as defined by producers to quality as understood by consumers. Increased competition has forced healthcare organizations to become more market oriented (Vandamme and Leunis, 1992). Most service providers in healthcare

industry offer similar services, but at varying level of service quality (Youssefet al., 1996). Hence rational consumers filter the service providers and tend to establish relationship with those service providers offering higher value propositions.

Services are considered to be important because of their significant role in daily life, in industrial States in the past two decades the services sector has been at the forefront of economic activities. This is a clear indication of the importance of services and their role in the daily life of individuals, due to following reasons (Ya'qubi, 2004):

1. The rapid technological changes reflected on the size and type of services provided and this is clear in the rapid developments in the telecommunications sector.

2. The accelerated growth of services at the global level,that can be seen through the removal of tariff barriers under the World Trade Organization and the emergence of multinational companies.

3. The increased demand for services by the beneficiaries.

4. Services are designed to meet the needs and wishes of the beneficiaries of the services

Kelly (2010) in the study entitled "The use of Baldrig criteria to improve performance in the field of public health" another global standard is used in the study, this study examined the overall quality, as a complement to the public health system through the use of (Baldrig) scale as an operational model for TQM and the purpose of this study, is to reach a better understanding of how to use this model and its applicability in the health sector , The results of the study indicate that this model is suitable for application in the field of public health, and is considered positive and valid for use in its current form, this study suggests the use of this form for organizations seeking to win prizes at the level of performance.

Huarng & Horng (2002) Study was entitled "adoption of Taiwanese hospitals of TQM" to the use of the workers in Taiwan Department of hospitals for the TQM, especially in the area of network relations and organizational identity and strategically adjustment and organizational personnel conduct, the study found that large and non-profit hospitals are more qualified to benefit from the small and profitable hospitals network relations, and as it pursues an expected strategy to cope with developments on the national health Plaza Reviewing the study of (Powell, 2008), entitled "development and improvement of the quality assurance programs in health care institutions", we find that it sought to describe and discuss the most important tools used to improve the quality, in three health-care systems for hospitals: big teaching hospitals, health centres and the Centre for academic health service, and the results indicated that programs of continuous improvement and total quality management system, have an

effect on health care widespread throughout the Organization, as results showed, that there are external factors influencing the working environment, organizational mandates and the type and scope of programs to improve the quality provided, the results also showed that these health care organizations are similar in the manner of application of health-care programs, and there is growing concern by managers, regarding patient satisfaction and safety, participants in the study also confirmed that the Supreme Council of the hospital is responsible for command and control quality at strategic level, the study also found that the field of improving the medical health is very developed and there is an opportunity for those interested in this field for documentation and installation of their practices related to the improvement of quality, particularly that health care literature is not applicable scientifically in the field of employment.

There are various measures of service quality adopted in wide range of industries like banking, airline (Kiatcheroenpol and Laosirihongthong, 2006) and healthcare etc.. The most widely used are SERVQUAL model (Parasuraman et al., 1988) and SERVPERF (Cronin and Taylor, 1992). The dimension model of SERVQUAL focuses mainly on identifying gaps, which lead to minimize the degree of difference between customers' perception and expectation of service quality.

With regard to satisfaction, prior research identifies three theoretical approaches:

a) Cognitive, where satisfaction is a result of the positive difference between product performance and existing standards (Oliver 1977, 1980, 1997)

b) Contingent, in which satisfaction is the process that depends on the context (Fournier and Mick, 1999)

c) Cognitive-affective which includes the influence of emotional variables in the generation of satisfaction (Oliver 1989, 1993, 1997).

Most marketing researches accept the dual nature of satisfaction, i.e. cognitive and affective (Oliver 1997) and consider that it results from a comparison between a subjective experience and a previous reference standard. Satisfaction can be broadly characterized as a post purchase product quality given pre purchase expectations (Kotler, 1991). Study by Yi (1991) in consumer context has identified expectations, perceived quality as antecedent of satisfaction. The process improvement in medical services with application of information technology was studied extensively by Lee (2004).

Most approaches focus on customer satisfaction obtained from service provided and the perception about the service performance. The customers not having good service experience will be dissatisfied which will result in seizure of

subsequent relationships. The bad service experience may get circulated inform of word of mouth, multiplying the negative impact much greater than the loss of an unhappy customer. In the long run, unsatisfied customers are likely to switch to another supplier (Churchill and Suprenant 1982). According to Ness et al. (2001), it might be cheaper to retain a customer than attract new ones.

Lin and Kelly (1995) noted that although patient satisfaction surveys have high internal validity, since it surveys patients, not the population at large; it requires multiple factors in capturing true consumer satisfaction, which may not be comprehensive in most of the models. Lin and Kelly also warned that most measurement models are vulnerable to common sampling errors that may introduce biases of unknown magnitude to their results. Five measuring dimensions in healthcare namely access to care; resources availability, finance, humaneness and quality of care were extracted (Ware et al. 1976). The dimensions of healthcare quality were further fine- tuned to: admission, doctor's care, nursing, daily care, ancillary staff, discharge, billing and overall quality. It has been observed from literature review that the variables affecting the service quality in health care sector are far too many to be individually acted upon. Factor analysis is often used as a convenient tool for reducing data complexity by reducing the number of variables being studied. It is a set of techniques which, by analyzing correlation between variables reduces the number into fewer factors which explain much of the original data, more economically.

Kondo in his article "Quality through the Millennia" says "The desire for quality is not a new development. In the first centuries of the human race, his major activities were hunting, stock raising and harvesting. All of these were aimed at providing food and clothing. The quality of the first tools such as flint, plough and hoe affected pre-historic man's catch or harvest. It can be said that our ancestors had a keen interest in quality which is roughly estimated to be one million years age".

Quality can be a cause of cost reduction and productivity elevation but cost and productivity cannot be a cause of quality improvement. It is only logical then, that when attempts are made to improve, one needs to start with quality. Human history of quality, cost and productivity is as follows; Quality 1,000,000 years, Cost 10,000 years and productivity 200 years.

Radford in 1926, for the first time, viewed quality as a distinct management responsibility and as an independent function. Shewhart of BELL Laboratories, USA in 1930 proposed that the statistical methods could be used for examining whether the items produced by any process were of uniform quality or not.

In 1956 Feigenbaum proposed "Total Quality Control". High quality products, he argued, were unlikely to be produced if the manufacturing departments were forced to work in isolation. To provide genuine effectiveness of Total Quality Control, the control has to start with the design of the product and end only when the product has been placed in the hands of the customer who remains satisfied. The first principle to be recognized was "Quality is everybody's job". TQC propagated by Feigenbaum generally refers to the quality of products and services. As a matter of fact, TQC is actually a step in the road towards Company Wide Quality Control (CWQC) which was coined by Ishikawa of Japan.

Ishikawa developed and defined CWQC as a means to provide good and low cost products, dividing the benefits among consumers, employees and stock holders while improving the quality of people's lives. CWQC refers to the quality of management, the quality of human behavior, the quality of work being done, the quality of work environment, the quality of product and the quality of service with an aim of improving the quality of society, the quality of industries, the quality of National economy and the quality of World trade. TQC of other countries and the CWQC of Japan are the fore-runners of what is today popularly known as 'Quality Management'. Quality management applied to all functions of the organization covering all people from top to bottom is termed Total Quality Management or TQM in short.

Juran defines quality as 'Fitness for use'. He further elaborates 'Fitness for use' as the extent to which the product successfully serves the purpose of the user during usage. In this definition the user does not know about the details of specifications to which the product is made and tested. All that he knows is that he has purchased the product with a specific end use; if it meets that "use" he is satisfied and it continues to be fit throughout the life.

Crosby defines "Quality as conformance to requirements", which can only be measured by the cost of non-conformance rather than low quality or high quality. This leads to the existence of only one standard of performance – Zero defects.

Taguchi defines "Quality as the losses a product imparts to the society from the time the Product is shipped". The loss is measured in terms of Yen or Dollars and is linked to the hard technology of the product. Through this definition the Japanese engineers become bilingual as prescribed by Juran; the loss function allows the engineers to speak the language of things and money. Two products that are designed to perform the same function may both meet specifications but can impart different loss to societies. Therefore merely meeting specifications is a poor measure of quality.

Deming has defined "Quality as a predictable degree of uniformity and

dependability at low cost and suited to the market". He recognizes that the quality of any service or product has many scales. A product may achieve a low mark on one scale but a high mark on another. This clearly fits in with the view that quality is whatever the customer needs or requires. Since customer's tastes and requirements are always changing, a major part of the quality efforts needs to be devoted to market research.

Kearney defines "Total quality management as a customer focused, strategic and basic approach to continuous improvement in quality, service and even innovation".

Oakland says "Total quality management is an approach to improve the effectiveness and flexibility of business as a whole. It is essentially a way of organizing and involving the whole organization; every department, every activity, every single person at every level." Quality management as a concept is a question of determining, developing and controlling a organization's quality. It is based on the premise that every task accomplished within an organization can be viewed as a process; the process can be defined, measured and improved. TQM attempts to apply statistical analysis and process improvement techniques to everything of the manufacturing floor

Deming says that "the customer is the most important part of the production line". Without someone to purchase our product we might as well shutdown the whole plant. But what does the customer need? How can we be useful to him? What does he think he needs? Can he pay for it? These are the questions that are to be understood. Therefore, there is a necessity to study the needs of the customer and provide the product to satisfy his needs. This was one of the main doctrines of quality taught to Japanese management by Deming.

Ishikawa says "In the organization, it is necessary to know about customers' likes, tastes and applications. Organisations need to manufacture products that the consumer wants and are happy to buy. The aim of CWQC is to implement this basic approach. A logical reaction to the consumer orientation approach is always to think in terms of another party's position. In order to do this, it is necessary to listen to their opinion and to act in a way that will take their views into account".

Berry (1983) formally introduced the term customer relationship management in to the literature but several ideas of relationship marketing have emerged much before. McGarry (1950, 1951, 1953 and 1958) included six activities in the formal list of marketing functions: contractual function, propaganda function, merchandising function, physical distribution function, pricing function and termination function. The contractual function falling within the main task of marketing reflects McGarry's relational orientation and his emphasis on developing cooperation and mutual

interdependence among marketing actors. McGarry's work has not been widely publicized, and his relational ideas did not lead to the same flurry of interest caused by Wroe Alderson (1965)'s focus on inter- and intra-channel cooperation. Two influential writings in the 1960s and 1970s provided impetus to relationship marketing thinking, particularly in business to business context. Adler (1966) observed the symbiotic relationships between firms that were not linked by traditional marketer –intermediary relationship. Vardarajan (1986) and Vardarajan and Rajaratnam (1986) examined other manifestation of symbiotic relationships in marketing.

The second impetus was provided by John Arndt (1979), who noted the tendency of firms engaged in business-to-business marketing in developing long-lasting relationships with their key customers and their key suppliers rather than focusing on discrete exchange and termed this phenomenon as "domesticated markets". The impact of these works spread across two continents. In the United States, several scholars began examining long-term inter-organizational relationships in business-to-business markets and the Industrial Marketing and Purchasing (IMP) Group in Europe laid emphasis on business relationships and networks (Anderson, Hakanson and Johnson (1994); Dwyar et al (1987), Hakanson (1982), Hallen, Johnson and Seyed-Mohamed (1991), Jackson (1985)).

While undertaking a study on the field of customer retention and corporate profitability, Reichheld and Sasser (1990) stated that role of customers is essential for corporate performance, so that when relationships with customers endure, profits rise up. In addition, Sheth and Parvatiyar (1995) showed that the cost of retaining current clients is frequently much lower than cost of acquiring new ones. In the same way, Reichheld (1993) concluded that economic benefits of high loyalty are important, and in many industries they explain the cost-effectiveness differences among companies. Furthermore, there are two ways by which these improvements can take place i.e. customer retention entails an improvement of corporate performance by means of repeated purchases and references; enhanced organizational performances enable the company to invest more resources on motivating and improving the relationship with its employees, and this will affect again customer retention.

A review by Jacoby (1971) confirms that prior studies have focused entirely on behavioural outcomes and ignored consideration of what went on in customers 'minds. Brand loyalty was simply measured in terms of its outcome characteristics Jacoby and Chestnut, (1978). This involved determining the sequence of purchase (Brown, 1952, 1953; Lawrence, 1969; McConnell, 1968;Tucker, 1964), proportion of

purchase devoted to a given brand (Cunningham,1956) and probability of purchase (Frank, 1962; Maffei, 1960).Day (1969) argued that ``there is more to brand loyalty than just consistent buying of the same brand. Attitudes for instance". Building on this work, Jacoby (1969, 1971) provided a conceptualisation of brand loyalty that incorporated both a behavioural and an attitudinal component. The behavioural aspect of loyalty focuses on a measure of proportion of purchase ofa specific brand, while attitude is measured by a single scale (Day, 1969) or multi-scale items (Selinet al., 1988). Day obtained a value for loyalty by dividing the ratio of purchase of a brand by the mean scores obtained for attitude. The behavioural and attitudinal aspects of loyalty are reflected in the conceptual definition of brand loyalty offered by Jacoby and Chestnut (1978). Much of the work on loyalty in the 1970s and early 1980s has used this conceptualisation (cf. Goldberg, 1981; Lutz and Winn, 1974; Snyder, 1986).

More recently, Dick and Basu (1994) suggest an attitudinal theoretical framework that also envisages the loyalty construct as being composed of' relative attitude and patronage behaviour. A further aspect of loyalty identified by other researchers in more recent years is cognitive loyalty. This is seen as a higher order dimension and involves the consumer's conscious decision-making process in the evaluation of alternative brands before a purchase is effected. Gremler and Brown (1996)extend the concept of loyalty to intangible products, and their definition of service loyalty incorporates the three specific components of loyalty considered, namely: the purchase, attitude and cognition.

Definitions of service quality hold that this is the result of the comparison that customers make between their expectations about a service and their perception of the way the service has been performed (Lewis and Booms, 1983; Lehtinen and Lehtinen, 1982; GroÈnroos, 1984; Parasuraman et al., 1985, 1988,1994). Lehtinen and Lehtinen 71982) give a three-dimensional view of service quality. They see it as consisting of what they term ``interaction", “physical" and ``corporate" quality. At a higher level, and essentially from a customer's perspective, they see quality as being two-dimensional, consisting of ``output" and ``process" quality. The model proposed by GroÈnroos (1984, 1990) highlights the role of technical (or output) quality and functional (or process) quality as occurring prior to, and resulting in, outcome quality. In this model technical quality refers to what is delivered to the customer, be it the meal in a restaurant, the solution provided by a consultant, or the home identified by the estate agent.

Functional quality is concerned with how the end result of the process was transferred to the customer. This concerns both psychological and behavioral aspects that include the accessibility to the

provider, how service employees perform their task, what they say and how the service is done. Thus while technical quality can often be quite readily evaluated objectively, this is more difficult to do with functional quality. The model also recognises that customers also have some type of image of the firm, which has a quality impact in itself and functions as a filter. The customers' perceived quality is the result of the evaluation they make of what was expected and what was experienced, taking into account the influence of the organisation's image.

In operationalising the service quality construct, Parasuraman et al. (1985, 1988, 1994) have made use of qualitative and quantitative research following generally accepted psychometric procedures. This resulted in the development of the original 22-item SERVQUAL instrument that represents one of the most widely used operationalisation of service quality. It has provided researchers with the possibility of measuring the performance-expectations gap (gap 5) ostensibly composed of five determinants. In further developing the expectations side of their gap model, Berry and Parasuraman, 1991) and Zeithaml et al.(1993) argue that expectations can be conceptualised to exist at two levels: the desired; and the adequate. In between there exists a zone of tolerance reflecting the degrees of heterogeneity individual customers are willing to accept. Interestingly, the original service quality gap (gap 5) now splits into two (Zeithmal et al., 1993). Gap 5A results from the contrast between perceived service and desired service and is termed the measure of service superiority (MSS). Gap 5B contrasts perceived service with adequate service and is termed the measure of service adequacy (MSA). The authors argue that companies providing a service above the adequate level have a competitive advantage. However, such companies need to strive so that perceived service exceeds the service level desired by customers. This will ensure ``customer franchise'' which results in unwavering customer loyalty. The contention by the developers of SERVQUAL that the instrument can be applied to determine the service quality offering of any service firm has led to its extensive adoption (cf. Dabholkar et al., 1996). The various replications undertaken have highlighted a number of areas of both theoretical and psychometric concern. First, the conceptualisation and usefulness of the expectations side of the instrument has been questioned (cf. Boulding et al.,1993; Cronin and Taylor, 1992, 1994; Forbeset al., 1986; Tse and Wilton, 1988).

Second, the problems expectation scores pose in terms of variance restriction have been highlighted (cf. Babakus and Boller, 1992; Brownet al., 1993). Third, there are problems associated with difference scores including findings showing that the performance items on their own explain more variance in service quality than difference scores (Babakus and Boller,

1992; Cronin and Taylor, 1992, 1994). Cronin and Taylor (1992, 1994) show empirically that the perception items in SERVQUAL exhibit a stronger correlation with service quality than the difference score computations suggested by SERVQUAL.

They therefore suggest the use of SERVPERF that consists solely of the 22performance items of SERVQUAL. Finally, the number of factors extracted is not stable (cf. Bouman and van der Wiele, 1992; Carman, 1990; Cronin and Taylor, 1992, 1994; Gagliano and Hathcote, 1994).

In response to the empirical findings that have emerged, Parasuraman et al. (1994) have undertaken significant changes. First, there has been are conceptualisation and extension of the expectations side distinguishing between desired and minimum expectations. Second, they have suggested the use of a three-column format SERVQUAL that eliminates the need to re-administer items. The authors have also suggested a reduction in the number of items to 21, the use of nine-point instead of seven-point scales, and recognise the possibility of the existence of three rather than five dimensions, where ``responsiveness, assurance and empathy meld into a single factor''. The GroÈnroos and the gap model of service quality provide parallel conceptualisation of the construct. The contribution made by Parasuraman et al. has been in developing the widely used SERVQUAL. Cronin and Taylor (1992, 1994) have shown that SERVPERF does a better job in measuring service quality. This paper takes the view that the conceptualisation of service quality as a gap is correct, but adopts the position by Rustet al. (1996, p. 249) who hold that service quality is simply confirmation/disconfirmation in satisfaction theory. Operationally this means that the gap is measured directly by asking respondents to provide a score for each of the performance items in SERVQUAL in relation to their expectations rather than ask these separately and then calculating the gap. This preserves the conceptualisation of service quality but has the advantage of being more statistically reliable and cutting the length of the questionnaire.

To identify the conceptual domain of the customer satisfaction construct, Giese and Cote (2000) conduct research that involves a review of the satisfaction literature together with group and personal interviews. They define the customer as the ultimate user of a product. Their research suggests three general components that constitute the customer satisfaction construct. First, customer satisfaction is a summary affective response that varies in intensity.

Second, the response pertains to a particular focus, be it a product choice, purchase or consumption. Finally, the response occurs at a particular time that

varies by situation, but is generally limited in duration. The authors hold that these three aspects provide a framework for a context specific operational definition.

Hence by using a multi-dimensional approach to measure the impact of customer satisfaction gives insight into customer loyalty, bringing added urgency to management on needs to improve deficient service areas.

REFERENCES:

Cronin J. J Jr and Taylor, S.A. (1992), "Measuring Service Quality: A reexamination and extension", Journal of Marketing, July, pp. 55-68

Lee, P.M (2004), "IT enhanced Service Quality in Health Care Industry", Journal of Computer, the Internet and Management, Vol. 12 No.3, pp 96-103

Lin, B and Kelly, E. (1995), "Methodological Issues in patient satisfaction surveys", International Journal of Healthcare Quality Assurance, Vol. 8 No.6, pp 32-7

Parasuraman, A., Zeithaml, V.A. and Berry, L.L. (1985), "A conceptual model of service quality and implications for future research", Journal of Marketing, Vol.49, Fall, pp. 41-50

Parasuraman, A., Zeithaml, V.A. and Berry, L.L. (1988), "SERVQUAL: A multiple item scale for measuring customer perceptions of service quality", Journal of Retailing, Vol.64, Spring, pp. 12-40

Vandamme, R. and Leunis, J. (1992), "Development of multiscale for the measuring of hospital service quality", Proceedings of the 2nd International Research Seminar in Service Management, pp. 666-85

O'Malley, A.J., Zaslavsky, A.M., Hays, R.D., Hepner, K.A., Keller San., and Cleary, P.D. (December 2005), "Exploratory Factor Analyses of the CAHPS Hospital Pilot Survey Responses across and within Medical, Surgical, and Obstetric Services", HSR: Health Services Research 40:6, Part II.

Kiatcheroenpol, T., and Laosirihongthong, T. (2006), Innovations in Services Strategy: An Evaluation of Quality in Airline Service Operations by Using SERVQUAL Model, IEEE International Conference on Management of Innovation and Technology.

Kelly, D.(2010), Using the Baldrige criteria for improving performance in public health. [Dr.P.H. dissertation].United States , North Carolina: The University of North Carolina at Chapel Hill.

Powell, C.(2008),Developing and implementing quality programs in in healthcare organizations. [Ph.D. dissertation].United States, Michigan: Wayne State University

Armstrong, J.S. and Overton, T.S. 71977), ``Estimating non-response bias in mail surveys",

Journal of Marketing Research, Vol. XIV, August, pp. 396-402.

Babakus, E. and Boller, G.W. 71992), ``An empirical assessment of the SERVQUAL scale",

Journal of Business Research, Vol. 24 No. 3, May, pp. 253-68.

Baron, R.M. and Kenny, D.A. 71986), ``The moderator-mediator variable distinction in social-psychological research: conceptual, strategic and statistical considerations", Journal of Personality and Social Psychology, Vol. 51 No. 6, pp. 1173-82.

Bearden, W.O. and Teel, J.E. 71983), ``Selected determinants of consumer satisfaction and complaint behavior", Journal of Marketing Research, Vol. 20, February, pp. 21-8.

Berry, L.L. and Parasuraman, A. 71991), Marketing Services: Competing through Quality, Free Press, Macmillan, New York, NY.

Bitner, M.J. and Hubbert, A.R. 71994), ``Encounter satisfaction versus overall satisfaction versus quality", in Rust, R.T. and Oliver, R.L. (Eds), Service Quality: New Directions in Theory and Practice, Sage, London, pp. 72-94.

Bloemer, J.M.M. and Poiesz, T.B.C. 71989), ``The illusion of consumer satisfaction",

Journal ofConsumer Satisfaction, Dissatisfaction and Complaining Behavior, Vol. 2, pp. 43-8.

Bolton, R.N. and Drew, J.H. 71991), ``A multistage model of customers' assessments of service quality and value", Journal of Consumer Research, Vol. 17, March, pp. 375-84.

Boulding, W., Kalra, A., Staelin, R. and Zeithaml, V. 71993), ``A dynamic process model of service quality: from expectations to behavioural intentions", Journal of Marketing Research,

Vol. 30, February, pp. 7-27.

Bouman, M. and van der Wiele, T. 71992), ``Measuring service quality in the car service

industry: building and testing an instrument", International Journal of Service Industry

Management, Vol. 3 No. 4, pp. 4-16.

Brown, T.J., Churchill, G.A. Jr and Peter, J.P. 71993), ``Improving the measurement of service quality", Journal of Retailing, Vol. 68 No. 1, Spring, pp. 127-39.

Carman, J.M. 71990), ``Consumer perceptions of service quality: an assessment of the SERVQUAL dimensions", Journal of Retailing, Vol. 66 No. 1, Spring, pp. 33-55.

Churchill, G.A. Jr and Surprenant, C. 71982), ``An investigation into the determinants of customer satisfaction",

Journal of Marketing Research, No. XIX, November, pp. 491-504.

Cronbach, L.J. 71951), ``Coefficient alpha and the internal structure of tests",

Psychometrika, Vol. 16No. 3, September, pp. 297-333.

Cronin, J.J. and Taylor, S.A. 71992), ``Measuring service quality: a re-examination and extension", Journal of Marketing, Vol. 56, July, pp. 55-68.

Cronin, J.J. and Taylor, S.A. 71994), ``SERVPERF versus SERVQUAL: reconciling performance

based and perception based ± minus ± expectation measurements of service quality", Journal of Marketing, Vol. 58, January, pp. 125-31.

Dabholkar, P.A., Thorpe, D.I. and Rentz, J.O. 71996), ``A measure of service quality for retail stores: scale development and validation", Journal of the Academy of Marketing Science,

Vol. 24 No. 1, Winter, pp. 3-16.

Day, G.S. 71969), ``A two dimensional concept of brand loyalty", Journal of Advertising Research, Vol. 9, September, pp. 29-36.

Dick, A.S. and Basu, K. 71994), ``Customer loyalty: toward an integrated conceptual framework", Journal of the Academy of Marketing Science, Vol. 22 No. 2, pp. 99-113.

Frank, R.E. 71962), ``Brand choice as a probability process", Journal of Business, Vol. 35, January, pp. 43-56.Frank, R.E. 71967), ``Correlates of buying behavior for grocer products",

Journal of Marketing, Vol. 31, October, pp. 48-53.

Forbes, J.D., Tse, D.K. and Taylor, S. 71986), ``Toward a model of consumer post-choice response behaviour", in Lutz, R.L. 7Ed.),Advances in Consumer Research, Vol. 13,

Association for Consumer Research, Ann Arbor, MI, pp. 658-61.

Giese, J. and Cote, J. (2000), ``Defining customer satisfaction", Academy of Marketing Science Review, available at:
www.amsreview.org/amsrev/theory/giese00-01.html

Gremler, D.D. and Brown, S.W. (1996), ``Service loyalty: its nature, importance and implications", in Edvardsson, B., Brown, S.W., Johnston, R. and Scheuing, E.E. (Eds),

Proceedings American Marketing Association, pp. 171-80.

GroÈnroos, C. (1984), ``A service quality model and its market implications", European Journal of Marketing, Vol. 18 No. 4, pp. 36-44.

Jacoby, J. and Chestnut, R.W. (1978),Brand Loyalty: Measurement and Management, John Wiley, New York, NY.

Kostecki, M.M. (1994),Marketing Strategies for Services: Globalisation, Client Orientation,

Deregulation, Pergamon Press, Oxford.

LaBarbera, P.A. and Mazursky, D. (1983), ``A longitudinal assessment of consumer satisfaction/dissatisfaction: the dynamic aspect of the cognitive process", Journal of Marketing Research, Vol. 20, November, pp. 393-404.

Lawrence, R.J. (1969), ``Patterns of buyer behaviour: time for a new approach?", Journal of Marketing Research, Vol. VI, May, pp. 137-44.

Lewis, R.C. and Booms, B.H. (1983), ``The marketing aspects of service quality", in Berry, L.L., Shostack, G. and Upah, G. (Eds), Emerging Perspectives in Service Marketing, American Marketing Association, Chicago, IL, pp. 99-107.

Lutz, R.J. and Winn, P.R. (1974), ``Developing a Bayesian measure of brand loyalty: a preliminary report", in Curhan, R.C. (Ed.),Proceedings of the American Marketing Association, Vol. 36,Chicago, IL.

McConnell, J.D. (1968), ``The development of brand loyalty: an experimental study",

Journal of Marketing Research, Vol. V, February, pp. 13-19.

Maffei, R.B. (1960), ``Brand preference and simple Markov processes", Operations Research, Vol. 8,March-April, pp. 210-18.

Mohr, L.B. (1982), Explaining Organizational Behavior, Jossey-Bass, San Francisco, CA.

Nunnally, J.C. 71978), Psychometric Theory, 2nd ed., McGraw Hill, New York, NY.

Oliver, R.L. (1980), ``A cognitive model of the antecedents and consequences of satisfaction decisions", Journal of Marketing Research, Vol. XVII, November, pp. 460-69.

Oliver, R.L. (1993), ``A conceptual model of service quality and service satisfaction: compatible goals, different concepts", in Swartz, T.A., Bowen, D.E. and Brown, S.W. (Eds), Advances in Services Marketing and Management: Research and Practice, Vol. 2, JAI Press, Greenwich, CT, pp. 65-85.

Oliver, R.L. (1997), Satisfaction. A Behavioural Perspective on Consumers, McGraw Hill, Maidenhead.36,7/8

Parasuraman, A., Zeithaml, V.A. and Berry, L.L. (1985), ``A conceptual model of service qualityand its implication for future research", Journal of Marketing, Vol. 49, April, pp. 41-50.

Parasuraman, A., Zeithaml, V.A. and Berry, L.L. (1988), ``SERVQUAL: a

multiple-item scale for measuring consumer perceptions of service quality", Journal of Retailing, Vol. 64 No. 1, Spring, pp. 12-40.

Parasuraman, A., Zeithaml, V.A. and Berry, L.L. (1994), ``Alternative scales for measuring service quality: a comparative assessment based on psychometric and diagnostic criteria", Journal of Retailing, Vol. 70 No. 3, pp. 201-30.

Rust, R.T., Zahorik, A.J. and Keiningham, T.L. (1996),Service Marketing, Harper Collins, New York, NY.

Ruyter, K., Bloemer, J. and Peeters, P. (1997), ``Merging service quality and service satisfaction: an empirical test of an integrative model", Journal of Economic Psychology, Vol. 18,pp. 387-406.

Selin, S., Howard, D.R., Udd, E. and Cable, T. (1988), ``An analysis of consumer loyalty to municipal recreation programs", Leisure Sciences, Vol. 10, pp. 210-23.

Selnes, F. (1993), ``An examination of the effect of product performance on brand reputation, satisfaction and loyalty", European Journal of Marketing, Vol. 27 No. 9, pp. 19-35.

Snyder, D.R. (1986), ``Service loyalty and its measurement: a preliminary investigation", in Vankatesan, M., Schmalensee, D.M. and Marshall, C. (Eds), Proceedings of the American Marketing Association, Chicago, IL, pp. 44-8.

Spreng, R.A. and Mackoy, R.D. (1996), ``An empirical examination of a model of perceived service quality and satisfaction", Journal of Retailing, Vol. 72 No. 2, pp. 201-14.

Tucker, W.T. 71964), ``The development of brand loyalty", Journal of Marketing Research, Vol. 1,August, pp. 32-35.

Tse, D.K. and Wilton, P.C. (1988), ``Models of consumer satisfaction formation: an extension", Journal of Marketing Research, Vol. XVII, November, pp. 460-69.

Bitner (1995), “Building Service Relationships: It’s all about promises”, Journal of the Academy of Marketing Science, vol23, No-4, pp-246-51.

Czepiel, John A (1990), “Service Encounters and Service Relationships: Implication for

Research”, Journal of Business Research, 20(1), pp-13-21.

Crosby, Evans and Cowel (1990), “Relationship Quality in Service Selling: An Interpersonal Influence Perspective”, Journal of Marketing, 54 (July), pp. - 68-81.

Douglas and Wind (1987), “The Myth of Globalization”, Columbia Journal of World Business, 22(winter), pp. 19-29.

Dwyar et al, (1987), “Developing Buyer-Seller Relationships”, Journal of Marketing, vol-51, No-1, pp-11-27.

Fox Tricia and Steve Stead (2001), "Customer Relationship Management-Delivering the Benefits", White paper of Secor Consulting Ganason Shankar (1994), "Determination of Long-term Orientation in Buyer-Seller Relationships," Journal of Marketing, 58(April), pp-1-19.

Garbarino and Johnson (1999), "The Different Roles of Satisfaction, Trust and Commitment in Customer Relationships", Journal of Marketing, 63(April), 70-87.

Gummeson (1987), "The New Marketing-Developing Long-Term Interactive Relationships", Long Range Planning, August, pp-10-20.

Hakanson, (1982), "International Marketing and Purchasing of Industrial Goods: An Interaction Approach", New York: John Willy.

Heskett et al (1994), "Putting the Service-Profit Chain to Work", Harvard Business Review, 72(4), pp-164-74.

Rust, R.T. and A.J. Zahorik (1993), "Customer Satisfaction, Customer Retention and Market Share", Journal of Retailing, 69(2), 193-215.

Rust and Oliver (1994), "Service Quality: New Directions in Theory and Practice", Thousand Oaks: Sage.

Zeithamal and Berry (1988), "Consumer Perceptions of Price, Quality and Value: A means –end Model and Synthesis of Evidence," Journal of Marketing, vol-52, No-3, July, pp 2-22.

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