

Service Quality and Patient Satisfaction in Public Hospitals in Akwa Ibom State, Nigeria

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Abstract

This study sought to determine how patient satisfaction in Akwa Ibom State public hospitals was impacted by service quality parameters. A survey research design was utilized for this investigation. Data for this study was obtained through a well-structured questionnaire and was administered to 389 in-patients in 9 selected public hospitals within the 3 senatorial districts of Akwa Ibom State. Pearson Product Moment Correlation Analysis was utilized to analyze the data. The findings of the study showed that there was a weak relationship between responsiveness in service delivery, assurance in service delivery, tangibility in service delivery, empathy and patient satisfaction. However, there was a strong relationship between reliability in service delivery and patient satisfaction. It was suggested that additional study be done using other service quality parameters to examine their influence on patient satisfaction in both private and public hospitals in Akwa Ibom State.

Keywords: Service quality, Proxies of service quality, Patient satisfaction.

JEL classification: M31.

1. Introduction

Service quality in the healthcare sector is a measure of how the healthcare facilities deliver their services compared to the expectations of their patronized patients. Public hospitals in Akwa Ibom State are continuously searching for methods to alter the way patients are cared for through quality improvement programmes (Al-Damen, 2017). The demand for healthcare services is constantly on the rise (Schempf and Kaufman, 2011), and researchers have supported the fact that the closer one is to healthcare services, the more accessible they will become (Hiscock, 2008). The use of service quality to improve satisfaction has received a lot of attention in service marketing literature in Nigeria and all over the world (Rust and Oliver, 1994; Osho and Ogunode, 2016). Most recently, Brady and Cronin (2010) believe perceived satisfaction mediate the link between the offerings (services) and patient satisfaction.

In the literature on satisfaction, an expectation is seen as a consumer's forecast of what is likely to occur during an exchange process (Kotler, 2000). When a patient is dissatisfied, he/she will respond differently, and if the response is negative, he/she may try to reduce their patronage loyalty. Patient satisfaction is increased by service quality underpinnings such as service reliability, responsiveness, assurance, and empathy. Nonetheless, Studies on service quality or quality of service are frequently discussed and analyzed in marketing literature, and

as a result, the construct has attracted more interest in recent times. However, preliminary studies show that there has not been enough investigation into patient satisfaction and service quality as it relates to healthcare institutions in Nigeria. In Akwa Ibom State public hospitals, little or no such research has been conducted. Hence, these lapses therefore prompted the researchers to carry out an investigation to ascertain the extent to which the five adopted underpinnings of service quality developed by Parasuraman et al., (1988), which is commonly referred to as the SERVQUAL Model, affect the satisfaction of patients in Akwa Ibom State public hospitals. By adopting empirical methodologies, the findings from this investigation will be of huge benefit to government, private and public health institutions clinics and other relevant stakeholders in improving and understanding patient's behavior and satisfaction.

Aims of the research

The precise aim of this research was to assess the influence of service quality on patient satisfaction in public hospitals in Akwa Ibom State. The following specific goals are set:

- i. To examine the link between responsiveness in service delivery and patient satisfaction.
- ii. To determine the correlation between assurance and patient satisfaction.
- iii. To investigate the relationship between tangibility and patient satisfaction.
- iv. To ascertain the connection between empathy and patient satisfaction.
- v. To examine the association between reliability and patient satisfaction.

Hypotheses of the study

Ho₁: In Akwa Ibom State public hospitals, there is no statistically significant relationship between the patient satisfaction and the responsiveness of care delivery.

Ho₂: The assurance of quality service delivery and patient satisfaction do not significantly correlate.

Ho₃: There is no significant relationship between tangibility in service delivery and patient satisfaction.

Ho₄: There is no demonstrable relationship between empathy in the provision of service and patient satisfaction.

Ho₅: There is no association between reliability in service delivery and patient satisfaction.

2. Literature review

Overview of service quality

Service is any act or performance that one party can offer to another that is essentially intangible and does not result in the ownership of anything and can be related to a physical product or not (Kotler and Keller 2012). Kotler and Keller (2009) indicated the characteristics of services to include intangibility, perishability, inseparability, and variability. However, Anyanwu (2000) added other characteristics of service to include lack of market concept, non-portability and lack of standardization.

Contrarily, one of the things that consumers look for in an offer is quality (Solomon, 2009). The ability of a product or services offered by an organization to meet very clear demands of consumers is referred to as quality, which includes all features and characteristics that contributes to that capability (Kotler et al., 2002). Service quality refers to the extent to which patients' perceptions of service meet and exceed their expectations. According to Gronroos (2000), service quality is the outcome of an evaluation process in which the consumer compares and contrasts his/her intentions with the service they have received. Bitner and Mohr (1994) define it as "the consumer's overall perception of the relative infirmity or superiority of

the organization and its services”, whereas Cronin and Taylor (1994) assume service quality as a form of attitude representing a long-run overall evaluation. Parasuraman, Zeithaml and Berry (1985) define service quality as differences between expectations for service performance and perceptions of a service.

Proxies of service quality in public hospitals

To assess the caliber of services offered, several scholars have proposed numerous service quality dimensions. These include time, consistency, completeness, courtesy, accuracy, responsiveness and accessibility (Evans and Lindsay, 2001). Parasuraman, Zeithaml and Berry in 1988 conceptualized the SERVQUAL model, namely: tangibility (T), reliability (R), responsiveness (R), assurance (A) and empathy (E). Researchers have acknowledged that these five-dimensional constructs from Parasuraman et al., are the most widely used and applied parameters to measure satisfaction, loyalty, and patronage (McCabe, Rosenbaum and Jennifer, 2007).

Tangibility: Tangibility refers to the quality of physical facilities and the modern-looking equipment available to make the hospital service a delightful experience with the neatness and outward show of doctors, nurses and assistants who are providing the services. Patients expect that the atmosphere should be appealing (Zeithaml and Bitner, 2000). The patient wants information materials provided to be well composed and attractive. The frontline personnel providing services should be neat, clean, and well dressed and have a pleasing appearance (Ching-I Teng and Chen, 2006).

Reliability: relates to the capability of offering the precise services that is requested in accordance with a specified specification and condition that is dependable and accurate. In the healthcare sector, reliability means accuracy of medical reports, accuracy of medical expenses, staff respect for patient privacy and provision of adequate information about a patient’s medical condition. According to Zeithaml (2000), reliability is the capacity to carry out the contracted service with dependability and accuracy or to adhere to the terms of the agreement. The patients want accurate and on-time billings. The patients expect accurate and accessible records of their service use (Bassegy, Awara and Anyadighibe, 2019; Pollack, 2000).

Responsiveness: This relates to the willingness of the healthcare provider to assist and facilitate the patients by offering them prompt services. Response time to patient demands is determined by responsiveness. Gerpott, Rams and Schindler (2001) stresses the need for timely service delivery to hospital patients. Pollack, (2000) noted that the hospitals desk officers are expected to respond proactively to the needs of their patients and on time. Hospital patients are keen to get a prompt response from the employees regarding their complaints and enquiries.

Assurance: this component of service is concerned with the professionalism, civility and security among employees. Assurance refers to the employee’s ability or service providers to project trust and confidence on consumers (Zeithaml et al., 2006). Andaleeb (2008) observed that assurance may not be as significant in comparison to other industries where the risk is greater and the outcome of using the service is uncertain. He came to a conclusion that assurance, for instance, is a crucial element for clients when evaluating a hospital or a surgeon before an operation. Assurance is about knowledge, skills and expertise of the employees involved in delivering services and the ability to create trust and confidence among the patients.

Empathy: Lee, Khong and Ghista, (2006) sees empathy as treating the patient (consumers) as unique individuals. It is defined as the tender, personalized care the hospitals provide their patients (Zeithaml et al., 2006). Like the other elements, the significance of this factor varies from organisation to organisation. Empathy has been found to be more appropriate and important in enhancing service quality in industries where building relationships with patients or clients ensures the firm’s survival as opposed to transaction marketing (Andaleeb

and Conway, 2006). Empathy necessitates placing patient over and above everything else during the course of staff interaction.

Concept of patient satisfaction

When patient's expectations are met or exceeded during the lifespan of a healthcare service, they are said to be satisfied with the health facility (Kevin, 1995). Only in relation to an individual's expectations, wants, or desire can satisfaction be measured. It is a relative concept: any product or service that satisfactorily fulfils one consumer expectations may leave another consumer unsatisfied (fall short of their expectations). When a service feature or the service itself is judged to have produced an adequate amount of consumption-related fulfillment, the patient is satisfied (Etuk, Usani and Udoh, 2022). In healthcare sector, patients are patients, thus, satisfaction is a tool to evaluate the success of services delivered by healthcare facilities. Although, patients are the focus of healthcare institutions, but, administrators pay less attention to patients in developing countries. Satisfaction is a major outcome of marketing activity whereby it serves as a link between the various stages of consumer buying behaviour (Jamal and Nasser, 2002).

Theoretical framework

The underpinning theory for this study is the Theory of Assimilation-Contrast (Sherif and Hovland, 1961). The theory was suggested as another way of explaining the relationships between variables within the disconfirmation model. According to this paradigm, the size of the performance gap between what was expected and what was really delivered determines how satisfied patient's are. In general, consumers wander between acceptance and rejection areas based on their perceptions. According to the assimilation contrast theory, patients have a propensity to assimilate or modify disparities in how they perceive the performance of a healthcare service in order to bring it up to the level of their prior expectations, but only if the difference is relatively modest. A significant contrast between perceived performance and expectations produces contrast effects, and the tendency of the consumer is to make the perceived difference bigger. When there is a perceived gap between expectations and the performance of service, assimilation contrast may be present. This theory tries to illustrate the fact that both the assimilation and the contrast theory paradigms have applicability in the study of patient satisfaction.

Empirical framework

Timothy, Ode and Richard (2014) conducted a study on service quality and customer satisfaction in Nigeria mobile telephones in Jos. The result of their study indicated that the two constructs (service quality and customer satisfaction) were undeniably independent but closely related. The findings reveal an increase in one is likely to cause a change in another.

Dung Chus, Nguyen and Sin Khong (2017) did a paper to measure healthcare quality in big public hospital in Vietnam. The objective of their study was to measure the dimension of service quality (reliability, responsiveness, assurance, empathy and tangibility) on patient satisfaction. Findings from their paper revealed that the dimensions of services quality measured are strongly affected by patient satisfaction.

Rehaman and Husnain (2018) conducted a study to investigate the impact of service quality on patient satisfaction in the private health sector located in district Sargodha, Pakistan. The results of the study reveal that the service quality dimensions affect the satisfaction of patient in Sargodha district Pakistan. Lovelock and Wright, (2002) carried out a study on the influence of service quality on patient satisfaction: evidence from public hospitals in Jordan. The aim of this study was to rate and analyze satisfaction level with the level of service

delivered. Findings from the study shows that the level of service quality delivered had a significant impact on Patient Satisfaction.

In a study published in 2016, Ojo explored the connection between service quality and satisfaction of telecommunication consumers in Nigeria, with focus on MTN in Osun State. The study found a positive correlation between the quality of service delivered and telecommunication consumers. Joshua (2013) conducted a study on service quality and patients' satisfaction with healthcare delivery of a public university hospital in Ghana. His study was a cross-sectional survey that adopted the convenience sampling technique to select 400 out-patients in a public university hospital in Ghana. The findings revealed gaps across all the SERVQUAL dimensions and it was indicated that patient's satisfaction was best explained by responsiveness, followed by empathy, perceived assurance tangibility and perceived reliability.

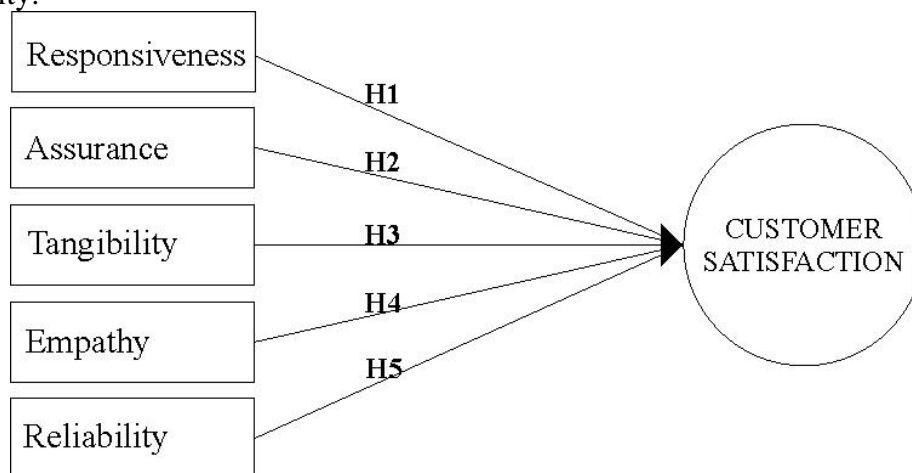


Figure 1: Conceptualized framework
Source: Researchers compilation (2022).

3. Methodology

The researchers adopted a survey research technique that allowed the collection of primary data from respondents. The instrument used in data collection was the research questionnaire rated on a modified Likert scale, i.e., strongly agree, agree, disagree, and strongly disagree with values of 4, 3, 2 and 1 respectively. Since the research relied on primary data, the survey instrument was adapted from existing studies. The statements measuring tangibility, reliability and responsiveness (statements 1-3; 4-6 and 7-9) were adapted from Bassey et al., (2019), while the statements measuring assurance and empathy (10-12; 13-15) were adapted from Dung-Chu et al., (2016). The instrument was checked for content and face validity, while reliability testing was done using Cronbach's Alpha Coefficients to test the internal consistency of the instrument. Akwa Ibom State served as the study area. The researchers focused on nine (9) selected public hospitals in the three (3) senatorial districts, namely Eket, Ikot Ekpene and Uyo senatorial districts of Akwa Ibom State.

The population of the study comprises all in-patients who patronize the selected nine public hospitals in the three senatorial districts with chronic diseases and a few with emergency cases. The population was deemed to be known, as it was drawn from records of Akwa Ibom State Hospital Management Board, Annual Report (2021). These records showed a total of 13,814 in-patients were available as at the time of the study. Being a known population, the Taro Yamane formula was utilized to agree on the sample size of 389. A purposive sampling technique was used in selecting the respondents in the 9 selected public hospitals with the assistance of a 3-member team of enumerators. At 0.05% level of significance, Pearson Product Moment correlation analysis was used to test the hypotheses. The null hypothesis was rejected as the probability value was less than 0.05 ($p < 0.05$).

4. Analysis and interpretation

Test of hypotheses

H₀₁: There is no positive significant relationship between responsiveness in service delivery and patient satisfaction at public hospitals in Akwa Ibom State.

Table 1. Pearson Product Moment Correlation analysis between Responsiveness and Patient Satisfaction

		Respon	Pat_Sat
Respon	Pearson Correlation	1	0.276**
	Sig. (2-tailed)		0.0001
	N	397	397
Pat Sat	Pearson Correlation	0.276**	1
	Sig. (2-tailed)	0.0001	
	N	397	397

** . Correlation is significant at the 0.05 level (2-tailed).

The correlation (r) value of 0.276 in the Table 1 indicates that there is a weak relationship between responsiveness and patient satisfaction. Additionally, because the p-value (0.0001) is lesser than the criterion of significance ($\alpha = 0.05$), we therefore, reject H₀₁ and come to the conclusion that responsiveness and patient satisfaction are significantly correlated in Akwa Ibom State public hospitals.

H₀₂: There is no positive significant relationship between assurance in service delivery and patient satisfaction at public hospitals in Akwa Ibom State.

Table 2. Pearson Product Moment Correlation analysis between Assurance and Patient Satisfaction

		Assurance	Pat_Sat
Assurance	Pearson Correlation	1	0.387**
	Sig. (2-tailed)		0.0001
	N	397	397
Pat Sat	Pearson Correlation	0.387**	1
	Sig. (2-tailed)	0.0001	
	N	397	397

** . Correlation is significant at the 0.05 level (2-tailed).

According to the aforementioned Table 2, the correlation coefficient value of 0.376 shows a weak connection between assurance and patient satisfaction. Furthermore, since the p-value (0.0001) is lower than the level of significance ($\alpha = 0.05$), we reject H₀₂ and conclude that there is a significant connection between assurance and patient satisfaction in the public hospitals under study.

H₀₃: There is no positive significant relationship between tangibility in service delivery and patient satisfaction at public hospitals in Akwa Ibom State.

Table 3. Pearson Product Moment Correlation analysis between tangibility and Patient satisfaction

		Tangibility	Pat_Sat
Tangibility	Pearson Correlation	1	0.363**
	Sig. (2-tailed)		0.0001
	N	397	397
Pat Sat	Pearson Correlation	0.363**	1
	Sig. (2-tailed)	0.0001	
	N	397	397

** . Correlation is significant at the 0.05 level (2-tailed).

The correlation (r) value of 0.363 indicates that there is a tenuous relationship between tangibility and patient satisfaction. Since the p -value (0.0001) is below the level of significance (0.05), the researchers therefore, rejected H_{o3} and concluded that there is a substantial relationship between tangibility and patient satisfaction in public hospitals in Akwa Ibom State.

H_{o4}: Empathy in service delivery has no significant relationship with patient satisfaction.

Table 4. Pearson Product Moment Correlation analysis between empathy and patient satisfaction

		Empathy	Pat_Sat
Empathy	Pearson Correlation	1	0.225**
	Sig. (2-tailed)		0.0001
	N	397	397
Pat Sat	Pearson Correlation	0.225**	1
	Sig. (2-tailed)	0.0001	
	N	397	397

** . Correlation is significant at the 0.05 level.

A weak correlation relationship of 0.225 between empathy in service delivery and patient satisfaction is shown in the Table 4. Also, given the p -value (0.0001) is less than the level of significance (0.05), we reject H_{o4} and conclude that empathy in service delivery has a significant correlation with patient satisfaction in Akwa Ibom State public hospitals.

H_{o5}: There is no positive significant relationship between reliability in service delivery and patient satisfaction in Akwa Ibom State public hospitals.

Table 5. Pearson Product Moment Correlation analysis between reliability and patient satisfaction

		reliability	Pat Sat
reliability	Pearson Correlation	1	0.507**
	Sig. (2-tailed)		0.0001
	N	397	397
Pat Sat	Pearson Correlation	0.507**	1
	Sig. (2-tailed)	0.0001	
	N	397	397

** . Correlation is significant at the 0.05 level

From the Table 5, it can be seen that there is a significant correlation between reliability and patient satisfaction, with a coefficient value of 0.507 indicating a strong relationship. Similarly, because the p -value (0.0001) is less than the threshold of significance (0.05), we reject H_{o5} and come to the conclusion that there is a significant correlation between the independent variable (reliability) and the dependent variable (patient satisfaction) in public hospitals in Akwa Ibom State.

Discussion of findings

Based on the findings and analysis stated above, the following outcomes are explored in relation to the study's goals. The result of the first hypothesis shows that there is a positive but weakly significant relationship between the variables under study, with a correlation (r) = 0.276. This implies that prompt service delivery by healthcare providers to patients will enhance patient satisfaction, patient loyalty and retention. This outcome supports the research and conclusion of Dung Chus *et al.*, (2017); Timothy, *et al.*, (2014), Joshua (2013) and Ojo (2016), which indicated that responsiveness, had a favorable impact on patient satisfaction. This means

that patients perceived positively the service of the public hospital staff, and they were satisfied by the services rendered to them.

The second objective was to determine the correlation between service assurance and the satisfaction of in-patients in public hospitals, in Akwa Ibom State. The result posits a positive but weak relationship between assurance in service delivery and patient satisfaction with the correlation (r) value of 0.376. This is an indication of the positive influence of assurance on patient satisfaction. The discovery is consistent with the findings of Dung Chus *et al.*, (2017); Hamza, and Mohd, 2016) and Ojo (2016).

The third objective was to investigate the correlation between tangibility in service delivery and patient satisfaction in public hospitals in Akwa Ibom State. The result of the study shows that there is a positive but weak correlation between the variables under study, with correlation coefficient of 0.363. This finding is in agreement with the works of Rehaman and Husnain (2018); Timothy, Ode and Richard (2014), Joshua (2013), Ojo (2016) and Lovelock and Wright 2002). In their study at various locations they discovered that service quality has a positive impact on patient satisfaction, with tangibility quality having the greatest positive significant relationship on patient satisfaction.

The result of the fourth objective was to ascertain whether empathy in service delivery has a correlation with patient satisfaction in public hospitals in Akwa Ibom State. The study proved that there exists correlation, though weak, between both variables, with correlation (r) value of 0.225. This shows that being friendly, caring, and giving individual attention to patients' problems, understanding one's specific needs, and being interested in a patient's health can increase patients' preference for patronizing the hospitals of their choice. This finding is in agreement with the works of Rehaman and Husnain (2018); Lovelock and Wright (2002) and Timothy, Ode and Richard (2014).

The result of the fifth objective, which was to examine the relationship between reliability in service delivery and patient satisfaction in Akwa Ibom State, showed that there exists a positive, significant and strong relationship between the independent and dependent variables with a correlation (r) value of 0.507. This indicates that for the hospital management to keep their promise of doing things on time, solving patient problems quickly, willingness to listen carefully to patients and keeping records accurately can significantly increase patient satisfaction in terms of recommending the healthcare facility to others. This finding backs up the findings of Timothy, Ode and Richard (2014), Rehaman and Husnain (2018); Joshua (2013) and Ojo (2016) who found that reliability in service delivery have a positive significant relationship on customer satisfaction. In their study, they discovered that service quality has a significant and positive impact on satisfaction of consumers, with tangibility having the greatest positive significant relationship on customer satisfaction.

From the findings of the study, it was adequately revealed that there exists a significant relationship between each of the five (5) proxies of service quality (responsiveness, assurance, tangibility, empathy, and reliability) and patient satisfaction. The result of the correlation(r) had shown that the variable, reliability had a major role to play in creating overall satisfaction in the minds of the patients, followed by assurance, tangibility, responsiveness and empathy, which was rated the least importance of all.

1. Conclusion, limitations and recommendations

Conclusion

From the study conducted, it is obvious that responsiveness, assurance, tangibility, empathy, and reliability are the key variables in the choice of a particular hospital. The SERVQUAL model is indeed the ideal parameter. Furthermore, the researchers also came to the conclusion that a planned and ongoing process of learning about and correcting patients

views of service delivery can help public health care institutions provide better quality service. This study has been able to establish a substantial link between the underpinnings of service quality and patient satisfaction in the nine (9) selected public hospitals in Akwa Ibom State. In spite of the insightful empirical methodology and conclusion of this study, this study was faced with various limitations. First, the study focused solely on in-patients with critical diseases and a few emergency cases in Akwa Ibom State public hospitals covering the three senatorial districts of the state; hence, the scope of the data was limited because it left out in-patients in the private hospitals within the same senatorial districts under study. Also, this study centered only on the SERVQUAL parameters opined by Parasuraman in 1988. This study did not consider other dimensions that inevitable affect patient satisfaction. Finally, the utilization of purposive sampling constitutes another limitation because it is often viewed as non-random and subjective in nature. Despite the various limitations mentioned, this study is special and distinctive because it creates a framework for future research on how in-patients are affected by hospitals service delivery.

Recommendations

Based on the findings of this study, the following suggestions have been made:

1. Health practitioners should at all time adopt practices that conform to internal standard and best practices vis-à-vis health service delivery.
2. Health facilities operators should operate a 24-hour-service on a daily basis in a bid to increase convenience for patients.
3. Considering the significance of tangibles as a service quality dimension, old hospital structures should be rehabilitated and given a facelift to signal some psychological healing to patients. Similarly, the satisfaction of patients will be enhanced with the availability of modern health equipment especially for laboratory test and scan.
4. A conscientious effort must be made by public hospitals to frequently wash and change hospital materials like bed sheets, and curtains. Health administrators should also continuously ensure that hospital staff always appears neat before coming into contact with patients since this conveys a message of high professionalism.
5. The State Hospital Management Board should ensure health service managers develop modern systems (computerized systems) to ensure accuracy, speed and precision in the management of patient records at records units to avoid missing cards.

References

- Al-DAMEN, R. 2017. Health Care Service Quality and its Impact on Patient Satisfaction “Case of Al-bashir Hospital”. *International Journal of Business and Management*; Vol. 12, No. 9. Pp. 136-152.
- ANDALEEB, S. 2008. Caring for Children: A Model of Healthcare Service Quality in Bangladesh. *International Journal for Quality in Health Care*, Vol. 20 No.5, pp. 339–345
- ANDALEEB, S. S. & CONWAY, C. 2006. Customer Satisfaction in the Restaurant Industry: An Examination of the Transaction-Specific Model. *Journal of Services Marketing*, 20, 3-11. <https://doi.org/10.1108/08876040610646536>
- ANYANWU, A. 2000. *Dimension of Marketing* (2nd ed.). Imo: Avan Global Publication.
- BASSEY, F. O. AWARA, N. F., & ANYADIGHIBE, J. A. 2019. Marketing Research & Quality Service Offerings in Cross River State, Nigeria. *Harnessing African Potentials for Sustainable Development, Calabar, Nigeria*, 1(1):202-215.
- BRADY, M. K., & CRONIN, J. R. 2001. Some New Thoughts on Conceptualizing Perceived Service Quality: A Hierarchical Approach. *Journal of Marketing*, 65(3):34-49

- CHING-I TENG & CHEN. 2006. Development of service quality scale for surgical hospitalization. *Journal of Formosan Medical Association*, Vol.106 ,No.6, pp.475-484.
- CRONIN, J. & TAYLOR, S. 1994. SERVPERF versus SERVQUAL: Reconciling Performance-Based and Perceptions-Minus-Expectations Measurement of Service Quality. *Journal of Marketing*, 58, 125-131.
- DUNG-CHU S, QUOC NGUYEN A, SIN KHONG T. 2017. Measuring healthcare quality in big public hospital in Vietnam Country. *Journal of Hospital Medical Management*, Vol.3 No.3: 24
- ETUK, G. S. USANI, N. E and UDOH, I. S. 2022. Micromarketing and customer satisfaction of transportation networking companies in uyo, akwa ibom state. *Journal of humanities insights*, 6(3):22-35.
- GRONROOS, C. 2000. Strategic Management and Marketing in the Service Sector. Helsingfors: Swedish School of Economics and Business Administration.
- KOTLER, P. 2000. *Marketing Management* (10th ed.). New Jersey, Prentice-Hall. 557p.
- KOTLER, P. & KELLER K. L. 2012. *Marketing management* (14th Ed). New York: prentice Hall. 123p.
- KOTLER, P., and KELLER, G. 2009. *Principles of Marketing*. (11th ed). New Jersey, USA: Pearson Education Inc, 712p.
- LEE, P., KHONG, P. & GHISTA, D. 2006. Impact of deficient healthcare service quality. *The TMQ Magazine*, Vol. 18 No. 6, pp. 563-571.
- LOVELOCK, C. and WRIGHT, L. 2002. *Principles of Service Marketing and Management*. New Jersey: Prentice-Hall. 360p.
- OJO, O. 2010. The relationship between service quality & passenger Satisfaction in the Telecommunication Industry: Evidence from Nigeria. *Broad Research in Accounting, Negotiation, & Distribution*, 1(1):88-100
- OSHO, V. M., & OGUNODE, P. O., 2016. Impact of service quality on customer satisfaction in the telecommunication industry. *Academic Discourse:An International Journal*,9(1):108-119
- PARASURAMAN, A., ZEITHAML, V. A., & BERRY, L. L., 1985. A conceptual model of service quality and its implication, *Journal of Marketing*, 49, pp. 41-50.
- POLLACK, B. L., 2008. Linking the hierarchical service quality model to customer satisfaction and loyalty. *Journal of Services Marketing*, 23(1), 42-50.
- REHAMAN, B & HUSNAIN, M., 2018. The impact of service quality dimensions on patient satisfaction in the private healthcare industry in Pakistan. *Journal of Hospital and Medical Mnanagement*, 4(1):1-8.
- RUST, R. T., & OLIVER, R. L., 1994. Service Quality: Insights and manegerial implications from the frontier In R. T. Rust & R. L. Oliver (Eds.), *Service Quality: New directions in theory and practice* (pp. 1-19). Thousand Oaks, CA: Sage Publication.
- SHERIF, M. & HOVLAND, C. I., 1961. Social judgment: assimilation and contrast effects in communication and attitude change, New Haven, CT: Yale University press. 68p.
- SOLOMON, R. A., 2009. A re-examination of thedeterminant of customer satisfaction.*Journal of Marketing*, 60(3): 15-32.
- ZEITHAML, V., 2000. Service quality, profitability, and the economic worth of customers: What we know and what we need to learn. *Academy of Marketing Science Journal*, 28(1), 67-85.
- ZEITHAML, V. A. & BITNER, M. J., 2000. *Service Marketing: Integrating Customer Focus across the firm*, (2nd ed.). Boston: McGraw-Hill.