Assessment of Service Quality in Healthcare Sector with Special Reference to Delhi and National Capital Region- A Review of Literature

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Abstract—Since high-quality health systems significantly impact health and well-being, they are more important than service quality in other sectors. There has been much interest in healthcare quality because improving treatment standards benefits a country's population's health, benefiting the economy and culture. All countries, but especially developing ones where hospitals are the main source of healthcare, should strive to improve the quality of hospital care. The current study was based on several studies published on assessing quality care in the healthcare sector in India, especially in Delhi and NCR region. After searching the online databases of Google Scholar, Taylor and Francis, Sage, Elsevier, and Emerald in English, the only language allowed, pertinent papers were included. Databases were then accessed to conduct a more comprehensive literature search using Boolean operators or keywords to find papers pertinent to the issue. These papers were screened using inclusion/exclusion criteria to produce a manageable eight pieces. The evaluation of these selected papers revealed that there are currently significant gaps in the quality and delivery of care in the health sector. The study found differences in important service and care interdependent quality metrics. A gap with one dimension may have a multiplicative effect, causing other aspects of service quality to deteriorate. Important hospital administration factors that affect staff-patient interactions include the availability of doctors and paramedical staff, patient discharge protocols, hospital documentation policies, staff awareness of social responsibility, management standards, and medication availability. The study concluded that besides focusing on the areas with the most significant gaps, managers as service providers should consider enhancing other dimensions. Future researchers can build their work on these less-studied traits. The last factors affecting the degree of service in terms of patient characteristics are the average length of stay, patient cooperation, patient quality/illness, and patient sociodemographic parameters.

Index Terms—Healthcare, Hospital Care, Assessment, Quality, Health

I. INTRODUCTION

A literature review on service quality research served as the foundation for this chapter. It echoes earlier talks about conceptualizing and operationalizing aspects of customers' perceptions of service quality. In addition to more recent approaches to comprehending the concepts of service and service quality and the various methods used to measure them, this chapter reviews several past models' researchers have used. Due to its significant influence on business performance, low costs, customer satisfaction, customer loyalty, and profitability, service quality has gained significant attention from practitioners, policymakers, and researchers in recent decades. The definition, measurement, data collection process, data analysis, modelling, etc., and service quality issues have all been the subject of thorough research, giving the researchers a solid foundation. Practitioners, researchers, and policymakers can benefit greatly from several studies on this documented knowledge base. These offer insights into examining and adjusting current notions of service quality in light of the paradigm shift from traditional personalized services to web-enabled services. Technology must be used to

gather market demand data and share it with other organizations to improve service quality if any organization wants to obtain a competitive edge.

For evident reasons, such as higher profitability and customer satisfaction, managers and researchers work hard to learn specifics about their company's various aspects of service quality. The Service Quality model is given particular weight in this context since it not only aids in understanding the relevant factors but also provides guidance for future advancements. Due to the market's steady growth and increased competitiveness, marketing management's shift in emphasis from internal performance (like production) to external interests like customer satisfaction and customers' perceptions of service quality, service quality has been studied for years within business management. However, over the past 20 years, service quality has only recently drawn interest from academic practitioners, policymakers, service providers, and researchers. The first measurement tool to operationalize service quality was SERVQUAL, a framework for service quality that includes a traditional disconformity model. Despite its contribution to service quality and widespread popularity among service quality researchers, SERVQUAL proved inadequate due to conceptual flaws in the disconformity paradigm and its empirical inappropriateness. SERVQUAL did not provide as many dimensions as later Service Quality frameworks. Most recent models, such as Brady's (1997) suggested Hierarchical Multidimensional Model (Brady's Model), have synthesized earlier methods and indicate the complexity of the construct of service quality perception. Because of this complexity, the study of service quality is still misunderstood despite much work in the business management and service industries. No agreement has been reached regarding conceptualizing and operationalizing customers' perceptions of service quality.

The researcher's review of earlier research is predicated on relationship marketing tactics and service quality approaches used by the hospital sector. However, the researcher noted that there has not been much research on the aforementioned strategies in recent years. Therefore, the researcher is trying to include all studies focusing on relationship marketing and service quality in the healthcare sector. Likewise, there are few studies on relationship marketing and service quality in Delhi and the NCR. This chapter is limited to service quality and relationship marketing tactics in the healthcare industry despite numerous studies on service quality in various sectors.

Relationship marketing is a hot topic in academic research and marketing practice. Nonetheless, much of the current research has concentrated on defining concepts, outlining conceptual models for relationship marketing, or pinpointing essential characteristics of fruitful partnerships, like commitment and trust.

II. METHODOLOGY

The study used a systematic review procedure to find articles pertinent to the research problem under investigation. The systematic review aims to find, assess, and interpret the literature on a topic. There are two steps involved in conducting a systematic literature review. The article's inclusion criteria must first be defined by identifying databases and research studies.

III. INCLUSION CRITERIA

To be considered for inclusion of the research papers in this study, the following criteria were followed:

1. The study considered papers published between 1983 and 2017. A custom range filter was applied to achieve this. The most recent three decades were chosen for the article search, which is why the aforementioned time frame was chosen.
2. The review process included research articles about the quality of healthcare services. The criterion was chosen as the main goal of the review process.
3. Peer-reviewed journal reviews and empirical papers were taken into account.
4. Only English-language papers were included.

Google Scholar, Taylor and Francis, Sage, Elsevier, and Emerald are the databases chosen for the literature review. Filters like custom range and sort by relevance were used to limit the search results to keywords. First, keywords like SERVQUAL, healthcare, healthcare services, and service quality were used to search the literature. 264 research articles were found through the search. The research papers were chosen based on their popularity and applicability to the studied subject. The articles were screened first based on the abstract and title, then the inclusion criteria. Following a screening process based on abstracts and titles, 141 research

articles advanced to the next screening stage, while 123 were excluded. Articles that did not meet the aforementioned requirements were eliminated by applying inclusion criteria. After this screening, 93 research articles were ultimately selected for review; the remaining 48 were excluded from the study. In the final review process, the study presents an overview of the 93 articles that were part of the review, including the publication trend, journal-wise distribution, methodology (including the sampling strategy and data analysis tools used), and key findings.

The paper is organized into basically two to five sections. All of the research that explains service quality as an international aspect is explained in Section 1, followed by national studies on service quality in various sectors, especially in the healthcare sector, in Section 2. Similarly, a review of studies on relationship marketing in the international healthcare industry is explained in Section 3, and Section 4 of this chapter discusses the national healthcare sector. The concluding remark of the chapter is explained in the last section of this chapter.

IV. INTERNATIONAL STUDIES ON SERVICE QUALITY IN THE HEALTH INDUSTRY

Takeuchi and Quelch (1983) measured the service quality of healthcare services by six dimensions: reliability, punctuality, service quality, prestige, durability, and ease of use. Woodside (1989) analyzed the quality of service in healthcare organizations by reliability, credibility, availability, competence of staff, responsiveness to customers, courtesy of staff, security, comfort of surroundings, understanding of customer needs, communication between end users, and associated goods provided with the service. Griffth and Alexander (2002), in their study, compared the quality of service provided by private and public hospitals in the United Arab Emirates. Rohini and Mahadevappa (2006) segregated the hospitals based on Government and Private, specialty and non-specialty, and missionary, ISO-9000 certified and ISO-9000 non-certified. Eiriz, V. and Wilson, D. (2006) studied the customer expectations and perceptions of healthcare services through the SERVQUAL model, especially in Diagnosis services in Bangladesh.

Fincham, J.E. & Wertheimer (1986) supported hospital-supplier partnerships to enhance productivity, improve the quality of care, and control costs. They proposed that efficiencies and improved performance are outcomes of long-term supplier relations based on faith, service, and operative coordination.

Wegner et al. (1994) deliberated the significance of relationship marketing plans, integrated marketing communication strategy, and database marketing for evolving a favourable image and improving hospital performance.

In their study, Dunn and Thomas (1994) made a clear difference between transaction selling and providing partnership solutions to customers' problems. They supported the association of customers with a distinctive model of corporate buying-selling. They further supported that several marketing practices that attempt to create, develop, or maintain assistance and collaboration with customers and other marketing providers are also included under the general heading of relationship marketing. These include post-marketing activities, channel partnerships, membership programs, logistics sharing, one-to-one marketing, business alliances, co-production, cross-selling, cross-distribution arrangements, co-branding, special supply arrangements, database marketing, etc.

As Turner and Pol (1995) pointed out, many US hospitals take integrated delivery, quality of care, patient satisfaction, and healthcare expenses seriously. They are focusing on various measures to make them more efficient and effective.

Also, a single definition cannot be detected within the service industries as healthcare. The absence of one definition in the healthcare industry could be described by perceptions of service quality by various patients and healthcare employees (Zabada et al., 1998). It is a fact that the healthcare industry and other service industries provide services for customers; it could be seen as a precise case of service industries. The quality of healthcare industries is vital as they directly deal with patient's health and are responsible for their lives. This importance of the Quality of healthcare industries is supported by the statement of Berwick et al. (1990) that the cost of quality service is significantly higher within the healthcare industry.

Service Quality is considered an important dimension of efficient service organizations' performance, essential for market competition, brand name, and customer satisfaction (Gitman, 2005). Ndubisi (2001) spotted that firms that received quality rewards

achieved better income levels and stock market value than other companies.

Scalera Francesco et al. (2016) studied the assessment of Service Quality in the Healthcare industry: the case of Durres Public Hospital and concluded that patients are satisfied in all service dimensions and there is a positive gap, while the average values of the gaps are moderately low. Even though the analysis of dimensions has been scored relatively high, the ranking of the dimensions ranked first reliability, followed by assurance, empathy, responsiveness, and tangibles. The result of the lowest ranking for the latter dimension is because the efforts made to improve the conditions, equipment, facilities, and cleanliness are still too low to consider the hospital modern. An important aspect is highlighted: patients have valued high scores in staff skills in defining precise diagnoses and the staff's willingness to respond sympathetically and politely in time. This is a crucial message for hospital managers, who should put all their efforts into enhancing equipment and other conditions of content to make the hospital look more attractive, which would increase the quality of services and patients' satisfaction.

According to Dagger and Lawley (2003), patient satisfaction in the healthcare sector is impacted by service quality. Multiple regression analysis and correlation analysis revealed a statistically significant relationship between overall patient satisfaction and the quality of healthcare services. Reliability, followed by assurance and empathy, impacted patient satisfaction the most. These three dimensions explained fifteen percent of the variation in patient satisfaction. The statistical analysis also showed that no demographic factors (gender, age, education, income, and residence) were associated with any differences in how patients perceived the quality of health services. The findings also indicated that the medium category is affected by perceived healthcare service quality. Additionally, it was observed that the assurance dimension has the highest mean and is ranked first, followed by tangibles, responsiveness, and reliability. Empathy has the lowest mean and category among the other service quality dimensions. Overall, patient satisfaction was maintained in the medium range. Additionally, the study found that patients' satisfaction levels with the hospital's management, nursing, and medical services were mediocre.

Service sector representatives, such as the healthcare sector, have attempted to implement the three manufacturing quality management initiatives mentioned above (Natarajan, 2006; Kollberg et. al., 2007). However, numerous studies conducted in the healthcare sector have shown that implementing quality management initiatives had some issues and did not significantly improve quality (Lim & Tang, 2000; Joosten et al., 2009). These facts may indicate inefficient use of quality management models in the healthcare sector. Concerns that healthcare administrators and service providers raised regarding the definition and measurement of quality may have contributed to the inability to implement quality management models (Natarajan, 2006) effectively. Because TQM, Lean, and Six Sigma all require a common definition of quality in order to function effectively, the complexity of the healthcare service sector may make it challenging to apply these methodologies (Andersson et al., 2006; Young & McClean, 2009; Sehwail & DeYong, 2003). The original creation of these quality management programs for the manufacturing sector may be another factor contributing to the inefficient use of the quality management model.

In addition to SERVQUAL-based models, Choi, Lee, Kim, and Lee (2005) conducted research in Korea and put forth a four-factor structure: tangibles, staff concern, physician concern, and the ease of the care process. Infrastructure, environment, nursing care, outcome, physician care, medical services, administrative/operation, discharge process, and social responsibility are just a few of the quality dimensions that have been the subject of numerous studies in India to suggest a model for measuring service quality (Aagja & Garg, 2010; Chahal & Kumari, 2010; D'Souza & Sequeira, 2012). While a study conducted in Japan used functional and technical quality (Edwards, 1990), a study conducted in Taiwan proposed a two-dimensional service quality model: competence and interpersonal quality (Chen & Cheng, 2010). Communication, responsiveness, courtesy, cost, and cleanliness were important in a Thai service quality assessment (Hasin, Seeluangsawat, & Shareef, 2001).

V. NATIONAL STUDIES ON SERVICE QUALITY IN THE HEALTHCARE INDUSTRY

According to Sheth and Parvatiyar (1992), partnerships and alliances are established for operational or strategic reasons. Strategic purpose alliances increase an organization's effectiveness by giving it access to new markets, assisting in developing successful new products, strengthening the hospital's position in the market, and facilitating the quick adoption of new marketing initiatives by its clientele. These should, therefore, strengthen a hospital's position in the market and boost patient loyalty. By lowering operating and development costs, shortening the time it takes to introduce new and innovative products, meeting quality standards, boosting productivity, and enhancing the hospital's operational procedures, among other things, operational purpose alliances seek to improve the marketing and organizational efficiency of the hospital.

Verma and Ruchika (2006), in their article, "Minimizing CRM, minimizing success", have emphasized how Companies have invested or are planning to invest huge amounts to instrument CRM strategies, tools, and infrastructure to prove their existence in today's growing marketplace. Now, business has gradually become a competitive economy from a relatively product-driven corporate ecosystem to a real-time proactive customer ecosystem, though it has not yet fully transformed.

Vikas Nath, Pratibha, and R.P. Das (2008) revealed in their study, "Managing Customer Experiences- Touch the Customer at every touch point," have stressed the experimental value that determines the worth of the contribution and the business's success. A customer's experience is the summation of his perceptions, which he has at all the points where he interacts with the brand. A company that succeeds in providing this experimental value to the customers across all 'moments of truth' builds for itself strong customer equity and equally powerful word-of-mouth publicity. The significance of relationship marketing in health care has been widely familiar, and relationship marketing communication strategy and database marketing for developing a favourable image leading to improved hospital performance.

Dash Saroj Kumar and Panda Arun Kumar (2011), in their study "Managing customer relationships in private health care facilities - a study with reference to Greater Noida city of Uttar Pradesh," revealed that technology plays a major role in the healthcare industry in managing the relationship between employees and customers to ensure the best service and, most importantly, to avoid mistakes. This is because even a minor error in the healthcare industry could result in a permanent error or death. The use of specialized application healthcare software makes this possible. These days, many healthcare facilities operate their services using specialized application software. Numerous businesses create software to compete for the best software available on the market, which ensures superior performance and, consequently, more advantages for patients and staff.

Itumalla Ramaiah (2012) revealed in his study "Information Technology and Service Quality in Health Care: An Empirical Study of Private Hospital in India" that there is still a lot of scope for improvement in the hospital. The hospital seems especially weak in promptness, communication, and availability. Areas that influence Communication include the adequacy of language, signage, and understanding of directives. Areas that impact promptness include waiting times for appointment bookings, registrations, consultations, and medicine dispensing. For Availability, impact areas include doctors, nurses, and specialty services. Although information technologies and the use of computers in hospitals may not be able to improve all the areas of impact mentioned in the study, they can primarily help strengthen these deficiencies in a hospital.

In their study, Krishnan Jayasree & Sharmila S (2013) highlighted that patients perceive that delivery of quality healthcare services is more for private hospital patients. Service quality paradigms like empathy, tangible assurance, timeliness, and responsiveness positively impact the service quality of private hospitals. Service quality is also found to be a hidden exogenous variable, represented by five endogenous variables that are observed: "assurance," "tangible," "empathy," "responsiveness," and "timeliness." The study's findings regarding the five factors demonstrated that the measurement model for service quality constructs was valid and reliable and had a good fit. Additionally, the findings indicate that physicians in private hospitals truly care about their patients, that nurses and doctors attend to their care, and that private hospitals go above and beyond to

provide their patients with comfort. The construct of empathy is represented by these variables, all of which positively affect the quality of services. Cleanliness, the hospital setting, the availability of lab and pharmacy facilities, and hygienic conditions all positively affect service quality; these factors are the concrete construct. Labs are well-equipped, and doctors and support personnel are highly skilled professionals. The quality of services is positively impacted by producing accurate results. Similarly, timely report delivery, timely patient observation, doctors keeping their word, prompt response to patient calls, and the willingness to assist and facilitate patients and provide feedback mechanisms all positively affect the quality of services.

Pai and Chary (2013) studied hospital service quality and found that SERVQUAL/ modified SERVQUAL has been used as an instrument in 49% of research studies. Researchers differ in how many aspects of service quality they consider. Reidenbach and Sandifer-Smallwood (1990) reduced the original SERVQUAL's ten dimensions to seven; Lim and Tang (2000) included the dimensions of "accessibility" and "affordability" in their study conducted in Singapore; and Reichheld, F. and Sasser, W. (1990), suggested two more dimensions: "professionalism" and "medical services."

Deshwal, P., Ranjan, V., and Mittal, G. (2014) studied 'College Clinic Service Quality and Patient Satisfaction', International Journal of Health Care Quality Assurance" and concluded that the dimensions that mainly affect patient satisfaction were: clinic staff reliability, staff professionalism, clinic accessibility and basic facilities like tangibles, cleanliness, awareness of the clinic/diseases and how clinic staff deals with emergencies.

VI. INTERNATIONAL STUDIES ON RELATIONSHIP MARKETING STRATEGY IN THE HEALTHCARE SECTOR

Relationship Marketing developed as one of the major marketing issues in the 1980s and 1990s. Many marketers have accepted relationship marketing as a necessary and effective way of achieving competitive advantage- through the conception of long-term relationships, networks, and interactions. Relationship Marketing has also established a major academic research focus within different disciplines, including marketing and management.

Even though the term "Relationship Marketing" was introduced by Berry (1983) more than thirty years ago, there is still much debate about what relationship marketing means. For example, Brady et al. (1997), Cooper et al. (1997), Orwig R A et al. (1997), Gummesson (1994a), Harker (1999), Lindgreen and Crawford (1999), Palmer (1998) and Stone and Woodcock (1995) have noted that relationship marketing means different things to different researchers. As a result, although several approaches to designing, implementing, monitoring, and measuring a relationship marketing program have been suggested in the literature, there is no consistent story of how relationship marketing fits into the greater marketing landscape.

Perhaps the greatest challenge to the theoretical development of relationship marketing has been the lack of empirical investigations that describe and explore relationship marketing programs implemented in real-life settings. To advance our knowledge of relationship marketing, this research seeks to describe and explore particular aspects of relationship marketing. That is, measuring the effectiveness of relationship marketing; in what way(s), if at all, might returns on relationship marketing be measured?

New forms of competition and structural modifications of exchange processes have led to the emergence of relationship paradigms for creating long-term relationships among customers and suppliers (Osarenkhoe & Bennani, 2007). The banking industry has traditionally embraced transaction marketing (Lindgreen, 2001). But, a multitude of changes like marketing environment, population and demography, incomes and levels of living, social changes and cultural attitudes, consumer awareness, ethnic diversity, pleasures, and finally, technology have led the industry to embrace relationship marketing (Stefanou et al., 2003). "Relationship Paradigm" refers to all activities to establish, develop, and maintain successful relational exchanges (Groonos, 1994; Gummesson, 1993). Relationship Marketing is defined as a marketing philosophy aimed at maintaining and strengthening relations with current clients rather than identifying and acquiring new customers (Groonos, 1991; Peck et al., 1999). From this perspective, the fundamental goal of the relationship marketing approach is to gain and foster

customer loyalty (Aijo U, 2004). Customer relationship marketing has received considerable attention from academics and practitioners. Several scholars have noted the importance of relationship marketing, such as how companies benefit from building long-term relationships (Parasuraman et al., 1991; Palmatier, 2006) to stave off customer defection for the long-term success of the firm (Reinartz et al., 2002) and lastly, relational benefits customers receive from service relationships (Gwinner et al., 1998; Keh & Lee, 2006). Relationship marketing, apart from its ability to help understand consumer needs, could also reduce costs and increase market share and profitability (Shani et al., 1992). Despite the growing importance and emphasis on relationship marketing, the impact of relationship marketing attributes such as trust, commitment, communication, empathy, and conflict handling on relationship quality and customer loyalty in consumer markets is still unclear. Moreover, relationships' different outcomes, such as attitudinal and behavioral (Morgan & Hunt, 1994; Parasuraman et al., 1988), are left largely unexplored in relationship marketing in retailing literature. Furthermore, there is a lack of studies that examine the influence of factors in relationship marketing on relationship quality and customer loyalty in banking industries.

Bateman and Snell (2007) observed that CRM is a business process that results in optimized profitability and revenue generation while achieving customer satisfaction. Often known as relationship marketing by marketing academicians, CRM is an information technology-assisted process that establishes a collaborative environment for businesses to analyze the buying behavior and product/service requirements of an individual or group of existing and potential customers.

Palmer (2001) suggests that firms adopting the relationship approach focus on sales to identifiable buyers, whereas the transactional approach focuses on sales to anonymous buyers. The author also highlights that, in the transactional approach, the salesperson is the main interface between the buyer and the firm. On the other hand, the relational approach involves multiple levels of relationships between the buyer and firm. Relational firms also display high levels of customer commitment compared to transactional firms. Palmer (2001) also emphasizes that the quality aspect is the sole responsibility of the production department in transactional firms, whereas, in relational firms, quality is the responsibility of all departments.

Harker (1999) conducted a content analysis that produced 26 definitions from the Relationship Marketing literature and classified seven fundamental "concept categories" like (1) birth, (2) development, (3) maintenance, (4) temporality, (5) interaction; (6) outputs; (7) emotional content. He indicated, for example, that Berry emphasizes the "beginnings" of marketing relationships, focusing on the importance of Relationship Marketing's "customer keeping" orientation. The main purpose of this study is not to discuss the definition of relationship marketing. However, as views are different about what should and should not be at the core of what constitutes "relationship marketing" (Harker, 1999), we feel an overview of the differences may be pertinent.

Relationship marketing is to identify and establish, maintain, enhance, and, when necessary, terminate relationships with customers and other stakeholders at a profit so that the objectives of all parties are met and that mutual exchange and fulfillment of promises does this. (Grönroos, 1999)

Bernes and Howleft (1999) observed that enterprises investing in CRM solutions predominantly focus on technology. The challenge lies in combining people, processes, and technologies while implementing CRM Solutions.

Davids (1998) observed that choice of relevant technology and implementation are keys to successful customer relationship plans. The failure rate of Relationship marketing projects has been estimated to be high.

Gould Graham (1997) observed that Relationship Marketing (RM) facilitates better handling the obstacles of interweaving customer relationship strategy at all levels. It demands a holistic approach and process orientation.

According to Keltner and Finegold (1996), hospitals are moving towards a relationship model of service delivery to gain a competitive advantage. Implementing a relational approach to seller-buyer exchanges impacts strategic corporate decisions, such as the definition of human resources management and organizational structure (Perrien et al., 1993).

Buttle (1995) proposed that Relationship Marketing is concerned with developing and maintaining mutually beneficial relationships with strategically significant markets. However, according to Harker, the "best" in

terms of the underlying conceptualizations of relationship marketing is Grönroos (1994) if the validity of the research methodology is accepted.

According to Grönroos (1994), relationship marketing focuses on the interaction between buyers and sellers and is concerned with winning and keeping customers by maintaining links between marketing, quality, and customer service. The underlying rationale for relationship marketing is that retaining existing clients is financially more lucrative than attracting new business. Cravens and Piercy (1994) also assert that the cornerstone of relationship marketing is customer retention, an issue that is likely to strike a chord with every hospital at the present time.

Kotler (1994) pointed out that companies must move from short-term transaction-oriented to long-term relationship-building goals. Relationship Marketing, however, offers firms the opportunities to achieve this goal and build long-term relationships with their stakeholders (e.g., customers and suppliers). These relationships are also considered key marketing assets (Hunt, 1997). Both academics and practitioners indicated that Relationship Marketing is obviously good for business and yields improved business performance.

Moreover, Grönroos (1991) defined relationship marketing as "establishing relationships with customers and other parties at a profit, by mutual exchange and fulfillment of promises." Gummesson (1994) stated that Relationship Marketing emphasizes a long-term interactive relationship between the provider and the customer and long-term profitability. Morgan and Hunt (1994) studied internal marketing and proposed, "Relationship marketing refers to all marketing activities directed toward establishing, developing, and maintaining successful relational exchanges".

Reichheld and Sasser (1990) found that advancements in information technology, data warehousing, and data mining capabilities enable enterprises to manage individualized relationships with key customers. The benefits come from lower customer retention costs, improved profitability, and lower defection rates.

Berry (1983) first proposed the concept of relationship marketing in the service context and defined it as "attracting, maintaining, and enhancing customer relationships." However, the literature on relationship marketing reveals many more definitions of it.

VII. NATIONAL STUDIES ON RELATIONSHIP MARKETING STRATEGY IN THE HEALTHCARE SECTOR

Singh and Kumar (2010), in their study on customer relationship management in the Indian banking sector, concluded that with the changing scenario in the banking industry, rather than the paradigm shift taking place in the present day, the concept of universal banking has already started emerging. The hospitals that provide value-added services and customer satisfaction will be bound to become winners. With the cut-throat competition, retaining market share still calls for adopting Customer Relationship Management. The main focus should be on measuring the profitability of each customer and not the products. There should be a gradual shift in Relationship Marketing by introducing this new approach in select branches, and in turn, this should be expanded. In such a scenario, public sector hospitals have to proactively anticipate changes in customers' demands and equip them to face the private hospitals and global challenges.

Singh and Singh (2010), in their study on CRM-A Vital Business tool for managers, concluded that Customer Relationship Management has become an increasingly critical means of developing and maintaining customer loyalty while helping businesses migrate to low-value customers toward greater profitability. Healthcare managers can now manage every contact with the customer to build lasting relationships and glean information and insights about customers' needs and buying behavior to design and develop services that help create value for the customer and the hospital. Those hospitals developing close customer relationships will grow more aggressively than their competitors. Successful implementation of CRM requires a strategic approach, which encompasses developing customer-centric processes, selecting and implementing technology solutions, employee empowerment, customer information and knowledge generation capabilities to differentiate them, and the ability to learn from best practices.

According to a study by Popli G.S. and Rao D. N. (2009) on relationship marketing in Indian hospitals, private hospitals have been able to apply relationship marketing strategies more successfully than their public sector counterparts. This suggests that, from a

strategic standpoint, private sector hospitals have been more creative in their comprehension of and efforts to cultivate positive relationships with their clients. The results of the service quality level that these hospitals provide further support this fact. These imply that all five aspects of service quality have been rated higher in private-sector hospitals than in public hospitals. It also suggests that these hospitals are more customer-oriented because they have been able to raise the quality of services they provide to their clients. Additionally, they found that the public and private sector hospitals' responsiveness and empathy received the lowest scores when examining the service quality dimensions. A microanalysis, however, shows that private-sector hospitals have performed better regarding tangibility, reliability, and assurance, while public-sector hospitals have the highest scores in these areas. This suggests that hospitals need to develop appropriate plans to enhance their operations. Public and private hospitals are equally impacted by the types of CRM initiatives they implement to keep customers, according to the analysis of the results obtained on customer retention.

Customers in CRM hospitals give their services far higher ratings than those in non-CRM hospitals, indicating the higher caliber of services provided by the former, according to research by Jasola and Kapoor (2008) on CRM in the Indian healthcare industry. This may be further explained by CRM, which emphasizes the influence of CRM on (perceived) service quality by providing a more thorough understanding of (of) and customized service to the client. Furthermore, aside from the latter's comparatively lower rating, which may indicate that they have higher expectations, there does not seem to be any significant difference in how individual and organizational customers are perceived. However, the management may not find the difference noteworthy regarding organizational strategy because it is negligible. Additionally, perception and commitment, loyalty, and satisfaction are directly correlated, which emphasizes the importance of CRM in the service sector. Improving customer perceptions is even more crucial for those who intend to upsell and cross-sell. The introduction of CRM in the service industry is supported by the possibility that its use will only improve the correlation between perceptions and up-and-cross-buying.

Rath and Panigrahy (2006) studied customer retention in healthcare through customer relationship management, and the study aimed to find out if hospitals can retain their customers with the help of Customer Relationship Management or CRM, which helps retain Hospital patients in Orissa. The study was done by finding the service gap, i.e., the gap between the customer's expected and perceived needs. The research findings may enable hospitals to develop a database on CRM, which would help hospitals operate effectively and profitably and at least help them withhold their sagging bottom lines. The expectation of a customer is flexible and can vary for the same product, resulting in a changed ecstasy ratio, though the participants remain the same. Such fluctuating expectations cannot be left at the mercy of expert systems. Well-trained, highly motivated front-end executives are critical for assessing, influencing, and managing the customer's psychological disposition and expectations. Used within healthcare sectors, it helps to understand target customers' perceptions regarding their service needs and to measure the organization's service quality. The study bridges the gap between CRMs, i.e., customer relationship management and customer retention management, by plugging the gaps in service deficiency through customer relationship management. So, it can be said that Retention by Relationship Management.

A process-oriented strategic approach to connecting the organizational, informational, and operational components of CRM is essential for the success of CRM applications, according to Malhotra and Singh's (2003) study on the subject.

Managers must exercise caution when distinguishing between customer profitability and customer loyalty, according to Reinartz and Kumar (2002). Businesses should be aware that managing customers for loyalty is not the same as managing them for financial gain.

CRM is a comprehensive strategy and process of acquiring, retaining, and partnering with specific customers to create superior value for the business with the customers, according to Ramaswamy R (1996).

Day (2000) noted that to implement CRM successfully, the company must build certain essential marketing competencies. The first of these is a relationship orientation. Relationship orientation should be ingrained in the organization's norms, values, and thinking. Additionally, the business must

keep learning more about its clients and ensure that information is shared throughout the company. Lastly, process integration and alignment are required.

According to Shani and Chalasani (1992), this inaction can be ascribed to several factors, including a failure to acknowledge the interdependency and synergy between relationship marketing and niche marketing, a failure to employ relationship marketing, and a lack of commitment from top management to transform the business in order to implement relationship marketing strategies successfully.

VIII. CONCLUSION

The above review on service quality and relationship marketing reveals that the national level of study on service quality and its impact on relationship marketing strategies is scanty. Few researchers have studied service quality in services other than the health sector. A study on service quality and relationship marketing strategies in regional/state (Uttar Pradesh) is also scanty. No specific studies on service quality and relationship marketing strategies have been done so far, either in the public-sector or private-sector hospitals. Considering such aberrations, the present study is a modest attempt to bridge this gap by measuring service quality in public and private sector hospitals, and relationship marketing strategies have been formulated accordingly. This study explains explicitly the comparative approach of relationship marketing strategies adopted by public sector and private sector hospitals in Delhi and the NCR region with the help of measuring customer satisfaction through a service quality approach.

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