

Impact of Service Quality on Patient Satisfaction and Loyalty in Bangladeshi Hospitals

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Abstract

This study investigates the role of service quality in patient's satisfaction and loyalty in Bangladesh. Data were collected from 3 hospitals in Dhaka, Bangladesh. This analysis uses Smart PLS, version 3.2.7 software to perform data analysis as this software is widely used to perform the PLS-SEM method in marketing research. The results of the study showed that service quality has a significant impact on patients' loyalty through patients' satisfaction. The study may help the practitioners and academicians to understand the vital and significant factors of customer satisfaction and loyalty.

Keywords: Healthcare Service Quality, Patient, Satisfaction, Loyalty, Private Hospital, Dhaka, Bangladesh

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INTRODUCTION

With the emergence of global competition in the healthcare industry, the patients are inclined more towards curiosity about the availability of healthcare services. The global competitive environment has affected all spheres of services, including the healthcare industry. Therefore, the healthcare associations have started to emphasize the provision of best quality healthcare services because now the customers have a lot of choice in the selection of hospitals all because of competition among hospitals. Lee and Yom (2007) considered the service quality as a vital element for service suppliers to be preferred, so it needs to be very well measured and improved. Karatepe, Yavas, and Babakus (2005) added that the best quality healthcare as compared to competitors makes them prominent in competitive markets. Padma et al. (2010)

suggested that on account of increased expectations for common facilities, now hospitals must fulfill their requirements and provide the best health care services to the patients.

In services marketing literature, service standards and its outcomes have attracted the research scholars most over the last three- decades. The requirement of a better and enhanced quality of health services has built pressure on service providers. As stated by Al-Borie&Damanhourig2013; Ranaweera&Prabhu,g2003, it has become a difficult task for hospital management, policymakers, and therapeutic specialists to fulfill the requirements of patients' to satisfy them. However, as mentioned by Kessler and Mylod, (2011) more expenditure will be required to obtain the attention of fresh clients as compared to entertain the old ones. Trust is vital for business success that can only be built and sustained by providing high-quality services leading to improved satisfaction. All these improved provisions require effective cost allocation and cost management strategies. In developing countries generally, two types of health care providers are operating i.e., public and private hospitals.

The difference between the two is, the government provides funds to public hospitals along with rules and regulations, while nongovernment hospitals have enormous investments to manage the great number of patients and provide the great service quality than their competitors. Hence the private hospitals present more personalized facilities and treatment to their patients. Various comparative studies found that patients preferred to visit the private hospital because of some important factors. According to Shabbir et al., 2016; Imran and Irfan, (2011), these factors are modern technology, no waiting list, and immediate treatment without delay, hygienically clean surroundings and more personalized care from doctors and nursing staff.

The private hospitals focus on service quality to earn a profit, specifically in the systems where they are not getting any public funding; thus, patients look for private care only for better facilities and excellence. The unsatisfactory health-care provision by public hospitals is also a major reason for preferring private hospitals. The current study attempts to investigate that if patients select private hospitals, then which contributing factor compels them to opt for private hospitals rather than the public one. To get a better standard of services, they are forced to spend more money.

At present, before opting for any type of service by a particular private healthcare provider-patient demands complete and exact information because they are going to pay extra amount for treatments and they anticipate additional services beyond their expectations. Ramsaran (2009) stated that any dissatisfaction tends to compel them to move towards other options. Caruana, (2002) found service quality a major ingredient in promising patient's overall satisfaction & loyalty towards private hospitals. Jakobsson and Holmberg (2012) suggested that medical experts and medical attendants need to pay attention to the betterment of service quality. Patient satisfaction can be enhanced if nursing staff, specialists and supporting staff are significantly trained on interpersonal correspondence (Manimay, 2014). Moreover, as suggested by Atinga et al., (2013) In private hospitals service quality advancements are mandatory to accomplish a commendable profile to expand loyalty along with patients

Zeithaml et al., (1996) suggested that affirmative assessment of service level impacts the clients' attractive anticipatory attitude and consequently strengthen their relationship with the service provider. Thus for the administration of all service providers, while ensuring standardized service is of great consequence. The hospitals as suggested by Johnson et al., (2006) need to be more focused on providing magnificent medical consideration and quality support to their patients. It can be concluded from the above discussion that it is indispensable for providers to manage and maintain satisfactory standards of services & medical care through a good understandings of services level as perceived by clients in the present highly competing for the sector. It only can be

done if the healthcare providers are aware and consider the perceptions of the service user. Thus, patients' perception of the availability of healthcare services is the central point of the current study.

In many service sectors, the relationships in service quality, customer satisfaction & loyalty have been examined by many empirical studies. However, this study aims to investigate the antecedents of customer satisfaction and loyalty in the healthcare industry of Bangladesh.

LITERATURE REVIEW

Healthcare Industry in Bangladesh

Bangladesh is a country of 161.7 Million people & it is the 8th largest country in the world in terms of population (Bangladesh National Portal, 2018). Bangladesh a developing nation, is endeavoring hard to improve the healthcare arrangement in the nation. Mostly, private healthcare providers are preferred by the people because of underprivileged healthcare services provided by their public hospitals. Just to avail better healthcare treatment, patients are compelled to spend additional money to save their time as well as lives. Therefore patients build up greater expectations in their minds, and they evaluate the service provided by hospital-based on those expectations.

In the context of Bangladesh studies conducted related to healthcare services, reported that government hospitals are lagging behind than non-government hospitals. Concerning the quality of physicians and nurses, appropriate admission procedures, right behavior of hospital staff, and physical environment private hospitals are providing superior service quality. To investigate the relationship between loyalty, healthcare service quality, and satisfaction, many comparative research has been conducted. However, the question is on which factor patients choose to visit non-public hospitals than their likeness and actually how they judge the quality of health-care services that could affect their satisfaction & loyalty is needed to be fully explored in detail. Hence, to investigate the outcome of healthcare service quality, satisfaction and loyalty from the private hospitals of Dhaka, Bangladesh is the main focus of this study.

Healthcare Service Quality and Patient Loyalty

Oliver (1980) stated that patient' adherence or loyalty describes the confirmed probability to be related to specific conduct. A review of past studies revealed that client adherence or loyalty can be characterized by two different methods (Jacoby and Kyner, 1973). Loyalty can be characterized primarily as an attitude or in other words, it is a state of mind and the second is behavioral. Fornier, (1994) defined that unique sentiments make a person's general association to a service, association/product, is characterized as pure loyalty. Whereas Yi, (1990) stated that attitudinal loyalty incorporates continued use of services from the same service provider, expanding the willingness to recommend. The behavioral perception of loyalty is characterized by service writing. Behavioral loyalty linked with the satisfaction of patients or clients is analyzed in the current study instead of attitudinal loyalty.

In view of previous service experiences, customers usually develop a mind-set towards buying. Additionally, as stated by Zeithaml, (2000), they make an attitude about whether to continue with the service or leave it. Behavior intentions were grouped as favorable and unfavorable loyalty by Zeithaml et al (1996). Favorable loyalty refers to a positive response, positive input, recommendations to others, paying more and continued commitment, whereas unfavorable loyalty as a non-constructive reaction, opting for a new link, and opting less with the previous organization. Loyalty comprises of a willingness to suggest, prepared to visit again, and

positive WOM (Word of Mouth). Buttle (1998) considered constructive WOM as the most basic sign for continuing conduct and attitude in the future, incorporating an oral, person to person contact. A client with a strong basic bond with a particular supplier is also called a loyal client, who pays higher for the worth of products and services (Bigné et al. 2008). Standard or level of service and immediate impact of satisfaction on loyalty have been explored by some studies. Findings of Ladhari, 2009; Hanzaee and Shojaei, (2011) revealed that the quality of service and satisfaction has a direct link with WOM.

Two-way linking between service standard as well as loyalty can be taken, direct and indirect. The association can be direct which communicates in a better way about service standard and is prompt to develop patient loyalty. It is provider-patient, as found by Bou-Llusar et al., (2001), when communicates satisfaction by way of an intervening impact among service standard and client loyalty. Several efforts showing the service standard is Parasuraman et al conducted a predecessor of behavioral intentions.,g(1985, 1988), Zeithaml et al.,g(1996) and Boshoff and Gray, 2004. Different aspects of perceived Health Care Service Quality (HCSQ) dimensions like environment, interaction with patients, secrecy, security, and responsiveness form the bases of the present study.. Based on the review of previous studies following hypotheses are formed;

H1: There is a relationship between service quality and Patient Loyalty

Healthcare Service Quality and Patient Satisfaction

Perceived quality was characterized by Grönroos (1984) as an evaluation progression, where the clients evaluate their expectations with their observations regarding service availability. Aagja and Garg,g(2010) considered service quality of hospital as a disparity among customer expectations and their evaluation of services provided by the hospitals. Patients are the essential capital of hospital as far as healthcare setting is concerned. Arasli et al.,2008; Alhashemet al., (2011) consider healthcare service quality more imperative to satisfy and sustain patients. Some studies (Andaleeb, 2001; Baltussen et al.,2002) conducted in developing countries addressing patients' judgment showed that clients could evaluate the form of service, process, and conclude.

The study of the literature indicated a direct relationship between healthcare perceived service quality and customer satisfaction. In the words of Pollack,g2008; Bakan et al., (2013) better the healthcare service quality, greater will be client satisfaction. A firm general link between positive and general service quality and satisfaction was also found by Cronin and Taylor (1992). Moreover, satisfied clients are marked as the fundamental fact in the planning, implementing, enhancement of service delivery (Badri et al., 2009). However, addressing the demands of clients and health services principles is very important.

To determine service quality in healthcare perspectives, clients' satisfaction is considerably valued. The association between service quality and patient satisfaction was studied by Shabbir et al. (2016); results showed the positive connection between health service standards and customer satisfaction. Client satisfaction is also evaluated by viewing the differences between perception and expectation of service quality argued Shabbir et al., (2017). Brennan, (1998) reported that positive client response will develop trust for positive judgments to the hospital. Healthcare service quality; patient satisfaction was also portrayed by Chahal and Mehta, (2013) and Naidu, (2009). Patient satisfaction serves as a medium between service quality and behavioral intentions. Keeping this in view following hypothesis is formed;

H2: There is a relationship between service quality and patient satisfaction

Patient Satisfaction and Patient Loyalty

Client's satisfaction may potentially impact the client's loyalty, which was the finding of Cronin et al., (2000). Brennan, (1998) suggested that trust can be framed by positive patient inclination and can provide positive judgments to the hospital. Various studies in the past like Chahal and Mehta,g(2013) & Naidu, (2009), Shabbir et al., 2016 supported that standard of health service and patient loyalty has an important interconnection between them. To establish client loyalty, buyer's satisfaction is an important requirement (Cronin & Taylor, 1992; Dick & Basu, 1994). Besides, Chahal and Mehta (2013) suggested that prescribing it to others and willingness to come again to the hospital is called behavioral intention. While Kessler and Maylod, (1999) found that client loyalty with the service provider is a function of consumer satisfaction. Therefore on the bases of these findings, the present study hypothesized the following.

H3: Patient loyalty and patient satisfaction are positively related.

Patient satisfaction as a mediator between Healthcare Service Quality and Patient Loyalty

Patient satisfaction is defined as the level of feelings of a client when he is contented with the product or service. Satisfaction is an affirmative response of individuals to a specific experience that according to Shemwell et al. (1998), is developed at a particular time. Kotler and Keller (2009) defined satisfaction as feelings of happiness or disappointment in comparison with an item/service expected performance with its anticipation. Generally, individuals have a variety of experiences; therefore, sometimes, it becomes extremely difficult to satisfy the people. But as suggested by Johansson et al., (2002), patients' satisfaction evaluation is critical for patients and at the same time for the health care association too.

Brenan (1995) stated that the satisfaction of the client not only contributes towards the care, but it is unavoidable for the selection of treatment.

Andaleeb, (1988) argued that the image of the hospital is upgraded by the patient satisfaction and consequently converts in expanded service utilization and market share. As found by Zeithaml, (2000), customer satisfaction prompts to positive outcomes for health care suppliers like higher profit, higher patient maintenance ratio and positive oral recommendations. Satisfaction of the client is a judgment formed after evaluating health services and understanding the link between the actual performances and the expectation. To test whether patient satisfaction mediates between their relationship, patients' loyalty is related to standardized health service aspects like environment, communication, and responsiveness.

Calnan, (1988) reported that the ratio of consistent patients physician suggestions and the requirement is also influenced by the satisfaction of client. Thus it can be concluded that medicinal practices are influenced by satisfaction. Therefore as stated by Reidenbach and McClung, (1999), evaluation of satisfaction of clients has become a crucial part of health service organizations. Shabbir et al., (2016) argued that patient satisfaction serves as a medium between service quality and behavioral intentions while Cronin and Taylor (1992) and Dick and Basu (1994) found buyer satisfaction as an important reason to establish customer loyalty. The relationship between quality of service and loyalty is here mediated by patients' satisfaction (Caruana, 2002). Following hypotheses have been framed being supported by literature;

H4a: Patient's satisfaction mediates physical environments and patient loyalty.

H4b: Patient's loyalty mediates the relationship between communication and patient loyalty.

H4c: Patient's satisfaction mediates the relationship between responsiveness and patient loyalty

METHODOLOGY

Population Frame

A substantial number of people or things constitute a population frame with distinguished attributes with reference to the results to be drawn. In the current study, all private hospitals of Bangladesh were included to investigate the quality of health service conditions in the country. But researcher narrowed down the scope towards the hospitals in Dhaka only, the capital of Bangladesh, based on the research questions. On the bases of hospital size, being more recommended in the public eye, and the number of patients visited, only six hospitals_ 3 hospitals from each city were chosen among private hospitals of these cities, Purposive sampling technique was adopted in the selection of hospitals, keeping aware of the size, the status of hospitals and the number of patients visited. Patients preferred these hospitals for many reasons like they don't want to visit government hospitals being unsatisfied with the quality; when they were recommended by doctors from another city or village to visit the exact hospital; or they found the quality superior to others when visited earlier. As per the authorization of the administration, the researcher was allowed to collect data from the following wards General Medical, Surgery, Gynaecology and Cardiology.

Sample Size And Selection

The rules by Nunnally, (1978) were used to determine the sample size as sample size would be multiplied by ten to the total number of items. The aggregate amount of items was 42 when multiplied by 10 yielded 420. The investigator tried hard to collect maximum data that is 611, from the sample size keeping in view the above-mentioned rule. Among admitted patients, as well as outdoor patients (OPD), were approached to participate in this survey. Amongst admitted patients, those patients who already had stayed there more than 2 to 3 days in a particular hospital were chosen because they only could estimate the quality of health-care services that lead to portray satisfaction and loyalty, precisely and correctly. Among outdoor patients who had visited the hospital more than twice, were chosen to address the level of loyalty intentions, for they profoundly encountered the types of hospital services. Out of a total of 300 questionnaires, all were distributed to patients. As outdoor patients were fewer in numbers as compared to in-patients, a fewer number of questionnaires was given among them. First and foremost because eligibility condition applied to only them who have already visited that specific hospital more than two times will participate. For data analysis, a final sample of 221 respondents was castoff.

Measures

The items of service quality, customer satisfaction & loyalty were adopted from findings of Kondasani, (2015) for the present research as these items have been used in many previous studies like Parasuraman et al, 1988; Boulding et al.1993;gTaylor and Baker, 1994; Youssef et al, 1995; Lam, 1997; Andaleeb, 2001; Sower et al, 2001; Sureshchandar et al, 2002;gWhite and Yu, 2005; Olorunniwo et al, 2006; Bigné et al, 2008, Aagja and Garg, 2010 as well. The independent variable of this research is the physical environment. 9-items for measurement were included in this instrument and 5-items were used to measure communication. responsiveness contained 4-items for measurement. The mediating variable for this study was satisfaction and measured with 4-items along with dependent variable Loyalty, also with 4-items.

DATA ANALYSIS

This study utilized SmartPLS software to test the hypothesized relationship. SmartPLS has been widely used to perform PLS-SEM method in previous studies such as (Alkipsy & Raju, 2019; Anjum, Nazar, Sharifi, & Farrukh, 2018; Anjum, Ramzani, & Nazar, 2019; Ansari, Siddiqui, & Farrukh, 2018; ChenXi & Sara, 2019; Malik Farrukh, Kalimuthuan, & Farrukh, 2019; Muhammad Farrukh, Alzubi, Shahzad, Waheed, & Kanwal, 2018; Muhammad Farrukh, Chong, Mansori, & Ravan Ramzani, 2017; Muhammad Farrukh, Khan, Shahid Khan, Ravan Ramzani, & Soladoye, 2017; Muhammad Farrukh, Lee, Sajid, & Waheed, 2019a, 2019b; Muhammad Farrukh, Lee, & Shahzad, 2019; Muhammad Farrukh, Sajid, Lee, & Shahzad, 2019; Muhammad Farrukh, Sajid, Zreen, & Khalid, 2019; Muhammad Farrukh, Ting, Shahzad, & Hua, 2018; Muhammad Farrukh, Ying, & Mansori, 2017; Shahzad, Farrukh, Ahmed, Lin, & Kanwal, 2018; Zreen, Farrukh, Nazar, & Khalid, 2019)

PLS-SEM is a two-stage process in the first stage validity and reliability of the measurement model is evaluated and in the second stage structural model is evaluated to test the hypothesized relationships.

Measurement Model

To check the validity and reliability of the model, Factor loading, Composite reliability, convergent validity, and Discriminant validity are investigated. Following tables shows that all the threshold values of reliability and Validity were achieved.

Table 1: Measurement Model Evaluation for Validity and Realibility

1st order	Items	Loadings	AVE	CR	Cronbach's α
Environment	E1	0.7583	0.5046	0.7532	0.5138
	E2	0.7662			
	E3	0.7424			
	E4	0.6995			
	E5	0.6405			
	E6	0.8196			
	E7	0.7858			
	E8	0.7735			
	E9	0.7229			
Communication	commu1	0.8365	0.5345	0.8129	0.6966
	commu2	0.8284			
	commu3	0.6195			
	commu4	0.8044			
	commu5	0.7922			
Responsiveness	Responsive1	0.6842	0.6639	0.8868	0.8294
	Responsive2	0.8782			
	Responsive3	0.8686			
	Responsive4	0.8135			

Patient Satisfaction		0.649	0.8753	0.8481
	SAT1	0.7405		
	SAT2	0.8196		
	SAT3	0.8858		
	SAT4	0.8735		
Loyalty		0.5981	0.7919	0.7415
	Loyalty 1	0.874		
	Loyalty 2	0.855		
	Loyalty 3	0.8686		
	Loyalty 4	0.8135		

In the next step, discriminant validity was assessed through Fornell and Larcker, (1981). Results in table 2 shows that the square root of the AVE of the respective construct was higher than the correlation between the constructs, hence discriminant validity was confirmed.

Table 2: Discriminant Validity

	Environment	Satisfaction	Communication	Responsiveness	Loyalty
Environment	0.709				
Satisfaction	0.365	0.731			
Communication	0.209	-0.024	0.814		
Responsiveness	0.369	0.368	0.195	0.805	
Loyalty	0.325	0.042	0.525	0.255	0.773

Testing of Hypotheses

The final step of the analysis was to test the hypotheses. Version 3.2.7 applying PLS-SEM algorithm a bootstrapping process with 5,000 subsample iterations (F. Hair Jr *et al.*, 2014) Although path coefficients are significant in PLS-SEM analysis, (Hair *et al.*, 2012) confirmed that when paths are non-significant or reveal signs that are against the hypothesized direction, the prior hypothesis should be rejected. On the other hand, significant paths are displaying the hypothesized track to sustenance the recommended causal correlation empirically.

Moreover, the critical t-values for a two-tailed t statistics are 1.96 with a significance level of 5%. Along with this vein, the present study chooses to set 5,000 re-sampling with an alternate number from the bootstrap cases. The analysis results to be presented in next subheading includes hypotheses testing for a nonparametric test of differences for H1, and other hypotheses include path coefficient, the bootstrapping results and effect size.

Table 3 : Results of Direct effect

	Path	T Statistics	P Values	Remark
Service Quality Patient -> Loyalty	0.237	4.875	0.000	supported
Service Quality -> Patient Satisfaction	0.265	6.264	0.000	supported
Patient Satisfaction -> Patient Loyalty	0.279	5.195	0.000	supported

Mediation Analysis

To check the mediation effect of patient satisfaction on service quality and patient loyalty we utilized the bootstrapping function of SmartPLS and referred to a specific indirect effect. The following table shows that patient satisfaction mediated the relationship of each dimension of service quality and patient loyalty.

Table 4: Results of Indirect effect (Mediation)

Specific Indirect Path	Indirect Path	T Statistics	P Values	Remark
Communication -> Patient Satisfaction -> Patient Loyalty	0.063	3.404	0.001	supported
Physical Environment -> Patient Satisfaction -> Patient Loyalty	0.074	4.287	0.000	supported
Resposiveness -> Patient Satisfaction -> Patient Loyalty	0.043	2.323	0.021	supported

DISCUSSION

The current research focused to explore the research questions to get answers. The research question was whether the quality of healthcare service is an influencing factor of clients' satisfaction that leads to developing loyalty intentions in hospitals of Bangladesh. The study aimed to measure the influence of perceptions on patients' satisfaction and loyalty intentions as well as patients' views regarding various aspects of standards of health services like surroundings, verbal connection, and responsiveness. In nature, the current study is descriptive in nature so as to conduct an investigation of the research questions to collect information from private hospitals to rectify the anticipations of clients with reference to satisfaction and loyalty.

The standard of health services and clients' adherence or loyalty is connected and findings revealed that the hospital would establish loyalty goals of the patient if the level of health services provided by the hospital is appropriate. Standardized health services and clients' contentedness are positively related to each other presenting client satisfaction as the ultimate product of improved standard of service. Satisfaction helps to build loyalty among patients showing a direct relationship between patient satisfaction and loyalty. The findings of this study are inconsistent with the previous studies like Wu et al., 2008; Li et al., 2011;gChahal and Mehta, (2013) and patient satisfaction by Raftopoulos, 2005; Badri et al. 2009, Naism et al., 2014)that HCSQ is absolutely related with client adherence. Elleuch, 2008; Chahal and Kumari, (2010) also found that client's contentedness is positively related with clients' devotedness while Dagger and Sweeny, 2007; Mpinganjira, 2011; Aliman and Mohamad, 2013; Shabbir et al., 2016) reported that client satisfaction mediates the relation between HCSQ and client loyalty.

In addition, results also revealed that the standard of health service dimensions such as surroundings was found to be a good interpreter of clients devotedness and strongly predicts the patient's devotedness towards private hospitals. It shows that visible facilities such as infrastructure, the functioning of the hospital, required equipment, machinery and instruments, the appearance of medical staff are well maintained in the private sector. The hospitals' management concentrates its attention on the cleanliness of are, hygiene, and calm surrounding, as vital for the standard health requirements of the patients.

The private hospitals have a two-way communication system; besides keeping their clients updated, recognized but they listen to their concerns in a responsible way. Experts endeavor to look into the clients' concern, disease and then allow patients to discuss and explain their concern

about sickness in detail. This relationship and connection also develop patient's devotedness as well as keeps them contented. Other strong predictors of the client's contentedness and devotedness are confidentiality and security. It is observed that in private hospitals follow the strategy of staying away from any damage from standard health services and manage to reduce the contradictory situation's danger in Bangladesh.

Responses of clients are also a firm indicator to show clients satisfaction and devotedness being the as an important aspect of standard of service. Moreover, hospitals pay more attention to out of way treatment specifically regarding the social position of the patient.

Practical Implication

For health organizations that intend to measures the perception of patients with reference to a standard of health services, degree of contentedness and intentions of devotedness, the present study would be an explanatory model. Besides, the current study is not only valuable to health care providers but beneficial for business association too. Moreover, the study contributes to existing knowledge through its considerate and knowledge about the healthcare services and the factors, influencing the standard of service. In addition to this, the study highlights private health organizations focus on each factor which can yield prompt satisfaction. Hospitals in Bangladesh need to focus on the measurement of the standard of service as per contributive response regarding satisfaction and loyalty of patients.

Limitation and Future Research

This research like all other studies also has certain limitations that are suggested to be looked into in future studies so that future studies could be outlined to experiment properties of a standard of service by adopting other strategies for data collection. Similarly, these factors could be tested in other service sectors. A similar model can be applied to different hospitals in different cities that may contribute significantly. The quantitative method of study was employed by the researcher in this study while qualitative study might give more detailed information in the future. The private hospitals were the major focus of the present study, however, the understanding and additional demands of patients of all types of hospitals with similar or different aspects of standard of health service could be explored in future studies. The satisfaction of the patient was employed as a mediator in the present study, while hospitals' image and charge factor with respect of healthcare service quality could be focused on future researches. In this research, the effect of standard of health service on patient loyalty is explored while other variables like physicians, the professionalism of the nursing staff, fee and appointment process can be investigated in future researches.

CONCLUSION

From the above discussion, a conclusion can be drawn regarding the condition of health-care service quality in the private hospitals of Dhaka, Bangladesh. Private hospitals strive hard to make available improved standards of services and contribute a positive role with the objective to attract and sustain the customers as the end result. Many previous studies also support and justify the findings of this study. In Egypt, Mostafa (2005) reported that private hospitals provide improved healthcare services in an impressive way with enhanced quality of services. Likewise in Bangladesh, private hospitals receive more visible admiration from the patients as reported by Andaleeb, (2000). However, some contradictory studies also revealed that in Bangladesh, that public hospitals provide the better quality of services than private ones, reported by Shabbir et al.,

(2010) but these outcomes are completely in contrast with other studies like Andaleeb, 2000, 2001; Mostafa, 2005; Shabbir et al., 2016; Shabbir et al.(2017). The present study is justifying that the private hospitals in Bangladesh are putting endeavors when compared with public hospitals.

The findings of the present study reveal that private hospitals pay more attention to their patient's demands and follow a specific objective to give uppermost healthcare facilities to the patients. Results also indicated that all the staff in the private hospitals is determined to take care, give attention, provide a clean and well-disposed environment to their patients. They establish a potential verbal link with the clients, productively responding to patient calls, specialist made accessible and suitable working hours for clients in the hospital. Private hospitals deliver with a perpetual change in the processes, framework, continuously improving quality of healthcare services are to their patients. The findings of the study suggest that a better quality of healthcare services play an important role in building satisfaction and loyalty intentions as a reliable client always makes a positive word of mouth. Moreover, as patients are the major resources of an organization or set up to develop clarity of profitability and authority, the hospitals' managers are concentrate on patient's oriented strategies. Results additionally recommend that the satisfaction or contentedness impacts and mediates the relationship between patient devotedness and various aspects of standard health service like surrounding, being client-friendly, responsibility verbal connection, and confidentiality and security, as revealed by the results of the present research.

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