

Dissertation report 3

by Sakshi Rana

Submission date: 12-Aug-2021 04:06PM (UTC+0530)

Submission ID: 1630582369

File name: Sakshi_Rana_Dissertation_110.docx (379.51K)

Word count: 5249

Character count: 29831

INTERNSHIP TRAINING

AT

MAX SUPER SPECIALITY HOSPITAL, SAKET

**A STUDY ON IMPACT OF PATIENT
KNOWLEDGE & PATIENT
RELATIONSHIP MANAGEMENT ON
SERVICE QUALITY**

BY

SAKSHI RANA

PG/19/110

UNDER THE GUIDANCE OF

Dr. MANISH PRIYADARSHINI

9

**POST GRADUATE DIPLOMA IN HOSPITAL AND HEALTH
MANAGEMENT**

2019-21



9

**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT
RESEARCH, NEW DELHI**

ABSTRACT

ACKNOWLEDGMENT

My Institute - International Institute of Health Management Research (IIHMR),

Delhi deserves

the foremost appreciation for providing me the opportunities to understand my capabilities. I

would like to thank one and all in the IIHMR team for providing me a platform for my professional

career as well as for helping me boosting up all my capabilities and making me confident enough to work for health care organizations. I would like to thank **Dr. Manish priyadarshini (Associate Professor & Mentor)** for her continuous support. I acknowledge the tremendous contribution of my guide in completion of the project right from the word goes.

I would like to express my sincere and deep thanks to **SHALINI MA'AM** who helped me in every possible way and provided me best possible resources to complete my internship.

I extend my words of thanks to all the staff for always being so cooperative and facilitating me. I

am extremely grateful to my parents for their love, prayers, caring and sacrifices for educating and preparing us for our future.

Finally, my thanks to all the people who have supported me to complete the research work directly or indirectly

DISSERTATION REPORT

CHAPTER 1 INTRODUCTION

Patient information can be characterized as a progression of purposeful data materials intended to further develop information, self-viability, and wellbeing practices. It is set up that suitable wellbeing data conveyance can enable patients, further develop wellbeing results, and upgrade quality of services. In medical care, where patients might be viewed as emergency clinics' key clients, the term patient relationship the board (PRM) is utilized. With PRM, medical care associations' attention is set on deciding and addressing patients' requirements

Healthcare is indeed a dynamic and quickly developing sector of the public services market that is now experiencing increased competition as well as considerable transformation. In a free market economic system, competition is unavoidable, and this is especially true for private hospitals. According to data compiled by the Indian Ministry of Health, 54 from out 134 private hospitals, accounting for about 48 percent of all private beds in the country, are situated in the country's capital, resulting in intense rivalry among hospitals for the attention of patients. When operating in a highly competitive market, developing a strong relationship with consumers, which may then be followed by their loyalty, is regarded to be a critical component in growing market share and developing a long-term competitive advantage. Consumers that remain loyal to a company are considered to be extremely important for the organization's survival in the market, as acquiring new ones is far more expensive than maintaining existing customers. As competition intensifies and the costs of acquiring new customers continue to rise, service providers. In addition focusing their strategic actions on client retention and satisfaction.

Customer loyalty is believed to be a component of the nature of the assistance provided by a company. High-quality services may attract new consumers, maintain existing customers, and even tempt clients away from rivals' products and services. When service quality evaluation is good, it has been claimed that the customers' desired behavioural intentions are what improve their relationship with the service provider, as has been indicated previously. Behavioural objectives such as spreading positive word of mouth about the specialist organization, advancing the supplier and

administration to other people, and keeping faithful to the provider are largely attractive in nature

Evidence suggests that when customers take high-quality care at a hospital, ¹⁷ they are more likely to use that facility again in the future, to tell others how pleased they were with their care, and to refer their friends and family to that facility. It has been said that recommendations from friends, families, and other patients are an fundamental wellspring of data while choosing a medical care specialist. Also, medical care advertising specialists accept that great verbal exchange from satisfied patients will be the best advancement technique for doctors and emergency clinics' administrations soon.

Previous research has found a strong link between patients' perceptions of service quality with their willingness to ¹⁹ recommend a business to their friends and family. According to the findings of the study, there is a link between service qualities with behavioural intention in industrial importance, including the health care industry. It has been established that ¹⁵ there is a favourable link between curing or interpersonal service quality and patient loyalty.

In the current competitive environment, the importance of customer quality as the most important driver of performance ² and long-term survival throughout the health care business has piqued the interest of health care service providers. A high level of patient satisfaction is important for hospitals because ¹⁸ higher levels of patient satisfaction result in higher levels of compliance with physician orders, higher levels of loyalty, ² positive word-of-mouth by the patient, a reduction in the number of customer experience, ² higher profitability, increased rates of patient return, and increased levels of referrals. As a result, patient satisfaction surveys have become an integral component of the strategic planning process for health-care companies. ² Patient satisfaction and the identification of its effective elements are essential to health care management because of the influence they have on the personal and economic results of the organisations that provide health care.

An overall mentality framed dependent on a client's experience following the utilization of a decent or the utilization of a help that shows itself with a compelling reaction comparable to the contrast between how a client expects and what the individual gets is alluded to as "consumer loyalty." If the patient gets administrations that are insufficient and clashing with their assumptions, the person will be

despondent. Nonetheless, if the administrations gave meet or surpass the patient's assumptions, it will bring about the patient's finished happiness. All in all, consumer loyalty estimates the degree to which a customer feels that utilizing a help has brought about him encountering charming assumptions.

A PRM application may also help provide patients with greater understanding through enhanced correlation with follow-up frameworks, enabling hospitals to better understand patients' wants and needs. It is important for physicians to see how the therapy has worked. When physicians inform their patients how well they have achieved, they can have a better understanding of how the pharmaceuticals and the activities they do function. In this sense, the healthcare association as well as the patient gain both from stronger connections with the patient and from improved patient stability. Nowadays, patients may get guidelines for their Web therapy without too much effort. At a time when hospitals provide continual data and distribute it to their current and likely patients, it will help them stay in touch with people, as will other clinical gatherings for their purchasers. The cycles for emergency clinic organization should contemplate expansive, useful information systems that help an exchange of focuses to patients. With the possibility of a PRM, additional customer-driven duties may almost likely be carried out by the hospitals. PRM allows health centres to have a higher level of information about patients' needs while providing them greater account. PRM concentrates on the demands of patient meetings, the historical background of the patient's drugs, in health care and treatment organisations. If a patient is assessed each time a solo doctor visits the interior, the nature of the doctor with the patient will not only increase the therapy, but also the time of the patient just as much as the time of a doctor is saved.

Patients can without a very remarkable stretch find rules for their treatment through sites. Right when emergency clinics give certifiable information on the treatment of their patients through their sites, they will not simply work together with patients yet furthermore help make an engaged area with various medical clinics concerning pulling in patients. Disclosures of different assessments have shown that the sites of a couple of educational medical clinics are typical in regards to structure (central page, rule associations and sub-joins), and incredibly poor to the extent substance and sub-joins (Theme-based substance), requiring change, fulfillment and improvement

CHAPTER 2 LITERATURE REVIEW

Padma et al., 2010 In a considerable lot of the pertinent examinations in ones investigation of the results on nature of the assistance, the impression of a help quality assume a significant part to the patients in consumer loyalty just as the causal connection among trust and dedication has gotten a significant topic of conversation. Fulfillment and the quality are normally utilized reciprocally, practically speaking, yet the analysts concur that they are two separate structures, however that they are profoundly between related.

2 **Choi et al., 2004; Lai and Chen, 2011** the quality decisions are moderately explicit, while the fulfillment decisions are fundamentally broad to accomplish fulfillment, the patient should encounter a help while the apparent assistance quality isn't really the aftereffect of an encounter of a specific. Additionally the nature of administrations is identified with the intellectual decisions, while the clients' fulfillment identifies with the full of feeling decisions

Choi et al., 2004 the qualification between the nature of administration as a psychological development and the fulfillment of clients as an emotive structure shows a causal connection wherein quality for patient fulfillment is an indicator. It reasons that the buyers are just (dis) fulfilled if the administrations have been seen and experienced, showing that assessment of administration quality overshadows happiness of clients. The nature of administration is hence commonly viewed as a point of reference of consumer loyalty and the idea that nature of administration affects fulfillment is regularly perceived.

20 **Parvatiyar and Sheth 2001**, "Patient Relationship Management is a complex strategy and procedure for selective customer acquisition, maintenance and partnership to produce greater value to the business and the client. In order to improve efficiency and efficiency in delivering client value, it requires integrating marketing, sales, customer support and the supply chains of the organisation." The above description illuminates the necessity of PRM to acquire new consumers, retain customers and establish a loyal

customer base, while also stressing the importance of coordination across various divisions of the company to improve customers' service value.

Poku et.al., 2017 Patients sometimes demand things they need not, such as expensive cold or lower back pain MRI antibiotics and physicians can face requests for products of which they know nothing, such as cervical radiculopathy reverse stretchers. Doctors will require access to the greatest information on therapy and technology, and will also need to know why patients won't benefit from items that will not help them

Peppers, Rogers, and Dorf 1999, "PRM is a one-to-one marketing or relationship marketing programme which responds to an individual client based on what the client says and what is known of the client." This definition illustrates how PRM helps to develop a drawn out connection between both the client and the organization, which assists organizations with further developing client maintenance and benefit.

Patient Behaviour

Kotler and Keller 2009, Patient behaviour is a decision-making process and individual activities that are involved in assessing, obtaining, spending or unable to produce products and services. Patient behaviour can be defined not only as a process of trade between money and products, but also as a barter that emphasises the consumption process completely, which includes elements which affect customers before, in and after the buying process. Patient behaviour can therefore be characterised as direct acts of individuals for achieving and using economic products and services that include earlier decision-making and the determination of prior actions.

Service Quality

Richard, 2002 Quality of service are the means of fulfilment and commitment. The entire business aim is to make committed and happy customers eager to enterprise. High quality and outstanding facilities are therefore needed in order to expect loyal and delighted customers

Customer Loyalty

Atkins et al., 1996 Intention to return to the hospital and recommendation to others measure the presence of a strong association between employee satisfactions with patient opinion on the quality of services delivered. Unfulfillment of employees can adversely affect service quality, reverse patient loyalty effects and thus adversely affect hospital earnings;

It supports the development of an organization's loyalty. The next step is to improve employee loyalty. The productivity of employees promotes value generation of external services, which eventually determines contentment of external consumers. Consumer content determines client loyalty Satisfaction.

Griffin (2005) Emphasizes client loyalty to predict sales and finance growth contrasted with happiness of consumers as a more dependable measure. Many firms rely on the contentment of consumers to guarantee their success later, but then are not satisfied to know that they can purchase the stuff of the competitors without doubt.

Health Care Service Quality Concept

Donabedian 1988 There is a growing interest in the quality of health services. Patient-based assessments for medical care become increasingly relevant with increasing need for measurement quality. Patients give a unique perspective in assessing medical non-technical elements. Different definitions of medical service quality are present in literature. Wellbeing quality is characterized by the Institute of Medicine as "how much wellbeing administrations for people and populaces increment the odds for wanted wellbeing results and relate to current master information."

SERVQUAL MODEL

Lee and Kim, 2017 different estimating components for the quality&of wellbeing administrations have&been made in the writing on medical services .Healthcare service quality measurement developed in time within the SERVQUAL paradigm. Despite the limits on SERVQUAL, the backdrop in healthcare has shown a success. The "SERVQUAL" quality of service model is considered the most essential of quality of service models and, because of its completeness and practical application, is perhaps the most utilized models for estimating quality in assistance fields.

Patient Satisfaction

Kotler, 2000 Hospitals always have been a health centre for the people, both preventive and curative. Two variables measure the quality of care in the hospitals: patient results and patient satisfaction. Satisfaction is the joy or then again disillusionment of an individual because of contrasting the apparent execution or consequence of an item or administration to their assumptions.

Brennan 1995 Patient quality is characterized as an assessment of how much treatment supplied meets the expectations and preferences of the individual. Patient satisfaction

this degree considers the person to be useful, effective or advantageous to the health treatment, product or method in which the supplier delivers it.

Jenkinson et al. 2002 the satisfaction of the patient appears largely to be care attitudes or elements of care. It is known as patient satisfaction as the emotions, sensations and perceptions of patients about the provision of health care. The patient satisfaction concept is multidimensional and reflects the patient's views and expectations in relation to actual treatment. He recognised that the implicit presumption in patient satisfaction criteria is that the patient assigns values to certain therapy or service features which are uniquely relevant to the experiences of each individual. Patient satisfaction has been demonstrated to boost patient retention, readiness to advice, and an improved patient compliance rate with medical advice and requests.

Punnakitikashem et al. 2012 Measured hospital service quality of lean management execution. The study indicated that the hospital lean service quality is moderate. Furthermore, in terms of tangibility, the greatest positive divide between patient perception and expectation is. With regard to insurance, the biggest negative disparity.

Landers et.al, 2016 this will, of course, be a delicate equilibrium. High, ever-increasing healthcare expenditures and quality, security, equity, and access disparities characterise the health care system. With limited budgets for healthcare, it is essential that resources be leveraged to offer patients with the highest value. In the years ahead, the wellbeing framework deals with colossal issues. The framework's drawn out feasibility is undermined with higher costs, restricted admittance to mind, or irregularity in the nature of the consideration gave. The Med PAC appraises that Medicare enlistment in the following 15 years structure 54 million recipients currently will increment by considerably over half to much in excess of 7 billion out of 2030.

Pervez, 2005 the entire quality management in healthcare matters was not recognised till the last 1980s. At that time, health care industry organisations considered "total quality management" a business management experience that does not apply in the health sector.

Mosaddegh-Rad, 2015 The revolution in quality has touched the health & remedial sector so that customers, healthcare providers, insurance companies, policymakers and researchers have given much attention to assessment and quality improvements in the area of health services. Prior to receipt, consumers getting corrective services cannot comply with the results of the services. Customers expect the companies to deliver on

their promises and obligations in the appropriate time and to accept the quality of corrective services only in this situation. The quality of remedial services judge of the consumers is usually derived from observations of the appearance, tools and equipment of the organisation, the place of offer, the appearances of its employees, the service provision method as well as the price for services. On the other hand, the remediation services sector has a particular position among service sectors in order not to allow any mistake in the this sector and to provide all services correctly without any defects.

(Bartlett & Jones, L. K. 2009) Establishment of the objectives and the objectives of this connection is a key duty not only for the provision of services during this time, but also for the assessment of the relationship results. The nurse works within the professional, legal, and personal limits, recognizing the individuality of each patient as a person and as a fellow human being. Nurses build connections with patients by incorporating the principles of respect, empathy, trust, active listening, sincerity, and confidentiality throughout their encounters regardless of the setting, or the duration of the contact. It has been shown that \patients that get appropriate early developments tend to mobilize quicker in\their postoperative phase as they follow the directions provided to them and this\salso shortens their length of stay in the ward.

Sadghiyan, 2016 According to the previous studies, the happiness of the patient has an important relation with certain variables like patient commitment to take the prescribed prescription, reference to the hospital over a specific amount of time and patient acceptance of corrective measures where needed.

Aghababa, 2014 With regards to the wellbeing and medicinal framework, quality is characterized as a degree of achieving the medical services framework with explicit points to work on lawful assumptions for the general public through being responsible to the necessities of the local area, the expression "quality" is utilized conversely.

Caruana, 2002 after consumption, customers' satisfaction is defined as their reaction to an equal perceived evaluation between their earlier assumptions (or some kind of execution standard) and the item's genuine presentation, as seen by them after utilization

Seidi et al., 2004 One of most important responsibilities of health as well as remedial service organisations is ¹³ to meet the needs and expectations of their patients and clients. The fact that incorrect health care will result in patients/clients displeasure must be recognised, whilst desirable services will enable and raise their contentment must also be recognised.

¹⁶ **OBJECTIVE OF THE STUDY**

PRIMARY OBJECTIVE

- The objective of the investigation is to comprehend that how persistent information and patient relationship the board help to further develop the assistance quality in the clinic
- To decide administrations given by the medical clinics and patient's fulfillment towards the administrations

RESEARCH METHODOLOGY

- The research methodology of my project is Descriptive
- The research configuration is described by adaptability to be touchy to the sudden and to find experiences not recently perceived the reason for the exploration philosophy is to find the appropriate response.
- And to answers the questions through the google questionnaire with analysis in excel

Data collection method:-

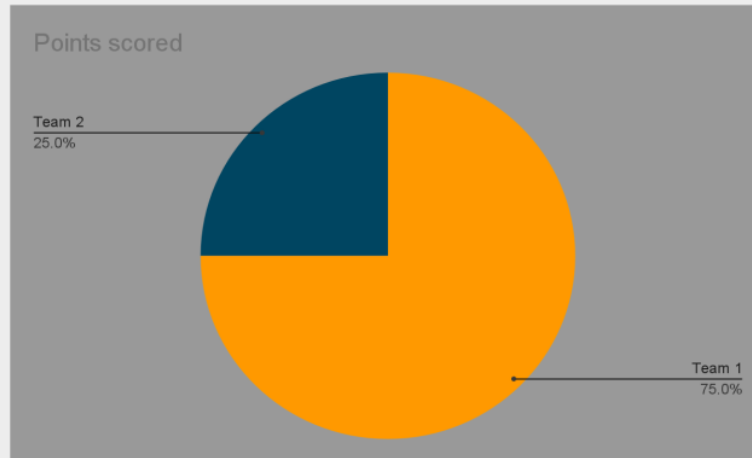
- **PRIMARY METHOD:-**Data gathered through essential source in the examination procedure. for example through the poll from patient in Max emergency clinic
- **SAMPLING**
 - Population Definition - Max Patient.
 - Extent – MAX HOSPITAL SAKET
 - Sampling Time - 10:00 am to 4:00 pm
 - Sampling Period - April

SAMPLING TECHNIQUE - SIMPLE RANDOM SAMPLING

RESULT AND DISSCUSSION

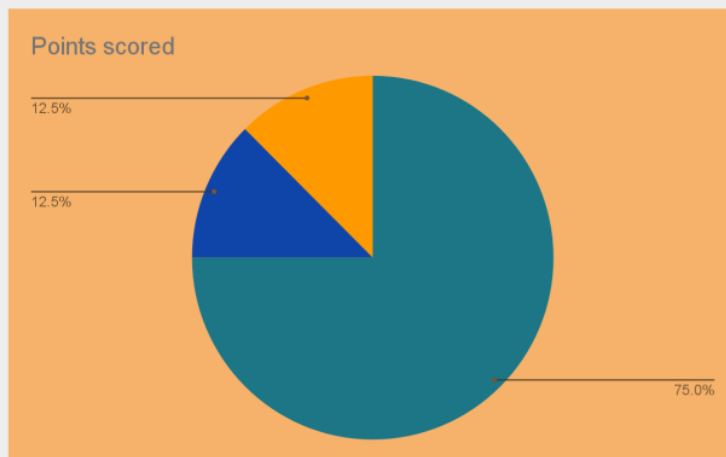
1. Does patient knowledge affect the service quality

Discussion - As per the result collected from the questionnaire it shows that 75% of the respondent agree with the statement that patient knowledge affect the service quality and 25 % disagree with the fact that patient knowledge affect the service quality.



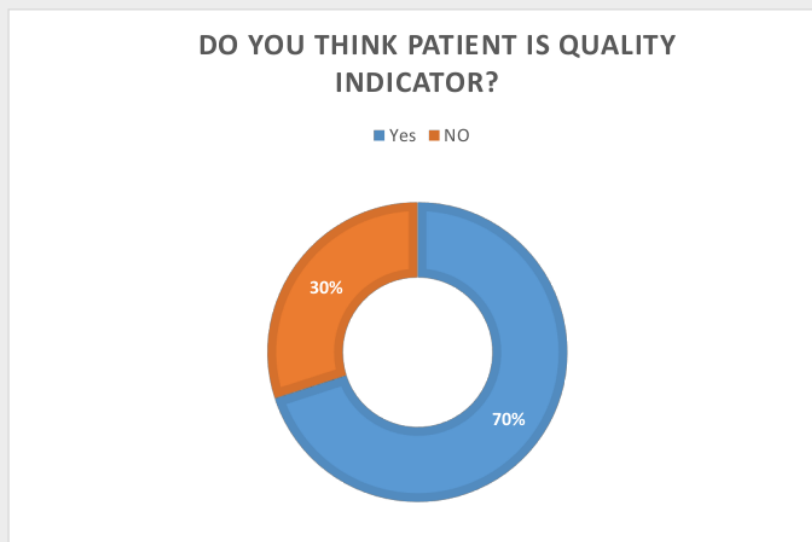
2. Does patient satisfaction is an important factor for measuring the service quality

Discussion - As per the result collected from the questionnaire it shows that the 75% of respondents agree with the statement that patient is the important factor for measuring the service quality in hospitals and 12.5 % disagree with the statement that patient satisfaction is an important factor for measuring the service quality and rest 12.5 % are not sure about the same



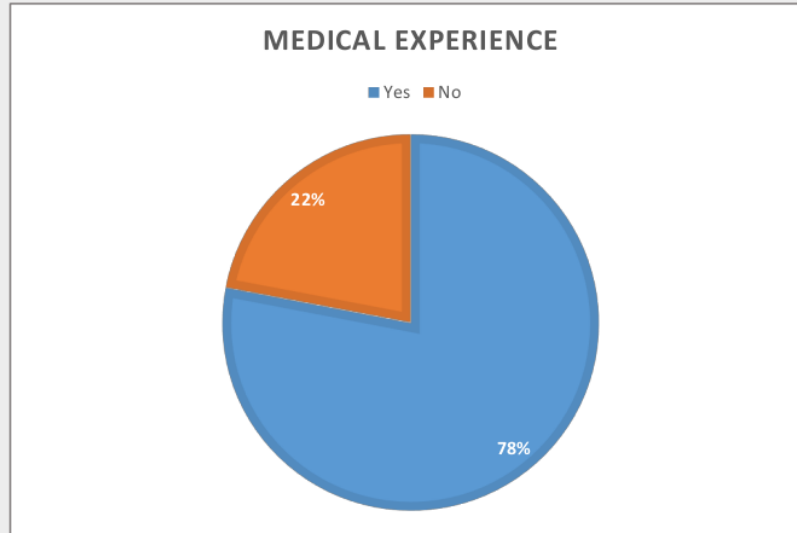
3. Do you think patient is quality indicator?

Discussion - As per the result collected from the questionnaire it shows that the 70 % of respondents agree with the fact that patient is quality indicator and rest 30% disagree with the fact that patient is quality indicator.



4. On the size of 0-10 contemplating your complete inclusion in our clinical office, how likely would you be to recommend us to a partner or partner?

Discussion - As per the result collected from the questionnaire it shows that 78 % of the total respondents will recommend it to friends and colleague and rest 22 % of respondents will not recommend it to their friend and colleague.

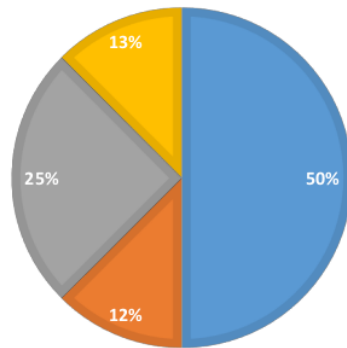


5. Please Kindly express your degree of fulfillment with the way toward booking a meeting with your patient relationship the executives?

Discussion - As per the result collected through the questionnaire 50 % of total respondent are very satisfied with process of booking an appointment, 12.5 % are satisfied with process of booking an appointment, 25 % are neutral towards the booking an appointment and rest 12.5 % are dissatisfied with the interaction of booking an arrangement.

LEVEL OF SATISFACTION WITH THE PROCESS OF BOOKING AN APPOINTMENT

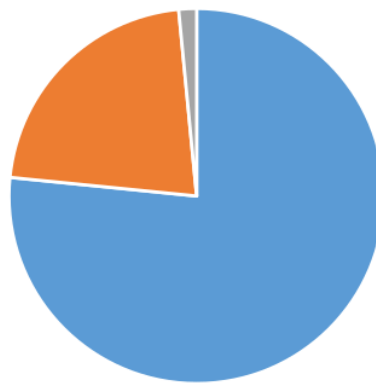
■ Very Satisfied ■ Satisfied ■ Neutral ■ Dissatisfied



6. Is the concerned physician able to solve your worries and question. Are you satisfied with it?

Discussion – As per the result collected through the questionnaire 70 % respondent says that they are very satisfied with their physician because they are able to solve their worries, 20 % are satisfied with their physician because they solve their worries and 10 % respondent says they are dissatisfied because their physician is not able to solve their worries.

Physicians able to solve worries and question



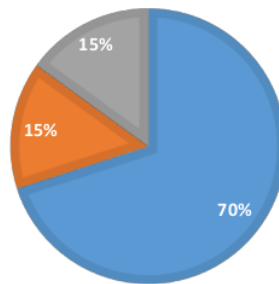
■ Very Satisfied ■ Satisfied ■ Dissatisfied

7. Are you satisfied by the amount of attention paid towards you by the general nursing staff?

Discussion- As per the result collected through the questionnaire, 70% respondents are very satisfied by the consideration paid to patient by nursing staff, 15 % are nonpartisan towards consideration paid to patient by the nursing staff and rest 15 % are dissatisfied by the as the think nursing staff does not pay attention to the patient.

**SATISFIED BY THE AMOUNT OF ATTENTION
PAID TOWARDS YOU BY THE GENERAL
NURSING STAFF**

■ Very Satisfied ■ Neutral ■ Dissatisfied

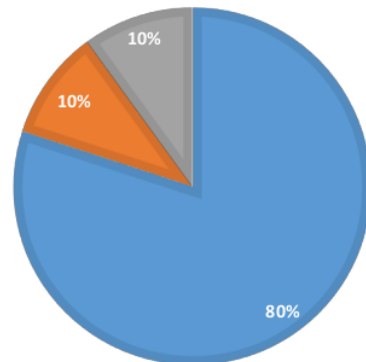


8. Availability of technology in the hospital?

Discussion- As per the result collected through the questionnaire, 80% of the respondents are very satisfied with the availability of technology in the hospital, 10 % of respondent are neutral with the availability of technology and 10 % are dissatisfied with the availability technology in the hospital.

AVAILABILITY OF TECHNOLOGY IN THE HOSPITAL?

■ Very Satisfied ■ Neutral ■ Dissatisfied

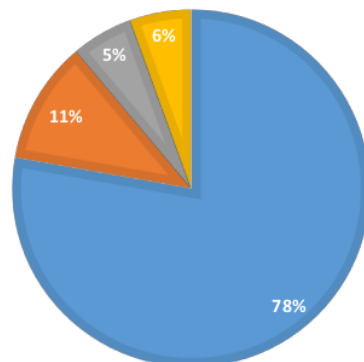


9. How much are you overall satisfied with this hospital?

Discussion- As per the result collected through the questionnaire 70 % respondents are very satisfied with the hospital, 10 % are satisfied with the overall hospital service and 5 % are neutral and rest 5 % are dissatisfied with the hospital service.

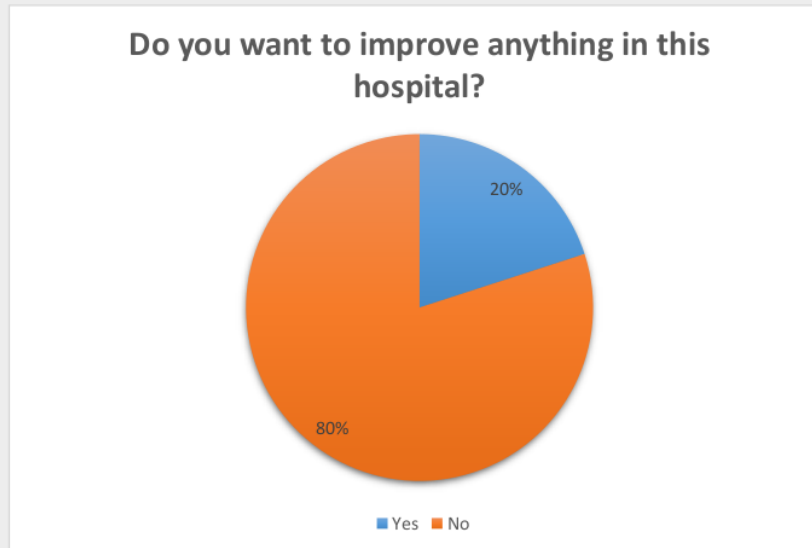
HOW MUCH ARE YOU OVERALL SATISFIED WITH THIS HOSPITAL?

■ Very Satisfied ■ Satisfied ■ Neutral ■ Dissatisfied



10. Do you want to improve anything in this hospital?

Discussion – As per the result collected through the questionnaire 20 % of respondent want to improve some services in the hospital rest 80% respondent don't want anything to improve to this hospital.



CONCLUSION

After the analysis we can conclude that patient knowledge help to enhance the service & quality in the hospital. Patient relationship the board assume significant part in working on the nature of patient consideration and fortifying the logical premise of clinical practice. They can likewise add to the administration and balance of medical services costs.

As per the discoveries of this investigation, there is a critical connection between administration quality with patient joy. On account of multidimensional help quality exploration, be that as it may, it can give fundamental direction for chiefs and leaders. The examination of administration quality as a multidimensional develop uncovers the parts of administration quality that are generally useful in making patient fulfillment. The board might focus their quality improvement endeavors in spaces of administration quality which affect patient fulfillment subsequently. As indicated by the discoveries of the current investigation, the costs of the assistance, the help conveyance technique, and the relationship with the customer had the main

advantageous effect on generally speaking fulfillment. As indicated by the discoveries of this examination, medical clinic executives should stick to duties and keep up with elevated requirements all through the help conveyance measure to be effective. The administrators and proprietors at private clinics should build up sensible valuing in agreement to the degree of care they give to their

For process quality, companies must reduce the amount of time that patients wait for appointments, hospitalisation, and surgical procedures in order to provide services as quickly as feasible. It is also important to stress the importance of improving the interpersonal elements of care and the relational abilities of doctors, attendants, and other faculty.

LIMITATION

- The study has specific degree restricted by the endlessness of the space and the accessibility of the time.
- While genuine endeavors have been made to look at the issues according to alternate point of view, the accessibility of additional time would have conceivably hurled more forthcoming and bigger essential data test prompting more exact examination and subjective predominant arrangements.
- Patient was not accessible for the reason

LITERATURE REVIEW

1. Amin M, Yahya Z, Ismayatim W. F. A, Nasharuddin S. Z, Kassim E. Service Quality Dimension and Customer Satisfaction: An Empirical Study in the Malaysian Hotel Industry. *Services Marketing Quarterly*. 2013;34(2):115–125
2. Anbori A, Ghani S. N, Yadva A, Daher A. M, Su T. T. Patient satisfaction and loyalty to the private hospitals in Sana'a, Yemen. *International Journal for Quality in Health Care*. 2010;22(4):1–6.
3. Arab M, Rashidian A, Pourreza A, Tajvar M, Khabiri R, Akbari Sari A, Rahimi A. Developing a Persian inpatient satisfaction questionnaire. *International Journal of Health Care Quality Assurance*. 2014;27(1):4–14. <http://dx.doi.org/10.1108/ijhcqa-10-2011-0059>
4. Bacon C. T, Mark B. Organizational effects on patient satisfaction in hospital medical-surgical units. *The Journal of Nursing Administration*. 2009;39(5):220–227.
5. Badri M. A, Attia S, Ustadi A. M. Healthcare quality and moderators of patient satisfaction: testing for causality. *International Journal of Health Care Quality Assurance*. 2009;22(4):382–410.
6. Bakar C, Akgün H. S, Al Assaf A. F. The role of expectations in patients' hospital assessments: A Turkish university hospital example. *International*

- Journal of Health Care Quality Assurance. 2008;21(5):503–516. <http://dx.doi.org/10.1108/09526860810890477>
7. Chen C. M, Chen S. H, Lee H. T. Interrelationships between Physical Environment Quality, Personal Interaction Quality, Satisfaction and Behavioural Intentions in Relation to Customer Loyalty:The Case of Kinmen's Bed and Breakfast Industry. Asia Pacific Journal of Tourism Research. 2013;18(3):262–287.
8. Choi K. S, Cho W. H, Lee S, Lee H, Kim C. The relationships among quality, value, satisfaction and behavioral intention in health care provider choice:A South Korean study. Journal of Business Research. 2004;57(8):913–921
9. Cohen J. Statistical power analysis for the behavioral sciences. 2nd ed. New Jersey: Lawrence Erlbaum; 1988.
10. Dabholkar P. A, Shepherd C. D, Thorpe D. A comprehensive framework for service quality:an investigation of critical conceptual and measurement issues through a longitudinal study. Journal of Retailing. 2000;76(2):139–173. [http://dx.doi.org/10.1016/s0022-4359\(00\)00029-4](http://dx.doi.org/10.1016/s0022-4359(00)00029-4)
11. De Man S, Gemmel P, Vlerick P, Van Rijk P, Dierckx R. Patients' and personnel's perceptions of service quality and patient satisfaction in nuclear medicine. European Journal of Nuclear Medicine and Molecular Imaging. 2002;29(9):1109–1117
12. Deng Z, Lu Y, Wei K. K, Zhang J. Understanding customer satisfaction and loyalty:An empirical study of mobile instant messages in China. International Journal of Information Management. 2010;30(4):289–300.
13. Duggirala M, Rajendran C, Anantharaman R. N. Patient-perceived dimensions of total quality service in healthcare. Benchmarking:An International Journal. 2008;15(5):560–583
14. Jen W, Tu R, Lu T. Managing passenger behavioral intention:An integrated framework for service quality, satisfaction, perceived value, and switching barriers. Transportation. 2011;38(2):321–342.
15. Karatepe O. Service Quality, Customer Satisfaction and Loyalty: The Moderating Role of Gender. Journal of Business Economics and Management. 2011;12 (2):278–300.

16. Keating N. L, Green D. C, Kao A. C, Gazmararian J. A, Wu V. Y, Cleary P. D. How are patients' specific ambulatory care experiences related to trust, satisfaction, and considering changing physicians? *Journal of General Internal Medicine*. 2002;17(1):29–39.
17. Kim Y. K, Cho C. H, Ahn S. K, Goh I. H, Kim H. J. A study on medical services quality and its influence upon value of care and patient satisfaction—Focusing upon outpatients in a large-sized hospital. *Total Quality Management*. 2008;19(11):1155–1171.
18. Lai F, Griffin M, Babin B. J. How quality, value, image, and satisfaction create loyalty at a Chinese telecom. *Journal of Business Research*. 2009;62(10):980–986.
19. Lai W. T, Chen C. F. Behavioral intentions of public transit passengers—The roles of service quality, perceived value, satisfaction and involvement. *Transport Policy*. 2011;18(2):318–325.
20. Lam S. Y, Shankar V, Erramilli M. K, Murthy B. Customer value, satisfaction, loyalty, and switching costs: An illustration from a business-to-business service context. *Journal of the Academy of Marketing Science*. 2004;32(3):293–311.
21. Aggleton, P. and Chalmers, H. 1990. Nursing models - Peplau's development model. In *Nursing Times*, Vol. 86, No.2 (January 1990), 38-40. Altschul, A. T. 1972. *Patient Interaction: a study of interaction patterns in acute psychiatric wards*. Edinburgh: Churchill Livingstone
22. Lee H, Lee Y, Yoo D. The determinants of perceived service quality and its relationship with satisfaction. *Journal of Services Marketing*. 2000;14(3):217–231.
23. Benoliel, J. Q. 1977. The interaction between theory and research. In *Nursing Outlook*, Vol. 25, 108-13.
24. Breakwell, G. M. 1987. Mapping counselling in the non-primary sector of the NHS. In *Report for the British Association for Counselling*
25. Chin, R. 1980. The utility of systems models and developmental models for practitioners. In Riehl, J. P. and Roy, C. eds. *Conceptual Models for Nursing Practice*. New York: Appleton-Century-Crofts.
26. Deane, D. and Campbell, J. 1985. *Developing Professional Effectiveness in Nursing*. Reston, Virginia: Prentice-Hall

27. Devito, J. 1989. The Interpersonal Communication Book, 5th edn. New York: Harper and Row
28. Duck, S. 1986. Human Relationships - an introduction to social psychology. London: Sage Publications
29. Towle A and Weston W (2006) Patient's voice in health professional education. Patient Education and Counseling, 63 (1-2): 1-2.
30. Towse A and Danzon P (1999) Medical negligence and the NHS: an economic analysis. Health Economics, 8 (2): 93-101.
31. Tuckett D, Boulton M, Olson C and Williams A (1985) Meetings between experts: an approach to sharing ideas in medical consultations. London: Tavistock Publications.
32. Van Dulmen AM, Verhaak PFM and Bilo HJG (1997) Shifts in doctor-patient communication during a series of outpatient consultations in non-insulin-dependent diabetes mellitus. Patient Education and Counseling, 30 (3): 227-237.
33. Vincent C, Young M and Phillips A (1994) Why do people sue doctors? A study of patients and relatives taking legal action. The Lancet, 343 (8913): 1609-1613.
34. Wakefield AJ and Montgomery SM (2000) Measles, mumps, rubella vaccine. Through a glass darkly. Adverse Drug Reactions Toxicology Review, 19 (4): 265-283.

Dissertation report 3

ORIGINALITY REPORT

12%

SIMILARITY INDEX

11%

INTERNET SOURCES

10%

PUBLICATIONS

9%

STUDENT PAPERS

PRIMARY SOURCES

1

www.coursehero.com

Internet Source

3%

2

ccsenet.org

Internet Source

2%

3

repository.neelain.edu.sd:8080

Internet Source

1%

4

Submitted to University of Lincoln

Student Paper

1%

5

journals.plos.org

Internet Source

1%

6

hdl.handle.net

Internet Source

1%

7

www.sdiarticle2.org

Internet Source

1%

8

Submitted to Deakin University

Student Paper

1%

9

Sharma, K., and S. Zodpey. "Demand and Supply Analysis of Human Resource Capacity

<1%

for Hospital Management in India", Journal of Health Management, 2011.

Publication

10

Submitted to Saint Leo University

Student Paper

<1 %

11

link.springer.com

Internet Source

<1 %

12

Joanne Sulman, Sue Wilkinson. "An Activity Group for Long-Stay Elderly Patients in an Acute Care Hospital: Program Evaluation", Canadian Journal on Aging / La Revue canadienne du vieillissement, 2010

Publication

<1 %

13

openaccess.hacettepe.edu.tr:8080

Internet Source

<1 %

14

repository.lib.ncsu.edu

Internet Source

<1 %

15

www.emeraldinsight.com

Internet Source

<1 %

16

pt.scribd.com

Internet Source

<1 %

17

silo.pub

Internet Source

<1 %

18

www.mcser.org

Internet Source

<1 %

19

www.netscc.ac.uk

Internet Source

<1 %

20

www.docstoc.com

Internet Source

<1 %

Exclude quotes On

Exclude matches Off

Exclude bibliography On