

Afghanistan and the 1997 UN convention on the law of the non-navigational uses of international watercourses: why does it matter?

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Abstract

An important question that has been absent from the national dialogues and policy debates in Afghanistan is water resources development and management. Integrated water resources management at the national level and creating an agreed-upon legal framework for trans-boundary water resources at the regional level is the third most important policy question for Afghanistan after security and legal reform agendas that needs to be addressed effectively. Afghanistan shares four of its trans-boundary river basins with its neighbors: Tajikistan, Uzbekistan, Turkmenistan, Iran, and Pakistan. Afghanistan is upstream to all of these basins except for the Kunar tributary river draining into the Kabul lower basin. Being an upstream state that has not developed its uses of water due to a variety of reasons, Afghanistan desires and desperately needs to fully use its share of water from the shared river basins for hydro- power production, irrigation, municipal, and industrial uses as well as other economic purposes. At the same time, there are concerns that the prior uses by neighboring countries might be significantly impacted if Afghanistan will use its share of water. With the entry into force of the UN 1997 Watercourses Convention, Afghans are keen to know that how provisions of this new treaty law will impact Afghanistan's desire to fully utilize its share of the trans-boundary river basins. The United Nations adopted the 1997 Watercourse Convention in an attempt to regulate use, development, management, and conservation of watercourses crossing national boundaries of states. The Convention entered into force on August 17, 2014. Afghanistan is not yet a party to the Convention. This paper will examine importance of the Watercourses Convention for Afghanistan.

Key Words: *Water, River basin, Trans-boundary, Convention, Watercourse, International Law, Surface water, Groundwater*

Introduction

Considering the increasingly global competition, service quality plays a significant role in organizations' success. Unlike a product which has specific characteristics such as weight, size, color, substance etc., a service can have too many inconspicuous or qualitative specifications (Akhlaghi et al, 2012). Thus, service managers should be aware of how service quality dimensions influence levels of customer satisfaction.

Due to great importance of health care in human's life, there is a considerable concern for selecting a health care service provider based on its performance. In the health care services, performance makes consumers return to the same provider (Youssef, 1996). Patients' perception of service quality greatly influence choice of health care provider (Woodside et al, 1989). Consequently, performance has a significant role in patient's satisfaction. Therefore, it is needed to determine which elements of health care service quality affect patients' satisfaction.

Hair and skin clinics are kind of organizations which supply health care services. Nowadays, especially in Iran, the number of people who use the services of this kind of clinics is highly increasing. Therefore, hair and skin clinics for maintaining their competitive positions need to improve their service quality that causes more customer satisfaction. Unlike public hospitals, these clinics' customers are from the middle or higher classes of society. Accordingly, they pay attention to quality of services more than price or other factors.

Patients' satisfaction is formed through meet the patient's needs, improve the healthcare services and the doctor-patients relationship continuously. The substantial matter for the health care providers is to determine the dimensions which are influential on patient's satisfaction. Providers must know where, when and how service can be improved and changed, and how the quality of health care is perceived by the patients (Zineldin M., 2006). Patients measure the quality of their care through following factors: "the technical quality of their care, the provider's interpersonal skills, coordination, continuity, wait times, availability, and physical environment" (Quinn, G.P. et al, 2004, Daley, 2001). Most researchers concur that patient satisfaction is a multidimensional concept; however, there is no consensus which dimensions of health care services should be considered to evaluate patient satisfaction (Acorn, S. & Barnett, J., 1999).

There is a long antecedent for investigation on the relationship between business performance and customer satisfaction, especially in health care industry, but there is no research on clearing vagueness of this relationship in health and beauty industry in Iran, especially in private section. Considering the increasingly competition in this industry, private providers should pay more attention to factors which have a significant influence on customer satisfaction. In the area where the study is done, customers can easily find an alternative not only because of existing professional clinics in the area but also because of two professional skin hospitals and hospitals which supply unprofessional services in this field .

Thus, the main target of this study is to identify the most important criteria which have more impact on customer satisfaction in private health care and beauty clinics in Iran. In the

next section, in addition to review the related literature, the research hypotheses are explained. Section 3 describes the research methodology with a focus on the data collection issues. Section 4 presents the results and analysis of them. Finally, concluding remarks are given in Section 5.

Literature

2-1 Service quality

Service quality has become the greatest differentiator, the most powerful competitive advantage, that most service organizations should gain (Berry et al., 1988). Bitner and Hubbert (1994) defined service quality as “The consumer’s overall impression of the relative inferiority/superiority of the organization and its services”. Jain and Gupta (2004) explain: “Quality has come to be recognized as a strategic tool for attaining operational efficiency and improved business performance.” Moreover, the two main types of quality measures that can help you choose quality health care are: “consumer ratings and clinical performance measures”. Consumer ratings or consumer satisfaction information looks at health care from the consumer’s side. Clinical performance, sometimes called “technical quality” measures, describes how well a health care provider prevents and treats illness (Mosad Zineldin, 2006).

Healthcare service quality can be defined as a multidimensional concept that specifies whether services performed for a patient were appropriate (Martinez Fuentes, 1999). Donabedian (1988) divided quality into three dimension: technical, interpersonal and amenities. “Technical quality” means that how well the process of diagnosis and treatment of a health problem is done. “Interpersonal quality” implies to how providers interact with their customers. “Amenities quality” describes the attractiveness and convenience of the health care facility. On the other hand, Gronroos (1984) point out that there are two aspects of service quality, technical and functional. Technical quality emphasizes on the service procedures while Functional quality refers to how caring performance is delivered. Because patients do not have enough information about technical aspect, functional quality has a considerable role in their judgment of perceived service quality (Asubonteng et al., 1996, Ware and Snyder, 1975, Soliman, 1992, Wen-Bao Lin 2007).

Measuring of service quality is sophisticated due to its relation to customer perception and the type of received services. There are 2 main methods to measure this variable. Firstly PZB (1985) suggested that service quality can be defined as the gap between customer expectations and customer perceptions and then in 1988, developed a model called SERVQUAL. This scale consists of five major dimensions: tangibles, reliability, responsiveness, assurance and empathy (Berry et al, 1992). The second method presents service quality as the consumers’ overall feeling of the rank of the organization and its services, (M.J Bitner, A.R.Hubbert, 1994)

2-2 Customer satisfaction

The investigation of antecedents of customer satisfaction, especially in service industry, provides new opportunities for marketing practitioners (Alessandro Arbore, Bruno Busacca, 2009). In fact, customer satisfaction is a fundamental determinant for creating and keeping a competitive advantage in this highly competitive market (Jaime R.S.Fonseca 2009). However, we should consider that there are a variety of definitions of customer satisfaction. Westbrook (1981), for instance, defined satisfaction as an emotional response to the evaluation of a service. In addition, Lin (2003), described customer satisfaction as a “post-choice evaluative judgment concerning a specific purchase decision”. Customer satisfaction has been determined to have a direct and positive effect on customer intentions (e.g., Tsiotsou, 2006; Chiou and Pan, 2009). Customer satisfaction in health care services is called patient satisfaction (Sitia and wood, 1997; Baker, 1995), which means that the quality of received services by patients meets or surpasses their expectations. Arasli et al. (2008) suggested that in-patients’ needs had to be collected in order to manage their complaints effectively. Duggirala et al. (2008) proposed that “health care service quality consisted of seven dimensions, namely, infrastructure, personnel quality, process of clinical care, administrative processes, safety indicators, overall experience of medical care and social responsibility”. They pointed that all the dimensions describe significantly patient satisfaction (Gerry Larsson & Bodil Wilde-Larsson, 2008).

2-3 Relationship between service quality and satisfaction

Researchers in several different fields have studied the association between performance and customer satisfaction (e.g., Dresner and Xu, 1995; Behn and Riley, 1999; Banker and Mashruwala, 2007; Sim et al., 2010). In order to assessing a specific service, customers extensively concentrate on the performance of the service (Oliver, 1997). In fact, service performance has a dominant role in raising customer satisfaction (Jaime R.S.Fonseca, 2009). Besides, Crosby (1979), thought that service quality is reflected in the satisfaction of customer. Miguel I.G’omez et al (2004), claimed that customer satisfaction consists of three parts: “customer service, quality and value” that only by raising the level of performance in all of these dimensions, managers can effect on customer satisfaction. Wen-Boa lin (2007), point out that between functional and technical parts of service quality, functional quality substantially impact on the customer satisfaction. In the matter of fact, the provider can lead consumers to find out the quality of a service by handling the functional aspect (Berry, 1980; Shostack, 1981).

Andy C.L. Yeung et al,(2008), studied in high-contact service industries and found that employee satisfaction results in higher service quality and directly influences on customer satisfaction and finally causes financial achieves. Heesup Hana et al (2011), studied in the hotel industry, concluded that if hotel operators, enhance the quality of core services such as “cleanness and comfortableness of rooms and accommodations, efficient check in/out, convenient and reliable reservation system, good quality of physical environments” the possibility of switching to other hotels will reduce. Hence, it is critical to consider core performance as a central attribute in advance of facilities attribute, in order to improve customer satisfaction (LiSa & Haemoon, 2010).

In health care services, there are similar researches in order to examining the relationship between service quality and customer satisfaction. Elleuch (2007), by using a structural equation model in Japanese health care system, confirmed the relationship between quality perception and patient satisfaction. Camilleri and O’Callaghan (1998) identified “professional and technical care, service personalization, price, environment, patient amenities, accessibility and catering” as the proper factors in evaluating hospital service quality. In similar term, Andaleeb (1998), classified these factors into five categories: “communication, cost, facility, competence and demeanor”. In another classification, “communication, responsiveness, courtesy, cost and cleanliness” are suggested (Hasin et al. 2001). Jabnoun and Chaker (2003), by comparing the service quality in private and public hospitals in the UAE, found the ten-dimension model: “tangibles, accessibility, understanding, courtesy, reliability, security, credibility, responsiveness, communication and competence”.

Interpersonal care or physician – patient interaction plays a key role in forming service quality perceptions in the health care services. Andaleeb (1998), Curry and Sinclair (2002), Otani and Kurz (2004), Pakdil and Harwood (2005) and Ramsaran-Fowdar (2008) highlighted the importance of functional quality of healthcare services. According to Pakdil and Harwood (2005) investigation into patient satisfaction, close relationship between physician and patient, increased patient satisfaction. Furthermore, Rao et al. (2006) inferred that “medicine availability, medical information, staff and doctor behavior” had significant positive influence on patient satisfaction. Baal baki et al. (2008) found that nursing was the most influential factor in both emergency room and in-patient encounters considering patient satisfaction in Lebanon hospitals.

Ramsaran-Fowdar (2008), carried out a study in healthcare services by using the modified SERVQUAL scale and detected that “reliability, and fair and equitable treatment” were the most important service quality aspects that influence on patient satisfaction. Jackie L.M. Tam, (2007) showed that a feedback from the patient survey improved satisfaction and enhanced the patient’s intention to revisit. Scotto et al (2009) found that “clinic cleanliness, clinic comfortable area, proper explain & diagnosis, training and caring medical staff” are the most influential variables on patient satisfaction. Based on the studies reviewed above, four hypotheses are considering in the context of “amenities and facilities”:

Blizzard (2009), found that waiting time is a major factor in patient satisfaction. Shorter waiting time can make a competitive advantage for a health care provider which is customer oriented. Rohlender et al (2011) reported that more waiting time can intensify patient dissatisfaction. In addition, Pakdil and Harwood (2005) concluded that waiting time had the most negative effect on the patient’s satisfaction. In addition, the increase of waiting time and overtime influence negatively on patient satisfaction and staff morality (Bradley Steinfeld, 2011).

The cost of healthcare is an important variable to appraise overall satisfaction of many patients, especially in the private sectors. Studies show that the charges for the services delivered were too high, and in some cases, not proportional with the services delivered to them. Thus, it’s needed to consider the cost of care as an influential determinant on patient

satisfaction (Mayuri Duggirala et al, 2008). Health care providers require finding creative ways to lower costs with limited effect on their service quality in order to make a balance between the quality of service delivered and costs (H. L. Romero et al, 2012).

Based on the literature review, twenty factors which are influential on beauty clinics were selected, as shown in Table 1:

Table 1

Technical quality	
H1	There is a significant influence of specialty of doctors
H2	There is a significant influence of experience of treatment team
H3	There is a significant influence of pretreatment and type of patient's admission
H4	There is a significant influence of accuracy in treatment services
H5	There is a significant influence of efficacy of therapies
Interpersonal quality	
H6	There is a significant influence of personnel behavior
H7	There is a significant influence of transparency of information provided to patients
H8	There is a significant influence of handling complaints
H9	There is a significant influence of reputation of clinic
H10	There is a significant influence of patients' status after treatment
H11	There is a significant influence of quality of telephone answering
Facilities & Amenities	
H12	There is a significant influence of up-to-date equipment
H13	There is a significant influence of lateral facilities
H14	There is a significant influence of cleanliness and interior decoration
H15	There is a significant influence of convenience of the location
Time	
H16	There is a significant influence of fulfilling treatment process in predetermined Time
H17	There is a significant influence of errors in setting appointments/therapy sessions with a counselor or doctor
Cost of Healthcare	
H18	There is a significant influence of price/ service quality ratio
H19	There is a significant influence of price compared to other clinics
H20	There is a significant influence of various payment methods of treatment costs

Methodology

To examine the research hypotheses, an investigation is carried out in "Niavaran" Hair and Skin Clinic. A questionnaire is designed based on the related studies and considering the structure and objectives of this research. Finally after consulting practitioners, a multi-item scale is provided. The questionnaire includes twenty questions. All these items are evaluated

through 7-point Likert format, extending from low importance (1) to high importance (7). In a 3 month period, from 10th of January to 10th of March in 2016, a total of 60 questionnaires were distributed among the Niavaran Hair and Skin Clinic's patients to gain their perception about the importance of varied dimensions of Clinic performance. In the mentioned period of time, the population value of customers (patients) of this clinic was N=100, that the sample value identified 60 through below formula:

$$n = \frac{N \cdot Z^2 \cdot p \cdot q}{\alpha/2 + Z^2 \cdot p \cdot q}$$

Descriptive statistics were used for analyzing the gathering data. At first, for determining normal distribution of the observations, we applied the Kolmogorov-Smirnov test. Then, the reliability of psychometric test for the sample of examinees was tested by applying Cronbach's alpha. To specify the indicators of performance which have more impact on patients' satisfaction, T-test was evaluated. After that in order to rank the factors according their importance, we used Friedman test. In the table below demographic characteristics of participants are summarized:

Variable		Sample value
Gender	Male	37.5%
	Female	62.5%
Age (years)	Mean	34.425
Age %	Up to 20	7.5%
	From 21 up to 50	75%
	Above 51	17.5%
Occupation	Student	27.5%
	House keeper	20%
	Faculty member	7.5%
	Official staff	22.5%
	Teacher	5%
	Other jobs	17.5%
Education level		

High school	7.5%
Diploma	17.5%
Graduate	42.5%
Post graduate	20%
PHD	10%
Others	2.5%

Results

This study is an investigation into the effect of different aspects of business performance on customer satisfaction. For this purpose, in addition to find the most important criteria in medical and beauty industry, we determined their priority. The most important target in service industry, profit or non-profit ones, is achieving customer satisfaction and customer loyalty. Since organizations have limited resources, specifying the most influential criteria which increase customer satisfaction and ranking them based on their priority can direct management’s efforts toward both efficient and effective performance.

To test the hypotheses of this paper, at the first step, we checked the reliability of the questionnaire by using SPSS statistics data editor. Based on the result in table 1, Cronbach’s Alpha calculated 0.842 that confirmed the reliability of the selected factors.

Table 2

		N	%
Cases	Valid	38	95.0
	Excluded ^a	2	5.0
	Total	40	100.0

a. Listwise deletion based on all variables in the procedure.

Cronbach's Alpha	N of Items
.842	20

To find the most influential dimensions on the satisfaction of a hair and skin private clinic’s patients, the one sample T-test was provided to evaluate the data from 40 questionnaires. With this aim, Test value is considered as 5, it means that the questions with mean more than Test value= 5 are considered as the influential factors on customers’ satisfaction. As shown in Table 2, among 20 elements which were examining, the following have the least importance to the clinic’s customers; “quality of telephone answering” (-.75,.25), “reputation of clinic” (-1.19,.09), “handling complaints” (-.24,.79), “cleanliness and interior decoration” (-.46,.66), “convenience of the location” (-1.11,.16), “price compared to other clinics” (-.97,.12).

Therefore based on the results, the hypotheses below are eliminated:

H8: There is a significant influence of handling complaints on satisfaction.

- H9: There is a significant influence of reputation of clinic on satisfaction.
 - H11: There is a significant influence of quality of telephone answering on satisfaction.
 - H14: There is a significant influence of cleanliness and interior decoration on satisfaction.
 - H15: There is a significant influence of convenience of the location on satisfaction.
 - H19: There is a significant influence of price compared to other clinics on satisfaction.
- As we can see, all these 6 criteria are functional aspects.

Table 3

One-Sample Test						
	Test Value = 5				95% Confidence Interval of the Difference	
	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
	specialty of doctors	16.523	39	.000	1.750	1.54
experience of treatment team	8.644	39	.000	1.450	1.11	1.79
up-to-date equipments	7.279	39	.000	1.200	.87	1.53
price/ service quality ratio	4.210	39	.000	.750	.39	1.11
various payment methods of treatment costs	-2.290	39	.027	-.525	-.99	-.06
quality of telephone answering	-1.010	39	.319	-.250	-.75	.25
transparency of information provided to patients	3.125	39	.003	.675	.24	1.11
pretreatment and type of patient's admission	2.018	39	.051	.550	.00	1.10
reputation of clinic	-1.751	39	.088	-.550	-1.19	.09
lateral facilities	-4.279	39	.000	-.975	-1.44	-.51
handling complaints	1.086	39	.284	.275	-.24	.79
fulfilling treatment process in predetermined time	6.819	39	.000	1.075	.76	1.39
cleanliness and interior decoration	.370	38	.713	.103	-.46	.66
accuracy in treatment services	8.630	39	.000	1.325	1.01	1.64
transparency of information provided to patients	5.816	39	.000	1.125	.73	1.52
convenience of the location	-1.512	39	.139	-.475	-1.11	.16
personnel behavior	3.045	39	.004	.650	.22	1.08
price compared to other clinics	-1.588	39	.120	-.425	-.97	.12
efficacy of therapies	6.233	39	.000	1.150	.78	1.52
errors in setting appointments/therapy sessions with a counselor or doctor	3.008	38	.005	.769	.25	1.29

At the next step, the remained indicators were ranked by Friedman test. The results are shown in Table 3. “Specialty of doctors”, “experience of treatment team” and “accuracy in treatment services”, are ranked as the most important factors. Referring to table 3, “specialty of doctors” as the top priority, has the most influence on customer’s decision. Considering all the mentioned factors above, it seems patients’ criteria for choosing a clinic are mostly based on the core performance instead of functional part of service quality. The first reason for this case is that, the clinic is located in an area that customers come from the middle and higher classes of society and there are a variety of choices for them to select, therefore they look for a

clinic with high quality and performance that submit the best kind of treatment which they need. Hence, the factors related to functional part of quality get the second priority. On the other hand, culture is the other factor that affect on service quality perception. Service satisfaction and dissatisfaction are kinds of human reactions which are subject to cultural and personal issues (Amira Elleuch, 2008, Pharr’s, 2005, Winsted, 1999). In Iran, people still care about core performance more than functional dimensions, especially in health care services. After these 3 factors, “up-to-date equipment”, “fulfilling treatment process in predetermined time”, “transparency of information provided to patients”, have significant roles in customers’ satisfaction. Table 4 displays indicators and their ranks that are gained by the Friedman test.

Table 4

Ranks	
	Mean Rank
specialty of doctors	10.60
experience of treatment team	9.83
up-to-date equipments	8.54
price/ service quality ratio	7.03
various payment methods of treatment costs	3.71
transparency of information provided to patients	6.96
pretreatment and type of patient’s admission	6.99
lateral facilities	2.78
fulfilling treatment process in predetermined time	8.47
accuracy in treatment services	9.00
transparency of information provided to patients	8.42
personnel behavior	6.87
efficacy of therapies	8.09
errors in setting appointments/therapy sessions with a counselor or doctor	7.71

Test Statistics^a

N	39
Conclusion	162.829
df	13
Asymp. Sig.	.000

a. Friedman Test

As discussed in the literature review, “customer satisfaction” should be considered as a major component which implies to what extent a business flourished. Service industries such as clinics and healthcare centers regard this concept, more intensively. In addition, there have been seen a growing concern in body and skin care among the people. According to Ondogan and Benli (2012) people tend to spend more time and money on the cosmetics and beauty services because of wide range of advertisements.

The one sample T-test conducted on the respondents’ opinions results that there are fourteen important elements that cause patients’ satisfaction. By means of Friedman test analysis, it could be mentioned that among these fourteen assuming factors, “Specialty of doctors”, “experience of treatment team” and “accuracy in treatment services” are ascertained as the most important elements which affect on patients’ satisfaction.

We deduced that the most important aspect of treatment services is technical dimension that refers to the main process of diagnosis and treatment. It means clinics’ patients believe

that there is a significant difference in the cure & care processes between different clinics and they are vigilant about it. So they pay less attention to interpersonal or behavioral dimensions of the healthcare process. Since, the clinic is located in an area that customers come from the middle and higher classes of society and there are a variety of choices for them to select, the patients prefer technical aspect of healthcare services to functional ones. But it may be triggered by cultural issues of Iranian patients.

We had our limitations too. The major limitation refers to the inadequacy of the number of patients who met the clinic's doctors. Thus, it was difficult for us to reach a wide range of patients as respondents.

Undoubtedly, determining the major elements which the clinic's customers prefer can help its managers to develop performance standards so as to improve their service quality that causes a wider range of satisfied customers. As a consequence, this leads to more referral of satisfied patients.

References

- Acorn, S., and Barnett, J., Patient satisfaction. Issues in measurement. *Can. Nurse* 95(6):33–36, 1999.
- Akhlaghi, E., Amini, Sh., Akhlaghi, H. (2012), "Evaluating educational service quality in technical and vocational colleges using SERVQUAL model", *Procedia - Social and Behavioral Sciences* 46, pp. 5285 – 5289
- Amira Elleuch (2008), Patient satisfaction in Japan, *International Journal of Health Care Quality Assurance* Vol. 21 No. 7, pp. 692-705
- Andaleeb, S.S. (1998), "Determinants of customer satisfaction with hospitals: a managerial model", *International Journal of Health Care Quality Assurance*, Vol. 11 No. 6, pp. 181-7.
- Arasli, H., Ekiz, E.H. and Katircioglu, S.T. (2008), "Gearing service quality into public and private hospitals in small islands: empirical evidence from Cyprus", *International Journal of Healthcare Quality Assurance*, Vol. 21 No. 1, pp. 8-23.
- Arbore, Alessandro. Busacca, Bruno. (2009). Customer satisfaction and dissatisfaction in retail banking: Exploring the asymmetric impact of attribute performances. *Journal of Retailing and Consumer Services*, 16. 271–280.
- Asubonteng, P., McCleary, K.J. and Swan, J.E. (1996), "SERVQUAL revisited: a critical review of service quality", *The Journal of Services Marketing*, Vol. 10 No. 6, pp. 62-81.
- Baalbaki, I., Ahmed, Z.U., Pashtenko, V.H. and Makarem, S. (2008), "Patient satisfaction with healthcare delivery systems", *International Journal of Pharmaceutical and Healthcare Marketing*, Vol. 2, pp. 47-62.
- Baker, R. (1995), "What type of general practice do patients prefer? Exploration of practice characteristics influencing patient satisfaction", *British Journal of General Practice*, Vol. 45, pp. 654-9.

- Banker, R.D, Mashruwala, R., 2007. The moderating role of competition in the relationship between nonfinancial measures and future financial performance. *Contemporary Accounting Research* 24 (3), 763–793.
- Behn, B., Riley, R., 1999. Using non-financial information to predict financial performance: the case of the US airline industry. *Journal of Accounting, Auditing and Finance* 14, 29–56.
- Berry, L.L. (1980), “Services marketing is different”, *Business*, May-June, pp. 24-9.
- Bowers, M.R., Swan, J.E. and Koehler, W.F. (1994), “What attributes determine quality and satisfaction with health care services?”, *Health Care Management Review*, Vol. 19 No. 4, p. 9.
- Berry, L.L., Parasuraman, A. and Zeithaml, V.A. (1988), “The service-quality puzzle”, *Business Horizons*, September-October, pp. 35-43.
- Berry, L.L., Zeithaml, V.A. and Parasuraman, A. (1992), “Five imperatives for improving service quality”, in Lovelock, C.H. (Ed.), *Managing Services. Marketing Operations and Human Resources*, Prentice-Hall, Englewood Cliffs, NJ, pp. 224-35
- Bitner, M.J. and Hubbert, A.R. (1994), “Encounter satisfaction versus overall satisfaction versus quality”, in Rust, R.T. and Oliver, R.L. (Eds), *Service Quality: New Directions in Theory and Practice*, Sage, London, pp. 72-94.
- Blizzard R (2009), *Patient satisfaction starts in the waiting room*. Gallup Poll News Service, July 15
- Camilleri, D. and O’Callaghan, M. (1998), “Comparing public and private hospital care service quality”, *International Journal of Health Care Quality Assurance*, Vol. 11 No. 4, pp. 127-33.
- Chiou, J.-S. , Pan, L.-Y. , 2009. Antecedents of internet retailing loyalty: differences between heavy versus light shoppers. *Journal of Business and Psychology* 24 (3), 327–339.
- Crosby, P. B. (1979). *Quality is free: the art of making quality certain*. NY: McGraw-Hill Book Company.
- Curry, A.C. and Sinclair, E. (2002), “Assessing the quality of physiotherapy services using SERVQUAL”, *International Journal of Health Care Quality Assurance*, Vol. 15 No. 5, pp. 197-205.
- Daley, J. (2001), “A 58-year-old woman dissatisfied with her care”, *The Journal of the American Medical Association*, Vol. 285 No. 20, pp. 2629-35
- Donabedian, A. (1988), “The quality of care: how can it be assessed?”, *Journal of the American Medical Association*, Vol. 260 No. 12, pp. 1743-8.
- Dresner, M., Xu, K., 1995. Customer service, customer satisfaction and corporate performance in the service sector. *Journal of Business Logistics* 16, 23–40.
- Duggirala, M., Rajendran, Ch., Anantharaman, R.N. (2008), “Patient-perceived dimensions of total quality service in healthcare”, *Benchmarking International Journal*, Vol. 15 No. 5, 2008, pp. 560-583.
- Elleuch,A., (2007), “Patient satisfaction in Japan”, *International Journal of Health Care Quality Assurance*, Vol. 21 No. 7, 2008, pp. 692-705.
- Fonseca,Jaime R.S. (2009). Customer satisfaction study via a latent segment model. *Journal of Retailing and Consumer Services*, 16. 352–359.
- Gronroos, C. (1984), “A service quality model and its marketing implications”, *European Journal of Marketing*, Vol. 18, pp. 36-44.

- Hasin, M.M.A., Seeluangsawat, R. and Shareef, M.A. (2001), "Statistical measures of customer satisfaction for health care quality assurance: a case study", *International Journal of Health Care Quality Assurance*, Vol. 14 No. 1, pp. 6-13.
- Heesup Han, Wansoo Kim, Sunghyup Sean Hyun, (2011), switching intention model development: Role of service performances, customer satisfaction, and switching barriers in the hotel industry. *International Journal of Hospitality Management*, 30, 619–629.
- Jabnoun, N. and Chaker, M. (2003), "Comparing the quality of private and public hospitals", *Managing Service Quality*, Vol. 13 No. 4, pp. 290-300.
- Jain, S.K. and Gupta, G. (2004), "Measuring service quality: *SERVQUAL* vs *SERVPERF* scales", *Vikalpa*, Vol. 29 No. 2, pp. 25-37.
- Larsson, G., Larsson, B.W. (2008), "Quality of care and patient satisfaction: a new theoretical and methodological approach", *International Journal of Health Care Quality Assurance*, Vol. 23 No. 2, 2010, pp. 228-247.
- Lin, C. (2003). A critical appraisal of customer satisfaction and e-commerce. *Managerial Auditing Journal* 18 (3), 201–212.
- Lin, wen-bao. (2007). The exploration of customer satisfaction model from a comprehensive perspective. *Journal of expert systems with applications*, 33. 110– 121.
- Martinez Fuentes, C. (1999), "Measuring hospital service quality: a methodological study", *Managing Service Quality*, Vol. 9 No. 4, pp. 230-40.
- Miguel I. Gómez, Edward W. McLaughlin, Dick R. Wittink, (2004), Customer satisfaction and retail sales performance: an empirical investigation. *Journal of Retailing* 80, 265–278.
- Oliver, R. (1997), *Behavioral Perspective on the Consumer*, Irwin-McGraw-Hill, Boston, MA.
- Otani, K. and Kurz, R.S. (2004), "The impact of nursing care and other healthcare attributes on hospitalized patient satisfaction and behavioural intentions", *Journal of Healthcare Management*, Vol. 49 No. 3, pp. 181-97.
- Pakdil, F. and Harwood, T.M. (2005), "Patient satisfaction in a pre-operative assessment clinic: an analysis using *SERVQUAL* dimensions", *Total Quality Management*, Vol. 16 No. 1, pp. 15-30.
- Parasuraman, A., Valaric A. Zeithaml, and L. L. Berry (1988). *SERVQUAL: A Multiple Item Scale for Measuring Consumer Perceptions of Service Quality*. *Journal of Marketing*, 64 (1), 12-40.
- Parasuraman, A., Valaric A. Zeithaml, and L.L. Berry (1985). A Conceptual Model of Service Quality and Its Implication for Future Research. *Journal of Marketing*, 49 (1-4), 41-50.
- Pharr, J.M. (2005), "Synthesizing country of origin research from the last decade: is the concept still salient in an era of global brands", *Journal of Marketing Theory and Practice*, Vol. 13, No. 4, pp. 34-45.
- Quinn, G. P., Jacobsen, P. B., Albrecht, T. I., Ellison, B., Newman, N. W., Bell, M., and Ruckdeschel, J. C., Real-time patient satisfaction survey and improvement process. *Hosp. Top.* 82(3):26–32, 2004.
- Rachel W.Y. Yee, Andy C.L. Yeung, T.C. Edwin Cheng, (2008), The impact of employee satisfaction on quality and profitability in high-contact service industries. *Journal of Operations Management* 26, 651–668

- Ramsaran-Fowdar, R.R. (2008), "The relative importance of service dimensions in a healthcare setting", *International Journal of Health Care Quality Assurance*, Vol. 21 No. 1, pp. 104-24.
- Rao, K.D., Peters, D.H. and Bandeen-Roche, K. (2006), "Towards patient-centered health services in India – a scale to measure patient perceptions of quality", *International Journal for Quality in Healthcare*, Vol. 18, pp. 414-21.
- Romero, H.L., Dellaert, N.P., van der Geer, S., Frunt, M., Jansen-Vullers, M.H., Krekels, G.A.M., (2012), "Admission and capacity planning for the implementation of one-stop-shop in skin cancer treatment using simulation-based optimization", *Health Care Management Science*, 16:75–86.
- Rohleder, T.R., Lewkonja, P., Bischak, D.P., Duffy, D., Hendijani, R., (2011), "Using simulation modeling to improve patient flow at an outpatient orthopedic clinic", *Health Care Management Science* 14, pp. 135–145.
- Schulmeister, L., Quiett, K., and Mayer, K., Quality of life, quality of care, and patient satisfaction: Perceptions of patients undergoing outpatient autologous stem cell transplantation. *Oncol. Nurs. Forum* 32(1):57–67, 2005.
- Scotto, F., De Ceglie, A., Guerra, V., Misciagna, G., Pellecchia, A., (2009), "Determinants of patient satisfaction survey in a gastrointestinal endoscopy service", *International Journal of Clinical Governance*, Vol. 14, No. 2, pp. 86-97.
- Shostack, G.L. (1981), "How to design a service", in Donnelly, J.H. and George, W.R. (Eds), *Marketing of Services*, American Marketing Association, Chicago, IL, pp. 221-9.
- Sim, K.L., Song, C.J., Lillough, L.N., 2010. *Service quality, service recovery and financial performance: an analyses of the Airline industry*. *Advances in Management Accounting* 18, 27–53.
- Sitia, J. and Wood, N. (1997), "Patient satisfaction: a review of issues and concepts", *Social Science and Medicine*, Vol. 12, pp. 1829-43.
- Slevitch Lisa. Oh, Haemoon. (2010). Asymmetric relationship between attribute performance and customer satisfaction: A new perspective. *International Journal of Hospitality Management*, 29. 559–569.
- Soliman, A. (1992), "Assessing the quality of health care: a consumerist approach", *Health Marketing Quarterly*, Vol. 10 Nos. 1/2, pp. 121-41.
- Steinfeld, B., Crosier, M and Scott, J., (2012), "Improving Satisfaction in Patients Receiving Mental Health Care: A Case Study", *The Journal of Behavioral Health Services & Research* 39:1 January.
- Tam, J.L.M., (2007), "Linking quality improvement with patient satisfaction: a study of a health service centre", *Marketing Intelligence & Planning*, Vol. 25 No. 7, 2007, pp. 732-745.
- Tsiotsou, R., 2006. The role of perceived product quality and overall satisfaction on purchase intentions. *International Journal of Consumer Studies* 30, 207–217.
- Ware, J.E. and Snyder, M.K. (1975), "Dimensions of patient attitudes regarding doctors and medical services", *Medical Care*, Vol. 26, pp. 669-73.
- Westbrook, R.A., 1981. Sources of consumer satisfaction with retail outlets. *Journal of Retailing* 57 (3), 68–85.

- Winsted, F.K. (1999), "Evaluating service encounters: a cross-cultural and cross industry exploration", *Journal of Marketing Theory and Practice*, Vol. 7 No. 2, pp. 106-23.
- Woodside, A.G., Frey, L.L. and Daly, R.T. (1989), "Linking service quality, customer satisfaction, and behavioral intention: from general to applied frameworks of the service encounter", *Journal of Health Care Marketing*, Vol. 9 No. 4, pp. 5-17.
- Youssef, F.N. (1996), "Health care quality in NHS hospitals", *International Journal of Health Care Quality Assurance*, Vol. 9 No. 1, pp. 15-26.
- Zineldin, M. (2006), "The quality of health care and patient satisfaction: An exploratory investigation of the 5Qs model at some Egyptian and Jordanian medical clinics", *International Journal of Health Care Quality Assurance*, Vol. 19 No. 1, 2006, pp. 60-92.