Factors Influencing the Service Quality Gap between Expected Service and Perceived Service- A Study of Sri Gokulam Hospitals., Salem

Dr.R.Kavitha

Assistant Professor of Commerce Padmavani Arts and Science College for Women, Salem, Tamilnadu, India

ABSTRACT: *The private sector plays an important role in India's health care delivery system. The quality of health care delivered by the private hospitals is a major area of concern. The private sector is the dominant sector with part of the people seeking indoor care and the other part of the people seeking ambulatory care i.e., out patients care. Quality inputs can only deliver quality outputs. The first and foremost task of hospitals is to deliver quality services to patients and also to improve the quality of services where the situation is found very critical. This paper examines the factors influencing service quality gap between expected service and perceived service.SERVQUAL model ha s been used to measure the service quality which was developed by Parasuraman, Zeithmal and Berry. For this study, a questionnaire was developed to measure the service quality gap by dimension wise. In this hospital, samples of 100 in-patients are selected to measure the quality gap based on convenience sampling. The result indicates that as far as the quality gap between the expected and perceived service is concerned almost all the independent factors have no relation with respect to all the dimensions.*

Keywords—*Dimensions, Expected service, Health care, Hospital, Quality gap.*

I.   INTRODUCTION

The private sector plays an important role in India's health care delivery system. Through a wide network of health care facilities, this sector caters to the needs of both urban and rural populations and has expanded widely to meet increasing demands. Utilization patterns indicate that health care seekers depend highly on the private sector. The private health care sector has grown significantly over time. The quality of health care delivered by the private hospitals is a major area of concern. The private sector is the dominant sector with part of the people seeking indoor care and the other part of the people seeking ambulatory care i.e., out patients care. Quality inputs can only deliver quality outputs. The first and foremost task of hospitals is to deliver quality services to patients and also to improve the quality of services where the situation is found very critical. An improvement in the quality of medical services to be made available to the users is the need of the hour. Particularly in the developing countries, the hospital services need both qualitative and quantitative improvements. The improvement in the medical services can be achieved through scientific inventions and innovations. Sophisticated equipments and technologies have now virtually transformed the whole process of treatment. The facilities available in the hospital play a decisive role in improving the quality of services. The sophisticated equipments are found expensive and the hospitals find it difficult to install than. Since the quality inputs are not available in many hospitals, quality outputs are not possible. Finally, the patients suffer. So, the quality service is a major role in health care services.

II.   REVIEW OF LITERATURE

The empirical study aims to examine the extent of quality medical care. The previous studies made in the area of research are many. The following studies have helped the researcher in formulating the present study.
➢   In her study "Service quality perspectives and satisfaction in healthcare system – A study of select hospitals in Hyderabad" Priya Deshpande investigated in six hospitals. Of the hospitals selected for the study, three were govt. hospitals and three were private hospitals. The main aim of the study was to evaluate the service quality of select hospitals and to compare quality across hospitals especially those of govt. and private hospitals. In the study, 200 customers were selected to collect the primary date of research. The finding of the study is the performance of private hospitals is better than those of government hospitals.
➢   In their study on "Service quality in a cellular telecommunications company: a South African experience", R.W.E van der Wal, A. Pampallis and C. Bond, they studied the measurement of service quality at

cellular retail outlets in the South African environment. The focus is on perception and expectation of service quality from the customers perspective. Research reveals that delivering high quality service is closely linked to profits, cost savings and market share in many industries. Several studies conducted in South African business environment have concluded that SERVQUAL is a reliable instrument for the measurement of service quality in South Africa. This is supported by the fact that the customer section of this study resulted in a total scale reliability of 0.95, which is a strong indicator of reliability compared to the Parasuraman, et. al., study (1984), which indicated a scale reliability of 0.92.

III.   STATEMENT OF THE PROBLEM

Medical care has been playing a vital role in all over the world. Lot of people are suffering from various diseases, accident etc. This might lead many problems among the human beings. Hence hospitals have been established to alleviate the problems of the people. Therefore hospitals should give prompt treatment to patients. Some of the problems are lack of adequate and timely medical treatment to patients.The other problems are non-availability of medical facility, inadequate competent doctors, nurses and employees, etc. The majority of the population lives in the rural areas that are not aware of the diseases generated by water, bad sanitation and food.

IV.   OBJECTIVE

The objective of the study is to analyze the factors influencing the service quality gap between the perceived service and expected service dimension wise.

V.   HYPOTHESES

The following hypotheses have been formulated for this study: -

*   Age of patients does not affect the service quality gap, as there is no relationship between the age and quality gap.
*   Gender of patients does not affect the service quality gap, as gender does not influence the quality gap.
*   Formal education of patients does not affect the service quality gap, as education does not influence on the quality gap.
*   Location of the area of the patient does not affect the quality gap, as location cannot determine the service quality providing by the hospital.
*   Occupation of the patient does not affect the quality gap, as occupation does not influence the service provided by the hospital.
*   Income of the patient does not affect the quality gap, as there is no relationship between the income and service quality gap.
*   Nature of ward does not affect the service quality gap, as nature of ward cannot determine the service quality provided by the hospital.

VI.   RESEARCH METHODOLOGY

This study is an empirical research based on survey method. Data required for this study are both primary and secondary. Primary data relating to patients of the hospital were collected through personal interview with the patients and secondary data relating to the hospital were collected from the records of the selected hospital. The researcher had personal discussions with the patients of hospital and they were personally contacted and interviewed to elicit relevant information from the patients. Interview schedule was constructed for the collection of data. The important attributes that came out from the output were classified into five dimensions. After obtaining feedback from the patients, a interview schedule using SERVQUAL model was developed containing 44 items, each having two sections: one, the expectations of the patients from the hospital and the other, the perceptions of the patient's.

The survey was conducted among 100 patients of Sri Gokulam Hospital in Salem. The hospital was selected for the study as it offers more specialized service and the patient's responses would be more specific in understanding the nature of difference between the expectations and perceptions of the quality of service provided by the hospital. As the population frame could not be properly defined during the period of collection of data with regard to the patients admitted in the hospital, the researcher had to approach the patients who were available in the hospital at the time interview. The respondent patients whom the research met accidentally were included in the sample. Hence the sampling technique used in this study is non-probability sampling. Hence the respondents were selected on the basis of convenience sampling. Chi-square tests have been employed to study the between the identified independent variables and the dependent variables such as quality gap.

VII. THE OBJECTIVE HAS BEEN STUDIED CONSIDERING THE FOLLOWING INDEPENDENT VARIABLES INFLUENCING SERVICE QUALITY GAP OF PATIENTS:

1   Age
2   Gender
3   Level of education
4   Location
5   Occupation
6   Income of the family
7   Nature of ward

The variables 1 to 7 have been categorized.

VIII. RESULTS AND DISCUSSION

8.1 Service Quality Gap between the Expectation and Perception based on Personal and Organizational Factors

The service quality gap is a dependent variable which is influenced by the dependent variables, viz., age, gender, education, location, occupation, monthly income and nature of ward. For the various dimension, viz., Tangibles, Reliability, Responsiveness, Assurance and Empathy, the quality gap between expectations of service quality and perceptions of service is found out for each patient, so as to reveal the positive gap or negative gap. In case the perceptions of service quality of the hospital are higher than the expectations of service quality, it is said that the patient has positive opinion about the hospital and the gap is said to be positive. In case the expectations score is higher than the perceived service score, the gap is said to be negative. If there is no difference or gap between the expectations score and the perceived score, it is said that there is no gap or nil gap or nil difference. Accordingly for each of the dimensions are related to the independent factors and results obtained by using Chi-square test.

8.1.1 Age and Service Quality Gap

Age is one of the major factors affecting the service quality gap between the expectation of service quality and perception of service quality of the patients in all dimensions.

Table-1 Age and Service Quality Gap

Dimensions	Value	df	P Value	Remark
Tangibles	14.948	10	0.134	Not significant
Reliability	12.541	15	0.638	Not significant
Responsiveness	2.329	10	0.993	Not significant
Assurance	19.199	10	0.038	Significant
Empathy	18.796	10	0.043	Significant

Tangibles: It is noted from the above table that the 'p' value is greater than 0.05and hence the result is not significant at 5% level. From the analysis it is concluded that there is no relationship between the age of the patients and the service quality gap with reference to the dimension tangibles and hence the null hypothesis, age and service quality gap is accepted. That is age is not a factor with regard to the service provided by the hospital.

Reliability: The test shows that the 'p' value is greater than 0.05 and hence the result is not significant. This leads to the conclusions that there is no close relationship between the age of the patients

Responsiveness: The test shows that the 'p' value is greater than 0.05 and hence the result is not significant. This leads to the conclusion that there is no relationship between the age of the patients and service quality.

Assurance: It is noted that the 'p' value is less than 0.05 and hence the result is significant. Therefore, the hypothesis "age and service quality gap of assurance dimension are not associated" does not hold good. From the analysis it is concluded that there is relationship between age and service quality gap of assurance dimension.

Empathy: The table denotes that the 'p' value is less than 0.05 and hence the result is significant. Therefore, the test leads to the conclusion that there is relationship between age and service quality gap of empathy dimension.

8.1.2 Gender and Service Quality Gap

Gender is a crucial factor with reference to the service quality. There is a chance that the quality of service may vary between male and female patients. Therefore an attempt is made here to study the relationship between gender and service quality gap of each of the dimensions.

Table-2 Gender and Service Quality Gap

Dimensions	Value	df	P Value	Remark
Tangibles	3.590	2	0.166	Not Significant
Reliability	0.162	2	0.922	Not Significant
Responsiveness	0.094	2	0.954	Not Significant
Assurance	0.342	2	0.843	Not Significant
Empathy	2.184	2	0.336	Not Significant

Tangibles: It is noted from the above table that the 'p' value is greater than 0.05 at 5% significant level and hence the result is not significant. Therefore, the hypothesis, "gender and service quality gap" with reference to tangibles are not associated and hence this does hold good.

Reliability: It is noted from the above table that the 'p' value is greater than 0.05 and hence the result is not significant. Hence the hypothesis "gender and the service quality gap of reliability dimension are not associated" does hold good. From the analysis it is concluded that there is no relationship between gender and service quality gap of reliability dimension.

Responsiveness: It is noted from the above table that the 'p' value is greater than 0.05 and the result is not significant. From the above analysis it is concluded that there is no relationship between the gender and service quality gap of such dimension.

Assurance: It is noted from the above table that the 'p' value is greater than 0.05 and hence the result is not significant. From the analysis it is concluded that there is no relationship between gender and service quality gap in respect of assurance dimension.

Empathy: The test shows that the 'p' value is greater than 0.05 and hence the result is not significant at 5% level. This leads to the conclusion that there is no relationship between gender and service quality gap of empathy dimension.

8.1.3 Education and Service Quality Gap

Education is the major source in the creation of awareness. In this study, education has been classified into five categorized, viz., illiterate, secondary, Higher Secondary, graduate and post graduate. It is possible that the educated patients' expectations would be more than their perceptions and hence to ascertain the quality gap among these categories of patients it is decided to find the relation between the level sof education and the quality gap.

Table-3 Education and Service Quality Gap

Dimensions	Value	df	P Value	Remark
Tangibles	3.162	8	0.924	Not Significant
Reliability	33.463	12	0.001	Significant
Responsiveness	3.688	8	0.884	Not Significant
Assurance	3.469	8	0.902	Not Significant
Empathy	10.437	8	0.236	Not Significant

Tangibles: It is noted from the above table that the 'p' value is greater than 0.05 and hence the result is not significant. From the analysis it is concluded that there is no relationship between education and service quality gap.

Reliability: The test is significant which indicates close association between education and service quality. Thus, the level of education associated with service quality gap is rejected.

Responsiveness: The result indicates that there is no relationship between education and service quality gap. Hence, the hypothesis that education not associated with service quality gap is accepted.

Assurance: The test shows that the result is not significant at 5% level. Hence, there is no close association between education and service quality.

Empathy: The table shows that the 'p' value is greater than 0.05 and hence the result is not significant. Therefore, there is no relationship between the variables.

8.1.4 Location and Service Quality Gap

In this study, location of the patients classified into two categories viz., urban and rural. Here, the location has been made as a independent variable.

Table-4 Location and Service Quality Gap

Dimensions	Value	Df	P Value	Remark
Tangibles	2.991	2	0.224	Not Significant
Reliability	4.070	2	0.131	Not Significant
Responsiveness	1.119	2	0.571	Not Significant
Assurance	1.937	2	0.380	Not Significant
Empathy	1.513	2	0.46	Not Significant

Tangibles: The test is not significant ad 5% level. This leads to the conclusion that the relation between location and service quality gap is not significant. Hence, there is no relationship between location and service quality gap.

Reliability: The test is not significant which indicates no close relationship between location and service quality gap. Thus, the hypothesis that the percentage of "location not associated with service quality gap" hold good.

Responsiveness: The test shows that the 'p' value is greater than 0.05 and hence the result is not significant. This leads to the conclusion that there is no relationship between location and service quality gap.

Assurance: The test is not significant. This indicates that the relation between location and service quality gap is not significant. Hence, the hypothesis formulated that there is no association between location and service quality gap is accepted.

Empathy: The test is not significant and hence, it can be concluded that there is no association between location and service quality gap. Therefore, the hypothesis that "location not associated with service quality gap" does hold good.

8.1.5 Occupation and Service Quality Gap

Occupation is one of the factors to determine the service quality gap. In this study, the occupation has been classified into four categories, viz., farmers, Business people, professionals and others.

Table-5 Occupation and Service Quality Gap

Dimensions	Value	Df	P Value	Remark
Tangibles	3.324	6	0.767	Not Significant
Reliability	5.208	6	0.517	Not Significant
Responsiveness	5.674	6	0.461	Not Significant
Assurance	6.548	6	0.365	Not Significant
Empathy	2.409	6	0.878	Not Significant

Tangibles: The table indicates that the 'p' value is greater than 0.05 and hence the result is not significant. Therefore, the test leads to the conclusion that there is no relationship between occupation and service quality gap.

Reliability: test is not significant which indicates that there is no relationship between occupation and service quality gap. Thus, the hypothesis that the occupation not associated with service quality gap holds good.

Responsiveness: The above test shows that there is no association between occupation and service quality gap and hence, the hypothesis formulated in this connection is accepted.

Assurance: The test is not significant, showing that occupation is not associated with service quality gap. Thus, the hypothesis is accepted.

Empathy: The test shows that the 'p' value is greater than 0.05 and hence the result is not significant. Therefore, it is concluded that there is no relationship between occupation and service quality gap.

8.1.6 Monthly Income and Service Quality Gap

Income is a major source to fulfill all the needs and wants. Income is generated through various avenues by the individuals, in varying degrees. For the purpose of this study the pattern of income of patients of the hospital has been classified into five categories viz., up to Rs.10000, Rs.10001-20000, Rs.20001-30000,

Rs.30001-40000 and above Rs.40000. Income is an important factor that affects the service quality provided by the hospitals. Hence an analysis is made in this section with reference to service quality.

Table-6 Monthly Income and Service Quality Gap

Dimensions	Value	Df	P Value	Remark
Tangibles	12.323	8	0.137	Not Significant
Reliability	9.665	12	0.645	Not Significant
Responsiveness	8.676	8	0.370	Not Significant
Assurance	8.377	8	0.398	Not Significant
Empathy	20.550	8	0.008	Significant

Tangibles: The test is not significant and hence there is no association between monthly income and service quality gap.

Reliability: The above test shows that the 'p' value is greater than 0.05 and hence the results is not significant. This leads to conclusion that there is no association between monthly income and service quality gap.

Responsiveness: The test is not significant and hence, it can be concluded that there is no association between monthly income and service quality gap. Therefore, the hypothesis that "monthly income not associated with service quality gap" does hold good.

Assurance: The test is not significant and hence, it can be concluded that there is no association between monthly income and service quality gap.

Empathy: The test is significant at 5% level. The result leads one to the conclusion that there is close relationship between monthly income and service quality gap. Therefore, the hypothesis formed has been rejected.

8.1.7 Nature of ward and Service Quality Gap

Nature of ward is one of the important factors to determine the service quality gap. There are number of wards available in the hospitals. The ward has been classified into five categories viz., single room, double room, ICU, pediatric ward and general ward. There may be variations in the service quality provided by the hospital with reference to the ward in which the patients are admitted.

Table-7 Nature of Ward and Service Quality Gap

Dimensions	Value	Df	P Value	Remark
Tangibles	4.528	8	0.807	Not Significant
Reliability	11.625	8	0.169	Not Significant
Responsiveness	2.888	8	0.941	Not Significant
Assurance	12.342	8	0.137	Not Significant
Empathy	5.628	8	0.689	Not Significant

Tangibles: The chi-square test indicates that the 'p' value is greater than 0.05 and the results is not significant at 5% level. Therefore, it can be concluded that there is no relationship between the nature of ward and service quality gap of such dimension.

Reliability: Since the 'p' value is greater than 0.05 at 5% level of significance. Thus the hypothesis, no relationship between nature of ward and service quality gap of reliability dimension is accepted.

Responsiveness: The test is not significant and hence, it can be concluded that there is no association between nature of ward and service quality gap. Therefore, the hypothesis that "nature of ward was not associated with service quality gap" does hold good.

Assurance: The test is not significant. This indicates that the relations between nature of ward and service quality gap is not significant. Hence, the hypothesis formulated that association between nature of ward and service quality gap is rejected.

Empathy: The test is not significant and hence, it can be concluded that there is no association between nature of ward and service quality gap. Therefore, the hypothesis that nature of ward was not associated with service quality does hold good.

IX. CONCLUSION

In this study the measurement of service quality gap between perceived services and expected services has been made and the quality gap as a dependent variables has been related to the various independent

variables have been studied. The objectives were to identify the factors based on the quality dimensions such as Tangibles, Reliability, Responsiveness, Assurance, and Empathy that influence the quality gap. As far as the quality gap between the expected and perceived service is concerned almost all the independent factors have no relation with respect to all the dimensions. The exception being age as an independent factor influences the quality gap in respect of the dimensions assurance and empathy and also all the dimensions combined together. So also education as a factor and monthly income as another factor influence the quality gap in respect of reliability and empathy respectively. Except this exception the quality gap is not influenced by any of the factors. That is to say it can be concluded that the quality of service provided by the hospital is uniformly good irrespective of the individual patient's position / status.

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