



“Service Quality Gap Analysis In Health Care Sector” – A Service Quality Perspective

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ABSTRACT

Quality is the imperative need of the time for the success of any organizations in today's competitive and complex business environment. Quality has become a key determinant in both industrial and service sectors to gain maximum return on investments and also significantly contributed in reduction of cost. The present study attempts to analyse the gap between customer expectations and perception in the healthcare sector in Madurai City. It suggested that key elements of service quality function to be enhanced where the gap is wider. The above study indicates that there is a service quality gap prevailed on the aspects of Premises and Employees hospital. This service quality gap could be reduced by improving most technologically advanced equipments; and materials associated with the services according to the expectations of the patients.

KEYWORDS : Service Quality, Service Gap, Healthcare, Perception & Expectation.

Introduction

Quality is the imperative need of the time for the success of the service organizations in today's competitive and complex business environment. Quality has become a key determinant in both industrial and service sectors to gain maximum return on investments and also significantly contributed in reduction of cost (**Anderson and Zeithaml 1984; Parasuraman et al., 1985**). Service organizations like health care organizations are now well aware about the facts that they need to take preventive quality measures to gain customer satisfaction and retention (**Spreng & MacKoy, 1996; Reichheld & Sasser, 1990**). The importance of service quality has been recognized and its implementation escorts the organizations to increase organizational performance, customer satisfaction and loyalty (**Kang & James, 2004**). Like the other service organizations; healthcare sector has also become a highly competitive and rapidly growing service industry around the world.

Reviews of Literature

Gwerwa (1993) finds that three of five factors affecting service quality perceptions of hospitals were related to the interactions with doctors or other staff related to customer satisfaction and service quality. The satisfaction and service quality are conceptually distinct but closely related constructs. Secondly, service quality is primarily a cognitive, left-brained, evaluative, objective concept, while satisfaction is combination of an affective, right brained, feelings-based and subjective component, with a cognitive, left-brained, evaluative and objective component. The affective component of satisfaction is expected to be salient, especially in the domain of physician services. These factors included professional expertise, validation of patient beliefs, interactive communication, image and antithetical performance.

A study conducted by **Young, Minnick, and Marcantonio (1996)** compared the opinions of more than a thousand staff nurses, numerous nurse managers, and more than two thousand patients from 17 hospitals regarding certain aspects and perceptions of patient care needs. Interestingly, staff nurse and managers did not agree regarding the needs of the patient. Moreover, the patients surveyed perceptions of patient care did not match those perceptions of nursing at large. This study clearly reveals the gap between nurses' perceptions and the patient's genuine values.

Krishna Surarchith Navulur(2014) This study attempts to conduct the gap analysis among patients' expectations and perceptions of health care service quality by using a generic, internationally applied market research technique called SERVQUAL. The integration of customer (patient) -related Service quality success factors as well as the suggested gap measurement approach gives different research opportunities in both methodological and conceptual issues to assess

consumer perception on Service quality. In the process of designing, implementing and evaluating Service quality in health care sector, hospitals should integrate customers' expectations and reactions to strategies those will be implemented to satisfy patients. The managerial implications may be important for healthcare service providers to contribute better services to patients in an effective way as patients are already disturbed and frightened with their diseases.

Growing Healthcare Sector

Healthcare is one of India's largest sectors, in terms of revenue and employment, and the sector is expanding rapidly. During the 1990s, Indian healthcare grew at a compound annual rate of 16%. Today the total value of the sector is more than \$34 billion. This translates to \$34 per capita, or roughly 6% of GDP. By 2013, India's healthcare sector is projected to grow to nearly \$40 billion. The private sector accounts for more than 80% of total healthcare spending in India. Of the total Indian healthcare market size of USD 74 billion which is expected to be at USD 84 billion by the financial year end 2015 nearly about 71% was contributed by hospital industry by pharmaceuticals and medical equipment supplies.

India and Tamil Nadu Health Infrastructure: A comparison:

Tamil Nadu is the eleventh largest state in India by area and the seventh most populous state. It is the second largest state economy in India as of 2012, after overtaking Uttar Pradesh and Andhra Pradesh in the two years since 2010 when it was the fourth largest contributor to India's GDP. The state ranked among the top 5 states in India in Human Development Index as of 2006. Tamil Nadu is also the most urbanised state in India. The state has the highest number (10.56%) of business enterprises and stands second in total employment (9.97%) in India; compared to the population share of about 6%. The below chart shows the total number of public healthcare centres available in Tamilnadu (**Source: RHS bulletin Ministry of health and family welfare-2013**) *Asia Pacific Journal of Marketing & Management Review_Vol.2 (1), January (2013)*

Service Quality in Health care sector

In healthcare organizations, service quality and patients satisfaction is getting considerable attentions and this issue is considered in their strategic planning process. Patients' perceptions about the services provided by a particular health care organizations also effects the image and profitability of the hospital (**Donabedian, 1980; Williams and Calnan, 1991**) and it also significantly effects the patient behavior in terms of their loyalty and word-of-mouth (**Andaleeb, 2001**). Moreover, increased patients expectations about the service quality had realized the healthcare service providers, to identify the key determinants that are necessary to improve healthcare services

that causes patients satisfaction and it also helps the service providers to reduce time and money involved in handling patient's complaints (Pakdil & Harwood, 2005). In healthcare, patient perceptions are considered to be the major indicator in order to assess the service quality of a healthcare organization (Cronin & Taylor, 1992; O'Connor et al., 1994). It means that customer satisfaction is the major device for critical decision making in selecting a healthcare services (Gilbert et al., 1992) and quality of services delivered to the customers should meet their perceptions (Parasuraman et al., 1985, Zeithaml et al., 1993). However, it was recognized in earlier study that 'SERVQUAL' is a comprehensive scale to empirically estimate the level of quality services delivered to customers, and it is best suitable in the hospital environment (Babkus & Mangold, 1992).

Importance of Service Quality and customer loyalty

The foundation for true loyalty lies in customer satisfaction, for which service quality is a key input. Highly satisfied or even delighted customers are more likely to become loyal apostles of a firm, consolidate their buying with one supplier, and spread positive word of mouth. Dissatisfaction, in contrast, drives customers away and is a key factor in switching behaviour. (Timothy L. Keiningham) Recent research has even demonstrated that increases in customer satisfaction lead to increases in stock prices. The satisfaction-loyalty relationship can be divided into three main zones indifference, and affection. The zone of *defection* occurs at low satisfaction levels. Customers will switch unless switching costs are high or there are no viable or convenient alternatives. Extremely dissatisfied customers provide an abundance of negative word of mouth for the service provider. The *zone of indifference* is found at intermediate satisfaction levels. Here, customers are willing to switch if they find a better alternative. Finally, the *zone of affection* is located at very high satisfaction levels, where customers may have such high attitudinal loyalty that they do not look for alternative service providers. Customers who praise the firm in public and refer others to the firm are described as "apostles." (Florian V. Wangenheim) Thus Customer Satisfaction and Service Quality are prerequisites of loyalty.

Bond and Thomas (1992) summarized the problem succinctly: different levels of satisfaction may indicate different perspectives on nursing care quality rather than different levels of satisfaction with the same experience. This is also the case for physician care.

Significance of the Study

Since patients are usually more worried about the seriousness of their health condition, the medication, medical outcome, and medical staff quality, they would always look for a better health service quality and expect the best service quality. So, patient perception of service quality is very much influencing the choice of the health care provider, and quality is a very critical element in patients' choice of hospital. Therefore, it is important to understand the patients perception towards the service quality provided by private hospital in Madurai city, whether they are able to achieve their service quality policy and motto as well as be able to provide continuously efficient and quality services to their customer.

Statement of the Problem

Services are basically the interaction of two parties and it occurs between service provider and the consumers. Mostly, services in healthcare are intangible in nature like expertise of the doctors, hospital environment, caring staff, cleanliness but sometime it is a combination of intangibles and tangibles. The way in which doctors and nurses treat their patients will be strong indicators of the level of satisfaction that the patient will express. Patient satisfaction is created through a combination of responsiveness to the patient view and needs, and continuous improvement of the health care services as well as continuous improvement of the overall doctor-patients relationship (Zineldin, 2006). Due to the growing importance of service quality especially in healthcare sector of India this study is focused on to evaluate the private hospital service quality in Madurai.

Objectives of the study

Based on a thorough study of previous literature related to the service quality of service sector especially health care sector, the following objectives have been framed

Measuring Items	Vadamalayam Hospital				
	Expectations		Perception		Gap
	Mean	Sd	Mean	Sd	
Hospital should have the most technologically advanced equipment	3.50	0.628	1.53	0.500	1.969
The physical facilities (buildings, landscape, physical layout) at hospital is visually	3.15	0.577	1.39	0.489	1.754
Employees at hospital are extremely	3.32	0.634	1.81	0.393	1.508
Materials associated with the service (Pamphlets, Booklets, Medical Procures)	3.29	0.702	1.34	0.475	1.946
Mean Score	3.31	0.635	1.52	0.464	1.794

1. To measure the perception and experience of the respondents towards the overall quality of health care services delivered by private hospital in Madurai city,
2. To assess the service gap between respondents experience and perception towards the service quality of the private hospital in Madurai city.
3. To offer suggestions based on the findings of the study.

Methodology

The proposed research is basically a survey on service quality gap in private hospitals in Madurai city. For this research, private hospitals in Madurai city were selected. The units of analysis for this study are the in patient who had taken treatment in these hospitals as an inpatient. Thus 390 sample respondents are selected. The sampling procedure used for the study is Non- Probability sampling. A convenience sampling technique is employed but sample members are selected on the basis of pre-specified criteria as mentioned.

Table-1 - Indicating the Mean Score of Expectations and Perception of Premises / Employees

From the above table it is much clear that the respondents strongly agree by expecting that the hospital should have the most technologically advanced equipment with a mean value of 3.50, whereas in their perception (experience) they disagree with a mean value of 1.53. The difference gap between the expectation and perception of the respondents is 1.969.

Similarly the respondents strongly agree by expecting that the materials associated with the service (pamphlets, booklets, medical procures) clearly contain all the necessary information about the hospital with a mean value of 3.29, whereas in their perception (experience) they disagree with a mean value of 1.34. The difference gap between the expectation and perception of the respondents is 1.946.

The respondents strongly agree by expecting that the physical facilities (buildings, landscape, physical layout) at hospital is visually impressive with a mean value of 3.15, whereas in their perception (experience) they disagree with a mean value of 1.39. The difference gap between the expectation and perception of the respondents is 1.754.

The respondents strongly agree by expecting that the employees at hospital are extremely neat appearing with a mean value of 3.32, whereas in their perception (experience) they disagree with a mean value of 1.81. The difference gap between the expectation and perception of the respondents is 1.508.

Measuring Items	Vadamalayam Hospital				Gap
	Expectations		Perception		
	Mean	Sd	Mean	Sd	

Doctors in hospital are always on time	3.47	0.627	1.62	0.486	1.846
Patients of hospital feel extremely safe in their transactions	3.01	0.546	1.24	0.427	1.772
Doctors in hospital have very high level knowledge required	3.25	0.594	1.53	0.500	1.718
Hospitals have experienced doctor who is aware of the case	3.24	0.656	1.23	0.422	2.010
Doctors in hospital hear very carefully what is said	3.34	0.758	1.49	0.501	1.846
Doctors in hospital are extremely careful in explaining what to be done	3.61	0.590	1.51	0.500	2.092
Doctors in hospital spend enough time with me	3.04	0.518	1.27	0.444	1.774
Doctors in hospital examine very carefully before deciding what is wrong	3.23	0.695	1.64	0.482	1.590
Doctors in hospital treat me with respect	2.99	0.697	1.21	0.408	1.777
Doctors in hospital discuss all decisions with the patients	3.29	0.659	1.36	0.482	1.931
Doctors in hospital have excellent reputations	3.14	0.719	1.44	0.497	1.703
Doctors in hospitals are university professors or major consultants	3.53	0.643	1.40	0.491	2.133
Doctors in excellent hospitals are accredited with the highest medical degrees	3.12	0.477	1.42	0.495	1.695
Mean Score	3.25	0.629	1.41	0.472	1.837

Table-2 Indicating the Mean Score of Expectations and Perception of Doctors Medical Service

From the table it is clear that the respondents strongly agree by expecting that the doctors in hospitals are university professors or major consultants with a mean value of 3.53, whereas in their perception (experience) they disagree with a mean value of 1.40. The difference gap between the expectation and perception of the respondents is 2.133.

The respondents strongly agree by expecting that the doctors in hospital are extremely careful in explaining what to be done with a mean value of 3.61, whereas in their perception (experience) they disagree with a mean value of 1.51. The difference gap between the expectation and perception of the respondents is 2.092.

The respondents strongly agree by expecting that the hospitals have experienced doctor who is aware of the case and are available at all times of the hospital stay with a mean value of 3.24, whereas in their perception (experience) they disagree with a mean value of 1.23. The difference gap between the expectation and perception of the respondents is 2.010.

The respondents strongly agree by expecting that the doctors in hospital discuss all decisions with the patients with a mean value of 3.29, whereas in their perception (experience) they disagree with a mean value of 1.36. The difference gap between the expectation and perception of the respondents is 1.931.

It is clear that respondents strongly agree by expecting that the doctors in hospital are always on time with a mean value of 3.47, whereas in their perception (experience) they disagree with a mean value of 1.62. The difference gap between the expectation and perception of the respondents is 1.846.

Similarly, the respondents strongly agree by expecting that the doctors in hospital hear very carefully what is said with a mean value of 3.34, whereas in their perception (experience) they disagree with a mean value of 1.49. The difference gap between the expectation and perception of the respondents is 1.846.

The respondents just agree by expecting that the doctors in hospital

treat me with respect with a mean value of 2.99, whereas in their perception (experience) they disagree with a mean value of 1.21. The difference gap between the expectation and perception of the respondents is 1.777.

The respondents strongly agree by expecting that the doctors in hospital spend enough time with me with a mean value of 3.04, whereas in their perception (experience) they disagree with a mean value of 1.27. The difference gap between the expectation and perception of the respondents is 1.774.

It is clear that the respondents strongly agree by expecting that the patients of hospital feel extremely safe in their transactions with a mean value of 3.01, whereas in their perception (experience) they disagree with a mean value of 1.24. The difference gap between the expectation and perception of the respondents is 1.772.

Similarly the respondents strongly agree by expecting that the doctors in hospital have very high level knowledge required to answer the questions satisfactorily with a mean value of 3.25, whereas in their perception (experience) they disagree with a mean value of 1.53. The difference gap between the expectation and perception of the respondents is 1.718.

It is learnt that the respondents strongly agree by expecting that the doctors in hospital have excellent reputations with a mean value of 3.14, whereas in their perception (experience) they disagree with a mean value of 1.44. The difference gap between the expectation and perception of the respondents is 1.703.

The respondents strongly agree by expecting that the doctors in hospitals are accredited with the highest medical degrees with a mean value of 3.12, whereas in their perception (experience) they disagree with a mean value of 1.42. The difference gap between the expectation and perception of the respondents is 1.695.

It is understood that the respondents strongly agree by expecting that the doctors in hospital examine very carefully before deciding what is wrong with a mean value of 3.23, whereas in their perception (experience) they disagree with a mean value of 1.64. The difference gap between the expectation and perception of the respondents is 1.590.

Findings of the study

The gap between the expectation and perception of the respondents on the aspects of hospital should have the most technologically advanced equipment with mean differences of 1.969.

The gap on the materials associated with the service (pamphlets, booklets, medical procures) clearly contain all the necessary information about the hospital with mean differences of 1.946.

The difference gap between the expectation and perception of the respondents the physical facilities (buildings, landscape, physical layout) at hospital is visually impressive with mean differences of 1.754.

The gap on the aspects of employees at hospital is extremely neat appearing with mean differences of 1.508.

Thus, there is a service quality gap prevailed on the aspects of Premises and Employees hospital with mean value of 1.794.

Regarding the Expectations and Perception of Doctors Medical Service,

The difference gap between the expectation and perception of the respondents on aspect that the doctors in hospitals are from University professors or major consultants with mean differences of 2.133.

The difference gap on doctors in hospital is extremely careful in explaining what to be done with mean differences of 2.092.

The difference gap between the expectation and perception of the respondents that the hospitals have experienced doctor who is aware of the case and are available at all times of the hospital stay with mean differences of 2.010.

The difference gap on doctors in hospital discusses all decisions with the patients with mean differences of 1.931.

The difference gap on doctors in hospital is always on time with mean differences of 1.846.

The difference gap between the expectation and perception of the respondents the doctors in hospital hear very carefully what is said by the patients with mean differences of 1.846.

The gap on doctors in hospital treats patients with respect with mean differences of 1.777.

The gap on doctors in hospital spends enough time with patients with mean differences of 1.774.

The gap on patients of hospital feels extremely safe in their transactions that the doctors in hospital treat me with respect with mean differences of 1.772.

The difference gap on doctors in hospital has very high level knowledge required to answer the questions satisfactorily with mean differences of 1.718.

The difference gap on doctors in hospital has excellent reputations with mean differences of 1.703.

Thus there is a service quality gap prevailed on the aspects of Doctors Medical Service, with mean value of **1.837**.

CONCLUSION:

The study indicates that there is a service quality gap prevailed on the aspects of Premises and Employees hospital. This service quality gap could be reduced by improving most technologically advanced equipments; and materials associated with the services according to the expectations of the patients. Since the gap is higher than the overall mean score.

Similarly, the study also revealed that there is a significant gap prevailed on the aspects of Doctors Medical Service. This gap can be reduced with additional recruitment of new doctors from reputed Universities at the professors' level or major consultants. Further, the gap exists in respect of doctor's examination and providing information to the patients and the doctors have to be careful in explaining what is to be done;

This could be improved by having experienced doctors who are well aware of the case and are available at all times during the hospital stay, in order to discuss all decisions with the patients in the hospital. This gap can be minimized to provide good quality healthcare services to the patients.

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