An Empirical Assessment of the Factors Influencing the Service Quality Gap between Expected Service and Perceived Service - A Study of Vikram Hospitals., Mandya

Commerce

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ABSTRACT

The private sector performing an important role in India's health care delivery system. The quality of health care delivered by the private hospitals is a most important 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. For this study, a questionnaire was developed to measure the service quality gap by measurement wise. In this hospital, samples of 60 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.

INTRODUCTION

The private sector plays an important role in India's health care delivery system. Through a wide arrangement of health care facilities, this sector caters to the needs of both urban and rural populations and has expanded widely to meet increasing demands. Consumption patterns indicate that health care seekers depend highly on the private sector. 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 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. 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. Finally, the patients suffer. So, the quality service is a major role in health care services.

REVIEW OF LITERATURE

The empirical study aims to examine the degree of quality health check 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 assess the service quality of select hospitals and to evaluate 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 superior to those of government hospitals.

In her study "Factors Influencing the Service Quality Gap between Expected Service and Perceived Service - A Study of Sri Gokulam Hospitals., Salem" Dr.R.Kavitha investigated in Sri Gokualm Hospital for the study, in privet sector hospital The main aim of the study was to evaluate the service quality of select hospitals and to compare quality across hospitals especially those of private hospitals In the study, 100 patients 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 cellular retail outlets in the South African environment. The focus is on perception and expectation of service quality from the customer's perspective. Research reveals that delivering high quality service is closely linked to profits, cost savings and market share in many industries. a number of studies conducted in South African business environment have concluded that SERVQUAL is a reliable instrument for the measurement of service quality in South Africa.

STATEMENT OF THE PROBLEM

Medical care has been playing a very important role in all over the world. Lot of public is suffering from various accident & diseases. Hence hospitals have been established to alleviate the problems of the people. Therefore hospitals should give on time treatment to patients. Some of the problems are lack of sufficient 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 resident's lives in the rural areas that are not aware of the diseases spawn by water and food.

OBJECTIVE

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

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. The survey was conducted among 80 patients of Vikram Hospital in Mandya.Over all mean gap score for service quality dimension and variances in the gap scores of the customer (patient) based on their demographic variables and hospital related profile analysis were determine in this study.

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. F-tests have been employed to study the between the identified independent variables and the dependent variables such as quality gap.

RESULTS AND DISCUSSION
Overall mean gap scores
Table 1 presents the overall mean gap scores for all the five service quality dimensions.

Table No.1
Overall Mean Gap Scores

Dimensions	Expectation Scores	Perception Scores	Mean Gap Scores
Tangible	8.085	6.903	0.182
Reliability	8.088	6.913	0.175
Responsiveness	8.561	6.67	0.891
Empathy	8.406	6.834	0.572
Assurance	8.141	6.896	0.245

Table 1 reveals that, the five service quality dimensions, the highest mean gap score of 0.891 was found for the dimension of "Responsiveness" and for Reliability and Tangibles the gap score were lower at 0.175 and 0.182 respectively.

Demographic variables and Mean gap scores
Table 2 presents the mean gap score for the five service quality dimensions such as Tangibles, Reliability, Responsiveness, Empathy and Assurance for the four groups of sampled respondents which measures the level of satisfaction.

Table No.2
Age and Mean Gap Scores

Category	Tangible	Reliability	Responsiveness	Empathy	Assurance
Up to 25 yrs	0.160	0.161	0.902	0.594	0.263
26 – 40 yrs	0.181	0.187	0.824	0.530	0.225
41 – 55 yrs	0.180	0.173	0.909	0.577	0.226
Above 56 yrs	0.237	0.179	0.976	0.608	0.268

It is observed from Table 2 that the customer of all four age group had the highest gap score for "Responsiveness" and lowest gap score for "Tangibles" in the category up to 25 years (0.160) followed by 26- 40 years (0.181), similarly in the age group 41 -55 years (0.173) above 56 years (0.179) was found the lowest gap score for "Reliability" dimension.In order to study whether the differences in the satisfaction score of the different age groups for various dimensions of service quality are significant or not, analysis of variance (ANOVA) has been applied and following null hypothesis has been tested.

Ho : There is no significant difference in the gap scores of different age group with respect to the service quality dimensions. The results are reported in Table 3.

Table No.3
F- Ratios for Gap Scores With Respect To Age

Dimensions	Tangible	Reliability	Responsiveness	Empathy	Assurance
F- ratios	4.935	0.428	1.306	1.147	2.104
	(0.002) Significant	(0.733) Not Significant	(0.272) Not Significant	(0.330) Not Significant	(0.099) Not Significant

Note: Significant at 0.5% level

Analysis of variance (Table 3) indicates that the difference in gap score of variance age group are significant for the dimensions of service quality "Tangibles" and not significant for Reliability, Responsiveness, Empathy and Assurance. Hence the null hypothesis is accepted for one dimension and rejected for four dimensions.

Gender and Mean gap scores
Table 4 shows that mean gap scores for the gender groups of sampled respondents for the five dimensions of service quality.

Table No.4
Gender and Mean Gap Scores

Category	Tangible	Reliability	Responsiveness	Empathy	Assurance
Male	0.186	0.168	0.898	0.558	0.248
Female	0.178	0.184	0.882	0.591	0.240

It is clear from Table 4 that, of the various dimensions of service quality, the male as well as female category of respondents had a highest gap score for "Responsiveness" at 0.892 and 0.882 respectively. With the view to study whether gap score differ significantly for the gender groups, Analysis of Variance has been performed and the following null hypothesis has been tested.

Ho : Difference in gender does not lead to differences in the gap scores for service quality.

Table No.5

F- Ratios for Gap Scores With Respect To Gender

Dimensions	Tangible	Reliability	Responsiveness	Empathy	Assurance
F-ratios	0.336	0.750	0.088	1.009	0.287
	(0.563) Not Significant	(0.387) Not Significant	(0.766) Not Significant	(0.316) Not Significant	(0.592) Not Significant

Note: Significant at 0.5% level

Table 5 shows that Tangibles, Reliability, Responsiveness, Empathy and Assurance gap scores have no significant difference for the two gender groups. Hence the null hypothesis is rejected for all dimensions.

Annual family income and Mean gap scores
In Table 6, the mean scores for the different income groups of the sampled respondents have been presented.

Table No.6

Annual Family Income and Mean Gap Scores

Category	Tangible	Reliability	Responsiveness	Empathy	Assurance
Up to Rs.25,000	0.223	0.158	0.890	0.567	0.268
Rs.25,001 – 50,000	0.187	0.172	0.931	0.608	0.246
Rs.50,001 -1,00,000	0.162	0.179	0.879	0.532	0.232
Rs.1,00,001 - 1,50,000	0.203	0.319	0.986	0.732	0.272
Above Rs.1,50,000	0.148	0.154	0.808	0.538	0.222

Table 6 exhibits that the sampled respondents in the all income group were high mean gap score as regards the dimension "Responsive-ness". An attempt has been made here to study the significance of the difference between the satisfaction scores of the different income groups for various dimensions of service quality.

Ho: There is no significant difference in the gap scores for the service quality dimensions for different income groups of customers.

Table No.7

F- Ratios for Gap Scores With Respect To Annual Family Income

Dimensions	Tangible	Reliability	Responsiveness	Empathy	Assurance
„F‟ ratios	3.931	3.448	0.729	2.067	1.102
	(0.004) Significant	(0.009) Significant	(0.572) Not Significant	(0.084) Not Significant	(0.355) Not Significant

Note: Significant at 0.5% level

As per Table 7, Tangibles and Reliability dimension were significant and Responsiveness, Empathy, Assurance dimensions were insignifi-cant with respect to annual family income. The null hypothesis does not hold good for two dimensions of service quality viz "Tangibles and Reliability."

Frequency of visiting to hospital and Mean gap scores
Table 8 reveals that the mean gap scores of the customer frequency of visiting to hospitals.

Table No.8

Frequency of Visiting to Hospital and Mean Gap Scores

Category	Tangible	Reliability	Responsiveness	Empathy	Assurance
Up to 5 times	0.179	0.153	0.876	0.575	0.236
6- 10 times	0.186	0.216	0.891	0.550	0.269
10 -12 times	0.185	0.210	0.952	0.595	0.239
Above 12 times	0.283	0.250	1.208	0.750	0.234

It is clear from Table 8 that dimension "Responsiveness" got highest gap score in frequency of visiting to hospital. The significance of the difference in the satisfaction scores of the respondents differing with respect to number of times of visit to hospital is tested here.

Ho: There is no significant difference in the gap scores for the service quality dimensions with respect to number of times of visit to hos-pital.

Table No.9
F- Ratios for Gap Scores With Respect To Number of Times of Visit to Hospital

Dimensions	Tangible	Reliability	Responsiveness	Empathy	Assurance
F- Ratios	1.278	3.859	0.972	0.836	1.141
	(0.281) Not Significant	(0.010)Not Significant	(0.405) Not Significant	(0.474) Not Significant	(0.332) Not Significant

Note: Significant at 0.5% level

As per table 9 all the dimensions of service quality except "Reliability" emerged non- significant for the customer visiting the hospital. Therefore the null hypothesis is rejected for only one dimension of service quality.

Findings
From the learning, it is found that of the different service quality size, Over all mean gap score is highest (0.891) was found for the dimension "Responsiveness "and for "Reliability" and "Tangibles" Over all mean gap score were lower at 0.175 and0.182 respectively**.** Analysis of variance indicate that the difference in gap score of variance age group are significant for the dimensions of service quality Tangibles and not significant for Reliability, Responsiveness, Empathy and Assurance. Tangibles, Reliability, Responsiveness, Empathy and Assurance gap scores have no significant difference for the two gender groups. Tangibles and Reliability dimension were significant and Responsiveness, Empathy, Assurance size were insignificant with respect to annual family income. The null hypothesis does not hold good for two dimensions of service quality viz "Tangibles and Reliability." In respect of name of the hospital the results shows significant for all dimensions.

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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