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    STATEMENT OF THE PROBLEM

    OBJECTIVES

    HYPOTHESES

    RESEARCH METHODOLOGY

    RESULTS & DISCUSSION

    FINDINGS

    RECOMMENDATIONS/SUGGESTIONS

    CONCLUSIONS

    SCOPE FOR FURTHER RESEARCH

    ACKNOWLEDGMENTS

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CONTRIBUTIONS TO BOOKS

*   Sharma T., Kwatra, G. (2008) Effectiveness of Social Advertising: A Study of Selected Campaigns, Corporate Social Responsibility, Edited by David Crowther & Nicholas Capaldi, Ashgate Research Companion to Corporate Social Responsibility, Chapter 15, pp 287-303.

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*   Schemenner, R.W., Huber, J.C. and Cook, R.L. (1987), "Geographic Differences and the Location of New Manufacturing Facilities," Journal of Urban Economics, Vol. 21, No. 1, pp. 83-104.

CONFERENCE PAPERS

*   Garg Sambhav (2011): "Business Ethics" Paper presented at the Annual International Conference for the All India Management Association, New Delhi, India, 19–22 June.

UNPUBLISHED DISSERTATIONS AND THESES

*   Kumar S. (2011): "Customer Value: A Comparative Study of Rural and Urban Customers," Thesis, Kurukshetra University, Kurukshetra.

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SERVICE QUALITY GAP IN PRIVATE HOSPITALS

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ABSTRACT

This paper examines the customers' expectations and their perceptions related to various services offered by private hospitals. The study identifies the determinants of service quality and performance in private hospitals as customer satisfaction is the top priority in the hospitals. In service sector there may be a big difference between expected and perceived service quality. Expectations of the customers with regard to the service can vary based on a range of factors such as prior experience, personal needs and what other people may have told them. The quality of service is determined on five dimensions which are: Reliability, Responsiveness, Assurance, Empathy and Tangibles (Appearance of physical facilities, equipment etc.). SERVQUAL method is used to find the gap between expected and perceived service quality. Customers of private hospitals in Hyderabad are the target population for the research. To minimize the sampling error and bias all the demographic segments have been included in sample size. The findings and results of the paper may be useful for private hospitals to improve their service quality.

KEYWORDS

Customer, hospitals, expectations, perceptions, quality.

INTRODUCTION

Service quality has become a popular area of academic investigation and has been recognized as a key factor in keeping competitive advantage and sustaining satisfying relationships with customers (Zeithmal et al., 2000). It is important to meet customers' expectations across all the sectors. Quality of the service plays vital role in this process. Meeting customers' expectations result in customers' satisfaction, while a quality beyond customers' expectations leads to customers' delight. Measurement of customers' expectations and their perception of quality are more difficult in service industry. Service quality can be defined as the difference between customer's expectations for service performance prior to the service encounter and their perceptions of the service received.(Asubonteng et al.,1996). A product can have specific specifications but a service can have numerous intangible or qualitative specifications. The globalisation and liberalisation policies have significantly changed the health care sector in India. With increasing awareness, the consumers expect quality in healthcare services. With competitive pressures and the increasing necessity to deliver patient satisfaction, the elements of quality control, quality of service, and effectiveness of medical treatment have become vitally important (Friedenberg, 1997).Different people may have different expectations based on their prior experience, personal needs and what other people may have told them. As perceptions are always considered relative to expectations and expectations are dynamic, perceptions may also differ over time, from person to person and from culture to culture. If expectations are greater than performance, then perceived quality is less than satisfactory and hence customer dissatisfaction occurs (Lewis and Mitchell, 1990).Understanding of the customers' expectations and their perception about private hospitals may easily determine the strategic determinants of service quality and performance in a hospital.

OBJECTIVE

1. To measure the customers' expectations and their perception of service quality in private hospitals.
2. To determine the gap between expected and perceived service quality in the private hospitals.
3. To find out the strategic determinants of service quality and performance in private hospitals.

LITERATURE REVIEW

Armistead (1991) classified the service dimensions as "soft" and "firm". The style (attribute of staff, accessibility of staff and ambience), steering (the degree to which customers feel in control of their own destiny) and safety (trust, security and confidentiality) are the soft dimensions, whereas time (availability, responsiveness and waiting), fault freeness (in physical good, intangible activities and information) and flexibility) recovery, customization and augmented services) are the firm dimensions.

Christopher Lovelock and Jochen Wirtz (2006) explained the relationship between service quality and service productivity. A key challenge for any service business is to deliver satisfactory outcomes to its customers in ways that are cost-effective for the company. If customers are dissatisfied with the quality of a service, they won't be willing to pay very much for it or even to buy it at all if competitors offer better quality. Low sales volumes and/or low prices mean less productive assets.

David Garvin (1988) identifies five perspectives on quality- (1) the transcendent view of quality which is synonymous with innate excellence: a mark of uncompromising standards and high achievement; (2) the product-based approach which sees quality as a precise and measurable variable; (3) used based approach which equates quality with maximum satisfaction; (4) manufacturing based approach which is supply based and is concerned primarily with engineering and manufacturing practices; (5) value-based approach which defines quality in terms of value and price.

James A.Fitzsimmons and Mona J.Fitzsimmons (2006) noted that measuring service quality is a challenge because customer satisfaction is determined by many intangible factors. Unlike a product with physical features that can be objectively measured, service quality contains many psychological features. In addition, service quality often extends beyond the immediate encounter because as in the case of health care, it has an impact on a person's future quality of life.

Jochen Wirtz (2003) identified that process factors include customers' feelings about the providers' personal style and satisfaction levels with those supplementary elements that they are competent to evaluate. As a result, customers' perceptions of core service quality may be strongly influenced by their evaluation of process attributes and tangible elements of the service-a halo effect.

Parasurman, Zeithaml and Berry (1985) however listed ten determinants of service quality-credibility, security, access, communication, understanding the customer, tangibles, reliability, responsiveness, competence and courtesy, which were further regrouped into five dimensions: reliability, responsiveness, tangibles, assurance and empathy.

Valarie A Zeithaml, Mary Jo Bitner, Dwayne D Gremler and Ajay Pandit (2008) customers hold different types of service expectations: (1) desired service, which reflects the customers want; (2) adequate service, what customers are willing to accept; and (3) predicted service, what customers believe they are likely to get. While service quality, the customer's perception of the service component of a product, is a critical determinant of customer satisfaction, in case of a pure service, service quality may be the most critical determinant of satisfaction. They mentioned the service encounters or "moments of truth" as the building blocks for both satisfaction and quality. Service encounter is an opportunity to build perceptions of quality and satisfaction. So it is important to manage the evidence of service in each and every encounter.

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METHODOLOGY

This study is based on survey conducted in Hyderabad (Andhra Pradesh) during June - September 2011. The Primary data was collected using Judgment (Purposive) sampling. The respondents were selected on the basis of judgment to include all demographic segments. The theoretical foundation of the study is based on various secondary sources such as texts on Service Quality, articles, quality magazines, article features and published papers. The questionnaire designed for this study was based on the widely accepted SERVQUAL model. A total of 22 attributes were categorized under five dimensions as follows:
• Tangibility (4 attributes)
• Reliability (5 attributes)
• Responsiveness (4 attributes)
• Assurance (4 attributes)
• Empathy (5 attributes)
The questionnaire was divided into four sections. Questionnaire consisted of 22 questions related to the five dimensions of service quality in which the customers of various private hospitals responded against their expectations and perceptions A five-point Likert Scale ranging from strongly disagree = 1 to strongly agree = 5, was used to measure the 22 attributes under five dimensions mentioned above. Statistical Package for Social Science (SPSS) package will be used to analyse the data set. A frequency distribution was used to describe the sample. The mean and standard deviations of the attributes were also computed. Finally, paired *t*-tests were used to test the significant difference between sample means. To find some more facts related to service quality in private hospitals, the respondents were also asked to comment on the service quality of the private hospitals. Private Hospitals in Hyderabad form the sampling frame of the study. Four major recognized hospitals in Hyderabad – Apollo Hospital, Care Hospital, Kamineni Wockhardt Hospital and Global Hospital, were selected for the study.

ANALYSIS

A total of 250 questionnaires were distributed and only 215 were useable for analysis. The demographic details of the 215 respondents are represented in table 1.

TABLE 1: DEMOGRAPHIC PROFILE OF THE RESPONDENTS

Factors	No. of respondents	Percentage
Age		
Under 30 yrs	56	26
30-40 yrs	69	32
41-50 yrs	52	24
Above 50 yrs	38	18
Gender		
Male	124	58
Female	91	42
Marital Status		
Single	82	38
Married	133	62
Profession		
Student	30	14
Services	60	28
Businessman	86	40
Housewife	39	18
Annual Income		
Below Rs 1,50,000	77	36
Rs1,50,001-Rs3,00,000	73	34
Rs 3,00,001-Rs5,00,000	48	22
More than 5,00,000	17	8

SERVQUAL MEASURES

Service Quality Gap (Gap 5) analysis was done in order to measure the gap between the customers' expectations and their perceptions of the commercial banking industry, based on the 22 items or attributes pertaining to service quality. The response of the customers is represented in table 2.

TABLE 2: GAP MEAN DIFFERENCES BETWEEN CUSTOMERS' EXPECTATIONS AND PERCEPTIONS OF SERVICE QUALITY IN THE PRIVATE HOSPITALS IN HYDERABAD

	Attributes	E (mean)	P (Mean)	Gap (P-E)	t-value	P- value
Tangibility						
1	Modern-looking equipments	4.02 (0.88)	3.99 (0.83)	-0.03	0.36	0.72
2	Appealing physical activities	3.75 (0.97)	3.58 (0.84)	-0.17	1.94	0.05
3	Neat appearance of staff	4.05 (0.93)	3.93 (0.83)	-0.12	1.41	0.16
4	Materials associated with the service are visually appealing	3.81 (0.89)	3.67 (0.85)	-0.14	1.67	0.10
Reliability						
5	Staff keeping promise	4.03 (0.99)	3.77 (0.95)	-0.26	2.78	0.01
6	Sincere interest in solving customers' problems	3.89 (0.97)	3.63 (0.96)	-0.26	2.79	0.01
7	Staff performing services right the first time	4.07 (0.98)	3.66 (0.95)	-0.41	4.40	<0.0001
8	Provide services at the time they promise to do so	4.13 (0.98)	3.66 (0.89)	-0.47	2.69	0.01
9	Insist on error-free records	3.84 (0.99)	3.78 (0.97)	-0.06	0.63	0.53
Responsiveness						
10	Staff telling customers exactly when services will be performed	3.98 (0.98)	3.64 (0.87)	-0.34	3.80	0.00
11	Prompt service	4.10 (0.95)	3.76 (0.87)	-0.34	3.87	0.00
12	Staff willingness to help	4.14 (0.88)	3.74 (0.91)	-0.40	4.63	<0.0001
13	Prompt response from staff	3.71 (0.98)	3.35 (0.88)	-0.36	4.01	<0.0001
Assurance						
14	Behaviors of staff instill confidence in customers	4.14 (0.88)	3.82 (0.85)	-0.32	3.84	0.00
15	Customers feel safe in their transactions	4.15 (0.98)	3.84 (0.93)	-0.31	3.36	0.00
16	Friendliness and courtesy of staff	4.13 (0.98)	3.80 (0.75)	-0.33	3.92	0.00
17	Staff having knowledge to answer questions	4.12 (0.92)	3.79 (0.79)	-0.33	3.99	<0.0001
Empathy						
18	Individual attention given by staff	3.73 (0.97)	3.46 (0.91)	-0.27	2.98	0.00
19	Convenient operating hours	3.99 (0.98)	3.82 (0.97)	-0.17	1.80	0.07
20	Staff giving customers best interest at heart	4.19 (0.92)	3.91 (0.79)	-0.28	3.39	0.00
21	Personal attention given	3.56 (0.99)	3.23 (0.88)	-0.33	3.65	0.00
22	Understanding the specific needs of customers	3.94 (0.87)	3.56 (0.91)	-0.38	4.43	<0.0001
	Overall combines scale of 22 attributes	3.98(0.41)	3.70(0.36)	-0.28	7.52	<0.0001

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Notes: *t-test two-tailed probability <0.05; standard deviations are in parentheses; a negative gap indicates that customers perceived that service delivery did not meet their expectations; a positive gap indicates that customers perceived that service delivery exceeded their expectations

In the table, a negative gap indicates that customers perceived that the level of service provided by private hospitals did not meet their expectations. On the other hand, a positive gap indicates that customers perceived that the level of service quality exceeded their expectations. A comparison of customers' actual perceptions of service quality with their expectations, using paired t-test, showed a statistically significant difference on all the attributes of reliability except for attribute related to insistence on error free records which has shown no significant difference in the expectation and the perception of the customers. The paired t-test shows statistically significant difference on all the attributes of responsiveness and assurance. The paired t-test also shows statistically significant difference on all the attributes of empathy except for the attribute related to convenient operating hours which shows no statistically significant difference in the expectation and perception of the customers. The biggest gaps (≥0.40) were found in the following attributes; "Staff performing services right the first time" (-0.41 sig. <0.40), "Provide services at the time they promise to do so" (-0.47 sig. <0.40), and "staff willingness to help" (-0.40 sig. <0.40). These attributes in those dimensions were the most serious shortfalls and require serious attention by private hospitals in terms of making improvements. The bigger the gap, the serious the level of service quality is from the customers' point of view. The overall Gap 5 score was -0.28 (sig. <0.05), which indicated that, the overall service quality provided by the commercial banks was below customers' expectations.

TABLE 3: AVERAGE GAP SCORE OF PRIVATE HOSPITALS

No.	Dimensions	Gap Scores
1	Average score for Tangibility	-0.12
2	Average score for Reliability	-0.29
3	Average score for Responsiveness	-0.36
4	Average score for Assurance	-0.32
5	Average score for Empathy	-0.29

The above table shows the ranking of the dimensions according to gap scores. The biggest gap has been found pertaining to responsiveness (-0.36), followed by assurance (-0.32), reliability (-0.29), empathy (-0.29) and tangibility (-0.12).

CONCLUSION

Customers' perceptions are very important especially in the service industry such as the hospitals since there is high customer involvement in the delivery of the service itself. The result of Gap 5 analyses showed that customers' perceptions for private hospitals were consistently lower than their expectations. These negative gaps especially pertaining to "providing services at the time they promise to do so", "staff performing services right the first time", and "staff willingness to help" were important to consider in terms of making improvement efforts. The bigger the gap, the serious the level of service quality that need to be improved, from the customers' point of view. Overall, the gap score was -0.28 which was considered low.

As the environment is very competitive and the customers are very cautious about the quality of service being provided, the management of the private hospitals needs to seriously examine their corporate quality programs and customer service system. Recognizing the safety and quality issues of patient care is the need of the hour. Management of healthcare institutions and healthcare professionals should work towards meeting the expectations and challenges of good patient care systems in the society. These measures and changes can be expensive in terms of employee time and effort, but the management of these hospitals needs to find ways to overcome these hurdles.

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