RESEARCH ARTICLE

A STUDY ON SERVICE GAP ANALYSIS OF FIVE SPECIALITY CLINICS WITH SPECIAL REFERENCE TO A SINGLE SPECIALITY HOSPITAL IN COIMBATORE

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ABSTRACT

A service firm delivers to customer a service package, which consists of some physical aspects and some intangibles. Technical dimension describes what the customers get and when they get it, while functional quality describes how they get it. It is more difficult for consumers to evaluate the quality of services than the quality of products. This is true because of certain distinctive characteristics of services – they are intangible, they are variable, they are perishable and they are simultaneously produced and consumed. Defining and measuring the quality of service has been a major challenge in healthcare industry. The service quality measurement scale (SERVQUAL) has been widely used in research to measure quality of service in a hospital service environment. Service firms like hospital organizations are realizing the significance of patient-centered philosophies and are turning to quality management approaches to help managing their businesses. SERVQUAL as an effective approach has been studied and its role in the analysis of the difference between patient expectations and perceptions has been highlighted through a study conducted at corporate hospitals in India.

INTRODUCTION

The SERVQUAL scale was designed to measure the gap between customers' expectations of services and their perceptions of the actual service delivered, based upon the following five dimensions: tangible, reliable, responsiveness, assurance and empathy.

1. Tangibility: It is those factors that the customers can see, hear and touch. It includes the appearance of physical facilities, equipment and appearance of contact personnel. Tangibles are used when assessing the physical qualities before the service is experienced.

2. Responsiveness: It is the willingness and ability on the part of the service provider to respond to the needs of the customer and serve him promptly. Responsiveness is an important dimension for those customers who require some over and above what is usually provided

3. Empathy: This includes providing, caring individualized attention to customers. It is described as the "human touch". Empathy includes features like approachability, sense of security. Empathy and responsiveness, though closely related,

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differ in this point- responsiveness shows willingness to meet customer needs and empathy indicates willingness to go beyond customer needs

4. Assurance: Represents the employee knowledge and courtesy and their ability to inspire trust and confidence. A favorable assessment of assurance will indicate that the customer is satisfied as the staff understood his needs and met them.

5. Reliability: It is the ability of the dependently. To the customer it will ensure whether the promise made by the firm has been met. Reliable service performance is a customer expectation of the service. In fact, most customers regard reliability as the most important of the 5 dimensions of the service performance.

The apparent lack of quality of work life might have a negative effect on the productivity of health care workers Walton's (1975). Health services depend on the capacity and capabilities of their human resources. It is no secret that health care institutions are experiencing problems with the rendering of quality of healthcare. The quality of care received by patients is closely linked to the quality of work life experienced by healthcare workers. Authors emphasis quality of work life components such as enhancing the dignity of employees, introducing changes in the organisation's culture and improving the physical and emotional wellbeing of the

employees (Muller, Bezuidenhout and Jooste 2011). Hackman and Oldham (1976) drew attention to what they described as psychological growth needs as relevant to the consideration of Quality of working life. Several such needs were identified; Skill variety, Task Identity, Task significance, Autonomy and Feedback. They suggested that such needs have to be addressed if employees are to experience high quality of working life. Warr and colleagues (1979), in an investigation of Quality of working life, considered a range of apparently relevant factors, including work involvement, intrinsic job motivation, higher order need strength, perceived intrinsic job characteristics, job Satisfaction, life Satisfaction, happiness, and self-rated anxiety. They discussed a range of correlations derived from their work, such as those between work involvement and job Satisfaction, intrinsic job motivation and job Satisfaction, and perceived intrinsic job characteristics and job Satisfaction. In particular, Warr *et al.,* found evidence for a moderate association between total job Satisfaction and total life Satisfaction and happiness, with a less strong, but significant association with self-rated anxiety. Mirvis and Lawler (1984) suggested that Quality of working life was associated with Satisfaction with wages, hours and working conditions, describing the "basic elements of a good quality of work life" as; safe work environment, equitable wages, equal employment opportunities and opportunities for advancement. SERVQUAL survey instrument is one of the most widely utilized techniques for measuring customer perceptions of service quality. This model was developed by Parasuraman, Zeithaml and Berry in 1985. In SERVQUAL, service quality is measured in terms of the gap between what the service should provide and the customer's perception of what the service actually provides. It assumes that smaller the gap, the higher the quality of service.

GAP 1: Gap between customer expectation and management perception

Service firm may not always understand what features are regarded as high quality by the customer and what attributes a service must have in order to meet consumer needs. The reasons for this gap may be due to – lack of adequate market research, lack of upward communication- from the front line staff to the top management or interaction with customers and also lack of market segmentation to identify specific needs of the customer. This gap can be narrowed through adequate research programmers to find customer needs and the sources of their expectation and to improve the communication system. This gap can be measured using the SERQUAL scale by the management and comparing the scores with those obtained from the customers.

GAP 2: Gap between management perception and service quality specification

Managers of service firms often experience difficulty in attempting to bring about standards of specification to match customer expectation. This gap exists in firms for various reasons- lack of wholehearted commitment of management to service quality, as they may perceive that customer expectations are unreasonable and it may not be feasible for the management to meet the expectations. Lack of goal setting, inadequate service leadership and vague undefined service

design are also added reasons. Standardizing service delivery process wherever possible and also setting proper organizational goals can close this gap and to realize that customer service is of prime importance. The assessment of this gap can be done using questionnaires to the top management that measure the extent to which the organisation set standard to deliver the service.

GAP 3: The gap between service quality specification and service delivery

Though the service firm develops customer driven standards, there still might be discrepancies in the actual service delivery. This can also be referred as service performance gaps- that is the extent to which service providers do not perform at the level expected by the management. The reason for this gap can be analyzed as – ineffective recruitment, role ambiguity, lack of proper incentives and motivation, failure to match supply and demand and also lack of knowledge on the part of the customer of their role in the service delivery process. This gap can be eliminated by providing the employees with adequate support system, better human resource policies and programmers and by enhancing teamwork. This gap can be gauged through employee questionnaire, that address they're perceived ability to deliver to established standards.

GAP 4: Gap between service delivery and external communication

Promises made by a service through its sales force, advertising and other communication may potentially raise customer expectations. These expectations serve as a basis against which customers access service quality. Discrepancies in this gap may arise not only due to exaggerated promise or ineffective communication to the customer but also due to lack of proper horizontal communication within the organisation. These discrepancies can be overcome through efficient and effective communication system and also by not inflating promises to customers leading to higher expectations. The feedback would involve employee perception of what they delivered against what was promised to the customers.

GAP 5: Gap between expected quality and perceived quality

The perceived quality by the customer depends on the nature of gaps associated with the delivery of service by the service firm. Automatically bridging 1-4 can close gap 5. This will result in perceived quality exceeding the expected service quality leading customer satisfaction. Therefore, the key challenge to the service provider lies in making use of marketing and marketing research tools to identify, quantify and monitor customer perception and expectation so that the effectiveness in closing the various gaps are realized. The quality management concept emphasizes using customer expectations rather than competitors' performance to drive quality improvement, since the competitors may be performing equally poorly in satisfying customer needs. The gap analysis is useful in setting priorities for actions to improve company's image in the eyes of the customer. Therefore, the key challenge to the service provider lies in making use of marketing and marketing

research tools to identify, quantify and monitor customer perception and expectation so that the effectiveness in closing the various gaps are realized. The quality management concept emphasizes using customer expectations rather than competitors' performance to drive quality improvement, since the competitors may be performing equally poorly in satisfying customer needs. The gap analysis is useful in setting priorities for actions to improve company's image in the eyes of the customer.

Statement of the research problem

The institution wanted to know the gaps in service expected and service rendered. Hence, the researcher has selected the topic "A Study on Service Gap Analysis of Five Speciality Clinics with Special Reference to a Single Speciality Hospital in Coimbatore".

Secondary objective

To evaluate the services of Single Speciality Hospital and to measure the satisfaction level of the patients about the services in specialty clinics of the Single Speciality Hospital, to determine the expectations of the patients in specialty clinics and to bridge the gaps between patient expectation and patient perception, if any.

MATERIALS AND METHODS

In this research 'Stratified random sampling' is used to survey the specialty clinic patients. The five specialty clinics are stratified and from that, simple random sampling is used. Because of the limited time factor and for convenience, the sample size is 750, from which 150 samples each is collected from the 5 respective clinics.

RESULTS

The above table indicates that 26.6% of the patients feel that the 'Information and instructions given at Reception and Enquiry' is excellent, 45.4% of them find it good, 23.2% of them find it average, 4.8% find it poor and 0% have no comments. For the factor "Effectiveness of procedures at registration" 31.1% of the patients feel that the registration is excellent, 45.1% of them finds it good, 18.6% find it average, 4.9% of them find poor and 0.3% made no comments. 29.9% strongly agree that the "Staff's Guidance is Proper", 57.3% of them agree that it's effective, 7.9% of them disagree that the staff's guidance is effective, 4.9% strongly disagrees to it and 0% neither agree nor disagree. 31.6% of the patients strongly agree that the "Staff are Polite and Courteous", 40.5% of them agree to it, 21.5% of them disagree that the staff are polite and courteous, 6.1% strongly disagree to it and 0.3% neither agree nor disagree. 36.9% of the patients strongly agree that the "Nurses Give Appropriate Attention", 43.8% of them agree to it, 13.8% of them disagree that the nurses give appropriate attention, 5.3% strongly disagree to it and 0% neither agree nor disagree. 43.1% of the patients find that the "Doctor's Efficiency in Treating Even Smallest Aspect of Disease" is excellent, 53.3% of them find it good, 3.6% of them find it average, nobody find it poor and 0% couldn't decide. 49.7% of the patients strongly agree that the "Counselor Explains About the Follow-Up And Medications Clearly and Clarifies Doubts", 32.7% of them agree to it, 12.4% of them disagree, 5.2% strongly disagrees to it and 0% neither agree nor disagree.

The table indicates that 27.7% of the patients find that the **"Waiting Time for Consultation"** is from ½-1 hrs, 43.3% of them find it from 1-2 hrs, 24.8% of them find it above 2 hrs, 4.2% couldn't decide on it. 15% of the patients find that the "Waiting Time for Consultation" is from ½-1 hrs, 18.8% of them find it from 1-2 hrs, 2.4% of them find it above 2 hrs, 63.7% couldn't decide on it.

Table 1. Data analysis and interpretation

S. No	Patients' opinion about factors	Excellent		Good		Average		Poor		No comments		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
1.	Information and instructions given at reception and enquiry	200	26.6	341	45.4	173	23.2	36	4.8	0	0	750	100
2.	Effectiveness of procedures at registration	233	31.1	338	45.1	140	18.6	37	4.9	2	0.3	750	100
3.	Staff's guidance is proper	224	29.9	430	57.3	0	0	59	7.9	37	4.9	750	100
4.	All staff are polite and courteous	237	31.6	304	40.5	2	0.3	161	21.5	46	6.1	750	100
5.	Nurse's attention is appropriate	277	36.9	329	43.8	0	0	104	13.8	40	5.3	750	100
6.	Doctors efficiency in treating even the smallest aspects of disease	323	43.1	400	53.3	27	3.6	0	0	0	0	750	100
7.	Counselor explains about follow up and medications clearly and clarifies doubts	373	49.7	245	32.7	0	0	93	12.4	39	5.2	750	100

Table 2.

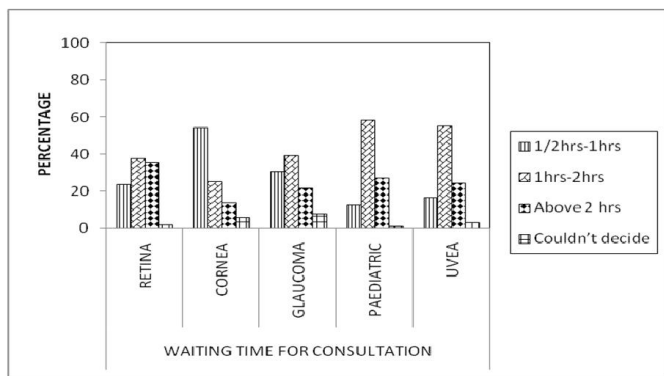| S.No	Patients' opinion about factors	1/2hrs-1hrs		1hrs-2hrs		Above 2 hrs		Couldn't decide		Total	
		n	%	n	%	n	%	n	%	n	%
1.	Waiting time for consultation	208	27.7	325	43.3	186	24.8	31	4.2	750	100
2.	Waiting time for diagnostic tests	113	15	141	18.8	18	2.4	478	63.7	750	100

Table 3. Table Showing Description of Patients about "Waiting Time for Consultation" Based On Specialty Clinics

S.No	Ratings	Retina	(%)	Cornea	(%)	Glaucoma	(%)	Pediatric	(%)	Uvea	(%)
1	½-1hr	36	24	82	54.7	46	30.7	19	12.7	25	16.7
2	1-2hr	57	38	38	25.3	59	39.3	88	58.7	83	55.3
3	Abv2hrs	54	36	21	14	33	22	41	27.3	37	24.7
4	CD	3	2	9	6	12	8	2	1.3	5	3.3
	Total	150	100	150	100	150	100	150	100	150	100

Chart Showing Description of Patients about "Waiting Time for Consultation" Based On Specialty Clinics in Retina clinic it was maximum for above 2 hours 36 %(54) and minimum for a waiting time of 2% for patients who could not decide. For Cornea clinic the maximum patients were seen between half an hour to one hour 54.7% (82) and minimum for a waiting time of 6% (9) for patients who could not decide. For Glaucoma clinic the patients maximum waiting time for consultation was between one to two hours 39.3% (59) and minimum for a waiting time of 8% (12) for patients who could not decide. For Pediatric clinic the patients maximum waiting time for consultation was between one to two hours 58.7% (88) and minimum for a waiting time of 1.3% (2) for patients who could not decide. For Uvea clinic the patients maximum waiting time for consultation was between one to two hours 55.3% (83) and minimum for a waiting time of 3.3% (5) for patients who could not decide.

Chart: 1

Chart Showing Description of Patients about "Waiting Time for Consultation" Based On Specialty Clinics

who could not decide on then time factor were maximum in Pediatric clinic and minimum in Glaucoma clinic.

Chart: 2

Chart Showing Description of Patients about "Waiting Time for Diagnostic Tests" Based On Specialty Clinics
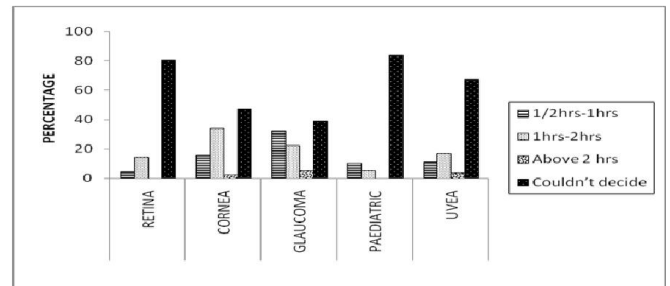

Chart: 3

Chart Showing Opinion of Patients about "Parking Facility" Based on Specialty Clinics. In Retina clinic 28% (42) had answered could not decide and 4% (6) as poor.
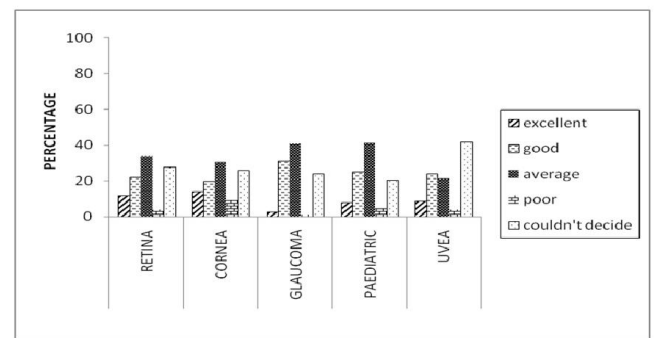

Table 4. Table Showing Description of Patients about "Waiting Time for Diagnostic Tests" Based On Specialty Clinics

S.No	Ratings	Retina	(%)	Cornea	(%)	Glaucoma	(%)	Pediatric	(%)	Uvea	(%)
1	½-1hr	7	4.7	24	16	49	32.7	16	10.7	17	11.4
2	1-2hr	22	14.7	51	34	34	22.7	8	5.3	26	17.3
3	Abv2hr	0	0	4	2.7	8	5.3	0	0	6	4
4	CD	121	80.6	71	47.3	59	39.3	126	84	101	67.3
	Total	150	100	150	100	150	100	150	100	150	100

Table 5. Table Showing Opinion of Patients about "Parking Facility" Based On Specialty Clinics

S.No	Ratings	Retina	(%)	Cornea	(%)	Glaucoma	(%)	Pediatric	(%)	Uvea	(%)
1	Excellent	18	12	21	14	4	2.7	12	8	13	8.7
2	Good	33	22	30	20	47	31.3	38	25.3	36	24
3	Average	51	34	46	30.7	61	40.7	62	41.3	32	21.3
4	Poor	6	4	14	9.3	2	1.3	7	4.7	6	4
5	NC	42	28	39	26	36	24	31	20.7	63	42
	Total	150	100	150	100	150	100	150	100	150	100

For Description of Patients about "Waiting Time for Diagnostic Tests" Based on Specialty Clinics the maximum patients waited in the Glaucoma clinic was 32.7%(49) and the minimum in Retina clinic was 4.7% (7). The waiting time for 1-2 Hr was maximum patients in Cornea clinic with 34% (51) and the minimum in Pediatric clinic with 5.3% (8).Patients waiting above 2 hours was maximum in Glaucoma clinic with 5.3% (8) and there was no patients in Retina clinic. Patients

In Cornea clinic 30.7% (46) has said the parking facility was average and 9.3% (14) had said poor. In Glaucoma clinic 40.7% (61) has said the parking facility was average and 1.3% (2) had said poor. In Pediatric clinic 41.3% (62) has said the parking facility was average and 4.7% (7) had said poor. In Uvea clinic 21.3% (32) has said the parking facility was average and 4% (6) had said poor.

Conclusion

In the healthcare service industry there is always a scope for improvement in the service delivery system with the integrated approach of clinical, nursing, paramedical, supportive and diagnostic services. Smooth functioning of the supportive and utility systems will facilitate high quality of technical and professional care leading to improved patient satisfaction. Now the concepts of quality care to be given to the patients have become utmost need. These days management is taking steps to see that staff is professionally trained to the maximum level to fulfill the need of the patient's expectation. All the hospitals are now moving to the concept of quality service at a marginal cost. Perceived Service Quality is therefore viewed as the degree and direction of discrepancy between customer's perceptions and expectations and helps the organization for establishing and maintaining long term customer retention and long term competitiveness.

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