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INTRODUCTION AND RESEARCH DESIGN

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CHAPTER – I
INTRODUCTION AND RESEARCH DESIGN

1.1 Introduction

In today’s global environment, the service sector occupies a key role in every economy. For instance, two-thirds of the economies in developed countries are services economies. A decade ago competition was relatively less important to a firm in service sector. However, competition has increased at an alarming rate in most service sectors. Service sector has been considered as post-industrial development. The service sector has come to stay as one of the key drivers of modern economic systems. While consumer affluence is propelled by the increase in the income level and generation of wealth across majority of industrialized nations, these factors have also contributed towards the growth in services. The developed countries have been able to improve the quality of life of their citizens by developing a very strong services industry. In developing nations like India and China, services have emerged as a key sector fuelling the growth and success for business houses.

The contribution of the services sector to Gross Domestic Product (GDP) has been very significant in the developing nations. The service economy contributed more than half the Gross Domestic Product in many developed nations. The current contribution of the services sector to the Indian Gross Domestic Product is 57 per cent for the year 2013-14. In other Asian countries like Singapore, the contribution of services sector to Gross Domestic Product for the year 2013-15 is—74.9 per cent in Singapore, 56.8 per cent in Sri Lanka, 53.8 per cent in Pakistan, and 42.6 per cent in Indonesia1. The services sector has improved the scope of employment and galloping the speed of economic development. This contribution of services sector to Gross Domestic Product and employment is likely to increase in the coming years.

1.1.1 Meaning of Services

The word services to a layman denotes the process of engaging the services of a personal valet, a chauffeur or getting the services of a restaurant or hotel or hospital staff or provided by professionals. It could also mean the services rendered by
engineers, architects, chartered accountants, doctors and civil engineers. But the term ‘services’ has much wider meaning and application, in a much broader sense.

Grönroos (1990) defined services as “an activity or series of activities of more or less intangible nature that normally, but not necessarily, take place in interactions between the customer and service employees and or physical resources or goods and or systems of the service provider, which are provided as a solution to customer problem”. Kotler (1991) defined services as “any act of performance that one party can offer to another that is eventually intangible and does not result in the ownership of anything. Its production may not be tied to a physical product”.

Valerie and Bitner (2003) have reflected upon services as “an act of performance offered by one party to other. Although the process may be tied to a physical product, the performance is transitory, often intangible in nature and does not normally result in ownership of the factors of production”.

1.1.2 Service quality

The word ‘quality’ is an elusive word. What could be quality for one may not be the acceptable quality for someone else. That means the term quality is a matter of mindset and is a cerebral process unless the standards of quality have been pre-defined and can be measured scientifically and technically against the specified standards. Service customers have been served more of the intangibles and hence it becomes complicated for any seller to set up his own standards.

The term service quality refers to the measurement of the standards of services rendered to the customer by the service provider to the best satisfaction of the recipient. The term service is of recent development but the expression of the word quality has been associated with the establishment of quality into manufacturing and usage of tangible products. The establishment of quality in services is complicated due to the intangibility of services and quality has to be assessed and established only by the recipients.

Service quality also includes providing of value quality in services in accordance to the promise made to the customer of services. The promise will be made
according to the expectations of the customer and includes all those expected values which ultimately lead to establishment of quality in services. It must be one step ahead of the competition in understanding the quality expectation of its customers. The service organization that can meet the expectation can simply satisfy the customers. The organization that exceeds the expectations of the customers will definitely be able to delight its customers and will practically set norms for others to follow.

1.1.3 Perceived service quality

Grönroos (1998)§ has linked service quality with perception. Perception is defined as consumer’s opinion of a service provider’s ability to fulfill his or her expectations. Perceived service quality is based on experienced quality and expected quality.

1.1.3.1 Experienced quality

Due to inherent characteristics, experiences also define the services. Intangibility of services leads the customer to perceive the quality on the basis of the image of the company, which can either be the corporate image, local image or both. Further this image is the result of the technical quality and functional quality.

a. Technical quality relates to what the customers receive on interacting with the firm and is an important dimension in quality assessment. This quality reflects the basic design of service, namely, its proposal and implementation. This forms the first impression of the customers and this can be controlled to some extent by focusing on the basic product and standardizing the service manufacturing procedures and hence technical quality is an ‘outcome dimension’.

b. Functional quality comes into play only when the customer has a positive impression of the technical quality and comes for product experiment or repurchase. It relates to ‘how’ the service is meted out to the customer at the time of service delivery. This is highly subjective and can depend upon a number of factors such as appearance and behavior of employees, what they say and how they say it. Hence functional quality is a ‘process-related dimension’.
If the organization has a positive image, the customers are willing to overlook the minor mistakes, but if its image is negative, then even minor mistakes can prove fatal for the organization.

**1.1.3.2 Expected quality**

Expected quality is related to customers’ expectations when they purchase service. Customer expectations may be based on market communication, organization’s image, word-of-mouth referral and customer needs:

i. Market communication: The information provided by organizations regarding their products and services and is directly controlled by the organization.

ii. Image of the organization: This refers to the image of proven skills, innovativeness, ability to handle problems, performance, etc. It can be controlled partially by the organization.

iii. Word-of-mouth: This is informal, influential communication done voluntarily by the consumers based on their own knowledge and experience with the service. Due to the intangibility associated with services, customers tend to attach more significance to word-of-mouth communication in the purchase of services.

iv. Customer needs: Customer needs influence the quality of perceptions. Customers who are in a hurry will expect a prompt response, but if they have ample time, they will be expected to be pampered and indulged.

The following diagram represents the relationship between the expected quality and experienced quality:
If the customers’ experience is not as per their expectation, it will result in dissatisfaction and a negative word-of-mouth communication. If the expected quality matches the experienced quality, it will result in customer satisfaction. However, if the customer experience exceeds the customer expectations, it leads to customer delight. The motive is to move from customer satisfaction towards customer delight.

1.1.4 Determinants of service quality

Quality of services can be divided into two parts: the technical quality and the functional quality (Singh 1985). While maintenance and provision of technical quality can be taken care of by adopting a change in technology or by introducing new and innovative technology, it is the functional quality that the source of services has to focus more on. The functional aspects of quality basically look at the people and the process skills of services. It is a process that involves attitude, mindset, styles of functioning, styles of customer handling, work ethics and work culture, business ethics, adoption of customer-oriented business policies, emphasis on profits driven through customer satisfaction and lastly people handling skill of personnel involved in direct contact with the customers.

Many studies have been conducted by the management thinkers on the determinants and ingredients of quality and the thinkers have identified ingredients...
such as reliability, competence, responsiveness, courtesy, communication, credibility, security, understanding the customer, tangibles and access. The same thinkers have also given five ingredients of service quality dimensions viz., tangibles, reliability, responsiveness, empathy and assurance. This has become the most eminent instrument in attempting to systematize the service quality and is popularly known as SERVQUAL developed by Parasuraman, Zeithaml and Berry in 1988. This conceptual framework was developed initially to measure customer perception of service quality for the financial service sector but was later deployed to measure customer satisfaction in other service sectors such as hospitality, telecommunication and healthcare.

According to Gupta, McDaniel and Herath (2005), SERVQUAL assumes that service quality is crucially determined by inconsistency between customers’ expectations and perceptions. According to Parasuraman, Zeithaml and Berry (1988), service quality includes dimensions of service such as reliability, responsiveness, assurance, empathy and tangibles.

a) Reliability: This is the consistent ability of the service provider to provide the service in the same manner, without errors and at the correct time. The consumers’ decision making process is influenced a lot by this dimension, as the customers need to be assured that the promise made by the service organisation would be fulfilled.

b) Responsiveness: This dimension focuses on being sensitive to the needs of the customers and developing a willingness to help the customers and provide timely service to the customers. A negative perception of quality would develop if a customer’s need is not met at the time he or she expects it to be fulfilled.

c) Assurance: The creation of credibility and honesty is the focal point of this dimension. This can be achieved when the organisation keeps the customer informed and gives due courtesy and respect to the customer. This creates a feeling of security and trust regarding the service provider. Assurance can be obtained through trustworthiness, communication, capability, courtesy and security.

d) Tangibles: This pertains to the infrastructure, equipment, personnel and communication materials. The provision of these facilities exhibit that the service provider cares for the customers’ attention. Service companies,
especially the hospital sector, focus on this element to show their differential advantage.

e) Empathy: The provision of caring and personalized attention to the customers makes the customers feel unique and special. The employees must be accessible and must be conscious and responsive to the needs of the customers.

1.1.5 Health care services

Health care till a few years ago had been considered mainly government sponsored social welfare activity, where the sole effort was directed towards setting of government civil hospitals in the major towns, village dispensaries and family welfare centers in the rural parts of India. The availability of private enterprises in the hospital business was few and far between and even those were run mainly for charity. With the population explosion and movement of more and more people from the rural India to the urban, the government machinery providing government and civil hospitals started crumbling. The commercialization started initially from the support services of paramedical services like laboratories for testing, diagnostic services, physiotherapy centers and family support clinics.

The maintenance of healthcare of over 100 crores population is a very extensive task and the gap was being filled by the alternate system of medicine and treatment that was always in the hands of unorganized private practitioners. But the burgeoning population, explosion of education facilities and the upgradation of the standard of living and also the opening of the economy, offered a great opportunity for the corporatization of the hospitals and the health services as the investors could see billions of eager customers waiting for better facilities than being provided by the government machinery. The privatization has virtually spread everywhere even in all small towns and cities. The Government of India has brought these services under the purview of the Consumer Protection Act, 1986, to protect the interests of the Indian customers.

1.1.6 Structure of healthcare industry in India

Healthcare is one of India’s largest service sectors. The Indian healthcare sector can be viewed as a glass half empty or half full. The health needs of the country are
enormous but from the global perspective, India’s public spending on health is extremely low. Contrary to this the Indian healthcare industry is growing at a rapid pace due to its strengthening coverage services and increasing expenditure by public as well as private players. The Indian healthcare industry is expected to touch US $160 billion by 2017 and US $ 280 billion by 2020\textsuperscript{10}.

The Indian healthcare delivery system is categorized in two major components—Public and Private. The Government, that is, public healthcare system comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of Primary Health Centres (PHCs) in the rural areas. The private sector provides majority of secondary, tertiary and quaternary care institutions with a major concentration in metros, tier I and tier II cities.

1.1.7 Profile of healthcare consumer behavior

Every human being in his lifetime keeps fighting either for the prevention of a disease or he may remain under medical supervision sometime in his life to cure himself of a disease. Healthcare may be required for a family member. This is only a general profile of the customers for medical and healthcare. The specific profile is when a person falls sick and looks for the best medical treatment that was earlier only found abroad and could be affordable only by the rich and the upper segment of the Indian society. Today the same treatment is available to everyone within the country; only the super rich go abroad for treatment. On the other hand, people from abroad come to India for their treatment because India offers the best facilities at the most competitive rates.

The upper class and the upper middle class prefer getting themselves treated at the corporate hospitals like Apollo Hospitals, Escorts and the many such others. The middle class prefer going to the next door private hospitals that also have been corporatized on a smaller scale. They prefer the next door doctor, pathology and diagnostic laboratory and the health clinic. But the common people visit the government and trust-run hospitals, dispensaries and the laboratories attached to them. All the rural customers who have great faith in every governmental facility suffer the
most as the availability of the government doctors, medicines, pathological facilities today are not able to meet the demands of the hospital and healthcare services.

1.2 Need for the study

The healthcare segment has an immense bearing on the growth of an economy. It is an extremely competitive global industry. As per the government’s health policy, the size of the healthcare sector in India stands at Rs. 15 billion and expects to grow at 30 percent every year.11 According to a CII-McKinsey study on healthcare, the expenditure on healthcare will be more than double by 2020 and is expected to increase from Rs.86,000 crores at present to Rs.2,00,000 crores over the next ten years12.

Hospitals have become integrated healthcare systems. The method to measure the success of a hospital is to analyze the quality of service offered by each one of them. Most studies on service quality have been conducted in the context of private hospitals. For a long time, in the healthcare setting, the public sector hospitals and the Mission hospitals were catering to the needs of the healthcare of the public.

In a country like India, especially in Tamilnadu, where there are more number of people belonging to lower and middle income group, the services of Government and Mission hospitals cannot be ignored nor considered lesser than that of corporate and private hospitals. The standards of care in both Government and Mission hospitals are being developed to a great extent to be in par with corporate and private hospitals. A McKinsey study on healthcare in India reveals that in order to meet the growing demand of healthcare in the country, huge investments worth Rs 100,000 crore to Rs 140,000 crore need to be made in the infrastructure for providing cost effective facilities13.

There was a need to take up the study in order to bring to light the quality of the services offered by both government and mission hospitals in Tiruchirapalli, Tamilnadu, which was not preferred by most of the people due to long waiting hours and the negative mindset of the society regarding Government and Mission hospitals. Both these hospitals have state-of-the-art equipments and use modern technologies to extend medical services to their patients. These facilities are available at cheaper rates when compared to other hospitals. Most of the people are not aware of the modern
medical facilities available in these hospitals and hence the study was taken up to examine the Service quality of Government and Mission Hospitals at Tiruchirapalli, Tamilnadu.

1.3 **Statement of the problem**

The general tendency of the consumer is that the higher the price they pay for a product or service, the better will be the quality. This holds true for healthcare services also and this has been the cause for the mushroom growth of private and corporate hospitals. These hospitals use up to date and ultra-modern technologies but charge heavy fees for these services.

The Government and Mission hospitals were set up only for serving the needs of the society. Earlier they were in miserable condition but thanks to the growth of healthcare sector, these hospitals, too, have undergone radical changes right from their infrastructure up to their extension of medical amenities to the society. They too house modern equipment and use latest technologies in treating their patients but at a very nominal charge affordable by all sections of the society.

The general frame of mind of the society is to go to the hospitals that are very aristocratic to look and those which are recommended by their family, friends or relatives. They are not aware of the cost of treatment they would have to stumble upon nor aware of the quality of the services offered by them. They blind folded get entangled into these hospitals. This is because of the lack of awareness about the services offered by the Government and Mission hospitals. Not only lack of awareness, the prestige of the people and the inhibition that quality treatment would not be offered in such hospitals are the causes for them not to go in to such hospitals for treatment.

The general inclination of the people is to expect quality service to be offered in the hospital they get admitted for treatment. Similarly they would also have experienced the actual service extended by the hospitals. If they have a positive experience, they would have a positive image of the hospital. If the experience is negative, the image of the hospital would also be negative not only in the mindset of the patient but also among their family. So hospitals should be careful while treating their patients and see that they create a favourable impression among their patients.
It was necessitated, therefore, to take up the study on service quality of two hospitals in Tiruchirapalli, namely Mahatma Gandhi Memorial Government Hospital, Puthur and C.S.I. Mission General Hospital, Woraiyur which are both non-profit hospitals. A one-to-one comparison is made between the qualities of services of both these hospitals. Hence the study titled “A Study on service quality of Government Hospital and Mission Hospital in Tiruchirapalli, Tamilnadu”.

1.4 Objectives of the study
1. To study the overall quality of services offered to the in-patients by Government and Mission Hospitals, Tiruchirapalli.
2. To recognize the expectations of in-patients regarding the service quality dimensions.
3. To identify the perception level of the in-patients concerning the service quality dimensions.
4. To examine the reasons for the gaps in expectation and perception in the quality of services.
5. To suggest suitable measures for improving service quality in the hospitals taken up for study.

1.5 Hypotheses of the study
The research is based on the following null hypotheses which are derived out of the objectives of the study:
1. There is no significant difference between type of hospital and various dimensions of expectation.
2. There is no significant difference between type of hospital and various dimensions of perception.
3. There is no significant relationship between the respondents’ age, monthly income and number of family members and various dimensions of expectation relating to Government Hospital and Mission Hospital.
4. There is no significant inter relationship between various dimensions of expectations relating to Government Hospital and Mission Hospital.
5. There is no significant difference between the gender, type of family and
domicile of the respondents and various dimensions of expectation relating to
Government Hospital and Mission Hospital.

6. There is no significant variance between respondents’ educational qualification,
occupation and type of treatment and various dimensions of expectation relating
to Government Hospital and Mission Hospital.

7. There is no significant association between the number of times admitted for
treatment and the various dimensions of expectation relating to Government
Hospital and Mission Hospital.

8. There is no significant relationship between expectation and socio demographic
variables relating to Government Hospital and Mission Hospital.

9. There is no significant relationship between the respondents’ age, monthly
income and number of family members and various dimensions of perception
relating to Government Hospital and Mission Hospital.

10. There is no significant inter relationship between various dimensions of
perceptions relating to Government Hospital and Mission Hospital.

11. There is no significant difference between the gender, type of family and
domicile of the respondents and various dimensions of perception relating to
Government Hospital and Mission Hospital.

12. There is no significant variance between respondents’ educational qualification,
occupation and type of treatment and various dimensions of perception relating
to Government Hospital and Mission Hospital.

13. There is no significant association between the number of times admitted for
treatment and the various dimensions of perception relating to Government
Hospital and Mission Hospital.

14. There is no significant relationship between perception and socio demographic
variables relating to Government Hospital and Mission Hospital.
1.6 Methodology of the study

1.6.1 Sample population

The population consisted of the people in and around Tiruchirapalli who were admitted into the Government Hospital and C.S.I. Mission Hospital and had stayed for a minimum of five days. Random Sampling Technique was used to select the sample wherein each and every member of the population had an equal chance of being chosen as a sample. Confidentiality was ensured as the respondents were not required to state their names in the questionnaire. The convenience and comfortability of the respondents were ensured and they were not disturbed if they were unwilling to disclose the information.

1.6.2 Selection of hospitals

In Tiruchirapalli, there are two Government Hospitals one at Puthur and another at Srirangam. The Government Hospital at Puthur is attached to the Medical College and runs the hospital to cater to the needs of the diverse population. The Government Hospital at Srirangam is run as a Family Welfare Center and does not have facilities to treat critically ill patients, who in turn are referred to the Government hospital at Puthur. Hence the Mahatma Gandhi Memorial Government Hospital at Puthur was selected as one of the hospitals for the research.

With regard to the selection of C.S.I Mission Hospital, there are two Mission Hospitals functioning at Tiruchirapalli namely Hindu Mission Hospital and C.S.I Mission Hospital. Based on popularity, approachability and convenience, C.S.I Mission General Hospital was chosen for the study.

Quite a number of studies have been undertaken to analyse the service quality of private and corporate hospitals. The hospitals not taken up for the purpose of research were the Government hospitals and hospitals run on charity basis (mission hospitals). Numerous and varied services at reasonable costs are offered by these hospitals but these do not reach the public at large especially those who belong to the upper middle class and the higher class. Research was not undertaken due to the inhibition that there would be bureaucratic problems in Government Hospitals. Bearing this in mind, the researcher selected these two hospitals to showcase to the general
public the variety of services provided by these hospitals round the clock equal to those offered by the private and corporate hospitals.

1.6.3 Sample Size

Two hospitals in Tiruchirapalli, namely, Mahatma Gandhi Memorial Government Hospital at Puthur and C.S.I. Mission General Hospital at Woraiyur were selected. In these hospitals, a sample of 500 in-patients (250 each from both the hospitals) was selected to measure the patients’ expectations and perception of service quality. The study was conducted for a period of eight months from October 2014 to May 2015. Random Sampling technique was used to select the sample and the sample was selected based on the willingness of the patients to participate in the research. Around 282 questionnaires were obtained from the Government Hospital and 265 questionnaires from Mission Hospital. The inconsistent and unstandardised questionnaires were rejected and 250 samples from each of the hospitals were selected for analysis. For the illiterate respondents, the researcher adopted the interview schedule to acquire information.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the hospital</th>
<th>No. of beds</th>
<th>Sample size</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Government Hospital</td>
<td>621</td>
<td>250</td>
</tr>
<tr>
<td>2.</td>
<td>Mission Hospital</td>
<td>150</td>
<td>250</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>500</strong></td>
</tr>
</tbody>
</table>

1.6.4 Instrument design

In this study, the researcher took up the task of appraising the expected and perceived service quality component through the scaling technique (SERVQUAL) framed by Parasuraman, Zeithaml and Berry (1988). The questionnaire was translated into Tamil, as majority of the respondents were native speakers of Tamil. Both the language versions had three sections: Section one contained questions relating to the socio-demographic profile of the respondents. The second and third sections measured the respondents’ expectations and perceptions respectively containing the five
dimensions of service quality. The study adapted a Five point Likert Scale to assess the service quality, with scales ranging from strongly disagree to strongly agree.

1.6.5 Reliability Statistics for the variables relating to Government hospital

Table 1.2

<table>
<thead>
<tr>
<th>S. No</th>
<th>Scale Variables</th>
<th>Cronbach's Alpha</th>
<th>No. of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Expectation</td>
<td>0.861</td>
<td>22</td>
</tr>
<tr>
<td>2.</td>
<td>Perception</td>
<td>0.901</td>
<td>22</td>
</tr>
</tbody>
</table>

The above result indicates the Cronbach’s alpha reliability coefficient of the variables taken up for the study. In the Expectation dimension with regard to the Government hospital, reliability was found to be 0.861, which is above the level of 80%. Thus the internal consistency of reliability of the measures used in the Expectation dimension from Government hospital is considered to be good.

In the Perception dimension with regard to the Government hospital, reliability was found to be 0.901, which is the level of 90%. Thus the internal consistency of reliability of the measures used in the Perception dimension from Government hospital is considered to be good.

1.6.6 Reliability Statistics for the variables relating to Mission hospital

Table 1.3

<table>
<thead>
<tr>
<th>S. No</th>
<th>Scale Variable</th>
<th>Cronbach's Alpha</th>
<th>No. of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Expectation</td>
<td>0.891</td>
<td>22</td>
</tr>
<tr>
<td>2.</td>
<td>Perception</td>
<td>0.894</td>
<td>22</td>
</tr>
</tbody>
</table>
The above result indicates the Cronbach’s alpha reliability coefficient of the variables. In the Expectation variable with respect to the Mission hospital, reliability was found to be 0.891, which is above the level of 80%. Thus the internal consistency of reliability of the measures used in the Expectation dimension from Mission hospital is considered to be good.

In the Perception dimension with respect to the Mission hospital, reliability was found to be 0.894, which is the level of 89%. Thus the internal consistency of reliability of the measures used in the Perception variable from Mission hospital is considered to be good.

1.6.7. Collection of Data

The study used both primary and secondary data. The primary data was collected from the respondents using a Questionnaire framed in both English and the regional language, Tamil. Interview schedule based on the questionnaire was also adopted to acquire information from illiterate respondents.

The secondary data was obtained from the Libraries of Universities, Colleges and other educational institutions, Websites, Books, Journals, Magazines and Newspapers.

1.6.8 Tools for analysis

The data collected was further analysed with SPSS Version 20 (Statistical Package for Social Science) computer package. Initially the entire data were analysed by means of simple Percentage Analysis. For the purpose of in-depth analysis, the personal background of the respondents and some aspects relating to the treatment taken in the hospitals were compared to various dimensions of expectation and perception of both the Government and Mission Hospitals with the help of statistical tools like Karl Pearson’s Coefficient of Correlation, T-test, One-way ANOVA, Chi-square and Multiple Regression.

1.7 Limitations of the study

1. The study is limited to the geographical area of Tiruchirapalli, Tamilnadu, India and may not necessarily be applicable to the entire hospital community.
2. The respondents, who were only in-patients, were selected through Random Sampling technique.

3. The time frame selected to collect the data is limited i.e., 8 months – from October 2014 to May 2015.

1.8 Operational definitions

1.8.1 Expectation

It is the anticipation of the patients regarding the services to be offered by the hospital. It is a pre-conceived notion about the services that would be rendered by the hospital and is developed in the minds of the patients through the hospital’s image, experience of their family members and friends, their needs and the like.

1.8.2 Perception

This is the actual experience of the patients when they visit the hospital for treatment and get admitted for treatment. It is the outcome of the services performed by the hospital personnel and the like or dislike of the patients with regard to such services performed.

1.8.3 Service quality

This is the measurement of the quality of services offered by the hospitals. Since ‘quality’ is an abstract term it cannot be measured easily. Hence for the purpose of measuring service quality, the expectations and perception of the patients are considered and based on these factors service quality is measured.

1.8.4 Service quality gap

Service quality gap is the difference between the perception and expectation of the patients. If the difference is in positive value, then it implies that the hospitals are offering better services than what is expected by the patients. If the difference is in negative value, then the expectations of the patients are not being fulfilled by the hospital and concerned and the hospital needs to improvise its services.
1.9 Structure of the thesis

Chapter I : Introduction- Need for the study- Statement of the problem- Objectives of the study- Hypotheses of the study- Methodology- Tools for analysis- Limitations of the study- Operational definitions- Chapterisation.

Chapter II : Review of Literature.

Chapter III : Progression of Hospital services- Profile of Mahatma Gandhi Government Hospital - Profile of C.S.I Mission General Hospital.

Chapter IV : Analysis and Interpretation.

Chapter V : Findings, Suggestions and Conclusion.
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