Customer Satisfaction and Service quality Gap Analysis of Health Tourism in Kerala

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Abstract

The globalization of the health care sector in recent times has caught the attention of many Asian countries with adequate resources and potential that can meet the demands of health tourism to develop and promote the health industry in conjunction with tourism. Health tourism mainly diversifies into two categories one deals with modern medicine for curative treatment other for alternative medicine for preventive care. India is known for both; the latter comprise systems of medicines viz: AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy) .Kerala is renowned as the pioneers in preserving authentic ayurveda and as the innovators of many ayurvedic procedures and techniques. Ayurveda plays a major role in Kerala's round the year tourism. The tourism season in Kerala is from October to March. But Ayurvedic treatments are mainly offered during monsoon months of June, July, and August. Moreover the ayurvedic treatments done in Kerala are more famous than other locations due to its equable climate. This study focuses on to understand service quality of ayurvedic centers in Palakkad city of Kerala. It reveals the satisfaction of customers regarding the treatment services, gap of service delivery .The study also proves the linear relationship of service delivery and satisfaction. The results of the present study unveil the vital role of effective service delivery in customer satisfaction of health tourism practice of ayurvedic centers of Palakkad which needs to be tapped effectively to pave way for sustainable tourism development in the state.

Keywords: *Health Tourism, Ayurveda, Customer satisfaction, Service Quality, Gap analysis*

Introduction to Ayurveda

Ayurveda or the 'Science of Life' is an ancient, holistic system for diagnosis and treatment, perhaps the oldest system of medicine known to humanity. Ayurveda consider its origin over 5,000 years ago in India, 'Ayurveda' the ancient wisdom of this healing system was a part of the spiritual tradition of the Santana Dharma (Universal Religion) or Vedic dharma of India. Ayurveda - the ancient traditional method of treatment involves the combinations of herbal medicines, physical massages and various other forms of therapy, offers excellent remedies for many illnesses.

Importance of Ayurveda in Kerala

In the world of Ayurveda, Kerala is renowned as the pioneers in preserving authentic Ayurveda and as the innovators of many Ayurvedic procedures and techniques. Kerala offers Ayurvedic treatments for various illnesses, therapies, rejuvenation programmes, beauty care and body care therapies etc. which have been improved over the years by learned physicians and sages. Vaghbatha, the student of Charaka who was one of the greatest propounders of Ayurveda, spent considerable time in Kerala to spread the knowledge of Ayurveda.

Kerala can easily be called the only place that has an unbroken tradition of Ayurveda. Here, this 5000 year old system of healing continued to thrive over the centuries. For centuries, Ayurveda was sought-after by the people as a prime option for healing almost every ailment. The Vaidyas (traditional

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practitioners) – especially the legendary Ashtavaidyas renowned for their magical healing touch -played a key role in strengthening the tradition of Ayurveda in the State.

Kerala has gained international attention for Ayurvedic tourism and is becoming a popular international Ayurvedic tourism destination. Ayurveda is the biggest draw for foreign arrivals and spending in the state. About 30 percent of the foreigners visit Kerala for wellness reasons and about 40 percent of the State's tourism revenue is generated from Ayurveda (Jacob, 2011). Moreover, monsoon tourism is getting greater attention in Kerala because of Ayurvedas monsoon applicability among health tourists and indirectly encouraging round the year tourism in Kerala which contributes the perennial tourism in Kerala.

The final dimension of the service product is the service delivery system which represents the interaction between the service provider, the customer and the service facility which also includes training the employees in service delivery. The service industry is quite complicated and the services delivered should be accurate as they include both tangible and intangible aspects. Today the customer is the king and the focus is on customer oriented services. It is important for any organization to deliver a Quality, higher level and timely services at minimal cost not only to meet the expectations of the customers but also to ensure that the customers come back.

The service Quality gap analysis shows how the information about customer's expectations has been changing, how the staff's comprehending and perception of customers requirements have evolved crossing a service organization. The organizational service quality gaps show the cause effect chain where the quality loss takes place. It might be considered that the strongest point of quality gaps concept is that it provides explanation of the process of quality information inside an organization; it is a fertile framework that helps managers deeply understand how service quality emerges, it also provides ideas concerning different quality gaps that might occur.. The idea of the service quality gaps model is to follow the road on which the information about the customers' expectations is carried, being careful of the places where there are dangers of its deformations.

Review of Literature:

Customer satisfaction

Satisfaction has been broadly defined by Vavra, T.G. (1997) as a satisfactory post purchase experience with a product or service given an existing purchase expectation. According to Westbrook and Reilly (1983) , customer satisfaction is "an emotional response to the experiences provided by, associated with particular 32 products or services purchased, retail outlets, or even molar patterns of behavior such as shopping and buyer behavior, as well as the overall market place". Whereas Tse and Wilton (1988) define it as, "the consumer's response to the evaluation of the perceived discrepancy between prior expectations (or some other norm of performance) and the actual performance of the product/service as perceived after its consumption". Schiffman and Kanuk (2004) defines customer satisfaction as "The individual's perception of the performance of the product or service in relation to his or her expectations". The marketing guru Kotler describes" satisfaction as a person feeling of pleasure or disappointment resulting for comparing a product's perceived performance (or outcome) in relation to his or her expectation ". In a nut shell every arguments tries to draw a linear relationship with performance and satisfaction. The same argument is further readdressed by Berry and Parasuraman (1991) that customer satisfaction is the result of an evaluative process that contrasts pre-purchase expectations with perceptions of performance during and after the consumption experience. They strongly proved that customer satisfaction is influenced by customer service and quality service delivery.

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Service quality

Service quality is an achievement in customer service. It reflects at each services encounter. Customers form service expectations from past experience, word of mouth and advertisement. Customers compare perceived services with expected services in which if the former falls short of the customer disappointed or if it exceeds he is satisfied.

There are two perspectives of quality measurement: internal and external. According to internal perspective it is defined as zero defects – doing it right the first time, or confines to requirements. The external perspective understands this aspect in terms of customer perception, customer expectation and customer satisfaction. External perspective is becoming important in the light of increasing consumer's awareness and growing consumer expectations. Among the definitions of service quality that measures the external perspective, the one given by Parasuraman, Zeithaml and U. Berry (1985) define service quality as a degree and the direction of discrepancy between a customer perception and expectation. Whereas perceived service quality as a gap between a customer expectation and perception as a measurement of the service quality. The smaller the gap the better the quality of the service and greater the customer satisfaction. Edvardsson (2000) suggested that service should be considered from the point of view of a customer because it is a perception in his minds how he determines the service quality. The term "Service" means different things to different customers because it is an experience.

The measurement of subjective aspects of customer service depends on the conformity of the expected benefit with the perceived result. This in turn depends upon the customer's expectation in terms of service that they receive and the service provider's ability and talent to present this expected service. Successful companies add benefits to their offering that not only satisfy the customers but also surprise and delight them. Measuring service quality may involve both subjective and objective process. In both cases it is often some aspect of customer satisfaction which is being assessed. However customer satisfaction is an indirect measure of service quality. Barsky (1992) suggest that the customer may be excellent source of information for management on how the organization can provide quality service. Through survey and focus group customer can help management to determine which service areas are most in need of improvement.

One of the most accepted service quality dimensions of Zeithamal and Bitner (2003:85) state that focus on the evaluation that reflects the customer perception and the specific dimensions of service reliability, responsiveness, assurance, empathy and tangibility. It is influenced by perception of service quality, product quality and the price as well as situational factor and personal factor. In service Industry definition of the service quality focus on meeting customer needs and requirement and how well the customer expectation is met (Lewis & Booms, 1983). Gronoos (1983) had stated that perceived quality of service was dependent on the comparison of expected service with perceive service and thus the outcome of a comparative evaluation process.

Regarding the relationship between the quality and customer satisfaction there are two opposed perspective satisfaction is an antecedent of the service quality when this last one is seen as a global perception (Bitner, 1990 Bolton and Drew 1991) On the other side are Cronin and Taylor (1992) and Spreng and Mackoy (1996) stating that service quality is the cause of customer satisfaction.

Lam & Zhang (1999) conducted a study to assess customer expectation and perception of the service quality and identified the gap between the two they also explored the impact of service quality factor on overall customer satisfaction. The findings revealed that reliability, responsiveness and assurance are the most significant factor in prediction of customer satisfaction. In addition these two factor had the largest differential scores indication that the customer perception fall well short of their expectation. The purpose of measuring customer satisfaction is to assess the quality   of the existing management practices

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and identified direction for improvement. The aim of managing satisfaction is to obtain the higher rate of customer retention and improve a company market share and profit (Gilbert and Horsnell 1998).

Roth and menor(2003) specify the boundaries of service operations management as a field of study to the design ,the delivery and the evaluation of services .Service design is an important strategic issue since it allows a company to transpose its strategy onto the operational level(Roth and menor(2003) and that the effectiveness of operations strategy is contigent upon making the right design choices (Heskett,1987)Good design therefore ensures that both the service outcome and the process of service delivery are perceived as being of good quality by customers(Mohr& Bitner,1995)So as to generate customer satisfaction which in turns drives customer retention (Cronin & Taylor ,1992)

Service Gap

Service quality gap is defined as the difference between customer expectations and perceptions of service. If expectations are greater than performance, then perceived quality is less than satisfactory and customer dissatisfactions occurs (Parasuraman et al., 1985; Lewis and Mitchell, 1990). In recent years, greater emphasis has been placed on understanding the role of expectations (Pitt and Jeantrout, 1994), given the fact that consumers' expectation of quality are increasing (Dotchin and Oakland, 1994b; Haywood-Farmer and Stuart, 1990), and people are becoming more discerning and critical of the quality of service that they experience (Philip and Hazlett, 1997). According to Boulding et al. (1993), expectations are "pre-trial beliefs about a product or service". Service quality gaps affect service delivery, so managers must prevent, detect and eliminate them as early as possible in any service operation. The impact of service quality gaps on strategy formation and implementation makes it increasingly important for the top management and staff planners to do the same.(Shahin and Samea,2010)

GAP Analysis of service quality is to evaluate the quality of service; customers will compare the service received with the service they expected. If service quality were to be calculated mathematically, the formula would be P- E, with P being the consumers' perceived level of service received and E being consumer expectations prior to the service encounter. A negative number indicates that expectations were not met. A zero indicates consumer expectations were met. A positive number indicates expectations were exceeded. Gap theory is the method for calculating service quality that involves subtracting a consumers' perceived level of service from what was expected. Gap five is the sum of gaps one through four and is equal to the overall difference between what consumers receive and what they expected for the service. Gap five is affected by both the direction and magnitude of gaps one through four.

According to this model, SERVQUAL scale has proposed by Parasuraman et al.(1988) for measuring Gap 5. Parasuraman et al. (1985) mentioned ten factors for evaluating service quality (including tangible, reliability, responsiveness, courtesy, credibility, security, accessibility, communication and understanding the customer). These ten factors are simplified and collapsed into five factors. These five dimensions are stated as follows (Van Iwaarden et al., 2003; Shahin, 2006):

1) Tangibles. Physical facilities, equipments and appearance of personnel.
2) Reliability. Ability to perform the promised service dependably and accurately.
3) Responsiveness. Willingness to help customers and provide prompt service.
4) Assurance (including competence, courtesy, credibility and security). Knowledge and courtesy of employees and their ability to inspire trust and confidence.
5) Empathy (including access, communication, understanding the customer). Caring and individualized attention that the firm provides to its customers.

Objectives of the Study:

1. To assess the service quality gap on health tourism.
2. To measure the level of satisfaction of the health tourist.
3. To understand the relation of service delivery with customer satisfaction in health tourism.

Need for the Study

Among the various countries where Ayurveda has popularized, the status of Ayurveda varies widely. The trade, practice and education of Ayurveda are prevalent in all these countries, but it has not been recognized legally as a Medical system. Ayurveda has established its position around the globe as a unique health care system with a holistic solution to many complex health hazards. The flourish of the system has to be positively channeled to benefit the maximum people with minimum expense. Hence it is important to have a factual understanding of all Healthcare traditions, which are popular, and in public demand. Experts who have in- depth knowledge of the specifications of the concerned system can only design a fair and effective regulation for any medical system. The ultimate aim is to enhance its utility and neutralize its damage and to offer a cost effective and safe health care to the public at large. Thus Kerala being one of the most widely Ayurveda practicing state of the country, the researchers have identified few ayurvedic centers of Palakkad to study service delivery and customer satisfaction to understand the current health care practice prevailing in Kerala and foster light to further developments and progress of the ayurvedic health care centers of Kerala.

Methodology and Discussion

For the purpose of the study, respondents who came for the Ayurvedic treatment in Palakkad, Kerala were selected as population. Four well known health care centers of Palakkad were taken for the study. Kairali, Ahalia Ayurvedic Hospital, Poonthottam Ayurvedasram, Rajah healthy Acres in Palakkad were the ayurvedic centers for the present study. Those who were willing to contribute and be a part of the survey were only approached. Convenience sampling is used for the present study. The sample size of the study were 200 Ayurvedic tourists; the data were collected through a structured questionnaire during Jan15- March 15

Service quality was measured by using SERVQUAL (Parasuram and Zeithamal) dimensions to assess the level of expectation and level of perception on five aspects of service delivery. Paired t –test is conducted to evaluate the pre and post purchase service delivery attributes.

1.1 Average Score of SERVQUAL dimensions

Dimensions	Expectation	Perception	Gap Score
Tangibility	15.66	18.24	+ 2.58
Reliability	11.96	13.33	+ 1.37
Responsiveness	15.82	17.72	+ 1.9
Assurance	18.5	17.5	- 1.0
Empathy	16.87	18.83	+ 1.96
Overall average SERVQUAL Score			**+ 1.362**

The above table 1.1 shows gap value of service delivery of health tourism centers of Palakkad. It is clear from the table that the gap is minimum and it is also positive in all dimensions except in assurance. The perception of tangibility dimension 18.24 is higher than the value of expected service 15.66 which leaves a positive gap score of +2.58. Reliability, Responsiveness and empathy also has higher perception values viz

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13.33, 17.72 and 18.83 than the expected value 11.96,15.82 and 16.87 which shows a positive service gap .Whereas in case of Assurance the perception value 17.5 is lesser than the Expected value 18.5 shows there is a negative gap leaving a scope for improvement in services for the ayurvedic centers. The Average SERVQUAL value is +1.362 which denotes that the overall service Quality has a positive gap between the perception and expectation of the customers, which in turn tells us that the health tourists are happy with the service delivery, which in turn leads to satisfied customer

1.2 Descriptive Statistics

The above table 1.2 measures the level of satisfaction of various services and facilities of health tourists. The highest and lowest value range between 4.12 to 4.90. All the values are above 4 and nearer to 5.Which shows that the customers are satisfied to highly satisfied. Which support the paired t test analysis which shows that there is very little gap between the expectation and perception of service delivery on health tourism centers. The present study reiterates the fact that there is a linear relationship between quality service delivery and customer satisfaction.

Findings and Suggestions

Findings

The factors like staff dresses are clean and appropriate, providing service with smile, neat and clean health care centers have positive gap of (+2.58) between expected service and perceived service on tangibility dimension of service delivery. The Reliability dimension factors like service provided as promised, good treatment, right services right at the first time also has a positive gap of (+1.37) ensures that the centers offers quality service. The factors like services provided, prompt service, willingness to help, satisfaction with the services implies that there is a positive gap between expectation and perception with a gap score of (+1.9).Where as the factors like Product knowledge, skill to perform, courteousness, trustworthy of the staffs are showing a negative gap (-1.0) where the ayurvedic centers has to improve their service quality. The factors like ability of the staff to communicate in English or Malayalam effective communication, personal attention, and meeting specific needs of the patients are the factors of service quality dimension-Empathy also leaves a positive gap score of (+1.96). From the study the researchers have found that the perception of services received by the customers is just about their expectation leaving very little positive gap in the service delivery. The average gap score shows a magnitude of (+ 1.362) with a positive direction which shows the existing effective service delivery practices prevailing in health centers of Kerala. Hence we can conclude that the treatment and services provided at the health care centres of Palakkad, Kerala are satisfactory with a scope of improvement for better services in future. The present study proves that quality service delivery is directly proportional to customer satisfaction.

Suggestions

The Ayurvedic treatment centers in Palakkad city are leaving a positive gap in Tangibility, Reliability, Responsiveness and Empathy. Whereas SERVQUAL dimension- Assurance is leaving a negative gap showing there is a need for improvement in product knowledge, skills to perform, courteousness, trustworthy of the staffs working at the ayurvedic centers to ensure the satisfaction of the customers in all aspects. The ayurvedic centers can also implement more services that not only confines to treatment, but also services which rejuvenates their senses by experiencing indigenous arts and crafts , exploring traditional cuisines and martial arts are some ethnic package that can encapsulate the holistic health tourism services. Discounts can be provided at the Ayurvedic centers so that the visitors can be benefited from it. Government can provide financial assistance with low interest rates for the ayurvedic centers with better performance to upgrade the services provided and to develop the Health Tourism in the state of Kerala. Future research can be done in other parts of health centers of Kerala and can be compared. Also

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the present study used only SERVQUAL model to assess the service delivery, other measures can be used to assess the service delivery.

Conclusion

From the study, Customer Satisfaction and Service quality Gap Analysis of Health Tourism in Kerala is analyzed. It is essential to identify the satisfaction level of the customers, since it provides a better ability, not only to identify the service gap, expectations of customers but also to retain them. SERVQUAL model is used in the study to identify the gap between the customer expectation and perception on various dimensions and found that there is a positive gap between the expectation and perception of services provided to the customer which implies that the services and facilities provided are satisfactory .Though the customers are satisfied with the present treatment , additional programs of interest that rejuvenates and retain can be added to the package ,to pave way for sustainable tourism development in the state.

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- Transformative Evolution: From ‘wellness’ to ‘medical wellness’ tourism in Kerala

A whitepaper on the trends and recommendations for enhancing medical value tourism in the State of Kerala October 2015

APPENDIX

1.3 Expectation and perception of Tangibility
Paired Samples Statistics

		Mean	Std. Deviation	t	df	Sig.(2-tailed)
Pair 1	Dresses appropriately exp	3.90	.779	-11.156	199	.000
	Dresses appropriately per	4.55	.509			
Pair 2	Uniform is clean exp	3.90	.562	-13.556	199	.000
	Uniform is clean per	4.55	.519			
Pair 3	Service with smiling exp	3.88	.545	-15.028	199	.000
	Service with smiling per	4.59	.494			
Pair 4	Center is neat and clean exp	3.98	.653	-11.790	199	.000
	Center is neat and clean per	4.55	.538			

1.4 Expectation and perception of Reliability
Paired Samples Statistics

		Mean	Std. Deviation	t	Df	Sig.(2-tailed
Pair 1	service as promised exe	3.92	.478	-10.940	199	.000
	service as promised per	4.44	.526			
Pair 2	good treatment exe	4.07	.476	-9.891	199	.000
	good treatment per	4.48	.530			
Pair 3	right service exe	3.96	.575	-7.519	199	.000
	right service per	4.41	.541			

1.5 Expectation and perception of Responsiveness
Paired Samples Statistics

		Mean	Std. Deviation	t	df	Sig.(2-tailed
Pair1	Exactly services provided exe	3.95	.565	-8.401	199	.000
	Exactly services provided per	4.43	.496			
Pair2	Prompt services exe	3.98	.580	-9.256	199	.000
	Prompt services per	4.38	.507			
Pair3	Willing to help exe	3.91	.455	-13.203	199	.000
	Willing to help per	4.54	.500			
Pair4	Satisfaction exe	3.98	.453	-8.225	199	.000
	Satisfaction per	4.37	.484			

1.6 Expectation and perception of Assurance
Paired Samples Statistics

		Mean	Std. Deviation	T	Df	Sig.(2-tailed
Pair 1	Product knowledge exe	4.79	.412	-5.189	199	.000
	Product knowledge per	4.58	.553			
Pair 2	Required skill exe	4.74	.442	-6.158	199	.000
	Required skill per	4.50	.540			
Pair 3	Speak courteously exe	4.49	.530	-6.681	199	.000
	Speak courteously per	4.19	.543			
Pair 4	Trustworthy exe	4.48	.501	-5.302	199	.000
	Trustworthy per	4.23	.556			

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1.7 Expectation and perception of Responsiveness
Paired Samples Statistics

		Mean	Std. Deviation	t	Df	Sig.(2-tailed
Pair1	Communicate in other languages exp	4.39	.639	-9.277	199	.000
	Communicate in other languages per	4.79	.412			
Pair2	Communicate effectively exe	4.36	.642	-7.661	199	.000
	Communicate effectively per	4.73	.448			
Pair 3	Personal attention exe	4.08	.704	-10.171	199	.000
	Personal attention per	4.68	.480			
Pair 4	Specific needs exe	4.04	.746	-9.017	199	.000
	Specific needs per	4.63	.496			