An Empirical Study on Service Quality of Hospitals With Respect To Education

Harsha Rathore

Research Scholar, Pt.JNIBM, Vikram University

Dr Rishi Dubey

Professor &Director, Mahakal Institute of Management, Ujjain

Abstract

There is strong relation between the Education and the Hospital. Education affects the people perception towards service quality of hospitals. The choice of hospital depends on the literacy level of a person. Education is morale mental and physical skills to do any type of work or service.Quality of any product and service is directly depends on the performance, accessibility and durability. Quality is one of the most important parameter in differentiating the services. In this study expectations of people of different level of education of two different cities Ahmedabad and Ujjain have been taken and analysed. The sample size is 300 in which 66 are school level educated and 262 are college level educated responded. The primary data is collected by a structured questionnaire.

Keywords: Service quality, Perception, Expectation, Education.

Introduction

Education is the one of the most important thing in the world. Education is knowledge, behaviour, technical efficiency, teaching and learning. It is morale mental and physical skills to do any type of work or service. It is necessary for every human being to be literate. Government starts many programmes for the people who have not information and knowledge about the education like sarvshikshaabhiyan, school chale hum etc.

Education is social belonging which passes by one generation to another. In this way, Education is a system, a person with the society and continuum the culture of society. A child learn society's rules and regulations, their beliefs and norms through education.

Education enhances a person's inner capacity and his attitude. Education means teach and learn. It is a process of learning through teaching. Education has three types: Formal Education, Informal Education and Non-formal Education.

Formal Education in which a person has learn in school, college and universities. There is definite courses, syllabus, aims and teaching techniques. It is a strict and planned education system. There is a structure of education which has to follow. Exams has been conducted and certificates has provided to all. I accomplish the needs of society and nation. It enhances a person's ability and skills to do a business/service.

Informal Education has no boundaries like formal education. But there is definite aim and courses like formal education only difference is that it is flexible. Its aim is enhancement of education and maintenance education system. Its timing has been decided according to the learner. It has been mainly for those who doesn't have time and money or has unable to teach earlier like old persons, women etc.

Non-formal Education has no rules, aim, system and technologies for education. This education is continuous process from birth to end of life and this education affects person most. At every moment of life, it teaches us something. First education of child is completes at the home and mother is the first teacher of every person. A person has learn basic language and behaviour from non-formal education. It enhances a person's interest according to his/her skills and ability to do work.

There is strong relation between the Education and the Hospital. Education affects the people perception towards service quality of hospitals. The choice of hospital depends on the literacy level of a person. An educated person seen all the prospects of the hospital before visit there. A person got all the information regarding services, techniques, doctors and equipment used. This study shows the different expectations and perceptions of the people according to the education level such as school and college. A structured questionnaire has given to the people who visited the hospitals of Ahmedabad and Ujjain.

Literature Review:

Roche (2016), shows that adherence to the guidelines by clinicians in this study was good with clinicians achieving a minimumof 64% compliance with acute coronary syndrome guidelines. The emergency nursepractitioner model achieved a higher proportion of agreement (91.7%) than the standard care model (82.8%) for diagnostic accuracy of electrocardiographinterpretation (Fisher's exact test = 0.52). There were no significant differencesbetween the two groups in regards to the service indicators of waiting time andlength-of-stay. Participants were 2.4 times more likely to have an unplannedrepresentation within seven-days if managed by the standard service model (Fisher'sexact test, p=0.289). No differences between the service models was found forpatient-reported outcomes. The majority (88.5%) of participants were highly satisfiedwith the overall quality of care, which was sustained over time. At the follow-upevaluation, 93.2% of participants reported that they were highly satisfied with theoverall quality of care. When adjusted for age and sex, there was no differencebetween predicted summary scores for the SF-12 between service models. Althoughthe mean PCS score did not change significantly from baseline to follow-up, therewas an increase of 1.47 in the mean MCS score. Whilst statistically significant(p=0.05), this increase was not clinically relevant and unlikely to represent the effectof service intervention. The mean summary scores for the SF-12 for our study cohort,when adjusted for age and sex, were comparable with other contemporary research foradults with heart disease or those patients with ACS.

Subashini et al (2016), s found that of the five service quality dimensions, over all mean gap score is highest (0.891) was found for the dimension "Responsiveness"and for "Reliability" and "Tangibles" Over all mean gap score were lower at 0.175 and0.182 respectively**.** Analysis of variance indicates that the difference in gap score of variance age group are significant for the dimensions of service quality Tangibles and not significant for Reliability, Responsiveness, Empathy and Assurance. Tangibles,Reliability, Responsiveness, Empathy and Assurance gap scores have no significant difference for the two gender groups.Tangibles and Reliability dimension were significant and Responsiveness, Empathy, Assurance dimensions were insignificant with respect to annual family income. The null hypothesis does not hold good for two dimensions of service quality viz "Tangibles and Reliability." In respect of name of the hospital the results shows significant for all dimensions. All the dimensions of service quality

except “Reliability” emerged non- significant for the customer visiting the hospital. Therefore the null hypothesis is rejected for only one dimension of service quality.

Pillai et al(2016), founds that the individual preferences of the patients, their personality and their personal experiences during the service delivery have strong bearing on their satisfaction with health services. In this regard, the care givers must give preference to In this regard, the care givers must give preference to select and retain only those staffwho can extend care introspectively. They have noted that the individual preferences of the patients, their personality and theirpersonal experiences during the service delivery havestrong bearing on their satisfaction with health services. Operationally efficiency is identified as the nextimportant dimension. In fact, hospitals as businessunits they must be operationally efficient from theperspective of resource optimisation, as resources aresubject to trade-off. Hence this dimension endorsesthe process advantages of healthcare organisations. Since the research instrument for the present studywas developed and validated by a prior study, we attempted to examine the congruence of the factors elicited out of the two research process. We couldidentify perceptible differences in the dimensions ofboth the studies, and the present research renamed acouple of dimensions as well.

Omondi (2016), showed that information systems have not been fully integrated in the hospitals operation as given by 57% of the respondents while the level of training was a factor considered while offering services, an opinion given by 97% of the respondents. Services are below the expected standards due to fixed management systems and styles, inadequate decentralization of authority and delegation of activities. The findings are in agreement with those reported by Scotti, Harmon and Behson in 2007 which indicated that management difficulties included difficulty of the workforce to cope with rapid changes. In this perspective, most problems which could arise are easily detected and managed before they ended up disrupting service delivery by labour unrest and demotivation of employees. The results of the study show that drug supply was not adequate mainly due to procurement bureaucracies within the hospitals according to responses given by 61% of the respondents. The information obtained in the study is useful for dissemination to the hospitals’ management and staff, Ministry of Health stake holders and policy makers and other stakeholders in Public Health sector for inclusion in quality

management and quality improvement of services. The study on implementation of ICT services also indicated that there was inadequate supply, installation, utilization and use of information technology, and where it was implemented; it was mainly used in billing and payment services. Record keeping of patient files in the wards and medical items supply to the Departments from the central store still relies on paperwork and the same from the ward to the stores.

Mnene (2016), found that hospital tangibles, service assurance, service reliability, empathy of services and serviceresponsiveness were perceived to be poor.The study found that the hospitals offered poorquality of services, had long waiting times to see doctors and for laboratory tests and poorcommunication skills and relationships between patients and medical staffwhich affectedservice quality perception. The findings of the study suggest a strong relationshipbetween operational performance and service quality with a correlation coefficient of0.406. Service quality dimensions reliability, responsiveness, empathy, assurance andtangibles all had a significant positive relationship with operational performance.Sufficient drugs and X-ray equipment are required by hospitals to ensure provision ofservice quality and sufficient and proficient health personnel employed to reduce waitingtime and improve service quality.

Po-chun Lee (2017), show that the average score of the expectation of the reliability of the hospital patients is the highest. The lowest average score is in the physical facilities, which indicates that the expectation of the physical facilities of the hospitals is the lowest. In the service quality of each facet, the satisfaction score of the assurance is the highest, which indicates that the satisfaction rate of the assurance of the hospital patients was the highest. The average score of physical facilities is the lowest, indicating that the patient has the lowest satisfaction in the hospitals' physical facilities. However, there is no statistical difference. In the differences between the satisfaction and the expectation, the assurance holds the greatest number, and empathy holds the least. However, there is no statistical difference. There is no difference between the expectations and satisfactions for the hospitalised armed forces personnel at the armed forces regional general hospitals, in line with his or her hospital expectations.

Research Methodology:

Objectives:

1.The main objective of this study is to examine the expectation and perception of people towards service quality of hospitals based on education level.

2. To study the expectation and perception of School level educatedpeople towards service quality of hospitals.

3.To study the expectation and perception of college level educated people towards service quality of hospitals.

4. To compare expectations of School and College people towards service quality of hospitals.

5. To compare perceptions of School and College people towards service quality of hospitals.

Sampling Unit:

The universe of the study consists of peoples of Ahmedabad and Ujjain cities. Sampling Unit was the peoples who came in Ahmedabad and Ujjain cities hospitals.

Sampling Size:

The sample size planned to be n =300 respondents. Initially 320 questionnaire were distributed out of which 159 from Ahmedabad and 161 from Ujjain were received back. Nine questionnaire from Ahmedabad and eleven questionnaire from Ujjain have been randomly selected end eliminated to make sample 300 (150 each from Ahmedabad and Ujjain).

Sampling Method:

Simple random sampling method was adopted for the study.

The Tool for Data Collection:

The data for the study had collected through a well-structured questionnaire. The questionnaire consists of statements relating to expectation and perception of service quality of hospitals. The questionnaire consists of three parts A, B and C. Part-A consists of demographic variables like Age, Gender, Qualification, Occupation, Type of hospitals, Category of treatment and number of visits etc.

The Part-B of questionnaire consists of the level of Expectation and Part-C consists of Perception regarding Service Quality of Hospitals. The variables were grouped under five dimensions of SERVQUAL such as –Tangible, Reliability, Responsiveness, Assurance and Empathy. Each factor consists of four to five statements. Likert Scale was used in the questionnaires. All Respondents were asked to rank their choices ranging from 1 to 5 for each major factor, where 1 is the 'Strongly Agree', 2 is 'Agree', 3 is 'Can't Say', 4 is 'Disagree', 5 is 'Strongly Disagree'.

Tools for Analysis:

Z-Test is used for the analysis of data.

$$Z = \frac{(\overline{x_1} - \overline{x_2}) - (\mu_1 - \mu_2)}{\sqrt{\frac{\sigma_1^2}{n_1} + \frac{\sigma_2^2}{n_2}}}$$

Where as

$\overline{x_1}$=mean of the sample one

$\overline{x_2}$ = mean of the sample two

μ_1 = Hypothesized mean for sample one

μ_2 = Hypothesized mean for sample two

σ_1 = Standard deviations of sample one

σ_2 = Standard deviations of sample two

n_1 = Number of respondent for sample one

n_2 = Number of respondent for sample

Standard value of Z= 1.96.

Data Analysis and Interpretation:

$H_{01:}$ .There is no significance difference between the expectation and perception of School level educated people towards service quality of hospitals.

Exhibit: 01

TESTING THE LEVEL OF SIGNIFICANCE BETWEEN THE EXPECTATION AND PERCEPTIONS OF SCHOOL LEVEL EDUCATED PEOPLE TOWARDS SERVICE QUALITY OF THE HOSPITALS

Sub Hypotheses	Parameters	Expectations		Perceptions		Z-Value	5% Level of Significance	Results
		Mean	Std Dev	Mean	Std Dev			
H01.1	Tangibles	1.950	0.841	2.087	1.066	0.815	1.96	Accepted
H01.2	Reliability	2.196	1.007	2.318	1.217	0.623	1.96	Accepted
H01.3	Responsiveness	2.242	1.100	2.431	1.193	0.948	1.96	Accepted
H01.4	Assurance	2.242	1.040	2.371	1.088	0.695	1.96	Accepted
H01.5	Empathy	2.166	1.096	2.430	1.221	1.305	1.96	Accepted

Testing the level of significance between the expectations and perceptions of school level educated people towards service quality of the hospitals.

Exhibit: 01, shows that H01.1, H01.2, H01.3, H01.4 and H01.5 have been accepted.

Results shows that there is significant difference between the expectations and perceptions of school level educated people towards the service quality parameters viz. Tangible, Reliability,

Responsiveness, Assurance and Empathy. Hence sub hypothesis H01.1, H01.2, H01.3, H01.4 and H01.5 have been accepted. It also shows that there is a level of dissatisfaction of school level educated people of Ujjain towards the service quality of hospitals. Results show that there is huge difference between the expectation and perception of people.

In case of 'Tangible' services of school level educated people, the mean value of expectation (1.950) among people is slightly less than the mean value of perception of school level educated people (2.087). Whereas school level educated people has slightly less deviation (0.841) comparative to the value of perception (1.066). This sub hypothesis Z value has been accepted as the basis for the study in terms of expectations and perceptions of school level educated people towards the 'Tangible' services of the hospital.

In case of 'Reliability' services of school level educated people, the mean value of expectation (2.196) among people is slightly high than the mean value of perception of school level educated people (2.087). Whereas school level educated people has slightly less deviation (1.007) comparative to the value of perception (1.217). This sub hypothesis Z value has been accepted as the basis for the study in terms of expectations and perceptions of school level educated people towards the 'Reliability' services of the hospital.

In case of 'Responsiveness' services of school level educated people, the mean value of expectation (2.242) among people is slightly less than the mean value of perception of people (2.431). Whereas school level educated people has slightly less deviation (1.100) comparative to the value of perception (1.193).This sub hypothesis Z value has been accepted as the basis for the study in terms of expectations and perceptions of school level educated people towards the 'Responsiveness' services of the hospital.

In case of 'Assurance' services of school level educated people, the mean value of expectation (2.242) among people is slightly high than the mean value of perception of school level educated people (2.371). Whereas school level educated people has slightly less deviation (1.040) comparative to the value of perception (1.088). This sub hypothesis Z value has been accepted as

the basis for the study in terms of expectations and perceptions of school level educated people towards the 'Assurance' services of the hospital.

In case of 'Empathy' services of school level educated people, the mean value of expectation (2.166) among people is slightly less than the mean value of perception of school level educated people (2.430). Whereas school level educated people has slightly less deviation (1.096) comparative to the value of perception (1.221). This sub hypothesis Z value has been accepted as the basis for the study in terms of expectations and perceptions of school level educated people towards the 'Empathy' services of the hospital.

$H_{02:}$ -There is no significance difference between the expectation and perception of College level educated people towards service quality of hospitals.

Exhibit: 02

TESTING THE LEVEL OF SIGNIFICANCE BETWEEN THE EXPECTATION AND PERCEPTIONS OF COLLEGE LEVEL EDUCATED PEOPLE TOWARDS SERVICE QUALITY OF THE HOSPITALS

Sub Hypotheses	Parameters	Expectations		Perceptions		Z-Value	5% Level of Significance	Results
		Mean	Std Dev	Mean	Std Dev			
H02.1	Tangibles	1.886	0.814	2.109	0.929	2.749	1.96	Not Accepted
H02.2	Reliability	2.134	0.931	2.288	1.016	1.705	1.96	Accepted
H02.3	Responsiveness	2.153	0.930	2.362	1.035	2.287	1.96	Not Accepted
H02.4		2.143	0.933	2.301	0.969	1.793	1.96	Accepted

	Assurance							
H02.5	Empathy	2.193	1.001	2.4	1.068	2.143	1.96	Not Accepted

Testing the level of significance between the expectation and perceptions of college level educated people towards service quality of the hospitals:

Exhibit: 02, shows that H02.2 and H02.4 have been accepted. H02.1, H02.3 and H02.5 have not been accepted.

Results shows that there is significant difference between the expectation and perceptions of college level educated people towards the service quality parameter Reliability and Assurance, so H02.2 and H02.4 has been accepted. There is not any significant difference between the expectation and perceptions of college level educated people in Tangible, Responsiveness and Empathy. Hence sub hypothesis H02.1, H02.3 and H02.5 have not been accepted. It also shows that there is a level of dissatisfaction of college level educated people of Ahmedabad and Ujjain towards the service quality of hospitals. Results show that there is huge difference between perceptions of people.

In case of 'Tangible' services of College level educated people, the mean value of expectation (1.866) among people is slightly less than the mean value of perception of College level educated people (2.109). Whereas College level educated people has slightly less deviation (0.814) comparative to the value of perception (0.929). This sub hypothesis Z value has not been accepted as the basis for the study in terms of expectations and perceptions of College level educated people towards the 'Tangible' services of the hospital.

In case of 'Reliability' services of College level educated people, the mean value of expectation (2.134) among people is slightly less than the mean value of perception of College level educated people (2.288). Whereas College level educated people has slightly less deviation (0.931) comparative to the value of perception (1.016). This sub hypothesis Z value has been accepted as the basis for the study in terms of expectations and perceptions of College level educated people towards the 'Reliability' services of the hospital.

In case of 'Responsiveness' services of College level educated people, the mean value of expectation (2.153) among people is slightly less than the mean value of perception of people (2.288). Whereas College level educated people has slightly less deviation (0.930) comparative to the value of perception (1.035).This sub hypothesis Z value has not been accepted as the basis for the study in terms of expectations and perceptions of College level educated people towards the 'Responsiveness' services of the hospital.

In case of 'Assurance' services of College level educated people, the mean value of expectation (2.143) among people is slightly less than the mean value of perception of College level educated people (2.301). Whereas College level educated people has slightly less deviation (0.933) comparative to the value of perception (0.969). This sub hypothesis Z value has been accepted as the basis for the study in terms of expectations and perceptions of College level educated people towards the 'Assurance' services of the hospital.

In case of 'Empathy' services of College level educated people, the mean value of expectation (2.193) among people is slightly less than the mean value of perception of College level educated people (2.4). Whereas College level educated people has slightly less deviation (1.001) comparative to the value of perception (1.068). This sub hypothesis Z value has not been accepted as the basis for the study in terms of expectations and perceptions of College level educated people towards the 'Empathy' services of the hospital.

$H_{03:}$ .There is no significance difference between the expectations of School level and college level educated people towards service quality of hospitals.

Exhibit: 03

TESTING THE LEVEL OF SIGNIFICANCE BETWEEN THE EXPECTATIONS OF SCHOOL AND COLLEGE LEVEL EDUCATED PEOPLE TOWARDS SERVICE QUALITY OF THE HOSPITALS

Sub Hypoth	Parameters	Expectations		Expectations		Z-Value	5% Level of Signif	Results
		Mean	Std	Mean	Std			

eses			Dev		Dev		icance	
H03.1	Tangibles	1.950	0.841	1.886	0.814	0.443	1.96	Accepted
H03.2	Reliability	2.196	1.007	2.134	0.931	0.370	1.96	Accepted
H03.3	Responsiveness	2.242	1.100	2.153	0.930	0.504	1.96	Accepted
H03.4	Assurance	2.242	1.040	2.143	0.933	0.576	1.96	Accepted
H03.5	Empathy	2.166	1.096	2.193	1.001	0.149	1.96	Accepted

Testing the level of significance between the expectations of school and college level educated people towards service quality of the hospitals

Exhibit: 03, shows that H03.1, H03.2, H03.3, H03.4 and H03.5 have been accepted.

Results shows that there is significant difference between the expectations of school and college level educated people towards the service quality parameters viz. Tangible, Reliability, Responsiveness, Assurance and Empathy. Hence sub hypothesis H03.1, H03.2, H03.3, H03.4 and H03.5 have been accepted. It also shows that there is a level of dissatisfaction of school and college level educated people towards the service quality of hospitals. Results show that there is huge difference between the expectations of people.

In case of 'Tangible' services of school level educated people, the mean value of expectation of school level educate people (1.950) is slightly less than the mean value of expectation of college level educated people (1.88). Whereas school level educated people has slightly high deviation (0.841) comparative to the value of expectation of college level educated people (0.814). This sub

hypothesis Z value has been accepted as the basis for the study in terms of expectations of school and college level educated people towards the 'Tangible' services of the hospital.

In case of 'Reliability' services of school level educated people, the mean value of expectation of school level educate people (2.196) is slightly high than the mean value of expectation of college level educated people (2.134). Whereas school level educated people has slightly high deviation (1.007) comparative to the value of expectation of college level educated people (0.931). This sub hypothesis Z value has been accepted as the basis for the study in terms of expectations of school and college level educated people towards the 'Reliability' services of the hospital.

In case of 'Responsiveness' services of school level educated people, the mean value of expectation of school level educate people (2.242) is slightly high than the mean value of expectation of college level educated people (2.153). Whereas school level educated people has slightly high deviation (1.100) comparative to the value of expectation of college level educated people (0.930). This sub hypothesis Z value has been accepted as the basis for the study in terms of expectations of school and college level educated people towards the 'Responsiveness' services of the hospital.

In case of 'Assurance' services of school level educated people, the mean value of expectation of school level educate people (2.242) is slightly high than the mean value of expectation of college level educated people (2.143). Whereas school level educated people has slightly high deviation (1.040) comparative to the value of expectation of college level educated people (0.933). This sub hypothesis Z value has been accepted as the basis for the study in terms of expectations of school and college level educated people towards the 'Assurance' services of the hospital.

In case of 'Empathy' services of school level educated people, the mean value of expectation of school level educate people (2.166) is slightly less than the mean value of expectation of college level educated people (2.193). Whereas school level educated people has slightly high deviation (1.096) comparative to the value of expectation of college level educated people (1.001). This sub hypothesis Z value has been accepted as the basis for the study in terms of expectations of school and college level educated people towards the 'Empathy' services of the hospital.

$H_{04:}$ -There is no significance difference between the perceptions of School level and college level educated people towards service quality of hospitals.

Exhibit: 04

TESTING THE LEVEL OF SIGNIFICANCE BETWEEN THE PERCEPTIONS OF SCHOOL AND COLLEGE LEVEL EDUCATED PEOPLE TOWARDS SERVICE QUALITY OF THE HOSPITALS

Sub Hypotheses	Parameters	Perceptions		Perceptions		Z-Value	5% Level of Significance	Results
		Mean	Std Dev	Mean	Std Dev			
H04.1	Tangibles	2.087	1.066	2.109	0.929	0.131	1.96	Accepted
H04.2	Reliability	2.318	1.217	2.288	1.016	0.151	1.96	Accepted
H04.3	Responsiveness	2.431	1.193	2.362	1.035	0.359	1.96	Accepted
H04.4	Assurance	2.371	1.088	2.301	0.969	0.387	1.96	Accepted
H04.5	Empathy	2.430	1.221	2.4	1.068	0.152	1.96	Accepted

Testing the level of significance between the perceptions of school and college level educated people towards service quality of the hospital.

Exhibit: 04, shows that H04.1, H04.2, H04.3, H04.4 and H04.5 have been accepted.

Results shows that there is significant difference between the perceptions of school and college level educated people towards the service quality parameters viz. Tangible, Reliability, Responsiveness, Assurance and Empathy. Hence sub hypothesis H04.1, H04.2, H04.3, H04.4

and H04.5 have been accepted. It also shows that there is a level of dissatisfaction of school and college level educated people towards the service quality of hospitals. Results show that there is huge difference between the perceptions of people.

In case of 'Tangible' services of school level educated people, the mean value of perception of school level educate people (2.087) is slightly less than the mean value of perception of college level educated people (2.109). Whereas school level educated people has slightly high deviation (1.066) comparative to the value of perception of college level educated people (0.929). This sub hypothesis Z value has been accepted as the basis for the study in terms of perceptions of school and college level educated people towards the 'Tangible' services of the hospital.

In case of 'Reliability' services of school level educated people, the mean value of perception of school level educate people (2.318) is slightly high than the mean value of perception of college level educated people (2.288). Whereas school level educated people has slightly high deviation (1.217) comparative to the value of perception of college level educated people (1.016). This sub hypothesis Z value has been accepted as the basis for the study in terms of perceptions of school and college level educated people towards the 'Reliability' services of the hospital.

In case of 'Responsiveness' services of school level educated people, the mean value of perception of school level educate people (2.431) is slightly high than the mean value of perception of college level educated people (2.362). Whereas school level educated people has slightly high deviation (1.193) comparative to the value of perception of college level educated people (1.035). This sub hypothesis Z value has been accepted as the basis for the study in terms of perceptions of school and college level educated people towards the 'Responsiveness' services of the hospital.

In case of 'Assurance' services of school level educated people, the mean value of perception of school level educate people (2.371) is slightly high than the mean value of perception of college level educated people (2.301). Whereas school level educated people has slightly high deviation (1.088) comparative to the value of perception of college level educated people (0.969). This sub

hypothesis Z value has been accepted as the basis for the study in terms of perceptions of school and college level educated people towards the 'Assurance' services of the hospital.

In case of 'Empathy' services of school level educated people, the mean value of perception of school level educate people (2.430) is slightly high than the mean value of perception of college level educated people (2.4). Whereas school level educated people has slightly high deviation (1.221) comparative to the value of perception of college level educated people (1.068). This sub hypothesis Z value has been accepted as the basis for the study in terms of perceptions of school and college level educated people towards the 'Empathy' services of the hospital.

Findings and Conclusion

Results shows that there is significant difference between the expectations and perceptions of school level educated peoples towards the service quality parameters viz. Tangible, Reliability, Responsiveness, Assurance and Empathy. Hence sub hypothesis H01.1, H01.2, H01.3, H01.4 and H01.5 have been accepted. It also shows that there is a level of dissatisfaction of school level educated peoples towards the service quality of hospitals. Results show that there is huge difference between the expectation and perception of people.

Results shows that there is significant difference between the expectation and perceptions of college level educated peoples towards the service quality parameter Reliability and Assurance, so H02.2 and H02.4 has been accepted. There is not any significant difference between the expectation and perceptions of college level educated peoples in Tangible, Responsiveness and Empathy. Hence sub hypothesis H02.1, H02.3 and H02.5 have not been accepted. It also shows that there is a level of dissatisfaction of college level educated peoples of Ahmedabad and Ujjain towards the service quality of hospitals. Results show that there is huge difference between perceptions of people.

Results shows that there is significant difference between the expectations of school and college level educated peoples towards the service quality parameters viz. Tangible, Reliability, Responsiveness, Assurance and Empathy. Hence sub hypothesis H03.1, H03.2, H03.3, H03.4 and H03.5 have been accepted. It also shows that there is a level of dissatisfaction of school and

college level educated peoples towards the service quality of hospitals. Results show that there is huge difference between the expectations of people.

Results shows that there is significant difference between the perceptions of school and college level educated peoples towards the service quality parameters viz. Tangible, Reliability, Responsiveness, Assurance and Empathy. Hence sub hypothesis H04.1, H04.2, H04.3, H04.4 and H04.5 have been accepted. It also shows that there is a level of dissatisfaction of school and college level educated peoples towards the service quality of hospitals.

This study shows that level of education have great impact on service quality of hospitals. All parameters with respect to school level educated respondent explain that there is some difference between the expectation and perception of service quality of hospitals. The parameters related to expectations of school level and college level respondent have difference, it means expectation of people affected by the level of education. Similarly in case of perceptions of people there is significance difference. In case of expectation and perceptions of college level educated people only two parameters (Reliability and Assurance) have difference in service quality other parameters like Tangible, Responsiveness and Empathy have not any significance difference.

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