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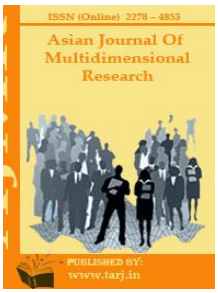

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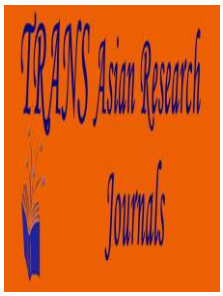

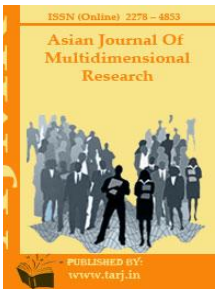

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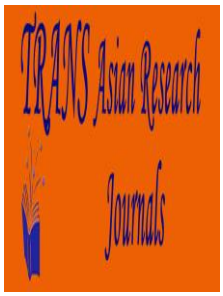

PERCEPTION OF THE HEALTH CARE SEEKERS ABOUT THE BEHAVIOURAL ASPECT OF HEALTH CARE PROVIDERS: AN EMPIRICAL STUDY OF PGIMER, CHANDIGARH

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ABSTRACT

Healthcare facility is very difficult to measure. Hence, it is a challenge to a healthcare provider to influence a patient's perception of quality of care. A health care seeker's satisfaction may not be totally influenced by the quality of care and the quality of physician available, but it reflects how the medical care has been delivered. To provide highest level of satisfaction that is beneficial to both the health care seeker and the health care provider, management must control both the perception of expectation and the quality of delivery of the healthcare services. Knowledge of expectation and the factors affecting them, combined with knowledge of actual and perceived healthcare quality, provides the necessary information for designing and implementing programs to satisfy health care seekers. Therefore, the present paper makes an attempt to study the perception of the health care seekers about the behavioural aspect of health care providers in Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh.

KEYWORDS: *perception, influenced, management, implementing,*

INTRODUCTION

Health is not only basic to leading life for an individual but it is also necessary for all productive activities in the society. "Health is the function of overall integrated development of the society and the health status is one of the indicators of the quality of life".

Healthcare has become one of India's largest sectors - both in terms of revenue and employment. The industry comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Indian healthcare industry is growing at a tremendous pace due to its strengthening coverage, services and increasing expenditure by public as well private players.

The Indian healthcare delivery system is categorized into two major components - public and private. The Government i.e. 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 healthcare centers (PHCs) in 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.

India's primary competitive advantage over its peers lies in its large pool of well-trained medical professionals. Also, India's cost advantage compared to peers in Asia and Western countries is significant - cost of surgery in India is one-tenth of that in the US or Western Europe.

LEVELS OF HEALTH CARE

Health care services are organized at three levels viz. primary, secondary and tertiary level of care each level is supported by higher level of care.

Primary care refers to the work of health professionals who act as a first point of consultation for all patients within the health care system[1].

Such a professional would usually be a primary care physician, such as a general practitioner or family physician, a licensed independent practitioner such as a physiotherapist, or a non-physician primary care provider (mid-level provider) such as a physician assistant or nurse practitioner. Depending on the locality, health system organization, and sometimes at the patient's discretion, they may see another health care professional first, such as a pharmacist, a nurse (such as in the United Kingdom), a clinical officer (such as in parts of Africa), or an Ayurvedic or other traditional medicine professional (such as in parts of Asia). Depending on the nature of the health condition, patients may then be referred for secondary or tertiary care.

Primary care is often used as the term for the health care services which play a role in the local community. It can be provided in different settings, such as urgent care centres which provide services to patients same day with appointment or walk- in base[2].

SECONDARY CARE is the health care services provided by medical specialists and other health professionals who generally do not have first contact with patients, for example, cardiologists, urologists and dermatologists.

It includes acute care: necessary treatment for a short period of time for a brief but serious illness, injury or other health condition, such as in a hospital emergency department. It also includes skilled attendance during childbirth, intensive care, and medical imaging services.

The "secondary care" is sometimes used synonymously with "hospital care". However many secondary care providers do not necessarily work in hospitals, such as psychiatrists, clinical psychologists, occupational therapists or physiotherapists (physiotherapists are also primary care providers and a referral is not required to see a physiotherapist), and some primary care services are delivered within hospitals. Depending on the organization and policies of the national health system, patients may be required to see a primary care provider for a referral before they can access secondary care.

Once a patient is hospitalized and needs a higher level of specialty care within the hospital, he or she may be referred to tertiary care. Tertiary care requires highly specialized equipment and expertise such as coronary artery bypass surgery , renal or hemodialysis, some plastic surgeries or neurosurgeries, severe burn treatments or any other very complex treatments or

procedures. A small local hospital may not be able to provide these services and you may need to be transferred to a medical center that provides these highly specialized tertiary level services[3].

Further, tertiary care is referred to as specialized consultative health care, usually for inpatients and on referral from a primary or secondary health professional, in a facility that has personnel and facilities for advanced medical investigation and treatment, such as a tertiary referral hospital. Examples of tertiary care services are cancer management, neurosurgery, cardiac surgery, plastic surgery, treatment for severe burns, advanced neonatology services, palliative, and other complex medical and surgical interventions.

To define tertiary care in India, we need to define the common public health conditions in the country that require outpatient care and hospital care, including emergency conditions. Emergency conditions (for example, head traumas, strokes, heart attacks, organophosphate poisoning and neonatal emergencies) and chronic conditions (for example, cancer treatment, palliative care and stroke rehabilitation) require provisioning of tertiary care at the district level or within the extent of a district. These services, particularly for emergency conditions, should be available to the public as close to their place of residence as possible.

Ideally, tertiary care should be well integrated within a functioning health system. Most conditions would be taken care of at the primary and secondary levels. Patients would be referred to tertiary care when required and referred back to the primary and secondary levels after completing their tertiary care treatment[4].

BEHAVIOUR INDICTORS OF HEALTH CARE PROVIDERS

- Avoidance of particular staff or fear of a particular person.
- Sleep disturbances.
- Changes in daily routine ad changes in appetite.
- Causing self harm by suicide attempts.
- Inappropriate explanations of how injuries occurred.
- Excessive compliance to staff[5].
- Sudden change in behavior or behavioral extremes (withdrawal, aggression, regression, depression, mood swings).
- Antisocial behavior such as substance abuse, truancy, running away, fear of going home.
- Excessive lies.
- Unusual shyness, wariness of physical contact[6].

PROVIDERS AND PROFESSIONALS

A health care provider is an institution (such as a hospital or clinic) or person (such as a physician, nurse, allied health professional or community health worker) that provides preventive, curative, promotional, rehabilitative or palliative care services in a systematic way to individuals, families or communities.

The World Health Organization estimates there are 9.2 million physicians, 19.4 million nurses and midwives, 1.9 million dentists and other dentistry personnel, 2.6 million pharmacists and

other pharmaceutical personnel, and over 1.3 million community health workers worldwide, making the health care industry one of the largest segments of the workforce. The medical industry is also supported by many professions that do not directly provide health care itself, but are part of the management and support of the health care system. The incomes of managers and administrators, underwriters and medical malpractice attorneys, marketers, investors and shareholders of for-profit services, all are attributable to health care costs.

DELIVERY OF HEALTH CARE SERVICES

The delivery of health care services—from primary care to secondary and tertiary levels of care—is the most visible part of any health care system, both to users and the general public. There are many ways of providing health care in the modern world. The place of delivery may be in the home, the community, the workplace, or in health facilities. The most common way is face-to-face delivery, where care provider and patient see each other 'in the flesh'. This is what occurs in general medicine in most countries. However, with modern telecommunications technology, *in absentia* health care is becoming more common. This could be when practitioner and patient communicate over the phone, video conferencing, the internet, email, text messages, or any other form of non-face-to-face communication.

Improving access, coverage and quality of health services depends on the ways services are organized and managed, and on the incentives influencing providers and users. In market-based health care systems, for example such as that in the United States, such services are usually paid for by the patient or through the patient's health insurance company. Other mechanisms include government-financed systems (such as the National Health Service in the United Kingdom). In many poorer countries, development aids, as well as funding through charities or volunteers, helps support the delivery and financing of health care services among large segments of the population.

The structure of health care charges can also vary dramatically among countries. For instance, Chinese hospital charges tend toward 50% for drugs, another major percentage for equipment, and a small percentage for health care professional fees. China has implemented a long-term transformation of its health care industry, beginning in the 1980s. Over the first twenty-five years of this transformation, government contributions to health care expenditures have dropped from 36% to 15%, with the burden of managing this decrease falling largely on patients. Also over this period, a small proportion of state-owned hospitals have been privatized. As an incentive to privatization, foreign investment in hospitals—up to 70% ownership—has been encouraged[7].

INTERACTION BASED HEALTH CARE

As we move towards a more patient-centered form of health care, health care providers now are beginning to focus more on specific patient behaviors and how lifestyle contributes to overall health. This makes transparency and effective communication between health care seekers and physicians an essential component to a doctor's ability to provide quality care[8].

Professional etiquette is one of the most important factors contributing to a successful health care career.

Healthcare involves many personal interactions with a variety of people. Etiquette in healthcare is more than just good manners, it is about establishing respectable relationships with patients, colleagues, and supervisors.

In a medical setting, healthcare professionals must set the tone for the interaction with health care seekers and visitors. They are constantly in contact with people who will assess them based on the way they communicate, body language, and appearance. "The most important thing is that healthcare professionals have higher standards than most professions because they are dealing with the dignity of patients and their ability to be healed."

Being kind and empathetic goes a long way in gaining a patient's confidence. A visit to the doctor can be stressful enough without having to deal with unfriendly, inattentive, and disorganized medical staff.

Patient satisfaction can also be improved if patients are encouraged to express their ideas, concerns, and expectations.

PATIENT-CENTERED CARE

Patient expectations of healthcare experience vary widely, but for the most part people are seeking care that is patient-centered and meets their needs. "Dealing with patients is a much more intimate experience involving the aspects of healing, patient care, mental and social health."

Service performance in healthcare is heavily scrutinized. It is critical for medical practices to focus on providing positive experiences for patients and caregivers that begins as soon as they enter the door. Everyone from the receptionist to the physician must do their part to convey a sense of courtesy, caring, and helpfulness. A health care seeker wants to feel comfortable with the people with whom they are entrusting their well-being. Some communication techniques have proven to make people feel better and help them heal faster.

"Healthcare staff should be friendly and open. A health care seeker should be acknowledged immediately. "Smiling and appropriate touch also lets patients know they matter."

A healthcare provider's bedside manner encompasses their medical knowledge, personality, and ability to understand the patient and communicate their concern for them[9].

OBJECTIVE OF THE STUDY

The objective of the study is to:

(a) Assess the view point of the health care seekers about the behavioural aspect of health care providers in Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh.

RESEARCH METHODOLOGY

For the purpose of the study both **primary and secondary data** was used. A sample of 80 respondents taking 40 respondents each from Psychiatry and Neuropathy department of PGIMER was taken as primary data on the basis of **convenience sampling**. Secondary data was collected from the records of Annual Reports, Policy Guidelines, Books, Magazines, Journals and other Publications.

Therefore, on the basis of the sample, **Interview Schedule** was prepared for the respondents. The collected data was tabulated and interpreted and analyzed to reach the findings.

ANALYSES OF THE STATEMENT

S.No	Statements	Agree	Disagree	Undecided
1	The person at the inquiry/reception counter is polite in behaviour and helpful	**80 (100%)**	**0 (0%)**	**0 (0%)**
2	Medical staff listens to your problems carefully.	**80 (100%)**	**0 (0%)**	**0 (0%)**
3	The doctors/medical staffs communicated to you the disease you are suffering from	**80 (100%)**	**0 (0%)**	**0 (0%)**
4	The doctors/medical staff exlpain to you the plan of treatment of your disease	**80 (100%)**	**0 (0%)**	**0 (0%)**
5	You are satisfied with the manner by which privacy of your disease was maintained	**80 (100%)**	**0 (0%)**	**0 (0%)**
6	You are satisfied with the behaviour and attitude of the doctors	**80 (100%)**	**0 (0%)**	**0 (0%)**
7	The doctors/medical staff responded to your health related queries	**64 (80%)**	**16 (20%)**	**0 (0%)**
8	Doctor spent time with you as per your expectations	**80 (100%)**	**0 (0%)**	**0 (0%)**
9	You are satisfied with your medical check up	**64 (80%)**	**16 (20%)**	**0 (0%)**
10	Doctor's clearly explained to you about the follow up schedule	**80 (100%)**	**0 (0%)**	**0 (0%)**
11	Doctors attend to your distress call immediately	**48 (60%)**	**0 (0%)**	**32 (40%)**

Source: Culled from the primary data

DATA ANALYSIS

After analyzing the data, it was found that cent per cent of the respondents stated that the person at the inquiry/reception counter was polite in behaviour and helpful. None of them disagreed with the statement.

Further, on asking that the Medical staff listened to their problems carefully, it was established that all the respondents agreed that medical staff listened to their problem.

On assessing the data, it was found that cent per cent of the respondents stated that the doctors/medical staffs communicated to them the disease they were suffering from.

On exploring whether the doctors/medical staff explained to them the plan of treatment of their disease, it was found that cent per cent of the respondents agreed that the doctors/medical staff explained to them the plan of treatment of their disease.

All the respondents viewed that they were satisfied with the manner the privacy of their disease was maintained

On analyzing the data, it was found that high majority of the respondents (80%) agreed that the doctors/medical staff responded to their health related queries whereas small proportion of them (30%) disagreed with the statement.

Further, it was found that the cent per cent of the respondents responded that the doctor spent as much time in examining them as they were expecting.

On examining the data, it was established that high majority of the respondents (80%) were satisfied with their medical checkup whereas some proportion of them (20%) disagreed with the statement.

Further, it was found that all the respondents were satisfied with the behaviour and attitude of the doctors.

On analyzing the data, it was found that all the respondents were satisfied with the method of their medical checkup.

On assessing the data, it was found that majority of the respondents (60%) agreed that the doctors attended to their distress call immediately whereas some proportion of respondents (40%) disagreed with the statement.

FINDINGS OF THE STUDY

1. All the respondents agreed that the officials at the inquiry/reception counter was polite in behaviour and helpful.
2. Majority of the medical staff listened to their problems carefully.
3. All the respondents agreed that the doctors/medical staffs communicated them with the disease they were suffering from.
4. All the respondents agreed that the doctors/medical staffs explained to them the plan of treatment of their disease.
5. All the respondents were satisfied with the manner the privacy of their disease was maintained.
6. All the respondents were satisfied with the behaviour and attitude of the doctors.
7. Majority of the respondents agreed that the doctors/medical staff responded to their health related queries.
8. All the respondents agreed that the doctor spent enough time to examine them.
9. Majority of the respondents were satisfied with the method of medical checkup.
10. All the respondents agreed that the doctor's clearly explained to them about the follow up schedule.
11. Majority of the respondents were not clear on the issue whether Doctors attended to their distress call immediately.

CONCLUSION

The health care seekers were satisfied with the behaviour of the staff at the reception. Further, the respondents opined that their medical problem was carefully listened to and the problem was properly communicated to them. The plan of treatment was made clear to the patients and while doing so the privacy of their problem and the line of treatment was properly maintained. The doctors were appreciated for their behaviour and attitude as they responded to their health related queries. The doctors examined the patients properly and carefully and follow up schedule was

made clear to them. However, some patients were not satisfied with response of the doctors to their distress call.

Overall, it was inferred that bahaviour and attitude of the health care providers i.e. doctors was fine except couple of grey areas which needed attention of the management.

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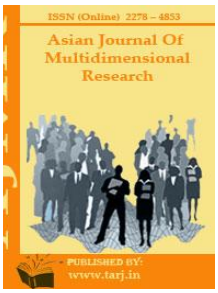

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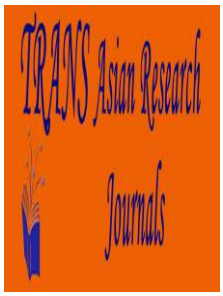

AN EVALUATION OF HEALTH CARE STATUS IN HIMACHAL PRADESH

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ABSTRACT

Good health is a prerequisite to human productivity and the "development" process. It is essential to economic and technological development. A healthy community is the infrastructure upon which to build an economically viable society. The progress of society greatly depends on the quality of its people. Unhealthy people can hardly be expected to make any valid contribution towards developmental programmes. Buddha has said that all the gains, the gains of health are the highest and the best. Health is not only basic to leading of a happy life for an individual but it is also necessary for all productive activities in the society. Therefore, no industry can expect the optimum output if it does not employ healthy workers or does not make and provide adequate facilities for proper maintenance of their health. Undoubtedly, professional efficiency, good health and productivity are inter-related. Yet, health cannot be bestowed upon people if they themselves do not make any effort to maintain a proper balance between their external and internal environments. In this article an effort has been made to evaluate health care status in the state of Himachal Pradesh.

KEYWORDS: *Prerequisite, Infrastructure, Productivity, Environments*

INTRODUCTION

Good health is a prerequisite to human productivity and the "development" process. It is essential to economic and technological development. A healthy community is the infrastructure upon which to build an economically viable society. The progress of the society greatly depends on the quality of its people. Unhealthy people can hardly be expected to make any valid contribution towards developmental programmes[1]. Enhancement of health of the people is one of the major objectives of the process of development. Health directly improves the socio-economic conditions of people in many ways. Improving health status of people is one of the basic goals of development. Health is not only an end product but it is also a major contributor

for economic development. Health gives capability and brings the capacity for personal development, with economic well-being, health is a critical input for poverty reduction and economic development. Income, health and education act together and improve individual capability and induce overall development of a country. "Health is more than the well-being of an individual. The health of an individual or group affects the well-being of communities and nations through economic productivity, school attendance and performance by children and long-term prospects for the development of country's human resources" (WHO, 2003). Good health and prosperity tend to support each other. Healthy people can more easily earn an income and people with a higher income can more easily seek medical care, have better nutrition and have the freedom to lead healthier lives (Sen Amartya, 2000). Health gain increases life expectancy and quality of life, reduces morbidity, mortality and fertility. Improving health of people is one of the major objectives in today's development agenda. Health and development of a country are interlinked. Like all other assets, health is also an asset[2].

Health is viewed differently by different people all over the world. The World Health Organization defined health as "a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity". Thus good health is a synthesis of physical, mental and social well-being. As stated in the First Five Year Plan, "Health is a positive of well-being in which harmonious development of mental and physical capacities of the individuals lead to the enjoyment of a rich and full life. It implies adjustment of the individuals to his total environment- physical and social".

In general, the factors influencing health could be classified into three broad categories: hereditary, environmental and personal. Similarly, the various conditions which play a vital role in determining one's health status can be put under three major areas, viz., mental health, spiritual health and physical health[3].

India's health care system is characterized by a pattern of mixed ownership and with different systems of medicine - Allopathy, Ayurvedic, Unani, Siddha and Homoeopathy. The health sector in India comprises of private sector that mostly provides curative services and government sector that provides publicly financed and managed promotive, preventive and curative health services. The private health sector: consists of the 'not-for-profit' and the 'for-profit' health sectors. The not-for-profit health sector includes various health services provided by Non Government Organizations (NGO's), charitable institutions, missions, trusts, etc. Health care in the for-profit health sector consists of various types of practitioners and institutions. The private sector in India has a dominant presence in all the submarkets—medical education and training, medical technology and diagnostics, pharmaceutical manufacture and sale, hospital construction and ancillary services and, finally, the provisioning of medical care.

Public Health Sector

The public health sector consists of the central government, state government, municipal and local level bodies. Health is a state responsibility, however the central government does contribute in a substantial manner through grants and centrally sponsored health programs/schemes. There are other ministries and departments of the government such as defence, railways, police, ports and mines who have their own health services institutions for their personnel. For the organized sector employee's (public & private) provision for health services is through the Employee's State Insurance Scheme (ESIS). The National Health Policy envisages a three tier structure comprising the primary, secondary and tertiary health care

facilities to bring health care services within the reach of the people. The primary tier is designed to have three types of health care institutions, namely, a Sub-Centre (SC) for a population of 3000-5000, a Primary Health Centre (PHC) for 20,000 to 30,000 people and a Community Health Centre (CHC) as referral centre for every four PHCs covering a population of 80,000 to 1.2 lakh. The district hospitals were to function as the secondary tier for the rural health care, and as the primary tier for the urban population. The tertiary health care was to be provided by health care institutions in urban areas which are well equipped with sophisticated diagnostic and investigative facilities. In pursuance of this policy, a vast network of health care institutions has been created, both in rural and urban areas. Increased availability and utilization of health care services have resulted in a general improvement of the health status of our population, as is reflected in the increased life expectancy and marked decline in birth and mortality rates over the last sixty six years. However, these achievements are uneven, with marked disparities across states and districts, and between urban and rural people[4].

OBJECTIVE OF THE STUDY

To examine the Status Of Health and Health Care in Himachal Pradesh

RESEARCH METHODOLOGY:

- This study is based on secondary data.
- The secondary data was collected through various sources such as books, internet, reports, articles, research papers and newspapers.

Selected Health Statistics of India

TABLE 1.1[5]

Population	
As on 1.3.2011 (2011 census)	1210 million
Growth per year (2011 census)	18 million
Average annual growth rate (NHP-2011)	1.76%
Urban population (2011 census)	31%
Sex ratio (2011 census)	940 F per 1000 M
Literates (2011 census) - & years and above	M-82%, F-65% Total 74%

Source: http://www.ucms.ac.in/Selected%20health%20statistics%20of%20India%20October%202012.pdf)

TABLE 1.2[6]

Number of States	28
UT	07
No. of Districts (NHP-2011)	640

Source:http://www.ucms.ac.in/Selected%20health%20statistics%20of%20India%20October%202012.pdf)

TABLE 1.3 POPULATION OF VARIOUS AGE GROUPS[7]

Age-groups	Percentage
In 0-4 years (2006) (NHP-2011)	10%

In 5-14 years	23%
In 15-44 years	48%
In 45-59 years	12%
In 60+ years	7%

Source:http://www.ucms.ac.in/Selected%20health%20statistics%20of%20India%20October%202012.pdf)

TABLE 1.4 VITAL RATES[8]

Birth rate (2010) (SRS Bull. Dec 2011)	22.1/1000 popn; R=23.7, U=18.0
Crude death rate (2010) (SRS Bull. Dec 2011)	7.2/1000 popn; R=7.7, U=5.8
Infant mortality rate (2010) (SRS Bull. Dec 2011)	47/1000 Popn; R=51, U=31
Maternal mortality ratio (2007-09) (NHP-2011)	212/100,000 live births
Expectation of life at birth (2002-06) (NHP-2011)	M 62.6 years F 64.2 years
Mean age at effective marriage for females (2009) (NHP - 2011)	20.7 years; R=20.2, U=22.2

Source:http://www.ucms.ac.in/Selected%20health%20statistics%20of%20India%20October%202012.pdf)

As has been reflected by Table 1.1 and 1.2 the country is spread over 28 states which further has been divided into 640 districts. The population explosion remains the alarming feature of the nation with 1.76 per cent of the annual average growth rate. Since the county is pre-dominantly rural with 69 per cent of its total population living in the villages. Therefore, the health care system is thrown open to many challenge of the population (1210 million). Apart from the fact that India is leading country with its human resources especially in the young age group of 15 – 44 years (48 per cent), on all other fronts population is to be the main cause of bane Health Care Administration in the country. The average expected life of an individual has risen to 65 years and at the same time crude death rate has dropped. Further, the infant mortality rate and maternal mortality has been brought down through consistent efforts of the health care system. All these health indicators have thrown serious challenges to the Health Care System of the country. No doubt that country has seen tremendous growth in the infrastructure and manpower over the years. In India, we have about 355 medical colleges churning out approximately 40,000 doctors every year. The country has witnessed an increase in the number of Hospitals[9] and Health institutions. Presently, there are 11993 Allopathic Government Hospitals and dispensaries, 4809 CHCs and 23887 PHCs in the country besides 148124 Sub-centres, yet the Health care delivery system has been termed a inadequate both in terms of infrastructure and manpower and are much below the laid down standards of Indian Public Health (IPHS). On an average there is one Doctor for every 1450 persons and one bed for 2012 patients.

HISTORY

The region of Himachal Pradesh was called 'Deva Bhoomi ' (the land of the gods). From the early period of its history it was inhabited by tribes like the Koilis, Halis, Dagis, Dhaugris, Dasa, Khasas, Kinnars and Kirats. The Aryan influence in this area of India dates to the period before the Rigveda. Sankar Varma, the king of Kashmir exercised his influence over regions of Himachal Pradesh in about 883 AD. This region witnessed the invasion of Mahmud of Ghazni in 1009AD, who during that period invaded and looted the wealth from the temples in the North of

India. In about 1043AD the Rajputs ruled over this territory. Known for its vibrant and exquisite natural scenery it received the royal patronage of the Mughal rulers who erected several works of art as an appreciation of this land. In 1773 AD the Rajputs under Sansar Chand possessed this region, till the attack by Maharaja Ranjit Singh in 1804 which crushed the Rajput power here. The Gurkhas who migrated from Nepal captured this area and devastated it. In about the early 19th century the British exercised their influence and annexed the areas of Shimla after the Gurkha War of 1815-16. It became a centrally administered territory in 1948 with the integration of 31 hill states and received additional regions added to it in 1966.

The state of Himachal Pradesh has an area of 55,673 sq. km. and a population of 6.08 million. There are 12 districts, 77 blocks and 20118 villages. The State has population density of 109 per sq. km. (as against the national average of 312). The decadal growth rate of the state is 17.54% (against 21.54% for the country) and the population of the state is growing at a slower rate than the national rate.

The Total Fertility Rate of the State is 1.8. The Infant Mortality Rate is 40. The Sex Ratio in the State is 974 (as compared to 940 for the country). Comparative figures of major health and demographic indicators are as follows :

1.7 Demographic, Socio-economic and Health profile of Himachal Pradesh State as compared to India figures

Indicator	Himachal Pradesh	India
Total population (In Crore) (Census 2011)	0.68	121.01
Decadal Growth (%) (Census 2011)	12.81	17.64
Crude Birth Rate (SRS 2011)	16.5	21.8
Crude Death Rate (SRS 2011)	6.7	7.1
Natural Growth Rate (SRS 2011)	9.8	14.7
Infant Mortality Rate (SRS 2011)	38	44
Maternal Mortality Rate (SRS 2007-09)	NA	212
Total Fertility Rate (SRS 2011)	1.8	2.4
Sex Ratio (Census 2011)	974	940
Child Sex Ratio (Census 2011)	906	914
Schedule Caste population (in crore) (Census 2001)	0.15	16.67

Indicator	Himachal Pradesh	India
Schedule Tribe population (in crore) (Census 2001)	0.024	8.43
Total Literacy Rate (%) (Census 2011)	83.78	74.04
Male Literacy Rate (%) (Census 2011)	90.83	82.14
Female Literacy Rate (%) (Census 2011)	76.60	65.46

(Source: RHS Bulletin, March 2012, M/O Health & F.W., GOI)

On examining the data presented in the table 1.7, it was found that total population in India is 121.1 crore and the population of Himachal Pradesh is .68 lakh. If we see decadal growth percentage according to the census 2011, the percentage of Himachal Pradesh was 12.81per cent and in India it was 17.64 per cent. Crude birth rate of Himachal Pradesh according to SRS report is 16.5 and in India it was 21.8 per cent. Crude death rate in Himachal Pradesh was 6.7 per cent and in India it was 7.1 according to the SRS report (2011). Natural growth rate of Himachal Pradesh was 9.8 and in India it was 14.7 per cent according to the SRS report 2011.further on the basis of Infant Mortality Rate (SRS 2001) in Himachal it was 38 and in India it was 44. Maternal Mortality Rate (SRS 2011) in Himachal Pradesh it was NA and in India it was 212. Further on the basis of the Total fertility rate (SRS 2011) it was 1.8 in Himachal Pradesh and 2.4 in India.sex ratio of Himachal Pradesh according to the census 2011 it was 974 and in India it was 940. Child sex ratio according to the census 2011 in Himachal Pradesh it was 906 and in India it was 914. Schedule casts population in crore in himachal Pradesh it was 0.17 and in India it was 16.67. schedule tribe population in Himachal Pradesh it was 0.024 according to the census 2001 and in India it was 8.43 crore. Total literacy rate (%) according to the census 2011 in Himachal Pradesh it was 83.78 and in India it was 74.04. male literacy rate (%) according to the census 2011 in himachal Pradesh it was 90.83 and in India it was 82.14 per cent. Female litracy rate in Himachal Pradesh according to the census 2011 it was 76.60 per cent and in India it was 65.46.

1.8 Health Infrastructure of Himachal Pradesh

Particulars	Required	In position	shortfall
Sub-centre	2055	2065	*
Primary Health Centre	308	472	*
Community Health Centre	77	76	1
Health worker (Female)/ANM at Sub Centres & PHCs	2537	1951	586 (23 %)
Health Worker (Male) at Sub Centres	2065	1183	882

Particulars	Required	In position	shortfall
			(42.71%)
Health Assistant (Female)/LHV at PHCs	472	61	411 (87%)
Health Assistant (Male) at PHCs	472	22	450 (95%)
Doctor at PHCs	472	436	36 (7%)
Obstetricians & Gynecologists at CHCs	76	0	76 (100%)
Pediatricians at CHCs	76	2	74 (97%)
Total specialists at CHCs	304	5	299 (98%)
Radiographers at CHCs	76	72	4 (5.2 %)
Pharmacist at PHCs & CHCs	548	368	180 (32.84 %)
Laboratory Technicians at PHCs & CHCs	548	195	353 (64.41 %)
Nursing Staff at PHCs & CHCs	1004	376	628 (62.54%)

(Source: RHS Bulletin, March 2012, M/O Health & F.W., GOI)

On examining the health infrastructure of Himachal Pradesh, it was found that there is requirement of the sub-centre in Himachal Pradesh are 2055 but there are 2065 in position, it shows that there is no shortfall of the sub centre in the Himachal Pradesh. There is requirement of 308 Primary health centre in Himachal Pradesh but the number is 472 which are more than requirement. There is requirement of 77 community health centre but the number is 76 which were less than by 1 number.

There is requirement of health worker female /ANM at sub centre and PHCs are 2543 and in position were 1951 which show that there are shortfall of 586 (23 per cent) of health workers. The requirement of Health worker male at sub centres are 2065 but the number are 1183 (42.7 per cent) which is lesser than requirement by 882.

If we see health assistant female at PHCs there are requirement of 472 but the number were 61 (87 %) it shows the shortfall of the 411 of health assistant.

Health assistant male at PHCs were in position 22 and the requirement is 472 which shows shortfall of 450 (95 %).

If we see the position of doctors at PHCs the requirement is 472 but the number were 436 which again shows shortfall by 36 (7%).

Obstetricians and gynecologists at CHCs in position were zero in number but requirement are 76 which shows shortfall of 76 (100 %). It again shows a great shortage of gynecologists at CHCs

If we see pediatricians at CHCs the requirement are 76 but the number is only 2 which again shows shortfall by 74 (97%). This shows a great shortage of pediatricians at CHCs

total specialists at CHCs were in position only 5 but the requirement is 303 which shows shortfall of 299.the requirement of radiographers at CHCs were 76 but the number is 72 which shows shortfall by 4 (5.2 %).

Pharmacist at PHCs and CHCs were in position 368 but the requirement is 548 which shows shortfall of 180 (32 %).

Further if we see the laboratory Technicians at PHCs and CHCs the requirement are 548 but in position only 195 it again shows shortfall by 353 (64.41 %)

Nursing staff at PHCs and CHCs the requirement is 1004 but in position only 376 which again shows short fall by 628 (62.54%). This is the major problem in Himachal Pradesh.

FINDINGS

- On Accessing the Various health rates like Crude Birth Rate, Death Rate, Natural Growth Rate, Infant Mortality Rate And total Fertility Rate State of Himachal Pradesh is performing better than average rate of India.
- Apparent adequacy of health care institutions.
- Shortage of manpower in health care institutions in Himachal Pradesh.
- Absence of specialized medical care.
- Inadequate Facilities For Health care.

CONCLUSION:

- Majority of population in Himachal Pradesh is rural, and improvement of health status is the prime focus area of the state government. Though Himachal Pradesh has far better health indicators than the country averages.

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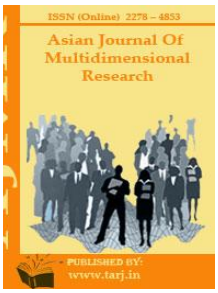

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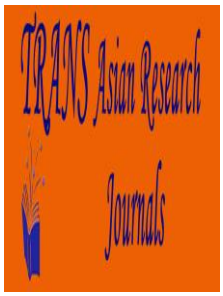

E-GOVERNANCE

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ABSTRACT

E-Governance is broadly defined as an "application of Information technology to the functioning of the government." In the context of e-government project ICT is introduced primarily to improve efficiency, effectiveness and transparency of governments. It is a major challenge before the government to successfully develop them, successfully due to existing problem such as, lack of integrated services, lack of key persons, population, different languages, low-network etc. To provide E-governance there should be a unified plan and prioritization at the state level allows government to maintain the right balance between its interests and those of the citizen. So the focus appears to settle on citizen satisfaction through citizen visible E-governance initiatives such as citizen charters. This paper describes that E-governance relies heavily on the effective use of internet and other emerging technologies to receive and deliver information and services easily, quickly, efficiently and inexpensively.

KEYWORDS: *Transparency, Prioritization, Integrated, Inexpensively.*

INTRODUCTION

E-Governance is broadly defined as an "Application of Information Technology to the functioning of the Government". The fundamental motivation for the implementation of E-governance in the India was to provide SMART government. SMART means Simple, Moral, Accountable and Responsive Transparent Government. E-governance is nothing but use of internet technology as a platform for exchanging information, providing services and transacting with citizens, business and other arms of government. In other words e-governance is the implementation and delivery of government services through the information communication technology to Provide Transparent Effective, Efficient, Responsive and Accountable governance to the society.

ADVANTAGES OF E-GOVERNANCE

1. BETTER ACCESS TO INFORMATION AND QUALITY SERVICES FOR CITIZENS-

Successful implementation of e-governance practices offer better delivery of services to citizens, improved interactions with business and industry, better management, greater convenience, cost reductions etc.

2. SIMPLICITY, EFFICIENCY AND ACCOUNTABILITY IN THEGOVERNMENT

Information through ICT increases transparency, ensures accountability and increases efficiency. An increased use of computers and web based services improves the awareness levels of citizens about their rights and powers.

3. EXPANDED REACH OF GOVERNANCE

E-governance leads to automation of services, ensuring that information regarding every work of public welfare is easily available to all citizens.

4. INCREASED PARTICIPATION BY PUBLIC

The faith of the citizens in the government increases and they come forward to share their views and feedback. It increased accessibility to information has empowered the citizens and has enhanced their participation by sharing information.

MODELS OF E-GOVERNANCE

Primarily there are four E-governance model.

1. Government to Citizens (G2C)

2. Government to Government (G2G)

3. Government to Employees (G2E)

4. Government to Business (G2B)

1. GOVERNMENT TO CITIZENS (G2C)

It is a government services benefits to citizens comprise the areas where they interact with the government.

SERVICES OFFERED TO CITIZENS

- Helps in election when the citizen caste their votes for the election of government.
- Copies of land record.
- Online filling of complaints.
- Online bills such as electricity, water, telephone are paid.

2. GOVERNMENT TO GOVERNMENT (G2G)

It includes services shored between the governments (Central & State) and between various government agencies, department and organizations.

SERVICES OFFERED IN INDIA

- Finance and budget work are done through e-governance.
- Government document exchange which includes preparation.
- Sharing of information between police department of various state.
- Approval, distribution and storage of all government documents is also done through e-governance

3. GOVERNMENT TO EMPLOYEES (G2E)

This services includes tools, sources and articles that help employees to maintain communication with the government.

SERVICES OFFERED

- Employees can fill all kind of complaints and dissatisfaction by this model.
- All kinds of rule-regulation and information for employee can be shared by this service.
- All types of registration can be done online by employees.
- Employees can check their payment and working records.

4. GOVERNMENT TO BUSINESS (G2B)

If is online non-commercial interaction between local and central government and the commercial business sector with the purpose of providing business information.

SERVICES OFFERED

- Collection of Taxes.
- Rejection and approval of patent is also done by this mode.
- Payment of all kind of bills and penalty.
- Sharing of all kind of information, rules and data.
- Complaints or any kind of dissatisfaction can be shown by this service.

STATUS OF E-GOVERNANCE IN INDIA

E-Governance will be able to provide the government services to the common man in a very cost effective manner. Following are some successful stories of E-governance in India.

1. E-GOVERNANCE IN EDUCATION

It will constitute various initiatives of education the citizens. It provides basic education (elementary, primary, secondary) to children, providing computer education to children, Results of 10^{th} & 12^{th} classes. Information related to schemes, books etc will be provided.

VARIOUS PROJECTS:-

I. ONLINE SCHOLARSHIP MANAGEMENT SYSTEM

It is meant for the purpose of distribution of scholarships and fees reimbursement.

II. AISES (ALL INDIA SCHOLL EDUCATION SURVEY)

This project is started by Assam Government. The purpose is for surveying the number of schools at district level.

2. E-GOVERNANCE IN HEALTH

E-Medicine will involve linking of various hospitals in different parts of the country and make available better medical services to the citizens.

VARIOUS PROJECTS:-

I. HOSPITAL OPD APPOINTMENT

Hospital OPD appointment systems is another welfare step undertaken by Chandigarh administration to make more simpler life of the citizens.

ii. ONLINE VACCINATION APPOINTMENT FOR INTERNATIONAL TRAVELLER

The purpose of vaccination of the persons proceeding abroad and Issuance of International Health Certificate.

3. DIGITAL LOCKER

It is a service provided to the citizen through safe and secure authentication through Aadhaar and coverage level is District and Educational certificates etc.

VARIOUS PROJECTS:-

- Providing online facility for government and other agencies to send the electronic documents of citizens, storing legacy government certificates.
- Providing accessibility from any where and at anytime basis verification from the source in case of government issued documents.
- Providing facilities to share the documents with service providers

4. LAND RECORD MANAGEMENT

Automation of land records (State Government of Karnataka). It provides computerized record can be maintain in a very short time span.

MAJOR PROJECTS IN THIS AREA ARE:-

I. BHOOMI

This is the first e-governance land records management system which is successfully implemented for the welfare and benefits of the common man.

II. COMPUTERIZATION OF LAND RECORD

The purpose of this project is to computerize fresh land transfer, allotment, regularization of occupied land etc. at district level.

5. E-GOVERNANCE IN TRANSPORTATION

Service provided by e-governance under this category comes the Registration of vehicles, Issue of Driving licences, Regional Transport plans & Transportation demand management.

VARIOUS PROJECTS:-

I. VAHAN & SARATHI

The application for vahan & Sarathi help in speeding the overall work flow in the transport Department of Tamil Nadu Government.

ii. CFST

Citizens friendly Services of Transport Department of Andhra Pradesh Govt. to provide service such as. Issue of learner licensces, Issue of drawing licenses etc.

6. ONLINE PAYMENT OF BILLS AND TAXES

This project provide online transaction, payment of Bills, payment of taxes etc.

VARIOUS PROJECTS

I. E-SEVA

Electronic Seva by Andhra Pradesh Government avail the possibilities to pay utility bills.

II. FRIENDS

Kerala Government for its citizens to make online payment of electricity and water bills, taxes, university fees.

MAJOR ISSUES OF E-GOVERNANCE

There are various major issues for the implementation of e-government in India. These issues are technical illiteracy, language dominance, unawareness, inequality lack of infrastructure, lack of participation of society, public and private sectors. On the other hand, back end challenges related to technical, process or human resources issues for the government. The government is continuously face these types of challenges country like India people are poor and infrastructure are not up to the mark. Under such condition it becomes very difficult to provide government services to the people.

CONCLUSION

Inspite of all the challenges poor infrastructure, poverty, illiteracy, lack of awareness, lack of system integration and all the other reasons India has number of award wining e-governance projects. Therefore we can say that e-governance is the key to the "good governance" for the developing countries like India to minimize corruptions, provides efficient and effective or quality services to their citizens.

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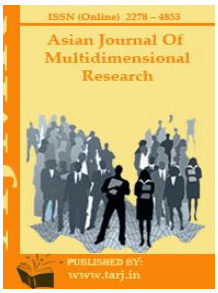

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EFFECTS OF SERVICE QUALITY ON PERCEIVED SECURITY AND CUSTOMER TRUST IN E-COMMERCE

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ABSTRACT

Business to Consumer (B2C) e-Commerce is moving swiftly towards growth stage with the introduction of advanced Internet facilities. E-Commerce players realized that attaining such movement towards growth stage was not possible without electronic service quality. However, Indian customers perceive e-Commerce highly concerned with security and trust. This paper develops a conceptual framework to examine the relationship between e-Service Quality dimensions, perceived security and e-Commerce customer trust. Data were collected from 152 online buyers in Jammu division of J&K state and were used to test the model. Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) were conducted to examine the reliability and validity of the instrument used. The finding of the present work reveals positive significant dependency effect between Perceived overall Service Quality, perceived security and e-Commerce customer trust among Online Buyers. Further, the result shows positive dependency effect between customer trust and perceived security in e-Commerce. The work is concluded with some insights to the managers and interested researchers, also limitation of the present work were highlighted as an option for future work.

KEYWORDS: *E-Commerce, E-Service Quality, e-Trust, Perceived security*

INTRODUCTION

E-service can be defined precisely as delivering the service to the customers through the use of Internet mentioned by Bitner and Zeithaml (2003). According to Kim et al. (2008) e-service can be understood more accurately as the activities, determinations and performances offered by the providers and received by the customers through the Internet. It is the service based on web

offered and delivered through the Internet. In e-service process interaction among service provider and the customer is purely based on Internet with front end internet based system and back end information system (Sheng and Liu, 2010). The whole process includes three components such as service provider, receiver and the means of delivering service. Here in e-service the important component is the channel for delivering service to the customer i.e. Internet which differs e-service from the services offered at the traditional stores (Bitner and Zeithaml, 2003). In traditional stores only employees are engaged in the service encounter with the customers while as in e-retail stores technology or employees are engaged in the service encounter with the customers via Internet. Further while buying online, hearing and viewing limitation is faced by the customer, whereas customer take the advantage to touch and feel the product with their all senses. Jarvenpaa and Todd (1997) studied that traditional stores are constrained by distance and operation timing, while online stores have considerably removed such constraints.

Selling and buying of goods and services through the use of Internet is termed as e-Commerce. Electronic commerce is spreading and increasing at an extraordinary speed (Rasool and Rajmohan, 2015). Further, Corbitt et al. (2003) mentioned that every moment thousands of new internet users are involving themselves in digitally connected business environment. Business has now changed dramatically with the introduction of Internet. As it provides platform and allows seller to provide an online communication environment in which customers can access and evaluate product information, hence can directly purchase products and services from online sellers without leaving their comfort zone (Zeithaml et al., 2002). So, apart from this ease of shopping sub-type of human behavior such as "worry" arises while doing transactions over Internet. Hence, online sellers must focus and develop practices in building e-trust. Internet involved transactions are purely based on trust, also Chen and Barnes (2007) states that high level of trust results in higher online customer retention.

Customer e-trust is not static and changes due many factors, service providers can tackle it by utilizing improved e-service quality (Belanger et al., 2002). Service is one of the vital tools and provides remuneration to the organization as well as to the consumers. During delivery, service provides benefit to both parties by interchanging the value between them (Roca et al., 2009). Identifying the need and evaluating various alternatives customer decide to buy the product or service from the service provider and the service provider offers their product or service suggesting solution to the customers problems, further customer also assume some values such as trust, price, time and delivery options in addition of exchanging the ownership (Zeithaml et al., 2002). It is very challenging task to measure the quality of the service due to its characteristics of being intangible and heterogeneity reported by Kantsperger and Kunz (2010).

Production and consumption of the service take place at the same time, so its quality can be judged during the dealings at the time of delivery time.

Zeithaml et al. (2000) reveal that customer assessment of the Websites quality includes not only experiences during their interaction with the site but also post-interaction service aspects i.e., fulfillment and return. Developing e-trust will be the outcome of superior e-service quality. Decision of buying products or services online is highly influenced by e-trust, thus e-trust is one of the main component of buying decision process among online buyers in e-commerce (Gefen and Straub, 2004). Also, it is noted by Bahmanziari et al. (2003) that enhanced e-service quality

can be treated as one of the major tools for the e-commerce in developing customer trust during e-transaction.

2. REVIEW OF LITERATURE:

In order to understand the effects of service quality on customer trust, *Al-Nasser et al., (2013)* conducted a study to emphasize the relationships between e-service quality, culture, trust and risk. He found and reveal that service quality has relatively significant impact on consumer trust in online shopping, proving the proposed positive direct impact of perceived service quality upon customer trust. However, perceived risk was revealed to be linked with consumer trust towards online shopping. Also, the effects of e-service quality on e-trust and e-satisfaction were identified and reported by *Ghalandari (2012)* through a survey by collecting data from 382 online buyers. He performed linear regression model and identified that customer loyalty to e-shops is directly influenced by e-trust and e-satisfaction with e-shops which in turn are determined by e-service quality. Further, the study mentions that situational variables can moderate relationship between e-trust and/or e-satisfaction and e-loyalty. To know the Impact of service quality, trust and customer satisfaction on customer loyalty, *Akbar and Parvez (2009)* made an attempt to probe into it, based on the analysis of the collected data from 304 customers in Bangladesh, the study reveals that trust and customer satisfaction are significantly and positively related to customer loyalty. Also it has been found that customer satisfaction plays a mediator role between perceived service quality and customer loyalty. Hence, study encourages the service providers to find out suitable path of action to gain customers trust by providing better quality in their service to retain existing customers. In an effort to analyze the relationship between service quality, trust and loyalty, *Roostika (2011)* have identified Context quality, Device quality, Privacy quality, Interaction quality, Connection quality, Contextual quality and customer service quality as major factors constituting service quality. Based on the survey generated from 186 Indonesian customers, the result of the study establishes an indirect relationship between service quality and loyalty through trust. Further, the contextual quality was found to be the strongest contributors of service quality, while device quality was the least. Further, an attempt made to examine how e-Service Quality, e-Satisfaction, e-Trust, e-Commitment are related in building customer e-Loyalty, *Romadhoni et al., (2015)* conducted a study by reviewing the available literature. The relationship mentioned in the study is based on relationship marketing theory. The results shows that e-service quality, e-satisfaction, e-trust and e-commitment play an important role while building e-loyalty among online customers.

The impact of satisfaction and trust on loyalty of e-Commerce customers were examined by *Brillant and Achyar (2013)*, in which factors were identified that influence customer satisfaction. The result of the study shows that the factor Information quality affects customer trust, which in turn affects customer loyalty. Further, the above study recommends that e-Commerce websites should focus on delivering trust information about product quality which will improve customer trust resulting in greater loyalty towards e-Commerce websites. Hence, to explore the factors that affect customer trust while shopping online, *Dolatabadi and Ebrahimi (2010)* conducted a study and collected data from 625 respondents in Iran. The results of the study mentions that perceived risks have the strongest projecting value in terms of the formation of consumers' trust in online shopping. Also, the result confirms that perceived security protection and perceived reputation acts as important predictors of consumer trust in online buying. Further, the above study reveals that Propensity to trust has a moderating effect on the relationship between trust in online buying and the respondents' perceptions of the

experience to trust. So to find the factors which motivate and protect buyers for and from online shopping, *Prajapati and Thakor (2011)* conducted a survey in Ahmadabad and finds that security and lack of time plays a major impact over customer decision making. The result of the study also mentions that customers prefer to get the product related information from the Internet and shows interest to visit the physical store to purchase that product. Therefore *Ahmed and Hawedi (2012)* conducted a study in Libya to explore and identify the challenges regarding perceived security and trust among Online buyers in e-Commerce, The findings of this work identifies that effect of security, protection and trust towards consumers as well as attitudes plays a key role in e-commerce implementation. Further, it also places few drawback related to e-commerce transactions and also provides some means to overcome such drawbacks.

3. METHODOLOGY

3.1 OBJECTIVES

Based on nature of the study and identified problem following objectives were framed for the present study:

LIST OF OBJECTIVES

Objective-1: To identify the effects of perceived security and customer trust on overall Service Quality in e-Commerce. (H1)

Objective-2: To find the effects of Service Quality dimensions on perceived security among Online Buyers in e-Commerce.(H2)

Objective-3: To measure the effects of Service Quality dimensions on customer trust among Online Buyers in e-Commerce.(H3)

Objective-4: To know the effect of perceived security on customer trust among Online Buyers in e-Commerce.(H4)

3.2 HYPOTHESES

To workout the objectives of the study, the following Hypotheses were framed for testing.

Hypothesis-1: Overall Service Quality does not depend on perceived security and customer trust among Online Buyers.

Hypothesis-2: Perceived security among online buyers does not depend on Service Quality dimensions.

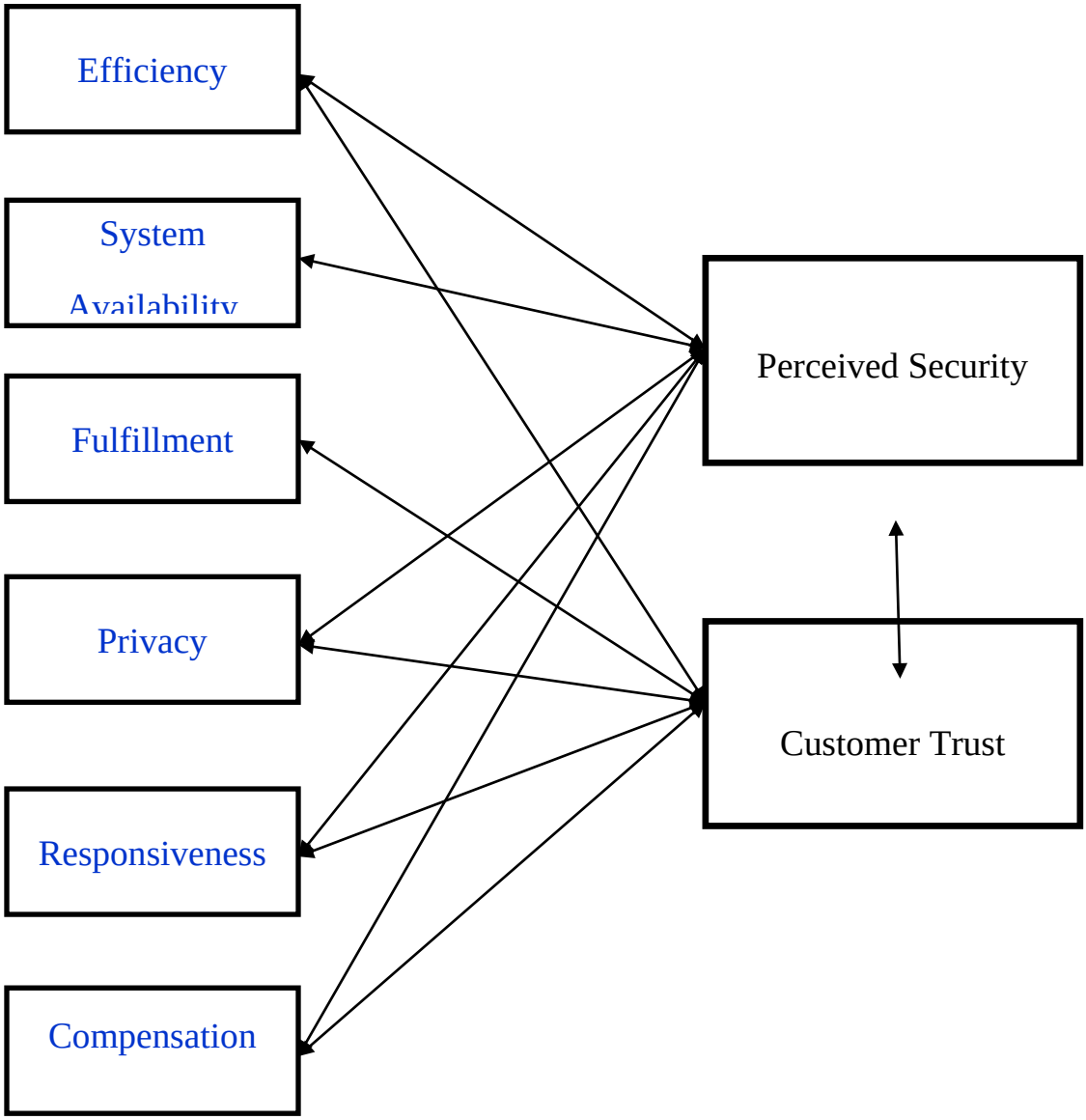
Hypothesis-3: Customer trust among online buyers does not depend on Service Quality dimensions.

Hypothesis-4: E-commerce customer trust does not depend on perceived security.

3.3 CONCEPTUAL FRAMEWORK

The details of the conceptual framework taken up for the present work is shown in Figure-1, where the details like components of Service Quality dimensions, perceived security and Customer trust in e-Commerce were shown in schematic representation. This was framed taking into considerations the nature of the topic and subsequent objectives taken up for the present work.

Figure-1: Diagrammatic representation of Conceptual framework



The different patterns of connectivity lines shown in the conceptual framework give scope for testing various assumptions on the kind of dependencies that might exist with the study variables such as Service Quality dimensions, perceived security and customer trust in e-Commerce. For instance, the connectivity lines between perceived security, customer trust and Service Quality dimensions give scope for testing various kinds of dependencies in the present work.

3.4 DETAILS OF ITEMS USED IN QUESTIONNAIRE

The questionnaire framed and used in the present work consists of three sections for measuring the variables like demographic profile, security and trust concerns and Service Quality dimensions in e-Commerce. The details of these sections were provided in the following exhibit-1, 2, &3.

Exhibit-1: Details of items in the Questionnaire corresponding to demographic profile

S. no	Demographic profile	Measurement Scale
1	Name	Open ended
2	Gender	Assigned 2 point scale
3	Age	Assigned 5 point scale
4	Educational status	Assigned 5 point scale
6	Marital status	Assigned 2 point scale

Exhibit-2: Details of items in the Questionnaire corresponding to perceived security and e-Commerce customer trust

Perceived security (Kolsaker and Payne, 2002; Dong-Her, 2004; Eid, 2011)		**Measurement Scale**
1	The Web site has mechanism to ensure the safe transmission of its users' information.	5 point Likert scale
2	The Web site has sufficient technical capacity to ensure that the data I send cannot be modified by hackers.	5 point Likert scale
3	Purchasing on the Web site will not cause financial risk.	5 point Likert scale
4	The electronic payment on the Web site is safe.	5 point Likert scale
e-Commerce customer trust (Kolsaker and Payne, 2002; Eid, 2011; Moorman et al., (1993); Merrilees and Fry, 2003)		**Measurement Scale**
1	E-product/service provider is trustworthy and honest.	5 point Likert scale
2	E-product/service provider instills the confidence in his customers.	5 point Likert scale
3	E-product/service provider does not usually fulfill the promises and commitments he assumes.	5 point Likert scale
4	It is a problem to give the private information and the credit card number to the E-product/service provider.	5 point Likert scale

Exhibit-3: Details of items in the Questionnaire corresponding to Service Quality in e-Commerce

Efficiency (Parasuraman et al., 2005)		**Measurement Scale**
1	The e-retailer website makes it easy to find what I need.	5 point Likert scale
2	It makes it easy to get anywhere on the e-retailer website.	5 point Likert scale
3	It enables me to complete a transaction quickly on the e-retailer website.	5 point Likert scale
4	Information at the e-retailer website is well organized.	5 point Likert scale
5	It loads its pages fast.	5 point Likert scale
6	The e-retailer website is simple to use	5 point Likert scale
7	The e-retailer website enables me to get on to it quickly.	5 point Likert scale
8	This site is well organized.	5 point Likert scale
System Availability(Parasuraman et al., 2005)		
9	The e-retailer website is always available for business.	5 point Likert scale
10	The e-retailer website launches and runs right away.	5 point Likert scale
11	The e-retailer website does not crash.	5 point Likert scale
12	Pages at this site do not freeze after I enter my order information.	5 point Likert scale
Fulfillment (Parasuraman et al., 2005)		
13	E-retailer website delivers orders when promised.	5 point Likert scale

14	E-retailer website makes items available for delivery within a suitable time frame.	5 point Likert scale
15	E-retailer website quickly delivers what I order.	5 point Likert scale
16	E-retailer website sends out the items ordered.	5 point Likert scale
17	E-retailer website has in stock the items the company claims to have.	5 point Likert scale
18	E-retailer website is truthful about its offerings	5 point Likert scale
19	E-retailer website makes accurate promises about delivery of products.	5 point Likert scale
Privacy (Parasuraman et al., 2005)		
20	E-retailer website protects information about my Web-shopping behavior.	5 point Likert scale
21	E-retailer website does not share my personal information with other websites.	5 point Likert scale
22	E-retailer website protects information about my credit card.	5 point Likert scale
Responsiveness (Parasuraman et al., 2005)		
23	E-retailer website provides me with convenient options for returning items.	5 point Likert scale
24	E-retailer website handles product returns well.	5 point Likert scale
25	E-retailer website offers a meaningful guarantee.	5 point Likert scale
26	E-retailer website tells me what to do if my transaction is not processed.	5 point Likert scale
27	E-retailer website takes care of problems promptly.	5 point Likert scale
Compensation (Parasuraman et al., 2005)		
28	E-retailer website compensates me for problems it creates.	5 point Likert scale
29	E-retailer website compensates me when what I ordered doesn't arrive on time.	5 point Likert scale
30	E-retailer website picks up items I want to return from my home or business.	5 point Likert scale
Contact (Parasuraman et al., 2005)		
31	E-retailer website provides a telephone number to reach the company.	5 point Likert scale
32	E-retailer website has customer service representatives available online.	5 point Likert scale
33	E-retailer website offers the ability to speak to a live person if there is a problem.	5 point Likert scale

3.5 SAMPLING DETAIL

The importance of e-Commerce is increasing presently. Almost, everyone is connected with e-Commerce either directly or indirectly. As e-Commerce is growing significantly, Jammu division of J&K state is not so much on the go as compared to major divisions of other nearby states. To the superlative of author's understanding, the present work tries to investigate dependency effects among Service Quality, perceived security and trust in e-Commerce. For this a survey questionnaire was circulated and primary data were collected among the online buyers and such online buyers were identified on random basis from the Jammu area of J&K state by short listing the profiles obtained from courier companies which act as logistic partners for different e-Commerce sites in India. Out of total 300 profiles 152 responses were collected successfully through stratified random sampling method. Thus, sample size for the present work comprises of 152 online buyers. The data collected were coded and transferred in to Statistical package for social science (SPSS) and AMOS for the purpose of statistical analysis.

4. VALIDATION OF THE STUDY VARIABLES

The major study variables constituting the presents work were proved reliable on the basis of Cronbach value. However, the construct validity of the survey instrument is something that is viewed with importance in recent times. Hence, to establish construct validity for the study variables Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) were conducted and the details of the results obtained are reported in the following Sections.

4.1. EXPLORATORY FACTOR ANALYSIS

The details of all the items comprising to e-Service Quality, perceived security and e-Commerce Customer Trust considered for measuring the variables is shown in the table-1. All the items were measured with 5 point Likert scale comprising the quantified values ranging between 1 and 5 following the standard approach and the factorability of these items was examined. Several well-recognized criteria for the factorability on the basis of item correlations were used. The reasonable factorability could be ensured with the pattern of correlations obtained among the items, where all the items of respective variable is correlated at a minimum value 0.3 with at least one other item. Also, the Kaiser-Meyer-Olkin measure of sampling adequacy for all above mentioned variables was above the recommended value of 0.60 (Nunnally and Bernstein, 1994). Further, the support for inclusion of each items considered could be obtained through the values on the diagonals of the anti-image correlation matrix that were all above the suggested value of 0.5 (Bagozzi and Yi, 1988). The existence of the common variance among the items taken up is confirmed through the values of communalities which are well above the suggested value 0.3 as shown in table-1. Thus, the justification for conducting factor analysis could be ensured and hence, factor analysis was conducted with all items originally considered.

TABLE-1: RESULTS OF THE EXPLORATORY FACTOR ANALYSIS (EFA)

Variable	Item Details	Factor Loading	Communalities	KMO Value	Variance Explained	Cronbach Alpha
Efficiency	The e-retailer website makes it easy to find what I need.	0.756	0.617	0.671	62%	0.903
	It makes it easy to get anywhere on the e-retailer website.	0.657	0.681			
	It enables me to complete a transaction quickly on the e-retailer website.	0.599	0.621			
	Information at the e-retailer website is well organized.	0.783	0.748			
	It loads its pages fast.	0.629	0.752			
	The e-retailer website is simple to use	0.614	0.806			
	The e-retailer website enables me to get on to it quickly.	0.832	0.746			
	The e-retailer website makes it easy to find what I need.	0.653	0.808			

System Availability	The e-retailer website is always available for business.	0.593	0.623	0.703	65%	0.873
	The e-retailer website launches and runs right away.	0.744	0.731			
	The e-retailer website does not crash.	0.781	0.851			
	Pages at this site do not freeze after I enter my order information.	0.901	0.663			
Fulfillment	E-retailer website delivers orders when promised.	0.661	0.598	0.675	67%	0.735
	E-retailer website makes items available for delivery within a suitable time frame.	0.622	0.621			
	E-retailer website quickly delivers what I order.	0.768	0.635			
	E-retailer website sends out the items ordered.	0.801	0.535			
	E-retailer website has in stock the items the company claims to have.	0.831	0.514			
	E-retailer website is truthful about its offerings	0.594	0.552			
	E-retailer website makes accurate promises about delivery of products.	0.691	0.691			
Privacy	E-retailer website protects information about my Web-shopping behaviour.	0.685	0.814	0.762	70%	0.671
	E-retailer website does not share my personal information with other websites.	0.672	0.622			
	E-retailer website protects information about my credit card.	0.665	0.599			
Responsiveness	E-retailer website provides me with convenient options for returning items.	0.787	0.571	0.648	59%	0.627
	E-retailer website handles product returns well.	0.756	0.596			
	E-retailer website offers a meaningful guarantee.	0.629	0.620			
	E-retailer website tells me what to do if my transaction is not processed.	0.603	0.527			
	E-retailer website takes care of problems promptly.	0.757	0.586			
Compensation	E-retailer website compensates me for problems it creates.	0.571	0.542	0.655	66%	0.710
	E-retailer website compensates me when what I ordered doesn't arrive on time.	0.892	0.504			
	E-retailer website picks up items I want to return from my home or business.	0.615	0.539			
n t a	E-retailer website provides a telephone	0.813	0.644	0.751	69%	0.746

	number to reach the company.					
	E-retailer website has customer service representatives available online.	0.841	0.672			
	E-retailer website offers the ability to speak to a live person if there is a problem.	0.663	0.671			
Perceived security	The Web site has mechanism to ensure the safe transmission of its users' information.	0.825	0.703	0.674	63%	0.685
	The Web site has sufficient technical capacity to ensure that the data I send cannot be modified by hackers.	0.643	0.611			
	Purchasing on the Web site will not cause financial risk.	0.630	0.762			
	The electronic payment on the Web site is safe.	0.620	0.631			
E-Commerce Customer trust	E-product/service provider is trustworthy and honest.	0.773	0.588	0.783	67%	0.686
	E-product/service provider instills the confidence in his customers.	0.669	0.618			
	E-product/service provider does not usually fulfill the promises and commitments he assumes.	0.693	0.592			
	It is a problem to give the private information and the credit card number to the E-product/service provider.	0.654	0.574			

In order to compute scores for these variables, Principle components analysis was used and the initial Eigen values showed that all these factors explained satisfactory percent of the variance with single factor existence suggested through screen plot. Hence, further examinations were made with varimax and oblimin rotations and little difference could be established between these two rotation procedures on these factors which explained satisfactory percent variance.

During the repeated procedures of factor analysis on the basis of Principal Component Analysis, all items got loaded with the value of above 0.5. Thus, analyses were made with all these items resulting in single factor extraction with corresponding primary loadings over 0.5 and the factor loading matrix for this final solution is also presented in table-1. Further, the Cronbach Alpha values of 0.903, 0.873, 0.735, 0.671, 0.627, 0.710, 0.746, 0.685 and 0.686 corresponding to the factors such as Efficiency, System Availability, Fulfillment, Privacy, Responsiveness, Compensation, Contact, Perceived security and e-Commerce Customer Trust confirms the reliability of the Scale (Nunnally, 1978).

4.2 CONFIRMATORY FACTOR ANALYSIS

The measurement for all the study variables were further assessed using Confirmatory Factor Analysis (CFA) and the corresponding metrics of the model fit is provided in table-2. The value of CMIN/DF obtained for this model is 3.191 and this value is well below the suggested maximum value of 5.0 for a good model fit (Bagozzi and Yi, 1988). Further, the CFI value of 0.962 and the AGFI value of 0.981 are well above the suggested value of 0.95. Also, the RMSEA value of 0.030 is below the suggested maximum value of 0.07 (Baumgartner and

Homburg, 1996). Thus, the Confirmatory Factor Analysis procedure through a Model fit Process establishes a strong construct validity and reliability for the scale.

TABLE-2: MODEL FIT SUMMARY

S. No	Goodness-of-Fit Statistics	Good Fitness	Model
1	CMIN/DF	< 5.0	3.19
2	CFI (Comparative Fit Index)	≥0.95	0.96
3	AGFI (Adjusted Goodness-of-Fit-Index)	≥ 0.95	0.98
4	RMSEA (Root Mean Square Error of Approximation)	< 0.07	0.03

Source: Computed from Primary data

5. FINDINGS & DISCUSSION

5.1 Service Quality dependency on perceived security and e-Commerce customer trust

The dependency effects of Perceived overall Service Quality on factors like perceived security and e-Commerce customer trust among Online Buyers in e-Commerce is defined in hypothesis-1, taken up and its results are shown in the table-3, as an outcome of regression model conceptualized. From the results, it can be inferred that the F value of 45.381 is found to be significant at 5 percent level and hence, the hypothesis-1 is rejected. These results suggest that Perceived overall Service Quality depends on factors such as perceived security and e-Commerce customer trust among Online Buyers. This finding is in concord with the findings of previous studies, which proved that significant positive relation between e-Service Quality and customer trust among online buyers in e-Commerce (Chen, 2006; Zhou, 2011). Also, Chuang and Fan (2011) found that Service Quality plays an essential role in determining trust and belief among online buyers in e-Commerce. However, the finding is not in agreement with the findings of Shu-Chieung et al. 2011, shows that positive significant relation does not found between e-service quality and customer trust among online buyers. Further, the adjusted R square value of 0.653 from the table-20 indicates that 65 percent of Perceived overall Service Quality among Online Buyers in e-Commerce is significantly dependent on these factors. Also the 't' values of 5.437and 3.019 corresponding to the factors perceived security and e-Commerce customer trust are found to be having significant effects on the model conceived.

More specifically, perceived security among Online Buyers in e-Commerce is found to be having significant superior effect on Perceived overall Service Quality with highest 't' value of 5.437. The 't' value of 3.019 obtained for the e-Commerce customer trust among Online Buyers in e-Commerce significantly causes considerable dependency effect on the Perceived overall Service Quality.

TABLE-3:RESULT OF REGRESSION FOR HYPOTHESIS-1

Model	Unstandardized Coefficients		Standardized Coefficients	t	F	Adjusted R square
	B	Std. Error	Beta			
(Constant)	0.778	0.197		3.942*	45.381*	0.653
Perceived security	0.431	0.079	0.391	5.437*		
e-Commerce customer trust	0.204	0.067	0.217	3.019*		

Dependent Variable: Overall Service Quality; *Significant at 5 percent level;
Source: Computed from Primary data

Further, the above results confirm that higher perceived security and higher trust among Online Buyers in e-Commerce contribute to higher Perceived overall Service Quality levels in e-Commerce. Hence, it becomes important to understand the effects of Service Quality dimensions in those significant factors such as perceived security and e-Commerce customer trust. Thus, two more independent multiple regression models relating each of those significant factors with all the dimensions of Service Quality were conceived and tested. The result of both these independent multiple regression models were observed significant and were provided in table-4 and table-5. After that, it is also important to understand the dependency effect of e-Commerce customer trust on perceived security risk, so one more independent multiple regression model were tested and provided in table-6.

5.2 PERCEIVED SECURITY DEPENDENCY WITH SERVICE QUALITY DIMENSIONS

The dependency effects of perceived security on Service Quality dimensions like Service Quality Efficiency, Service Quality System Availability, Service Quality Fulfillment, Service Quality Privacy, Service Quality Responsiveness, Service Quality Compensation and Service Quality Contact among Online Buyers in e-Commerce is defined in hypothesis-2, taken up and its results are shown in the table-4, as an outcome of multiple regression model conceptualized. From the results, it can be inferred that the F value of 52.067 is found to be significant at 5 percent level and hence, the hypothesis-2 is rejected. These results suggest that perceived security depends on the group of Service Quality dimensions in e-Commerce. Further, the adjusted R square value of 0.581 from the table-21 indicates that 58 percent of perceived security among Online Buyers significantly depends on these groups of dimensions of Service Quality in e-Commerce. Also the 't' values of 4.792, 3.551, -1.351 and 1.240 corresponding to Service Quality dimensions such as Service Quality Privacy, Service Quality System Availability, Service Quality Responsiveness and Service Quality Contact are found to be having significant effects on the model conceived.

TABLE-4:RESULT OF REGRESSION FOR HYPOTHESIS-2

Model	Unstandardized Coefficients		Standardized Coefficients	t	F	Adjusted R square
	B	Std. Error	Beta			
(Constant)	0.029	0.363		0.081	52.067*	0.581
Efficiency	0.071	0.086	0.068	0.822		
System Availability	0.318	0.066	0.373	3.551*		
Fulfillment	0.100	0.072	0.110	1.395		
Privacy	0.437	0.123	0.269	4.792*		
Responsiveness	-0.087	-0.065	-0.099	-1.351*		
Compensation	0.119	0.096	0.097	0.760		
Contact	0.058	0.077	0.062	1.240*		

Dependent Variable: perceived security; *Significant at 5 percent level;
Source: Computed from Primary data

More specifically Service Quality Privacy among Online Buyers is found to be having significant superior effect on perceived security with highest 't'value of 4.729. This clearly confirms the positive effects of e-Commerce websites through information protection like web

shopping behavior, personal and credit card information causative towards superior perceived security in e-Commerce.

Similarly, Service Quality System Availability among Online Buyers causes significantly good effect on perceived security in e-Commerce with the next higher t value of 3.551. This clearly confirms the positive effects of e-Commerce websites built through the features that can ensure availability of business round the clock with advanced and innovative website design guarantees proper working and loading of web portals in order to avoid crashing and freezing during online transaction contributing towards enhanced perceived security in e-Commerce format.

The 't' value of 1.240 obtained for the Service Quality Contact significantly causes considerable effect on the perceived security in e-Commerce. This confirms the positive effects of e-Commerce websites with availability of contact numbers to reach the company. Also, the option to talk with the live representative while facing inconvenience during online transaction are found to be very essential in contributing towards enhanced perceived security in e-Commerce format.

The 't' value of -1.351 obtained for the Service Quality Responsiveness significantly causes considerable effect on the perceived security. The negative 't' value obtained indicates the existence of inverse relationship between Service Quality Responsiveness and perceived security. Specifically, higher the Service Quality Responsiveness, lesser is perceived security risk. The enhanced and smooth procedure in dealing while returning the product contributes to maximum levels of Service Quality Responsiveness. As such procedure deviates due to service provider incapability results significant negative effects on perceived security and it is confirmed through the negative 't' value obtained for the Service Quality Responsiveness in e-Commerce format.

The remaining 't' values of 0.822, 1.395 and 0.760 corresponding to the dimension of Service Quality such as Service Quality Efficiency, Service Quality Fulfillment and Service Quality Compensation are not found to be significant at 5 percent level. Hence, it can be inferred that the perceived security in e-Commerce does not depend significantly on these Service Quality dimensions.

5.3 E-COMMERCE CUSTOMER TRUST DEPENDENCY WITH SERVICE QUALITY DIMENSIONS

The dependency effects of e-Commerce customer trust on Service Quality dimensions like Service Quality Efficiency, Service Quality System Availability, Service Quality Fulfillment, Service Quality Privacy, Service Quality Responsiveness, Service Quality Compensation and Service Quality Contact among Online Buyers in e-Commerce is defined in hypothesis-3, taken up and its results are shown in the table-5, as an outcome of multiple regression model conceptualized. From the results, it can be inferred that the F value of 14.726 is found to be significant at 5 percent level and hence, the hypothesis-3 is rejected. These results suggest that e-Commerce customer trust depends on the group of Service Quality dimensions in e-Commerce. However, Ghalandari (2012) show that information quality, system quality and web-service quality from e-service quality influences positively on trust among online buyers. Further, the adjusted R square value of 0.658 from the table-5 indicates that 65 percent of e-Commerce customer trust among Online Buyers significantly depends on these groups of dimensions of Service Quality in e-Commerce. Also the 't' values of 2.534, 2.370, 8.271 and 0.082

corresponding to Service Quality dimensions such as Service Quality System Availability, Service Quality Fulfillment, Service Quality Privacy and Service Quality Responsiveness are found to be having significant effects on the model conceived.

TABLE-5:RESULT OF REGRESSION FOR HYPOTHESIS-3

Model	Unstandardized Coefficients		Standardized Coefficients	t	F	Adjusted R square
	B	Std. Error	Beta			
(Constant)	0.482	0.388		1.241	14.726*	0.658
Efficiency	0.046	0.092	0.038	0.503		
System Availability	0.180	0.071	0.180	2.534*		
Fulfillment	0.028	0.077	0.027	2.370*		
Privacy	1.088	0.132	0.570	8.271*		
Responsiveness	0.006	0.069	0.005	0.082*		
Compensation	0.153	0.103	0.106	1.485		
Contact	0.006	0.082	0.006	0.072		

Dependent Variable: e-Commerce customer trust; *Significant at 5 percent level;
Source: Computed from Primary data

More specifically Service Quality Privacy among Online Buyers is found to be having significant superior effect on e-Commerce customer trust with highest 't'value of 8.271. This clearly confirms the positive effects of e-Commerce websites through information protection like web shopping behavior, personal and credit card information causative towards superior customer trust in e-Commerce.

Similarly, Service Quality System Availability among Online Buyers causes significantly good effect on e-Commerce customer trust in e-Commerce with the next higher t value of 2.534. This clearly confirms the positive effects of e-Commerce websites built through the features that can ensure availability of business round the clock with advanced and innovative website design guarantees proper working and loading of web portals in order to avoid crashing and freezing during online transaction contributing towards enhanced customer trust in e-Commerce format.

The 't' value of 2.370 obtained for the Service Quality Fulfillment significantly causes considerable effect on the customer trust in e-Commerce. This confirms the positive effects of e-Commerce websites with promised delivery of products ordered and makes product available to the customers within a suitable timeframe. They deliver the exact product ordered and moreover displays the list of items available in the stock gives the sense of trustworthiness. Such features contribute towards enhanced customer trust in e-Commerce transactions.

The 't' value of 0.082 obtained for the Service Quality Responsiveness significantly causes considerable effect on the customer trust in e-Commerce. This confirms the positive effects of e-Commerce websites with availability of convenient options for returning the products in a hassle free manner. Such features are found to playing as important role in contributing towards enhanced customer trust in e-Commerce.

The remaining 't' values of 0.503, 1.485 and 0.072 corresponding to the dimension of Service Quality such as Service Quality Efficiency, Service Quality Compensation and Service Quality Contact are not found to be significant at 5 percent level. Hence, it can be inferred that the customer trust in e-Commerce does not depend significantly on these Service Quality dimensions

5.4 E-COMMERCE CUSTOMER TRUST DEPENDENCY WITH PERCEIVED SECURITY

The dependency effect of customer trust on perceived security among Online Buyers in e-Commerce is defined in hypothesis-4, taken up and its results are shown in the table-6, as an outcome of multiple regression model conceptualized. From the results, it can be inferred that the F value of 77.371 is found to be significant at 5 percent level and hence, the hypothesis-4 is rejected. These results suggest that customer trust depends on the perceived security in e-Commerce. Such results indicate that building customer trust should be focused by the operating e-commerce players in India to maintain surveillance business in the competitive market. E-commerce players must provide trusted and dependence information about the product available in the stock item lists. Hence, these activities will boost the customer trust over e-commerce web portals, ultimately express customer loyalty to the web-portals. This result goes to some extent in line with the findings of the Ghalandari (2012), showed that e-trust influences positively both e-satisfaction and e-loyalty. Also Brillent and Achyar (2013) shows that satisfaction does not affect loyalty but customer trust affects customer loyalty and that trust is affected by information quality. Further, the adjusted R square value of 0.752 from the table-6 indicates that 75 percent of customer trust among Online Buyers significantly depends on perceived security in e-Commerce. Also the 't' values of 2.112 corresponding to customer trust is found to be having significant effect on the model conceived.

TABLE-6:RESULT OF REGRESSION FOR HYPOTHESIS-4

Model	Unstandardized Coefficients		Standardized Coefficients	t	F	Adjusted R square
	B	Std. Error	Beta			
(Constant)	1.721	0.190		9.062*	77.371*	0.752
Perceived security	0.197	0.093	0.167	2.112*		

Dependent Variable: e-Commerce customer trust; *Significant at 5 percent level;
Source: Computed from Primary data

This clearly confirms the positive effects of e-Commerce websites built through the mechanism to ensure the safe transmission of its buyer information, sufficient technical capacity to ensure that the buyer's data cannot be modified during online transaction by hackers and moreover updated security system to protect the buyer's financial e-transactions. Such features are contributing towards higher customer trust in e-Commerce format. However, perceived security is an important component that can ensure higher level of trust especially in e-transactions. Hence, online customers may show high concern towards security and payment in e-transactions, so they must have high level of trust while purchasing online goods and services (Singh and Sirdeshmukh, 2002). However, looking towards the preferred payment options by online buyer, cash on delivery (COD) is widely opted by the online customers in India. Such options are the strategic tools to capture more customer base, the willingness of the Online Buyers to pay online before receiving the product is a matter of trust on the part of the e-Commerce (Garbarino and Johnson, 1999). Hence, it becomes the responsibility of the e-Commerce players to ensure better trust among the Online Buyers.

6. CONCLUSION AND LIMITATIONS

The conceptual framework present in the work provides the relationship between e-Service Quality, perceived security and e-commerce customer trust. For simple understanding the investigation made through this work indicates that perceived security and customer trust depends significantly on overall Service Quality among online buyers in e-Commerce. Service Quality, perceived security and trust are major dimensions in service industry mostly in e-commerce. Hence, Service Quality and perceived security plays key role in building e-commerce customer trust. The present work underlined the importance and contribution of these dimensions in e-commerce dealings. Even though perceived security and customer trust has superior dependency effect on overall Service Quality, also perceived security has stronger dependency effect on customer trust among online buyer in e-Commerce.

Efficiency, Service Quality System Availability, Service Quality Fulfillment, Service Quality Privacy, Service Quality Responsiveness, Service Quality Compensation and Service Quality Contact, Service Quality dimension Privacy among online buyers in e-Commerce is found to be having elevated effect on both perceived security and customer trust. This clearly confirms the positive effects of e-Commerce websites through information protection like web shopping behavior, personal and credit card information causative towards superior customer trust in e-Commerce. Also, Service Quality dimension System Availability and Service Quality dimension Responsiveness are found to be having superior effect on both perceived security and customer trust with negative relationship between dimension Responsiveness and Perceived security. Further, Service Quality dimension Contact is found to be having significant effect on perceived security only and Service Quality dimension Fulfillment is found to be having significant effect only on customer trust in e-Commerce. On the other hand Service Quality dimensions such as Efficiency Compensation are not found to be having significant effect neither on perceived security nor on customer trust.

Further, the results suggests that perceived security is found to be having significant prominent effect on customer trust among online buyers. This clearly confirms the positive effects of e-Commerce websites built through the mechanism to ensure the safe transmission of its buyer information, sufficient technical capacity to ensure that the buyer's data cannot be modified during online transaction by hackers and moreover updated security system to protect the buyer's financial e-transactions. So it confirms that perceived security is an important component that can ensure higher level of trust especially in e-transactions. Hence, for future works customer trust can be prominent component that can act most important and essential makeup in satisfying and retaining loyal customers. The limitations of the study can be converted into useful works in future, as the reality is that the sampling area for the present work is the major part of Jammu city, which may not be the envoy of the total population of online buyers in Jammu division of J&K state. This indicates that the sample size adopted for the present work is not sufficient as much as necessary. Hence, for future studies sample size could be increased in order to improve the validity and soundness of the study.

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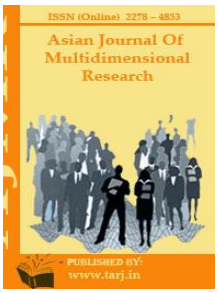

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"COMPARATIVE STUDY OF ANXIETY AND PERSONALITY AMONG TEAM AND INDIVIDUAL GAMES' MALE PLAYERS"

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ABSTRACT

The study was conducted to find out the comparison between individual and team games in relation to their anxiety and personality. The sample consisted of 200 individual and team game (i.e. 50 Hockey, 50 Football 50 Gymnasts, and 50 Athletics) were selected as subjects. To assess the anxiety of players used S. Sharma & M. Singh (1973) and personality of the subjects was measured by EPI (Eysenic Personality Inventory) constructed by Giridhar P. Thakur. Data was analyzed through t-test and it was found that Individual game players were more anxious than those of team game players and in Individual games players and team game players were possessing partially more or less personality level.

KEYWORDS: *comparison, personality, constructed, conducted*

INTRODUCTION

Sports are as old as human society and it has achieved a universal following in the modern times. It now enjoys a popularity which outstrips all other forms of social activity. It has become an integral part of educational process. Millions of fans follow different sports events all over the world with an enthusiasm bordering on devotion. Many people participate in sports activities for the fun of it or for health, strength and fitness. It is assuming the shape of a profession involving high skills, ample financial linked with high degree of popularity.

Anxiety has been defined in a variety of way such as "a disturbed state" of the body (Johnson (1951), "Emotional reactivity (Hardman & Johnson (1952). Arousal (Skubic (1956), nervousness (Ikegami 1970), neuroticism (Kane, 1970) and unrealistic and unpleasant state of body and mind (Pikunar 1969). In medical terminology anxiety is defined as "apprehension of danged accompanied by restlessness and a feeling of oppression in the epigastria.

A large amount of literature is available in the area of "Sports and personality". This proves that personality research in sports setting has been, quite popular. According to Mohan (1989), personality has a remarkable importance in sports.

Taking into view the aforementioned facts and observation, the present study was planned to determine the comparison between individual and team games in relation to their anxiety and personality among male players.

STATEMENT OF THE STUDY

"COMPARATIVE STUDY OF ANXIETY AND PERSONALITY AMONG TEAM AND INDIVIDUAL GAMES' MALE PLAYERS."

OBJECTIVES OF THE STUDY

The major objectives of the study are stated as under:-

- To determine the differences in anxiety between individual and team games.
- To determine the difference in game between individual and team games.
- To determine the differences in anxiety between individual and team games.
- To determine the difference in Personality between individual and team games.

HYPOTHESES OF THE STUDY:-

Keeping in view the objectives of the study the following hypotheses have been formulated:-

- There will be a significant difference in anxiety level between individual and team games.
- There will be a significant difference in personality between individual and team players.

METHODOLOGY

For the present study total 200 players of individual and team games (i.e. 50 Hockey, 50 Football 50 Gymnasts, and 50 Athletics) were selected as subjects. All these players played national, state, inter-college and inter-university championship.

TOOLS USED

Keeping in view those considerations the investigator has used the following tools for data collection:

- To assess the anxiety of the subject's the Sports Competition Anxiety Test developed by S. Sharma & M. Singh (1973) was utilized.
- To assess the personality of the subjects was measured by EPI (Eysenic Personality Inventory) constructed by Giridhar P. Thakur.
- **Statistical Design:-**

In order to achieve the objective of the present study, the investigator has applied 't-test' for individual and team games comparison.

TABLE -1 COMPARISON OF MEAN DIFFERENCE OF ANXIETY LEVEL BETWEEN HOCKEY PLAYERS AND ATHLETES

Players/ Athletes	Mean	S.D.	SEd	t-ratio
Hockey	18.05	1.79	6.71	3.65*
Athletics	24.65	2.45		

Tabulated Value at 0.05 level of confidence= 1.972

* Significant at .05 level of confidence

Table 1 reveals that the mean score of anxiety level of Hockey players and Athletes, which were 18.05 and 24.65 respectively. The t-ratio of mean difference is found 3.65., which is greater than table value (1.972). It means that a significant difference exists between Hockey players and Athletes in their anxiety level. So it was concluded that the anxiety level of Athletes were more than the Hockey players.

TABLE – 2 COMPARISON OF MEAN DIFFERENCE OF ANXIETY LEVEL BETWEEN FOOTBALL PLAYERS AND ATHLETES

Players	Mean	S.D.	SEd	t-ratio
Football	20.46	2.03	2.04	2.05*
Athletics	24.65	2.45		

Tabulated Value at 0.05 level of confidence= 1.972

* Significant at .05 level of confidence

Table 2 depicted the mean score of anxiety level of Football players and Athletes, which were 20.46 and 24.65 respectively. The t-ratio of mean difference was found 2.05, which was greater than the table value (1.972). It indicated, a significant difference exists between Football players and Athletes in their anxiety level. So it can be concluded that Athletes posses more anxiety level comparing to Football players.

TABLE – 3 COMPARISON OF MEAN DIFFERENCE OF ANXIETY LEVEL BETWEEN FOOTBALL PLAYERS AND GYMNASTS (DF=198)

Variables	Mean	S.D.	SEd	t-ratio
Football players	20.46	2.03	2.04	1.06
Gymnastics	22.62	2.25		

Tabulated Value at 0.05 level of confidence= 1.972

Table 3 reveals that the mean score of anxiety level of Football players and Gymnasts, which are 20.46 and 22.62 respectively. The t-ratio of mean difference is found 1.06, which is lesser than tabulated value (1.972). It indicates that there is no significant difference in anxiety level of Football players and Gymnasts.

TABLE 6 COMPARISON OF MEAN DIFFERENCE OF PERSONALITY LEVEL BETWEEN INDIVIDUAL AND TEAM GAME PLAYERS (df=198)

Players	Mean	S.D.	S.E.D.	t-ratio
Individual Games	34.07	3.38	3.39	0.30
Team Games	33.04	3.28		

Tabulated Value at 0.05 level of confidence= 1.972

Table and figure 4.11 depicts that the mean score of personality of Individual games and Team games players, which are 34.07 and 33.04 respectively. The t-ratio of mean difference was found

0.30, which was lesser than table value (1.972). It means, there did not exist any significant difference between players of Individual games and Team games on personality. So it was resumed that there was no statistical difference in personality level between Individual and team games players.

TABLE 4.12 COMPARISON OF MEAN DIFFERENCE OF PERSONALITY LEVELS BETWEEN HOCKEY PLAYERS AND ATHLETES (df=198)

Players	Mean	S.D.	S.E.D.	t-ratio
Hockey player	32.05	3.18	3.19	0.31
Athletes	31.07	3.09		

Tabulated Value at 0.05 level of confidence= 1.972

Table and figure 4.12 revealed that the mean score of personality of Hockey players and athletes, which were 32.05 and 31.07 respectively. The t-ratio of mean difference was found 0.31, which is lesser than table value (1.972). It means, there does not exist any significant difference between Hockey players and athletes. So it was concluded that there was no statistical difference in personality levels between Hockey players and athletes.

TABLE 4.13 COMPARISON OF MEAN DIFFERENCE OF PERSONALITY LEVELS BETWEEN FOOTBALL PLAYERS AND ATHLETES (df=198)

Players	Mean	S.D.	S.E.D.	t-ratio
Football player	30.04	2.98	2.99	0.34
Athletes	31.07	3.09		

Tabulated Value at 0.05 level of confidence= 1.972

Table and figure 4.13 reveals that the mean score of personality of Football players and athletes, which are 30.04 and 31.07 respectively. The t-ratio of mean difference was found 0.31, which was lesser than table value (1.972). It means that there was no significant differences exist between Football players and athletes. So it could be resumed that there was no statistical difference exist in personality levels between Football players and athletes.

TABLE 4.14 COMPARISON OF MEAN DIFFERENCE OF PERSONALITY LEVELS BETWEEN HOCKEY PLAYERS AND GYMNASTS (df=198)

Players	Mean	S.D.	S.E.D.	t-ratio
Hockey player	32.06	3.18	3.19	0.62
Gymnasts	34.05	3.38		

Tabulated Value at 0.05 level of confidence= 1.972

Table and figure 4.14 depicts that the mean score of personality of Hockey players and Gymnasts, which are 32.06 and 34.05 respectively. The t-ratio of mean difference was found 0.62, which was lesser than the table value (1.972). It means, there existed no significant difference between Hockey players and Gymnasts. So it was resumed that there was no difference in personality levels between Hockey players and Gymnasts

TABLE 4.15 COMPARISON OF MEAN DIFFERENCE OF PERSONALITY LEVEL BETWEEN FOOTBALL PLAYERS AND GYMNASTS (df=198)

Players	Mean	S.D.	S.E.D.	t-ratio
Football player	30.04	2.98	2.99	1.34
Gymnasts	34.06	3.38		

Tabulated Value at 0.05 level of confidence= 1.972

Table and figure 4.15 shows that the mean score of personality of Football players and Gymnasts, which are 32.05 and 34.05 respectively. The t-ratio of mean difference is found 0.62, which was lesser than table value (1.972). It means, there was no significant difference existed between Football players and Gymnasts in personality levels.

RESULTS AND CONCLUSIONS

1. Significant difference was observed in anxiety level of individual and team game players. Individual game players possess more anxiety than those of the team game.
2. Significant difference was found in anxiety level of Hockey players and athletes. Athletes are more anxious than Hockey players.
3. Significant difference was observed in anxiety level of Athletes and Football players. Therefore, athletes and football players showed similarity in anxiety level.
4. Significant difference was found in anxiety level of Hockey players and Gymnastics players. Gymnastics is more anxious than Hockey players.
5. Non-significant difference was observed in anxiety level of Football players and gymnastic players. Therefore, football players and gymnasts depict similar level of anxiety.
6. Non-significant difference was found in personality of Individual and team game players. Therefore Individual and team games players have similar personality.
7. Non-significant difference was found in personality of Hockey players and athletes. So, Hockey players and athletes have similar personality.
8. Non-significant difference was found in personality of Football players and athletes. Therefore, Football players and athletes have same personality.
9. Non-significant difference was found in personality level of Hockey players and gymnasts. So, Hockey players and gymnasts show same level of personality.
10. Non-significant difference was found in personality level of Football players and gymnasts. So, Football players and gymnasts have same personality level.

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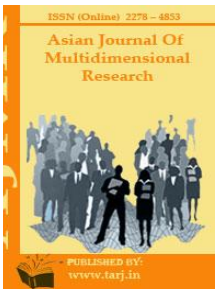

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BALANCED SCORECARD: NEW WAY IN NEW ERA

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ABSTRACT

Various measures have been evolved over a period of time for the purpose of evaluating performance of any organisation. However, most of these measures concentrate on only one of the facets of the organization. It is recognized that while an organization might be performing well in one area, it might be ill-performing in some other area. Consequently, balanced sustainable development of the organization becomes a difficult objective. The concept of Balanced Scorecard, developed by Robert Kaplan and David Norton in 1992, tries to overcome this limitation of the traditional techniques of performance evaluation. A Balanced Scorecard brings together, in a single management report, many of the seemingly disparate elements of a company's competitive agenda. It provides an organization the necessary tools for performance measurement and monitoring, directly addressing multiple aspects that support the overall vision and strategy by developing indicators for different factors. Once the use of the Balanced Scorecard filters down in the organization, the lower level employees are able to see the link between what they do and its impact on the company's bottom line goals (e.g., results benchmarks like profit). And the scorecard becomes a management tool where employees receive feedback that is timely enough to impact current or future performance. Unfortunately, the logic lying behind the scorecard approach to performance measurement can go away when measures are put to use in the face of practical contingencies affecting an organization. While there are good reasons to measure multiple dimensions of performance, there are also strong pressures to appraise performance along one dimension: better or worse. The Balanced Scorecard concept has intrinsic executive appeal, though for success the Balanced Scorecard must be viewed as the tip of the improvement iceberg. Processes within the organization are less visible, but equally essential to assure that the scorecard contained the right components and support systems. Adding simply more non-financial measures can result in a loss of organizational focus and a dilution of effort. This paper critically evaluates the concept of Balanced Scorecard as a tool for performance measurement of an organization. Apart from the

need for such a technique, the shortcomings are also discussed to understand why adoption of Balanced Scorecard technique is difficult in practice.

KEYWORDS: *Balanced Scorecard, Performance Evaluation, Contingencies*

I. INTRODUCTION:

The old school of performance measurement were giving importance only to the financial matrix, However, such financial metrics were ill suited to meet demands of modern business world characterized by value creation stemming from intangible assets such as employee know-how, strong customer relationship and cultures capable of innovation and change. The notion was simple, but the ramifications profound. As a remedy, the organizations around the world began to embrace the Balanced Scorecard system.The concept of the Balanced Scorecard (BSC) was first introduced by Robert Kaplan and David Norton in 1992. Since its inception, the concept has been hailed as one of the most influential business ideas of the twentieth century. Thousands of organizations, spanning every conceivable type and size across the globe, have relied upon it. However, when it comes to practical application, organizations find it quite difficult to evaluate performance through a Balanced Scorecard, mainly due to the existence of various contingencies. Consequently, what appears to be an excellent tool for performance measurement turns out to be inefficient when applied in practice. This paper is intended at bringing out both strengths and weaknesses of Balanced Scorecard approach to performance evaluation of an organization.

Section II of this paper brings out the importance of intangible assets for an organization and the need for Balanced Scorecard as a weapon to evaluate performance. Section III discusses the contingencies, which render the use of Balanced Scorecard impractical and irrelevant, while restricting the inclusion of innovations and flexibility in it. Section IV discusses the flip side of the Balanced Scorecard approach due to the contingencies, while section V concludes.

II. HIGH PRAPORTION OF INTANGIBLES :

Factors like employee knowledge, relationship with the customers and the culture of innovation and changes generates success for an organization in the modern economic era In other words, the intangible assets are the key to long-term success in today's world. The power of intangibles manifest in the valuations is seen in modern organizations. According to Blair, the ordinary accounting techniques can measure only the physical assets of the companies. However, these physical assets account for less than one fourth of the value of the corporate sector. This implies that more than 75 per cent of the sources of value inside an organization are ignored and not measured or reported in their books. Just about two decades ago, the values of intangible assets in a typical organization were estimated at around 38 per cent. This value has virtually doubled in the past two decades.

Kaplan and Norton have recommended broadening the scope of the performance evaluation measures to include four areas of an organizational functioning:

a. Financial Performance

b. Customer Knowledge

c. Internal Business Processes

d. Learning and growth Mechanism

This allows the monitoring of present performance of the organization. Not only that, but also this method tries to capture information about how well the organization is positioned to perform in the future.Kaplan and Norton (1992, 1996) developed the Balanced Scorecard concept to address the perceived shortcomings in financially oriented performance measurement systems. The Balanced Scorecard approach supplements traditional financial measures with non-financial measures focused on at least three other perspectives – customers, internal business processes, and learning and growth. Kaplan and Norton contend that the Balanced Scorecard provides a number of mechanisms for linking long-term strategic objectives with short-term actions.

First, development of the Balanced Scorecard forces managers to develop consensus around the firm's vision and strategy. By requiring the vision and strategy to be expressed in terms of an integrated set of objectives and measures, senior executives must agree on how broad strategic objectives can be translated into operational measures that guide lower-level managers' actions.

Second, the Balanced Scorecard allows managers to communicate the firm's strategy throughout the organization, helping to ensure that employees understand the long-term strategy, the relations among the various strategic objectives, and the association between the employees' actions and the chosen strategic goals.

Third, by integrating strategic and financial plans, the Balanced Scorecard helps firms to allocate resources and set priorities based on the contribution of various initiatives to long-term strategic objectives. Corporate executives can learn the extent of investment needed in human resources, systems and procedures to improve future performance.

Fourth, by incorporating non-financial indicators of the drivers of strategic and financial success, the Balanced Scorecard provides strategic feedback and promotes learning through the monitoring of short-term strategic results, thereby allowing firms to modify objectives or strategies before financial results turn down. In fact, Balanced Scorecard puts strategy at the center of the management process. It also acts as the "operating system" for a new management process.

Fifth, a Balanced Scorecard complements measures of past performance, that is, the lagging indicators, with the future performance drivers, that is, the leading indicators. In this sense, a Balanced Scorecard is not only a tool to evaluate performance of an organization, but it is also a link between the past performance and future strategic actions of the organization. Such linkages are necessary to realize the performance objectives more efficiently.

Although Kaplan and Norton (1996) argue that the proper role of the Balanced Scorecard in determining compensation is not yet clear, a recent survey of scorecard implementations found that 70 percent of the respondents already used the Balanced Scorecard or some variant of it for compensation purposes. 17 percent are actively considering its use for this purpose (Towers Perrin, 1996). Similarly, research by Ittner et al. (1997) indicates that 36 percent of U.S. firms now use both financial and non-financial measures in the annual bonus contracts of their chief executive officers, with significant weightage assigned to a function of strategic objectives of the organization.

III. PROBLEMS WITH THE NEW SYSTEM:

A Balanced Score Card method of performance evaluation involves linking strategy to action. It provides a framework that helps in solving its short-term operational problems with alignment to the long-term strategy. As the BSC practice became more widely adopted, more evidence became available to test its universal effects. Interestingly, the evidence also explains variation in the effectiveness of the BSC practice as the measure of performance evaluation. So, while designing a BSC, these contingent factors become essential to consider. Several contingencies have been found to be important in studying the effectiveness of the practices. These include

- Environmental uncertainty
- Organizational structure
- Size of the organization
- Technology

Evaluating performance becomes difficult as performance of the managers depends on events over which they have little control. Evaluating performance becomes difficult as performance of the managers depends on events over which they have little control. Moreover, if the performance measurement criteria of the organization keep changing frequently, due to the changes taking place within the organization and outside the organization, it becomes difficult for the organization to frame the BSC. In this case, the organization needs to frame the BSC frequently to accommodate the changing criteria of performance evaluation. And it is always difficult to make changes in performance drivers, as they are not just performance indicators, but organizational strategy has to be formulated on its basis. So with the change in the performance indicators, a need arises to change the long-term and short-term strategy of the organization.

A BSC created as mechanistic nature of integrated performance may restrict innovation and flexibility, which are important for any organization in this changing world. The technology adopted by an organization presents varying degree of complexities. These complexities can lead to more complex business modeling with the large number of casual connections between strategy and operations. Such a model can result in a wide diversity of measures that can cause information overload. An attempt to manage performance against the measures exceeding the information processing capabilities of managers at the extreme level could result in a deteriorating performance. Thus, in highly detailed and comprehensive business modeling, the associated performance measures will be ineffective if the conditions affecting the models are changing in unpredictable ways. Balanced Scorecard also involves detailed and complex business modeling due to its generic measures, cause-and-effect relationships, which create problems in strategy linkage. Contingency approach sees that organizations change their performance measures over time to accommodate their changing circumstances, while attempting to maintain effectiveness of operations while designing their Balanced Scorecards (Donaldson, 2001).

IV. LITERATURE REVIEW WITH REFERENCE TO THE NEWER SYSTEM:

Ittner and Larcker (1998a) report that scorecards assisted only a minority of managers in understanding goals and strategies or in relating their jobs to business objectives. They established that managers made little attempt to link non-financial performance measures to advance their chosen strategies. Most remarkably only 23 per cent of these managers were able

to show that they built casual models and most of the managers could not validate the casual links. In an experimental study, Lipe and Salterio (2000) demonstrated that managers had cognitive difficulties working with measures to evaluate performance that were specific to a situation.

Ittner et al. (2003) found that financial firms using a BSC to reward managers had the potential to counter many of the criticisms of short-term accounting-based reward system. However the weights assigned to each performance measure used in the BSC differed from manager to manager and organization to organization. While undertaking evaluations and awarding bonuses, some measures were neglected, although these measures were the leading indicators of the strategic objectives of financial performance and customer growth.

One difficulty in studying BSC is that the precise nature of an organization's scorecard is often not identified. There is a wide variation in the nature of Balanced Scorecard ranging from combinations of financial and non-financial measures to more comprehensive systems linking operations to various perspectives and to strategy (Ittner and Larcker 1998a; Hoque and James 2000; Ittner and Larcker 2003; Ittner et al. 2003). With a highly diverse set of measures managers must decide how they will spread their efforts over the different areas. So it is difficult for the manager to decide upon a balanced set of measures, which in turn makes designing a BSC difficult in practice. In the situations of technological complexity, uncertainty and interdependence, it is possible to use probabilistic and subjective measures. However, some research works have shown that these softer measures tend to be manipulated by senior management. It may also happen that the range of measurement is compressed, which may lead to lesser differentiation in assessing the performance of the employees and an overall perception of unfairness (Predegast and Topel, 1993; Moers, 2005).

Ittner and Larcker (1998a) report that more than a third of respondents to a survey by the consulting firm Towers Perrin found it difficult to implant BSC for lower levels. In some organizations, more complex hierarchical structures may contribute to the difficulty of identifying as to how the implied business model translates across the organizational structure. And for effective implementation of BSC, organizations require structures that are sufficiently open and flexible to ensure that employees are empowered to search for alternatives to respond to strategic, uncertainties and that these are discussed regularly in face-to-face meetings (Simon 1995, 2000).

In addition , Balanced Scorecard is expensive to design and implement. The size of the organization is an important factor that determines the extent to which the organization might have resources to experiment with the performance measurement systems.

V. CONCLUSION:

While financial aspects alone appear to be inefficient tool for performance evaluation of an organization, Balanced Scorecard technique appears to be a more comprehensive and more efficient tool for the purpose. Evidence suggests that many organizations have been able to generate better strategic links between short-term and the long-term objectives based on this technique. However, various contingencies inherent to the functioning of an organization make it difficult to implement this method effectively. Not only that the contingencies make practical implementation of the BSC technique a little difficult, but also different organizations face a wide variety and different sets of contingencies. Hence, it is almost impossible to build a single,

common BSC for all organizations even within one business sector. Further, different BSCs may be required to assess the performance of a single organization over a period of time. Consequently, comparing different organizations on the basis of a BSC may become an even more complicated task.

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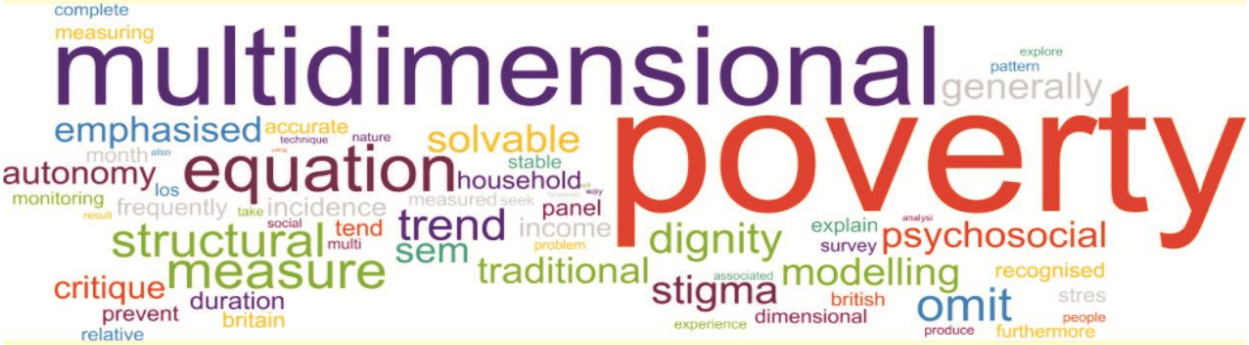

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