TAJMMR

VISION

The vision of the journals is to provide an academic platform to scholars all over the world to publish their novel, original, empirical and high quality research work. It propose to encourage research relating to latest trends and practices in international business, finance, banking, service marketing, human resource management, corporate governance, social responsibility and emerging paradigms in allied areas of management. It intends to reach the researcher's with plethora of knowledge to generate a pool of research content and propose problem solving models to address the current and emerging issues at the national and international level. Further, it aims to share and disseminate the empirical research findings with academia, industry, policy makers, and consultants with an approach to incorporate the research recommendations for the benefit of one and all.
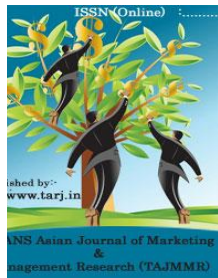
T R A N S   A s i a n   J o u r n a l   o f   M a r k e t i n g   M a n a g e m e n t   R e s e a r c h   (TAJMMR)

(Double Blind Refereed & Reviewed International Journal)

TRANS Asian Journal of Marketing Management Research (TAJMMR)

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MY HEALTH CARE COMPLETE HEATH CARE SERVICES (APP)

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ABSTRACT

*My Health Care App I just clicking a unique in nature, this app helps to health issues of the app holder by just clicking one single button, the main objective of creating this app is to reduce the all unnecessary formalities and easy and impulsive helps to user for their disease in emergency condition as bellow mentioned.*

**KEYWORDS:** *Care, Disease, Emergency, Healthcare, Register, Formality.*

INTRODUCTION

Project 1: says, welcome page of care for you, will immediately two different services will be there like.

Emergency

Register
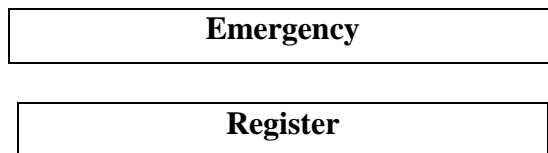
If any emergency condition users just once click on the emergency button it will take to the list of emergencies like cardiac arrest (Heart attack), Trauma Care/ Casualty, Gastroenterology, Accident cases, orthopedic, Cancer, Burner or Gynecologist, such emergency services will be displayed and user just click on the necessary button and directly through GPS it take to nearest specialty concern hospital.

For example, any critical condition a cardiac arrested person alone at home or somebody is with him also, some time they may not take right decision on the spot what to do and where to take, which hospital is the best, in such cases this app helps the patient to take right decision to choosing the best one. Once patient called to concern hospital through the GPS, and while patient taking to the hospital through the video call the expert doctor will be guide to patient for first aid and necessary treatment while taking to hospital. Even though for assisting to emergency time this app created rating system to hospitals like grading with stars. The Figer 1, and Figer 2, explains in brief.
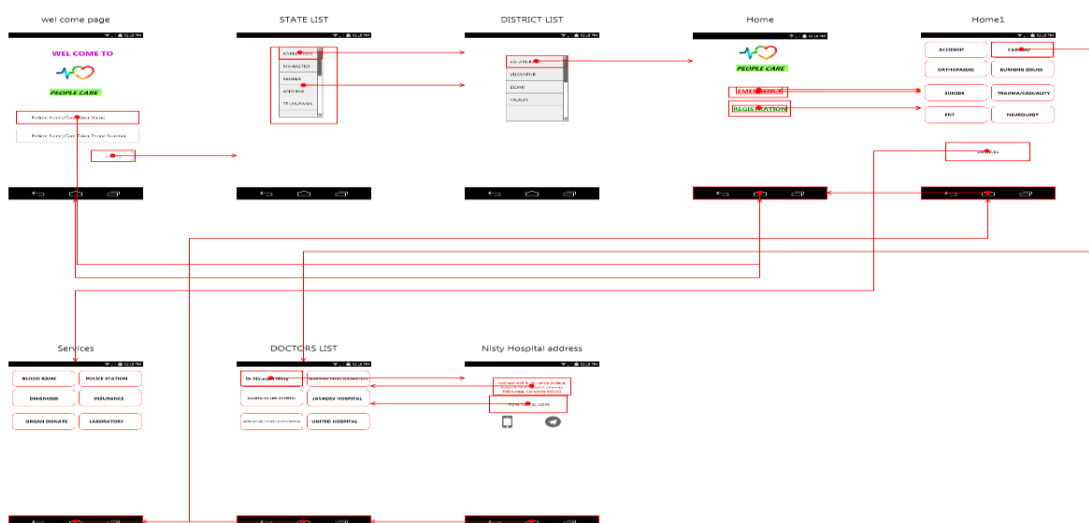
Figer 1

Figer 2

DIRECTIONS

- Once patient reach to the hospital, he will get all details of the hospital senior doctor's surgeon and expert information with their phone numbers.
- Even though patient can give a **review rating** to the hospital, by this service other patient will get the best services of the hospital.
- Because of this review rating facility hospital must care their patient carefully otherwise their rating will decrease and it give the bad remarks to the hospital.
- Apart from these this even other services are.
- Once patient enter the hospital other services are
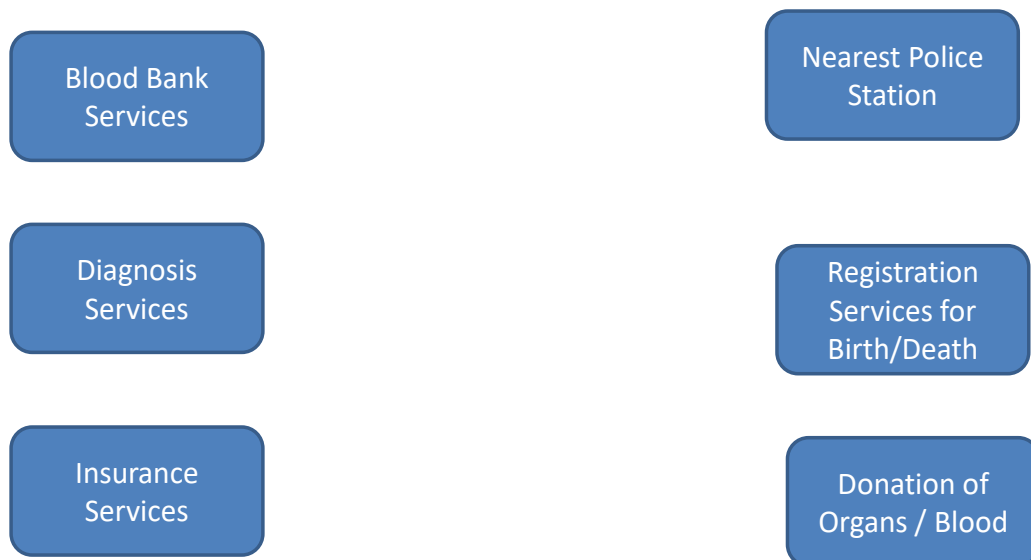
Project: 2

In this app amongs the all

- Once patient reach to the hospital, he will get all details of the hospital senior doctor's surgeon and expert information with their phone numbers.

- Even though patient can give a review rating to the hospital, by this service other patient will get the best services of the hospital.

- Because of this review rating facility hospital must care their patient carefully otherwise their rating will decrease and it give the bad remarks to the hospital.

- Apart from these this even other services are..

- ## Once patient enter the hospital other services are

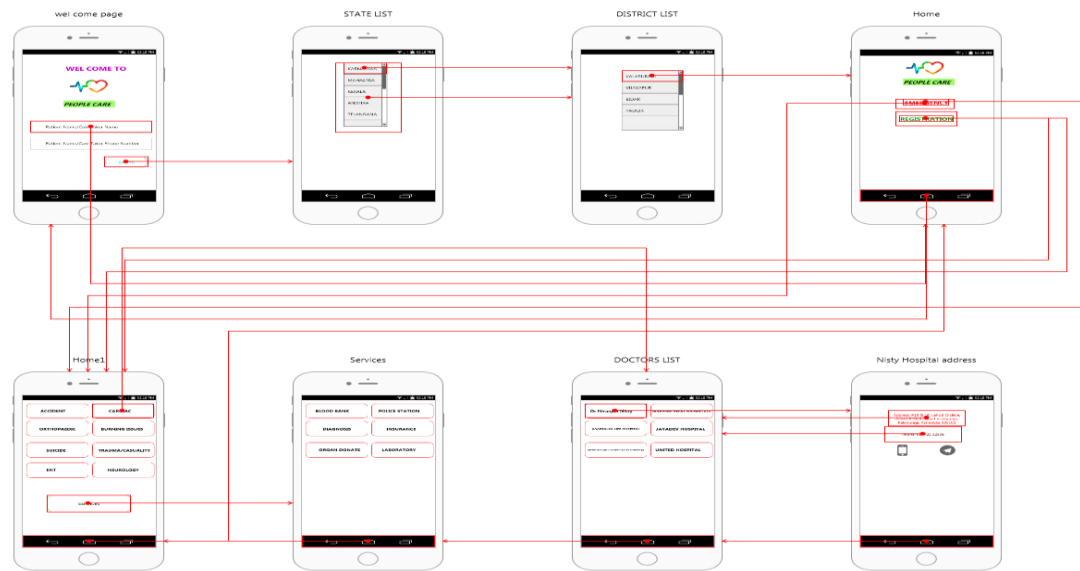|	
Blood Bank Services	Nearest Police Station
Diagnosis Services	Registration Services for Birth/Death
Insurance Services	Donation of Organs / Blood

Figer 3

Figer 4

Other Emergency Services

Blood Bank Services

- The Admitted patient if need of blood bank services he can press the button so he will get all nearest blood bank office details with their respective address and phone numbers even they will give the service for providing blood to respective hospital with proper discount.
- For example B+ available location will be detected

Blood Bank Services

- The Admitted patient if need of blood bank services he can press the button so he will get all nearest blood bank office details with their respective address and phone numbers even they will give the service for providing blood to respective hospital with proper discount.
- For example B+ available location will be detected

Diagnosis Services

- Once admitted patient need any diagnosis services by doctor prescription.
- Than just click the Diagnosis service button so immediately diagnosis centre will come with their ambulance and take the patient by their own ambulance and send the report to the concern hospital.
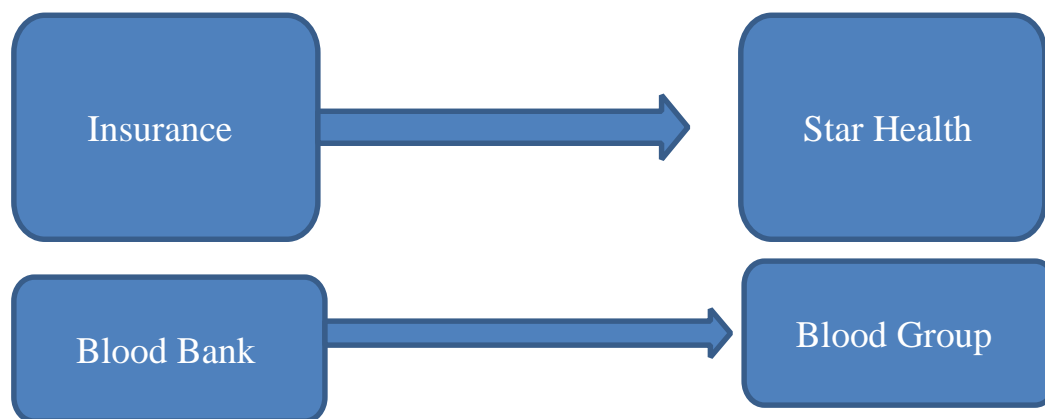
- For such services patient bellowed will get all relaxation.

Insurance Services

- Few patient might have health insurance, in such cases you just click the insurance button related and company will come and examinated the same.

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│  Insurance   │ ─────────────────▶ │ Star Health  │
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┌──────────────┐                    ┌──────────────┐
│              │                    │ Blood Group  │
│ Blood Bank   │ ─────────────────▶ │              │
│              │                    │              │
└──────────────┘                    └──────────────┘
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Police Station Facility

- If the case related to police inquiry or examination then even such facilities are also available.
- Just clicks the buttons of nearest police station will examinated the same and provide the Carbon Copy to the patient.

Registration Services

- The service also will be provided to the patient bellowed to just go to the registration button click once and repot.
- In case Gynic ward mother gives the birth to a new born baby, immediately you can upload the details of the baby.
- These all hospitals are under the registered so all information will be reaches the local municipal and within a week the concern parents will get the birth certificate.
- The same thing will be applicable to even death case, once concern just click the button and register the same and it will be registered and generates the death certificate within a week

Donation of Organs /Blood

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│    Organ/Blood       │
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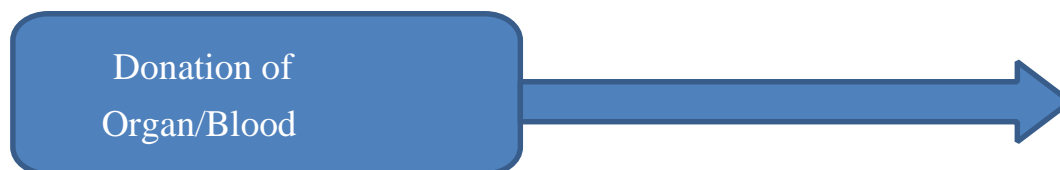
- In case of any one would like to donate any organ eg. Eyes or Blood, kidney or any organs to any one so this service will consider and recognizes such people.

- It is a very easy channel for donator for their helping many people by giving such noble services.

REGISTRATION

Registration

- Registration is a second option in this app, it help to the patient for pre-registration for make their advance booking arrangement and detailed information will be available.
- This pre-registration help to know the patient complete history to doctor and patient knows his/her doctor, so they both patient and doctor can mutual have conversation about the patient health status.
- Registration in this app helps a lot for patient.

TELEMEDICINE SERVICES

Telemedicine
Services

- Telemedicine brings healthcare within reach of population residing in medically inaccessible areas. They will also be able to share their medical reports and images to ensure an all round investigation and an accurate diagnosis. Doctors can get in touch with their peers to discuss complicated cases or to get specialized help remotely.

Mobile Health Care

Mobile Health Care

- Customers can call from their mobile and talk to health experts from this app for any health related queries and get interim relief for life's health urgencies anytime, anywhere and for anyone.

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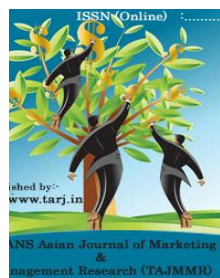
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STRATEGIES FOR PROMOTION OF INDIA'S EXPORTS TO EMERGING MARKETS: LATIN AMERICA& CARIBBEAN COUNTRIES AND SUB-SAHARA AFRICA

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ABSTRACT

Promotion of India's exports to new emerging markets in the world has assumed significant importance in the view of the economic slowdown in the developed counties and relatively growing opportunities in the emerging markets. Further, India's capacity to meet the demands of these countries in diverse fields covering consumer goods to high technology machinery items can prove to be mutually advantageous to India and these countries. But in order to achieve the desired results, there is a need for dynamic export marketing strategies to penetrate into emerging markets of the world covering mainly Latin America countries and Sub-Sahara Africa. This paper is descriptive in nature and assesses the extent to which India has tapped the market share of these new emerging economies. This paper also analyzes India's trade with these regions from year 2008-09 to 2016-17 and identifies the issues pertaining to the bilateral trade between India and these regions. The result shows a huge balance of trade against India. In view of this, India need to further push and re-examine all the schemes and strategies started with the aim of promoting India's exports and strengthening trade relations and focus on the key issues to stimulate the exports to these economies.

KEYWORDS*: Export Promotion Strategy, Latin America & Caribbean Countries, Sub-Sahara Africa, Bilateral Trade, Trade Deficit, Emerging Economies, Economic Relations.*

INTRODUCTION

India, Latin America and Sub- Sahara Africa were the colonies of European powers, after achieving independence, they confronted serious development challenges. But since then the world has changed drastically in the favour of these economies. Liberalization as the primary engine of growth resulted in a rapid growth for these countries. These regions being emerging economies present both opportunities and challenges with respect to the worldwide economic growth. There is no doubt that emerging economies are a dominant component of the 21st century global market place.

India is playing an active role in promoting its exports by initiating number of activities with the objective of penetrating into the emerging markets such as LAC and SSA to unleash the untapped potential lying in these regions and the diversification of markets from developed markets to emerging markets seems to be the right strategy in this regard. Focus Latin America and Focus Africa schemes present in foreign trade policy are some of the examples of it.

Focus Latin America programme, launched in November, 1997 with the objective to deepen the bilateral trade between India and LAC has been extended up to March, 2019 in order to significantly strengthen India's trade with this region. Focus Africa programme, launched in March, 2002 with the objective to boost India's trade with SSA region. Initially the seven countries, namely Nigeria, Ethiopia, Kenya, South Africa, Tanzania, Ghana and Mauritius were the target countries of this programme, later many more countries of SSA region became part of it.

These emerging economies are diverse in nature and provide opportunities for growth in terms of diversification of markets and investments, as well as challenges such as lack of access to financial support particularly for small traders present in these emerging economies, poor infrastructure, culture difference, linguistic barrier, High freight cost, geographical distance, etc. Keeping this in view, efforts are being made to strengthen India's trade relations with these countries. One of the most important change in India's trade development over the years has been the growing provision of concessional lines of credit which enables the buyers to import products and services from India on deferred credit terms, Secondly Duty Free Preferential Scheme for least developed countries, Third posting of marketing assistants in these countries to manage the trade related matters and to respond queries of exporters and importers.

OBJECTIVES

- To analyze India's bilateral trade with Latin America and Sub-Sahara Africa.
- To identify the issues and suggest techniques to strengthen the strategies for promotion of India's export to these regions.

India and Latin America & Caribbean Countries

India has been involved in trade with LAC since many decades and shares warm and cordial relationship but from last 15 years the trade and economic relations between the two have undergone drastic transformation. LAC region consists of 43 countries and has a huge potential lying in the region which was very difficult for India to breakthrough due to the immense

geographical distance separating the two regions, competing domestic and international priorities, culture differences, linguistic barrier, poor connectivity, lack of technology/ communication, high freight cost had been considered a tough barrier to business with LAC. But in the era of globally connected world distance and communication does not matter in case of international trade. Technological growth has fueled the business world and the electronic highway has killed the distance and has served to integrate emerging economies in to the global market place at remarkable pace. Now both the economies are making concerted efforts to strengthen trade and economic relations. Latin American is enthralled by India's IT power, economic growth and large foreign acquisitions and mergers. The economic revival of India and LAC are increasingly intersecting, opening new vistas for business and collaboration cutting across a spectrum of areas. The good relations of India with LAC are a result of policy of market diversification of India. Closer cooperation with LAC holds immense economic potential for India. Venezuela, Brazil, Chile, Colombia, Argentina, Peru, Ecuador, Dominican Republic, Panama and Costa Rica are the ten major trading partners of India.

India's trade with LAC from year 2008-09 to 2016-17 is given in the following table:

India's Trade with Latin America Countries

TABLE: I (US$ MILLION)

YEAR	EXPORTS	IMPORTS	BALANCE OF TRADE	TOTAL TRADE
2008-09	5513	8240	-2727	13753
2009-10	5614	9356	-3742	14970
2010-11	9324	13043	-3719	22367
2011-12	12277	16179	-3902	28456
2012-13	13518	27497	-13979	41015
2013-14	10792	28128	-17336	38920
2014-15	11528	26952	-15423	38480
2015-16	7531	17692	-10161	25223
2016-17	7231	17291	-10060	24522

(Source: DGCI&S, Kolkata)

The total bilateral merchandise trade of India with LAC has increased with a good margin increasing from US $ 1.96 billion during the year 2001-02 to US $ 24.52 billion during the year 2016-17, but representing the balance of trade in favour of Latin America.

Exports from India to LAC

India's exports to LAC cover diverse areas such as transport equipment, drugs & pharmaceutical, machinery, inorganic/ organic agro chemicals, manmade yarn fabrics &madeups, cotton yarn fabrics &madeups, plastic linoleum products, manufactures of metals, primary & semi-finished iron & steel. These are the top items of exports from India to this region accounted for almost 55% of the total exports during the year 2015-16, 80% , 79% and 82.50% during the years2013-14, 2012-13 and 2011-12 respectively..

These trends shows that quality and the price of India's products are accepted in this region but India's share in their total imports of these items is quite low which shows unharnessed potential in the market that can be tapped by properly assessing the markets in terms of its size, demand pattern and growth potential.

Import from LAC

Petroleum & Crude Oil have been India's largest import from LAC from last many years which has increased from 57.72% during the year 2009-10 to 76.14% during the year 2013-14 and afterwards decreased to 43.99% in the year 2015-16 but still holds the top position in India's import basket from this region. Exporters from this region are still willing to increase their supplies of crude oil to India as their erstwhile principle market the USA, reduced its imports and have increased its own domestic production. The other major items of imports from LAC include minerals, vegetable oils, Gold, etc. Imports of these items are expected to continue to appear in India's importing list due to increase in the population and high consumption rate which has brought a wide gap between the demand and domestic production.

Export Promotion Initiatives

With the aim of increasing the bilateral trade with LAC, various schemes, incentives and export promotion measures have been designed and implemented by the government of India, which have brought very good results to India. Under foreign trade policy 2009-14 as well as in FTP 2015-20, a special focus has given to LAC region as part of India's long term strategy of diversifying our trade basket.

In 2006, Focus market scheme was introduced with the objective to enhance India's export competitiveness in markets where high freight cost is an obstructer, it covered 31 markets of LAC, later in 2015 this scheme and other schemes were merged with Merchandise exports from India scheme (MEIS) to fulfill the purpose of balancing infrastructural inefficiencies and associated costs involved in export of goods which are manufactured in India and have high export intensity in nature, employment potential and thereby enhancing India's export competitiveness, Service export form India scheme (SEIS), Double weight scheme in which double weight is given to exports being made to LAC countries, have helped India to promote its exports.

Furthermore**,** India is actively engaged in following up trade and economic relations with individual countries through the forum of joint commissions and preferential trade agreements such as India- Chile preferential trade agreement (expanded), India- MERCOSUR preferential trade agreement, India- Ecuador Joint economic and trade committee (JETCO) for timely solutions to issues relating to trade and economic relations. Some of the other major steps for engagement include Market assistant, Lines of credit and ECGC cover.

Sub- Sahara Africa (SSA)

India shares cordial and friendly relations with countries in Sub Sahara Africa region consisting of eastern, western, central and southern Africa. SSA region is diverse and challenging as every country of this region has its own strength, weakness and priorities. Ethiopia, Tanzania, Uganda, Zambia, etc fall under Least Developed Countries (LDC) and

struggling with the poverty on the other hand South Africa has well developed financial and legal system, modern infrastructure, planned roads and highways for inter and intra country trade and Nigeria facing highly uncertain political environment.

Africa being rich in natural resources attracts lots of developing countries and India is one of them. It is India's one of the largest trading partner, the trade and investment between the two are growing sharply, India is at advantage due to people of Indian origin residing in African countries, this presents an interesting opportunity for India to build greater and deeper trade and economic relations with Africa. Many African countries like South Africa, Uganda, Namibia, Kenya, Mauritius, etc are common wealth states, where language is not a barrier for India. Due to geographical proximity with some of the countries of Africa ECGC cover and freight cost are low but despite having all these advantages, it is very disappointing that India is facing trade deficit that indicates pitfalls in the approach and strategies developed with the view to boost the exports from India to this region

India's trade with SSA from year 2008-09 to 2016-17 is given in the following table:

India's Trade with Sub-Sahara Africa

TABLE-IV (US$ MILLION)

YEAR	EXPORTS	IMPORTS	BALANCE OF TRADE	TOTAL TRADE
2008-09	11390	18904	-7514	30295
2009-10	10307	20715	-10408	31022
2010-11	15727	26062	-10335	41789
2011-12	19980	36648	-16668	56628
2012-13	23461	34387	-10926	57848
2013-14	25788	31719	-5931	57507
2014-15	27128	34528	-7400	61656
2015-16	20432	28774	-8342	49206
2016-17	18722	25916	-7194	44638

(Source: DGCI&S, Kolkata)

The bilateral trade with countries in SSA region has grown from US$ 3.39 billion during the year 2000-01 to US$ 44.63 billion during the year 2016-17. The date shows a continues growth from 2008-09 to 2014-15 but in the year 2015-16 the balance of trade has decreased to 49.20 bn and further decreased to 44.63 bn in the year 2016-17.

India's Bilateral Trade with Eastern Africa

Eastern Africa consist of countries like Kenya, Mauritius, Ethiopia, Tanzania, etc. the bilateral trade with countries of east Africa has reached to US $47.39 billion in the year 2017-18 (Apr-Nov). Petroleum products and drugs formulations, biological, Sugar, Iron & steel, Machinery for diary, etc are the major items of export from India to this region whereas products like Gold, Pulses, Species, Cashew, Iron & Steel are the major items of imports from this region.

India's Bilateral Trade with Western Africa

Western Africa consist of countries like Nigeria, Ghana, Cote D'Ivoire, Congo Republic etc. the bilateral trade between India and countries of western Africa amounted to US$ 13.01 billion during 2009-10 which now has increased to US$ 15.32 billion during 2017-18 (Apr-Nov).Rice (other than basmati), Drugs, Pharmaceuticals and fine chemicals, petroleum products, transport equipment, cotton yarn & fabric madeups, Machinery & Instruments, etc are the major items of exports from India to western African countries whereas petroleum, cashew, gold, wood & wood Products, fertilizers, oil seeds, cotton raw are the major items of imports from this region.

India's Bilateral Trade with Southern Africa

Southern Africa consist of South Africa, Botswana, Namibia, Lesotho, etc. the bilateral trade with these countries were amounted to US$ 13.50 billion during 2009-10 which now in 2017-18(Apr- Nov) amounts to US$ 13.31 billion. The major exporting item from India to this regions are almost the same as for western Africa whereas import consists of pearls & precious stones, coal, coke &briquettes, etc.

India's Bilateral Trade with Central Africa

Countries like Uganda, Chad, Congo Republic, etc. comes under the central region of Africa and the facts shows that this region is the least integrated one. The bilateral trade between India and central Africa is quite low accounted US$ 1.04 billion in year 2017-18 (Apr-Nov).Out of the all four regions India's trade with Eastern Africa is highest and lowest with Central Africa.

Export Promotion Activities

Presently, India shares bilateral trade agreements with 23 countries of SSA covering issues like established institutional arrangements for monitoring the Implementation of trade agreements, Granting of MFN status, Specifying currency for payments, providing safeguard clauses.

Southern Africa customs union (SACU) a group consisting of five countries, namely Botswana, Lesotho, Namibia, South Africa and Swaziland negotiating for preferential trade agreement with India on various issues like working group responsible for market access for trade in goods, rules of origin and customs procedures and legal & institutional issues. Common Market for Eastern and Southern Africa (COMESA), a joint working group has established to study the possibilities of further cooperation and partnership in the field of trade, investments, capacity building, infrastructure, etc with countries of COMESA is likely to setup soon. Comprehensive Economic Cooperation and Partnership Agreement (CECPA) with Mauritius is being negotiated between the two countries in order to boost the bilateral trade.

CONCLUSION AND SUGGESTIONS

India's trade relations with LAC and SSA have come a long way over the last decade, and moving forward in the positive direction of growth and prosperity.

India perceives LAC as a long term contributor to its energy, food security and a key source of hydrocarbon and this is one of the powerful factors that drive India to deepen its engagement

with LAC region. On the other hand LAC is enthralled by India's IT power, pharmaceuticals, machinery, economic growth, large foreign mergers &acquisitions and services. Close cooperation with LAC holds immense economic potential for India and it is need of the hour.

Spanish language which was once the barrier between India and LAC region has been also resolved, as it has become India's one of the most popular foreign language after English and French. But lack of direct air connectivity remains the main challenge between India and LAC and shipping between these regions is also costly and takes at least 45 days to ship the goods. Due to long voyage period, perishable goods cannot be traded. To cater this issue India should follow china's strategic initiatives such as establishing shipping links, offering favorable tariff lines, making investment in their land.

On the other hand Africa is one of the largest trading partner of India and a major source of petroleum, gold and precious stones, spices and wood. India shares many advantages with SSA region like Diaspora connection, low ECGC cover, low freight rate, common wealth state relation, etc. Despite having all these advantages, India has unfavorable balance of trade with this region.

India's total trade with LAC and SSA region appear to be moving in the right direction but India's share in their total imports is quite low which indicates a huge unharnessed potential in these markets, that can be tapped by properly assessing the markets in terms of its size, demand pattern and growth potential. With the view to strengthen the trade and economic relations with these countries initiatives like focus market scheme (now merged in to MEIS), market linked focus product scheme, merchandise export from India scheme, service export from India scheme, double weight scheme has been designed and incorporated by the government of India

In order to foster a new direction of cooperation with these emerging economies a permanent platform is needed where leaders from these countries can meet and engage with exporters and importers. Regular dialogues and decisions need to be initiated and outcome of these meetings need to be assessed regularly. Exports promotion techniques like conducting market survey at regular intervals, sponsoring of trade delegations, effective participation in trade fairs regularly, publicity through product catalogues and in trade specialized magazines in their local language need to be undertaken to obtain the desired results.

The trade between India and these countries can be increased by many folds if issues like poor connectivity, freight cost, financial support from the government and establishing win-win opportunities in host of areas like energy, agriculture, textiles, IT, pharmaceuticals, machinery, etc. addressed properly.

In essence, India has plenty to offer to these markets, LAC and SSA too have much to offer to India if already present connections are strengthen and challenges are effectively and substantially addressed, mutually beneficial outcome can be achieved.

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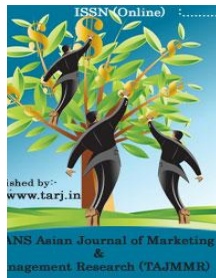
"A STUDY ON THE MEDICAL SERVICE QUALITY AND ITS INFLUENCE UPON LEVEL OF PATIENT'S SATISFACTION WITH SPECIAL REFERENCE TO SELECTED MAJOR MULTISPECIALITY HOSPITALS, CHENNAI CITY"

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ABSTRACT

The increasing literacy rate and awareness and increasing levels of income and the evolution of the media, has brought the Indian consumer closer to demand quality health care. In the light of these developments, health care providers need to have a closer look at the perception of their patients and try to provide quality medical and health services to meet their expectations. In this study the researcher tries to identify the Service Quality Gap for the Multispecialty hospitals in Chennai City. SERVQUAL instrument is the used to measure the patient satisfaction. Five dimensions in service quality (Servqual), tangibility, reliability, responsiveness, empathy, and assurance (Parasuraman, Zeithamal, &Berry, 1985) is considered for this research. Using Multi stage sampling method, the samples were selected. The data required was collected through the structured SERVQUAL questionnaire and then it was analyzed using SPSS with Chi-square test, Multiple Regressions, Paired t Test, Reliability test. The results showed that patient's expectations had not been met in any of the examined dimensions and their consent has not been achieved. It seemed that necessary for managers and relevant authorities to plan and pay special attention to this important issue.

KEYWORDS: *Service Quality, Servqual, Gap Analysis, Hospital Service Quality, Healthcare*

1. INTRODUCTION:

India's health care sector has made impressive strides in the recent years and the expectations of the people have risen greatly. The provision of high-quality, affordable, health care services is an increasingly difficult challenge for the hospitals. Yet there is a growing need for quality hospital services to satisfy the patients with affordable cost and exemplary services. Hence, the evaluation of patient perception has become a need of the time. This helps the marketers in bringing out adequacies and inadequacies in a hospital and paves ways for innovative efforts. Quality service is appreciated worldwide and developing economy like India is no exception to it. Service quality is important to establish and sustain satisfying relationships with customers. It is important indicator of patients' satisfaction which in turn helps the hospitals to retain and create satisfaction in patients so that they can remain competitive in the market

2. REVIEW OF LITERATURE:

Dr. Abhijit Pandit (2015) in his paper, wanted to identify the level of service quality in some randomly selected hospitals in Kolkata, West Bengal, India. Consumers' perceptions and expectations towards various parameters of service quality can differ and the degree of discrepancy between perception and expectation helps in analyzing service quality. A questionnaire was used to collect the data based on the five dimensions i.e., Tangibles, Reliability, Responsiveness, Assurance and Empathy of service quality. The researcher classified hospitals in to Private Super-Speciality Hospitals, Government Medical Colleges as well as Hospitals, Private General Hospitals. Total of 15 hospitals from which 10 customers were chosen on convenience and judgement basis from each of the selected hospitals. Data was collected from 150 respondents and was analysed. It was found that; overall the industry did not match the expectations of customers.

Prosenjit Naskar, Somnath Naskar, Sima Roy (2016) conducted to identify some important areas where improvement can be done by knowing patients expectation, perception and their gaps in Burdwan district, West Bengal, India. A cross-sectional study was conducted among patients aged >18 years. Total 350 patients from OPD by consecutive sampling and 309 patients from IPD by complete enumeration were taken from a rural hospital of Burdwan district. A modified form of SERVQUAL questionnaires was used. Service quality gaps were identified across all the five dimensions as well as all the 22 items of the survey instrument. This study measured service quality of a hospital in the context of patients' perceptions and expectations and identified some areas of improvement while catering health services

Pooja Kansra and Abhishek Kumar Jha (2016) connected the SERVQUAL display given by Parasuraman, for measuring the nature of administration in healing centers of Jalandhar area. An organized poll has been framed utilizing the five measurements (unwavering quality, confirmation, physical assets, responsiveness, and compassion) including 25 factors as given by Parasuraman. The information has been gathered from the healing centers in Jalandhar district in light of irregular testing approach; the model has been approved through both corroborative and exploratory factor investigation approach. The consequences of the examination did not bolster the five measurements of Parasuraman SERVQUAL in India and consequently, are decreased to four components (measurements) for measuring administration nature of healing centers in

Jalandhar, India. They recommended that the strategy creators and healing facility executives should concentrate on these our variables for quality change and fulfilment of their clients

3. RESEARCH METHODOLOGY:

3.1 Population of the study:

The population considered for present study is all persons of Chennai who was admitted in the private hospitals or those who had taken treatment from private hospitals. The sample was drawn from Chennai, chosen carefully for their widely accepted characteristics.

3.2 Objectives of the study:

1. To assess the perceived service quality and patients' satisfaction of the selected multi-specialty hospitals offering medical services,
2. To analyze the patients expectation on service quality of the selected multi specialty hospitals offering medical services
3. To examine the gap between the expected services and perceived services (P-E), and
4. To offer suggestions as to the types of the services that is needed for the enhancement of service quality and satisfaction

3.3 Sample Design

The study is conducted under Multi stage sampling method.

3.4 Sample Size

There are more than 30 Major Private Sector Hospitals in Chennai City area, inclusive of five Government Hospital offering multi treatment services. Among the top 30 Multispecialty hospitals in private sectors, there are five corporate hospitals which cover 75% of the patient population.

The hospitals, which are highly recognized by the public are:

- MIOT
- Global Hospitals
- Kasthuri Multispecialty hospitals
- Hindu mission hospital
- Bethesda Hospital

The Average Daily Patient Flow into the hospitals was (Ref: Hospital Reports)

S.No	Name of the Hospital	Avg. daily patient flow
1	MIOT	2500
2	Global	1500
3	Kasthuri	1200
4	Hindu mission Hospital	1000
5	Bethesda Hospital	1000

(Source: Records of the Hospitals)

All the above hospitals are functioning on 24 x 7 basis. The data are obtained from the patients, who visit the hospital for treatment in the time period between 9-10 AM, 3-5.30 PM and 7-10 PM. 80% of the patient arrivals are in these timings. (7200*80%=5760) Among this 5% of the population is chosen as sample.

The questionnaires are issued to 365 patients and they are asked to report their perception on the service quality experienced, out of which only 300 filled in questionnaires could be collected. 60 questionnaires from all the five hospitals are taken evenly.

Through hospital visits and interviews, a team of research assistants carried out the distribution of the questionnaire and explained the purpose of the study to participants. They were present at all times when the participants were filling the questionnaires.

3.5 Data Source:

This research is descriptive and exploratory in nature. It is descriptive since data has been collected through the questionnaire that was distributed. It is also exploratory because it explores the association between perception and expectation on service quality and patient satisfaction in major Multispecialty hospitals, Chennai.

A) Primary Data Collection Instrument:

The data collection instrument used in this study was structured, closed ended questionnaire. The questionnaire contained questions to measure service quality in private hospitals. Modifications were made to the wording of the SERVQUAL items taken from Parasuraman, Zeithmal and Berry (1985) was added. Here Forty Five (45) statements were asked to respondents, first to know their expectation and then their perception. The statements were divided into five dimensions of service quality which are "Tangibility", "Reliability", "Responsiveness", "Assurance" and "Empathy".

B) Secondary Data:

The secondary data pertaining to the study was gathered from well equipped libraries in Chennai and Coimbatore and from Internet web resources. Further, the secondary data were also collected from various leading journals inclusive and exclusive of hospital services. A number of standard text books relevant to the topic were studied to obtain pertinent literature on patients' satisfaction

3.6 Tools:

The collected data was tabulated and analysed using appropriate statistical techniques such as

- Reliability Test - Cronbac's alpha model.
- Descriptive Statistics
- Chi Square test
- Multiple Regression Analysis
- Factor Analysis
- SERVQUAL Gap Analysis (Using paired t test)

The Computations and analysis is done using SPSS 20.

4. Data Analysis and Interpretation:

4.1 Cronbach's Alpha Reliability Test:

TABLE 1 RELIABILITY STATISTICS

Cronbach's Alpha	N of Items
.944	45

Based on the reliability test results, the "perception of" questions or variables in the questionnaire distributed, the cronbach alpha value α = 0.944 which is greater than 0.7. Hence the questionnaire used in this research is expressed reliable.

4.2 SERVQUAL Gap Analysis:

TABLE: 2 SERVQUAL GAP ANALYSIS

Service Quality Dimensions	Perception Mean Score	Expectation Mean Score	P-E Gap
Tangibility	65.9233	68.13	-2.21
Reliability	28.23	33.7567	-5.53
Responsiveness	27.7667	32.08	-4.31
Assurance	39.84	43.8867	-4.05
Empathy	27.1433	29.3133	-2.17

In all the 45 items of the five dimensions of service quality patient's expectations exceed their perceptions. The gap exists in all the factors /dimensions. The gap value for the "Reliability" is (-5.53), "Responsiveness" (-4.31), "Assurance" (-4.05), "Tangibility" (-2.21) and Empathy (-2017). The most serious shortfalls are on dimensions "Reliability" is (-5.53), "Responsiveness" (-4.31), "Assurance" (-4.05).

4.3 Chi Square Test:

4.3.1 ChiSquare test for the association of demographic variables and Patient Perception

The relationship between Socio demographic profile of the respondents and Patient's perception on Service Quality of Multispecialty hospitals is analysed using Chi-Square analysis. The demographic profiles of the respondents considered are Gender, Age, Monthly Family income, Education, Occupation, and Area of Residence.

TABLE 3: CHISQUARE TEST FOR THE ASSOCIATION OF DEMOGRAPHIC VARIABLES AND PATIENT PERCEPTION

Factor	Chi Square Value	Table Value	DF	P value	S/NS at 5% Level
Age	44.324	26.296	16	0	Significant
Gender	10.621	9.488	4	0.031	Significant
Education	33.221	26.296	16	0.007	Significant
Occupation	31.364	26.296	16	0.012	Significant
Income	44.927	21.026	12	0	Significant
Area of Residence	16.039	15.507	8	0.042	Significant

Interpretation:

The above table shows the relationship between Socio demographic factors of the respondents and with Patient's perception on Service Quality Dimension of Multispecialty Hospitals, Chennai. It shows that there is relationship between Age (0), Gender (0.031), Educational qualification (0.007), income (0.000), Occupation (0.012)and Area of Residence (0.042) and with the patient's perception towards Service Quality Dimensions of Multispecialty Hospitals, Chennai

4.3.2 ChiSquare test for the association of demographic variables and Patient Expectation

The relationship between Socio demographic profile of the respondents and Patient's Expectation on Service Quality of Multispecialty hospitals is analysed using Chi-Square analysis. The demographic profiles of the respondents considered are Gender, Age, Monthly Family income, Education, Occupation, and Area of Residence.

TABLE 4: CHI-SQUARE TEST FOR THE ASSOCIATION OF DEMOGRAPHIC VARIABLES AND PATIENT EXPECTATION

Factor	Chi Square Value	Table Value	DF	P value	Significant at 5% Level
Age	36.746	26.296	16	0.002	Significant
Gender	6.797	9.488	4	0.147	Not Significant
Education	32.240	29.296	16	0.009	Significant
Occupation	32.036	29.296	16	0.010	Significant
Monthly Income	50.780	21.026	12	0.000	Significant
Area of Residence	20.527	15.507	8	0.009	Significant

Interpretation:

The above table shows the relationship between Socio demographic factors of the respondents and with Patient's Expectation on Service Quality Dimension of Multispecialty Hospitals,

Chennai. It shows that there is relationship between Age (0.002), Educational qualification (0.009), income (0.000), Occupation (0.010)and Area of Residence (0.009) and with the patient's expectation towards Service Quality Dimensions of Multispecialty Hospitals, Chennai. And there is no relationship between Gender (0.147) and with the patient's expectation towards Service Quality Dimensions of Multispecialty Hospitals, Chennai

4.3.3 Chi square test for the association of Socio demographic profile of the respondents and Patient's perception towards various Service Quality dimensions of Multispecialty hospitals

The relationship between Socio demographic profile of the respondents and Patient's perception towards various Service Quality dimensions of Multispecialty hospitals is analysed using Chi-Square analysis

TABLE 5: CHI SQUARE TEST FOR THE ASSOCIATION OF SOCIO DEMOGRAPHIC PROFILE OF THE RESPONDENTS AND PATIENT'S PERCEPTION TOWARDS VARIOUS SERVICE QUALITY DIMENSIONS OF MULTISPECIALTY HOSPITALS

Factors/Dimensions	Significant at 5% Level				
	Tangibility	Reliability	Responsiveness	Assurance	Empathy
Age	NS	S	S	S	S
Gender	S	S	NS	S	S
Education	S	S	S	S	S
Occupation	S	S	S	S	S
Monthly Family income	S	S	S	S	S

Interpretation:

The above table shows the relationship between Socio demographic factors of the respondents and with Patient's perception towards various Service Quality Dimension of Multispecialty Hospitals, Chennai. There is no significant association between Age and Tangibility, Gender and Responsiveness dimensions of multispecialty hospitals and there is significant association between other personal factors and perception towards various service quality dimensions of Multispecialty hospitals, Chennai.

4.3.4 Chi square test for the association of Socio demographic profile of the respondents and Patient's Expectation towards various Service Quality dimensions of Multispecialty hospitals

The relationship between Socio demographic profile of the respondents and Patient's expectation towards various Service Quality dimensions of Multispecialty hospitals is analysed using Chi-Square analysis.

TABLE 6: CHI SQUARE TEST FOR THE ASSOCIATION OF SOCIO DEMOGRAPHIC PROFILE OF THE RESPONDENTS AND PATIENT'S EXPECTATION TOWARDS VARIOUS SERVICE QUALITY DIMENSIONS OF MULTISPECIALTY HOSPITALS

Factors/Dimensions	Significant at 5% Level				
	Tangibility	Reliability	Responsiveness	Assurance	Empathy
Age	S	S	S	NS	S
Gender	S	NS	S	NS	NS
Education	S	S	S	S	S
Occupation	S	S	S	S	S
Monthly Family income	NS	S	S	S	NS

Interpretation:

The above table shows the relationship between Socio demographic factors of the respondents and with Patient's expectation towards various Service Quality Dimension of Multispecialty Hospitals, Chennai. There is no significant association between Age and Assurance, Gender and Reliability, Assurance, Empathy, Income and Tangibility, Empathy dimensions of multispecialty hospitals and there is significant association between other personal factors and expectation towards various service quality dimensions of Multispecialty hospitals, Chennai.

4.4 Multiple Regression Analysis

In order to measure the interdependence of independent factors and their level of satisfaction, the results were subjected to multiple regression analysis. The results of multiple regression analysis are shown in Table 7.

TABLE 7: MULTIPLE REGRESSION ANALYSIS OF THE SELECTED VARIABLES WITH FACTORS RELATED TO OVERALL SERVICE QUALITY OF HOSPITALS

S. NO	Factors	Standardized Coefficients (Beta)	t	Sig.	S/NS
	(Constant)		-8.859	.000	S
1	PTansum	.305	17.049	.000	S
2	PRelsum	.188	6.195	.000	S
3	PRessum	.227	7.931	.000	S
4	Passsum	.304	12.435	.000	S
5	Pempsum	.183	6.823	.000	S
R-Value	R2 –Value	Degree of freedom – V1	Degree of freedom – V2	F Value	Significance
0.964	0.928	5	294	762.048	1% Level

The t and Sig (p) values give a rough indication of the impact of each predictor variable, namely, *Ptansum* (t- 17.049, p- 0.000, p< 0.01), *Prelsum* (t- 6.195 p- 0.000, p< 0.01), *Pressum* (t- 7.931, p- 0.000, p< 0.01), *Passsum* (t- 12.435, p- 0.000, p< 0.01) and *pempsuum* (t- 6.823, p- 0.000, p< 0.01). It is found that p value suggests that a predictor variable is having a large impact on the criterion variable.

From the above ANOVA value, it was found that all the variables are significantly contribute to overall opinion about Service Quality of Hospitals, as the F-value 762.048, p value 0.00 which are also statistically significant

4.4 Factor Analysis

4.4.1 Kaiser-Meyer-Olkin (KMO) Test:

Kaiser-Meyer-Olkin (KMO) Test is a measure of how suited your data is for **Factor Analysis.** The statistic is a measure of the proportion of variance among variables that might be common variance. The lower the proportion, the more suited your data is to Factor Analysis.If the KMO Value is greater than >0.6 then that indicates the sampling is adequate.

TABLE 8: KMO AND BARTLETT'S TEST FOR PERCEPTION

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.885
Bartlett's Test of Sphericity	Approx. Chi-Square	18549.491
	Df	990
	Sig.	.000

Here the KMO Value for perception is 0.885which indicates the sampling is adequate to run the factor analysis.

Factor Analysis exhibits the rotated factor loadings for the 45 statements (Variables/items) of quality of service rendered by the Multispecialty hospitals, Chennai. Now that from the Table 4.142 it is shown that out of 45 variables only 28 have high factor loadings whereas 17 variables has low factor loadings which are eliminated. Now the 28 variables are grouped in to four factors namely FC1, FC2, FC3, FC4.

TABLE 9: REGROUPING OF QUESTIONNAIRE ITEMS

Emerged Component / Factor	Retained items	Labels of Component Dimensions
FC1	EMP44, EMP45, EMP41, EMP40, EMP43, RES26, RES25, REL19, RES24, REL18, RES27, RES23	Customer Relations
FC2	ASS31, ASS30, ASS32, ASS33, ASS34, REL17, REL21, REL22, REL20	Professional Competence
FC3	TAN5, TAN7, TAN8, TAN6	Infrastructure
FC4	TAN1, TAN2, TAN13	Hygiene

5. FINDINGS:

5.1 Chi Square Test

- There is relationship between Age, Gender ,Educational qualification, income ,Occupation and Area of Residence and with the patient's perception towards Service Quality Dimensions of Multispecialty Hospitals, Chennai.

- There is no significant association between Age and Tangibility, Gender and Responsiveness dimensions of multispecialty hospitals and there is significant association between other personal factors and perception towards various service quality dimensions of Multispecialty hospitals, Chennai.

- There is relationship between Age, Educational qualification, income ,Occupation and Area of Residence and with the patient's expectation towards Service Quality Dimensions of Multispecialty Hospitals, Chennai. And there is no relationship between Gender and with the patient's expectation towards Service Quality Dimensions of Multispecialty Hospitals, Chennai.

- There is no significant association between Age and Assurance, Gender and Reliability, Assurance, Empathy, Income and Tangibility, Empathy dimensions of multispecialty hospitals and there is significant association between other personal factors and expectation towards various service quality dimensions of Multispecialty hospitals, Chennai.

5.2 Multiple Regression Analysis

- In the overall ANOVA results, the step wise multiple regression models indicated that out of the explanatory variables under study, all the Variables significantly contribute to Y (Overall Opinion about Service Quality of Hospitals) which assesses the overall significance of this model (F-value 762.048, p value- 0.00, $p<0.01$) and also statistically significant.

5.3 Factor Analysis

- When factor analysis is used to analyze the data, 45 variables were reduced to 5 factors. These five factors were named as Customer relations, professional competence, infrastructure and hygiene. The eigen values and total variance explained were obtained from this.

- To test the internally consistency of the factors, cronbach's coefficient alpha reliabilities were calculated and it is proved that the factors are consistent internally which proves that the items within the factors are homogenous and consistent internally

- Factors are rotated after factor extraction. Principal component analysis with orthogonal varimax rotation is used to identify the significant set of quality system factors. Out of 45 variables only 28 have high factor loadings whereas 17 variables has low factor loadings which are eliminated. Now the 28 variables are grouped in to four factors namely FC1-Customer relations, FC2- Professional competence, FC3-Infrastructure, FC4-Hygiene

5.4 Servqual Gap Analysis

- The gap exists in all the factors /dimensions. The gap value for the "Reliability" is (-5.53), "Responsiveness" (-4.31), "Assurance" (-4.05), "Tangibility" (-2.21) and Empathy (-2017).

The most serious shortfalls are on dimensions "Reliability" is (-5.53),"Responsiveness" (-4.31), "Assurance" (-4.05).

6. CONCLUSION

Quality has become an sign for customers while undergoing any service or buying a product or service, and it is also a strategic advantage for the organizations to gain success and remain competitive in the market, by delivering superior quality of services or products, based on customer requirements. This study provides a good insight into the Multispecialty hospital sector in Chennai. Thereby, they can recognize their Strength, Weakness, Opportunity and Challenges using the different constructs used in this study. To compete in the prevailing fierce industry, every hospital in private sector should introduce an innovative practice to attract more patients through delivering the highest service quality.The servqual analysis helps to find out in what constructs the hospitals have to improve and in what constructs they have succeeded in meeting the expectation of the patient or its customers. The negative quality gap in service quality dimensions can be used as a guideline for planning and allocation of resources. The service quality in the areas Cost of Services, Feedback mechanism, Nurses are reliable and provide accurate information, Services provided by Hospital nurses are within promised time frame, Nurses show their interest in solving patients' basic problems, Nurses are willing to help at all times needed a lot of improvement as the negative gap score is higher in those constructs. Due to the emergence of new hospitals in every nook and corner, the resource availability is the major concern. Does all the doctors employed are highly skilled is the question arise among the population.

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