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Service Quality: An Empirical Study of Expectations versus Perception of National Health Insurance Scheme Enrollees in Federal Universities in South East, Nigeria

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Abstract

This paper relates service quality to the expectations of enrollees (consumers) versus the perceptions of Healthcare Providers in the delivery of healthcare services of National Health Insurance Scheme (NHIS). A questionnaire based upon a 22-question modified version of SERVQUAL was designed to obtain information about expected versus perceived levels of service quality from consumers. A second 22-question instrument seeking healthcare providers' perceptions of expectations of the consumers was also devised. The data collected were then contrasted. The paper identified a gap score of -0.0055 between expectation and perception, and concludes that consumers perceived inferior quality of service from Healthcare Providers, who are the gate keepers of NHIS.

Keyword: Service Quality, Expectations, Perceptions, National Health Insurance Scheme, Enrollees, Healthcare Providers

Introduction

The paradigms of service quality have featured in many services marketing studies and to date, researchers have confined their studies on understanding consumer's perception to consumers' perspective, without the opinion of the service providers. This paper not only bridges the existing research gap, but also provides clue as to how consumers form their expectation by examining consumer's perceptions of service quality of the National Health Insurance Scheme's (NHIS) healthcare providers from both consumers and healthcare service providers' perspectives.

NHIS was established under Act 35 of 1999 to provide social health Insurance (SHI) in Nigeria. It became operative in 2005, and targeted Universal Health Insurance Coverage in 2015, but failed

(NHIS, 2015). Appraising the factors that militated against realization of the set target, "poor quality of service delivery by healthcare providers" was conspicuous. Services Marketing Literature is unanimous that service quality is a comparison of perceived expectations of a service with the actual performance (Asghari and Babu 2017; Al-Damen, 2017; Akahome, 2017 and Osei-Poku, 2012). Popular studies featured in services marketing literature suggest that, consumers form perceptions about a service provider, based on how the service provider delivered the services, the tangibles provided in the service offering, attended to emergencies especially in prompt generation of referral codes during emergencies, performing services without fumbling around, and display of trustworthy behaviour, delivery of promised services dependably, accurately, honestly and consistently, and good manners of service providers (Agarwal and Kumar, 2016; Parasuraman, Zeithaml, and Berry, 1985; Parvin, Harwood, and Joe, 2014). With a written permission from NHIS to conduct the study, this exploratory study made an attempt to (i) examine the nature of relationship between consumers' expectations of Tangibles and perceived services of HCP; (ii) ascertain if there is any significant difference between consumers' expectations of Reliability and perceived services of HCP; (iii) determine if there is any correlation between consumers' expectations of Assurance and perceived services of HCP; (iv) identify the extent to which consumers' expectations of Responsiveness differ from perceived services of HCP; (v) ascertain if there is any significant difference between Consumers' expectations of Empathy and perceived services of HCP; and to (vi) evaluate HCPs perceptions of consumers' expectation of healthcare service delivery.

Literature Review

Dimensions of Service Quality

Parasuraman et al. (1985) identified ten detailed determinants of service quality through focus group studies: They are tangibles, reliability, responsiveness, communication, access, competence, courtesy, credibility, security, understanding/knowledge of customer, which were later compressed into five - tangibles, reliability, responsiveness, assurance and empathy, also known as SERVQUAL (Parasuraman et al, 1988).

Reliability

This means the ability of a healthcare provider to deliver the promised services dependably, accurately, honestly and consistently (Parasuraman et al. 1985). Customers seek services upon which they can depend on (Khan and Fasih, 2014). It is a very common dimension used in almost all of the service quality measuring models, showing it's relation with customer satisfaction and retention. In fact, reliability was pointed out by many researchers as one of the most influential dimension inducing meeting customers' expectations (Al-Damen, 2017; Ghasemi and Moghadam, 2016). In the healthcare setting, reliability of service can be broken down into sub dimensions like providing services at the promised time, performing services right the first time and providing services as planned. The relationship between dimensions of service quality and meeting customers' expectations was examined by Ibanez et al. (2006), and Agagbu and Mcwabe (2013) where they found a substantial association between reliability and meeting customers' expectation.

Assurance

This is a service quality dimension that requires staff of HCPs (doctors and nurses) to possess the required skill and knowledge. It is believed that if employees of HCPs perform services without fumbling around, and display trustworthy behaviour, the satisfaction level of customers can be enhanced significantly (Agagbu and Mcwabe, 2013). It may also encourage repurchase or retention intension of customers (Carman, J. M. (2000). The significance of Assurance attribute in meeting customers' expectation was proven by many researchers (Brown et al 2016; Bhat and Qadir, 2013; Karunaratne and Jayawardena, 2010) who empirically tested this dimension of service quality in relation to service quality.

Tangibles

This dimension focuses on appearance of physical facilities, equipment, personnel, and printed and visual materials such as brochures that explains their medical problems (Bitner, 1990). According to researchers (Rao and Sahu, 2013; Bhat and Qadir 2013; Fikry, 2011), Tangibles rank amongst the top aspects that bring about meeting customers' expectation. In their study on the relationship between tangible and intangible components within tourism industry and customer satisfaction, Agarwal and Kumar, (2016) found that tangible elements play a more significant role in overall customer satisfaction than the intangible elements. To further strengthen this idea, Jones and Lockwood (2002) have recommended paying special attention on tangible elements in a healthcare setting to increase the likelihood of meeting customers' expectation.

Empathy

This dimension requires healthcare service providers to make efforts to know their customers. It also involves listening to customers, keeping them informed in the language of their hearth. Enrollees expect their doctors to talk to them clearly using words they understand. They equally prefer that their doctor explain certain tests and procedures to them personally, instead of doing so through nurses or receptionists. The empathetic attitude towards the customer incites a sense of importance in the customer and hence, leads to retention behaviour and positive word of mouth (Alghamdi, 2014). Empathy was found as the most important factor leading to customer satisfaction in the research done by Amjeriya, and Malviya (2012).

Responsiveness

Responsiveness is the willingness of staff of the HCP to help the customers by providing prompt services to them. Enrollees expect that appointments with doctors should be made easily and quickly. Responsiveness, specifically in the context of attending to emergencies and generating of Referral Codes for enrollees of the scheme, was a major attribute that counted towards overall customer satisfaction about the HCP (Qadri, 2015).

The service quality dimensions are a product of the Conceptual Model of this study.

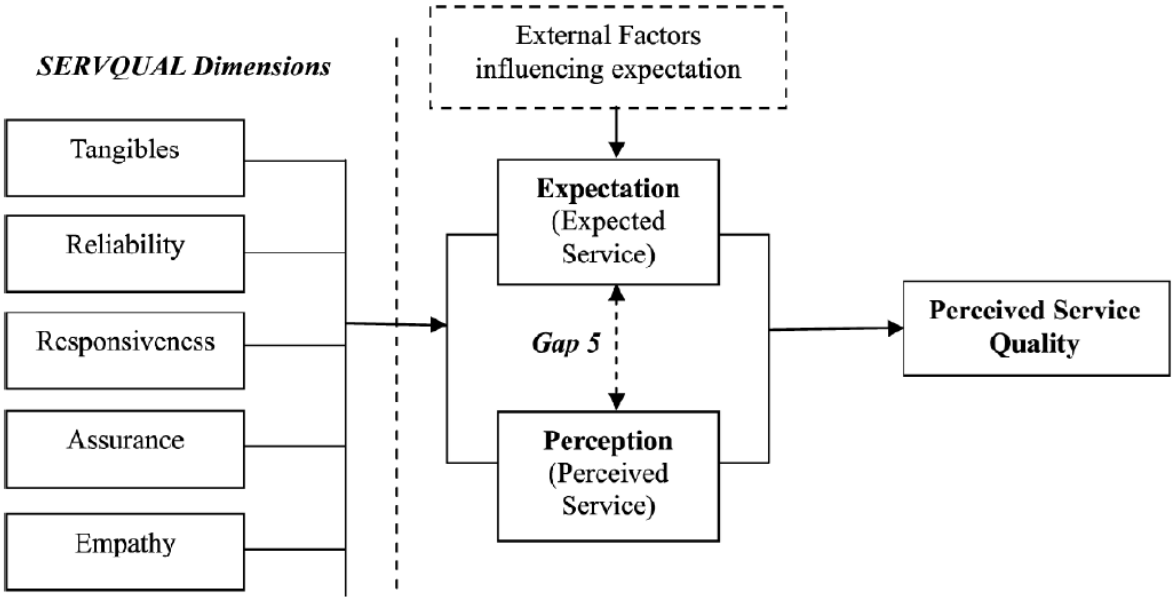

Figure 1: Conceptual Model of Service Quality
Source: Parasuraman e.al (1990), Delivering Quality Service: Balancing Customer Perspections and Expectations

The central focus of the model in figure 1 above is the perception gap, that is, the difference between customer expectations and perceptions (Carman, 1990). According to Al Khattab and Aldehayyat, 2016, service providers will want to close this gap in order to satisfy their customers and build long term relationship. To close this gap, it is necessary that healthcare service providers close the four service provider gaps, which includes:
Gap 1: Difference between consumer's expectation and management's perception of consumers' expectation (not identifying what customers expect).
Gap 2: Disparity between management perception of consumers expectation and service quality specifications (inappropriate service-quality standards).
Gap 3: Variations between service quality specifications and service actually delivered (poor delivery).
Gap 4: Difference between service delivery and communications to consumers about service delivery (promises mismatch delivery). (Parasuraman, Zeithaml and Berry, 1990)

Empirical Review
Research interests in consumers' perception of service quality have come a very long way. This can be traced back especially to North America and Europe and spreading to other continents and cultures of the world. Most of the studies have examined consumer perception of service quality from the perspective of customer expectation versus their experiences of the services of the service providers. Some others tried to investigate customer expectation versus their experiences of the services of the service providers on one hand, and compare the results with what the service provider think about customers' expectations. This later approach appears to be a better approach to bridging perception gap in service quality.

Asghari and Babu (2017) conducted study titled: "U*nderstanding customer expectations and perceptions of Indian health insurance companies...*" The objective of the study is to compare the policyholders' expectations and perceptions from Indian health insurance companies' service quality at Bangalore city. To achieve the objectives, 197 policyholders were interviewed using SERQUAL instrument questions. Descriptive and inferential statistics were used to describe the demographic variables, and Paired T-Test, Mean and Standard Deviation were used to identify service quality gaps and hypotheses testing. Results showed that the health insurance policyholders' expectations are more than their perceptions, indicating that service quality of health insurance companies were in weak level of quality. This implies that health insurance managers have to offer services beyond the expectations of the customers in order to satisfy them. Using another approach, Bexley, Hewer and Sparks (2005) in an empirical study titled "*Service quality: an empirical study of expectations versus perceptions in the delivery of financial services*" in United States, in an in-depth empirical investigation compared consumer expectations to perceptions by using Ranked Correlation procedure. In order to examine methods to predict service quality in community banks, an investigation was carried out among consumers of fifteen community banks in the Southern United States. The collection of data was driven by six research hypotheses, and involved two questionnaires. One questionnaire asked for customer expectations versus perceptions. A second questionnaire required the chief executive of the commercial bank to state their perceptions of what their customers expect in the way of service delivery. Findings indicated that consumer expectations exceeded the quality of services they experienced from their banks. This implies that banks delivered poor quality of services to their customers.

Amin and Nasharuddin (2013) conducted a study on hospital service quality and its effects on patients' satisfaction and behavioural intention. The objective is to determine the impact of the dimensions of service quality on patient's satisfaction and behavioural intention. A convenience sampling technique was used in this study and a total of 488 respondents were sampled. The study reveals that the five modified dimensions of service quality: admission, medical services, overall service, discharge and social responsibility have significant relationship with patient satisfaction and behavioural intention. The use of modified dimensions of service quality is in line with the proposition by Parasuraman et al (1985). In a similar development, Nguyen and Nguyen (2012) conducted a study on service quality and its impact on patients' satisfaction. Both quantitative and qualitative methods were used in the course of study. Multiple regressions were used to analyze data and the findings showed that tangibility (facilities, medical equipment and hospital environment), accessibility to health care services, attitudes and medical ethics were found to have significant positive effects on patients' satisfaction.

Juhana, Marrik, Fabrmella and Sidharta (2015) conducted a study on patients' satisfaction and loyalty on public hospitals in Indonesia. The study made use of 300 patients, and structural Equation Modeling (SEM) was used to determine the degree of closeness of the examined variables. The results show that service quality and brand have positive effect on patients' satisfaction of public hospitals. Thus, patient satisfaction affected patient's loyalty. In a related study, Osei-Poku (2012) assessed the level of service quality delivery at Merchant Bank Ghana Limited. The focus was on the four branches of Merchant Bank located in the Kumasi Metropolis. The aim of study is to enhance the Bank's competitive position in the banking industry and ensure its survival. Convenient sampling technique was employed in the study with Statistical Package

for Social Scientist (SPSS) used in the analysis. The expectations and perceptions of Merchant Bank customers were assessed under the five dimensions of SEVQUAL. It was found that all the five dimensions contributed to quality of service delivery in Merchant Bank. Comparison between the customer responses and service providers revealed the need for Merchant bank management to work towards enhancing customer relationship management. Statistically using the Z test, there were no significant differences among the five service quality dimensions. However, assurance and tangibility dimensions recorded significant difference among the expectation and perception with a quality gap of 0.310 and 0.325 respectively. It was however concluded that customers were not satisfied with service delivery of Merchant Banks. To ensure customer retention and improve on competiveness, Merchant Bank should regularly assess service delivery.

But here in Nigeria, Akahome (2017) used SERVQUAL to study the *Effect of quality service delivery on patient's satisfaction in public hospitals in Nigeria*. The study aimed to reveal if there is a significant relationship between service quality and patients satisfaction. Upon sampling 200 patients using simple random sampling technique, the researcher concluded that quality service depends on a wide range of factors – health policies, strategy mechanism and properly remunerated health workers. Findings is that staff of public hospitals were better placed and informed to carry out their duties if they are properly remunerated, trained on the importance of quality service delivery. This implies that government should provide enabling policy framework for healthcare delivery. Also, Onoka (2014), in a study titled "The private sector in national health financing systems: the role of health maintenance organizations and healthcare providers in Nigeria," examined the influence of contextual factors on policy processes for national health insurance proposals. The researcher used a case method to study three HMOs and three HCPs purposively selected for an aspect of the study. Findings indicated that better recognition of the importance of contextual factors is necessary for developing health financing strategies that can effectively contribute to UHC. Also, it was established that the weak regulatory system that emerged from the policy making process influenced HMOs, and subsequently contributed to inappropriate behaviours in the purchasing relationship between HMOs and HCPs.

Dixon (2014) in a study on "the determinants of health insurance enrolments in Ghana." This study sought to examine whether wealth was the driver of enrolment in the National Health Insurance Scheme (NHIS) in Ghana's Upper West Region (UWR). This study used mixed methods that combined quantitative and qualitative techniques in order to better understand patterned difference between the enrolled, never enrolled and dropped out members of the scheme. Results revealed that although wealth, education and desire for health insurance are primary determinants in enrolment, these factors impact men and women differently. The qualitative analysis revealed that inequality is not just about poverty, but a reflection of rural subsistence based livelihoods and historic structural factors which clash with the rigid policy design of the NHIS. Also, in a quantitative research in India, Singh, Sirohi and Chaudhary (2014) conducted a study on Customer perception towards service quality of life insurance companies in Delhi. The study focused on investigating customer perception towards service quality as provided by the Life Insurance companies. The primary data was collected from 139 respondents from Delhi NCR Region. The factor analysis and correlation was used to calculate the perception of the customers. The study found that there were four major factors which influence customer

perception of service quality, namely responsiveness and assurance, convenience, tangible and empathy. Only age of the respondents was found to be significantly related with the customer perception and other demographic factors have no significant impact.

In Egypt, it was observed that there is a need for a healthcare service quality model that takes into consideration a complete coverage of the dimensions that consumers use in evaluating healthcare service quality. In response to that development, Faria (2008) in a study entitled "*Development of a model for healthcare service quality: an application to the private healthcare sector in Egypt*" focused on service quality, patient satisfaction and intentions to return, and the consumer role in the medical service encounter. The main objective of the study was to formulate and empirically investigate a fully tested and applicable healthcare service quality model that encompasses the criteria consumers use in evaluating healthcare in Egypt for private sector hospitals. Also, the study aimed at providing a valid and reliable scale with which healthcare providers can use for measurement of the service quality in their organizations. The researcher also sought to determine the best method for healthcare service quality measures among the eight alternative methods of service quality measurement scales (SERVQUAL weighted and un-weighted versus SERVPERF weighted and un-weighted) as well as establishing whether an additive or interactive methodology was preferable in the current research setting. In his findings, several relationships were uncovered between the variables of the research: consumer satisfaction, intention to return and recommend value for money and outcome. Finally, the role of demographics as a discriminating variable was also established.

Keelson (2014) in an empirical study titled "*Improving the service quality of healthcare in Ghana: the role of Locum Nursing*." The study investigated how the use of locum nursing could aid in managing nurse shortage in the country and consequently improve the service quality of healthcare in Ghana. To achieve the objectives, thirty public hospitals and thirty private hospitals were selected from the three major cities in Ghana to provide data for the study. Also, 250 locum nurses were sampled for information. Nursing Supervisors or Hospital Administrators from the selected hospitals were used as informant for the study. The paper adopted a survey approach, where incidental sampling technique was used to select the hospitals, and the snowball together with incidental sampling methods were used for selecting locum nurses for the study. Mean and standard deviation were used for the data analysis. The findings confirmed that locum practice in Ghana is relatively low. Similarly, the paper also suggested that locum contribute to addressing the issue of nurse shortage in Ghana. At the same time locum nursing was found to contribute to quality healthcare delivery in the country. Appropriate policy directions were recommended.

Ibrahim, Mohtar and Hassan (2015) observed that several researches were conducted in Nigeria and Malaysia to test the level of patient's satisfaction with the services of the clinics with results signifying high level of dissatisfaction. Following this observation, they conducted a research to investigate the level of satisfaction of the Nigerian and Malaysian patients with the services rendered by the public and private clinics operating in the country. The areas covered by this research include genuine drugs (quality of service), less waiting time (Patient value) and better treatment (patients satisfaction) in the clinics. The total sample for this research is 750, for the initial quantitative and 12 participants for Nominal Group Technique (NGT) conducted to revalidate the previous data. Stratified random sample was used, and the analysis was conducted using regression. SPSS version 16 was used to analyze the data. The results show 62.5% genuine drugs, less waiting time, and better treatment in Malaysia better than Nigerian with 28.5%. The

results of the overall satisfaction and improvement registered after the reform shows 1.5% genuine drugs, 3.1% reduction in queuing or waiting time to receive treatments in the private clinics more than in public, 5.4% better treatment in the privates more than in the public clinics. The conclusion suggests more time for the reform to records its needed results. The NGT results supported most of the results of the previous data as can be seen in the results of both the relative weight and absolute and ranking by the NGT analysis. Both the result of NGT and that of regression model suggested that more stringent control measures should be put in place to supervise the operations of the public clinics especially not-for-profit public clinics and private for profit to regularized some sharp practices that blocked the recording of the needed success in the reform considering the low percentage success recorded. The whole programme need to be patient centered not profit centered as it seems to be presently.

Methodology

To accomplish this exploratory research, descriptive survey research design was considered appropriate. The area of this study consists of Abia, Anambra, Ebonyi, Enugu and Imo States. The targeted population for this study is 4,982 (NHIS, 2017), and comprised of staff of Federal Universities in the south-east (See Table 1), who were registered with NHIS formal sector programme (FSSHIP) and who's HCPs were the Medical Centers of the institutions; and 15 medical doctors (HCPs) selected using convenience method. These produced a population of 4,997. From the consumer population, a sample size of 370 was determined using the Yamane (1973) formula (for finite population). Stratified random sampling (STRS) technique and Bowlers Proportional Allocation Formula were used to allocate sample size to the five study units.

Two sets of questionnaires based on the five dimensions of the SERVQUAL instrument were used to compare consumer expectations to perceptions. One questionnaire asked for customer expectations versus perceptions. A second questionnaire required the HCPs to state their perceptions of what their customers expect in the way of service delivery. Questionnaires were structured in 7-point Liker-scale ranging from 1 (very strongly disagreed) to 7 (very strongly agreed). The instrument was subjected to validity and reliability tests (with reliability result of 0.90). The results were collected and analyzed with descriptive statistics, and hypotheses tested using the Spearman Ranked Correlation method. The Statistical Package for Social Science (SPSS) Version 20 was used to calculate the difference between independent variables and perceived services of healthcare providers. Also, Paired T-Test was used to test the significance of the result at 5% level of significance.

Table 1: NHIS Enrollees' Strength of Federal Universities in the South-East Nigeria

S/N	Name of University	State	Enrollees	HCPs
1	MOUA, Umudike, Umuahia,	Abia	655	3
2	NnamdiAzikiwe University, Awka.	Anambra	1,222	3
3	Federal University, Ndufu-Alaike, Ikwo	Ebonyi	325	3
4	University of Nigeria Nsukka, (UNEC)	Enugu	1,867	3
5	Federal University of Technology, Owerri,	Imo	913	3
	TOTAL		4,982	15 = **4,997**

Source: www.nhis.gov.ng, February 2017

Analysis of Findings

Table 2: Mean Responses of the Five Dimensions for Expectations and Perception

	Mean	Std. Deviation	N
Tangible1	16.6667	1.66782	30
Reliability1	18.7667	2.90877	30
Responsiveness1	14.7000	2.35108	30
Assurance1	17.7333	3.03921	30
Empathy1	21.4333	3.04770	30
Tangible2	16.7000	1.68462	30
Reliability2	18.7333	2.91173	30
Responsiveness2	14.7000	2.35108	30
Assurance2	17.5667	3.04770	30
Empathy2	21.4000	3.05806	30

Source: Field survey, 2018, analysed with SPSS 20.

From the Table 2 above, the Tangible dimension have mean response of 16.6667 for Perception and 16.700 for expectation. This means that consumers' expectations are greater than perception. In the Reliability dimension, Perception has a slight mean difference from Expectation with scores of 18.7667 and 18.7333. Assurance dimension has mean score of 17.7333 for Perception and 17.5667 for expectation. Responsiveness has a mean score of 14.7000 for Perception, and 2.35108 for expectation, which results in a gap score of 12.34892. Overall, empathy has the highest mean score.

Table 3: Mean Scores of Consumers' Expectation and Perception and Gap Score

Dimensions	Expectations	Perceptions	Gap
Reliability	18.0944	18.1000	-0.0056
Assurance	14.8028	14.8000	0.0028
Tangibles	14.7611	14.7583	0.0028
Empathy	19.8583	19.8500	0.0083
Responsiveness	14.3250	14.3278	-0.0028
Total	**81.8416**	**81.8361**	**-0.0055**

Source: Field survey, 2018, analysed with SPSS 20.

Table 3 indicates that the total score of all expectations is 81.8416, and that the sum of perception is 81.8361. From the above, expectation score is higher than the perception score by 0.0055 which shows that consumers are not satisfied with the quality of service of their healthcare providers.

Table 4: Mean Score of Consumers compared with HCPs

	N	Minimum	Maximum	Mean	Std. Deviation
Consumers	22	.00	4.87	3.8221	.97798
HCP	22	3.27	4.10	3.7188	.26585
Valid N (listwise)	22				

Source: Field survey, 2018, analysed with SPSS 20.

Table 4 above showed that the mean score of both Consumers and HCPs are above the theoretical accepted rating (3.0), but that of the consumers is higher than the HCPs (3.8221>3.7188). This indicated a gap score of **0.1033** between HCP perception and consumers expectation of all the dimensions of service quality**.**

Table 5: Paired Samples Statistics of Variables

		Mean	N	Std. Deviation	Std. Error Mean	Rank
Pair 1	Tangible1	14.7583	360	2.79871	.14751	**4th**
	Tangible2	14.7611	360	2.80144	.14765	
Pair 2	Reliability1	18.1000	360	2.87066	.15130	**2nd**
	Reliability2	18.0944	360	2.86890	.15120	
Pair 3	Responsiveness1	14.3278	360	2.19097	.11547	**5th**
	Responsiveness2	14.3250	360	2.19075	.11546	
Pair 4	Assurance1	14.8000	360	2.81342	.14828	**3rd**
	Assurance2	14.8028	360	2.81312	.14826	
Pair 5	Empathy1	19.8500	360	3.91693	.20644	**1st**
	Empathy2	19.8583	360	3.91404	.20629	

Source: Field survey 2018, extract from SPSS

**. Correlation is significant at the 0.01 level (2-tailed).

As indicated in Table 5, the mean scores for all service quality dimensions ranged from 14.3 to 19.85 and standard deviations ranged from 2.19075 to 3.91404. As displayed in the Table also, the dimensions of service quality: Tangibility, Reliability, Responsiveness, Assurance, and Empathy are statistically significant. According to the subsequent analysis on the order of ranking of the service quality dimensions: Empathy was ranked 1**st**, Reliability 2**nd**, Assurance 3**rd**, Responsiveness 4**th**, Tangibility 5**th**. This finding confirms the five-dimensional structure of service quality promoted by Molazadeh, Asghari and Babu, (2014), and subsequently validated in NHIPs context by Rahim (2015). It is evident from *Table* 5 that the mean value of service quality and its dimensions are high.

Table 6: Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Tangible1 & Tangible2	360	.723	.000
Pair 2	Reliability1 & Reliability2	360	.567	.000
Pair 3	Responsiveness1 & Responsiveness2	360	.330	.000
Pair 4	Assurance1 & Assurance2	360	.690	.000
Pair 5	Empathy1 & Empathy2	360	.728	.000

Source: Field survey 2018, extract from SPSS.

**. Correlation is significant at the 0.01 level (2-tailed).

Correlation analysis in Table 6 was conducted to study the relationship between service quality and its dimensions. As shown above, inter-correlations among the service quality dimensions reveal high positive and statistically significant correlations (the correlation ranged from .330 to .728 and p< 0.01). Similarly, there exists a statistically high positive significant correlation between service quality and all of its dimensions: empathy and service quality (r=.728, p<0.01), tangibility and service quality (r=.723, p<0.01), assurance and service quality (r=.690, p<0.01), reliability and service quality (r=.567, p<0.01), responsiveness and service quality (r=.8\330, p<0.01. The patterns of the correlations between service quality and its dimensions further reveal that the five-dimensional structure of the service quality construct proposed by Gilbert and Wong (2003) is reliable and valid.

Table 7: Consumers Vs HCPs Expectation of Healthcare Service Delivery

S/No	Statements	Consumers	HCP's,	Gap
	TANGIBLES			
1	I expect that my Healthcare Providers should have modern medical equipment	4.5333	3.5028	**1.0305**
2	I expect that my Healthcare Providers should have visually appealing facilities	4.0000	3.4778	**0.5222**
3	I expect employees of my HCP to appear neat and have personal appearance	3.8867	3.7030	**0.187**
4	I expect that materials associated with my Healthcare Providers are appealing to me	4.7333	4.0500	**0.6833**
	RELIABILITY			
5	I expect that when my Healthcare Provider promises to do something by a certain time, it does so	3.8667	3.5306	**0.3361**
6	I expect that my Healthcare Provider performs services right the first time	2.6667	3.3806	**-0.7136**
7	I expect that when I have a problem, my Healthcare Providers show sincere interest in solving it	3.4667	3.6917	**-0.225**
8	Little else matters to me when the services of my Healthcare Provider is reliable	4.0000	3.6028	**0.3972**
9	I expect that my Healthcare Providers insists on error-free record of enrollees	4.0000	3.8889	**0.1111**
	RESPONSIVENESS			
10	I expect that my Healthcare Providers keeps me informed about when services will be performed	3.8667	3.9667	**-0.1**
11	I expect that employees of my Healthcare Providers give me prompt services in referral code	2..8000	3.3611	**-2.5611**

12	I expect that employees of my Healthcare Providers are never too busy to respond to my request	3.7333	3.4250	**0.3083**
13	Staff of my HCP should be available to help me at all times.	4.0000	3.5722	**0.4278**
	ASSURANCE			
14	I expect that the behavior of employees of my Healthcare Provider instills confidence in me	4.0000	3.5083	**0.4917**
15	I expect that I feel safe in the services of my Healthcare Providers	3.8667	3.9222	**-0.0555**
16	I expect that employees of my Healthcare Providers are consistently courteous with me	3.6000	3.2694	**0.3306**
17	I expect that employees of my Healthcare Providers have the knowledge to answer my questions pertaining to my health needs	4.7333	4.1028	**0.6305**
	EMPATHY			
18	I expect that my Healthcare Providers give me the desired help	3.8667	3.8917	**-0.025**
19	I expect that my Healthcare Provider's staff give me personal attention	4.8667	3.8972	**0.9695**
20	I expect that my Healthcare Provider has my best interest at heart	3.9333	4.0278	**-0.0945**
21	I expect that employees of my Healthcare Providers understand my specific needs	3.9333	3.9722	**-0.0389**
22	I expect my Healthcare Provider to be caring in providing health services	4.5333	4.0694	**0.4639**

Source: Field survey 2018, extract from Appendix

**. Correlation is significant at the 0.01 level (2-tailed).

From the above Table 7, Consumers Expectations are greater than HCPs Perception of their expectations of Tangibles (17.1533 > 14.73336), Responsiveness (14.4000 > 14.3250), and Assurance (16.2000 > 14.8027) and Empathy (21.1333 > 19.8583). In terms of the Reliability element, consumers' expectation is slightly less than the HCPs perception of their expectations (18.0004 < 18.0200). Also, the HCPs Perception of consumers' expectation is greater than consumers' expectation as reflected on serial numbers 6, 7, 10, 11, 15, 18, 20 and 22.

Results

Results of the study showed that: (i) Correlation coefficient result (r = 0.682) indicated that there is a strong positive correlation between consumers' expectation of tangibles and perceived services of HCPs. This was supported by a gap score of 0.0028. Also, Tangibles ranked 4th out of the five dimensions of service quality measured; (ii) With r = 0.601, consumers expectations of Reliability was less than the perceived services of HCPs. And a difference (or Gap) of -0.0056, Reliability was 2nd in the ranking of service quality measured; (iii) Correlation result of 0.665 showed a strong positive correlation between consumers' expectation and perception of Assurance. Assurance dimension ranked 3rd, and produced a Gap of 0.0028; (iv) With r = 0.363,

there is a weak negative relationship between consumers' expectation of responsiveness and perceived services of HCP. This dimension was also the least in the rank with a difference of -0.0055**.** This implied that HCPs were not meeting up with the Expectations of the consumers in the areas of prompt services in generating referral code, keeping their consumers informed about when services will be performed. (v) Coefficient result (r) = 0.755 indicated a very strong correlation, and a gap of 0.0083 showing that consumers Expectation of Empathy was greater than the experienced services of HCPs. (vi) With r = .501, there is a strong indication that consumers expectation of service quality is greater than HCPs perception of Consumers' expectations.

Conclusion

Review of related literature suggests that researchers have confined their research to understand consumer's perception of service experience and service quality to consumers' perspective, without the opinion of the service providers. This paper makes an attempt to understand the consumer's perceptions of service quality from both consumers and service providers' perspectives by establishing that there is a strong positive relationship in all the five dimensions of service quality (Reliability, Assurance, Tangibility, Empathy and Responsiveness) in the healthcare industry and that consumers have the highest expectation that their service (healthcare) providers should have employees who understand their consumers specific needs, give personal attention to them, and caring in providing health services. Also, that services can be performed completely to specifications, yet consumers may not feel provider-employees care about them during delivery. For example, medical centers may be clean, with modern medical equipment, however, if staff do not care and give personal attention to the consumers, do not smile to patients, and make no eye contacts during service delivery, services may have been fully provided, but consumers may not have felt the care. Consumers equally expect that their Healthcare Provider performs services right the first time and always, and when they promise to do something by a certain time, they should not fail. Also, that consumers expect that they should feel safe in the services of their Healthcare Providers, and that employees of Healthcare Providers have the knowledge to answer their questions pertaining to their health needs, have modern medical equipment, visually appealing facilities and materials associated with Healthcare delivery; provide prompt services in referral code.

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