Gender in Evaluation of Service Environment Quality of Public Health Care Services

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Abstract

The work builds on recent streams of research on Service Environment Quality and their relationship with Ambient Condition, Tangibility and Social Factor. It explore whether gender of service user (patients) should be regarded as an important indicator influence perception about Service Environment Quality of hospital (Service Space). The data was collected from 400 in-patients admitted in Public Hospital (Udhampur, J&K, India). The Exploratory Factor Analysis result indicated that there are differences in the Service Environment Quality dimensions, which are important for male and female groups. Further hypothesis results also supported that gender influence ambient condition and social factor, however gender did not influence much toward tangible dimension of Service Environment Quality. The research paper also suggests managerial implication and direction for future research.

Keywords: Service Environment Quality, Ambient Condition, Tangible and Social Factory

Introduction

Services are often intangible and customer cannot assess their quality well. So customers use the service environment as an important proxy for quality and firms take great pains to signal quality and portray the designed image (Lovelock, Wirtz and Chatterjee, 2010). Service Environment comprise of perception of sensory domains of human physiology including respiratory, visual and aural environment. Service Environment includes light, air, comfort. The clear and gaseous environment of air is fundamental to human health and performance. Service environment also called service space relate to the style and appearance of the physical surroundings and other experiment elements encountered by customers at service delivery cites (Lovelock, Wirtz and Chatterjee, 2010). Achieving Service Environment Quality is not as simple as providing as providing access to outdoor air since, many times, environmental toxins are present outside. In high contact services like healthcare, the service environment quality of hospital plays a vital role in shaping customers perception. Physical surrounding helps to shape appropriate feeling and reaction in customers. Many service organization use the service environment concept to enhance their service offerings. Service environment are complex and include various dimensions which are encountered by customer in service encounter.

The conceptualization and measurement of Service Environment Quality perception have been the most debated topics in the service marketing literature to date. Numerous studies are carried out to conceptualize service environment quality concept. Nordic model of Gronroos (1984) and to incorporate service environment that affects service quality perceptions, another model was proposed by Rust and Oliver in 1994 which is known as three – component model comprising service product (i.e. technical quality), service delivery (i.e. functional quality), and service environment. Later, Dabholkar, Thorpe & Rentz (1996) identified and tested that customers tend to break service quality dimensions into various sub dimensions and as such proposed Multilevel model based on three levels. First level relates to customers overall perceptions of service quality; second level focuses on five primary dimensions (physical aspects, reliability, personal interaction, policy and problem solve) and third level consists of seven sub-dimensions (appearance, convenience, promises, doing it right, inspiring confidence, courteous and helpful). Despite development across service quality measurement,

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little effort has been made to identify and standardize service environment quality attributes that define the various sub dimensions. To bridge up this research void, another model on service quality was developed by Brady & Cronin in 2001 based on hierarchical approach. They defined service quality in terms of three primary dimensions namely interaction quality (attitude, behavior, expertise,), physical environment quality (ambient condition, design, social factors,) and outcome quality (waiting time, tangibles and valence). Although it is apparent that perception of Service environment quality is based on multiple dimensions but there is no general agreement on content and nature of dimensions. As such there is need to establish comprehensive and holistical model for Service Environment Quality measurement.

Service Environment Quality

The Service Environment Quality perception is affected by tangible (TAN) aspect to service environment. The tangible layout of service space include building, waiting hall, equipments, furniture etc visual aspects in service space and functionality (well equipped space technology update) of service environment. The second important dimension is ambience conditions refers to non visual aspect of service (Bitner, 1992 and Rust & Oliver, 1994) those characteristics of the environment that pertain to your five senses. Lovelock, Wirtz and Chatterjee, (2010) also said that, even when they are not noted consciously they may still affect your emotional well being, perceptions and even attitudes and behavior. Ambient condition (AC) include element like colour, light, noise, music, temperature, scent or smell which are functional and aesthetic in nature. Third important dimension of Service Environment Quality is Social Factor (SF) involves the people who are within a service space environment. Rusell and Snodgrass (1987) noted that physical presence of another person is an important part of any environment. The number, type and behavior of other customer and service provider in the environment are element of social factor. The research (Bitner, 1992, Baker, Grewal and Parasuraman, 1994 and Lovelock, Wirtz, Chatterjee, 2010) supports the service Environment Quality influence customer perception. Although it is apparent that perception of Service Environment Quality is based on multiple dimensions but there is no general agreement on content and nature of dimensions. Further in the reviewed literature there have been a number of studies that have consider gender difference (Jacks and Hunderson, 1995). However a small number of health researches have considered gender as a base of segmentation in health (Choi et.al, 2005).

Objective of the Study

Based on research studies on Service Environment Quality (Brady & Cronin, 2001, Baker, Grewal & Parasuraman, 1994 and Lovelock, Witz & Chatterjee, 2010), the research objective of the study aims at assessing whether

1. Tangible, ambient condition and social factor are the main dimensions of service environment quality.
2. There is significant difference exists between perception and expectation of male and female patients while evaluating the significant dimension of hospital Service Environment Quality.

Research Hypotheses

Hypotheses pertaining to Service Environment Quality are discussed and framed as under:

Service Environment Quality:

A body of work (e.g. Parasuraman, Zeithaml & Berry 1985, Bitner 1992, Rust & Oliver 1994 and Brady & Cronin 2001) considers influence of the physical environment quality on customer service evaluations. A subsequent review of the literature revealed support for the relationship between that three factors namely tangible, ambient condition and social factor perceived quality of the service environment quality: Tangible factor, It includes physical facilities, equipment and appearance of personnel (Conway & Will cocks, 1997), waiting room, amenities (Choi et. al., 2005), technical services (Chahal & Sharma, 2004), amenities (Choi et.al. 2005) and sitting arrangements (Kang & Jeffrey, 2004). Second dimension of Service Environment Quality include Ambient conditions relate to non visual aspects, such as temperature, scent, music (Bitner, 1992) peaceful, tranquil and maintenance services (Brady & Cronin, 2001), natural light and fresh air (Chahal & Sharma, 2004) fall in the category. Third important sub dimension of service environment quality is social factor, which refers to the number and type of people availing services and their behaviour (Bitner, 1990). Further, it also

includes transparency and ethics in decision, acceptance of legal and statutory framework, integrity and honesty in practices, focus on societal needs, pollution control and hygienic life styles (Sardana, 2003). On the basis of these review following hypotheses is framed.

Hypothesis 1. *Perception about tangibility, ambient conditions and social factor directly positively influence service environment quality.*

Gender Perception about Service Environment Quality

Gender are important factor for studying the perception of consumer as health needs vary according this factor (Naidu, 2009). As such patients assign difference weights to different Quality dimensions of healthcare services such as doctors, nurses, medical assistants, management, sanitation, cleanliness and other supportive medical facilities. The gender is considered as significant factor to influence the level of perceived service environment quality. Juwaheer (2011) stated that women have different needs and wants. Most of studies have indicated that the female are more satisfied than males with regard to healthcare services (Sharma and Chahal, 1995). Sanchez – Hernandez et. al (2010) differences were assessed between male and female in the association of perception of service environment quality with customer evaluation. Patients perceive differently the ambience (non visual aspect of service), tangible (visual aspects of core performance) and social factor (social interaction of patient with employees). On the basis of reviewed literature study hypothesis that:

Hypothesis 2. *Perception about Service Environment Quality is affected by gender of the respondents.*

Research Model

On the basis of above discussed literature study proposed a Service Environment Quality Model (Fig. 1). The Service environment quality is proposed to be function of three factors tangible, ambient condition and social factor. The service environment quality is way that the environment is designed, equipped and organised determines the way that the space and resources are used and has the potential to maximize patients' satisfaction and level of positive experience of hospital ambience, tangible and inclusive social relationships.

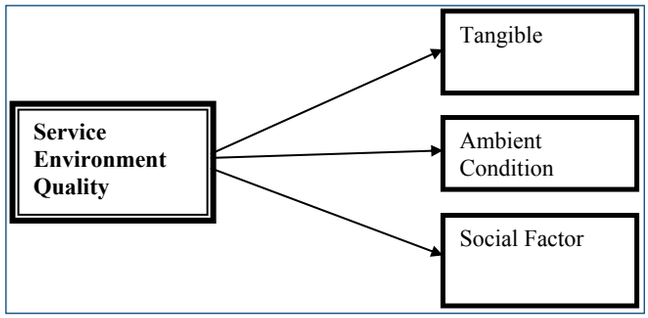

Fig. 1: Service Environment Quality Model

Research Methodology

Data Purification

Data collected from the questionnaires were analysed by using exploratory factor analysis. The service environment quality were analysed by Exploratory Factor Analysis for two gender group (male and female) to determine whether there existed useful underlying dimensions of Service Environment Quality. A principal Component Analysis with VARIMAX rotation was conducted to measure perception of male and female about Service Environment Quality and extract useful dimensions which impact their perception. Only factors with eigen value equal to or greater than 1 were considered significant and chosen for interpretation. A variable with factor loadings of 0.40 was considered, that is, items with less than 0.4 were excluded.

Data Analysis

There are two methods which were used to evaluate the goodness and the validity of the testable proposition. Firstly, there were multivariate test statistics conducted for the purpose of the study. The multivariate technique like regression analysis to measure the impact of tangible, ambient condition and social factor on service environment quality. The second method involved uni - variate test static such as independent t-test to know the difference in perception of male and female about service environment quality.

Demographic Profile

Data for the study were collected from 400 hospitalised patients. Out of 400 response obtained 266 (66.50 %) were obtained from males, 134 (33.50%) were from females. A comparison of male and female respondents reveals that they were below 40 yrs (66.80%) and above 40 yrs (33.20%) in age and the overall demographic similarities suggest that the sample is appropriate for addressing the study objective.

The discussion was focused on these demographic characteristics and the chi square test used proved to significant differences (p greater than equal to 0.05) that is in differentiating between male and female respondents.

Reliability and Validity

The overall Cronbach alpha value arrive at 0.883 of Service Environment Quality. The reliability of the data was also examined by dividing the respondents into two equal halves to examine if the variation in both the halves is within the range of sampling (Sub Sample I = 0.888 and Sub Sample II = 0.878).

The KMO, Measure of sampling adequacy, variance explained and communalities value found acceptable, which support construct validity of scale. Further, the convergent validity of Tan (0.860), AC (0.863) and SF (0.786) at significance level of 0.000 indicate convergent validity of Service Environment Quality Scale.

Data Analysis

The Exploratory factor analysis was done to analyse the data gender wise the detail of the analysis are discussed as under:

Table 1: Kaiser – Meyer – Olkin Measure of Adequacy, Cumulative Variance and Mean Score Values for components of Service Environment Quality

	Tangibles	*Ambient Condition*	*Social Factor*
Kaiser – Meyer – Olkin Measure of Adequacy	0.815	0.833	0.770
Bartlett's Test of Sphericity	782.792	771.544	631.757
Degree Of Freedom	15	15	21
Significance	0.000	0.000	.000
Cumulative Variance	68.92	74.78	57.57

Tangibles

Tangibles is a first important sub dimension of service environment quality. The analysis of factor analyses reveals that two factors are important for both demographic group spatial layout and equipments. The tangible variable is analyzed from demographic perspective, The detail of items fall under both group are discussed as under.

Female Group

The KMO value was found to be 0.829 for the female respondents with respect to tangibles (Table 2). The results revealed that female respondents considered two factors namely supportive and technical facilities as significant. The first factor spatial layout comprised four statements 'oxygen services are available' (M.S. = 4.26 & F.L. = 0.70), 'sign and symbols' (M.S. = 4.30, F.L. = 0.80), 'bed sheets are changed daily' (M.S. = 4.26 & F.L. = 0.81) and 'drinking water services' (M.S. = 3.90 & F.L. = 0.74). The mean score value of spatial layout is 4.18. Further second factor namely Equipment included two statements namely 'well equipped operation theatre' (M.S. = 3.55 & F.L. = 0.80) and 'good technical service' (M.S. = 3.36 & F.L. = 0.81). Overall mean score of factor is calculated as 3.81 (F2). The respondents showed satisfaction toward the tangibility of the hospital.

Male Group

The KMO value was found to be 0.831. The results revealed that male respondents considered two factors namely supportive and technical facilities as significant. The first factor Spatial Layout included 'oxygen services' (M.S. = 4.24 & F.L. = 0.74), 'telephone facilities' (M.S. = 4.23 & F.L. = 0.74), 'bed sheets are changed daily' (M.S. = 4.16 & F.L. = 0.96) and 'drinking water services' (M.S. = 3.95 & F.L. = 0.86). The factor explained 45.92 percent of variance out of 74.75. Overall mean score of factor came out to be 4.14. Further second factor Equipment included only two statements namely 'well equipped operation theatre' (M.S. = 3.59 & F.L. = 0.81) and 'good technical facilities' (M.S. = 3.37 & F.L. = 0.81). Overall mean score of factor is 3.45.

Table 2: Gender - wise Factors, Mean, Factor Loading, Variance Explained and KMO Values of Tangibles

Female				
Factors	*Mean*	*F.L.*	*% of V*	*KMO*
F 1 – Spatial Layout	4.18		43.86	**0.829**
Oxygen services	4.26	0.70		
Sign and Symbol	4.30	0.80		
Bed sheets are changed daily	4.26	0.81		
Drinking water services	3.90	0.74		
F 2 – Equipment	3.45		26.35	
Well equipped operation theatre	3.55	0.80		
Good technical services	3.36	0.81		
Grand Mean	3.81			
Cumulative Variance Explained			70.21	
Male				
F 1 – Spatial Factor	4.14		45.92	**0.831**
Oxygen services	4.24	0.74		
Sign and Symbol	4.23	0.74		
Bed sheets are changed daily	4.16	0.96		
Drinking water services	3.95	0.86		
Overall Mean	3.45			
F 2 – Equipment	3.45		28.83	
Well equipped operation theatre	3.59	0.81		
Good technical services	3.37	0.81		
Grand Mean	3.79			
Cumulative Variance Explained			74.75	

Ambient Condition

Ambient condition comprised of eleven statements which are analyzed from demographic perspectives. These are discussed as under

Female Group

The KMO value was found to be 0.811 for the female respondents with respect to ambient condition. The results revealed that female respondent considered two factors namely hospital ambience and wards ambience as significant under ambient condition (Table 3).The first factor comprises of four statements namely 'natural light' (M.S. = 3.48 & F.L. = 0.72), 'cleanliness of hospital' (M.S. = 3.22 & F.L. =0.80 'internal atmosphere' (M.S. = 3.37 & F.L. = 0.74) and 'proper placement of beds' (M.S. =2.67 & F.L. = 0.82). The factor explained 39.04 percent of variance out of 65.03. The female respondents further have given importance to 'cleanliness of hospital' (M.S. = 3.36 & F.L. = 0.74) and 'peacefulness of wards' (M.S. = 3.25 & F.L. = 0.62) under factor 2. The mean scores of statements indicate that females are averagely satisfied from ambient condition of hospital but they are dissatisfied from proper placement of beds.

Male Group

The KMO value for male respondents came out to be 0.868. The results revealed that male respondents considered two factors namely service space and layout significant. The male respondents considered statements namely 'natural light' (M.S. =3.80 & F.L. = 0.88), 'wards are peaceful' (M.S. = 3.35 & F.L. = 0.66), 'cleanliness of hospital' (M.S. = 3.47 & F.L. = 0.64), 'cleanliness of wards' (M.S. =3.43 & F.L. = 0.78) and 'internal atmosphere' (M.S.

= 3.34 & F.L. = 0.52) to be significant under factor 1 (service space) which explained 52.87 percent of variance out of 71.10. Further both male & female respondents considered 'proper placement of beds' (M.S. = 2.55 & F.L. = 0.52) significant under Layout (factor 2). Overall mean score value for factor came out to be 2.55. The mean scores of both female and male group of respondents showed overall average level of satisfaction with respect to ambient condition but are dissatisfied particularly from proper placement of beds (Chahal & Sharma 2004). The results of factor analysis reveals that for ambient condition both male and female give preference to different factors and the items also considered by the respondents are quite different. The male and female showed difference with regard to ambient condition.

Table 3: Gender - wise Factors, Mean, Factor Loading, Variance Explained and KMO values of Ambient Condition

Female				
Factors	*Mean*	*F.L.*	*% of V*	*KMO*
F 1 – Hospital Ambience	3.18		39.04	**0.811**
Natural light	3.48	0.72		
Internal atmosphere	3.37	0.74		
Cleanliness of hospital	3.22	0.85		
Proper placement of beds	2.67	0.82		
F 2 – Wards Ambience	3.30		25.99	
Cleanliness of wards	3.36	0.74		
Peacefulness of wards	3.25	0.62		
Grand Mean	3.24			
Cumulative Variance Explained			65.03	
Male				
F 1 – Service Space	3.53		52.87	**0.868**
Natural light	3.80	0.88		
Peaceful wards	3.55	0.66		
Cleanliness of hospital	3.47	0.64		
Cleanliness of wards	3.47	0.78		
Internal atmosphere	3.34	0.52		
F 2 – Specific Layout	2.55		18.23	
Proper placement of beds	2.55	0.52		
Grand Mean	3.04			
Cumulative Variance Explained			71.10	

Social Factor

Social factor is a third important sub dimension of service environment quality comprised of good impression of hospital services on other patients, transparency and ethics in delivery treatments, integrity and honesty in medical practices, hospital fulfills societal commitment effectively, promotes hygienic life style, wastage are properly disposed, provide services to people belonging to all strata of society, good services at minimum cost, sense of public responsibility exists among employees and caters to the needs of affluent class. The social factor variable is analyzed from overall and demographic perspective, as under.

Female group

The KMO value was found to be 0.709 for the female respondents with respect to social factor. The results revealed that female respondents considered services process and service efficiency as significant factors (Table 4). The first factor service process comprised three statements namely 'equitable treatment to patients' (M.S. = 3.56 & F.L. =0.91), 'cater need of affluent class' (M.S. = 3.29 & F.L. =0.96) and 'promotes hygienically life style' (M.S. =3.28 & F.L. =0.84) which explained 34.95 percent of variance out of 60.54. Further the female respondents have further identified three factors namely 'societal commitment' (M.S. = 2.98 & F.L. =0.74), 'integrity and honesty in medical practices' (M.S. =2.76 & F.L. =0.63) and 'overall impression' (M.S. = 2.62 & F.L. =0.63). The results revealed that female respondents are averagely satisfied with respect to equitable treatment to patients, special services to needy and promotes hygienically life style but there is dissatisfaction among respondents with regard to integrity and honesty in medical practices, overall impression of hospital and societal commitment.

Male Group

The male respondents identified two factors having KMO value of 0.736. The first factor namely service provider included four statements 'equitable treatment to patients' (M.S. = 3.70 & F.L. =0.85), 'hygienic life style (M.S. = 3.49 & F.L. =0.96), 'cater need of affluent class' (M.S. =3.28 & F.L. =0.74) and 'societal commitment' (M.S. = 3.18 F.L. =0.96) .The factor explained 35.90 percent of variance out of 63.59. Further, the second factor namely

service effectiveness role included three statements 'overall impression' (M.S. =2.84 & F.L. =0.74), 'employee role towards social responsibility' (M.S. = 2.72 & F.L. =0.63) and 'integrity and honesty in medical practices' (M.S. =2.95 & F.L. =0.71). The results indicated that male respondents are averagely satisfied but they are dissatisfied with regard to overall impression of hospital, employee role towards social responsibility, integrity and honesty in medical practices. Both respondents were found to be dissatisfied with employee role or services in the hospital.

Table 4: Gender-wise Factors, Mean, Factor Loading, Variance Explained and KMO Values of Social Factor

Female				
Factors	*Mean*	*F.L.*	*% of V*	*KMO*
F 1 – Service Process	3.37		34.95	**0.709**
Equitable treatment to patients	3.56	0.91		
Cater need of Affluent Class	3.29	0.96		
Promotes hygienic life style	3.28	0.84		
F 2 – Service Efficiency	2.78		25.59	
Fulfill societal commitment	2.98	0.74		
Integrity and honesty	2.76	0.63		
Overall impression	2.62	0.63		
Grand Mean	3.07			
Cumulative Variance Explained			60.54	
Male				
F 1 – Service Provider	3.40		35.90	**0.736**
Equitable treatment to patients	3.70	0.85		
Promotes hygienic life style	3.44	0.96		
Cater need of affluent class	3.28	0.74		
Societal commitment	3.18	0.96		
F 2 – Employee role	2.83		27.69	
Integrity and honesty	2.95	0.71		
Overall impression	2.84	0.74		
Social responsibility	2.72	0.63		
Grand Mean	2.83			
Cumulative Variance Explained			63.59	

Hypothesis Testing

The direct effect of independent factors Tangible, Ambient Condition and Social Factor on Service Environment Quality

The direct effect of independent factors Tangible, ambient condition and social factor on dependent variable services environment quality is predicted with the help of regression analysis (Brady and Cronin, 2001). The results revealed the model explains about 53 percent variance (R^2 =0.53). The beta coefficient values and t value with regard to three components reveal that tangibles (β = 0.10, t = 2.34), ambient condition (β = 0.28, t = 6.36) and social factor (β=0.47, t =11.62) at significance level 0.020, 0.000 and 0.000 respectively have significant impact on service environment quality (Table 5). Among the three factors higher effect is of social factor followed by ambient condition and tangibles. Thus, the study accepts the hypothesis that ambient condition, tangibles and social factor have significant and positive impact on service environment quality.

Table 5: Mean, Beta coefficient, t, P, $R^2$and Durbin Watson values of Service Environment Quality Dimensions

	Mean	*Beta Value*	*t Value*	*P Value*	*R^2*	*Durbin Watson*
Overall Mean	3.18	-	-	-	.538	1.553
TAN	3.91	.101	2.340	.020		
AC	3.26	.283	6.363	.000		
SF	3.05	.479	11.624	.000		

Effect of Gender on Patients Perception about Service Environment Quality

The study has applied t – test to find out whether significant difference exist among varied demographic groups relating to gender with respect to Tangible, Ambient Condition and Social Factor (Table 6). The results of t-test indicate that in gender wise comparison both male and female respondents have significant differences in their perceptions about ambient condition and social factor but with respect to tangible measures both group are similar about their perception. The result indicates that gender

did not influence much on the tangible sub dimension of Service Environment Quality.

Table 6: Mean, Significance level, t – value, degree of freedom and mean difference of Gender group with respect to tangible, ambient condition and social factor

Factor		*MEAN*	*T VALUE*	*DF*	*P VALUE*
Tangible	Female	3.81	0.279	395	.780
	Male	3.79			
Ambient Condition	Female	3.24	-2.758	390	.006
	Male	3.04			
Social Factor	Female	3.07	-3.376	320	.001
	Male	3.11			

Discussion

The results of data analysis evaluates the relative importance of the service environment quality dimension tangible, ambient condition and social factor, which can be used to segment patient on the basis of gender. It was found that hospitalized patients whether male or female are averagely satisfied from service environment quality of hospital. However there are differences in the service environment quality dimensions, which are important for male and females. These differences were further explained and confirmed by t-test.

The study results supported that Service Environment Quality is analyzed with the help of three dimensions tangible, ambient condition and social factor. The analyzed on the basis of demographic criteria indicate that ambient condition, tangible and social factor reveal average level of satisfaction among respondents towards service environment quality. The first dimension of service environment quality is tangible, for which male and female showed importance of similar factors namely spatial layout and equipment. Laroche et. Al (2000) found that women took a comprehensive review of both personal and non personal information before making purchase decision. Women tended to rely more heavily on the service environment and tangible cues in the environment to make service evaluation. In comparison male considered non personal cues such as advertising, signage and store environment. In this study both male and female showed equal satisfaction for tangibility of hospital. This study confirms that perception of the ambient condition of service environment quality differ by gender wise analysis. The female respondent give importance to two factors hospital ambience and ward ambience in comparison male give importance to service space and layout. Both male and female respondent showed dissatisfaction towards proper placement of beds they remarked that there is conjusted arrangement of beds in the hospital which leads to spreading of germs and disturb their privacy. Female respondent stated we want to be secure and comfortable in rooms, with pleasing design and amenities we use most. Further the social factor which comprise of people who are within a service environment, the gender – wise analysis female showed importance to two factors service process and service efficiency on the other part male give importance to service provider and service effectiveness. However both group showed dissatisfaction for integrity and honesty in employees and overall impression of hospital. The results showed that womens are concerned about efficiency involves comparison to a standard, which is usually time based such as how long it takes for an employee to perform a task relation to predefined standard. On the counterpart male service effectiveness in social process is important degree to which an organization is meeting its goals. The study shows that male and female give importance to different factors for ambient condition and social factor while for tangibles both group give preference to similar factors.

Managerial Implication of the Study and Recommendation

The results of this study provide several implications for service marketers. Overall the results suggest that manager in public healthcare services need to take the service interaction as well as views of gender of service users into account to maximize exception of customers. Gender - wise analysis provide manager with useful factor which are important for male and female with respect to tangible, ambient condition and social factor. Though varied demographic groups based on gender, showed overall average level of satisfaction with respect to tangible, ambience and social factor specifically showed dissatisfaction for improper placement of beds – remarked that there is conjusted arrangement of beds in the hospital in tangibility. Further the mean score of female (2.67) and male (2.55) reflect that patients use to

sit together which leads to spreading of germs. Further social factor dimension both male and female respondent showed dissatisfaction for integrity and honesty (F = 2.76, M = 2.95), and overall impression (F= 2.62, M = 2.84) and specifically female are dissatisfied from societal commitment of public hospital (2.98) and male showed dissatisfaction for social responsibility (2.72) of hospital. The result indicates the difference in perception on female and male respondents towards various factors of service environment quality. Majority of respondent's remark adequate spacing between beds which leads to spreading of germs. Taking into consideration limited space availability in the wards, partition with the help of curtains can help in avoiding contagenious diseases and can also provide them privacy. The staff has negative perception about hospital services particularly with regard to service effectiveness and efficiency. Despite the fact that the public healthcare units are set up to meet demands of the society, the type and quality of services so provided in the units to patients totally go against the social responsibility of the hospital. To enhance the positive impression, staff should try to understand the psychological needs of the patients to provide customized service environment.

To remain competitive, health care service provides must be able to develop and refine their services to meet the needs and priorities of consumer based on gender difference. Therefore manager should ensure that all customers are treated as individual and have their needs met accordingly (Ganesan – Lim, Russell – Bennett and Dagger, 2008). Manager should not only ensure that through ambience, tangibility and socialization efficient and effective service environment quality provide to customer but also ensure that perception and expectation of male and female are catered differently.

Limitation and Direction for Future Research

In conclusion, the study has shown that the interpretation of service interaction quality is influenced by gender differences. Study is limited to gender perception, neither psychographics nor the fill range of demographic characteristics (eg education, profession, marital status) should be included in future study. The study considered only service environment quality, the interaction effects with gender perception were not investigated yet this could be a useful for future research. Although the service environment quality is measure by ambient condition, tangible and social factor measures adopted from the literature (Brady and Cronin 2001). More specific could have been used to include symbol, signage etc for interesting results. Therefore the results of the present study open many avenues for future research. The focus on a single industry (Public hospital) raises concern about limited external validity. Inclusion of high contact service and low contact service give new insight. Perception of an individual differs from service to service, industry to industry and country to country. Further research by considering all above discussed variable can bring clear understanding of the service environment quality and way for providing qualitative service to customers.

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