

A Study on GAP Analysis of Service Quality of Health insurance sector

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ABSTRACT

It is evident from current economic scenario that private insurance companies are penetrating the untapped Indian insurance market and settling their roots. Be it life insurance or general insurance like health they are marking their presence with their innovative products, qualitative services and process, competitive pricing, personal security, etc. All these affect customer expectation and perception regarding services offered by companies. In this study various service quality dimensions have been extracted on the basis of SERVQUAL model. This study focuses on service quality and customers' satisfaction of health insurance companies in Indore city. Total 395 customers have been taken as respondents from health insurance companies in Indore city. Data has been collected by applying non probabilistic judgemental sampling method by using a structured questionnaire. Questionnaire has been framed on the basis of SERVQUAL model. Data has been analyzed by using average, percentage, frequency distribution, gap-score and Paired't-test'. From the analysis, it has been concluded that customers are satisfied with the services of health insurance companies. It has been found that there is a positive gap between customers' perception and customers' expectation.

KEYWORDS : Service Quality, SERVQUAL Gap Model, Customer Satisfaction, Health Insurance

1.1 Introduction

The role of service quality has become a highly recommended co-efficient in the aggressive competitive marketing. For success and survival of business in today's competitive environment, delivering quality service is of utmost importance for any economic enterprise. The service sector, however limited in nature and scope, upgraded into an aggressive mode appropriately touching almost every part of human activity, viz., banking, insurance, information technology, welfare etc. contributing approximately two-thirds of worldwide GNP(Kara et al., 2005). Providing quality service has now an essential strategy for survival and being successful in today's competitive environment (Dawkins and Reichheld, 1990; Parasuraman et al., 1985; Reichheld and Sasser 1990; Zeithaml et al., 1990).

In the huge service sector, insurance sector has gone through a sea change post liberalisation and is growing at a faster pace in India. The approach in competitive market has been shifting from product centric to customer centric as it has become difficult to differentiate the products in highly competitive market. Insurance companies in India are therefore developing and adopting strategies for higher customer satisfaction and loyalty via improved service quality, for future survival and growth. Prompt, efficient and speedy service alone will attract the existing customers to continue and new customers to try the services of the company.

In order to achieve customer expectations, insurance industry should frame strategic plans to provide suitable and customised products and services. To do so, using customers' point of view, these organizations are supposed to measure their customers' expectations and satisfaction level in that these findings help them match their services with those in local and global markets. (Al-Rousan and Mohamed, 2010)

In the life as well as health insurance sector, most of the companies have equivalent offerings. Service marketers have realized over past few years that competition can be well managed through quality. Thus service quality is imperative to achieve competitive advantage. A firm may lag behind because of its poor quality offered products and services. Service quality offers a way of product differentiation, particularly in case of firms that offer nearly identical services, such as insurance, where it is the only way to outstand oneself.

2.1 Literature Review

Over the past few years, there has been a considerable research on different aspects of service quality leading to a sound conceptual base for both practitioners and researchers. Authors (Parasuraman et al., 1988; 1991; Carman, 1990) agree that service quality is an abstract concept, difficult to define and measure. While modelling service quality, the customer's perceptions of any particular service can be divided into two dimensions, namely technical and functional quality. Parasuraman et al. (1985) proposed the gap model of service quality that operationalised service quality as the gap between expectation and performance perception of the customer. Service quality has also been defined as "consumers' assessment of excellence or superiority of the service" (Zeithaml et al., 1993). It is viewed as an attitude or global judgment about the overall excellence of a service, with comparison of expectations and performance as the measuring tools. Various research scholars have derived and proposed different service quality dimensions from different perspective for various service applications. The most widely used service quality measurement tools include SERVQUAL (Parasuraman et al., 1988; Boulding et al., 1993) and SERVPERF (Cronin and Taylor, 1992). SERVQUAL scale measures difference between expectation and performance perception of customers using 22 items and five-dimensional structure. In the SERVPERF scale, service quality is measured through performance only score based on the same 22 items and five dimensional structure of SERVQUAL.

3.1 Service quality in Insurance

Insurance providers offer services that are credence products with very few cues to signal quality. It has been suggested that consumers usually rely on extrinsic cues like brand image to ascertain and perceive service quality (Gronroos, 1984). This factor is especially true for a "pure" service such as insurance, which has minor tangible representations of its quality and is highly relational during most transactions. There is also a lack of price signal in the market due to specialized customer needs and difficulty in comparing prices; thus consumers cannot rely solely on price as an extrinsic cue to signal quality.

The scope of Service quality can be extended Gronroos (1984) argued that service quality can be divided into two generic dimensions: technical quality (what is provided) and functional quality (how the service is provided), with image quality (the organization's reputation for quality) mediating the impact of these two dimensions on overall perceived quality. Subsequently, Gronroos (1990) identified six specific dimensions viz., professionalism and skills, reliability and trustworthiness, attitudes and behavior, accessibility and flexibility, recovery, and reputation and credibility, on which service quality could be measured. However, these dimensions have not been subject to any rigorous empirical testing, although a number of studies have used scales based on such principles (e.g., Lehtinen and Lehtinen, 1991).

Customer satisfaction is a measure of how products and services supplied by a company go beyond customer expectation. In a competitive market, customer satisfaction is a key differentiator and has become an important aspect of business strategy. Kotler (2004) defined customer satisfaction as 'a person's feeling of pleasure or disappointment resulting from comparing a product's perceived performance (or outcome) in relation to his/her expectation'. According to him customer satisfaction is one critical factor leading to customer retention.

In their research paper Krishnamurthy et al., (2005) discussed the situation, growth and development in insurance sector post liberalisation and reform period. Insurance sector growth depends on its reach to masses and increased awareness and quality services. Satisfaction of customer and increased saving will give pace to growth and will maintain existing customer and to bring in new customers.

The present study is undertaken to understand the service quality level of Life Insurance Corporation in small village, Coimbatore district. The study will be helpful in finding out the profile, factors influencing the selection of life insurance policies and satisfaction level of customers. In addition, this study was made an attempt to understand the life insurance policyholders' perception towards their awareness and satisfaction and the service quality offered by LIC. First and foremost in his life is to secure him/her so the life insurance helps a lot. Now-a-days there are many insurance companies and the public limited companies are the best invest in order make safety of the amount and also the life of a person. In addition, suggested improvements in the service quality are required to be focused by LIC to retain potential customers, gain a competitive advantage, increase its market share and profitability, and to ensure its sustainability especially in the developing countries like India.

Hariharan & Ganeshan (2017) in their research work has analyse the service quality level of Life Insurance Corporation in Coimbatore district. The study focused on the profile, factors influencing the selection of life insurance policies and satisfaction level of customers. In addition, this study was an attempt to understand the life insurance policyholders' perception towards their awareness and satisfaction and the service quality offered by LIC. They suggested that improvements in the service quality are required to be focused by LIC to retain potential customers, gain a competitive advantage, increase its market share and profitability, and to ensure its sustainability especially in the developing countries like India.

Happy and satisfied customer will bring in free advertising and promotion for business .Customer satisfaction has been a widely discussed subject in the areas of consumer and marketing research. In recent times, this term i.e. customer satisfaction has gained new interest not only by researchers and academicians but corporate also within the context of the broad shift from transactional marketing to relationship marketing. In number of publications, satisfaction has been treated as an important determinant for the retention of customers, and therefore has moved to the forefront of relational marketing approaches.

4. Research Objectives:

The present study seeks to achieve the following objectives:-

- 1 To determine the factors constituting service quality of health insurance companies, which are affecting customer satisfaction.
- 2 To analyse the Gap between expected and Actual service availed by customers of private sector health insurance companies.

5. Research Methodology:

5.1 Research setting

This study is conducted on few private sector general insurance companies providing health insurance in Indore city. For choosing the sample, non-probabilistic judgment-cum-convenience sampling technique was used.

Sampling Design-

- i) **Universe of the Study:-**The population taken for study consists of all the policyholders of private sector general health insurance companies of Indore.

Sample and sample unit: - A total of 450 respondents were selected purposively out of which 395 gave responses for the study.

5.2 Tools for data collection & techniques: -

Methods of Data Collection: - For complete data analysis, primary data was collected from customers of health insurance companies in Indore with the help of well framed and structured questionnaire having close ended answers. Close-ended questions were asked as it enables respondent to make a quick decision which enhances their enthusiasm and commitment. The secondary data were collected from online and published national and international journals, working papers and conference proceedings, etc. Thereafter the required data were analyzed and interpretations have been made.

Variables Used for study:-

30 question or statements related to service quality dimensions were prepared and respondents were asked to rate each statement on the Likert scale of 1 to 5 (1=strongly disagree, 5= strongly agree).

6. Data Analysis and Interpretations

Reliability and Validity of the Instrument

A pilot study has been undertaken to test the reliability and validity of instrument so that any irrelevant items could be removed at the initial stage of research. this study the researcher has framed questionnaire on the basis of previous studies and found that reliability satisfactory so that the research can be forward for responding to questions.

The reliability test for questionnaire was performed using Cronbach's Alpha Test of Reliability 1. Only those items were finalized in the scale, which have exceeded 0.700 Cronbach's alpha numerically.

The reliability of the questionnaire is .881

Demographic Analysis- Total 450 customers have been approached for collection of primary data but only 395 questionnaires have been found fit for inclusion in study.

Table 1

Demographics	No. of Customers	Percentage
Age		
20-30 years	55	14
31-40 years	165	42
41-50 years	130	33
Above 50	45	11
Gender		
Male	285	72
Female	110	28
Education		
Primary	55	14
Secondary	93	24
Graduate	113	28
PG & Above	134	34
Marital Status		
Single	93	24
Married	302	76
Occupation		
Business	95	24
Service	150	38
Profession	125	32
Others	25	6
Income(in lacs)		
1-2.5	71	18
2.51 – 4	138	35
4.1 - 5.5	79	2
Above 5.5	107	27
Name of Companies-		
Apollo Munich Health Insurance Co	105	27
Star Health & Allied Insurance Co.	73	18
Max Bupa Health Insurance Co.	87	22
ICICI Lombard	63	16
Bajaj Allianz General Insurance Co. Ltd.	67	17

It is revealed from above Table -1, that majority of the respondents (42%) belong to age group of 31-40. Most of the respondents (ie.72%) are male and 28% are female. Maximum respondents (ie 34%) are Post graduate and above qualified followed by graduates. Approx. 76% respondents are married.38 % belongs to service class and 32% are professional. Maximum 35% has annual income between 2.5-4 lacs.

7.1 Result and Findings of First Objective:-

This section covers the analysis related to addressing research objective 1. This part of the analysis was done on the total questionnaire 395. The purpose of this research was to identify multidimensional factor for health insurance sector.

Factor Analysis used for H1 hypothesis

Factor analysis have been applied on service quality variables to extract six factors namely product, price, services, responsiveness, tangibility and reliability on expectation and actual services of health insurance users of private sector insurance companies. Satisfaction and quality goes hand in hand as one derives the other.

The first research objective is to identify the factors constituting service quality in health insurance sector. Factors has been derived separately on expected and Actual both.

H1: The service quality is set of multidimensional factors in health insurance sector consisting of *product, price, services, responsiveness, tangibility and reliability*.

a) Expectation

Table 2: Descriptive Statistics for Expectation

S.No	Descriptive	Mean	Std. Deviation
PRODUCT			
1	Availability of wide range of products	3.81	.852
2	Exclusive features and maximum benefits of policies	3.32	.906
3	Innovative and Customize products	3.41	.852
4	Riders	3.42	.949
5	Comprehensive coverage of critical illness	3.32	.940
6	Top-Up options available	3.51	.880
7	Effect of Waiting Period Clause	3.32	.841
PRICE			
8	Transparency in charges	3.38	.860
9	Competitive premiums and other charges	3.87	.919
10	Discount /freebies on renewals	3.27	.919
SERVICES			
11	Cashless facilities	3.40	.964
12	24*7 toll free services	3.56	.964
13	Transaction alerts through SMS and Email	3.40	.964
14	Regular policy statements	3.44	.932
15	Easy claim settlement policies and procedures	3.36	.917
16	Satisfaction from services	3.31	.847
17	willingness to renew the policy	3.30	.880
RESPONSIVENESS			
18	Addressing customer queries and complaints	3.63	.889
19	Fulfil all commitments	3.45	.929
20	Feedback from customers are welcomed	3.49	.960
21	trained and Expert advisory services	3.49	.960
22	Employees are very helpful	3.49	.960
23	Regular update of customer information, services utilised and quality delivered	3.49	.889
TANGIBILITY			
24	Easy Accessibility of services	3.49	.960
25	Availability of branch offices	3.40	.909
26	Sufficient number of network hospitals	3.31	.901
27	Office Ambience and other infrastructure is comfortable	3.34	.894
RELIABILITY			
28	Reliability of Brand name	3.40	.909
29	Confidentiality of personal information	3.34	.901
30	Easy and secure premium payment mode	3.31	.894

Descriptive Statistics provides the mean and standard deviation for each variable which was between 3 to 4 that proofs expectation of each variable was high among customers.

Table 3: KMO and Bartlett's Test for Expectations in Health Insurance Sector

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		0.802
Bartlett's Test of Sphericity	Approx. Chi-Square	1.342E3
	Df	171
	Sig.	0.000

The Kaiser –Meyer-Olkin measures of Sampling Adequacy was calculated correlation and partial correlation to test whether the variable in the sample are adequate to correlate.

The general rule of thumb was that KMO value should be greater than 0.5 for a satisfactory factor analysis to proceed. By observing the above result KMO was 0.802. Barletts Test of Sphericity test whether there is relationship between the variables. A p value less than 0.05 indicates that it makes sense to continue with the factor analysis

From the Table, it is found that p is 0.000 which was less than 0.05. It shows the relationship between the variables

Table 4: Total Variance Explained for Expectation

Component	Initial Eigen values			Extraction Sums of Squared Loadings	
	Total	% of Variance	Cumulative %	Total	% of Variance
1	11.567	38.557	38.557	11.567	38.557
2	2.919	9.731	48.288	2.919	9.731
3	2.093	6.978	55.266	2.093	6.978
4	1.864	6.215	61.480	1.864	6.215
5	1.475	4.917	66.398	1.475	4.917

Table 5: Rotated Component Matrix for expectation in Health Insurance

Variables	Components					
	1	2	3	4	5	6
E2	.692					
E4	.678					
E5		.678			.661	
E7					.676	
E1				.636		
E3	.636					
E6		.631				
E8			.630			
E9					.630	
E10		.627				
E12			.627			
E24	.622					
E29			.614			
E25	.604					
E23				.589		
E15	.589					
E17				.563		
E19	.560					
E20					.560	
E26			.554			
E28						.655
E21						.534
E11			.474			
E13			.655			
E14						.661
E16				.661		
E22					.661	
E27			.553			
E18				.655		
E30				.661		

Extraction Method: Principal Component Analysis.^a

a- 6 components extracted

b) Actual/Perceived Services :

Table 6: Descriptive Statistics for Actual/Perceived Services

S.No	Descriptive	Mean	Std. Deviation
PRODUCT			
1	Availability of wide range of products	3.41	.869
2	Exclusive features and maximum benefits of policies	3.27	1.015
3	Innovative and customize products	3.26	1.100
4	Riders	3.25	1.027
5	Comprehensive coverage of critical illness	3.30	1.157
6	Top-Up options available	3.04	1.259
7	Effect of Waiting Period Clause	2.47	1.217
PRICE			
8	Transparency in charges	3.20	.860
9	Competitive premiums and other charges	3.27	.989
10	Discount /freebies on renewals	3.10	.943
SERVICES			
11	Cashless facilities	3.26	1.029
12	24*7 toll free services	3.40	1.078
13	Transaction alerts through SMS and Email	3.36	.997
14	Regular policy statements	3.24	1.271
15	Easy claim settlement policies and procedures	3.09	1.217
16	Satisfaction from services	2.25	1.100
17	willingness to renew the policy	2.47	1.015
RESPONSIVENESS			
18	Addressing customer queries and complaints	3.26	1.271
19	Fulfil all commitments	3.27	1.174
20	Feedback from customers are welcomed	3.38	1.260
21	Trained and Expert advisory services	3.25	.869
22	Employees are very helpful	3.39	1.015
23	Regular update of customer information, services utilised and quality delivered	3.36	1.100
TANGIBILITY			
24	Easy Accessibility of services	3.42	1.157
25	Availability of branch offices	3.20	1.259
26	Sufficient number of network hospitals	3.25	1.217
27	Office Ambience and other infrastructure is comfortable	3.20	.907
RELIABILITY			
28	Reliability of Brand name	3.11	.989
29	Confidentiality of personal information	3.20	.943
30	Easy and secure premium payment mode	3.25	.965

Descriptive Statistics provides the mean and standard deviation for each variable which was between 2 to 3.5 that proofs actual services received by customers were not as per expected.

Table 7: KMO and Bartlett's Test for Actual Services in Health Insurance Sector

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		0.752
Bartlett's Test of Sphericity	Approx. Chi-Square	1.242E3
	Df	171
	Sig.	0.000

Table 8: Total Variance Explained

Component	Initial Eigen values			Extraction Sums of Squared Loadings	
	Total	% of Variance	Cumulative %	Total	% of Variance
1	8.947	29.822	29.822	8.947	29.822
2	4.113	13.709	43.531	4.113	13.709
3	3.229	10.762	54.293	3.229	10.762
4	2.522	8.406	62.699	2.522	8.406
5	1.631	5.436	68.135	1.631	5.436

Table 9: Rotated Component Matrix for Actual /Perceived Services in Health Insurance

Variables	Components					
	1	2	3	4	5	6
A2	.890					
A4	.890					
A5		.900			.608	
A7					.348	
A1				.583		
A3	.888					
A6		.900				
A8			.874			
A9					.172	
A10		.820				
A12			.874			
A24	.854					
A29			.784			
A25	.854					
A23						
A15	.850					
A17				.877		
A19	.663					
A20					.545	
A26			.965			
A28						.697
A21						.697
A11			.965			
A13			.965			
A14						.229
A16				.877		
A22					.273	
A27			.965			
A18				.772		
A30				.685		

Extraction Method: Principal Component Analysis.^a

a. 6 components extracted.

Factors extracted are :

- F1: Product: this factor is considered important as it is ultimately product/services which are consumed by customer resulting into satisfaction or dissatisfaction with the services and its quality. Variables with factor loading ranging from 0.692 to 0.560 for expected performance and for actual ranges from 0.890 to 0.663 includes availability of wide range of products, exclusive features and maximum benefits of policies, innovative and customize products, riders ,comprehensive coverage of critical illness, top-up options available ,effect of waiting period clause. These components actually effect service quality and any gap between expected and actual services received can be determine.
- F2: Price: This is the second most important factor with factor loading ranging between 0.678 to 0.627 for expected performance and for actual services ranges from 0.900 to 0.820. It includes variables such as transparency in charges, competitive premiums and other charges, discount /freebies on renewals.
- F3: Service: this factor includes basic service facilities which are expected and been provided by companies as a part of service offerings; factor loading ranging 0.655 to 0.544 for expected services and for actual ranges from 0.963 to 0.784. The components included are cashless facilities, 24*7 toll free services, transaction alerts through sms and email , regular policy statements, easy claim settlement policies and procedures, satisfaction from services, willingness to renew the policy.
- F4: Responsiveness: This is the fourth most important parameter including components such as addressing customer queries and complaints, fulfill all commitments, feedback from customers are welcomed, trained and expert advisory services, employees are very helpful , regular update of customer information, services utilised and quality delivered. These parameters have factor loading for expected services ranging from 0.661 to 0.563 and for perceived services ranging from 0.583 to 0.877. They affect service quality and gives Gap between expected and actual service performance.
- F5: Tangibility: Another important extracted factor is tangibility. As services are intangible they are being demonstrated by certain tangible parameters including - easy Accessibility of services, availability of branch offices, sufficient number of network hospitals, office Ambience and other comfortable infrastructure. The factor loading for expected services range from 0.676 to 0.560 and for actual it ranges from 0.608 to 0.273; thus creating a gap between the expected and actual service quality received by customers.
- F6: Reliability: Customer want safety in his financial transactions be it banking or insurance. This factor is very critical as maintaining customer trust is imperative for successful retention. This factor covers variables such as reliability of brand name, confidentiality of personal information

and easy and secure premium payment mode. The factor loading for expected reliability ranges from 0.661 to 0.534 and for actual performed services range from 0.697 to 0.229. this gives the gap between expected and actual performance affecting service quality.

7.2 Result and Findings of Second Objective :-

The second research objective was to analyze the Gap between expected and Actual service availed by customers of private sector health insurance companies

H_{02} : There is no difference between expectation and actual services availed by customers of health insurance companies.

H_2 : There is a difference between expectation and actual services availed by customers of health insurance companies.

This section covers the analysis related to addressing research objective 2. Paired t test has been used for H_2 . This test will explain whether there is a statistically significant difference in the mean scores for the two group's expectation and actual performance. The p value needs to be equal or less than 0.05, for the t test to be termed as significant on Expectation and Perceived/Actual Services.

The gap score is measured as the difference between scores of perceptions and expectations items. The mean score for each of the service quality dimensions is calculated by averaging the scores of items that constitute that particular dimension.

The Table below displays the E-A gap for each dimension provides an indication to individual service components that should be emphasized for improving service quality. Paired sample 'T' test value is also shown, to suggest whether the observed gap score is statistically significant or not. Gap scores near to 1 are considered large, which means there is tremendous discrepancy between perceptions and expectations.

In this research, the mean gap score for all the six dimensions were significant, suggesting that the customers have disparity among the expectations and perceptions of service quality in the banking sector. However, the mean gap scores of each dimensions is less than one, suggesting that respondents have less amount of disparity among the expectations and perceptions.

Paired T-Test table of Private sector HI companies Expected – Actual Services

Items	Mean values		Mean Difference	Std. Deviation	T- Value	Sig. (2-tailed)
	Expected	Actual				
1	3.81	3.41	.40	1.186	6.658	.000
2	3.32	3.27	.056	1.367	.811	.418
3	3.41	3.26	.147	1.376	2.122	.034
4	3.42	3.25	.172	1.384	2.473	.014
5	3.32	3.30	.023	1.483	.305	.760
6	3.51	3.04	.471	1.507	6.211	.000
7	3.32	2.47	.851	1.476	11.455	.000
8	3.38	3.20	.178	1.245	2.832	.005
9	3.87	3.27	.603	1.222	9.798	.000
10	3.27	3.10	.166	1.349	2.436	.015
11	3.40	3.26	.142	1.331	2.117	.035
12	3.56	3.40	.157	1.326	2.353	.019
13	3.40	3.36	.043	1.391	.616	.538
14	3.44	3.24	.205	1.478	2.758	.006
15	3.36	3.09	.276	1.333	4.094	.000
16	3.31	3.25	.053	1.543	.685	.494
17	3.30	2.47	.828	1.533	10.731	.000
18	3.63	3.26	.362	1.422	5.058	.000
19	3.45	3.27	.180	1.404	2.548	.011
20	3.49	3.38	.114	1.596	1.418	.157
21	3.49	3.25	.238	1.548	3.056	.002
22	3.49	3.25	.096	1.490	1.283	.200
23	3.49	3.39	.261	1.525	3.399	.001
24	3.49	3.42	.073	1.401	1.042	.298
25	3.40	3.20	.195	1.273	3.045	.002
26	3.31	3.25	.066	1.350	.969	.333
27	3.34	3.20	.134	1.252	2.129	.034
28	3.40	3.11	.293	1.345	4.312	.000
29	3.34	3.20	.134	1.252	2.129	.034
30	3.31	3.25	.061	1.348	.897	.370

The greatest disparity among dimensions between expectations and perceptions was in Product by Q1 availability of wide range of products ($\mu=0.40$, $\sigma=1.186$), Q3 innovative and customize products ($\mu=0.147$, $\sigma=1.376$), Q4 Riders ($\mu=0.172$, $\sigma=1.384$), Q 6 Top-Up options available ($\mu=0.471$, $\sigma=1.507$), Q7 Effect of Waiting Period Clause ($\mu=0.851$, $\sigma=1.476$). In second factor Price the gap analysis reveals differences in important item Q8Transparency in charges($\mu=0.178$, $\sigma=1.245$), Q9 Competitive premiums and other charges ($\mu=0.603$, $\sigma=1.222$) ,Q 10 Discount /freebies on renewals($\mu=0.166$, $\sigma=1.349$).

In third factor Services the gap analysis reveals the differences in items like Q11 cashless facilities($\mu=0.142$, $\tau=1.331$), Q 12 24*7 toll free services($\mu=0.157$, $\tau=1.326$), Q14 Regular policy statements($\mu=0.205$, $\tau=1.478$), Q15 Easy claim settlement policies and procedures($\mu=0.276$, $\tau=1.333$), Q17 willingness to renew the policy($\mu=0.828$, $\tau=1.533$). In fourth factor Responsiveness the gap analysis reveals the differences in items like Q18 Addressing customer queries and complaints($\mu=0.362$, $\tau=1.422$), Q19 Fulfill all commitments($\mu=0.180$, $\tau=1.404$), Q21 trained and Expert advisory services($\mu=0.238$, $\tau=1.548$), Q22 Employees are very helpful($\mu=0.096$, $\tau=1.490$), Q23 Regular update of customer information, services utilised and quality delivered($\mu=0.261$, $\tau=1.525$). In fifth factor Tangibility the gap analysis reveals the differences in items like, Q25 Availability of branch offices($\mu=0.195$, $\tau=1.273$), Q27 Office Ambience and other infrastructure is comfortable($\mu=0.134$, $\tau=1.252$). In Sixth factor Reliability the gap analysis reveals the differences in items like Q 28 Reliability of Brand name ($\mu=0.293$, $\tau=1.345$), Q29 Confidentiality of personal information ($\mu=0.134$, $\tau=1.252$),

All dimensions were accepted at the significant level of 0.05 because calculated p value was less than table value that's why these dimensions were in the favour of acceptance of alternate hypothesis.

Some dimensions calculate p value is more than to table value like Q2 Exclusive features and maximum benefits of policies ($\mu=0.056$, $\tau=1.367$), Q5 Comprehensive coverage of critical illness ($\mu=0.023$, $\tau=1.483$), Q13 Transaction alerts through SMS and Email($\mu=0.043$, $\tau=1.391$), Q16 Satisfaction from services($\mu=0.053$, $\tau=1.543$), Q20 Feedback from customers are welcomed($\mu=0.114$, $\tau=1.596$), Q24 Easy Accessibility of services($\mu=0.073$, $\tau=1.401$). Q26 Sufficient number of network hospitals ($\mu=0.066$, $\tau=1.350$), Q30 easy and secure premium payment mode ($\mu=0.061$, $\tau=1.348$). that's why these dimensions are not supporting to hypothesis. Out of 30 dimensions 22 are supporting that's why overall impression is going to positive side to acceptance of alternate hypothesis.

8. Conclusion

Overall study was based on identifying service quality dimensions and gap between expected and actual services received by customers have been identified. It was found that leaving certain parameters, all parameters favoured alternate hypothesis. Hence private companies need to work upon those where customer's expectation exceeds actual service received.

Health insurance sector is now growing at a faster pace because of liberalisation policies and increase in the FDI limit. Also Government is putting extensive efforts to raise awareness about various health schemes and to bring maximum people under health insurance coverage. Increased use of technology, communication media, and high literacy level has also supported this growth.

The only thing which is expected from both public and private sector companies are that they should identify gaps where improvements are required and provide quality services to have satisfied customer.

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