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Assessment of Attitude of Customers Towards Service Quality Dimensions in Health Insurance Sector in Punjab and Chandigarh

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ABSTRACT

Background: The success of any corporation depends upon the availability of products and quality of service provided to its customers. Service quality in health insurance depends upon the capacity of the companies to fulfil the expectation of the customers. So, it becomes necessary for the health insurance companies to provide better services to its customers.

Purpose: This study aims to measure the level of service quality in selected health insurance companies in Punjab and Chandigarh.

Methodology: The data has been collected from 460 customers residing in Punjab and the Union Territory of Chandigarh who had the health insurance policy from different public and private sector companies. SERVPERF scale given by Cronin and Taylor (1992) consisting of 22 statements of the perceptions of service quality has been used in the present study to measure the level of service quality of the health insurance companies.

Results: The findings highlighted that the customers have moderate level of positive attitude about the different dimensions of service quality namely tangibility, reliability, responsiveness, assurance and empathy of health insurance services provided by the selected companies.

Conclusions: From the managerial point of view, the study would help health insurance companies to improve their service quality on all the dimensions namely tangibility, reliability, responsiveness, assurance and empathy to be successful and to survive for a long term in the market.

1. Introduction

Health insurance companies in India are successively pointing their tactic towards rising customer satisfaction and loyalty because of enhanced service quality. The service quality has developed into an extremely instrumental co-efficient in the highly competitive marketing. It is essential for a business enterprise to provide excellence services to survive and to be profitable in present competitive environment (Lakshmi, 2020).

Service quality is usually defined as the customer's impression of the relative inferiority or superiority of a service provider and its services, and is often considered similar to the customer's overall attitude towards the company (Siddiqui and Sharma, 2010). With enhanced awareness, the consumers want superior level of services and therefore, insurance sector is becoming competitive to a great extent. The awareness of the customers about the available options and offers are increasing as compared to the increased standard of services (Krishnaveni *et al.,* 2004).

Therefore, providing better quality services is regarded as an important tactic for success and survival in the present era of competition (Parasuraman *et al.,* 1985; Zeithaml *et al.,* 1990). More precisely, the cost of keeping existing customers by improving the quality of services that are apparent as being prominent is considerably lesser than the cost of captivating new customers (Krishnan *et al.,* 1999). Henceforth, to survive in the market health insurance companies need to focus on the quality of services provided to its customers.

1.2. Research Problem

Insurance sector is one of the most ubiquitous service industries which would certainly cater to the masses of the country in the coming times. Therefore, it becomes imperative to assess the level of the service quality of the present health care products offered by the existing health insurance companies. As service quality is a prequalification for the long-term survival and the development of any

business. Like any other business, health insurance business can grow only if the customers are satisfied with their service providers.

1.3. Research Gap

The literature review has shown that various studies have been conducted on life and non-life insurance sector in India. yet a very few studies have been conducted on health insurance as it has been a low penetrated segment due to low awareness. Therefore, health insurance companies have great opportunity to capture that untapped market. Moreover, most of the reviewed studies had analysed the service quality by examining the gap between the perceptions and the expectations of the policyholders in life and non-life insurance sector in India through SERVQUAL model. None of the studies have been conducted so far on the service quality of public, private and standalone health insurers by considering only the perception using SERVPERF. Thus, there existed a research gap and therefore, the present study is an attempt to fill this gap.

2. Review of Literature

Hariharan & Ganeshan (2017) analysed the level of service quality of Life Insurance Corporation in Coimbatore district. It was suggested that improvements in the service quality dimensions were required to be concentrated by LIC to retain likely customers, increase in competitive advantage, expansion in its market share and profitability, and to safeguard its sustainability specifically in the emerging countries like India.

Rolin & Leela (2020) have measured the gap between the expectation and the perception of the service quality provided by the health insurance providers in Tirupur district of Tamil Nadu. The data was collected from the 450 respondents through random sampling. The results of the study have shown that the expectation of the respondents on the dimensions of assurance, tangibility, Reliability, responsiveness, empathy was more than the perception. There was a significant gap in the expectation and perception of the customers towards the dimensions of service quality. It was also found out that the highest gap was found in the dimension assurance, responsiveness and reliability. It was suggested that the health insurance providers should try to fulfil the policyholders' expectation as much as possible. Alhassan *et al.* (2021) measured the service quality of WA municipal mutual health insurance scheme of Upper West Region in Ghana. The data was collected from the sample size that consisted of 398 respondents. The study had shown that the level of service quality in this scheme was moderate and significant gaps were found in expectations and

perceptions of the respondents in all the five dimensions of service quality namely tangibility, reliability, responsiveness, assurance, and empathy. It was suggested to reduce the gap between expectations and perceptions by improving the service quality in the WA municipal health insurance scheme.

3. Objectives of the Study

The purpose of the study is to measure the attitude of the customers towards the dimensions of the service quality in selected health insurance companies in Punjab and Chandigarh.

4. Data Base and Research Methodology

This study has focused on the measurement of the attitude towards the dimensions of the service quality of the selected sample companies providing the health insurance services in the insurance industry. The data has been collected from 435 customers residing in Punjab and the Union Territory of Chandigarh. who had the health insurance policy from different public and private sector companies.

There was total 12 companies comprising of 4 public sector general insurance companies and 8 private sector general insurance companies in 2012-13 (in this year comprehensive health regulations introduced) which constituted the universe for conducting the primary study. Out of the 12 companies, only 50 % companies comprises 2 out of 4 public sector companies and 4 out of 8 private sector companies had been selected for collecting the responses through a structured questionnaire from the policyholders. The rationale behind it was that these six companies held the highest market share in the gross direct premium.

SERVPERF scale given by Cronin and Taylor (1992) consisting of 22 statements of the perceptions of service quality has been used in the present study in order to measure the level of service quality of the health insurance companies of India. According to the scale, the phenomenon of service quality has five distinct dimensions i.e., Tangibles, Reliability, Responsiveness, Assurance and Empathy. The weighted average scores have been computed to analyse the responses of the policyholders where they were asked to rate different statements relating to the service quality of selected health insurance companies on five-point Likert scale.

5. Results and Analysis

5.1. Application of Confirmatory Factor Analysis

Firstly, the reliability and validity of the five distinct dimensions of the scale have been established using Confirmatory Factor Analysis (CFA).

The Confirmatory Factor Analysis has been used to establish the reliability and validity of the dimensions of the service quality. The SERVPERF instrument of service quality has 22 items or statements measuring five dimensions i.e. tangibles, reliability, responsiveness, assurance, and empathy. Figure 1 exhibits the measurement model with five dimensions of service quality. The measurement model has exhibited the relationship between a construct and its observed variables. Further, the constructs are joined together to run it together. The direction of arrows or relationship is immaterial in case of the Confirmatory Factor Analysis; therefore, the path coefficients are not looked into the measurement model. The software used to apply CFA model is ADANCO (Advanced Analysis of Composites). The results of this have been exhibited below:
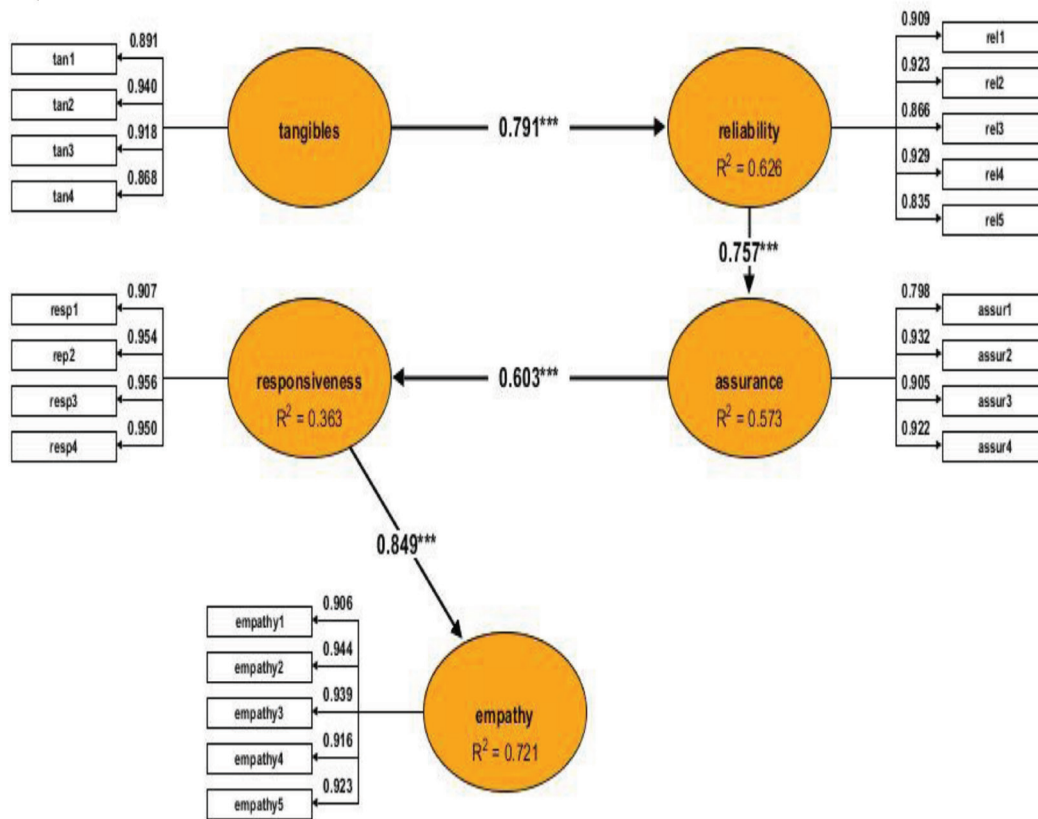
Figure 1: Measurement Model of Service Quality

5.2. Factor Loadings of Measurement Model of Service Quality

Table 1 has shown the factor loadings of the measurement model which were also exhibited in Figure 1. The factor loadings (λ) can be understood as a simple correlation between a factor and its observed variables. The cross loadings have not been exhibited because the measurement model is a constrained model and the cross loadings are to be avoided as depicted by Table 1, observed variable tan1 has correlation of 0.8907 with the construct tangibles. The higher the factor loading, the more important a variable is to the construct or the more participation of the variable towards the construct. As per Hair et. al., (2014) Thus, loadings exceeding 0.70 were to be indicative of a well-defined structure. The higher the factor loading, the better the model would be.

As shown in Table 1 none of the observed variables has factor loading below 0.70. The factor loadings of the indicator namely, 'tangibles' ranged between 0.9403 and 0.8681. The factor loadings of 'reliability' construct ranged between 0.9285 and 0.8352. Similarly, the factor loadings of the other constructs such as, 'responsiveness' is ranged between 0.9561 and 0.9070; 'assurance' between 0.9316 and 0.7980; 'empathy' between 0.9440 and 0.9058. The lowest factor reported in the model was 0.7980, which has also been considered good enough to meet the minimum level for the interpretation of the structure. Thus, the factor loadings of the model have exhibited quite satisfactory results.

Table 1: Factor loadings of the measurement model of service quality

Constructs	Items' Labels	Indicators	Tangibles	Reliability	Responsiveness	Assurance	Empathy
Tangibles	TAN 1	The present health insurance company has up to date equipment and technology (i.e. computers etc.).	0.8907				
	TAN 2	The present health insurance company's physical facilities are visually appealing.	0.9403				
	TAN 3	The present health insurance company's employees are well dressed and appear to be neat.	0.9179				
	TAN 4	The appearance of the physical facilities of the present health insurance company is in keeping with the type of services provided.	0.8681				
Reliability	REL 1	When the present health insurance company promises to do something by a certain time, it does so.		0.9085			
	REL 2	When you have problems, the present health insurance company is sympathetic and reassuring.		0.9233			
	REL 3	The present health insurance company is dependable.		0.8660			
	REL 4	The present health insurance company provides its services at the time it had promises to do so.		0.9285			
	REL 5	The present health insurance company keeps its records accurately (error free bills and documents).		0.8352			
Responsiveness	RESP 1	The present health insurance company tell customers exactly when services will be performed.			0.9070		
	RESP 2	You receive prompt service from the employees of the present health insurance company.			0.9542		
	RESP 3	The employees of the present health insurance company are always willing to help the customers.			0.9561		
	RESP 4	The employees of the present health insurance company are too busy to respond to the customers' requests promptly.			0.9503		

Assurance	ASS 1	You can trust the employees of the present health insurance company.				0.7980	
	ASS 2	You feel safe in your transaction with the present health insurance company's employees.				0.9316	
	ASS 3	The employees of the present health insurance company are polite.				0.9048	
	ASS 4	The employees get adequate support from the present health insurance company to do their jobs well.				0.9224	
Empathy	EMP 1	The present health insurance company gives individual attention to you.					0.9058
	EMP 2	The employees of the present health insurance company give personal attention to you.					0.9440
	EMP 3	The employees of present health insurance company know about your needs.					0.9393
	EMP 4	The present health insurance company has your best interests at heart.					0.9157
	EMP 5	The present health insurance company has operating hours convenient to all of their customers.					0.9229

5.3. Reliability of the Model of the Service Quality

In the next step, the reliability and the validity of the model has been established. There are three measures of reliability –

- Dijkstra-Henseler's rho (Dijkstra & Henseler, 2015b),
- Composite reliability (Werts et. al., 1978),
- Cronbach's alpha (Cronbach, 1951)

In reflective measurement models, Dijkstra-Henseler's rho is an estimate of the reliability of the construct scores (Henseler, 2017). Table 2 has shown that the observed values of ranged between 0.9600 and 0.9194 and thus, were found to be very good.

The composite reliability value should be at least 0.70 which is measured as a good indicator of the internal consistency (Hair et al. 1998). As Table 2 has depicted that the value of composite Reliability regarding the five dimensions of service quality ranged between 0.9656 and 0.9242, which are considered to be excellent.

Cronbach's alpha minimum desired is 0.70. The values of Cronbach's alpha for five constructs of service quality ranged between 0.9582 and 0.9120 which are regarded to be excellent.

Thus, the five constructs of the service quality have been found to be highly reliable as the value of Cronbach's alpha for all of the five constructs were above 0.80 suggesting a high level of the model reliability.

Average variance extracted (AVE) takes values in between zero and one. This has basically been reported to be a measure of one-dimensionality of constructs (Henseler, 2017). Reflective constructs exhibit sufficient one-dimensionality, if their AVE exceeds 0.5 (Fornell & Larcker, 1981). As Table 2 reflects those five constructs of service quality have AVE values that are higher than 0.5, thus, indicating satisfactory one-dimensionality.

Table 2: Construct reliability measures of service quality measurement scale

Constructs	Dijkstra-Henseler's rho	Cronbach's alpha	Composite Reliability	Average Variance Extracted (AVE)
Tangibles	0.9290	0.9259	0.9365	0.8184
Reliability	0.9371	0.9360	0.9401	0.7975
Responsiveness	0.9600	0.9577	0.9656	0.8876

Assurance	0.9194	0.9120	0.9242	0.7935
Empathy	0.9590	0.9582	0.9625	0.8568

5.4. Construct Validity of the Model of Service Quality

In this model, the underlying constructs are the dimensions of service quality of the health insurance companies. Construct validity is a combination of the convergent validity and the discriminant validity. The convergent validity has been measured with factor loadings, composite reliability (CR) and average variance extracted (AVE) scores. Factor loadings are the first step to interpret the convergent validity of the measurement model because the factor loadings make it evident that the variables within a single factor are highly correlated. Moreover, the widely used Fornell and Larcker criterion has been used to measure the convergent validity (Fornell and Larcker, 1981). This criterion has suggested that AVE values above 0.7 were considered to be good,

whereas values up to 0.5 were acceptable ones. As exhibited in Table 1, the factor loadings for each construct of service quality were well above 0.70. Similarly, all constructs of the measurement model have CR values that are above 0.7.

Discriminant validity is used to measures the level to which the constructs are actually different from each other. The most popular way to examine the discriminant validity is using the Fornell-Larcker criterion (Fornell and Larcker, 1981). It postulates that a construct's AVE should be higher than its squared correlations with all other constructs in the model. This can be seen in Table 3, the AVE of the constructs is placed at the diagonals and squared inter-constructs correlation matrix is placed at the lower triangle of the Table. The diagonals elements (AVE) are greater than the lower triangle elements (squared bi-variate correlations between the constructs), suggesting that the discriminant validity of the five constructs of service quality has been established. Therefore, it can be concluded that the five factors of SERVQUAL model to measure the service quality of health insurance section are valid.

Table 3: Discriminant validity statistics of constructs of service quality

Constructs	Responsiveness	Tangibles	Reliability	Assurance	Empathy
Responsiveness	0.8876				
Tangibles	0.3636	0.8184			
Reliability	0.4542	0.6264	0.7975		
Assurance	0.3631	0.4798	0.5735	0.7935	
Empathy	0.7212	0.3383	0.4037	0.4293	0.8568

Note: Squared correlations on off diagonals; AVE values in the diagonal.

5.5. Extent of Service Quality Among the Health Insurance Companies

Like the companies of the other financial domains, service quality has become pursuit of health insurance companies as their growth, success and survival depends on it to a great extent. Service quality has usually been defined as the customers' assessment of the overall excellence or superiority of the service (Zeithaml, 1988). More extensively, it is the customers' impression of the relative inferiority or superiority of a service provider and its services, and is often considered similar to the customers overall attitude towards the company (Bitner and Hubert, 1994). Service quality is not a singular but a multi-dimensional phenomenon (Vandamme and Leunis, 1993). Therefore, SERVPERF which rely on same five-dimensional scale comprises of 22 statements of SERVQUAL model as developed by Parasuraman *et al.* (1988), has been used in the present study. Thus, the five distinct dimensions of the service quality are i.e., tangibles, reliability, responsiveness, assurance and empathy.

So, the customers' perceptions about the service quality of health insurance companies operating in India have been measured on the underlying five dimensions. The factor or construct scores of the five dimensions of the service quality have been obtained, while performing the Confirmatory Factor Analysis. The unstandardized construct scores are very similar to the mean scores of the constructs computed through summating the responses and then dividing it by the number of the observed variables. Thus, to measure the point-of view of policyholders towards the dimensions of service quality they were asked to indicate their opinion on a five-point Likert scale (ranging from strongly agree that has been assigned weight of 5 to strongly disagree which has been allocated weights equal to 1) regarding the dimensions of the service quality such as tangibility, reliability, responsiveness, assurance and empathy. Thus, the higher score indicates the positive attitude of the customers towards the particular dimension of the service quality or vice versa i.e. the lower score indicates the negative attitude of the customers towards the same dimension.

5.5.1. Tangibles

Tangibles comprise of the presence of physical amenities, equipment and appearance of employees etc. (Parasuraman et. al., 1988). Table 4 has shown that an enormous majority of the policyholders agreed with these statements, i.e. 'The present health insurance company has up to date equipment and technology (i.e., computers etc.)' (89.7 %); 'The present health insurance company's physical facilities are visually appealing' (87.9 %); 'The present health insurance company's employees are well dressed and appear neat' (84.9

%); 'The appearance of the physical facilities of the present health insurance company is in keeping with the type of services provided' (75.4 %).

Further, Table 4 has represented that the customers' attitude towards the tangibles is more positive than to the other dimensions as it has obtained the highest score of 4.03 (SD = 0.86). It has discovered that the customers have a very positive feeling towards the tangible aspects of the health insurance companies like adequate number of branches, accessible location of a branch, and the ambience of the branch etc.

Table 4: Mean Scores representing Opinion of the Policyholders and Construct Score regarding Tangible Dimension of Service Quality (N=435)

Items' Labels	Statements	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Weighted Average Scores
TAN 1	The present health insurance company has up to date equipment and technology (i.e. computers etc.).	206 (47.4)	184 (42.3)	7 (1.6)	36 (8.3)	2 (.5)	4.23
TAN 2	The present health insurance company's physical facilities are visually appealing.	139 (32.0)	243 (55.9)	10 (2.3)	34 (7.8)	9 (2.1)	4.08
TAN 3	The present health insurance company's employees are well dressed and appear neat.	133 (30.6)	236 (54.3)	24 (5.5)	35 (8.0)	7 (1.6)	4.04
TAN 4	The appearance of the physical facilities of the present health insurance company is in keeping with the type of services provided.	114 (26.2)	214 (49.2)	29 (6.7)	64 (14.7)	14 (3.2)	3.80
Overall Tangibility's Construct Score (SD=0.86)							4.03

5.5.2. Reliability

The reliability is the ability of the company to perform the promised service dependably and accurately (Parasuraman et. al., 1988).

In Table 5 has clearly reflected that most of the policyholders agreed with these statements of reliability dimension, i.e. 'When the present health insurance company

promises to do something by a certain time, it does so' (80.4 %); 'When you have problems, the present health insurance company is sympathetic and reassuring' (75.9 %); 'Present health insurance company is dependable' (69 %); 'The present health insurance company provides its services at the time it promises to do so' (80.5 %); 'The present health insurance company keeps its records accurately (error free bills and documents)' (81.7 %).

Table 5: Mean Scores representing Opinion of Policyholders and Construct Score regarding the Reliability Dimension of Service Quality (N=435)

Items' Labels	Statements	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Weighted Average Scores
REL 1	When the present health insurance company promises to do something by a certain time, it does so.	115 (26.4)	235 (54.0)	14 (3.2)	61 (14.0)	10 (2.3)	3.88
REL 2	When you have problems, the present health insurance company is sympathetic and reassuring.	114 (26.2)	216 (49.7)	32 (7.4)	60 (13.8)	13 (3.0)	3.82

REL 3	The present health insurance company is dependable.	97 (22.3)	203 (46.7)	46 (10.6)	70 (16.1)	19 (4.4)	3.66
REL 4	The present health insurance company provides its services at the time it promises to do so.	114 (26.2)	236 (54.3)	14 (3.2)	55 (12.6)	16 (3.7)	3.87
REL 5	The present health insurance company keeps its records accurately (error free bills and documents).	109 (25.1)	246 (56.6)	28 (6.4)	38 (8.7)	14 (3.2)	3.91
Overall Reliability's Construct Score (SD=0.93)							3.83

The overall reliability construct score of 3.83 (SD = 0.93) has indicated that the sampled health insurance companies have provided reliable services up to the moderate level.

5.5.3 Responsiveness

Responsiveness dimension emphasizes on the willingness to help the customers and provide prompt services (Parasuraman *et al.,* 1988). Table 6 has portrayed that a maximum proportion of policyholders have shown their agreement with all the statements of responsiveness dimension of service quality as provided by their health insurance companies, viz. 'Present health insurance company tells the customers exactly when services will be performed' (69.9 %); 'You receive prompt service from the employees of the present health insurance company' (73.6 %); 'Employees of the present health insurance company are always willing to help the customers' (73.8 %),; 'Employees of the present health insurance company are too busy to respond to the customers' requests promptly' (74%).

Table 6: Mean Scores Representing Opinion of Policyholders and Construct Score regarding the Responsiveness Dimension of Service Quality (N=435)

Items' Labels	Statements	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Weighted Average Scores
RESP 1	The present health insurance company tells customers exactly when services will be performed.	82 (18.9)	222 (51.0)	26 (6.0)	88 (20.2)	17 (3.9)	3.61
RESP 2	You receive prompt service from the employees of the present health insurance company.	104 (23.9)	216 (49.7)	25 (5.7)	66 (15.2)	24 (5.5)	3.71
RESP 3	The employees of the present health insurance company are always willing to help customers.	104 (23.9)	217 (49.9)	22 (5.1)	70 (16.1)	22 (5.1)	3.71
RESP 4	The employees of the present health insurance company are too busy to respond to customers' requests promptly.	127 (29.2)	195 (44.8)	25 (5.7)	69 (15.9)	19 (4.4)	3.79
Overall Responsiveness's Construct Score (SD=1.08)							3.70

The average responsiveness score of 3.70 (SD=1.08) has suggested that the health insurance companies have been able to show moderate level of willingness to help the customers. Comparatively, the high standard deviation (1.08) of the underlying dimension has further indicated that there were also a large number of customers who had accorded low scores regarding the responsiveness in the delivery of the services by the health insurance companies.

5.5.4. Assurance

The 'Assurance' dimension of the service quality has thrown light on the knowledge and courtesy of the employees; and also, on their ability to inspire trust and confidence among their customers regarding the services of the service provider (Parasuraman *et al.,* 1988). Table 7 has depicted that the maximum percentage of the respondents agreed with the following statements, that are, 'You can trust the employees

of the present health insurance company' (76.1 %); 'You feel safe in your transaction with the present health insurance company's employees' (81.4 %); 'The employees of the present health insurance company are polite' (85.5 %); 'The employees get adequate support from the present health insurance company to do their jobs well' (81.6 %).

Table 7 has reflected that the assurance dimension in the underlying study has average score of 3.81 (SD = 0.86); indicating that the customers were impressed to a moderate extent with the knowledge and courtesy of the employees of the health insurance companies and their ability to instill trust in them about the services provided by these employees.

Table 7: Mean Scores representing the Opinion of Policyholders and Construct Score regarding Assurance Dimension of Service Quality (N=435)

Items' Labels	Statements	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Weighted Average Scores
ASS 1	You can trust the employees of the present health insurance company.	70 (16.1)	261 (60.0)	19 (4.4)	63 (14.5)	22 (5.1)	3.68
ASS 2	You feel safe in your transaction with the present health insurance company's employees.	80 (18.4)	274 (63.0)	16 (3.7)	52 (12.0)	13 (3.0)	3.82
ASS 3	The employees of the present health insurance company are polite.	75 (17.2)	297 (68.3)	12 (2.8)	42 (9.7)	9 (2.1)	3.89
ASS 4	The employees get adequate support from the present health insurance company to do their jobs well.	84 (19.3)	271 (62.3)	19 (4.4)	47 (10.8)	14 (3.2)	3.84
Overall Assurance's Construct Score (SD=0.86)							3.81

5.5.5 Empathy

Empathy dimension has reflected the caring, individualized attention which is given by a firm to its customers, while delivering service (Parasuraman *et al.*, 1988). The Table 8 has illustrated that a substantial percentage of respondents have agreed towards the statements, viz. 'The present health insurance company gives individual attention to you' (66.2 %); 'The employees of the present health insurance company give personal attention to you' (70.6 %); 'The employees of the present health insurance company know about your needs' (72.4 %); 'The present health insurance company have your best interests at heart' (68.7 %); 'The present health insurance company have operating hours convenient to all their customers' (73.4 %).

The Table 8 given below has also reflected that the average empathy score was 3.67 (SD = 1.09) which signified that the health insurance companies have been able to assure just moderate level of empathy in delivering services to their customers.

Table 8: Mean Scores representing Opinion of Policyholders and Construct Score regarding Empathy Dimension of Service Quality (N=435)

Items' Labels	Statements	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Weighted Average Scores
EMP 1	The present health insurance company gives individual attention to you.	86 (19.8)	202 (46.4)	40 (9.2)	81 (18.6)	26 (6.0)	3.55
EMP 2	The employees of present health insurance company give personal attention to you.	114 (26.2)	193 (44.4)	31 (7.1)	68 (15.6)	29 (6.7)	3.68
EMP 3	The employees of present health insurance company know about your needs.	118 (27.1)	197 (45.3)	30 (6.9)	66 (15.2)	24 (5.5)	3.73
EMP 4	The present health insurance company has your best interests at heart.	115 (26.4)	184 (42.3)	30 (6.9)	81 (18.6)	25 (5.7)	3.65

EMP 5	The Present health insurance company has operating hours convenient to all of their customers.	99 (22.8)	220 (50.6)	26 (6.0)	71 (16.3)	19 (4.4)	3.71
	Overall Empathy's Construct Score (SD=1.09)						3.67

Overall, it can be concluded that the customers have moderate to high level of positive attitude towards the different dimensions of service quality which has been provided by the surveyed health insurance companies while delivering their services.

6. Discussion

In a nutshell, the surveyed policyholders of the sampled health insurance companies had expressed their moderate level of attitude towards all the dimensions of the service quality except the tangibility dimension. There is sufficient research evidence suggesting good level of service quality (Nithyanandam, 2015). Further, Doss (1998) found that customers' perceptions on all the service quality dimensions were mere 'moderate'. This analysis would enable service providers to know customers' satisfactions of its key parameters and the factors determining these satisfactions, which would also help in prioritising the quality improvement efforts. However, the general insurance companies were delivering services as per the expectations of customers for any of the service quality dimensions (Ezhilarasi, 2018).

7. Conclusion

The service quality has become an enormously instrumental co-efficient in the extremely competitive marketing. For persistence and to be efficacious in present competitive environment, delivering excellence service is of paramount eminence for any pecuniary organization as customers have many alternatives and they would switch to the other service providers if they are not satisfied with the present one.

In this study, the surveyed policyholders of the sampled health insurance companies had expressed their moderate level of attitude towards all the dimensions of the service quality except the tangibility dimension which has been ranked too good. Thus, the health insurance companies had scope to improve their service quality on the rest of the dimensions.

8. Limitations

The primary survey's coverage has been restricted to the policyholders belonging to the state of Punjab, and UT Chandigarh, thus the results so obtained could not be generalized as the responses of the policyholders belonging to the rest of India might vary a lot. The primary data has its own limitations of bias because sometimes the policyholders participating in the survey may not give the responses based on their actual experience.

9. Future Directions

For more comprehensive knowledge further, studies can be planned to study the service quality among policyholders of standalone health insurers only in other states. Also, a gap study based on SERVQUAL model which measures both expectations and performances can be outlined for more in-depth analysis.

10. Practical Implications

The study found out that the surveyed policyholders of the sampled health insurance companies had expressed their moderate level of attitude towards all the dimensions of the service quality. Thus, the health insurance companies had scope to improve their service quality on the rest of the dimensions namely reliability, responsiveness, assurance and empathy to survive in the market. The present research work would be helpful to the general insurance companies offering health insurance products to improve their deficiency in the services reported during the survey. This would certainly help them to grow and sustain in the market for the longer period of time.

11. Originality/Value

To the best of our knowledge, this study is the foremost of its kind that Undertakes service quality of public, private and standalone health insurers by considering only the perception using SERVPERF model with special reference to the regional level of Punjab and Chandigarh.

References

Alarcón, D., Sánchez, J. A., & De Olavide, U. (2015, October). Assessing convergent and discriminant validity in the ADHD-R IV rating scale: User-written commands for Average Variance Extracted (AVE), Composite Reliability (CR), and Heterotrait-Monotrait ratio of correlations (HTMT). In *Spanish STATA meeting* (Vol. 39, pp. 1-39). Retrieved from https://www.stata.com/meeting/spain15/abstracts/materials/ spain15_alarcon.pdf.

Alhassan, F., Moses, K., Kukurah, J. D., & Sakara, A. (2014). Service Quality in National Health Insurance Scheme Healthcare: A Case Study of WA Municipal National Health Insurance Scheme in the Upper West Region of Ghana, *Developing Country Studies*, *4*(20), 108-123.

Amponsah, E. N. & Hiemenz, U. (2009). Determinants of Consumer Satisfaction of Health Care in Ghana: Does Choice of Health Care Provider Matter*, Global Journal of Health Science*, *1*, 50-61.

Bitner, M. J. & Hubert, A. R. (1994). Encounter Satisfaction Versus Overall Satisfaction Versus Quality, Service Quality- New Directions in Theory and Practice, Thousand Oaks, CA, Sage Publications, 72-94. https://doi.org/10.4135/9781452229102

Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. *psychometrika*, *16*(3), 297-334. https://doi.org/10.1007/BF02310555

Cronin, J. J. & Taylor, S. A. (1992). Measuring Service Quality: A Re-examination and Extension, *Journal of Marketing*, *56*(3), (55-68). https://doi.org/10.1177/002224299205600304

Dijkstra, T. K. & Henseler, J. (2015). Consistent Partial Least Squares Path Modelling, *MIS Quarterly*, *39*(X), 1-XX. https://www.jstor.org/stable/26628355

Doss, S.G. (1998). Assessment of Service Quality in Life Insurance Corporation of India, A Ph.D. Thesis Submitted to The Department of Commerce, University of Poona.

Ezhilarasi, A. (2018). General Insurers Service Quality and Customer Satisfaction – A Comparative Study of Public and Private Sector General Insurers in Chennai City, A Ph.D. Thesis Submitted to The Department of Commerce, Sir Theagaraya College Chennai. https://hdl.handle.net/10603/262182

Fornell, C., & Larcker, D. F. (1981). Evaluating Structural Equation Models with Unobservable Variables and Measurement Error, *Journal of Marketing Research, 18*(1)*,* 39–50. https://doi.org/10.1177/002224378101800104

Ganeshan, H. & Sivasamy, N. (2017). A study on customer perception on service quality with reference to public insurance sector in Coimbatore district, *International Journal of Management Research and Review*, *7*, 513-520.

Hair Jr., Anderson, R. E., Tatham, R.L. and Black, W. C. (1998). Multivariate Data Analysis, Upper Saddle River, Prentice Hall. Retrieved from - https://ir.psgcas.ac.in/id/eprint/532/1/journal_S.Nagarajan14ap17rr.pdf

Hair, J. F., Black, W. C., Babin, B. J. and Anderson, R. E. (2014). Multivariate Data Analysis, Seventh Edition, Pearson New International Edition.

Henseler, Jorg (2017). ADANCO 2.0.1 User Manual, First Edition, *Composite Modeling GmbH & Co. KG*, Kleve, Germany.

Krishnan, A. K. K. (2013). A Study on Measuring Service Quality and its impact on Customer Satisfaction in Banking and insurance Sector, A Ph.D. Thesis Submitted to the Department of Business Administration, Maharaja Krishna Kumar Singh ji Bhavnagar University, Bhavnagar. https://hdl.handle.net/10603/15521

Krishnan, M. S., Venkatram R., Mary C. M. and Paul, D. (1999). Customer Satisfaction for Financial Services: The Role of Products, Services, and Information Technology, *Management Science*, *45*(9), 1194- 1209. https://doi.org/10.1287/mnsc.45.9.1194

Krishnaveni, R. and Divya Prava, D. (2004); Measuring Service Quality in Banking Sector, *Prajnan: Jr. of Social and Management Sciences*, *23*(1), 47-55.

Kumar, R. (2010). Performance Evaluation of General Insurance Companies: A Study of Post Reform Period, A Ph.D. Thesis Submitted to the Faculty of Business Study, Department of Commerce, Punjabi University, Patiala. https://hdl.handle.net/10603/2352

Lakshmi, S. Rani (2020). Service Quality Assessment in Insurance Sector: A Comparative Study between Urban and Rural Policyholders of Life Insurance Corporation of India, *Asian Journal of Research in Marketing*, *9*(6), 1-14. https://dx.doi.org/10.5958/2277-6621.2020.00010.9

Madan, M. and Pathak, S. (2012). Service Quality Perceptions of Customers about Insurance Companies: An Empirical Study on Delhi Region, *XIII Annual International Conference on Global Turbulence: Challenges & Opportunities,* 1-27.

Narula, S. (2012). Service Quality: A Study of Life Insurance industry in Punjab, A Ph.D. Thesis Submitted to the Faculty of Applied Management, Punjabi University, Patiala. https://hdl.handle.net/10603/10357

Nithyanandam. K. (2015). Service Quality of Life Insurance Corporation of India, A Ph.D. Thesis Submitted to The Department of Commerce, University of Madras, Chennai.

Parasuraman, A., Zeithmal, V. & Berry, L. (1985). A Conceptual Model of Service Quality and its Implication for Future Research, *Journal of Marketing*, *49*, 41- 50. https://doi.org/10.1177/002224298504900403

Parasuraman. A., Zeithaml, V., & Berry, L. (1988). SERVQUAL: A Multiple-item scale for Measuring

Consumer Perceptions of service quality, *Journal of Retailing*, *64*(1), 29-40.

Rolin. S., & Leela D. C., (2020). Service Quality Gap Analysis towards Health Insurance Sector with reference to Tirupur District, *Journal of Interdisciplinary Cycle Research*, XII(VI), 1299-1307.

Siddiqui, M. H. & Sharma, T. G. (2010). Analyzing Customer Satisfaction with Service Quality in Life Insurance Services, *Journal of Targeting, Measurement and Analysis for Marketing*, *18*, 221-238. https://doi.org/10.1057/jt.2010.17

Vandamme, R. and Leunis, J. (1993). Development of a Multi-item Scale for Measuring Hospital Service Quality, *International Journal of Service Industry Management*, *4*(3), 30-49. https://doi.org/10.1108/09564239310041661

Werts C. E., Rock D. R., Linn R. L., & Jöreskog K. G. (1978). A General Method of Estimating the Reliability of a Composite, *Educational and Psychological Measurement*. *38*(4), 933-938. https://doi.org/10.1177/001316447803800412

Zeithaml, V. A. (1988). Consumer Perceptions of Price, Quality and Value: A Means-end Model and Synthesis of Evidence, *Journal of Marketing*, *52*(3), 2-22. https://doi.org/10.1177/002224298805200302

Zeithaml, V. A., Parasuraman, A. and Berry, L. L. (1990). Delivering Quality Service. Balancing Customer Perceptions and Expectations. The Free Press, New York.