Telecommunication Service Gap: Call Center Service Quality Perception and Satisfaction

Mohammed Upal, Sr. Account Executive (Clockwork Communications Ltd.), Dhaka, Bangladesh, upalism@gmail.com, mohammed.Upal@ticktock.com.bd

Abstract

The call center industry is a relatively new in Bangladesh. Only telecommunications and very few organizations are now providing customer service and support via call centers. Call centers do not exist for the customer to physically interact with, apart from via the telephone. The nature of the service encounter between the call center and customer is predominantly undertaken by using technology. Hence, a Relative early stage of the industry has meant that current organizations are struggling with how to best manage their call center and how to deliver the best services. This study is, therefore. telecom subscriber-centered identifies the service quality factors that are important to them; it also examines their links to quality of satisfaction in the context of Bangladesh. A field survey was conducted by using the widely applied SERVQUAL model. Using gap analysis (expectation and perception) and one sample t-test, significant outputs were found between the four subscribers satisfaction. dimensions and Implications and future research issues are discussed.

1. Introduction

Services are deeds, processes and performances (Zeithaml and Bitner, 2003). Broadly, services include all economic activities whose output is not a physical product or construction is generally consumed at the time it is produced and provides added value in forms (convenience, amusement, timeliness, comfort or health) that are essentially intangible concerns of its first purchaser (Quinn, Baruch and Paquette, 1987). The Service sector consists of different dimensions and among them we have picked 'wireless communication'. In this study, we are specially focusing on the 'call center' as it is one of the parts of integrated wireless communication system.

In 1971, the government of the Peoples' Republic of Bangladesh created the Ministry of Posts and Telecommunications (MOPT). In 1976, the MOPT created the Bangladesh Telegraph and Telephone Department, which in 1979 evolved into a corporate entity: the Bangladesh Telegraph and Telephone

Board (BTTB). The BTTB was entrusted with running the country's telecommunication services on a commercial basis. The emergence of digital and cellular phone technologies in the late 1980s and early 1990s, and the BTTB's poor customer orientation, eroded the validity of these arguments. Gradually, the BTTB allowed more private sector involvement in the sector.

Mobile telecommunications have become one of the most vibrant service sectors in the country with its growing network coverage. Rapid growth in the mobile industry has brought in a number of foreign operators to start business in Bangladesh and the resultant competition in the sector witnessed steady reduction in call charges. Tele Communication industry has experienced tremendous growth, At present, six mobile phone companies are operating in Bangladesh. About 22 million subscribers have come under the coverage of mobile network as of December 2006 (Country Paper on Infrastructure Development with a focus on Public and Private Partnership). Bangladesh was the second highest percentage (Asia Pacific region) increase in new subscribers last year as its mobile users more than doubled to 21.76 million. Deregulation and foreign investment have helped spur growth in Bangladesh, attracting the likes of Telenor, Telekom Malaysia, SingTel, and Orascom Telecom, which hold major stakes in its operators. Warid Telecom International launched in the country's sixth operator in May 10. The total number of mobile phone subscribers of Bangladesh's six network operators reached 33.10 million at the end of November 2007. Grameenphone leads the market with 16.01 million users, followed by Aktel with 6.53 million and Sheba Telecom (Banglalink) with 6.51 million. The newcomer, Warid Telecom, was placed in fourth position as it bagged 1.95 million subscribers, followed by CityCell with 1.38 million and state-run Teletalk with 0.72 million (telecom paper).

The call center industry is one of the most rapidly growing industries in the developed world today (Dalrymple and Phipps, 1999) (Staples, Dalrymple and Phipps, 2001). "The Call Center Association (1999) defines call centers as a physical or virtual operation within an organization in which a managed group of people spend most of their time doing business by telephone, usually working in a computer – automated "environment" (Gilmore, 2001). The growth has been occurred as many service providers are now seeking to lower the cost

of providing services while increasing the time period access is available (Staples et. al, 2001). It also reflects the desire of companies to improve access to their services, in a cost-effective manner, and retain satisfied customers (Bird, 1998). Whilst the call center industry has improved access for those able to use conventional speech telephones, it does have the potential to exclude some customers, in particular the hearing impaired (Staples et. al, 2001).

2. Literature Review

The service sector is expanding at an increasing rate and is becoming intensely competitive (Chen, Gupta and Rom, 1994; Johnson, Dotson and Dunlap, 1988). As such, service quality has become a very important issue in marketing and has received much attention since the deregulation, and thus increased competition, within many service industries (e.g.: health care, banking and telecommunications in the 1980s and utilities in the 1990s). Service quality has become so important that some businesses not only need high levels of service quality for success, but in some cases, need it for survival (Buzzel and Gale, 1987; Chen, Gupta and Rom, 1994; Ford Motor Company, 1990; Germano, 1992; Hauser and Clausing, 1988; Howcroft, 1993; Kearns and Nadler, 1992; Kettinger and Lee, 1995; Koska, 1990).

Service quality is so important that companies have gone to great efforts to evaluate and keep records of service quality levels (Hauser and Clausing, 1988; Phillips, Chang and Buzzell, 1983; Zeithaml, Parasuraman and Berry, 1990). By offering high levels of service quality, the Hospital Corporation of America and Ford Motor Company are two well known companies that have benefited in terms of higher returns on investment and higher profits (Ford Motor Company, 1990; Koska, 1990). Further rewards can come in the form of increased market share (Buzzel and Gayle, 1987; Phillips, Chang and Buzzel, 1983). Researchers have varying suggestions for uses of service quality measurement instruments. Some researchers recommend using service quality instruments in order to spot problems, determine how to correct the problems and to evaluate the improvements (Kettinger and Lee, 1995). Others believe that companies should use service quality surveys to warn of possible problems that could lead to departing customers (Zeithaml, Berry and Parasuraman, Additionally, these same researchers suggest using the survey to modify service offerings to be consistent with what the customer wants. Given the importance of service quality to the services sector, Taylor and Baker (1994) encourage further operationalization of service quality. Service quality is defined as how well the service meets or exceeds

the customers' expectations on a consistent basis (Crosby, 1979; Parasuraman, Zeithaml and Berry, 1985). The difficulty, however, is that service quality, unlike product quality, is more abstract and elusive, because of features unique to services: intangibility, inseparability, heterogeneity (Parasuraman, Zeithaml and Berry, 1985) and perish ability (Kasper and Lemmink, 1989) and is therefore difficult to measure. To remedy this difficulty, Parasuraman, Zeithaml and Berry (1985) established the "gap model". Parasuraman, Zeithaml and Berry (1985) conducted focus groups and interviewed executives. In doing so, they identified five "gaps" that can cause quality problems in organizations. The first gap is the consumer expectationsmanagement perceptions gap. This gap resulted from discrepancies between the perceptions of executives and the perceptions of consumers on things like privacy and security issues. Basically, the executives did not understand the customers' expectations. Service firms also experienced problems in providing services as quickly as the customers wanted. This created the second gap, which is called the management perception-service quality specification gap. The third gap is the service quality specifications-service delivery gap. Executive realize that this gap includes the vital role of the contact personnel. This is a difficult aspect of providing services, because of the inconsistency in the behavior of personnel. The fourth gap is the service delivery-external communications gap. This gap forms, based on the capability of the firm to deliver what is promised and to completely inform consumers of all the things the service firm is doing that benefit customers.

Firms should not promise the customer more than the service firm is capable of delivering. These problems in quality created gap five. The fifth gap is the difference between the expectations customers have and the perceptions of service actually received and is pertinent to providing high levels of service quality. That is, Gap 5 is the expected service-perceived service gap. Parasuraman, Zeithaml and Berry (1988) attempted to measure this fifth gap by developing the SERVQUAL instrument. They performed exploratory research to examine quality in four service settings (retail banking, credit cards, securities brokerage, and product repair and maintenance) in order to understand an area that is under researched and difficult to define. These researchers found 10 dimensions (reliability, responsiveness, competence, access, courtesy, communication, credibility, security, understanding/knowing the customer and tangibles) that customers use across varying service industries to form expectations and perceptions of services received.

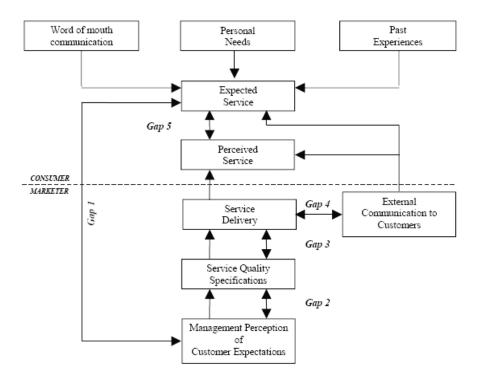


Fig. 1 Source: Parasuraman, A., Zeithaml, Valarie A. and Leonard L. Berry. 1985. A Conceptual Model of Service Qualityand Its Implications for Future Research, Journal of Marketing, Vol. 49 (Fall 1985), pp. 41-50.

3. SERVQUAL

SERVQUAL is a multiple item scale used to measure expectations and perceptions of service quality (Parasuraman, Zeithaml and Berry, 1985; 1988) and is the seminal work in both the conceptualization and operationalization of service quality. This 22-item scale was primarily used in service and retailing organizations. The goal of the research was to quantify the latent construct, "service quality", so that firms could identify areas, which needed improvement. Organizations can then use this information to make changes that will better meet customers' needs.

Applications of SERVOUAL

Parasuraman, Zeithaml and Berry's (1985; 1988) SERVQUAL instrument has received widespread acknowledgement as a breakthrough in service quality assessment and is considered an established tool for measuring service quality. As such, SERVQUAL has been adapted to many industries, such as banking, healthcare, finance, etc. However, many studies have found that the instrument must be somewhat modified before it can be used by different firms in different industries. Babakus and Boller (1992), for example, argue that the 5-dimension factor structure of SERVQUAL is unstable across various sectors of the economy. In fact, they found that as few as 2 dimensions emerge, while Carman (1990) concluded that as many as 8

dimensions exist. With these discrepancies across industries, several researchers have tailored the SERVQUAL instrument to meet their specific company's and/or industry's situation, such as healthcare (Brown and Swartz, 1989; Nelson, Rust, Zahorik, Rose, Batalden and Siemanski, 1992; Reidenbach and Sandifer-Smallwood, 1990; Vandamme and Leunis, 1993), banking (Blanchard and Galloway, 1994; Howcroft, 1993) and local government (Scott and Shieff, 1993).

The healthcare industry is a good example. Brown and Swartz (1989) found that gap analysis (measuring P-E) was an appropriate method for measuring service performance and verified the usefulness of gap analysis in measuring service quality. It was found that the SERVQUAL instruments needed to be changed, as it is adapted from one service industry to another. It is clear that at a minimum, the original SERVQUAL instrument must be somewhat re-worded to apply to physicians, emergency room care, etc. (Vandamme and Leunis, 1993). More importantly, with healthcare, the patient experiences multiple services per visit by nurses, doctors, administrators, etc. (Reidenbach and Sandifer-Smallwood, 1990). Hence, the patient must differentiate one provider from another.

Blanchard and Galloway (1994) and Howcroft (1993) also adapted the SERVQUAL instrument to fit their specific needs in the banking industry. The

reason these researchers altered SERVQUAL is because they felt that the banking industry (in the U.K.) was sufficiently different from the industries examined by Parasuraman, Zeithaml and Berry (1988). U.K. banks faced growing competition after they were deregulated. These changes caused banks to become more homogenous in the consumers' eyes. Hence, U.K. banks sought differentiation via service quality improvements.

Other variations/extensions/alternatives SERVQUAL include Beach and Burns' (1995) Quality Improvement Strategy (QIS "kiss" model), Bolton and Drew's (1991) multi-stage model of customers' assessments and Haywood-Farmer's (1988) conceptual model of service quality. Scott and Shieff (1993) examined service quality components in local government. Johnston (1995) and Liljander and Strandvik (1993) discuss the concept of a "zone of tolerance". This zone represents a range of disconfirmation, within which a customer will still be willing to remain a customer. That is, if the expectations perceptions gap becomes too large, the customer will find himself/herself outside this zone of tolerance and will be dissatisfied to the point that they will no longer be willing to remain a customer.

No matter which adaptation of SERVQUAL researchers' use, they should remember that assessing service quality is performed so that improvements can be made in order to attract new customers and retain existing customers. These improvements should only be made, however, if they are profitable from a cost-benefit point of view. This idea, Return on Quality (ROQ), was formally discussed in Collier (1995) and Rust, Zahorik and Keiningham (1995). Although Rust, Zahorik and Keiningham's (1995) ROQ idea was stated in terms of a percentage return instead of a more appropriate net present value amount, the concept is still valid. A firm should view potential service quality improvements as a capital budgeting decision. If the present value of future benefits is greater than the present value of the costs associated with making the service quality improvement, the firm should improve that particular aspect of service. That is, any project with a net present value greater than zero increases the value of the firm. Service quality can be viewed as one such project.

Dimensions

Many studies have found that the instrument must be changed to fit different firms in different industries and that different factors may be formed for different industries. In addition, Carman (1990) explains that new factors specific to the service industry being measured may need to be added or previous dimensions may need to be deleted, as service quality is adapted to various industries.

Similarly, Taylor and Baker (1994) demonstrate that the service quality relationship will vary from industry to industry. Reynoso and Moore (1995) state that while the SERVQUAL dimensions are somewhat applicable; researchers should keep some of the more generic SERVQUAL dimensions, but then add others that are particular to a specific situation.

Conceptual framework

The important components of call center services in the context of Bangladesh, as derived from theoretical considerations and the data structure, are as follows.

Responsiveness

The literature identifies responsiveness as an important component of service quality and characterizes it as the willingness of the staff to be helpful and to provide prompt services. Six items were used to delineate and measure the construct.

Assurance/Reliability

Assurance is defined as the knowledge and behavior of employees that convey a sense of confidence that service outcomes will match expectations. Eight items were used to measure this construct and reflect the competence, efficiency and correctness of services provided to subscribers.

Communication

Communication with subscribers is vital to delivering service satisfaction because when call center staff takes the time to answer questions of concern to subscriber, it can alleviate many feelings of uncertainty. In addition, when problem arises and the way of solutions that are clearly explained, it can alleviate their sense of vulnerability. This component of service is valued highly as reflected in the in-depth interviews and influences subscriber's satisfaction levels significantly. Five items were used to measure this construct.

Discipline

Lack of discipline pervades many organizations and institutions in Bangladesh and is commonly manifested in absenteeism and non-performance of prescribed duties. Manipulation of or non-adherence to written rules is also not uncommon. In the call center environment, lack of discipline can be tremendously disruptive, attenuating perceptions of quality services. Thus, maintenance of the facilities or ensuring that the staff maintain clear and proper attitude are some indicators of the extent of discipline in the environment. Six items were used to measure discipline.

Satisfaction

Measurement of subscriber's satisfaction stands poised to play an increasingly important role in the growing push toward accountability among health (Guadagnino providers Christopher). Subscriber satisfaction measurement traditionally been relegated to service improvement efforts by company and practices to fulfilling accreditation requirements of service plans, while some plans tie satisfaction scores to financial incentives as a portion of their calculation of payment bonus on usage. The above five dimension were modeled with overall satisfaction as the dependent variable. As a performance measure, satisfaction is considered an important outcome of the call center. It has been distinguished from service quality in that "While they have certain things in common, satisfaction is generally viewed as a broader concept while service quality assessment focuses on dimensions of service" (Zeithaml & Binter, 2000, p. 74). Three items were used in satisfaction.

4. Methodology

Secondary research

Secondary research was first conducted to find studies on service quality of call centers in Bangladesh. A few published studies were found in the general areas, but they did not specially address the issues of service quality and subscribers' satisfaction. The lack of indigenous literature led to our derivation of preliminary insights from models developed in other countries. These models were instrumental in guiding the qualitative interview with the experts and recipients of telecommunication service in Bangladesh; the key services issues were derived from their inputs.

The conceptual framework and its key constructs were established initially from qualitative interviews with experts and recipients of telecommunication services in Bangladesh. Based on their inputs, and judging from the literature on the topic from other countries, a number of service factors were identified. Five important attributes of call center quality emerged as latent variables from the data structure and have been discussed in the conceptual framework. The study took place between October 2007 and January 2008.

Ouestionnaire design

A preliminary version of the questionnaire was developed in English on the basis of past research and insights from the in-depth qualitative interviews. The measures were translated next into the local language (Bangla) and retranslated until a panel, fluent both in English and Bangla, agreed that the two versions were reasonably comparable. Scale items were rated on seven-point Likert scales in a structured format. Each item was anchored at the numeral 1 with the verbal statement 'Strongly Disagree' and at the numeral 7 with the verbal

statement 'Strongly Agree'. This format has been recommended for health care surveys (Elbeck 1987; Steiber 1989). Multiple items were used to establish appropriate measurement properties (reliability and validity) of the selected constructs. The questionnaire was pre-tested several times to ensure that the wording, format, length, sequencing of questions, were appropriate. During each successive pre-test, feedback was obtained from 12 respondents from all telecom subscribers. Such feedback was instrumental in defining the quality of the measures.

Sampling and data collection

Because of resource and time constraints, and the preliminary nature of this investigation, only 63 interviews were planned from uptown and downtown of Dhaka city (East, West, North, and South) alone. To obtain a probability sample, considerable effort was devoted to selecting the appropriate sampling plan. The population was defined as "the subscriber of available telecommunication companies for at least 1 year". Initially, 7 areas were randomly selected from East, West, North, and South part of the Dhaka city. The selected areas included Dhanmondi, Uttara, Gualshan-1 and 2, Banani, Bashabo, Old Dhaka (5), Keranigoni. Narvaniong. Mirpur Mohammedpur. From each area, subscribers were selected randomly then mall intercept technique was used. Interviewers were also given a letter of introduction from a well-recognized private university so that respondents could see that the study was authentic. A total of 80 surveys were completed. Additional data collection was not pursued due to severe time constraints. Of the total number of completed surveys, 17 were considered problematic due to excessive missing data, 'don't know' or N/A answers, and response biases. The data from these surveys were not included in the data set. Thus, a total of 63 surveys were analyzed: respondents indicated visiting 13 areas in the city and 2 areas out of the city.

Hypotheses Development

As discussed in the previous sections, to determine the gap between service perception and service expectation on five service dimensions, the following hypotheses have been formulated to develop the empirical model of the study. It is noteworthy that all these dimensions are interrelated and affect significantly the service gap.

H1: Mean perception score of responsiveness is lower than mean expectation score of responsiveness.

H2: Mean perception score of assurance is lower than mean expectation score of assurance.

H3: Mean perception score of communication is

lower than mean expectation score of communication.

H4: Mean perception score of discipline is lower than mean expectation score of discipline.

5. Empirical Findings

Service perception and service expectation analysis: The study shows mean perception score of four service dimensions and mean expectation score of service dimensions.

Gap analysis: The graph-2 shows that in case of responsiveness, the service gap between service perception score and service expectation score is – 1.9961; on assurance dimension, the gap is –2.1076; on communication dimension, the gap is –1.9186 and on discipline dimension, the gap is –1.6899.

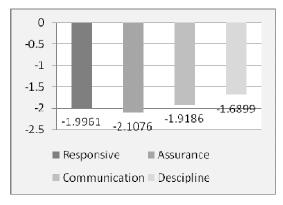


Fig 2: Service gap between customer expectation and customer perception on four service dimensions.

6. Results of hypotheses testing

H1: Mean perception score of responsiveness is lower than mean expectation score of responsiveness.

The test result shows that the pertinent hypothesis is significant because here the derived probability .000< significance level (.05). Besides, the difference between means perception score and expectation score is -1.9961; which also provide evidence that mean perception score of responsiveness is lower than mean expectation score of responsiveness.

H2: Mean perception score of assurance is lower than mean expectation score of assurance.

The test result shows that the relevant hypothesis is significant because here the derived probability .000 < significance level (.05). Besides, the difference between mean perception score and expectation score is -2.1076; which also provides evidence that mean perception score of assurance is lower than mean expectation score of assurance.

H3: Mean perception score of communication is lower than mean expectation score of

communication.

The test result shows that the hypothesis is significant because here the derived probability .000 < significance level (.05). Besides, the difference between means perception score and expectation score is -1.9186; which also provide evidence that mean perception score of communication is lower than, mean expectation score of communication.

H4: Mean perception score of discipline is lower than mean expectation score of discipline.

The test result shows that the hypothesis is significant because here the derived probability .000 < significance level (.05). Besides, the difference between means perception score and expectation score is -1.6899; which also provide evidence that mean perception score of discipline is lower than mean expectation score of discipline.

7. Importance performance matrix

Importance performance matrix is a useful form of analysis in marketing research. To do analysis, we have combined information regarding customer perception and importance ratings. Attribute importance is represented on the vertical axis from high (top) to low (bottom). Performance is shown on the horizontal axis from low (left) to high (right). The horizontal axis is the gap between service perception and service expectation.

The top left quadrant indicates the area of highest leverage for service quality improvements— where importance is high and performance is low and it includes assurance (–2.1076) and responsiveness (–1.9961) dimensions. On the other hand, top left

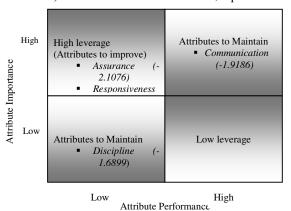


Fig 3: Importance performance matrix

quadrant is attributes to be maintained where the attributes importance is high and performance is high that is communication (-1.9186). Lower left quadrant contains attributes that are relatively less important but needs to be maintained and that is discipline (-1.6899).

8. Some suggestions in the light of findings

Positions are already beginning to be taken on the value of market approaches to improving the efficiency of the cal center. These include competitive, social, internal and regulatory incentives, thereby upgrading the quality of call center services in the country. In developed countries, evaluation systems have evolved that rank or rate organizations (such as banks, mutual funds, insurance companies, etc.) as well as a variety of products and services (through Consumer Reports etc.). Similar ranking or rating mechanisms could be established in the call center sector. As the rating system evolves, other call center could be gradually included in the set. The rating responsibility should, realistically, be borne by some independent agency comprised of call center professionals and technical analysts. These evaluations should then be widely disseminated through information centers, public awareness campaigns, media participation and a variety of accessible and easy-to comprehends literature. When subscribers are able to make more informed choices based on the evaluations, it is likely to provoke those call centers that earn a poor rating or ranking to improve service quality.

Regulatory incentives can be designed to reward (through; substantive grants for infrastructure, research, and other developmental activities; or allocations to call centers from a resource pool on the basis of performance) or punish (through fines, negligence laws, foreclosure, etc.) based on the call centers that are benchmarked and compared periodically on the basis of established criteria and standards. At any stage of the process, when the appropriate combination of incentives are designed and applied, we believe it will encourage a variety of activities including training, CQI (continuous quality improvement) and TQM (total quality management), organizational renewal, restructuring, six sigma programs and other innovations that will serve proactive organizations well. It will also be important to monitor the extent and direction of change in the overall quality of services in the call centers. Such oversight measures should provoke the pride and professionalism of the country's telecommunication service providers to deliver what subscriber have long expected from them.

First and foremost, I recognize that the personnelfront line employees and the support staff areamong the most vital to the success of any service organization. Satisfied employees reinforce customer satisfaction, which in turn reinforced employee satisfaction. Evidently, employee satisfaction is vital and demands greater attention if subscriber satisfaction is to be engendered and reinforced. For example, when the staffs overworked and inadequately compensated, discipline problems are not unexpected. In this regard, Heskett, Sasser and Schelisinger (1997) suggest that organizations must be able to generate

internal harmony and satisfaction among the employees through establishing a 'cycle of capability'; otherwise the employees may not be predisposed to deliver which is required. This means that significant effort must be devoted to hiring the right personnel, developing them, providing them with needed support, compensating them, and devising ways of retaining the best among them.

Secondly, I feel that some form of subscribers' education is important; such education should help contribute to their satisfaction. At the service encounter level, or even before, subscribers have a role to play in the service delivery process. If this role is not played they are likely to receive sub-par services. The call center industry must identify those key roles and play for the variety of services, translate this information in subscriber terms and embark on a subscriber education program.

Finally, I believe that a stronger managerial orientation should be introduced in the call centers to help deliver quality services and customer satisfaction.

9. Conclusions and recommendations for further research

It is clearly evident from our findings that call centers of current telecom in Bangladesh doing well, but it should sever even better. Throughout my study I have analyzed service quality over the following service dimensions and extracted the gap between expected service and perceived service. I believe that the following recommendations will help the call center to minimize its service gap.

$Responsiveness\ dimension:$

- 1. Employee should never be too busy to respond to customer when made calls for couple of times.
- 2. Employees at all interaction point should provide prompt service.
- 3. Employees should never be too busy to respond to customer's request.

Assurance dimension:

- 1. Employees in the call center should serve on time.
- 2. Employees in the call center should be well trained.
- 3. Employee should inform the subscribers before any kind of changes made.
- 4. Call center should keep their promises exactly the way customer wants.

Communication Dimension:

1. Employee should not be tired when customer quires for more.

Discipline Dimension:

1. Communication system (technology) and internal atmosphere should be clear.

Others:

- Implementing a structured quality control system.
- Implementing customized training facilities for the respective employees and provide certificate to the trainees.
- Salary should be according to the job and position and there should be fair judgment while recruiting new employees as well as the existing.
- Encourage participative management for high morale and job satisfaction among the people related to call center management.
- Reducing job stress of the employee through better shifting system. Moreover the authority should ensure sufficient staff.
- Senior employees should be regular at office and be co-operative with the junior colleagues.
- Ensure the availability of equipment and modern technology that will make the employee job easier and more effective.
- Introducing better and favorable job rule and job security for the employees that will ensure positive attitude towards the job. If all these recommendations are followed properly, it is expected that the job satisfaction of the employees as well as their services to the subscriber will be increased significantly in the forthcoming future.

To conclude the paper, my overall suggestion is to figure out HR motivational factors and the factors that affect aesthetic and rational mind of consumer for continuous improvement in the whole system, so that better service can be delivered.

References

- [1] Andaleeb, SS., Basu, AK. (1994) 'Technical complexity and consumer knowledge as moderators of service quality evaluation in the automobile industry', Journal of Retailing 70(4): 367–81.
- [2] Buzzell, R. and Gale, B. (1987) 'The PIMS Principles: Linking Strategy to Performance', Free Press, New York.
- [3] Brown, S., and T. Swartz. (1989), 'A Gap Analysis of Professional Service Quality', Journal of Marketing, 53, 92-98.
- [4] Babakus, E., and G, Boller. (1992) 'An Empirical Assessment of the SERVQUAL Scale', Journal of Business Research, 24, 253-268.
- [5] Blanchard, R., and R. Galloway. (1994), "Quality in Retail Banking", International Journal of Service Industry Management, 5(4), 5-23.

- [6] Beach, L., and L. Burns. (1995) *'The Service Quality Improvement Strategy'*, International Journal of Service Industry Management, 6(5), 5-15.
- [5] Blanchard, R., and R. Galloway. (1994), "Quality in Retail Banking", International Journal of Service Industry Management, 5(4), 5-23.
- [6] Bird, J. (1998) 'Dial O for Opportunity' Marketing, October 29, pp 31-35 ISSN 00253650.
- [7] Bolton, R. N. and J. H. Drew. (1991) 'Multistage model of customers' assessments of service quality and value', Journal of Consumer Research, Vol.17 (march): 375-84.
- [8] Boscarino, J. A. (1992) 'The public's perception of quality hospitals II: Implications for patient surveys' Hospital and Health Service Administration, 37(1), 12-35.
- [9] Carman, J. (1990) 'Consumer Perceptions of Service Quality: An Assessment of the SERVQUAL Dimensions', *Journal of Retailing*, 66(1), 33-55.
- [10] Chen, I., A. Gupta and W. Rom. (1994) 'A Study of Price and Quality in Service Operations', International Journal of Service Industry Management, 5(2), 23-33.
- [11] Dalrymple, J.F. and Phipps, K. (1999) 'Call Centres an Innovation in Service Quality: Access is a Quality Issue' TQM & Innovation Proceedings of the 4th International Conference on ISO 9000 & TQM, Hong Kong Baptist University, Hong Kong.
- [12] Elbeck, M. 1987 'An approach to client satisfaction measurement as attribute of health service quality', Health Care Management Review 12(3): 47–52.
- [13] Germano, C. (1992) 'The Bottom Line of Quality' Memphis, TN: Federal Express Corporation.
- [14] Gilbert, F. W. Lumpkin, J.R. & Dant, R. (1992) 'Adaptation and customer expectation of health care options', Journal of Health Care Marketing, 12(3), 46-55.
- [15] Gilmore, A. (2001) 'Call Centre Management: is service quality a priority', Managing Service Quality, vol. 11, no. 3 pp. 153-159.
- [15] Guldner, M., and Rifkin, S. (1993) 'Sustainability in the Health Sector, Part 1: Vietnam Case Study', paper prepared for the Save the Children Fund.

- [16] Haywood-Farme, J. (1988) 'A conceptual model of service quality', International Journal of Operations and Production Management, 8, pp. 19-29.
- [17] Hauser, J. and D. Clausing. (1988), "*The House of Quality*", Harvard Business Review, 66(May/June), 63-73.
- [18] Howcroft, B. (1993) 'Staff Perceptions of Service Quality in a UK Clearing Bank: Some Empirical Findings', International Journal of Service Industry Management, 4, 5-24.
- [19] Heskett, J.L., Sasser, W.E. and Schlesinger, L.A. (1997) 'The Service Profit Chain' New York: FreePress
- [20] Johnson, L., M. Dotson, and B. Dunlap. (1988) 'Service Quality Determinants and Effectiveness in the Real Estate Brokerage Industry', Journal of Real Estate Research, 3(2), 21-36
- [21] Johnston, R. (1995) 'the zone of tolerance: Exploring the relationship between service transactions and satisfaction with the overall service', International Journal of Service Industry Management, Vol. 6 No. 2, pp. 46-61.
- [22] Kearns, D. and D. Nadler. (1992) 'Prophets in the Dark: How Xerox Reinvented Itself and Beat Back Japanese', New York: Harper Collins Publishers.
- [23] Kettinger, W. and C. Lee. (1995) 'Perceived Service Quality and User Satisfaction with the Information Services Function', Decision Sciences, 25, 737-766.
- [24] Koska, M. (1990) 'High-Quality Care and Hospital Profits: Is There a Link?', Hospitals, 64 (March 5), 62-63.
- [25] LaFond, A., (1995) 'Sustaining Primary Health Care', Earthscan Publications, London.
- [26] Lindquist, H., and J. Persson. (1993) 'The Service Quality Concept and a Method of Inquiry', International Journal of Service Industry Management, 4(3), 18-29.
- [27] Liljander, V., and Strandvik, T. (1993) 'Estimating Zones of Tolerance in Perceived Service Quality and Perceived Service Value', International Journal of Service Industry Management, 4 (2), 6-27.
- [28] Nelson, E., R. Rust, A. Zahorik, R. Rose, P. Batalden, and B. Siemanski. (1992) 'Do Patients Perceptions of Quality Relate to Hospital Financial

- Performance?', Journal of Healthcare Marketing, December, 1-3.
- [29] Parasuraman A., Zeithaml VA., Berry LL. (1985) 'A conceptual model of service quality and its implications for future research', Journal of Marketing 49(4): 41–50.
- [30] Parasuraman A., Zeithaml VA., Berry LL. (1988) 'SERVQUAL: A multiple-item scale for measuring customer perceptions of service quality', Journal of Retailing 64(spring): 12–40.
- [31] Parasuraman A, Berry LL, Zeithaml VA. (1991) 'Refinement and reassessment of the SERVQUAL scale' Journal of Retailing 67(4): 420–50.
- [32] Phillips, L., D. Chang and R. Buzzell. (1983) 'Product Quality, Cost Position and Business Performance: A Test of Some Key Hypotheses', Journal of Marketing, 47, 26-43.
- [33] Quinn J.B., Baruch J. J. and Paquette P.C (1987) *'Technology in Services'* Scientific American: Vol. 257, No.6 (December), pp.50-58.
- [34] Reynoso, J., and B. Moores. (1995) 'Towards the Measurement of Internal Service Quality', International Journal of Service Industry Management, 6(3), 64-83.
- [35] Reidenbach, R. and B. Sandifer-Smallwood. (1990) *'Exploring Perceptions of Hospital Operations by a Modified SERVQUAL Approach'*, Journal of Health Care Marketing, 10(4), 47-55.
- [36] Rudie, M., and H. Wansley. (1985) 'The Merrill Lynch Quality Program in Services Marketing in a Changing Environment, T. Bloch, G. Upah and V. Zeithaml, Chicago: American Marketing Association.
- [37] Rust,R. and A. Zahorik. (1993) 'Customer Satisfaction, Customer Retention, and Market Share', Journal of Retailing, 69(Summer), 193-215.
- [38]Scott, D., and D. Shieff. (1993), "Service Quality Components and Group Criteria in Local Governments", International Journal of Service Industry Management, 4(4), 42-53.
- [39] Steiber, SR. (1989) 'Preventing pitfalls in patient surveys', Health Care Strategic Management (May) 13-16.
- [40] Schmenner, R. (1986) 'How Can Service Businesses Survive and Prosper?', Sloan Management Review, Spring, 21-32.

- [41] Scott, D., and D. Shieff. (1993) 'Service Quality Components and Group Criteria in Local Governments', International Journal of Service Industry Management, 4(4), 42-53.
- [42] Staples, W.J.S, Dalrymple, J.F and Phipps K (2001) 'Excellence in Call Centres: access is a corporate responsibility', Proceedings of the 6th International Conference on ISO 9000 and TQM, School of Business HKBU, Paisley Business School, ISBN 962-86107-2-4.
- [43] Taylor, S. and T. Baker. (1994) "An Assessment of the Relationship Between Service Quality and Customer Satisfaction in the Formation of Consumers' Purchase Intentions', Journal of Retailing, 4(2), 163-178.
- [44] Vandamme, R. and J. Leunis. (1993) 'Development of a Multiple-Item Scale for Measuring Hospital Service Quality', International Journal of Service Industry Management, 4(3), 30-49.
- [45] Zeithaml, V., Parasuraman, A. and L. Berry. (1990) 'Delivering Quality Service: Balancing Customer Perceptions and Expectations', New York: The Free Press.
- [46] Zeithaml, Berry and Parasuraman. (1996) 'The Behavioral Consequences of Service Quality', Journal of Marketing, pp. 31-46.
- [47] Crosby, B. P. 1979 'Quality Is Free: the art of making quality certain', New York, McGraw-Hill.
- [48] Dean (1994) 'Marketizing Education and Health in Developing Countries', Oxford University Press, p 270.
- [49] Ford Motor Company (1990), Memorandum to Dealers, October 3.
- [50] Malhotra NK. 1996. *Marketing Research: An Applied Orientation* (2nd edition), New Jersey, Prentice Hall.
- [51] Saha, UR, Bartlema J. (1998) 'User free introduction and quality of care: some empirical indicators from Bangladesh and Comilla', Dhaka Ministry of Health and Family Welfare: Thana Functional Improvement Pilot Project.
- [52] Telenor in Bangladesh (A) "The Prospect of Doing Good and Doing Well?" INSEAD 03/2004-5185
- [53] Zeithaml, A.Valarie, Bitner, J. Mary (2003) *Services Marketing*, (3rd edition), New York: McGraw-Hill.

http://www.developmentgateway.org/

http://www.worldbank.org

http://www.themobileworld.com

http://www.lightreading.com

http://www.btrc.gov.bd/

http://www.telecompaper.com

http://www.grameenphone.com

http://www.banglalinkgsm.com

- [54] Guadagnino Christopher (1996-2006), Role of patient satisfaction, *Physician's News Digest, Inc.*
- [55] Government of the People's Republic of Bangladesh, 'Country Paper on Infrastructure Development with a focus on Public and Private Partnership', Ministry of Finance, Economic division

Copyright © 2008 by the International Business Information Management Association (IBIMA). All rights reserved. Authors retain copyright for their manuscripts and provide this journal with a publication permission agreement as a part of IBIMA copyright agreement. IBIMA may not necessarily agree with the content of the manuscript. The content and proofreading of this manuscript as well as and any errors are the sole responsibility of its author(s). No part or all of this work should be copied or reproduced in digital, hard, or any other format for commercial use without written permission. To purchase reprints of this article please e-mail: admin@ibima.org.