

The Status of Service Delivery in the Health and Fitness Centres in Uganda

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Abstract

Many service providers have emerged on the Ugandan market offering health and fitness services. This study sought to establish this sector's service delivery status and in absence of national practitioners' standards it proposes benchmarks, from which assessment of service quality in Uganda could be based. Using the modified 26 item SERVQUAL questionnaire, data was collected from a randomly selected sample of 486 customers; 116 consumers were interviewed; while a separate questionnaire elicited data from 62 providers; covering 644 respondents from 58 purposively selected centres countrywide. The study targeted clients and providers to gymnasias and aerobics clubs where vulnerability is high. Both descriptive and inferential statistics were used in data manipulation. The measures of service quality were captured along the dimensions: tangibles, responsiveness, empathy, reliability and assurance. Results showed that the overall gap score mean of -1.731 implied that service quality was below customers' expectations; the dimension with the smallest gap score was Assurance (-1.65), the largest was the Tangibles (-1.87). The independent samples t-test revealed statistically significant differences between customers' expectations and perceptions means (high t-values and $p=0.000$). Policy challenges exist and may hamper the future success of the industry if not addressed. The conclusion is that the current model in most clubs falls short of international operational standards. It is recommended that responsible ministries must promptly act to directly oversee and/or implement best practices so as to meet required quality levels for the growth and development of this sector.

Key words: customer service, customer perception, customer expectation, SERVQUAL, service dimensions.

Introduction

Society world-over including Uganda is dealing with a wide range of health-related issues triggered by many causes (Healthy People, 2000). In Uganda one definite feature is that there is the general increase in leisure time and the enabling economic position. Similarly there is a new approach to lifestyle with more interest in sports and exercise including selection of various diets (Adome, 2007). But as the Ugandan population turns its apprehension on wellness, changes in lifestyles and work related pressure, the health and fitness industry has become increasingly crucial in providing some form of therapy (Porter, 2005; Dale, 2001). It is a means of providing therapeutic exercise and recreational activities for the normal and physically challenged. Wabuyabo (2007) asserts, for example, that exercise has been used in prevention and management of many hypokinetic ailments. Some service providers include health maintenance and monitoring programmes to their offerings while others are known to specialize in muscle toning and massage (Healthy People, 2000). Despite the potential importance of this sector, one of the biggest challenges marketers face is customer retention. Many investments in the health and fitness sector have often failed to succeed due to deficiency in customer relations (Hurley, 2004). Being a competitive industry, successful managers today focus on customer care to give value for money and meet the high expectation of their customers (Kandampully et al., 2002). Customers today are more sophisticated in the way they search for and make purchases.

In Uganda, the Uganda National Bureau of Standards (UNBS) exists and has the legal mandate for promoting quality of goods and services (Quality Chronicles, 2006). Despite this framework, there is little or no evidence that UNBS supervises or mediates in the health and fitness sector in Uganda. Similarly the Uganda National Sports Policy (UNSP) under the Ministry of Education and Sports (MOES) which emphasizes appropriate development of health clubs and gymnasias is not visible on the ground since its roll-out in 2006. There has arisen a big reservation about this sector's operations and performance from the large volume of customers' complaints often seen in the media and echoed by consumer organizations. In fact from 2005 to the close of 2008, the media and the Uganda Consumers Protection Association frequently received and publicized complaints from clients, mostly related to delivery of services and safety. For instance the Hotel Owners Association Annual reports, 2001- 2006 say that due to the low level of customer satisfaction, room occupancy and health clubs utilization was at only about 60% monthly.

Yet it is known that any omissions with regard to activities in this sector has long term implications on clients' health and for that reason it creates a significant impediment to human development (Lotz, 2009).

The focus of this study was therefore to determine the gaps that exist between customer expectations and perceptions of service delivery in the health and fitness sector in Uganda; at the same time offer insights into management practices of the selected centres with the purpose of making suggestions towards improving efficiency and effectiveness of the quality of services.

Literature Review

The health and fitness sector is a competitive service industry. Literature posits that successful managers today focus on customer care to give value for money and meet the high expectation of their customers (Kandampully et al., 2002); which is as well a strategy for survival and success (Ward, 2008). Some organizations have gained more members by providing the latest technological equipment and exercise programmes as service quality initiatives. Others have strived for "zero defections"- mobilize the organization to keep every customer they can profitably serve. Providing a product or service alone is not enough in today's competitive economic environment. That is why Harris (2003) posits that customers today are more sophisticated in the way they search for and make purchases; they want stress-free experiences that are user friendly to validate their choice. Therefore customer service is critical and is the most effective and least expensive way to market a business. This may be guided by strong and inspired leadership throughout the organization (Lotz, 2009).

The concept of Service Quality and Customer Service

Lotz (2009) defines service quality as the ability to get desired services from the chosen provider at the right price. In this case desire is ultimate for a customer; it is proposed that the consumers ultimately want better value for their money, acceptable quality, improved choice of services, availability and redress. On the other hand customer service is generally known as the combination of activities or strategies offered by providers in an effort to increase the quality of service; thus an experience that is perceived to be more rewarding (Howardell, 2003; Ackermann, 2002). Achievable by proper manipulation of the marketing mix elements (product, place, price and promotion) so as to distinguish the service of one organization from those of another. Customer service is therefore a means to an end and good customer service, as Harris (2003) asserts, is about getting all the elements of the process right because like any chain, the service is only as strong as its weakest link.

Lotz further says that failure to pursue the best customer service strategy has regrettable implications in business. One such implication is on customer defections which have a surprisingly powerful impact on the bottom line. They affect the organization's profits than scale, market share, unit costs, and many other factors usually associated with competitive advantage. Verma (2001) posited that if a club is able to retain 5% more customers there is a possibility of increasing their profits by 100%. These figures and facts above must convince a service provider to satisfy customers through superior customer service because it saves time and resources to regain the confidence of a dissatisfied customer! Put the other way, poor service quality leads to loss of customer loyalty and low employee morale and high absenteeism.

Conceptual and Theoretical Framework

This study borrows widely from the satisfaction theory which emanates from the motivation theory and regards service quality as a perception of quality. Also as seen from above, a service is only of the desired standard if the customer sees it as quality. Within this theory, service quality is defined as the difference between expected service and actual service received. Delivering quality service means conforming to customer expectations on a consistent basis (Manilall et al., 2006). In relation to health and fitness centres, the theory could involve hygiene factors (factors which cause dissatisfaction) such as the organization's policy and administration, salary, quality of supervision, interpersonal relations working conditions and job security. While the motivation factors (which cause satisfaction) could include status (say body posture after an 8 week exercise regimen), advancement, being given responsibility (say caring for own diet) and achievement (reducing 3kg weight as targeted). This theory therefore has direct bearing and implication to management of services in the health and fitness centres.

In this context, usage of the original gaps model by Parasuraman et al. (1985) and the subsequent SERVQUAL instrument to identify and measure gaps between customer expectation and perception of the service experienced were put into perspective. The gaps associated to the model are:

Gap 1 (positioning gap) – not knowing what customers are expecting from the service, usually due to insufficient marketing research or poor internal communication. (Zeithaml et al., 1990).

Gap 2 (specification gap) – is concerned with the difference between what management believes the consumer wants and what the consumers expect the centre to provide.

Gap 3 (delivery gap) – is concerned with inability of staff to perform a service at the level expected by customer and as specified by the organization.

Gap 4 (communication gap) – exists when the promises communicated by the provider do not match delivery usually caused by overzealous marketing that creates unrealistic expectation that cannot be met or exceeded. Subsequently the promises do not match delivery; because the company pledges a level of service it cannot deliver (Zeithaml et al., 1990).

Gap 5 (perception gap) – is the difference between the consumers’ internal perceptions and expectations of the services. In relation to this study, this model highlights the extent to which Gaps 1 – 4 (lie within the control of the organization) can be analyzed by providers to determine the cause(s) and change(s) to be implemented to reduce or eliminate Gap 5.

By comparing the customers’ expected service with the customers’ perceived service in the clubs, the researcher was able to determine if the club’s service standard was appropriate. This model was preferred because of inclusion of cognitive procedures, the generic application and parallel approaches to many research areas while allowing modifications to suit particular situations (Chelladurai & Chang, 2000). To operationalize service quality using this model, a 26-item scale comprising of the five dimensions: reliability, responsiveness, tangibles, empathy and assurance was used to identify where gaps in the service existed and to what extent. However, the study’s conceptual views were based on the conceptual framework in figure 1.

The framework pre-supposes that service quality is the customer’s thinking that they're getting better service than expected. This is the perception gap; the gap between what the customer expects and what they think they got. It's worth noting that both sides of the gap are in the customers mind (manifesting the service quality attributes). The main variables for consideration for quick wins and strategic improvements in services are shown as the tangibles, intangibles and motivation factors. Whatever the case, the outcomes will produce high service quality if in-puts are adequately and appropriately manipulated otherwise the result will be low service quality which has dire consequences.

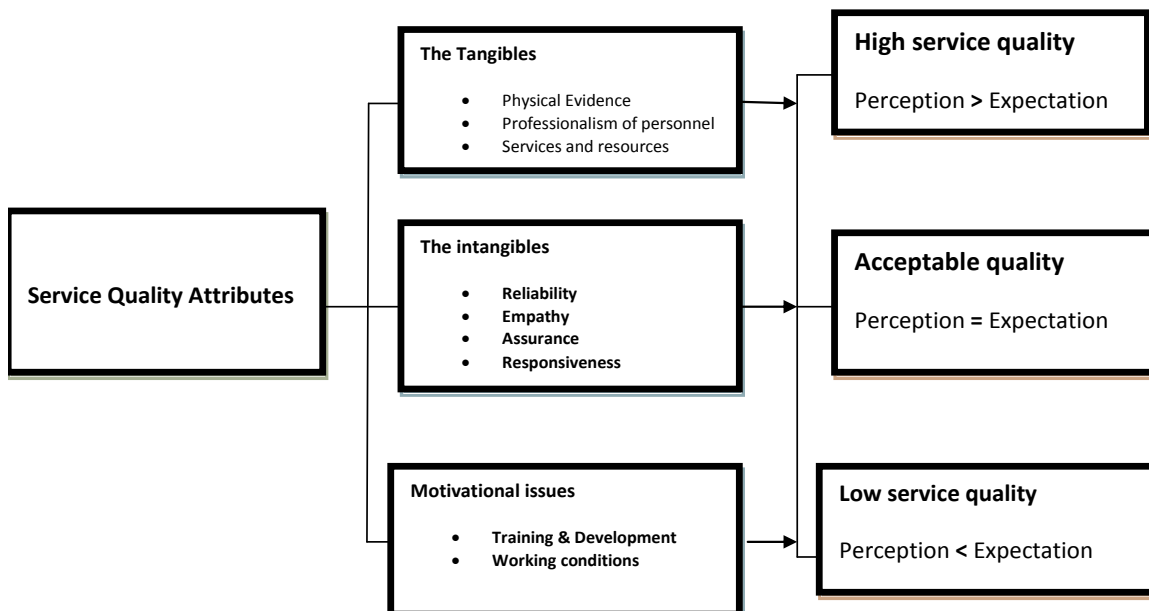


Figure 1: The Conceptual framework of the study, Adopted from Zeithaml, Bitner and Gremler (2006)

These include customer defections, lack of competitive advantage hence loss of business, a situation no serious service provider strives for.

Research Methodology

Since there was no necessity to manipulate subjects under study, a cross-sectional survey was deemed appropriate to just report status. The quantitative phase adopted utilized descriptive and inferential statistical techniques to evaluate the data. The study targeted 20,000 clients to gymnasias, aerobics clubs and specific sports (martial arts) where vulnerability is high. Using a modified 26 item SERVQUAL questionnaire, data was collected from a randomly selected sample of 486 customers; an additional 116 service consumers were interviewed. A separate questionnaire was used to collect data from 62 service providers (club instructors and managers) so in all 644 respondents participated, covering 58 purposively selected health and fitness centres countrywide. Data analysis and management was by use of SPSS V 15 software for windows which yielded the gap-score-means, the t-test and also generated graphs shown below.

Results and Discussion

Demographics Characteristics

The profiles show that of the 602 customers, 61% were male (60.7%, n=295) while approximately two fifths (40%) were female. Respondents' ages ranged from 15 to 60 years, but a considerable proportion of 82 % were aged between 18 – 40 years. Interestingly, no customers reported to be within the age bracket of 60 years and above. Seventy seven percent of the said fitness centre users had tertiary/university education and 72% were employed on full time basis. On membership, 94% preferred the Pay-as-you-play category; the least popular was the annual subscription with 12%. The most frequent users 52 % (n =254), visited the facilities between 2 to 3 times a week while daily users were about a fifth of the sample. Lastly the reasons/motivation for joining a fitness facility included 61% managing weight and aerobic control (as opposed to 8%) who participated to fix health problems.

Out a sample of 32 instructors, the male accounted for 60 %, with an age distribution range of 18 - 52 years but the modal age group was 26 – 35 years. One remarkable aspect in this distribution is that 60% of the instructors in the study sample were married people, with just about two fifths of the sample being single. As regards employment terms, 47 % of the instructors indicated that they were on part time basis whereas those on permanent and contract terms shared about the same proportion (n = 8 and n = 9 respectively). Many reasons were advanced for this situation. Managers preferred temporary workers in view of the fact that such terms were economical and unproblematic to manage. Two, due to low salary levels in the sector, many instructors said that they preferred part-time terms so as to work in more than one place whenever they were free. On listing the source of training prior to entry into the fitness industry, out of the 32 instructors, 56% claimed they were certified but none of them provided full information about the institutions from where they trained. Worse still another proportion 22% simply identified “swimming experiences”, “gymnasium experiences” and “sport experiences” as some form of training. From these results, the analysis indicates that the fitness industry could be inadequate in terms of training and certification. With regards to work experience, 22% of all the instructors had working experience of less than three years; whereas categories of 3 – 5 years and those with ≥ 5 years were each about 40%.

From the study sample of 30 managers, the male constituted 67%, with 60% being the modal age of 36 – 45 years. No respondent indicated to belong to the age group of above 45 years. The analysis further indicates that 80% of the managers had served for two or more years whereas only 20% were beginning their careers in this industry (served for less than two years). The demographic characteristics of clients to the fitness centres indicate a cross-cutting population in terms of age, employment, membership and motivation. This lays a good platform for management to appropriately customize their programmes to suit these varied groups with different interests. For example 77% of the clients were well schooled and informed so it would be foolhardy for service providers to gamble around with low quality personnel, programmes or equipment.

Gap scores by Dimension

To identify the gaps and their extent in the service process, the researcher implored gap analysis i.e. Perception and Expectation(P –E) mean scores were subtracted based on the modified SERVQUAL (5 point likert scale) with 24 attributes and n=486. As mentioned in Figure1, it is important to note that if P-E results into negative value, it implies a shortfall in service quality.

Empathy

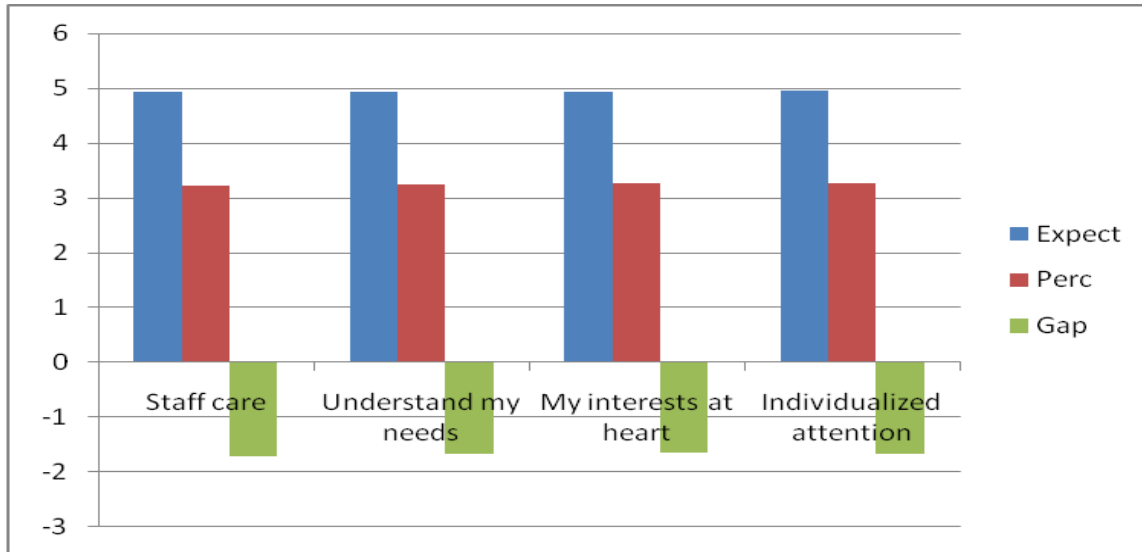


Figure 2: Empathy levels at the service centres

Under this dimension, members’ mean expectation was 4.94, which was slightly higher than the overall expectation mean of 4.93; implying that members had high hopes in getting care and individualized attention in the service centres. The results, however, reveal that all attributes in this dimension were not satisfactory as all gaps were negative. The largest gap was *Staff Care* (-1.73) while the smallest gap was *Staff have my interest at heart* (-1.67). Much as these gaps are negative, the perception mean for this dimension was 3.25 which was slightly higher than the overall perception mean of 3.2; suggesting that members’ desires to health and fitness centres were “just met”. But specific attention must be given to the attribute *Staff Care* which had the largest gap.

Reliability

The members to the health and fitness centres were queried about a couple of attributes on centre reliability including service promises, records, promptness, and functionality of equipment.

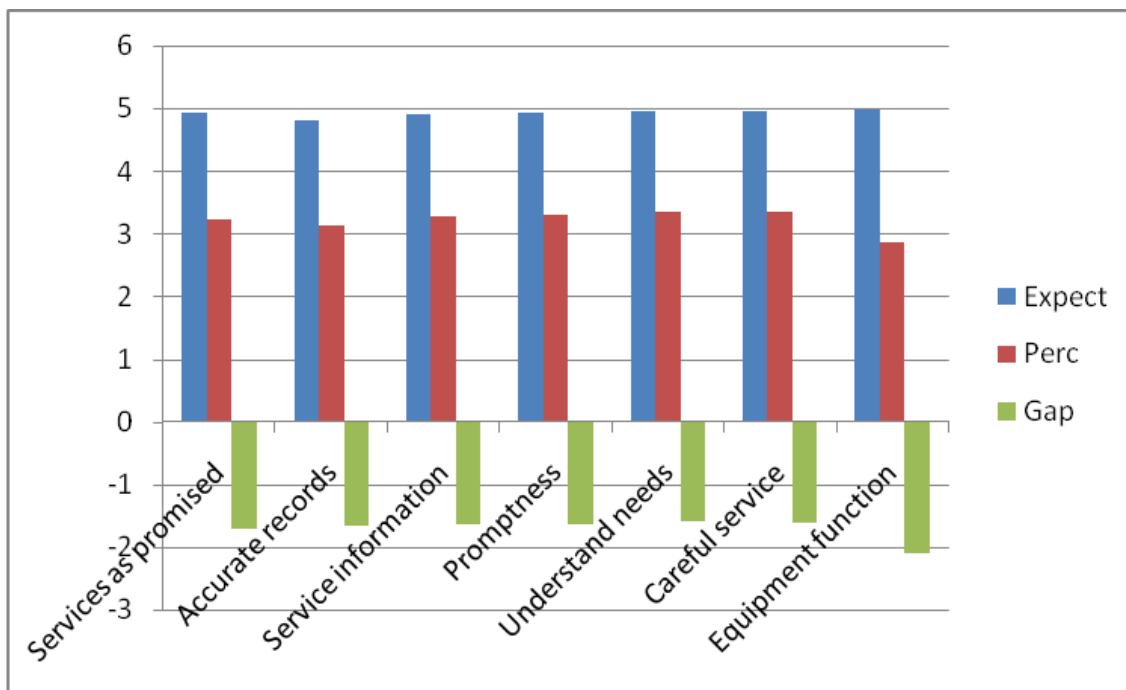


Figure 3: Reliability levels at the service centres

Figure 3 reveals the expected and perceived ratings and gap scores for the reliability dimension, in addition to the gap for each attribute. This dimension effectively measures the timelines for solving and giving attention to customer problems. It is clear from the results that members rated service expectation highly with a mean value 4.92(maximum $\mu = 5$), against the perception mean of 3.21 indicative of the service being quite low. Further analysis reveals that the largest service gap was -2.10 on *Functionality of equipment* while the attribute *Understanding customer needs* had a service gap -1.59. The second highest gap was -1.72 on *Services are performed as promised* followed by *Accuracy of records* (-1.67). All these imply that the services did not match customers' expectations with regard to this dimension.

Tangibles

Figure 4 illustrates the expected and perceived ratings together with gap scores for the tangibles dimension. The intention in this regard was to gain the expectations and perceptions of the modernity of the facility equipment and how staff and visuals and décor were. Members to these service centres had very high expectations about this dimension. The expectation mean was 4.94 slightly higher than the overall of 4.93; the actual service rating 3.07 was much lower than the overall service perception mean of 3.20. From figure 4, all gaps were found to be negative but attention could be specific to *Materials are brief and clear* (-2.08) which exhibited the largest gap yet the attribute which had the smallest gap was *The services are appropriate* (-1.60). Again, much as the gaps were negative with a mean of -1.87, members ratings of the services were just average. In this regard therefore, the service centres have not managed to achieve this service quality dimension covering the equipment and facilities being visually appealing and modern and staff being neat in appearance.

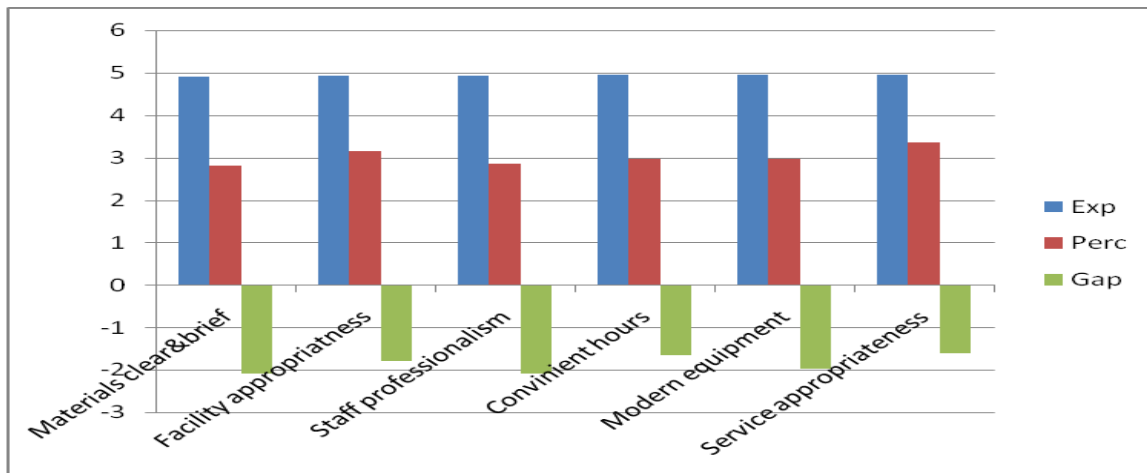


Figure 4: Tangibles at the service centres

Assurance

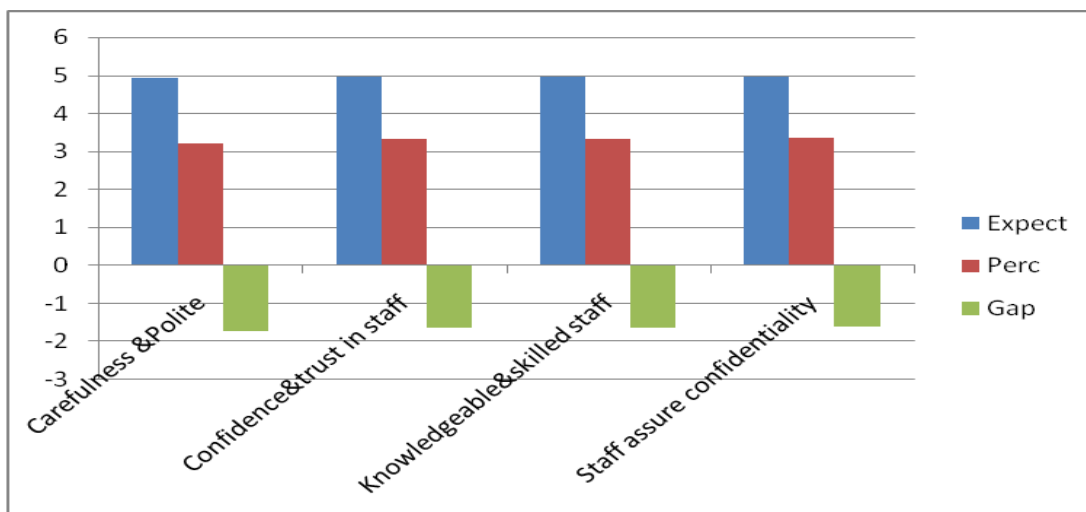


Figure 5: Assurance levels at the service centres

To estimate whether staff behaviour and confidence at the centres were appropriate and acceptable, the attributes indicated in Figure 5 were tested. Customers' expectations were again very high, thus 4.95 against the overall mean of 4.93; whereas the service perception mean for this dimension was 3.30 indicative of being average. From figure 5, it is again clear that all gaps are negative with the largest manifesting in *Courtesy and polite Staff* (-1.73) and the smallest was Assurance and Transaction confidentiality (-1.60) which must be generally addressed.

Responsiveness

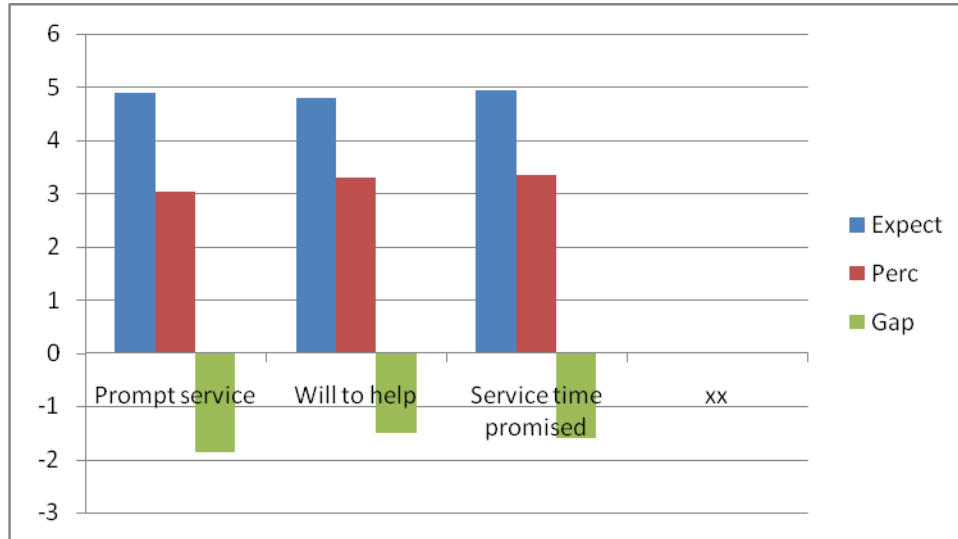


Figure 6: Responsive levels at the service centres

This dimension tested if there was the willingness by staff to help customers and provide speedy and timely service delivery (speed of in-put with minimal waiting or queuing time). Results in Figure 6 clearly reveal that members' expectations were high, with a mean expectation rating of 4.88 slightly lower than the overall service expectation mean of 4.93. The actual mean service rating for the dimension was 3.22 which appeared slightly higher than the overall perception mean of 3.20. In terms of the attributes, the largest gap noted was on *Promptness of service*, -1.87 and the smallest mean gap was on *Will to help* -1.51. All these are shortfalls and are indicative of inadequacies at the health and fitness centres under study and surely must be addressed.

Overall dimensional summary of gaps

The figure below clearly depicts the performance of the 5 generic dimensions of service quality in terms of shortfall herein referred to as service gaps. The average gaps: Tangibles (-1.87), Reliability (-1.71), Responsiveness (-1.66), Assurance (-1.65) and Empathy (-1.69); whereas the overall gap score is -1.73. But in the study, along the service expectation scale, Assurance ($\mu=4.95$) was rated as a very important dimension by customers followed by Tangibles and Empathy (each $\mu=4.94$), then Reliability ($\mu=4.92$) and the least was Responsiveness ($\mu=4.88$). All items accounted for a mean score rating higher 4.80 and the item *Equipment often function well* was rated as very important as well as *The club should offer appropriate services*. In terms of the perception scale, the most important dimension was Assurance ($\mu=3.30$) and the least was Tangibles ($\mu=3.07$). Management at these facilities could draw lessons from figure 7 for redirecting and service improvement basing on the highlighted gaps.

The findings in this segment have several implications for service providers. All factors, including those that were rated with low mean-scores must not be taken for granted. Scores depict a negative trend so critical steps must be taken by providers to enhance the service levels beyond just customer satisfaction but need also to attract and retain them. For example there is need to care about socio-demographic characteristics (education, gender, income and motivation among others) which according to studies by Farmer (2004) and Burns (2000) explain trends in participation levels in fitness clubs and recreation. It is also noted that the gap scores through the SERVQUAL have proved very useful in assessing the current levels of service quality. From all dimensions-graphs above, it is clear that expectation scores were high and it was meaningful to compare them with perception scores which for sure form a basis for future service improvements and assessment.

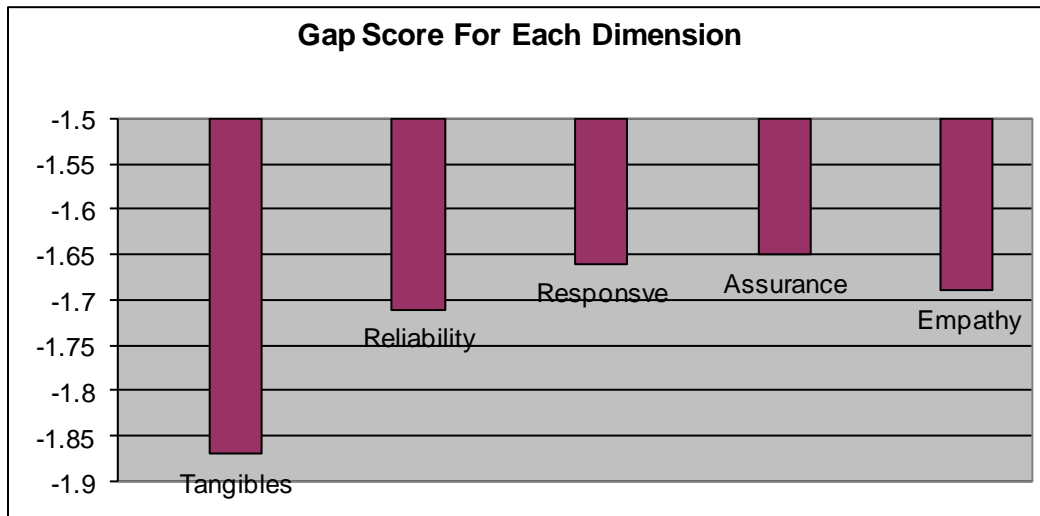


Figure 7: Summary of service gaps by dimension

The current study entirely concurs with Afthinos et al., (2005), Papadimitriou and Karteroliotis (2000) and Fick and Ritchie's (1991) studies about the perceptions of customers. Later Sachukorn(2006) also concluded that if companies fail to factor-in issues such as trust and confidence to their clients it would be difficult for them to achieve high levels of customer satisfaction. Lastly, for service quality improvement within clubs in Uganda, the service providers could take a cue from this information, pinpoint the lopsided dimensions and precisely take corrective action to reduce or entirely strive to close the gaps so as to have competitive business advantage.

Most Influential Service Dimensions

A paired sample t-test was carried out, with $n=486$, to establish whether there existed significant differences across the twenty four items included in the scale, between what clients expected from the service centre and what they actually received from the service encounter. It can be noted from the table 1 below, that across all the twenty four items, all the variables were significantly different ($\rho=0.000$). This is an indication that there was a gap in services offered at the club centres according to client's expectations. Since there is a statistically significant difference between the average ratings of expectation and perception by health and fitness customers who participated in this study it also implies, the customers who visited these centres were able to distinguish between the various service dimensions. As mentioned above, this is important to service providers: never to lump customers since they are usually unique and special. With various needs, managers and instructors have to segregate because there could be those at risk/deconditioned, social participants, trainees and so forth. Note that additional details in table 1 are presented to moderate the extent of the existence of the gap in the service. All clients had high service desires which were not met. Just like Papadimitriou and Karteroliotis (2000) mentioned in their study, such desires definitely have practical implications for service providers in this industry. In Uganda specific lessons and parallels could be drawn especially with regard to the packaging of the programmes they offer.

Table 1: A Paired Samples t-test

	Item no.	Expected service			Perceived			Gap P-E	Paired t-value	Sig.
		Me an	Mo de	SD	Mea n	Mo de	SD			
Tangibi lity	Materials Clear	4.90	5	.312	2.82	2	.81	-2.08	54.49	0.000
	Appealing	4.94	5	.233	3.15	3	.69	-1.79	57.78	0.000
	Staff neat & convenient hours	4.94	5	.276	2.85	3	.84	-2.09	52.64	0.000
	Modern	4.95	5	.222	3.29	3	.84	-1.66	60.73	0.000
	appropriate	4.95	5	.252	2.97	3	.76	-1.98	58.03	0.000
		4.96	5	.219	3.36	3	.54	-1.60	61.60	0.000
	Mean	4.94			3.07			-1.87		
Reliabil ity	service as	4.94	5	.230	3.22	3	.55	-1.72	64.86	0.000
	accurate records	4.80	5	.412	3.13	4	.94	-1.67	42.35	0.000
	Service	4.91	5	.302	3.27	3	.57	-1.64	57.33	0.000
	Prompt service	4.93	5	.301	3.30	3	.54	-1.63	59.87	0.000
	Understand needs	4.95	5	.264	3.36	3	.52	-1.59	63.52	0.000
	Careful service	4.95	5	.276	3.34	3	.55	-1.61	62.73	0.000
	Equipment	4.97	5	.184	2.87	3	.82	-2.10	57.46	0.000
	Mean	4.92			3.21			-1.71		
Respon sive	prompt service	4.90	5	.30	3.03	3	.58	-1.87	66.38	0.000
	will to help	4.80	5	.412	3.29	3	.56	-1.51	55.28	0.000
	Service time	4.95	5	.275	3.34	3	.54	-1.61	62.36	0.000
	Mean	4.88			3.22			-1.66		
Assura nce	courteous and	4.93	5	.259	3.20	3	.53	-1.73	65.56	0.000
	confidence &	4.95	5	.275	3.33	3	.52	-1.62	63.39	0.000
	Staff	4.95	5	.259	3.32	3	.54	-1.63	62.36	0.000
	Assurance &	4.95	5	.240	3.35	3	.53	-1.60	61.31	0.000
	Mean	4.95			3.30			-1.65		
Empath y	Staff Care	4.93	5	.255	3.21	3	.53	-1.72	65.00	0.000
	Understand my	4.93	5	.248	3.24	3	.54	-1.69	66.23	0.000
	Interest at heart	4.93	5	.248	3.26	3	.55	-1.67	63.76	0.000
	Individual	4.95	5	.225	3.27	3	.59	-1.68	61.67	0.000
	Mean	4.94			3.25			-1.69		
Overall	Mean	4.93			3.20			-1.73		

*significance at $p < 0.05$

Prediction of Customer Satisfaction and Intentions

The study was to find out if there was any relationship between the service quality dimensions, customer satisfaction and behavioural intentions. Using a multiple regression analysis of the relationship between clubs' performance in the 5 service dimensions and customers satisfaction (measured by renewal of membership or return to the club) was ran. To expound on the understanding of the relationship between the client's behavioural intentions and dimensions of service quality at the clubs, recommendation of the club indicator (variable) was regressed simultaneously on the various dimensions of service quality.

The performance of service dimensions on the client's level of satisfaction at the club, a multiple regression analysis was applied on the satisfaction variable (measured by client's renewal of membership at the club) and the 5 dimensions of service quality. The ANOVA results reported a significant F-statistic: ($F = 178.7$, $\rho = 0.000$), an indication that using the model to estimate the status of client's levels of satisfaction with services is good enough.

Table 2: Excluded variable (e)

Model		Beta In	t	Sig.	Partial Correlation	Colinearity Statistics
						Tolerance
1	Tangibility	0.117	1.457	0.146	0.066	0.233
	Responsiveness	0.044	0.557	0.578	0.025	0.238
	Assurance	0.086	0.854	0.393	0.039	0.149
	Empathy	0.002	0.020	0.984	0.001	0.239

a. Predictors in the Model: (Constant), reliability

b. Dependent Variable: services level ensures renewing of club membership or return

Table 2, reveals that tangibles, responsiveness, assurance and empathy are not significant but are positively related to clients' satisfaction. This means that a clients' intention to renew club membership is likely to increase if there is more improvement in Empathy ($\beta=0.002$, $\rho=0.984$), assurance ($\beta=0.086$, $\rho=0.393$) and Tangibility ($\beta=0.117$, $\rho=0.146$). But the most influential predictor here is reliability ($\beta=0.799$, $\rho=0.000$)

Table 3: Multiple regression model: significant coefficients for Recommending the club

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.330	.109		3.035	.003
	Reliability	.993	.061	.596	16.293	.000
2	(Constant)	.201	.111		1.805	.072
	Reliability	1.447	.123	.868	11.727	.000
	Responsiveness	-.545	.130	-.311	-4.207	.000
	(Constant)	.252	.110		2.302	.022
3	Reliability	.902	.167	.541	5.392	.000
	Responsiveness	-.716	.132	-.409	-5.426	.000
	Assurance	.771	.164	.446	4.706	.000
	(Constant)	.289	.109		2.644	.008
4	Reliability	.725	.177	.435	4.095	.000
	Responsiveness	-.718	.131	-.410	-5.483	.000
	Assurance	.603	.173	.349	3.494	.001
	Tangibility	.332	.115	.225	2.900	.004

A Dependent Variable: services level leads to recommending a friend to join a club.

Table 3, model reveals that a clients' intention to recommend the club is likely to increase if there is an upward improvement in reliability ($\beta=0.725$, $\rho=0.000$), assurance ($\beta=0.603$, $\rho=0.001$) and Tangibility ($\beta=0.332$, $\rho=0.004$). On the other hand, an improvement in staff responsiveness in isolation ($\beta=-0.718$, $\rho=0.000$) is likely to reduce the level of client's recommendation intentions of the club. To conclude, it is clear from the regression analysis performed that service quality evaluations can predict satisfaction and behavioural intentions. For satisfaction as measured from membership renewal at the club, the most influential predictor was reliability ($\beta=0.799$, $\rho=0.000$), the model did not show statistically significant unique relationship for the other dimensions, which suggests that satisfaction could not be fully or necessarily predicted from these service quality evaluations. Whereas for the behavioural intentions (to recommend a friend) the most powerful predictors were reliability ($\beta=0.725$, $\rho=0.000$), assurance ($\beta=0.603$, $\rho=0.001$) and Tangibility ($\beta=0.332$, $\rho=0.004$).

Since service dimensions were found to be predictors of satisfaction and behavioural intentions respectively, there is significant influence between them, so it is clear that there is a relationship between the service quality dimensions, customer satisfaction and behavioural intentions which is a big point for managers.

Club Management Issues

Managers and instructors were prompted on a number good practice initiatives in their clubs and a couple of issues were reported. On policy requirement before one joins a fitness facility, the results indicate that majority among the service providers in the clubs took certain measures such as pre-screening before admission of clients. This is supported by 86.7% of the managers but 13.3 % frankly affirmed that they did not have such mechanisms imposed on potential customers. In a similar way, 9 % of the instructors admitted that they simply allowed whoever came to join with disregard to standard practice. This feature is closely tied to filling of health appraisal forms where 25 % of the instructors said they did not subject potential clients to that exercise at their facility or elsewhere. Yet the Fitness Safety Advisory Council (2002), at <http://www.womenshealthpc.com/> Standard 4.1 states that individuals planning to engage in physical activity shall be screened using Physical Activity Readiness Questionnaire (PAR-Q) or undergo medical examination.

The other important management aspect was the signing of a consent agreement. From the results some facility managers do not adhere to this requirement as well. Much as 60 % of the instructors affirmed that their clients signed up, a proportion of 20 % said they did not involve members in the said paper work. In fact the researcher established that most facilities substituted this vital documentation with an equivalent of a register at the counter and that was it! Soita (2004) reported similar results about trends in fitness studios in Kampala City. Yet an agreement usually covers both parties in terms of duties, responsibilities, compensation and even withdrawal just in case either party is not satisfied with the services and invokes the law.

The survey for managers queried the participants to respond to insurance cover for their facility. The results indicate that 93% of the managers had their entities adequately covered while a small proportion of 7 % operated without such an undertaking. The follow up question asked for who and what was covered with the premiums so stated. The responses indicated that two broad categories were insured thus assets at the centres such as buildings and machines. Few managers clarified exactly what category of policies covered their assets such as fire or theft. The other was personnel involved in instruction and ground workers but not customers. Some 88 % of the managers agreed that insurance cover was a strong defense against liability.

Managers were also asked to state the methods they regularly use to find out their customers' needs and concerns. The results were diverse but the majority 67% indicated they used a suggestion box, 20 % said they often talked to the clients while the rest 13% said they use either follow-up letters/complimentary notes, telephone, e-mails them and so on. On functionality at the fitness centres i.e. fault-free analysis to ensure failure points in service delivery are identified and precluded from the service process. The investigation included pertinent attributes such as sanitation and cleanliness, a litter-free environment, clean restrooms and toilets, garbage disposal and so forth. Service providers' initiatives on all these were compliant. But their views on hygiene and cleanliness were diverse including 86.7 % who said they used manual sweeping, mopping and disinfections while 13.3% said they used pumps and vacuum cleaners and chemicals.

Conclusion

This study has highlighted that gaps exist between the expectations and perceptions of members to various health and fitness centres in Uganda. Issues relating to flaws in the delivery of services have been highlighted. The importance of service delivery featured as very important as it leads to customer satisfaction then re-patronage. In today's volatile economy, providing excellent service delivery can be the critical difference in any organization's success. The aspects of service most desired by customers in these facilities relate to:

- The service provider's ability to provide the service which incorporates the range of superior programmes, safety, and overall treatments at the facility.
- Relational competence where staff conduct themselves pleasantly towards customers by being friendly, empathetic, meet customer needs and being helpful to them.
- Results of this study represent an average case scenario regarding compliance with basic code of practice, standards and application of risk management.
- The current model of management in the industry (procedures and processes) followed by most health and fitness centres studied, fall far short of known international practices.

- Lastly, the assurance dimension and empathy dimension of service delivery were two major constructs influencing these entities and could fully get enhanced.

Recommendations based on the results

The recommendations represent some of the measures that could possibly be taken by managers in Uganda health and fitness centres to improve the delivery of services. There are no reservations that other recommendations can be used successfully to improve service quality. This study will have an impact on the delivery of services which will assist managers to increase customer satisfaction in Uganda.

- The owners are particularly encouraged to provide their employees with the opportunities for in-service training and education to make a difference.
- In order to secure an upper edge, clubs must avoid the haphazard nature of organization. It is prudent that they instead develop and implement effective plans (including space management, modern equipment purchases and maintenance) of facility/equipment management. This will go a long way to address safety/risk management issues which featured in the study.
- In order to prevent the unexpected crisis and accidents and be legally compliant, it is necessary to hire more skilled and certified personnel who are well trained and practicing emergency evacuation plans which were lacking.
- The study recommends that clubs as a necessity, in their management, *must* expand their target markets to include those who are physically challenged to enjoy an active lifestyle. Inclusion of different types of exercise equipment to be used by such special populations with varying degrees of ability will definitely increase appeal for new membership and demonstrate diversity. One way forward is making reasonable accommodations in the daily operations at the facility to assist people with disabilities. Such accommodations might involve making minor adjustments in facility procedures or providing extra assistance for challenged members. For example, having a trainer escort a member who uses a walker to his or her vehicle is a reasonable accommodation, as is allowing a visually impaired member to pick direction. The affirmative movement today recognizes these people at all levels including Uganda.

Recommendations for further research

The findings in this study entail several areas and directions for future research. First there are several opportunities to extend or replicate this study. This could be within other sport services such as *sports retail, massage salon services, sport tourism, spectator sport* and *services at not-for-profit organizations* like YMCA.

Secondly, while the current study investigated service quality holistically, by targeting the main players thus providers and customers, the role of *significant others* in the delivery of services could be undertaken to include suppliers and non-contact employees. Studying the influence of these factors could give practitioners and to large extent academicians a stronger basis for making better inferences as regards the organizational processes in the industry.

Lastly, further research in this same area of the health and fitness area would be welcome. Qualitative studies could be used to modify, verify, or elaborate the current framework.

Proposal

The following proposal could be adopted for benchmarking in the health and fitness sector. It is developed for supporting health and fitness operators to maintain a solid level of practice in Uganda.

- It covers safety, staff training and customer care.
- The framework aims to enhance the customer experience and raise the level of practice throughout all health and fitness facilities in Uganda.
- It is assumed it will create an environment that consumers will associate with best practice and look for prior to joining fitness clubs or centres.

Benchmark Framework

Ethical Principles

Honesty, Respect, Integrity, Empathy & transparency



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