

Measuring Perceived Service Quality Using SERVQUAL: A Case Study of the Uganda Health and Fitness Sector

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Abstract

Many service providers have emerged on the Ugandan market offering health and fitness services, this study therefore sought club customers' perception about service delivery in the sector. Using the modified 26 item SERVQUAL questionnaire, data was collected from a randomly selected sample of 486 customers and 116 interviewees covering 58 purposively selected health-and-fitness centres countrywide. Customers to gymnasias, aerobics clubs and aqua-based activities where vulnerability is high were considered. Descriptive and inferential statistics were applied for data manipulation. Major findings are that gaps exist in service delivery (Overall service perception $\mu = -1.73$) and that the current management model in most clubs falls far short of international standards. A single authority for standardization is lacking for professionals' certification and regulation. It is recommended that sport-specific Government of Uganda authorities must act promptly in a joint effort with federations, academia, and the leading international certifying organizations to directly oversee and/or set standards of practice to meet required quality levels and fitness industry needs.

Key words: service providers, SERVQUAL, fitness services, practice-standards, Health clubs.

1. Introduction

Contemporary society is dealing with a wide range of health-related issues triggered by many causes (Healthy People, 2000). As the populations turn to focus their 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). Therefore, as a country like Uganda laments about several citizens' poor state of health due to lack of regular physical activity, the fitness industry should be recognized as a means of providing therapeutic exercise and recreational activities for all. Its primary focus on preventive health management as opposed to restorative medicine cannot be underestimated (Sattler et al., 1997, Huang & Huang, 2002). The sector attempts to fight the increasing rates and advancement of ailments associated with hypokinetic conditions.

Many authorities and authors concur that the preventive health management approach has a net-cost-effect on health costs hence mortality. Wabuyabo (2007) and Gray et al., (2005) for instance asserted that exercise has been used in prevention and management of coronary heart disease, hypertension, blood lipids and lipoprotein profile, cardiac function, bone mineral status, body composition and weight control, blood glucose regulation, and musculo-skeletal disorders among many others for a long time. Some programmes include mental health services like stress reduction or psychotherapy and counselling. Consequently, it has become a common practice in fitness services to respond to customers' needs by including health maintenance and monitoring programmes. Others are known to specialize in muscle toning and massage (Healthy People, 2000).

In Uganda one definite feature that has contributed to the rapid growth of this industry is the general increase in leisure time and the enabling economic position. Adome (2007) observed that Uganda is in transition to self sustaining economic growth and that such transition comes at a cost including: change in diet, reduction in physical exercise and threat of death from Non-communicable Diseases (NCDs), known to increase with industrialization, change in lifestyle, civilization and as people live longer. Similarly there is a new approach to lifestyle with more interest in sports and exercise including selection of various diets (Adome, 2007).

Despite the potential importance of the sector, one of the biggest challenges marketers face is customer retention. There is evidence that many investments in the health and fitness sector have often failed to succeed and there are indications that management of services in this industry especially customer relations is deficient (Hurley, 2004). It is important that the providers understand what their consumers actually receive from the service and as well focus on the process of service delivery itself (GrÖnroos, 2000; Chase & Dasu, 2002).

In Uganda, the Uganda National Bureau of Standards (UNBS) and Uganda National Sports Policy (UNSP), 2006, have the mandate and legal framework to mitigate any gaps in the services. But there is little or no evidence to show that these authorities supervise or intervene in the health and fitness sector. The efforts of the Ministry of Education and Sports remain inefficient, in management of sport organizations, overseeing sport facilities including facility construction and developing of sport programmes due to dismal structural and budgetary framework. Such omissions or abdication towards this sector may be harmful in the future because activities and practices herein have health related consequences. It is quite striking that although studies that entail sport, fitness and leisure are present: Soita (2004), Kavuma (2006), and Dembe (2007), the fitness industry in Uganda has received little research attention from a customer-service-quality perspective; and hence there is lack of documented scientific evidence regarding the current service status from the customers' perception. The service quality dimensions of interest in this study included reliability, tangibles, responsiveness, assurance, and empathy to customers which according to Sureshchander et al. (2002) form the cornerstone on which other works on service quality have been built.

1.1 Statement of the Problem

In Uganda customers to various commercial health and fitness centres often pay for participation and services there-in expecting high standards of service delivery with amiable facilities. Somchun (2006) articulates that such customers seek to make their life longer by reducing stress, eating healthy food and regularly exercising. Accordingly, exercise has become a popular activity and the health and fitness centres have become a fast growing business, especially in cosmopolitan areas. Undoubtedly the growth rate of these facilities in Uganda is approximately 12% percent a year (Soita, 2004). As competition among the providers is intensive, satisfaction of customers becomes an integral part in this kind of business. If providers cannot either fulfil their customers' needs, or provide the best services, it will be difficult for the investment to be successful in such a customer-oriented market. However, customers' complaints are often seen in the media and echoed by consumer organizations. Owing to their operations, the health and fitness clubs are facing similar complaints from their clients. This situation exists despite the presence UNBS for standardization and the National Council of Sports (NCS) as a regulator. Even then there has arisen a big reservation about this sector's operations and performance. From 2007 to the close of 2008, the Uganda Consumers Association received numerous complaints from clients, mostly related to overall poor delivery of services and safety. Any omissions with regard to activities in this sector has long term effects on health and impacts on wealth (Lotz, 2009). It therefore calls for service providers to get the service right the first time by raising the quality of service delivery to meet customer expectations. It is in light of the foregoing that this study sought to examine the level of services from the customers' perception of the actual service delivered in selected health and fitness centres in Uganda.

2. Literature Review

According to the Foundation for Economic and Industrial Research (EIR), (2002), many factors including socio-economic, demographic and physical conditions/wellness have stimulated the rapid growth of the health and fitness industry worldwide. In Uganda one definite feature is that there is the general increase in leisure time and the enabling economic position. But the fitness sector emerged as a serious industry in Uganda in the late 1980s and gained its popularity through the 1990s with the opening of numerous clubs. Although the database is weak, there are more than 100 private health and fitness centres in Uganda, mostly attached to hotels with about 20,000 clients generating over 214,000 jobs (Monitor Business Directory, 2006; World Bank, 2006). Visitor arrivals, who are also major players in this sector, continue to increase. With this trend, the sector was expected to earn the country over \$500m in 2007 from \$360m in 2006 (Uganda Bureau of Statistics, UBOS, 2006). It has been argued that if well harnessed, the fitness sector is an effective high income leader (McDowell-Larsen et al., 2002; Neck et al., 2000), and parallels have as a consequence been dawn between business profitability, healthy living and sporting performance (Westerbeek and Smith, 2005). In a nutshell the quest for physical fitness as a practice has become a means of income, health enhancement, maintenance, and rehabilitation in addition to its effects in conditioning for competitive sports.

It is from this standpoint that all sorts of investments in sport and sport related activities especially those geared to meet the Millennium Development Goals (MDGs) have been encouraged by Uganda Government and Sport governing bodies. Incidentally, taking advantage of the expanding market, private and commercial providers have cashed-in on this opportunity.

For significant service advancement and accomplishment, in the health and fitness industry it was necessary through this study to have a clear understanding of the current status of this sector in Uganda.

2.1 The concept of customer service and service quality in health and fitness business

Broadly defined, customer service is 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). Customer service is generally described in terms of the marketing mix elements thus product, place, price and promotion which are intentionally manipulated to distinguish the service of one organization from those of another. Customer service is therefore a means to an end which is based on a series of activities by which an organization interacts with its clients. 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.

Service quality is said to be 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 (Lotz, 2009). From an organizational point of view, Futrell (2004) defined service quality, as the relationship between customers and the service organization; and between expectations for excellent service and perceptions of service delivered. This means service quality has become a great differentiator between companies and is one of the most powerful weapons which many leading service organizations possess (Lotz, 2009). It has been linked to outcomes such as customer satisfaction (Ko and Pastore, 2004), customer loyalty (Kandampully, 1998) repurchase intention (Fornell, 1992). Grönroos (2000) based on such definitions conceptualized service quality as a form of attitude resulting from comparison of customer expectation and perception of actual performance. Service quality is measured along the five dimensions namely: Tangibles, Reliability, Responsiveness, Assurance, and Empathy.

Recent authors in marketing such as Lotz(2009), Kandampully(2000) and, Zeithaml, Bitner and Gremler (2006) and Manilal(2006) argue 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.

2.2 The conceptual framework

According to Zeithaml et al. (1990), it is envisaged that any conceptual model in service quality enables management to identify quality problems and thus help in planning for the launch of quality improvement programmes thereby improving the efficiency, profitability and overall performance. The model adopted in this study is the original gap model by Parasuraman, Zeithaml and Berry in 1985, and refined in 1988 and 1991. A summary of the gaps is given as:

Gap 1 (positioning gap) – not knowing what customers are expecting from the service, usually due to insufficient marketing research or poor internal communication; failure to utilize feedback, or sometimes it's due to an organization's structure with too many levels of management.

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. It is caused by the unwillingness or inability on the part of the organization to change the way a service is delivered in order to meet or exceed the customers' expectations.

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. This gap is related to the human elements involved in service delivery – the Staff. It can be caused by disgruntled or poorly motivated workers, where there is lack of proper supervision, or even the lack of skilled workers who are critical to the overall service quality experience.

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.

Gap 5 (perception gap) – is the difference between the consumers' internal perceptions and expectations of the services.

Gaps 1 to 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.

To operationalize service quality using this model, a 24-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. The framework pre-supposes that service quality is the customer's thinking that they are getting better service than expected. It's worth noting that both sides of the gap are in the customers mind (manifesting the service quality attributes). But as it is with any research tool, researchers have expressed concerns and criticism of the original instrument including: the five dimensions being unstable across recreational services (Taylor et al., 1993), domains of service quality may be factorially complex in some and very simple and uni-dimensional in others (Babakus & Boller, 1992), failure to draw on other disciplines such as psychology, social sciences and economics (O'Neil and Palmer, 2001). These remarks notwithstanding, the researcher agrees with Parasuraman(1991) that this is a good diagnostic tool hence suggests that for this particular study, the instrument was customized for the fitness sector including additional relevant questions as proposed by Brown et al. (1993).

3. Research Methodology

A cross-sectional survey was adopted for this study since there was no necessity for subject manipulation. 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; so in all 602 customers 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 score-means and tabulations.

4. Results and Discussion

4.1 Validity and Reliability

Validity refers to the extent to which an instrument measures what it claims to measure (Ary et al., 2002). Content or face validity was achieved through revision of academic literature and empirical studies on service quality so that only those attributes integrating the SERVQUAL scale were selected and the SERVQUAL questionnaire was also pre-tested. On expert screening and vetting of the instrument, the average Content Validity Index (CVI) to capture adequate and representative set of items was established to be 0.866 a value that exceeded the threshold of 0.7, suggested by Nunnally and Bernstein (1994) and Amin (2005), for instrument acceptance. Reliability ensures that the instrument gives consistent responses across all variables. Measurement of reliability here involves an analysis of the degree to which it is free of random errors and thus provides consistent results (Sánchez and Sarabia, 1999 in Alen *et al.*, 2006). So for the inner consistency of scales coefficient alpha and Cronbach's standardized alpha for customers yielded 0.9295 and 0.9363 respectively. These scores are higher than the 0.8 recommended by Luque (2000). With values higher than this, no significant improvement in the quality of results could be observed.

4.2 Demographics Characteristics

The profiles show that of the 602 customers, 61% were male (60.7%, $f=295$) 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 % ($f =254$), 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.

4.3 Summary of Gap Scores

Figure 1 is a summary of mean perception scores minus expectation scores and it 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. Yet along the service expectation scale, the study showed that 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 figure1 for redirecting and service improvement basing on the highlighted gaps.

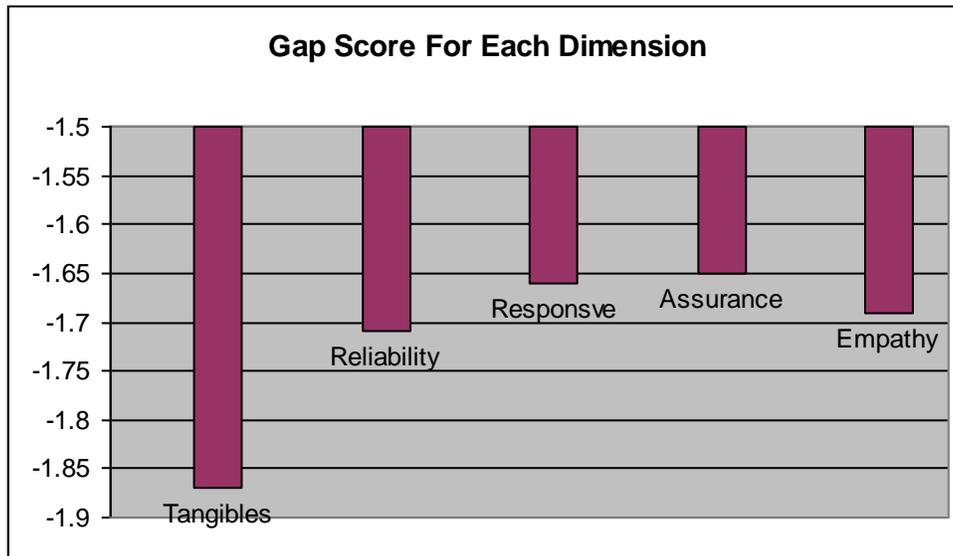


Figure 1. Gap Score for each Dimension

4.4 Customer Perception scores by Dimension

To identify the perception scores and their extent in the service process, the researcher implored analysis of mean-scores based on the modified SERVQUAL (5 point likert scale) with only 24 attributes. As seen in Table 1, additional details are also presented to moderate the extent of service perception.

The service perception scale according to table 1, gives a glaring picture of how customers to these facilities feel. It is clear that their actual service experience was ‘fairly met’ as represented by the modal value 3. The overall mean score for the service experience was 3.2 again suggesting that services are just fair. But more importantly, as seen from Figure 1, all gap scores were negative including the overall gap score (-1.73). This implies that service quality did not exceed or meet expectations of the customers.

However, it is important to point out that much as the average gap was negative, member perceptions of “trust staff”, “service performance” and “informing when services will occur” were rated positively with their values ≥ 3.27 . Furthermore, the most important dimensions for customers as regards the service perception scale were Assurance (mean=3.30), followed by Empathy (mean=3.25), Responsiveness (mean=3.22), Reliability (mean=3.21) and Tangibles (mean= 3.07). The most important items were “Staff are dependable in handling my service problems.” and “The club offers appropriate services and resources to my needs.” This position is supported, during the interview phase, by member (027) who commented that: “I am very satisfied with instructors since they are courteous, well-trained, skilful, and knowledgeable in their job. All is fun and safe here because the instructors are always aware of our safety”. This comment indicated that the member was satisfied with the services in the ‘assurance’ dimension.

Table 1. Average scores of service quality perceptions in Health and Fitness Clubs (n=486)

| | | Item no. | Perceived service quality | | |
|--------------------|-------------|-------------------------------|---------------------------|------|------|
| | | | Mean | Mode | SD |
| Tangibility | | Materials Clear & brief | 2.82 | 2 | .819 |
| | | Appealing facilities | 3.15 | 3 | .693 |
| | | Staff neat & professional | 2.85 | 3 | .846 |
| | | convenient hours | 3.29 | 3 | .846 |
| | | Modern equipment | 2.97 | 3 | .761 |
| | | appropriate services | 3.36 | 3 | .549 |
| | | Mean | 3.07 | | |
| Reliability | | service as promised | 3.22 | 3 | .557 |
| | | accurate records | 3.13 | 4 | .945 |
| | | Service information | 3.27 | 3 | .579 |
| | | Prompt service | 3.30 | 3 | .542 |
| | | Understand needs | 3.36 | 3 | .524 |
| | | Careful service | 3.34 | 3 | .558 |
| | | Equipment function | 2.87 | 3 | .824 |
| | Mean | 3.21 | | | |
| Responsive | | prompt service | 3.03 | 3 | .584 |
| | | will to help | 3.29 | 3 | .563 |
| | | Service time promised | 3.34 | 3 | .540 |
| | | Mean | 3.22 | | |
| Assurance | | courteous and polite | 3.20 | 3 | .539 |
| | | confidence & trust in staff | 3.33 | 3 | .529 |
| | | Staff knowledgeable & skilled | 3.32 | 3 | .540 |
| | | Mean | 3.25 | | |
| Empathy | | Staff Care | 3.21 | 3 | .537 |
| | | Understand my needs | 3.24 | 3 | .544 |
| | | Interest at heart | 3.26 | 3 | .555 |
| | | Individual attention | 3.27 | 3 | .592 |
| | | Mean | 3.25 | | |
| Overall | | Mean | 3.20 | | |

The knowledge and courtesy of staff as well as the ability to inspire member's trust and confidence (i.e. competence, courtesy, credibility, and security) could increase the level of members' satisfaction. The least important item was "The club has clear & brief materials associated with service (e.g. warning signs, direction symbols & labels at facility)".

Regardless of the individual attributes it is important to note that the biggest gap between expectations and perceptions is Tangibility (-1.87), the least is Assurance (-1.65). According to Carman (1990) as cited in Rueangthanakiet (2008), in hospitality and fitness/health club customers mostly rate their highest satisfaction with services on the 'assurance' dimension. It is said to be the most significant dimension that influences customers' satisfaction because services are intangible hence difficult to evaluate. For this reason, all service companies try to do everything possible to make sure customers are happy with their services.

The outcome above is consistent with Fick and Ritchie's (1991) study. Using the operation of the SERVQUAL instrument in three major tourism sectors: airlines, restaurants, and ski area services, they found that the most important dimension of the service is 'assurance' followed by "tangibles". Thus, it can be concluded that the 'assurance' dimension is mostly found as the highest level of satisfaction among customers in the hospitality industry such as hotels, airlines, restaurants, ski area services, and fitness centres. If companies are unable to inspire trust and confidence in their customers, it will be difficult for them to achieve a high level of customer's satisfaction (Sachukorn: 2006).

To conclude, note that the standard deviations across all items were less than 1 which means the study sample was fairly homogeneous. These results show unequivocally that gaps exist in the delivery of services, which clearly answers the main objective of this study. But the gap scores for all the dimensions were negative implying that customer service expectations did not match the service experience. On the contrary, customers' positive rankings for individual attributes showed that they were fairly pleased with their experiences in the clubs. These results are not unique because they correspond to results obtained using the SERVQUAL in other studies by Qian (2006) who assessed educational service quality, the others by Alén *et al.*, (2006) assessed health spas, Markovic (2004), Fick and Ritchie (1991), and Heung and Wong (1997) on hotel industry service quality. For service quality improvement within clubs in Uganda, the service providers could take a cue from the 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.

4.5 Service dimensions for prediction of customer satisfaction

To determine the service quality dimensions that best predict customer satisfaction, a factor analysis was ran. All item responses in the SERVQUAL under the customers' expectation and perception scales were considered together as gap scores. Then they were subjected to factor analysis using the principal component analysis and varimax rotation. Tests for the factorability of the correlation matrix using the Kaiser –Meyer – Olkin (KMO) measure of sampling adequacy index are shown below. Values between 0.5 and 1.0 indicate that factor analysis is appropriate (Nunnaly, 1978 in Qian, 2006), yet values below 0.5 imply that factor analysis may not be appropriate.

Table 2. Results of KMO and Bartlett's Test

| | | |
|--|--------------------|------------|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | | 0.946 |
| Bartlett's Test of Sphericity | Approx. Chi-Square | 13,535.860 |
| | df | 276 |
| | Sig. | 0.000 |

It is remarked that KMO measure of sampling adequacy index is 0.946 indicating that the degree of common variance among the variables is commendable. It implies the factors extracted will account for far a substantial amount of variance and hence the factor analysis is appropriate for the data set. Bartlett's Test of Sphericity is used to examine the hypothesis that the variables are uncorrelated and hence indicates that factor analysis is appropriate. In this study, Bartlett's test of Sphericity χ^2 statistics is 13,535.860, with 276 df and a significant value of 0.000. These values show that the 24 items are correlated and hence as inferred in KMO, factor analysis is appropriate.

Table 3. Results of Variance explained

| Component | Initial Eigenvalues | | | Extraction Sums of Squared Loadings | | | Rotation Sums of Squared Loadings | | |
|-----------|---------------------|---------------|--------------|-------------------------------------|---------------|--------------|-----------------------------------|---------------|--------------|
| | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % |
| 1 | 14.604 | 60.849 | 60.849 | 14.604 | 60.849 | 60.849 | 8.446 | 35.190 | 35.190 |
| 2 | 1.562 | 6.507 | 67.356 | 1.562 | 6.507 | 67.356 | 5.892 | 24.549 | 59.739 |
| 3 | 1.341 | 5.589 | 72.945 | 1.341 | 5.589 | 72.945 | 3.169 | 13.206 | 72.945 |
| 4 | 0.979 | 4.078 | 77.023 | | | | | | |
| 5 | 0.876 | 3.651 | 80.674 | | | | | | |
| 6 | 0.615 | 2.562 | 83.236 | | | | | | |
| 7 | 0.464 | 1.934 | 85.170 | | | | | | |
| 8 | 0.438 | 1.826 | 86.995 | | | | | | |
| 9 | 0.421 | 1.755 | 88.750 | | | | | | |
| 10 | 0.379 | 1.581 | 90.331 | | | | | | |
| 11 | 0.339 | 1.413 | 91.745 | | | | | | |
| 12 | 0.307 | 1.278 | 93.022 | | | | | | |
| 13 | 0.246 | 1.026 | 94.048 | | | | | | |
| 14 | 0.236 | 0.984 | 95.032 | | | | | | |
| 15 | 0.215 | 0.896 | 95.929 | | | | | | |
| 16 | 0.206 | 0.860 | 96.788 | | | | | | |
| 17 | 0.179 | 0.748 | 97.536 | | | | | | |
| 18 | 0.144 | 0.602 | 98.138 | | | | | | |
| 19 | 0.123 | 0.515 | 98.652 | | | | | | |
| 20 | 0.105 | 0.438 | 99.091 | | | | | | |
| 21 | 0.079 | 0.328 | 99.419 | | | | | | |
| 22 | 0.057 | 0.238 | 99.657 | | | | | | |
| 23 | 0.053 | 0.220 | 99.876 | | | | | | |
| 24 | 0.030 | 0.124 | 100.000 | | | | | | |

Extraction Method: Extra Extraction Method: Principal Component Analysis

In table 3, are the results of the initial solution for the analysis. However, components with an eigenvalue > 1 are considered since they explain more variance than a single variable (Salkind, 2004). As a consequence, three factors would be considered. The first factor has an eigenvalue of 14.604 and accounts for 60.85% of the variance explained. The second factor has an eigenvalue of 1.562, and it accounts for 6.51% of the variance explained. The third factor has eigenvalue of 1.341 as well accounts for 5.59% of the variances explained. In totality, the three factors explain 72.949 of the variance.

To establish further the number of factors to extract in the final solution, Cattell's Scree Plot was plotted as shown in figure 2. The figure reveals that only three possible factors would be extracted in the final solution.

Scree Plot

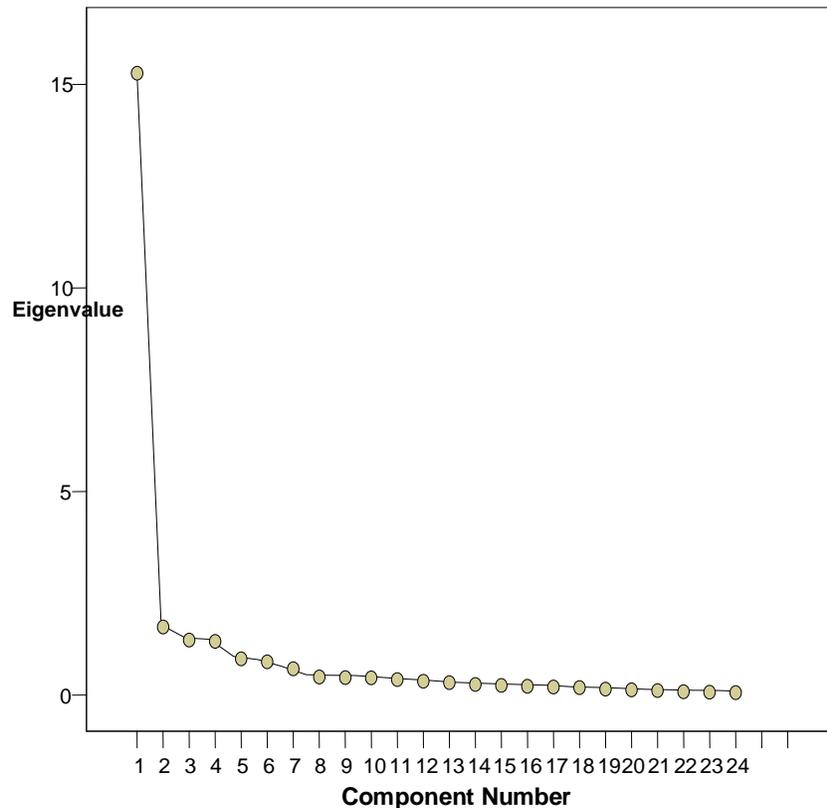


Figure 2: The scree plot to determine the factors to extract in the final solution

The communalities of the 24 variables are the estimates of the variance in each variable accounted for by the components. In this study, the communalities were all high, which indicates that the extracted components represent the variables well. Further, the component transformation matrix was generated through Varimax and Kaiser Normalization to give a clearer structure.

The Varimax Rotation with Kaiser Normalization converged in 6 iterations. In the solution, three factors emerged as seen in table. Factor 1 comprises of 17 attributes and it has an eigen value of 14.6, $\alpha = 0.957$. It mainly emphasizes reliability tangibility, and being assured; thus the need for personalized service, resources and dependable personnel. This factor stresses the need for fitness clubs to check quality through their biggest resources: the assets/equipment and the employees.

Table 5: Rotated Component Matrix

| | Component | | |
|---|--------------|--------------|--------------|
| | 1 | 2 | 3 |
| staff readily respond to my questions | 0.876 | | |
| staff are dependable in handling my service problems | 0.875 | | |
| staff perform services carefully and right the first time | 0.830 | | |
| I feel safe ,have confidence and trust in the staff at the club | 0.829 | | |
| staff have knowledge and skills to answer my question | 0.820 | | |
| the club provides the services as promised | 0.776 | | |
| the club has convenient hours of operation | 0.659 | | |
| the club informs me about when exactly services will be performed | 0.640 | | |
| the club offers appropriate services and resources to my needs | 0.624 | | |
| Staff give me individual attention | 0.621 | | |
| staff have a neat and professional appearance including dress code | 0.612 | | |
| staff keep assuring me of the accuracy and confidentiality of my transactions | 0.597 | | |
| the club should maintains accurate& error free records e.g. bills and appointment dates | 0.586 | | |
| the club has clear and brief materials associated with the service | 0.551 | | |
| staff deal with me in a caring fashion | | 0.854 | |
| staff are consistently courteous and polite | | 0.848 | |
| staff provide service at the time the promised to do so | | 0.777 | |
| staff understand my needs | | 0.751 | |
| staff have my best interest at heart | | 0.640 | |
| staff have the will to help | | 0.593 | |
| staff give prompt service to me | | 0.577 | |
| equipment at the club always function well | | | 0.841 |
| modern or state -of -the-art -equipment is available | | | 0.812 |
| physical facilities are visually appealing | | | 0.607 |
| Reliability(Cronbach alpha) | 0.957 | 0.937 | 0.852 |
| No. Of items | 14 | 7 | 3 |

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 6 iterations.

Factor 2 has seven attributes with an eigen value of 1.6 and $\alpha = 0.937$. It mainly emphasizes the responsiveness and empathy dimensions of service quality. It as such plays a key role in service delivery. It is through staff competencies, readiness to serve and the service processes itself that customers essentially use to judge the service quality at a given club. The third factor with three items had an eigen value of 1.34 and $\alpha = 0.852$. It mainly comprises of the tangibles and dependability. Thus it cares for issues of staff being professional setting a reliable environment. All these enhance customer impressions about the service quality.

As a final point, from the findings in the factor analysis section, it is imperative to stress that customers yearn for a conducive physical environment, reliable staff offering highly personalized service. These findings are in line with the global trends, which show that customers in the services industry demand high quality services (Koo and Koo, 2008). Additionally, the physical set up together with dependable staff who handle the delivery process well, majorly impact on customers' satisfaction positively. All these therefore have management implications to the fitness sector in Uganda.

Conclusion

This study shows that service gaps exist, confirmed by member perceptions of health-and-fitness centres in Uganda. Issues relating to flaws in the service delivery are highlighted. Customer care featured as very important since it leads to customer satisfaction. The aspects of service most desired by customers in these facilities relate to: 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.

This study represents 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

The service providers 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. Lastly, sport-specific Government of Uganda authorities must act promptly in a joint effort with federations, academia, and the leading international certifying organizations to directly oversee and/or set standards of practice at these clubs.

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