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## Research Article

# SERVICE QUALITY OF SENIOR CARE CENTRES IN COIMBATORE AND ITS IMPACT ON CUSTOMER SATISFACTION AND LOYALTY

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### ABSTRACT

It is going to be inevitable that the elderly population is likely to increase in future because of further falling birth rates and increase in life expectancy. In India, such phenomenon would be more visible in the states like Kerala, Punjab, Himachal Pradesh, Tamilnadu and Maharashtra. With the growing trend of change in family structure from joint families to nuclear families in India, the senior citizens are experiencing social isolation due to loss of family ties and hence the need for senior care centres or the retirement communities are in increasing trend. The quality, organization and management of senior care centres is one of the most important topics discussed today. There the first step of improving the quality of senior care centres is to measure the quality of the services that are given already or being rendered.

The purpose of this study is to measure the quality of services given already to the senior citizens at their care centres in Coimbatore. In order to understand this purpose, the "Servqual" service quality measurement tool was used. This tool is based on comparing the expectation and perception scores of the services users. The sample group of the study consists of 352 senior/super senior residents from 23 senior care centres which were promoted and managed by private business organizations/companies in Coimbatore City, Tamilnadu State, India.

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## INTRODUCTION

A continual decline in the age-specific fitness mechanism of an organism due to internal physiological weakening is known as ageing. Three important demographic changes-declining fertility, reduction in mortality and increasing survivability at older ages-contribute to population ageing. With longevity and declining fertility rates, the population of older persons (60-65 years and above) is globally growing faster than the general population. Globally, the 60-plus population constitutes about 11.5 percent of the total population of 7 billion. By 2050, this proportion is projected to increase to about 22 percent when the elderly will outnumber children (below 15 years of age). The percentage of the elderly in India has been increasing at an increasing rate in recent years and the trend is likely to continue in the coming decades. The share of population over the age of 60 is projected to increase from 8 percent in 2015 to 19 percent in 2050. By the end of the century, the elderly will constitute nearly 34 percent of the total population in the country. In Kerala, Goa, Punjab, Himachal Pradesh, Tamil Nadu, Maharashtra, Odisha and Andhra Pradesh, the old age

dependency ratio is higher than 15. (India ageing report 2017)<sup>1</sup>. Therefore the quality of senior citizen care services issue is one of the most important and favored topics in almost all societies and allied sectors.

"Services" in general is a performance based presentation and delivery. Service quality is the operational area which is about increasing the satisfaction of the service taker. (The service presentation is one that meets or exceeds the customers' expectations or confirms with the expectations of customers). Therefore, service quality is determined by the customer. Service quality has been well defined by Parasuraman, Zeithaml and Berry (1985) as "the comparison of the expected and perceived service performances and a general evaluation related to the superiority of the service". Senior care is the performance of the special needs and requirements that are distinctive to senior citizens. It include services such as assisted living, palliative care, memory care, adult day care, long term care, nursing homes (residential care), hospital care and home care..etc.

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### Need for the Study

With the growing trend of change in family structure from joint families to nuclear families in India, the senior citizens are experiencing social isolation due to loss of family ties. The change of the role of women in the society has also brought about a scarcity in the people responsible for taking care of the senior-citizens. Urbanization and globalization are also shifting adult children away from their parents, leaving the elderly population vulnerable to physical and emotional problems as they suffer not only due to their physical weakness, but also due to lack of economic resources (especially in the low-income families), self-esteem and social status. Today, the family is therefore incapable of providing necessary support to their elders. Therefore the main purpose of this study is to measure the service quality of the delivered services in senior care centres. During the course of study, it will also be ascertained whether the residents' expected services are being met by the delivered services and which quality dimensions are more important and preferential for the elderly.

Besides determining the expectations and perceptions of seniors, the study is also important to make possible help the policymakers to develop roadmaps for the future through providing new perspectives to this service sector of senior care centres.

### LITERATURE REVIEW

The literature review covers the services and activities provided by the care centres, customer satisfaction on the services, quality gap in the services offered by the centres, problems in availing the services and the role of profile of respondents on their level of expectation and perception on the caring services offered by the care centres. Few of the important reviews for this study:

Shah and Prabhakar (1997)<sup>2</sup> studied the morbidity profile among elder persons. They found that the elders are highly affected by both physical and mental illness because of the poor care. This may be eliminated with the help of the care home facilities.

Hogan (2004)<sup>3</sup> studied the pricing arrangements in residential aged care centre. He revealed that the price of the services offered by the residential aged care centre is too high than the expected level. It seems to be costlier for the middle income people.

Purty *et al.*, (2006)<sup>4</sup> identified the morbidity pattern among the elderly population in the rural area of Tamilnadu. The main cause for that morbidity is lack of number of SCCs for aged and also the lack of services offered by the Senior care centres.

Theeke (2009)<sup>5</sup> revealed the importance of nursing to avoid the problems of loneliness among the aged adults. The nursing facilities are recommended to be provided by the care centre of the aged.

Victor *et al.*, (2005)<sup>6</sup> mentioned the role of old age homes to avoid the risk factors for loneliness in later life among the older people. The homes are providing physical and mental exercise to eliminate the loneliness among the older people.

Ingle and Nath (2008)<sup>7</sup> identified the problems of elderly people. The most important reason is poor care on them. It can

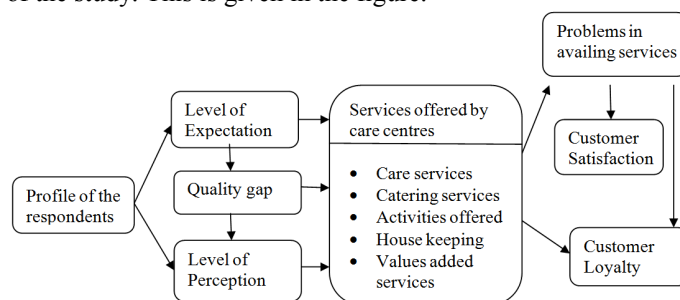
be rectified by the senior care centres especially for poor elders at affordable price.

### Research Gap

Even though there are so many studies related to the facilitates for senior care, care centres for senior citizens, services offered by the senior care centres, all these studies are related to the centres at western countries. The studies in India are very limited. Apart from this, there is no exclusive study on the services and service quality offered by care centres and also the quality gap in these centres at Coimbatore district. Hence, the present study has made an attempt to fill up the research-gap.

### Proposed Research Model

The proposed research model is drawn to fulfill the objectives of the study. This is given in the figure:



### Objectives of the Study

Based on the proposed research model and research questions the objectives of the present study are confined to:

- To reveal the profile of the respondents in SCCs.
- To study the level of expectations and perceptions on various services offered by Senior Care Centres (SCC) and its association with their profile;
- To measure the quality gap in various services offered by SCCs; and its association with their profile;
- To measure the customer satisfaction and loyalty towards SCCs and its determinants;
- To study the problem encountered by the respondents in availing services offered by the SCCs;
- To evaluate the impact of various problems encountered by the respondents on customer satisfaction and loyalty towards SCCs.

### Hypotheses of the Study

Based on the objectives of the study, the following null hypotheses are drawn. These are:

- There is no significant difference among the senior and super senior regarding, their level of expectations, perceptions and quality gap in various services offered by SCCs; customer satisfaction and loyalty on SCCs.
- There is no significant association between the profile of the respondents and their view on various services offered by SCCs, customer satisfaction and loyalty towards SCCs; and problems encountered by respondents;
- There is no significant impact of services offered by SCCs on the customer satisfaction and loyalty towards the SCCs; and

- There is no significant impact of problems encountered by the respondents in availing the services offered by SCCs on the level of customer satisfaction and loyalty towards SCCs.

## RESEARCH METHODOLOGY

The applied research design of the present study is descriptive and diagnostic in nature. The applied sampling procedure for the present study is stratified proportionate random sampling. The 'strata' included for the study is type of respondents (senior and super seniors) and also the name of senior care centres. The samples allotted to each strata on the basis of the proportion of each population to the total population. The samples allotted to each strata are selected on random basis (lottery method). The sample size of the study is determined by the Yamane formula. The sample size of the study consists of 352 respondents (259 senior and 93 super senior residents) from 23 senior care centres which were promoted and managed by private business entities/companies in Coimbatore City. The present study is mainly depending on the primary data and therefore special care was taken to design the interview schedule which consists of four parts. A pilot study was conducted among 30 seniors and 30 super seniors. Based on their feedback, certain additions, deletions, modification and simplification were carried out to prepare a final interview schedule.

### Framework of Analysis

For analyzing the data collected during the investigation, the statistical tools used were t-test, one-way analysis of variance, multiple regression analysis, exploratory factor analysis, confirmatory factor analysis, two group discriminant analysis. The study had its own limitations also.

### Profile of the Respondents and Their View on the Services Offered By the Senior Citizen Care Centres

This study focuses on the demographic profile of the respondents such as gender, age, religion, marital status, number of children, residence of children (local or abroad), food habits, financial dependency etc., which is significantly associated with their level of perceptions and expectations on services. This study also focuses on the identification of discriminant service factors among the seniors and super seniors.

### Services and Service Quality Offered By the SCCS

It is imperative to discuss the customers view on various services and service quality offered by the SCCs for some policy implications. In the present study, the services and service quality is discussed by care services, catering services, activities of the SCCs, housekeeping services and value added services. The discussion in the present chapter is given below in Fig 1.



Fig 1

The level of expectation on all senior care centres services among the respondents is measured with the help of variables. The respondents are asked to rate these variables at five point scale. The mean score of the variables among senior and super senior have been computed separately. The 't' test has been administered to find out the significant difference among the two group of respondents regarding the level of expectation on care services. The highly viewed variables and the significant difference among senior and super seniors have been noticed regarding their level of expectations by its 't' statistics which are significant at five per cent level. The score of all variables in senior care centres services have been included for factor analysis in order to narrate the variables into factors. Initially, the validity of data for factor analysis has been checked by Kaiser-Meyer-Ohlin measure of sampling adequacy and Bartlett's test of Sphericity. Both these two tests satisfy the validity of data for factor analysis. The eigen value and the per cent of variation explained. The score of all variables in each factor have been included for confirmatory factor analysis in order to examine the reliability and validity of variables in it.

The level of expectations, perceptions and gap of senior care services is discussed with the help of factors. The mean score among the seniors and super seniors have been computed separately for all senior care centres service factors. The 't' test has been administered to find out the significant difference among the two groups of respondents regarding their level of expectations, perceptions and gap on senior care centres service factors (SCCSF). Based on difference in the level of expectations, perceptions and gap on SCCSF among the seniors from the super senior, it is imperative to identify the important discriminant SCCSF for some policy implications. The two group discriminant analysis has been administered for this purpose. First the mean differences in each SCCSF and its statistical significance have been computed then the discriminant power of each SCCSF has been estimated with the help of Wilk's Lambda. The relative contribution of SCCSF in TDS is estimated by the product of discriminant co-efficient and the mean difference of the respective SCCSF.

The present study has made an attempt to examine the association between the profile of the respondents and their level of expectations, perceptions and gap on the SCCSF with the help of one way analysis of variance. The level of expectations, perceptions and gap on the senior care centres

services among the respondents is measured by the mean scores of the level of expectations, perceptions and gap on all variables in the senior care centres services.

**Customer Satisfaction (CS) and Consumer Loyalty (CL) On Services Offered By Senior Care Centres**

The level of CS and CL on services offered by the senior care centres are measured with the help of its variables. The respondents are asked to rate these variables at five point scale. The mean scores of each variables in CS and CL among the seniors and super seniors have been computed separately along with its ‘t’ statistics. The score of variables in CS and CL have been included to estimate the reliability and validity of variables in CS and CL with the help of confirmatory factor analysis. The CFA results in content and convergent validity. The overall reliability of variables in CS and CL has been estimated with the help of Cronbach alpha. The level of CS and CL on senior citizen care centres were derived by the mean scores of the variables in CS and CL.

**Problems in Availing Services from Senior Care Centres**

The problems in availing the services from the senior care centres in the present study are studied with the help of 14 variables. The respondents are asked to rate these variables at five point scale. The mean scores of each variable in problems among the seniors and super seniors have been computed separately along with its ‘t’ statistics. The score of all 14 variables in problems have been included for factor analysis in order to identify the important problems (IP). The factor analysis results in three IPs. The present study has made an attempt to examine the association between the profile of respondents and their view on IPs with the help of one way analysis of variance. All the ten profile variables and the score on three IPs have been included for the analysis. The important discriminant IPs among the seniors and super seniors has been identified with the help of two group discriminant function. The relative contribution of IPs in Total Discriminant Score (TDS) is computed by the product of discriminant coefficient and the mean difference of the respective IPs.

**Impact of Senior Care Centre Services (SCCS) on Customer Satisfaction and Customer Loyalty on Communities**

The Senior Care Centre Services offered by the communities may have its own influence on the level of customer satisfaction and customer loyalty on Senior Care Centres.

The present study has made an attempt to examine the relative contribution of each Senior Care Centre Services Factor (SCCSF) in the determination of customer satisfaction and customer loyalty on communities with the help of regression model.

The included dependent variables are the score on customer satisfaction and customer loyalty towards the senior citizen care centres, whereas the included independent variables are the score on the perception on all Senior Care Centre Services Factor (SCCSF).

$$Y = a + b_1X_1 + b_2X_2 + \dots + b_7X_7 + e$$

Whereas y = score on customer satisfaction or customer loyalty on communities

- X<sub>1</sub> - Score on factor 1 of each SCCS.
- X<sub>2</sub> - Score on factor 2 of each SCCS.
- X<sub>3</sub> - Score on factor 3 of each SCCS.
- X<sub>4</sub> - Score on factor 4 of each SCCS.
- X<sub>5</sub> - score on factor 5 of each SCCS.
- X<sub>6</sub> - score on factor 6 of each SCCS.
- X<sub>7</sub> - score on factor 7 of each SCCS.

b<sub>1</sub>, b<sub>2</sub>,.....b<sub>6</sub> - regression coefficient of independent variables of each SCCs.

a – intercept and e – error term

The impact of Senior Care Centre Services (SCCs) on customer satisfaction, customer loyalty is measured among seniors and super seniors and also for pooled data. The results are given in the following Tables.

**Table 1** Impact of Care Service Factors (CSFs) on Customer Satisfaction

Sl.No.	CSFs	Regression co-efficient among		
		Seniors	Super seniors	Pooled data
1	Medical care	0.1334*	0.1709*	0.1504*
2	Personal care	0.0886	0.1799*	0.1411*
3	Financial care	0.1673*	0.1133	0.1409*
4	Assisted care	0.0775	0.1664*	0.1306*
5	Palliative	0.1309*	0.1022	0.1121
6	Hospice care	0.0455	0.1331*	0.0802
7	Organizational care	0.1102	0.0886	0.0911
	Constant	0.4089	0.6997	0.5134
	R <sup>2</sup>	0.7332	0.7969	0.8088
	F- statistics	8.4546*	9.0833*	9.4546*

**Table 2** Impact of Catering Service Factors (CTSF) on the Customer Satisfaction

Sl.No.	CTSF	Regression co-efficient among		
		Seniors	Super seniors	Pooled data
1	Menu	0.1011	0.1341*	0.1133
2	Catering services	0.2081*	0.1911*	0.1942*
3	Quality of input	0.1774*	0.1805*	0.1796*
4	Catering facilities	0.1044	0.1443*	0.1239*
	Constant	0.3844	0.5733	0.4308
	R <sup>2</sup>	0.7708	0.7969	0.8143
	F- statistics	8.8414*	9.1172*	9.8646*

**Table 3** Impact of Activities Offered by Communities (AOC) on Customer Satisfaction

Sl.No.	AOC	Regression co-efficient among		
		Seniors	Super seniors	Pooled data
1	Programmes	0.1132	0.1304*	0.1219*
2	Games	0.0973	0.1022	0.0944
3	Entertainment	0.1704*	0.1339*	0.1509*
4	Social gathering	0.1922*	0.2345*	0.2196*
5	Yoga and meditation	0.1392*	0.1509*	0.1403*
	Constant	0.4298*	0.5639	0.4909
	R <sup>2</sup>	0.7393	0.7918	0.8344
	F- statistics	8.1491*	8.6044*	9.2433*

**Table 4** Impact of Housing Keeping Services (HKS) on Customer Satisfaction

Sl.No.	HKS	Regression co-efficient among		
		Seniors	Super seniors	Pooled data
1	Services	0.1113	0.1773*	0.1542*
2	Service quality	0.0884	0.1596*	0.1293*
3	Updation	0.1341*	0.1249*	0.1241*
	Constant	0.2996	0.4033	0.3842
	R <sup>2</sup>	0.7242	0.7796	0.7886
	F- statistics	7.6973*	8.5088*	8.9943*

**Table 5** Impact of Value Added Services (VAS) on Customer Satisfaction

Sl.No.	VAS	Regression co-efficient among		
		Seniors	Super seniors	Pooled data
1	Utility services	0.1331*	0.1819*	0.1508
2	Other services	0.0843	0.1306*	0.1033
3	Personal services	0.1496*	0.1897*	0.1671*
4	Guest services	0.1557*	0.1642*	0.1604*
	Constant	0.5738	0.7673	0.6313
	R <sup>2</sup>	0.7454	0.8242	0.8919
	F- statistics	8.2978*	9.1133*	4.7734*

**Table 6** Impact of Problems in Availing Services (PIAS) on Customer Satisfaction

Sl.No.	PIAS	Regression co-efficient among		
		Seniors	Super seniors	Pooled data
1	Deficiencies of services	-0.1889*	-0.1341*	-0.1518*
2	Psychological problems	-0.1443*	-0.1291*	-0.1324*
3	Social problems	-0.1776*	-0.0887	-0.1411*
	Constant	-0.4909	-0.2983	-0.3518
	R <sup>2</sup>	0.7989	0.7382	0.7996
	F- statistics	9.3304*	8.1173*	9.5145*

**Table 7** Impact of Care Service Factors (CSFs) on Customer Loyalty

Sl.No.	CSFs	Regression co-efficient among		
		Seniors	Super seniors	Pooled data
1	Medical care	0.1249	0.1441*	0.1319*
2	Personal care	0.0334	0.1504*	0.0906
7	Financial care	0.1334*	0.0771	0.1204*
5	Assisted care	0.0676	0.1249*	0.0974
3	Palliative care	0.0771	0.0886	0.0794
6	Hospice care	0.0334	0.1023	0.0742
4	Organizational care	0.0454	0.0554	0.0433
	Constant	0.2117	0.4082	0.3464
	R <sup>2</sup>	0.7011	0.7549	0.7868
	F- statistics	8.0449*	8.6646*	8.9941*

**Table 8** Impact of catering Service Factors (CTSF) on Customer Loyalty

Sl.No.	CTSF	Regression co-efficient among		
		Seniors	Super seniors	Pooled data
1	Menu	0.1032	0.0889	0.0996
2	Catering services	0.1293*	0.1011	0.1103
3	Quality of input	0.1304*	0.1496*	0.1392*
4	Catering facilities	0.1022	0.1799*	0.1698*
	Constant	0.2776	0.4914	0.4996
	R <sup>2</sup>	0.7045	0.7503	0.7818
	F- statistics	8.2048*	8.4177*	8.9898*

**Table 9** Impact of Activities Offered by Communities (AOC) on Customer Loyalty

Sl.No.	AOC	Regression co-efficient among		
		Seniors	Super seniors	Pooled data
1	Programmes	0.0776	0.1036	0.0939
2	Games	0.0336	0.0881	0.0508
3	Entertainment	0.1325*	0.1264*	0.1291*
4	Social gathering	0.1407*	0.2117*	0.1804*
5	Yoga and meditation	0.0881	0.1332*	0.1017
	Constant	0.3142	0.4234	0.3808
	R <sup>2</sup>	0.6969	0.7392	0.7804
	F- statistics	7.3242*	8.0997*	8.5089*

**Table 10** Impact of Housing Keeping Services (HKS) on Customer Loyalty

Sl.No.	HKS	Regression co-efficient among		
		Seniors	Super seniors	Pooled data
1	Services	0.0447	0.1403*	0.0812
2	Service quality	0.0339	0.1239*	0.0709
3	Updation	0.1202*	0.0776	0.1071
	Constant	0.1173	0.3021	0.2096
	R <sup>2</sup>	0.6863	0.7834	0.7546
	F- statistics	7.3114*	7.8919*	8.0646*

**Table 11** Impact of Value Added Services (VAS) on Customer Loyalty

Sl.No.	VAS	Regression co-efficient among		
		Seniors	Super seniors	Pooled data
1	Utility services	0.0997	0.1304*	0.1241*
2	Other services	0.0446	0.0997	0.0667
3	Personal services	0.1024	0.1401*	0.1239*
4	Guest services	0.2963*	0.4022	0.3455
	Constant	0.2963	0.4022	0.3455
	R <sup>2</sup>	0.6842	0.7541	0.7703
	F- statistics	7.6779*	8.3886*	8.6084*

**Table 12** Impact of Problems in Availing Services (PIAS) on Customer Loyalty

Sl.No.	PIAS	Regression co-efficient among		
		Seniors	Super seniors	Pooled data
1	Deficiencies of services	-0.2144*	-0.1419*	-0.1703*
2	Psychological problems	-0.1679*	-0.1392*	-0.1492*
3	Social problems	-0.1973*	-0.1044	-0.1671*
	Constant	-0.5441	-0.3493	-0.4296
	R <sup>2</sup>	0.8088	0.7496	0.8224
	F- statistics	9.4541*	8.3088*	9.7343*

\*Significant at five per cent level.

**Summary of Findings**

The dominant gender among the respondents is male whereas the dominant age group among the respondents is 60.00 to 65 years. The dominant frequency of visit by the care taken among the respondents is three times per month. The highly expected variables in catering services by services are transparency in pricing and minimum cost whereas among the super seniors, these are ambience in and around the facility and financial arrangements. The highly perceived catering services among the seniors are quality of input and catering services whereas among the super seniors, these two are catering services and menu respectively. In all important activities offered by the SCCs, the total of expectations is higher than its level of perception. The higher quality gap is noticed in the case of yoga and motivation among the seniors whereas among the super seniors, it is social gathering. The highly expected variables in housekeeping services by seniors are: reliability of housekeeping services and; arrangement of beds and carts, whereas among the super seniors, these two variables are responsiveness and reliability of housekeeping services. The highly perceived important factors in value added services by seniors are personal and guest services whereas among the super seniors, these are personal and other services respectively. On customer satisfaction, the highly viewed variable by the seniors are services with passion, compassion and commitment among the super seniors, these are services with passion, compassion and service pricing. The highly viewed variables in consumer loyalty by seniors are proud to be

in the services and ambassador of referral schemes and among the super seniors, these are also the same. The highly viewed variables in problems in availing the services offered by SCCs are, no empathy in offering services and no transparency in services pricing, by the seniors; whereas among the super seniors, these are poor in medical arrangement and isolated life from family. The significantly influencing care services on the customer satisfaction on SCC among the seniors are medical, hospice care and financial care services whereas among the super seniors, these are medical, personal, palliative and assisted care. The rate of impact of catering services on the customer satisfaction on SCC is high among the super seniors compared to seniors. The analysis of pooled data on important activities offered by home on its customer satisfaction and loyalty reveals that the most influencing activity on the customer satisfaction on SCC is social gathering. Among the seniors, the significantly influencing housekeeping service on the customer loyalty is updation, whereas among the super seniors, these are services and service quality. The higher impact on value added services on customer loyalty on SCC is noticed among the super seniors compared to seniors. The analysis of pooled data on customer loyalty on home reveals that the most influencing important problem is deficiencies of services. The findings of the study reveal that the level of expectations and perceptions on various services offered by SCCs are relatively higher among the seniors than that among the super seniors. The level of perceptions on various services is not up to the level of expectations on it. The quality gap in various services offered by the seniors is higher compared to super seniors.

#### **Policy Implications of the Study**

Based on the findings of the study the following suggestions are made: periodic customer analysis to be done, quality gap to be minimised, segment analysis to be made, value added services to be focused, deficiencies of services to be removed, separate focus on psychological problems and social interaction is necessary, establishment of separate utility services is required, provision of guest services and up gradation in housekeeping services is more important, service quality to be enriched, provision of medical care facilities, providing transparent service is must.

#### **Scope for Future Research**

The present study will be a base for so many future research works. The future research may focus only on the problems and solutions in the SCCs as per the view of the seniors/elders. In near future, there may be a separate study on the expectations on services offered by SCCs and the role of demographic feature of respondents. The future research may study on service pricing and returns in the services offered to the seniors/elders.

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