



**SERVICE QUALITY AT SELECTED HEALTH AND FITNESS CENTRES IN
TOWNSHIPS IN THE GREATER DURBAN AREA**

A dissertation submitted to the Department of Marketing and Retail Management,
Faculty of Management Sciences, Durban University of Technology.

In fulfilment of the requirements of the degree Masters in Management Sciences:
Marketing

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Date Submitted: August 2017

ABSTRACT

The increasing interest in people's wellbeing has seen the growth of health and fitness centres (HFC) all across South Africa. It has been a decade since Virgin Active and Planet Fitness expanded their business into townships, with this endeavour resulting in the opening of HFC in Khayelitsha and Soweto.

The motivation behind this study is therefore to examine the effect of service quality on customer satisfaction in the HFC industry in Ntuzuma, Umlazi, Kwa-Mashu, Clermont, and Phoenix, all townships in the greater Durban Area. Thus, the main purpose of this research is to ascertain service quality at selected HFC in townships within the greater Durban area.

Interest in service quality has grown over the last decade due to increasing competition, which has led managers to finding ways of improving profitability. One area of interest is service quality and how it affects customer satisfaction and its impact on the bottom line, which is why ascertaining service quality at selected HFC in the greater Durban area's townships is significant.

The study was descriptive, quantitative and cross-sectional in nature, probing the effect of service quality on clients' customer satisfaction. From these findings the Health and Fitness Centres can identify more specifically the failures in its service quality and seek to improve upon them. Service quality dimensions that are deemed to be good predictors of service quality for members of the HFCs offering have been related to factors such as the "Tangibility", Reliability", "Responsiveness", "Assurance" and "Empathy. It is hoped that the results obtained will aid to support these centres in adopting practical customer service quality measures that will assist them to succeed in the highly competitive health and fitness industry.

DECLARATION

I, Asiphe Ngceba, hereby declare that the work in this dissertation represents my own original work and has not been submitted for a degree at any other university, with no prior publication in the form of conference papers and/or journal articles. Where other authors' work has been used, it has been referenced accordingly.

Asiphe Ngceba _____

Date: 31 August 2017

ACKNOWLEDMENTS

It is with sincere gratitude and appreciation that I would like to thank the following individuals:

To Almighty GOD for giving me the strength and energy to complete my study

My supervisor, Mr M. A. Pillay for his expert guidance and undivided attention; his efforts and his time he put in to assist with my research project; his motivation and words of encouragement to help me complete my study.

My co-supervisor, Professor S. Penceliah thank you for taking the risk of accepting me in the programme and for constantly following up with me.

My late mother, Benedictor Nomzi, and my late brother, Luzuko Ngceba, I am sure they would be proud of my achievement and have been watching over me, may their souls R.I.P.

My father, I am where I am today all because of his hard work, thank you for continuously instilling faith in me, with your support, encouragement, confidence and motivation.

My aunts, Victoria “Sqoshi”, for your patience, checking up, motivating and Bulelwa.

My siblings, Sange and Siyanda Ngceba, for lending an ear at times to bounce things off, their interest in my study, motivation, and financial assistance.

My cousins, Khanya, Lihle, Snalo, Ncumisa and Liziwe, for constantly checking up on me, and words of wisdom.

To my best friend Siyanda Luthuli, for walking this journey with me, the support, motivation, the late nights collecting data, financial assistance and being part of the study at all times.

The Cebekhulu family, thank you for their support, motivation, kindness and hospitality.

To all my friends that played a role.

My final thank you is to the Centre of Research Office for funding me financially with my research project.

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ACRONYMS

DoH	Department of Health
HFC	Health and Fitness Centres
PA	Physical action
SA	South Africa
USA	United States of America
WHO	World Health Organisation

CHAPTER ONE

ORIENTATION

1.1 INTRODUCTION

Since the past decade, Virgin Active started to venture into townships. The first one opened in Khayelitsha in Cape Town. As reported in the Mail and Guardian (2006) online version, the township Health and Fitness main aim was to teach neighbourhood occupants about the benefits of a sound eating routine and workout. It is said that the importance of health and fitness lies in trying to lessen the constant sicknesses connected with a stationary way of life.

According to the resolution of World Health Organisation (2004: 3), diet and physical activity impact the wellbeing of both together and separately. In spite of the fact that the impacts of eating diets and physical activity on wellbeing frequently interact, especially in connection to weight, there are extra medical benefits to be picked up from physical movement that are separate of nutrition and diet, and there are critical nutritional risks that are unconnected to fatness. Physical activity is a key method for enhancing the physical and emotional wellness of people.

The Mail and Guardian goes on to state that the Health and Fitness Centres (HFCs) such as Virgin Active and Planet fitness were the group's first cutting-edge practice clubs, and the second of four arrangements made for hindered territories, with one effectively settled in Alexandra and others in Soweto and Thembisa to follow. Opening the HFCs exposed township youth to matters more often than not only related to those who live in the suburbs.

This chapter offers an overview of the study, which covers the aims and objectives, problem statement, the study limitations and an overall chapter outline.

1.2 STUDY SUMMARY

There has been a developing concern and enthusiasm for the investigation of physical wellness and aggregate prosperity of people especially in this quick paced world. Watt (2003: 23), Grönroos (2007:19) and Ryningén (2010) have independently taken a closer look at the relationship between a man's physical movement and their prosperity and by suggestion, their profitability. The increasing enthusiasm for prosperity has seen the development of wellbeing and wellness centres all across South Africa (SA).

A decade ago, Virgin Active and Planet Fitness extended their business into townships, with the opening of wellbeing and wellness centres in Khayelitsha and Soweto. This has opened up the day to the health and fitness business, subsequently bringing basic issues, for example, service quality, to the front burner of open talk.

The aforementioned was the motivation behind this study, which seeks to investigate the impact of service quality on the satisfaction of members in the HFC industry in Umlazi, Kwa-Mashu, Ntuzuma and Phoenix, all townships in the greater Durban Area. The main area of interest for the study is service quality and how it affects members' satisfaction. Enthusiasm for service quality has become more prevalent in the course of the most recent decade because of expanding rivalry, which has prompted administrators to discover methods of enhancing benefit. Thus the main purpose of this research was to ascertain service quality at selected township HFC within the greater Durban area.

The study is descriptive, quantitative and cross-sectional in nature. The study probes the effect of service quality on member satisfaction in township HFC in the greater Durban area. The results will aid in assisting HFC to adopt practical customer service quality measures that would help them succeed in the highly competitive wellbeing industry.

1.3 CONTEXT OF RESEARCH

One of the biggest stereotypes about township residents are that they are too poor to afford membership to HFC. Though poverty is a major feature in most South African townships, the fact remains that the majority of residents are keeping fit and staying healthy. Before 2006, not much was in place in terms of HFC in most SA townships. According to the Mail and Guardian (June 2006) online version, the first known gymnasium to open in a township was the Virgin Active Khayelitsha gymnasium, which opened in the Alexandria area of Johannesburg.

Given that most township residents are renowned to be hyper-active and boisterous, opening a gymnasium in their locality becomes pertinent. Grönroos (2007:27) states that HFC give individuals the opportunity to stay in shape, as well as mitigate stretch and strain. It is essential to express that people have changing explanations behind participating in physical exercises; while some plan to shed weight, others need a type of diversion from the stretch of work and regular weight. Sport for youth has a tendency to be, for no particular reason, fervour and playing, while for grown-ups it is expanded wellness, prosperity and improved self-regard. The anticipated results that most health and fitness members expect from their participation are the improvement of a focused soul, while doing well at essential life aptitudes (Grönroos 2007:27).

Practice and physical movement are an extraordinary approach to rest easy, pick up medical advantages and have some good times. As a general objective, users are advised to enjoy physical activity (PA) for no less than 30 minutes of consistent physical movement. On the off-chance that weight loss is the aim or particular wellness objectives are to be met, practice may be needed all the more routinely.

1.4 STATEMENT OF THE RESEARCH PROBLEM

1.4.1 Problem statement

Securing a person's wellbeing is of central significance. Great wellbeing makes for a dynamic and pleasant life, conceivable as supporting achievements in the workplace. Members securing their wellbeing and more extensive prosperity, which is a significant achievement (Davies and McDowall 2006: 13).

One of the main problems faced by consumers when it comes to HFC is the lack of well-trained instructors to assist users and a lack of knowledge of the use of HFC equipment by most centre users (Wei, P., Hung, H., Yang, H., Hsu, Y. and Ma, Z., 2010: 14). Previous studies by Zeithaml and Bitner (2003: 28) consider conveying quality service as a vital policy for achievement and survival for any association. The seemingly standard emphasis of previous studies has been determining what service quality means, creating proper measures, and employing market-centred techniques to meet member expectations.

In a bid to attract and retain members and build goodwill, many HFC now operate flexible hours that suit all classes of members, while also providing public complaint boxes that offer members the opportunity to register their displeasure or proffer recommendations on how the HFC would be more successful (Zeithaml and Bitner 2003: 17).

1.5 AIM OF THE STUDY

The aim of this study was to investigate the service quality at selected health and fitness centres in townships in the greater Durban area.

1.5.1 Research objectives

The following objectives are derived from the study's main aim.

- To assess the service quality dimensions of HFC in townships within the greater Durban Area;
- To identify customer expectations and perceptions of HFC's service quality;
- To determine the relationship between biographical characteristics and expectations and consumer perception; and
- To evaluate the degree to which satisfaction can be predicted by service quality evaluation (gap scores).

1.6 RESEARCH HYPOTHESIS

In light of the aim and objectives of this research study, research hypothesis are detailed to guide this study.

Ho1: This means that there is a significant relationship between the gender and the excellent sport at the health and fitness will have modern looking equipment.

Ho2: This means that there is a significant relationship between the gender and Personnel at the excellent health and fitness were neat and presentable.

Ho3: This indicates that there was a significant relationship between the gender and Health and fitness management promises to do something by a certain time they will do so.

Ho4: This illustrates that there was no significant relationship between the age and Excellent health and fitness personnel will provide their services as promised.

Ho5: this means that there was a significant relationship between the age and Management will insist on error free records.

Ho6: this means there's no significant relationship between age and Personnel in the health and fitness will tell members exactly when the services will be performed.

Ho7: this means there was no significant relationship between race and Health and fitness have operating hours convenient to all their members.

1.7 RESEARCH TYPE

A questionnaire was administered to gather data from the study population and data obtained was analysed using statistical software (SPSS version 24.0). According to Jensen (2008: 3), quantitative research alludes to the systematic empirical examination of social phenomena by means of factual, scientific or computational systems. The research is descriptive, quantitative and cross-sectional in nature, with the aim of providing a holistic perspective on aim of this study was to determine the service quality at selected health and fitness centres in townships in the greater Durban area.

1.7.1 Target population

The target population is defined as selected members of HFC in Umlazi, Kwa-Mashu, Ntuzuma, and Phoenix townships, within the greater Durban area. The reason for choosing this sample was that these members were referred to as the primary users of the HFC.

1.7.2 Sampling technique

Sekaran and Bougie (2010: 277) state that for this type of study, quota testing would be best utilised. Non-probability sampling was therefore decided on, keeping in mind the end goal of meeting the intended requirements. Questionnaires were dispersed to 400 members (100 each per selected township), since this sample size was sufficiently expansive for the study as legitimised.

1.7.3 Collection method

Information was gathered using a questionnaire as a measuring instrument. The survey is an established instrument inside sociology for obtaining data on members' social qualities, present and past conduct, guidelines of conduct or demeanours and their convictions, as well as purposes behind activity regarding the subject under scrutiny (Bulmer 2004: 354).

1.7.4 Reliability

Reliability is the most alluring specialised merit in any instructive research; however, its significance differs in quantitative research. Quantitative research guarantees the likelihood of replication. This means that inside a specific furthest point of trial, mistake or arbitrary blunder, should similar techniques be utilised with a similar sample, then the outcomes ought to be the same (Cohen, Manion and Morrison 2008: 54). Bowling (2009: 101) maintain that reliability in quantitative research needs to be constant, consistent, reproduced or replicated after some time, over instruments and over gatherings of respondents.

The reliability of the findings was secured with the objective of the study as the basis of the enquiry. The research can thus be replicated under the same conditions, as held by Saunders, Lewis and Thornhill (2009: 149-150). For the purpose of this study, results obtained from the selected townships were tested for reliability by attempting a similar research in townships outside the scope of study. Should the result obtained be similar (not necessarily the same), then the research can be said to be reliable.

1.7.5 Validity

As per Welman, Kruger and Mitchell (2005: 9), legitimacy is considered as being more critical on the grounds that the target of the study ought to be illustrative of what the investigator is researching. To address validity, the study takes the following into account:

- The improvement of the survey will depend on the SERVQUAL estimation instrument, which has been widely utilised and approved as part of different studies; and
- The questionnaire was subjected to a pilot test with attributes similar to those of the intended study.

1.7.6 Data analysis

The information was analysed by means of a statistical package for social sciences (SPSS, version 24.0) and the necessary statistical tests conducted. The data were analysed through cross-sectional analysis. This was suited to this study because only a selected number of Health and Fitness users were used for the study. Olsen and St George (2004:7) state that this sort of research concentrates on either the whole mass or a subset, and information was gathered from the chosen sample to answer inquiries of intrigue.

1.7.7 Delimitations

Delimitations are variables that influence the study over which the examination, for the most part, has some level of control. This study was limited to HFC in the selected townships.

The extent of the study is portrayed by delimitations, parameters, or breaking points. Because of the vast number of potential members in the study populace (HFC members across four townships), the populace required in the present study focused only on registered members in the selected HFC in the identified townships.

1.7.8 Confidentiality and anonymity

The principles of confidentiality and anonymity were basic to societal convictions that people matter and those individuals have the privilege of their illicit relationships being private, as explained by Bulmer (2004: 45). To guarantee an individual's privacy implies that what has been examined was not accounted for, or possibly, not done with consent. The idea of privacy (and secrecy) was constantly raised and discussed with research members, preceding their support of and involvement in the study.

With the end goal of this study, the gathered information was amassed and cared for in a manner that would not uncover the identities of the respondents. Mouton (2002: 57) states that guaranteeing obscurity and secrecy to members would build up more prominent substance legitimacy. Informed consent was obtained from each respondent and abided by the institutional review process (ethical approval).

1.7.9 Ethical considerations

The researcher has put measures in place to ensure adequate protection of participants' rights, by obtaining their informed consent.

1.8 CHAPTER OUTLINE

The research study consists of five chapters:

Chapter 1: Introduction

The background to the study, title, problem statement, and limitations of the study are presented in this chapter, along with the study rationale, definitions of terms and concepts used motivation for the research and conclusion.

Chapter 2: Literature review

This chapter comprises a review of published material regarding the study topic, The independent and dependent variables (Service quality and Perceptions and expectations of Patrons, respectively) are introduced, in addition to research done to date and conclusions from these studies regarding service quality.

Chapter 3: Research methodology

The study approach and type, as well as the target population, sampling procedure, and sample size are discussed in this chapter, as are the data gathering instrument and data analysis.

Chapter 4: Data analysis

This chapter discusses the primary data analysis, with findings reflected by means of graphs and charts. Descriptive Analysis and Inferential analysis are also discussed.

Chapter 5: Conclusions and recommendations

The consolidated findings, recommendations for improvements and future studies are summarised in the final chapter of the study.

1.9 CONCLUSION

Chapter one presented the description and outline of the research study. This chapter also covered the introduction, aims, and objectives of the study, in addition to its other important scopes.

In chapter two the theory of service quality, a healthy lifestyle and township residence will be dealt with.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The preceding section of this study discussed the foundation/ background of the study. The chapter also provides a brief look at the research problem on which the study was predicated and the research scope, limitations, delimitations and significance. This chapter reviews relevant literature that explains the study objectives. The section that follows takes a more in-depth look at service quality, the outward and inward elements of the service conveyance framework, and the role of successful correspondence in the service procedure.

In modern times, an extensive amount of attention has been given to research in the field of service quality and services management within the health-care sector (Wagar and Rondeau 1998: 1; Ennis and Harrington 1999: 232; Yasin and Alavi 1999: 18; Lagrosen 2000: 467). However, most of these and other studies focus mainly on traditional health care.

Contrary to this, the health and wellness industry has obtained inadequate research attention. In spite of the fact that there have been a numerous contributions in the field of sports marketing, there are nonetheless a limited number of studies with respect to the health and fitness industry, regardless of its rapid growth (Tawse and Keogh 1998: 219). Moreover, much prominence is currently being assigned to the nature of administration in this industry.

This chapter will bring together a review of the gap model and its link to the study will be established.

2.2 HISTORICAL EVOLUTION OF SPORTS

While no specific date or period can be pinpointed as the beginning of sports, Pereira-Palhinhas (2008: 447) suggests that sport is indeed as old as man, with earlier

archaeological findings showing cave paintings depicting sporting events, such as sprinting, wrestling and even boxing. Barber (2006: 61) maintains that as far back as the Neolithic age (7 000 BC), crowds were already gathering to watch wrestling bouts between various competing males. It is further suggested by Barber (2006:62) that men's craving for power and superiority may have been the underlying motive behind the invention of sport. Though sport was not organised then as it is today, the fact remains that men (and women) engaged in it to show off their power, position and even prestige.

One prominent feature of sport is that it has, traditionally, been mainly a male dominated sphere. Due to the demands and promotion of a healthier lifestyle, this trend has however changed, with many females now actively involved in sports. In fact, almost every sport today has a female version. (Watt 1998: 87) states that games of sport are no longer extended as a male-commanded leisure activity that is revelled in merely for the joy of participation. The interest of females in sport has expanded drastically over the years, according to Watt (1998: 87), particularly with the entry of new events, such as the Women's Soccer World Cup and the Women's Rugby Union World Cup. Furthermore, SA is no longer ruled by one racial gathering, as it was amid the previous era of politically-sanctioned racial segregation.

A further trend that has emerged as highlighted by Renouprez (2010: 5) is that the consumer of today is savvy and living a fast-paced and highly pressured life, thus demanding relevance and convenience from marketers. To gain the marketing edge, in addition to a positive personal experience with the brand on the part of the consumer, constant market presence is essential for a brand to remain top of mind. Therefore, in order to influence consumer purchasing decisions or consumer affinity, marketers need to consider the following:

- Contact frequency;
- Product relevance;
- Member-centricity;
- Speed and effectiveness of response and problem resolution; and
- Service and communications calibre and consistency.

2.3 THE IMPACT OF FITNESS ON PHYSICAL AND MENTAL WELLBEING

The advantages of physical movement for physical wellbeing have been validated and recognised all around, and are a key impediment of despondency and death rates, as explained by Bailey and Collins (2013: 185). Moreover, individuals who are physically dynamic have a decreased danger of becoming diabetic, or suffering coronary illness and hypertension, among other regular and incapacitating medical conditions. Consequently, British health care put more prominent emphasis on the centrality of emotional well-being, as a range of sympathy toward general wellbeing in the 1990s.

A white paper, *Choosing Health* (Department of Health 2004) expresses that refining emotional well-being is part of the need for a more holistic approach to wellbeing. The DoH further highlights the relationship between psychological well-being and physical wellbeing, in empowering individuals to settle on a more advantageous way of determining life decisions.

Regardless of these larger arrangements concerning the change of individuals' psychological well-being, 57 percent of SA females and almost 30 percent of males are overweight or obese, as found by Bradshaw, Groenewald and Laubscher (2000: 2). Furthermore, only 36 percent of SA males and 24 percent of females report adequate levels of day-to-day wellbeing when improving physical movement. (Guthold *et al.* 2008: 31).

Similarly, the SA Youth Risk Behaviour Survey discovered that more than 33 percent of all young people report inadequate levels of physical action (PA). In addition, 30 percent of ischaemic coronary illness, 27 percent of colon growth, and 20 percent of diabetes in SA have been ascribed to physical inactivity (Joubert *et al.* 2007: 727). Thus, there is a noteworthy wellbeing basic to improve PA and decrease levels of inactivity in the general populace of SA.

Hyde, Maher and Elavsky (2013: 98) observe that mental illness/ wellbeing is a brief event of negative feelings, for example, push, dejection and tension. As far as the relationship between physical and emotional well-being is concerned, proof proposes that physical movement can be utilised as extra treatment as a part of the tradition,

upkeep and treatment of psychological well-being issues. Moreover, physical movement is additionally known to be a successful adapting system to minimise these negative feelings and hence promotes great psychological well-being within non-clinical populaces (Hyde *et al.* 2013: 98).

2.4 HEALTH BENEFITS OF FITNESS CENTRES

According to Australian (2009: 16), wellness centres promote more dynamic ways of life by providing fundamental facilities, gear (equipment) and the ability to accomplish more prominent levels of wellness. The practice services offered by wellness centres offer precautionary medical advantages to members, basically lessening the occurrence of constant ailments owing to physical inactivity. Roughly 1,732,000 Australians are presently being assessed to utilise wellness centre administrations, of which around 77 for each Australian penny were evaluated to be customary members. There were some industry perspectives of higher rates of group interest at wellness centres, with general estimates of around two million clients

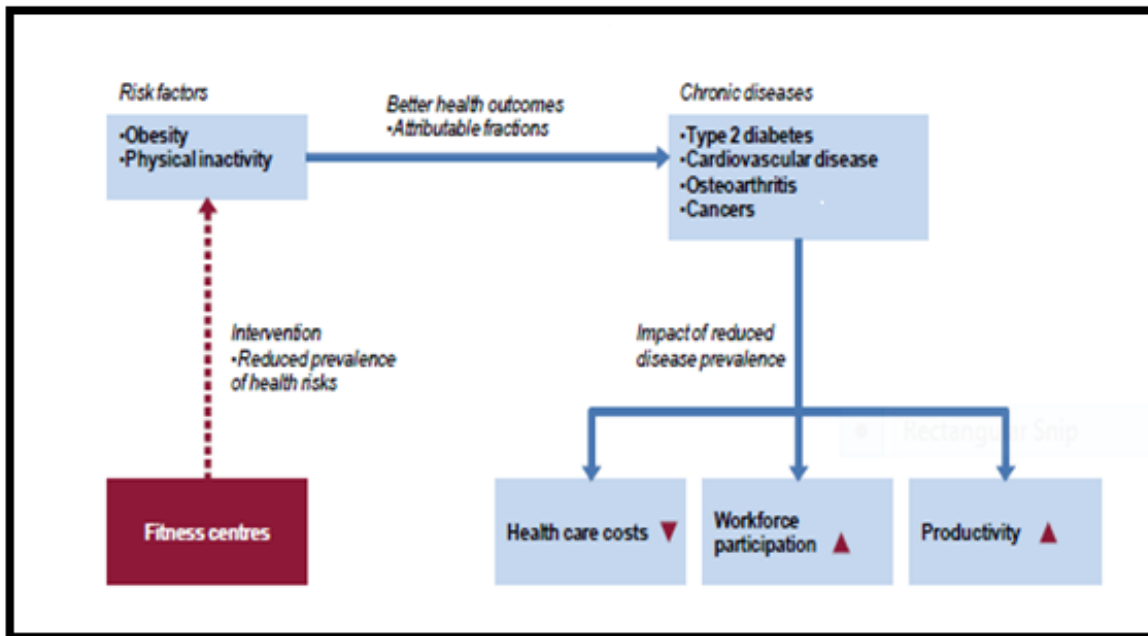
While there is considerable research in published health findings on the viability of practice interventions on specific constant illnesses, there is limited accurate confirmation on the effect the use of exercise enables, for example, wellness centres would have a positive effect on general group wellbeing. Giles-Corti and Donovan (2002: 1802) attest that participation in a sports and recreation club improves the probability of accomplishing the prescribed level of movement by 2.5 times.

As noted already, a key part of the study was assessing the quantifiable association between wellness centre usage and decreased physical inactivity in the group. In other words, the measure of relapse of related constant disease has not been a focus at wellness centres, and neither have its impacts. These issues are far from clear.

Without wellness centres, it is normal to have lower levels of practice and prosperity in the group. Fundamentally, in any case, this would not compare to those people who at present use wellness centres intermittently. Some of these individuals may have moved to alternative types of practice that also offer adequate medical advantages (for instance, running, swimming or group activities).

Figure 2.1: Framework for evaluating the health benefits of fitness centres

Source: Australian (2009: 16)



2.5 EXPLORING SERVICE QUALITY AND EXPECTATION MODELS

In the past, numerous educational scholars studied the area of service, mainly in Sweden and the United States of America (USA). The outcome of these studies disclosed that physical goods were usually easier to define, due to their tangibility, as opposed to services, because a range of information sources and yields in the service conveyance process are immaterial (Akbaba 2006: 171).

Services are described as a progression of procedures that prompt a result, which will take care of client issues, amid halfway concurrent creation and utilisation forms. In addition, the client regularly effectively takes an interest in the origination procedure (Grönroos 2001: 150). Similarly, Zeithaml, Bitner and Gremler (2006: 4) consider service as all economic activities that occur in an association procedure for making

consumer loyalty, in spite of the fact that this intuitive utilisation does not generally prompt material ownership.

The growing number of new HFC springing up across the country points to the fact that it is a fast growing sector and individuals are beginning to take their health and wellbeing more seriously. Studies (Tawse and Keogh 1998: 212-222; Lagrosen and Lagrosen 2007: 41) indicate that even though HFC are growing in numbers across the globe, their longevity is a major concern to industry watchers. Hurley (2004: 23) asserts that most HFC close down after a few years of establishment due to several factors, chief amongst them being the challenge of lack of (inadequate) members service.

Chang and Chelladurai (2003: 70) posit that because the HFC business requires constant cooperation amongst client and administration/representatives, the operation is “mind boggling and unique”. This view is shared by Lagrosen and Lagrosen (2007: 42) who assert that there is a major difficulty in the quest to standardise services of HFC, for example, high-impact classes (aerobics), individual preparing projects(personal training) and wellness consultancy.

According to Chaet (1994:11), a fitness centre can only be said to be doing admirably in the event that it had a steady loss rate of between 11 and 16 percent. Utilising this figure, a club that has 1 000 individuals would lose 110-160 individuals for every year because of reasons other than moves, injuries or death. Chaet (1994:25) contends that the cost of enrolment membership must be minimal as a large portion of the cost is spent by the centre to draw in new members. This outlines the significance of participation membership to wellness centres and the requirement for a methodical and on-going examination. Waterman *et al.* (2014: 1180) state that the attrition rate would greatly increase when members sense improvements in their physical states that can be attributed to their membership of a gym.

2.6 SERVICE QUALITY

Before delving into the necessity of service quality, it is pertinent to first understand the term. Over the years, there has been growing discourse on what constitutes

service quality. It seems scholars have not been able to agree on a single workable definition of the term because of its peculiarities from one organisation to the next. For instance, Parasuraman, Zeithaml and Berry (1988) describe service quality as the “degree and course of error between members” service perceptions and expectations.

According to Lotz (2009: 88), the rivalry in the wellbeing and wellness industry is furious due to the fact that members have a few distinct alternatives while picking a place to train, HFC need to create a picture of being warm, cordial and supportive, with sensible charges and astounding service quality. These centres need to create the means for the ceaseless assessment of the expectations and perception of service conveyance by members. Lotz (2009: 88) also posits that management personnel at recreation centres need to comprehend those members' remarks, protestations, and inquiries that provide basic data allowing anticipation of zones of potential disappointment.

Furthermore, Lotz (2009: 88) remarks that gymnasiums should seek avenues of encouraging feedback from their members. When members complain, managers should see such complaints as opportunities to improve their services and reach a larger market. Complaints also assist the gymnasium in customising their services to meet specific members' needs; this goes a long way in ensuring the gym achieves its set goals.

Parasuraman *et al.* (1988: 23) classify the concept of SERVQUAL into 22 recognisable items. These items comprise five dimensions:

- Tangibles (physical facilities, equipment, staff appearance and so on);
- Reliability (dependable performance of duty);
- Responsiveness (responding to members' needs promptly);
- Assurance (inspiring confidence and trust);and
- Empathy (caring for members' on an interpersonal level).

2.6.1 Dimensions of Service Quality

These dimensions signify how to help members organise their information regarding service quality and assists them in their decision-making when buying a certain product or obtaining a service. Sometimes the majority of members use all these dimensions in determining their services / quality perception / satisfaction.

Figure 2.2: The dimensions of service quality in the Health and Fitness Centres.

DIMENSION	DEFINITION	EXAMPLES OF QUESTIONS AIRLINE CUSTOMERS MIGHT ASK
Reliability	Ability to perform the promised service dependably and accurately	Is my flight on time?
Tangibles	Appearance of physical facilities, equipment, personnel, and communication materials	Is the plane, the gate, the baggage area clean?
Responsiveness	Willingness to help customers and provide prompt service	Are the flight attendants willing to answer my questions?
Assurance	Knowledge and courtesy of employees and their ability to convey trust and confidence	Are the ticket counter attendants, flight attendants, and pilots knowledgeable about their jobs?
Empathy	Caring, individualized attention provided to customers	Do the employees determine if I have special seating, meal, baggage, transfer or rebooking needs?

Source: Yarimoglu (2014: 83)

2.6.2 Reliability

Zeithaml *et al.* (2006: 117) depict reliability as the capacity to play out the guaranteed service reliably and precisely. They mention that the reliability determinant is an important dimension of service quality among FHC members in the USA. As per Kim and Kim (1995: 210) and Dhurup, Singh and Surujlal (2006: 42), reliability could be staff capacity to perform the guaranteed benefits constantly and precisely inside exercise centres. Lotz (2009: 18) recommends that reliability assigns the merchant's capacity to supply the guaranteed yield at the expressed level.

2.6.3 Responsiveness

The ability of workers to assist members and bring about benefit is how Zeithaml *et al.* (2006: 127) describe responsiveness. This dimension stresses mindfulness and instantaneousness in managing member's demands, inquiries, protests and issues. It is recommended that service suppliers be dynamic and deliberate in helping their members and to provide prompt service. This dimension requires that service providers should be more adaptable in issues and demands. It is explained by Kim and Kim (1995: 210) and Dhurup *et al.* (2006: 42) that, as far as HFC are concerned, responsiveness refers to the prompt consideration and ability of the staff to help the service users. Bruhn and Georgi (2006: 52-53) believe that responsiveness introduces the associations capacity to react to fulfil members' wishes. The ability to respond to and the response speed assume a crucial part here. Blouse (cited in Jeevarathnam, Veerasamy and Noel 2014: 469) are confident that individual cooperation seems, by all accounts, to be a key deciding factor in perceived service quality.

2.6.4 Assurance

Zeithaml *et al.* (2006: 119) characterise assurance as the employees' learning and cordiality while the aim of the organisation is for its workers to move with trust and certainty. Bruhn and Georgi (2006: 52) maintain that assurance relates to the sellers' capacity to convey the outputs; especially to the extent the information; thought and constancy of the representatives are concerned.

2.6.5 Empathy

Lotz (2009: 17) describes empathy "as the understanding and sensitivity carrying individualised attention given to members". This dimension is to manage the cost of more facilities for present or potential members and upgrade the service capability, through customised or customisable service.

2.6.6 Tangibles

Tangibles relate to the "presence of facilities, hardware (equipment), facility (personnel) and communications materials" (Lotz 2009: 19). Since the tangibles and

visual components of the site would be basic to productivity and additionally to the general impression of the firm and the brand, service organisations are probably going to utilise “physical assets to improve their effects with another dimension to make a service quality strategy for the firm,” Zeithaml *et al.* (2006: 120-122).

Lam, Zhang and Jensen (2005 cited in Yu *et al.* 2014: 758) posit that the growing discontent amongst members about the quality of services they receive from organisations has led to an interest in the field of service quality. A few researchers have inspected the immediate and indirect connections among service quality, member satisfaction, perceived value, and repurchase aim. For instance, Woodruff (1997: 145) affirms that service quality is a noteworthy precursor to member's satisfaction, perceived value, and repurchases aim. Chang and Wildt (1994: 17 cited in Yu *et al.* 2014: 759) additionally report that perceived quality has a strong, positive influence on perceived value.

Service quality is very important to HFC that are genuinely interested in sustaining their client base and attracting new customers. According to Parks and Zanger (1990: 23 cited in Yu *et al.* 2014: 759), the number of members who revisit a particular HFC is, to a large extent, dependent on the quality of service provided. Similarly, Yiannakis (1989: 104) asserts that monitoring members' satisfaction/dissatisfaction, needs, wants, and so on, helps HFC to efficiently ascertain factors that may identify with the advancement of key marketing plans.

In exploring the efficacy of service quality as a model for organisational growth and development, Johnston and Kong (2011: 8) contend that organisations implement service quality based on their specific needs and organisational goals. Thus, the authors assert that service quality varies from organisation to organisation. However, some factors stand out as universally accepted motivation for implementing effective service quality: the change of stakeholder's fulfilment satisfaction and winning their dependability; expanding certainty of stakeholder's in the establishment; and building a solid connection with members.

Likewise, Brysland and Curry (2001); Jongbloed, Enders and Salerno (2008: 304) also take note of learning what fulfils partners (stakeholders) and consideration of their part

in the public eye, as vital strides in quality change activities for HEIs (Higher Education Institution), in the conveyance of service quality and the appraisal of their relationships with various partners (stakeholders).

2.7 CUSTOMER EXPECTATION AND SERVICE QUALITY

The discourse on service quality is sometimes complicated because the organisation's idea or goal of service quality does not always match member' expectations; what this means is that most member expectations are perceptions about service delivery that are at variance with that of organisations. Zeithaml, Bitner and Gremler. (2006:77) state that members' service expectations differ; they opine that members' service expectations can be coveted service or satisfactory service. The authors describe coveted service as the level of service that the members trust and long to have. It has been engrained in the minds of members as what they expect service quality to be.

Zeithaml, Bitner and Gremler (2006) further describe adequate service as the level of service that may not be the desired one, but that will be accepted by the client. It is asserted by the authors that although members' trusts and wishes may at present be high, they have a specific level of comprehension in situations where accepting wanted service does not, however, appear to be conceivable by any stretch of the imagination.

2.7.1 Factors that influence service expectation

There are five vital elements impacting on service expectations (Zeithaml, Bitner and Gremler 2006: 90-93) as follows:

- Temporary service intensifiers incorporate some transient and individual components that make a member more mindful of the requirement for a service. In a few circumstances where transitory service intensifiers are available, the level of sufficient service will increase and the zone of tolerance will contract; Perceived service options imply that different contenders, who acquire similar service, can impact members' decision and choice;
- The members' self-saw service benefit part is the third element influencing the level of sufficient service. Since members' expectations are halfway formed by

how well they trust, they play out their own part in service conveyance, one part of the members was to express the level of service anticipated;

- Situational elements show a few components that members, however, perceive as part of the control of the service suppliers; and
- Anticipated service is normally a gauge of the service a member will receive in an individual exchange with their service supplier. Since members are constantly prone to anticipate what will happen in the next service experience or exchange regarding their encounters, anticipated service is seen in this model as an impact of sufficient service.

As a rule, these elements are fleeting and have a tendency to change more frequently than the elements that impact coveted service.

2.7.2 Factors that influence both desired and predicted service expectations

There are four components that impact both wanted service and anticipated service expectations. Unequivocal service guarantees, understood service guarantees, and word-of-mouth interchanges are three outer impacting components. Past experience is one of the inside elements (Kurtz and Clow 2007: 91).

Unequivocal service guarantees that organisations pass benefits on to members, identifying with different explanations about the support of its members. As a rule, there are two channels that convey the announcements. One is a close-to-home vehicle, where salesmen and workers impart benefit guarantees. The other is non-individual, with promoting, leaflets and other composed distributions as fundamental data vehicles. A wide range of express service guarantees impact the service levels of both craved service and anticipated service. Members likewise anticipate that the service will be with regards to the messages (Lovelock and Wright 2007: 192 cited in Jeevarathnam, Veerasamy and Noel. 2014: 467).

Certain service guarantees are service-related signs to members, through cost and tangibles connected with the service. When all is said in done, the higher the cost and the more amazing the tangibles, the more members will anticipate from the service (Kurtz and Clow 2007: 91).

Verbal correspondence, as a data source, is an essential service in spite of the fact that it has a place with a kind of casual proposal (Echeverri 2005: 201). Additionally, service is generally hard to assess before purchase. This sort of correspondence, in making an unambiguous determination from different encounters, is perceived as impartial. Specialists (counting shopper reports, friends and family) were additionally word-of-mouth sources that can influence the levels of fancied and anticipated service (Caro and Garcia 2007: 64).

Previous encounters are members' past encounters to the related service and according to Rosene (2003: 54), past experience probably influences members' desire. It can productively and successfully alter service desires and lessen disappointment for members'.

2.7.3 The most common concept of members' service and service quality in health and fitness business

Comprehensively characterised, members service is the joint mix of exercises or methodologies offered by suppliers of the service, with an end goal to build the nature of service; accordingly, an affair that is seen to be all the more fulfilling.

Soita (2012: 263) states that member service is, for the most part portrayed as far as the marketing mix elements: item, place, cost and advancement, which deliberately recognise the service of one association to those of another. Member service consequently implies that it depends on a progression of exercises by which an organisation connects with its members' / managing personnel. Great member service, as Harris (2003) states, is about getting every one of the components of the procedure right because as with any chain, the service is only as solid as its weakest connection.

2.8 THE ZONE OF TOLERANCE

The zone of tolerance is characterised by how many members perceive and will acknowledge that service execution fluctuates (Zeithaml, Bitner and Gremler 2006:

80). Member's survey service execution on the premise of two limits: what they covet and what they consider worthy (Zeithaml, Bitner and Gremler 2006: 77). In addition, when service drops underneath a satisfactory service level, members are disappointed and this may bring about disappointment with the service given by the organisation (Zeithaml, Bitner and Gremler 2006:80).

Figure 2.3: Zone of tolerance



Source: Parasuraman, Berry and Zeithaml (1991 cited in Chiekezie, Nzewi and Obianefo 2015)

In the event that service is over the zone of tolerance, where service performed by the business surpasses the coveted level, members will have good reactions to the business (Zeithaml, Bitner and Gremler 2006:80). In hindsight, this turns into an issue when service execution falls beneath what members will acknowledge. As Zeithaml Bitner and Gremler (2006: 80) explain, the service stands out enough to be noticed in either a positive or a negative way.

2.9 PERCEPTIONS AND MODELS OF SERVICE QUALITY

Humans are designed to perceive and when humans interact, perceptions take place. Perceptions occur at the level of understanding the needs and aspirations of the person one is interacting with, understanding the belief system of that individual and even the person's ideology. Members also perceive organisations. Harris (2003: 16) declares that perceptions develop over a drawn out stretch of time and reflect the way(s) that one has been dealt with, his/her qualities, needs, preferences and affectability to others. The member's service supplier ought to envision member's

resistance in light of the members' earlier communications and work at furnishing the members' with brilliant service so their present perceptions are positive.

It is said that members that are treated right often tell other members of their experiences, while those treated badly will most likely tell more members of their bad experiences. Thus, Armstrong and Kotler (2014: 139) state that members may not recall everything about an ordeal, but rather, if left with a positive feeling in the mix of different encounters, their perceptions of the organisation will be retained.

Members' perception of the quality of service that is offered is what decides achievement (Gil, Hudson and Quintana 2006: 49). As indicated by Parasuraman *et al.* (1988: 28), perceptions are comparative to expectation. Members perceive service as far as the quality of the service they receive, regardless of whether they are happy with their encounters. Kotler and Keller (2006: 141) proposes that consumer loyalty is impacted by particular service or item elements and impression of value. Satisfaction is equally affected by members' "passionate reactions, their qualities and their impression of reasonableness". For individuals at Virgin Active HFC, the offices (facilities) at the HFC, the supportiveness of instructors, and the way in which they help, will decide the level of consumer loyalty and the impression of value received.

As indicated by Bodet (2006: 153), benefit of service utilisation in HFC is a procedure that infers an association between the HFC and the member. Subsequently, the member's perception of cooperation with representatives or supervisors will influence their impression of the HFC. The study found that staff appears, by all accounts, to be a key component in the service experience, along with the ability to answer or tackle issues experienced by members on the premises.

2.9.1 Discussion on descriptive members' perceptions

Mohammed (2009: 345-346) states that the taking after were the exchanges on each of the parameters of the members' discernment on service quality:

- **Member support** – This is an essential service that HFC service suppliers ought to give to members. Legitimate support to the members may prompt more

individuals and fabricate members' certainty. In this regard, management ought to give careful consideration to this parameter so that members' perceptions were raised.

- **Good manners and hospitality** – The manners and hospitality of health and fitness personnel (fitness instructors) is one of the parts of reliability of service quality that entices members. Fitness instructors therefore need to enhance the HFC staff's behaviour, greeting members, assisting in using equipment, and so on.
- **Resolving members' grievances** – This is a vital service quality component: the health and fitness members expect the management (fitness team) to resolve their grievances. When it seems as though members' perception is inadmissible in the extreme, the fitness team ought to offer regard for this issue.
- **Promptness, accuracy and service delivery** – Health and fitness users seek prompt service, accuracy and good service delivery at all times and on time. It is understood that the perception of members concerning this is notable for member support, great conduct, and neighbourliness, as well as determining members' grievances and forcing of the service charge.
- **Confidentiality of health and fitness members** – This is a critical parameter: members need their personal information and valuable belongings to be kept classified and safe at all times.
- **Various kinds of service offered** – Theoretically speaking, HFC offer different sorts of service to members, for example, different classes such as aerobics, weight lifting (body building), different machinery (for example treadmill, and so forth).
- **Modern equipment and décor** – In today's modern-day, HFC premises ought to have an elevated expectation of decoration, equipment, and facilities, in addition to a decent and clean environment.
- **Convenient operating hours** – HFC are managing their business (clubs) within certain time systems; likewise, they need to give additional times in which member can work out. For instance, a few health and fitness centres open till late, Virgin Active gymnasium operates till 10 pm.
- **Providing prompt information to members** – HFC should continuously render service, for example, stimulating communication with members is

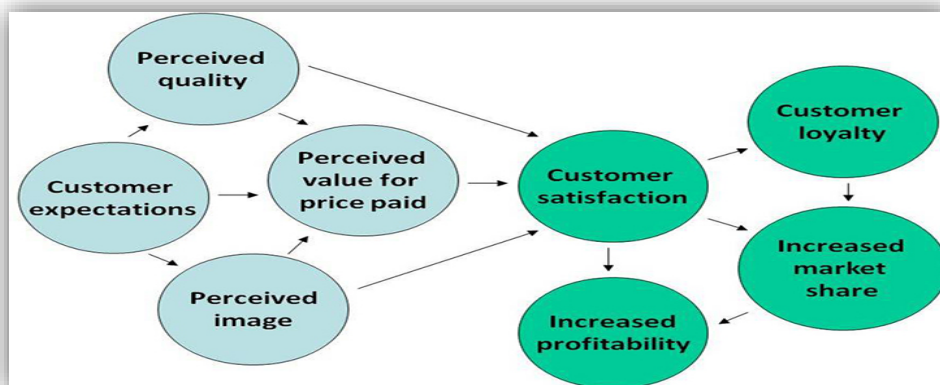
essential. When the HFC provide the appropriate data to the relevant members speedily, it will act as assurance, and in this manner, help members to settle on the right choices at the right times.

2.9.2 Factors that influence members' perception of service quality

There are several elements that impact members' perception of service quality. Often, members' perception is measured by their own experience. Manjunatha and Shivalingaiah (2004: 145) conducted a study of members' perception of service quality in libraries and discovered the following:

- The five SERVQUAL dimensions, overall member's satisfaction levels, and interpersonal communication have a direct impact on members' perception of products or services rendered. The fact is the same with HFC because, as Pillay (2011:19) observes, a large percentage of HFC users were referred their by friends, family members or colleagues.
- Members' perceptions are also shaped by their involvement with particular components of tangibles, for example, nature of the business environment, sort of amenities, building space and straightforward entry to the properties.
- Demographic characteristics of members, such as age, status, past experience; frequency of visits to the gym and so on, could directly affect their perception of service quality.

Figure 2.4: Member's perception model



Source: Mathews (2016).

According to Hassan *et al.* (2014: 23), improved member perception was created by the amount of time members' views were considered when conveying services. On the off chance that HFC meet members' inclination in service conveyance, positive responses from members act as motivation to the service suppliers who can then upgrade according to service usage choices.

According to Seawright *et al.* (2008: 253), businesses such as HFC that hope to gain members' loyalty and improved patronage need to ensure they improve member perceptions through consistent service design and delivery. Service delivery that puts members first was found certain to fundamentally upgrade member perceptions of quality products and services. In the same vein, Komunda and Osarenkhoe (2012: 84) declare that when members perceive an organisation in a bad light, it leads to a high defection rate and negative word-of-mouth advertisement.

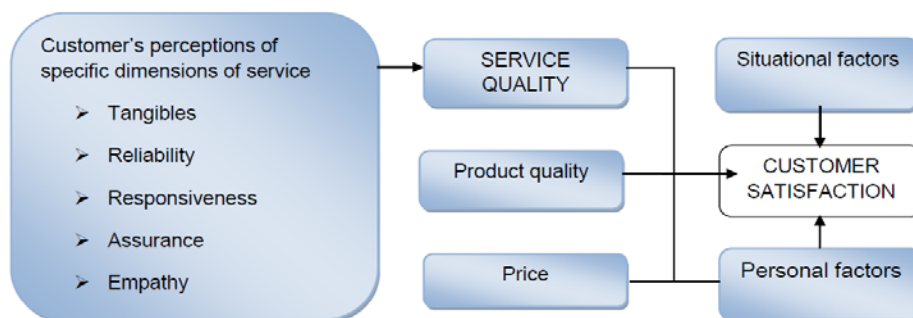
2.10 RELATIONSHIP BETWEEN SERVICE QUALITY AND MEMBERS SATISFACTION

Lovelock and Wright (2007: 87) characterise consumer loyalty as a kind of passionate response that emerges from a genuine encounter. Metters, King-Metters, Pullman and Walton (2008: 110) likewise show that satisfaction is the members' fulfilment reaction. Satisfaction is the members' assessment of an item or service, as far as whether that item or service has met members' needs and expectations (Bruhn and Georgi 2006: 443).

As indicated by Truong and Foster (2006: 843), consumer loyalty happens in two circumstances. One is the consequence of an item or genuine service that meets the member's expectations. The other is the outcome that surpasses member expectations. Disappointment will occur when the genuine service is below the normal level. In this regard, satisfaction and disappointment are the result of a subjective assessment. The relationship between service quality and members' satisfaction is still considered a riddle, regardless of whether consumer loyalty was a predecessor of service quality or the other way around. A few specialists propose that consumer loyalty prompts service quality (Lee, Lee and Yoo 2000: 219).

Moreover, an approach that is often connected with the business recommends that member satisfaction with a service is identified with the apparent disparity amongst real and perfect levels of service conveyance. In the event that experience of the service significantly surpasses the desires that members have of the service, satisfaction will be high and vice versa (Mori 2002: 6). This does not, necessarily imply, that it should be seen by service suppliers as a right to drive down desires to accomplish overwhelming and accompanying consumer loyalty with direct service quality: although service quality is viewed as a forerunner to consumer loyalty (Brady, Cronin and Brand 2002: 18). Figure 2.2 demonstrates the connections between the two ideas.

Figure 2.5: The relationship between service quality and member satisfaction



Source: Zungu (2012: 18)

2.11 MEASURING SERVICE QUALITY FOR HFC

The gap model is an exceptionally helpful measure for assessing members' expectation and recognises contributing elements to the member and supplier gap and prescribes systems an organisation may use to maintain an emphasis on members (Zeithaml and Bitner 2003: 27, cited in Phiri and Mncwabe 2013: 98). In the gap model, the buyer's perceptions of general service quality results from a correlation amongst expectations and perceptions of the diverse segments of service.

General quality is introduced by Gap 5, which is dictated by subtracting expectations from perceptions (Boulding, Kalra, Staelin and Zeithaml 1993: 8, cited in Phiri and Mncwabe 2013: 98). The Gap model underscores the significance of closing the gap between expectations and perceptions by first understanding what members anticipate. Hence, this will prompt recognisable proof of different gaps that the

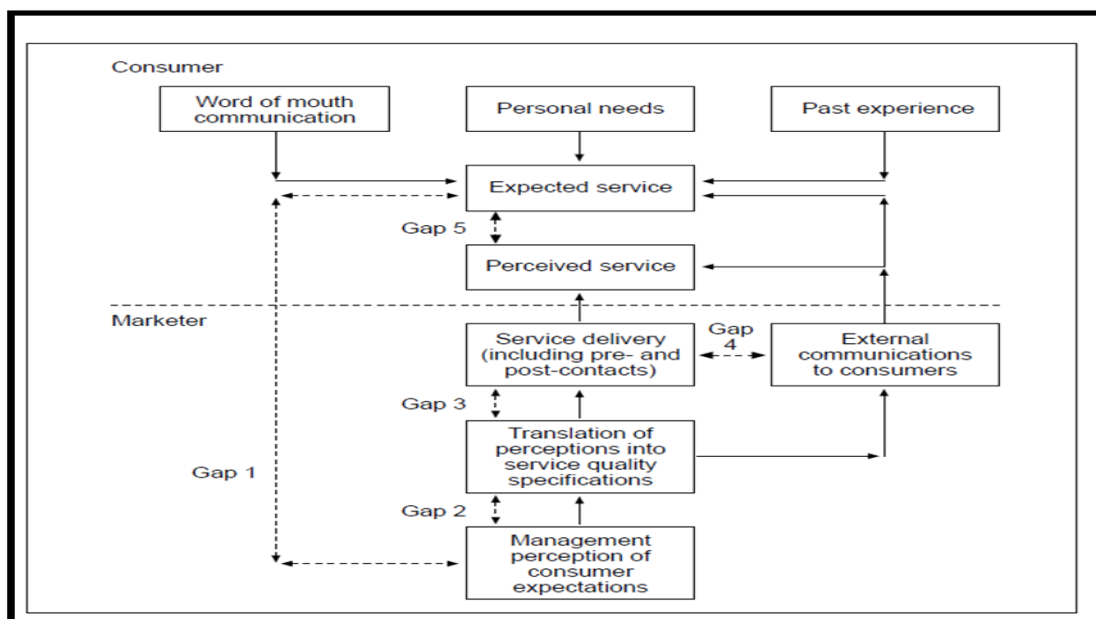
business will need to close, with a specific end goal to convey astounding service that will fulfil members.

Popularised by Parasuraman *et al.* 1985 (cited in Shahin and Samea 2010: 9), the Gap model provides a clear relationship between the activities of service organisations and member perceptions of service quality. The model demonstrates the communication between these events and distinguishes the linkages between the key events of the service organisations or advertiser, which are appropriate to the conveyance of a palatable level of service quality. The connections are depicted as gaps or errors: a gap speaks to a critical obstacle to accomplishing a palatable level of service quality.

2.12 EXPLORATION OF THE SERVICE GAPS

Gap 1: Members expectation and management gap - Recognising that differences exist in what management and members regard as service quality, this gap attempts to address such perceptions by bridging the gap among members' desires and administration's impression of service quality.

Figure 2.6: Quality gap analysis model



Source: Naik, Gantasala and Prabhakar (2010: 232)

Gap 2: Organisational perception and service quality determination gap - This gap addresses the distinction between an organisation's view of a purchaser's desires and service quality details, in other words, dishonourable service quality principles.

Gap 3: Service quality detail service conveyance crevice gap - The distinction between service quality determinations and actual service conveyed, referring to the service execution gap, is addressed.

Gap 4: Service conveyance outer correspondence gap - This gap deals with the distinction between service conveyance and the interchanges with members about service conveyance, in other words, whether guarantees coordinate conveyance.

Gap 5: Expected service and the perceived benefit gap - The distinction between members' desires and perceived service is the focus in this gap, which relies on the size and bearing of the four gaps connected with the conveyance of service quality on the advertiser's side.

2.13 SERVICE QUALITY MODELS FOR SPORTS AND LEISURE CENTRES

It is widely agreed that service quality and its perception differs from industry to industry. Lam *et al.* (2005: 84) affirm that service quality models for recreation and relaxation centres have a tendency to differ significantly by setting and have, from time to time, been approved by different researchers. Thus, the Service Quality Assessment Scale (SQAS) seeks to offer a service quality assessment model that is tailor-made for the sports industry.

According to Howat, Crilley and McGrath (2008: 144), the SQAS model is 'a combination of past general service quality models (for example, Brady and Cronin 2001; Parasuraman *et al.* 1988) and more particular models intended for sport and recreation settings (for instance, Kim and Kim 1995; Papadimitriou and Karteroliotis 2000; Howat, Crilley and McGrath 2008).

Figure 2.7: Service Quality Assessment Model

Model	Factor	Construct		
		Personnel	Program	Facility
Brady and Cronin, 2001	3	Interaction quality (e.g., attitude, expertise)	—	Physical environment quality Outcome quality (tangible)
Chelladurai, Scott, and Haywood-Farmer, 1987 (SAFS)	6	Primary core: Professional (e.g., knowledge and skill) Primary core: Consumer	Primary core: Professional (e.g., quality of programs)	Primary facilitating goods Secondary facilitating goods
Howat, Absher, Crilley, and Milne, 1996 (CERM-CSQ)	4	Staff quality (e.g., knowledge, responsiveness)	Core services (e.g., activity ranges) Secondary services (e.g., child minding)	General facility (e.g., parking) Core services (e.g., facility comfort, quality equipment)
Howat, Murray, and Crilley, 1999	3	Personnel (e.g., friendly, knowledgeable)	Peripheral (e.g., child minding)	Core (e.g., parking)
Kim and Kim, 1995 (QUESQ)	11	Employee attitude Employee reliability	Program offered	Ambience Convenience
McDougall and Levesque, 1994	4	Process (e.g., courteous) Outcome (e.g., do it right)	—	Enabling (e.g., location) Tangible (e.g., appealing facilities)
Papadimitriou and Kateroliotis, 2000	4	Instructor quality	Program availability and delivery	Facility attraction and operation Other services
Parasuraman, Zeithaml, and Berry, 1988 (SERVQUAL)	5	Reliability Responsiveness Assurance Empathy	—	Tangibles
Rust and Oliver, 1994	3	Service Delivery	—	Service environment Service product
Service Quality Assessment Scale	6	Staff	Program Child Care	Locker room Physical facility Workout facility

Source: (Lam, Zhang and Barbara 2005: 84)

Two issues related to this model are the absence of result measurements by a large and expansive scope of properties inside a few dimensions. For instance, the childcare dimension includes such characteristics as quality of staff, cleanliness of hardware, and hours of operation and assorted qualities of experience given.

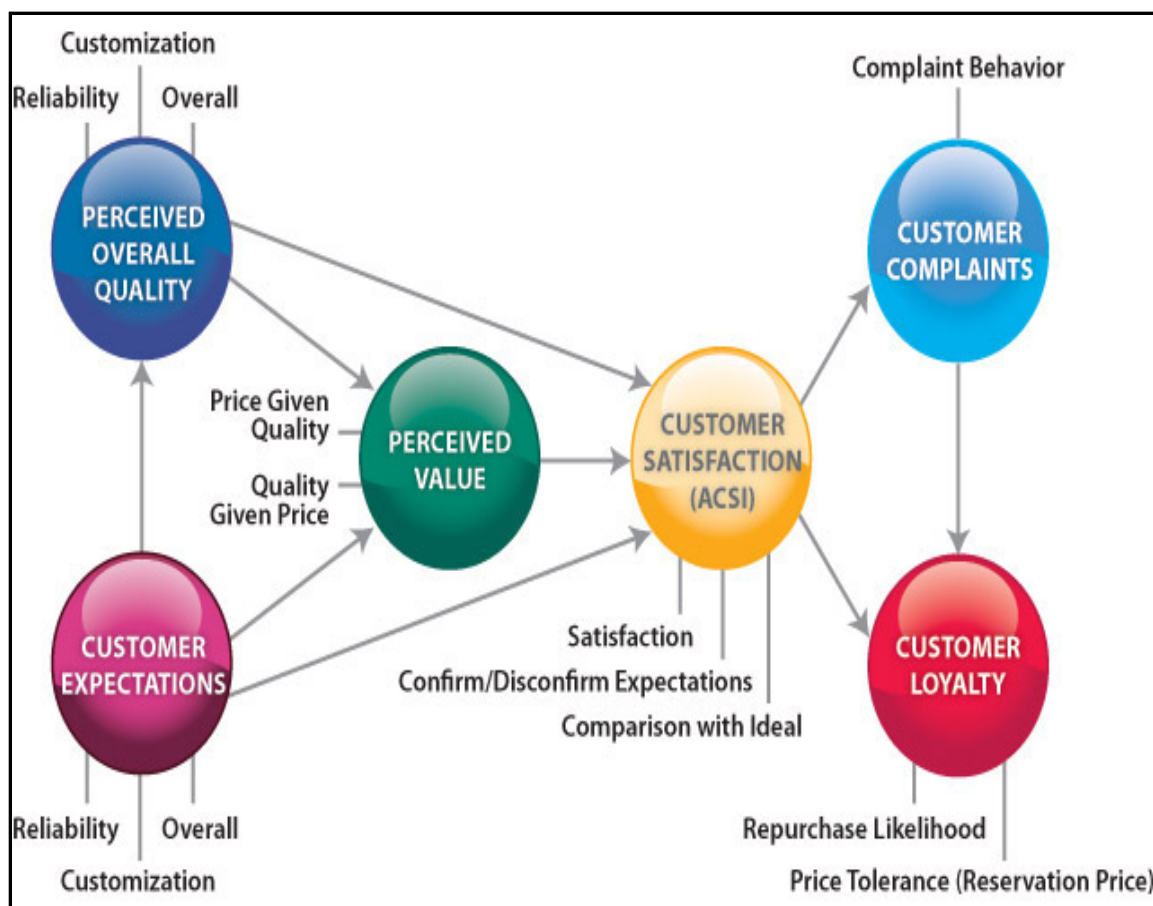
2.14 MEMBERS' SATISFACTION AND LOYALTY AT HFC

It's not unusual to see customer satisfaction and customer loyalty exercised interchangeably. However, there are distinct differences between the two. Consumer satisfaction is a degree of the general population's response to an product or service while Customer loyalty is somewhat more complexed. Customer loyalty can be measured in two sections: customer loyalty behaviour and customer loyalty attitude. Behaviour is measured by what number of customers repurchase of a brand's product as opposed to picking a competitor. Attitude is measured by peoples view on repurchasing a product. (Selligent: 2016).

2.14.1 Members' satisfaction explored

Member's satisfaction can be analysed in general by what a member identifies in the wake of consuming an item or a service. Customer satisfaction is seen as a "mental state (feeling) experienced subsequent to purchasing and devouring an item or service" (Merouane 2009 cited in Kanyurrhi 2013: 27). In this manner, consumer loyalty mirrors "the joy level coming about because of devouring an item prompting positive feeling (fulfilment), a negative (disappointment) or lack of concern (nonpartisan) feeling from expending an item or a service" Swaid and Wigand (2007: 4). Similarly, Hansemark and Albinsson (2004: 40) define the concept of member satisfaction as the overall attitude a member displays towards a provider of service; this reaction, or emotional response is usually derived from an enthusiastic response to the contrast between what members envision and what they obtain, with regards to the satisfaction of some need, objective or craving.

Figure 2.8: American Members' Satisfaction Index



Source: Angelova and Zekiri (2011: 242)

It is a general belief that when an organisation provides efficient and superior service quality, there is a corresponding increase in patronage and member retention Lloyd and Luk (2011: 176). When members feel well treated, it typically leads to an improved level of member loyalty and patronage. This is even more evident in service industries such as Health and Fitness.

In the same vein, Salamata, Farahani and Salamat (2013: 1826) claim that member satisfaction reveals itself in repeat visits to the business. It means the 'returnee' had a very satisfied first encounter, thereby prompting a return. The ability of nearly observing member satisfaction will lay the groundwork for competition in rivalry fields and gaining more market share. A large portion of these organisations have created approaches to gather data about their members' grievances, which will form the basis on which they design or implement service quality ideals.

Furthermore, studies distinguish between grievances and satisfaction. This means a state of mind is an apparent service quality, while satisfaction is identified with a particular exchange.

Oliver (1981) outlines the exchange of a particular nature of satisfaction, and separates it from state of mind, stating that it results in the purchaser's attitude of passionately pursuing an item, store, or process (for example, member service), while satisfaction is the passionate response following a negative experience that follows up on the base demeanour level and is utilisation particular.

Parasuraman *et al.* (1988) recognise service quality and satisfaction, stating that: "Perceived service quality was a worldwide judgment, or mentality, identifying with the predominance of the service, though service was identified with a particular exchange". Consumer satisfaction as a state of mind resembles a judgment taken after a purchase demonstration or in light of an arrangement of members' item communications (Yi 1989, cited in Angelova and Zekiri 2011: 238).

2.14.2 The SERVQUAL instrument

The SERVQUAL model, an institutionalised survey, incorporates two articulations for each of the 22 items that speak of the five dimensions previously portrayed. An expectation area containing 22 proclamations was utilised to determine the general expectation of members concerning service. The perception' segment, containing a coordinating arrangement of 22 articulations was utilised to gauge members' evaluations of a particular firm inside the service classification (Perez, Abad, Corrillo and Fernandez 2007: 140-141). Five of the 22 explanations were utilised to gauge reliability quality, four to quantify responsiveness, four to quantify assurance, five to gauge empathy and four to gauge tangibles (Table 2.2). Communication in both segments may utilise a five-point Likert scale from "Strongly Agree" (5) to "Strongly Disagree" (1) (Curry and Sinclair 2002: 200).

Members are, in appraising existing products, services and facilities, requested to offer two distinct appraisals on every quality. The first mirrors / reflects the level of service members anticipate from great organisations in an area, while the other mirrors/ reflects their perceptions of the service conveyed by a particular organisation inside that segment. The gaps or contrast are brought about by member expectations and perceptions related to the provided service, their perceptions of service quality and, in addition, constitutes an evaluated measure of service quality (Landrum, Prybutok and Zhang 2007: 15).

By contrasting every value distinction between each of the 22 expectations and perceptions, the level of quality can be finalised (Lai 2006: 928). For instance, when the perception value is higher than the expectation value, it can be presumed that the service is agreeable or perfect. Notwithstanding this, should the expectation value be lower than the perception value, the service quality level could be viewed as inadmissible or even unsuitable. Adjusting member expectations and perceptions and closing the gaps between them are vital should an organisation offers superb quality service.

On completion of the exploratory study, this progression of detailed meetings and focus group gatherings can be contained in four chosen service classifications.

Parasuraman *et al.* (2003: 56) find that reliability is the most vital of these, with tangibles identified as the least essential in every one of the five SERVQUAL dimensions (Silvestro 2005: 220-221).

Zeithaml, Bitner and Gremler (2006: 153) introduce a few purposes for measuring quality with the present SERVQUAL:

- Evaluation of quality execution on each SERVQUAL dimension;
- Appraisal of service execution difference to direct contenders;
- Classification of various member portions; and
- Records of changes in service quality perceptions among members over a particular day and age.

At present this model, over an expansive scope of service classes, has been broadly utilised as part of numerous specific situations, societies, and nations, as a measurement of service quality by researchers and professionals (Metters *et al.* 2008: 33). By way of illustration, an adjusted adaptation of SERVQUAL was utilised as part of a health care setting (Silvestro 2005), a lodging setting (Akbaba 2006) and an exhibition hall setting (Nowacki 2005: 237), to measure member expectations concerning service quality. The factors (Table 2.1) uncover that SERVQUAL has an assortment of uses. It could help an extensive variety of businesses and open division associations in surveying member expectations about and perceptions of service quality.

Table 2.1: The original SERVQUAL item battery

Reliability <ol style="list-style-type: none">1. Providing services as promised.2. Dependability in handling members' service problems.3. Performing services right the first time.4. Providing services at the promised time.5. Maintaining error-free records.
Responsiveness <ol style="list-style-type: none">1. Keeping members informed about when services will be performed.2. Prompt services to members.3. Willing to help members.4. Readiness to respond to members' requests.
Assurance <ol style="list-style-type: none">1. Employees who instil confidence in members.2. Making members feel safe in their transactions.3. Employees who are consistently courteous.4. Employees who have the knowledge to answer members' questions.
Empathy <ol style="list-style-type: none">1. Giving members individual attention.2. Employees who deal with members in a caring fashion.3. Having the members' best interests at heart.4. Convenient business hours.5. Employees who understand the needs of their members.
Tangibles <ol style="list-style-type: none">1. Modern equipment.2. Visually appealing facilities.3. Employees who have a neat, professional appearance.4. Visually appealing materials associated with the service.

Source: Bruhn and Georgi (2006: 55)

2.15 SERVICE DELIVERY SYSTEM

It is realised that service quality is an essential marker of a service administrator. Service conveyance, as key gaps of the entire service framework, is considered worrisome by various researchers and experts. Member inclination to adopt / utilise a few components inside the service conveyance framework can impact their choices regarding service suppliers. As indicated by Zeithaml, Bitner and Gremler (2006: 348), there are three primary classifications (individuals, physical proof and the service scape) that may impact quality of a service in the service delivery process. These are discussed in the accompanying segments.

2.15.1 People

As indicated by Metter *et al.* (2006: 128), numerous studies place more emphasis on the roles played by service representatives and members in the service delivery process, as far as the vital part played by individuals in the present service marketing hypothesis. Likewise, marketers and authoritative behaviourists provide careful consideration to the relationship amongst individuals and quality over the span of service delivery.

2.15.1.1 The role of service employees in service delivery

The function of service workers is very critical to service operations in numerous service delivery forms, since service representatives can specifically impact the greater part of the accompanying five dimensions of service quality (Lovelock and Wright 2007 324):

- The appearance and dress of representatives show the tangible dimension of service quality;
- Service representatives can thoroughly control the reliability dimension of service quality, since they display and convey the comparing service item of service guarantee;
- Front-line representatives specifically demonstrate the reliability dimension of service quality by offering individual readiness to assist members;

- The assurance dimension of service quality is due to the practices of workers in conveying their respectability and ingrains confidence in the members; and
- Empathy suggests that representatives will offer individualised thoughtfulness regarding member assistance.

Firstly, various researchers stress the significance of service representatives in service delivery. Zeithaml, Bitner and Gremler (2006: 355) show that service representatives, as a part of the service conveyance framework, will impact the picture of the entire service organisation. Service representatives can specifically impact member satisfaction when they convey or offer support to their members.

Front-line service representatives first of all assume a connecting function between external members and the environment, and the interior operations of the association. They interpret data and norms of the association for its external members. Members likewise expect front-line staff to consider their organisation's products and service, in order to offer members proficient assistance. These contact representatives may, at any rate, exemplify the firm in the client's eyes (Silvestro 2005: 220).

Secondly, front-line workers see more than members and observe the service delivery system from an alternate edge. Workers' examination uncovers why service issues happen, and what organisations may do to take care of these issues. Since internal service quality influences external service quality, measuring internal service quality is imperative Lai (2006: 927) additionally demonstrates that front-line service workers, as internal members of a service administrator, are the main individuals who can survey internal service quality.

Thirdly, the learning and abilities of key workers is critically vital for a service firm in an exceptionally focused market. Since refined representatives have more involvement as far as the service delivery framework is concerned, they regularly foresee disappointment before it happens. In the event that the best service representatives leave the firm, it can be extremely hindering to member satisfaction, worker confidence, and general service quality (Metter *et al.* 2006: 129).

In this manner, service organisations ought to centre their consideration on the imperative part of service representatives and create techniques to unravel HR issues that will guarantee viable members to arrange service that closes the service delivery gaps (Björlin Lidén and Edvardsson 2003: 339). Zeithaml, Bitner and Gremler (2006: 366) propose four specific policies, namely procuring and enlisting the right members, preparing and creating members to deliver service quality, providing the required emotional support network, and retaining the best members, separately.

2.15.1.2 The role of members in service delivery

Members, as a vital part of the marketing discipline, still assume a critical part for the survival of all operators. Since members have and assume more entangled roles in the space of services than different enterprises, numerous research studies distinguish these services. Most noticeable amongst the most critical changes of the member's role is from an external acceptor to a proper participator in the service creation and delivery process. As indicated by Perez *et al.* (2007: 135), members cannot just effect the organisation's productive limit, with both quality and quantity of service additionally controlling and contributing these results to their own particular satisfaction.

As a consequence of member investment in service delivery and generation, gap 3 inside the GAPS model of service quality was additionally impacted. Zeithaml, Bitner and Gremler (2006: 396) distinguish the accompanying three primary roles of members in the present service delivery framework.

In the first instance, members are considered as a type of gainful asset and can bring some conspicuous efficiency benefits to service operations. Since more propelled advances and gadgets (for instance, ATM, candy machines) are connected to service marketing, the collaboration of members and self-service robotics were progressively supplanting parts previously played by lower-innovation and front-line service workers, by improving the service limit of service operations. Some management specialists have even termed self-service members "fractional workers" of the service association, in spite of the fact that the controllability and vulnerability of member mentalities and activity still astound all service research studies (Grönroos 2001 106).

The task of members in service delivery is, secondly, as donor to their own particular satisfaction, as far as the service and a definitive quality of services received. Numerous investigators have demonstrated that client investment in the administration conveyance process and collaboration with the service suppliers depend entirely on needs (Perez *et al.* 2007: 135).

Third and last, the part of members is additionally seen as a potential contender, since some self-service members could play out the whole or part-service independent from anyone else and not rely on service operations at all (Zeithaml, Bitner and Gremler 2006: 399).

In this way, member contributions to the service procedure can effect an organisation's profitability, its service quality, and its member satisfaction. At the point when members neglect to play out their part viably, they can extend the service delivery gaps. For instance, failure by members in understanding their roles; members being unwilling or not able to play out their part; members not remunerated for good execution; different members meddling; or markets being contradictory (Fitzsimmons and Fitzsimmons 2006: 150).

2.15.2 Physical evidence and the services cape

Service is more involved in value diminishments, more noteworthy service, or some other tangible advantage. Before the real association happens, a client thinks that it is difficult to acquire comprehension distinctive understanding of what they will receive. The service cooperation is comprised of physical correspondence components that portray data as to how the services are performed and hints to its quality (Echeverri 2005: 200). The tangibles of the service, in particular physical proof, identify with all parts of a service and impact member perceptions and choices in diverse service settings (Bruhn and Georgi 2006: 319).

Members anticipate that physical confirmation will be discovered effectively and basically utilised when they visit a service facility. In the meantime, service operators endeavour to provide protected and proficient service delivery. Nonetheless, genuine

physical confirmation establishes that the service operator offer is neither generally as per member thinking nor as physical developments in the service delivery process. Such weaknesses affect member perceptions of service quality (Akbaba 2006: 172).

Zeithaml, Bitner and Gremler (2006: 317) characterise physical proof as “the environment in which the service was conveyed and in which the firm and the members connect, and any tangible products that encourage execution or correspondence of the service”. Bruhn and Georgi (2006: 320) show that physical confirmation of service has the accompanying three general types: servicescape, service environment and service materials:

- The servicescape is the physical area where the service is conveyed;
- The service environment alludes to the general surroundings of a service area; and
- Service materials- indicate physical signals, with a steady capacity in experience for the worker or the members.

In the American literature on service, the “service environment” had been mentioned as the “servicescape” (Echeverri 2005: 201). Lovelock and Wright (2007 249) portray servicescape as “the style and appearance of the physical surroundings where members and service suppliers communicate”. This servicescape influences members by adjusting conduct at member level (Grönroos 2001: 201). Situational elements affect member perceptions, and, henceforth, impact on their conduct.

At the point when service suppliers settle on policies and choices for conveying and appropriating quality service, they frequently pay consideration to three essential calculations of the service delivery process: area, time and channel (Lovelock and Wright 2007: 251).

2.15.2.1 Service location

Essentially, the service area is a place in which the service is created, conveyed and devoured. The essential guideline of deciding a proper service area is to make it more advantageous to members. In view of similar attributes of service types and the

requirements of members, service operations typically have three alternatives for the service area: at the supplier's, the member's and an outsider's areas (Lee *et al.* 2000: 219).

In addition, the advancement of new developments allows the service place a part in the service delivery process. The service part implies that a similar service was conveyed at a better place (Metters *et al.* 2006: 97). The service place gives the client a chance to choose, with respect to the place of service conveyance and to more advantageous offers and alluring service.

The service delivery area, as a sort of physical proof, can importantly affect client conduct (Zeithaml, Bitner and Gremler 2006: 327). Bruhn and Georgi (2006: 235) demonstrate the accompanying three angles: the importance of quality characteristics in member' observation, members' incorporation into the service procedure, as well as members' buying choices.

In spite of the fact that member convenience is essential, service operators need to consider different limitations when they settle on the area of their service delivery. Specifically, the gainfulness of arranged impacts is of worry to all service suppliers (Nowacki 2005: 236), such as the expenses and limit of service area being confined by the economies of size of the service supplier.

2.15.2.2 Service timing

Timing measures of service delivery frequently restrict service accessibility and cause quite a problem for members. In the meantime, service assets, limits and other external variables additionally confine the time adaptability and working time of service suppliers (Lovelock and Wright 2007: 254).

Bruhn and Georgi (2006: 241) outline the accompanying four dimensions of service timing:

First of all, the length of service delivery, as an urgent standard of service conveyance, is of worry to both members and service providers. A few members' needs concentrate

on service length. They select the distinctive service suppliers by the diverse length of service delivery, in order to acquire benefits and obtain a specific portion of the service market and service management control, while shifting the length of service delivery inside their ability (Ho and Zheng 2004: 479).

In the second dimension, the time adaptability of service delivery implies that the service timing of service suppliers could meet the prerequisites of a few members at a specific time. There are three levels of client adaptability in the service market. As a matter of first importance, all seasons of service delivery are foreordained by service providers. This is an altered time that members cannot pick. At that point, every one of the seasons of service delivery is recorded ahead of time by service providers and members can select a specific time from the timetable. Ultimately, delivery times of service are not altered. Nonetheless, service assets and limits regularly restrict the time adaptability of service deliver. (Lee *et al.* 2000: 219).

Thirdly, the permanence of service accessibility implies the genuine working time of the service provider (Bruhn and Georgi 2006: 243). Since various businesses have distinctive accessibility hours, members frequently encounter many difficulties. Subsequently, the present pattern of service accessibility is “24 hours a day, 7days a week” (Lovelock and Wright 2007: 255).

Ultimately, there is an interim period, to be specific, time-tag, between the members’ request for a service and the genuine conveyance of the service. In the service delivery process, both members and service providers hope to decrease the time-tag between request and delivery, since members’ needs can be met timeously and benefitting suppliers could acquire advantages through serving more members (Björlin Lidén and Edvardsson 2003: 339).

2.15.2.3 Channel role of service delivery

As indicated by Metters *et al.* (2006: 156), the channel of service delivery is viewed as a mediator of disseminating and delivery of service from service supplier to members. There are different kinds of service delivery directives in today’s service ventures. By and large, two sorts of service channels are generally acknowledged by numerous

studies, concerning diverse service bearers, specifically, individual channels and electronic channels.

The standard delivery channel for a service is that of personal service delivery. As per the connection of creation and utilisation in service, the immediate contact between the service maker and the members is vital. The two types of members directly employed as a part of service delivery are organisation claimed channels and outsider channels.

For most services, a service organisation has a company claimed channel. The benefit of organisation possessed channels is that the proprietor can maintain consistency in the service delivery process. Since all divisions in the entire service follow a typical standard, the service organisation has full control over the nature of the service. In the interim, organisation claimed channels have two clear responsibilities. One is the expanding service chains resulting in a potential monetary hazard. The other is that service associations, with organisation claimed channels, need specialists in nearby markets (Zeithaml, Bitner and Gremler 2006: 424-426).

Despite what might be expected, the third channel can lessen the money related hazard and make service locally accessible. Besides, numerous lawful, social and dialect hindrances of personal connection encourage service associations to give careful consideration to the financially savvy channels (Lovelock and Wright 2007: 258-259). The third channel of service delivery incorporates franchisees, specialists and intermediaries.

Nevertheless, the third channel is not without disadvantages. For instance, the first service suppliers think that it is difficult to maintain the consistency of service quality. The most obvious reason being due to member connections that are controlled by the third service firms (Nowacki 2005: 240).

With the quick improvement of broadcast communications and PC innovation in the last two decades, electronic channels, as another kind of service channel, have been acknowledged and connected by more service suppliers and members (Bovee, Thill and Schwartzman 2004: 3). Bruhn and Wright (2006: 251) condense four fundamental

types of electronic conveyance stations: service machines, phones, the web and portable channels.

Since electronic channels only rely on innovation and gear for service generation, service suppliers use these channels to collaborate with their members and to deal successfully with a portion of the issues connected with service indivisibility and non-institutionalisation in the individual service delivery process and provide more facilitates to members' (Zeithaml, Bitner and Gremler 2006: 433).

For instance, a booking framework allows access to a service producer by members through service machines, not merely incorporating members entirely into the service delivery procedure to spare the potential representatives' cost. In addition, this expedites supplier facilities to members and increases customer satisfaction. Nonetheless, service suppliers likewise confront some new difficulties when they deliver service through electronic channels. The advantages and difficulties in utilising electronic channels are outlined as a part of Table 2.2.

Table 2.2: Benefits and challenges in electronic distribution of services

<u>Benefits</u>	<u>Challenges</u>
Consistent delivery for standardised services	Price competition
Low cost	Inability to customise with highly standardised services
Wide distribution	Changes in consumer behaviour
Customer choice and ability to customise	Security concerns
Quick customer feedback	Competition from widening geographies
Customer convenience	Lack of consistency due to customer involvement

Source: Zeithaml, Bitner and Gremler (2006: 434)

As recorded in Table 2.2, benefits in electronic circulation of services counter identified difficulties, in light of the attributes of an electronic delivery framework. Since members do not directly contact individuals in the electronic conveyance framework, costs of services are difficult to contrast, while institutionalised service can be executed reliably. Similarly, members awkwardly change with exceedingly institutionalised services, while service organisations decrease the cost of operation.

Another test was that members must be acquainted with the service interface before they can, without much of a stretch, gain access to and utilise a company's service when and where they need. Thusly, members would appreciate the service in a more extensive region should it be possible to change shopper conduct.

Members can select and modify the distinctive service process, however, the security of individual data is an observable issue, especially their wellbeing and money related data. Service organisations can discover quickly what members think of the service while being able to deal with more contenders a long way from the neighbourhood.

Bruhn and Georgi (2006: 256) show that numerous service firms bring different service channels to the table at the same time, with each channel offering its own distinctive benefits to service suppliers and their members. Generally, the choice of service channel can impact service execution during the process of service delivery.

2.16 Conclusion

This chapter reviewed relevant literature that clarifies the study objectives. A more in-depth look at service quality, the outward and inward elements of the service conveyance framework, and the role of successful correspondence in the service procedure were also covered. The SERVQUAL methods and its measures were, in addition, expanded on, along with HFC in townships within the Durban area.

The next chapter will focus on the research methodology employed to measure respondent views on the study topic, stipulating the design, population, sample and data collection methods, analysis and ethical considerations of the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous chapter elaborated on service quality, health and fitness, client satisfaction, member perceptions and expectations, HFC in townships, the SERVQUAL methods and its measures. The information gained from the literature review helped to answer all the questions in the questionnaire. The main objectives are as follows: to determine client expectations of the HFC offerings; to evaluate client perceptions of these offerings; to examine the degree to which satisfaction can be predicted by service quality; as well as to determine the relationship between biographical characteristics, and expectations and perceptions of clients.

For this study, a quantitative research methodology was adopted to gather data from the study population, with data obtained investigated utilising the Statistical Package for Social Sciences (SPSS version 24.0); the programme provides a count of hits from specified retrievals, basic quantification facilities, and ports to send out results to SPSS, in order to import quantitative information. The potential for methodological integration has been increasingly acknowledged as a “pattern analyses, a quasi-variable analysis where patterns are pursued by sorting qualitative data by reference to imported demographic or other descriptive data.”

According to Jensen (2008: 3), quantitative research makes reference to “the orderly exact examination of social marvels through factual, numerical or computational methods”. The exploration will therefore be descriptive, quantitative and cross-sectional in nature and aims to provide a holistic perspective to analyse member expectations and perceptions of service quality of HFC in townships, within the greater Durban area.

3.2 RESEARCH DESIGN

Collis and Hussey (2013:113) clarify the design as “the science (and workmanship) of arranging methods when performing concentrates, in order to secure the most convincing discoveries”, consequently the decision of the most appropriate research plan is a key stride of the pragmatic study and the general accomplishment of the study. Jankowicz (2004:196) characterises a study outline as “the intentionally arranged game plan of conditions for investigation and gathering of information in a way that intends to consolidate importance to the examination reason with economy of strategy”.

Furthermore, Mouton (2006: 107) defines research design as resembling a course organiser. It is an arrangement of rules and directions on the most proficient method to achieve the objective - the notion of “planning and building”.

The reason for the study was to examine the diverse dimensions of service quality and subsequently distinguish the basic components of service quality in the existing service offering at the HFC in townships. The research, therefore, engaged a vivid study to examine aspects that affect service quality in the HFC. Cooper and Schindler (2007: 149) express that distinct research is a sort of study that tries to figure out who, what, when, where, or how much.

As a ‘positivistic’ research, the research also applied a cross-sectional study to obtain information under field environments. Cross-sectional studies are low-cost and the most commonly exercised illustrative design in marketing research. Collis and Hussey (2003:61) state that cross-sectional studies are often utilised to probe economic traits of a large number of individuals or organisations, when there are limitations of time or resources. The research collected data from four health and fitness facilities in the identified townships.

The SERVQUAL tool was used as the main instrument for assessing service quality. A questionnaire with 44 questions was the principal data collection instrument used to explore HFC members’ expectations and perceptions. In addition, a member satisfaction questionnaire was developed, consisting of four questions regarding the

quality of service provided. Of these measurements, service quality levels in the existing service offering at the HFC were established. This type of information has realistic implications for the HFC, as they can focus their resources on enhancing inadequate service components and to improving their marketing endeavours, so that client expectations are met by services rendered.

3.3 POPULATION AND SAMPLING

Preparation of sample design, as an essential stage of crucial information gathering in a positivistic research activity, encompasses three elements: the objective populace, examining techniques and testing size (Churchill and Lacobucci 2005: 41).

3.3.1 Target population

The objective population refers to the overall impression formed from units falling into numerous subdivisions. by which the researcher might be captivated. The chosen sample, as a subcategory of the target population, afforded information from which data can be drawn and resolutions made regarding the bigger group and totally reflect the populace (Wegner 2001: 169).

Furthermore, the target population is explained as the general population to which the investigator, in a perfect world, might want to sum up his or her outcomes; the tentatively open populace that corresponds to the examining outline from which arbitrary samples are actually drawn (Curtis and Curtis 2011: 126).

The target population for this study consisted of selected members of HFC; hence, the study is comprised of 400 members from Ntuzuma, Umlazi, Kwa-Mashu and Phoenix townships, within the greater Durban area. The reason for choosing this sample is that these members are referred to as the primary users of the HFC.

3.3.2 Sample size

Commonly, the more sizeable the sample is, the more enhanced the result is for research purposes. Then again, this is generally not appropriate to all conditions. To a certain degree, the size of an acceptable test rests on how similar or diverse the

population is and, at the end of the day, how identical or dissimilar its individuals. A like populace requires bigger samples; however smaller tests are suitable for a similar populace group (Leedy and Ormrod 2005: 207-208).

According to Aaker, Kumar, Leone and Day (2013: 327-328) the size of a sample can be resolved either by applying statistical strategies or through some specially appointed techniques. The ethos of impromptu techniques is utilised when it is known for a fact what test size to embrace or where there are a few imperatives, for example, budgetary limitations that direct the sample estimate. The researcher selected 400 respondents from the health and fitness townships in the greater Durban area.

3.3.3 Sampling method

There are numerous sampling strategies that can be exercised to choose an example. Jankowicz (2004: 202-203) suggests two main classifications of sampling; probability and non-probability. Probability sampling is the most frequently used procedure when focused deductions need to be made from the populace. Non-probability sampling does not consider the aggregate populace as far as the researcher's individual judgment is concerned.

Aaker *et al.* (2013: 303) further explains that testing might be helpful when the population size is extensive and when both the cost and time related within which to obtain information from the population are high.

This study made use of a non-probability sampling technique because the researcher had no opportunity of projecting or certifying that each component of the population could be recognised in the sample. This inclination similarly signifies selecting a sample in such a manner that certain individuals from the populace have next to zero possibility of being chosen.

In this exploratory study, non-probability sampling was employed. Firstly, judgmental sampling was utilised to select the location where the questionnaires were distributed. In this instance township HFC were selected as the sampling location.

Secondly, convenience sampling is the most inexpensive and uncomplicated to perform for the sample, and was utilised to choose respondents. Blumberg, Cooper and Schindler (2014:201) advocate that this kind of technique is frequently used to test concepts and to acquire learning of conditions or topics of importance, therefore, the adoption of convenience sampling was decided on by the researcher. Amid the information accumulation phase, 400 respondents/ members at the HFC in townships were chosen through the strategy of convenience sampling previously clarified.

Lastly, quota sampling was used to determine respondents in matching scopes. This process is considered as the most beneficial system of non-random sampling and offers a cost and time-compelling answer for poll-based research by the statistical surveying industry (Curwin and Slater 2002:50-51).

Non-Probability or convenience sampling, refers to when researchers make use of any individuals that happen to be the easiest to access as individuals in a study. This is done when the techniques the experts/analysts are attempting are thought to be so crucial and comprehensive that they can be summed up past such a tight sample (Trochim 2001). For example, snowball sampling is an approach for discovering information rich key witnesses (Patton 1990).

Using this approach, two or three potential respondents are approached and asked whether they know anyone with the necessary qualities. Snowball sampling cannot be used on its own; the method is a technique for selecting individuals and within a short time using distinctive measures, for instance, meets or outlines. In this study, quota sampling was used. Non-probability sampling has been selected so as to beat strategic requirements. Questionnaires were be distributed to 400 members' (100 for each of the selected health and fitness centres in the township) because this sample size is large enough for the study and is justified;(Sekaran and Bougie 2010: 277).

3.4 DATA COLLECTION

Ferreira (2005: 366) states that essential information gathering techniques can be ordered in three ways: overviews, observations and tests. Reviews, where respondents are asked for their answers, are the procedure of choice in descriptive

research. Graphic studies concentrate on the masses from which the example has been drawn. As this is a quantitative study, the study technique has been utilised to accumulate essential information.

Aaker *et al.* (2013: 191) explain that time involved in data collection varies by model. Data collection must be able to give feedback and be reliable.

Leedy and Ormrod (2010: 145) state that data collection right on time in the examination regularly influences the type of information the investigator thus accumulates.

Data collection methods refer to various diverse strategies that can be utilised to collect data from sampled respondents namely: questionnaires; postal overview surveys; telephone surveys; face-to-face surveys and interviews. Each of the methods have advantages and disadvantages with some methods better under some circumstances than others.

For this study, questionnaires were regarded as the most appropriate, and were used to gather information. To collect responses from the members at the HFC in townships, the researcher was involved in the data collection and employed three other members to assist. Face-to-face questionnaires were administered during the period June to July 2016.

3.5 QUESTIONNAIRE DESIGN

Wegner (2001: 17) additionally trusts that a poll, prominent amongst the most generally utilised data collection strategies, can be utilised to gather information in all meeting/ interview circumstances. Surveys have a few positive conditions:

- Every respondent is asked the same questions;
- Can be processed at the lowest cost;
- Offer resourceful means of gathering reactions from a vast sample preceding the quantitative examination;

- The respondents remain anonymous, furthermore, they can afford an honest reply without the dread of persecution, and
- Surveys allow contact with out-of-reach respondents, for example, CEOs.

Aaker *et al.* (2013: 262) state that the physical format of a survey will also have an impact as to whether the questionnaire is appealing and simple for the respondent to complete. For self-administered questionnaires, the quality of the paper, clarity of reproduction, appearance, and crowding of important variables are important. The job of the interviewer is considered eased when the questionnaire is not crowded, instructions are clearly provided, and the flow of diagrams, arrows and so on, are used to provide guidance to the respondent.

Leedy and Ormrod (2010: 203) further explain that questionnaires can be designed and collected on the internet. The two kinds of templates that can be used to design questionnaires are available from Zoomerang.com and survey monkey.

3.5.1 Questionnaire content

The pertinent writings and research instruments established by past studies afforded the source for creating the survey for this study. The instrumentation used for this investigation was developed based on the SERVQUAL scale established by Parasuraman, Zeithaml and Berry (1994:46) since it had been upheld with adequate empirical research.

Bebko (2000: 34) further states that as a rule, SERVQUAL has been observed to be a generally basic and economical instrument that provides important data on an association's service quality. Various analysts have employed the SERVQUAL model to gauge service quality in the sport industry.

3.5.2 Question format and type

Leedy and Ormrod (2010: 189) advocate the Likert scale as the most broadly utilised type of scaled measurement where the respondent selects a point on the scale that

best speaks to their view. The rating scales are also useful when a behaviour, attitude and other phenomenon of trust need to be evaluated.

The data acquired of the expectations, perceptions and member satisfaction through questionnaires were collected by asking health and fitness members to express their levels of expectations and concurrence with the announcements. The results were accomplished by means of a five-point Likert scale utilised to score the inquiries. Scoring for the scale ranged from (1) strongly disagrees, (2) disagree, (3) uncertain, (4) agree and (5) strongly agree. The questions were compiled in English and all the respondents (members) were assured they would remain anonymous.

3.5.3 Pre-testing

Pre-testing or piloting of the survey is a crucial stage in the entire research process. Churchill and Iacobucci (2005: 254) express that the genuine trial of a questionnaire is the means by which it performs under real states of information gathering.

Aaker *et al.* (2013: 263-266) explains that the purpose of a pilot test is to guarantee that the questionnaire meets the study objectives as far as the data that will be acquired. The principal draft has a tendency to be too long and needs vital factors, and is liable to uncertainty in interpretation of questions. The aim of the questionnaire pre-test is to recognise and remedy any inadequacies. Effective pretesting demands that the researcher is open to criticism and willing to pursue deficiencies.

The pre-testing was undertaken amongst ten members of the HFC in the townships. Therefore, the results from the pre-testing provided valuable information, while also avoiding ambiguous questions.

3.6 DATA ANALYSIS

According to Hair, Wolfinbarger, Bush and Ortinau (2008:35), when the information has been gathered, the following step is the analysis of the information. The main reason for analysing data is to translate and draw up a conclusion from the masses of information collected for the research study. The marketing research will apply an

assortment of methods, with some focused on basic recurrence analysis, in terms of rates. This is done, according to Hair, Bush and Ortinua (2003: 42), to test insight measures (meaning, range, mode).

Mouton (2009: 166) further explains that information analysis concerns research of factors, the connections amongst factors and the examples in these connections. The information was analysed utilising the Statistical Package for the Social Sciences (SPSS version 24.0) and the necessary statistical test was consequently conducted. The data was analysed through cross-sectional analysis, suitable for this study as there was only a selected number of HFC members as respondents. Olsen and George (2004: 7) state that this type of research addresses either the whole populace or a subset thereof; information was gathered from the respondents to answer inquiries of intrigue.

Some fitting expressive and inferential analyses with a specific end goal were employed to decide the variables that impact the service quality nature of the township HFC offerings in the Durban area.

3.6.1 Data preparation

Information planning contains adjustment, coding and information sections. Thus, to guarantee that assembled information is truthfully completed, and adjusted as the first phase in any examination procedure, also contains checking for mistakes by questioners and respondents (members) and correcting any blunders. Coding discusses the procedure of categorising assembled crude information and changing the information to numerical code to assist the researcher to more effectively investigate. Information passage was an imperative venture to analysis of the reactions from a huge poll review utilising a PC insights bundle (Cooper and Schindler 2003: 454-472).

The procedure of altering all questionnaires conformed to the requirements. As previously stated, all codes were created ahead of schedule in the research procedure, since the survey consisted of closed-ended questions. The pre-coding made the coding and information validation clearer, faster and flowing.

3.6.2 Data analysis and interpretation of results

Subsequent to the information being gathered, it was precisely shortened and broken down by means of statistical procedures. The motivation behind insights gained was distinctive, with factual systems having two fundamental classifications, according to Collis and Hussey (2013: 197), more specifically, enlightening measurements and inferential insights, individually. The related factual analysis in the study was accounted for under the accompanying headings:

3.6.2.1 Descriptive statistics

Leedy and Ormrod (2010: 265) state that illustrative measurements (descriptive statistics) portray the assemblage of data. It was to decide the three factors pertinent in considering an information set: purposes of focal propensity, measure of changeability, and the degree to which diverse factors are connected with each other.

Descriptive statistics were utilised to characterise the considerable number of reactions acquired. Descriptive statistics was the most important procedure used to introduce and abridge the information in tables, graphs, charts and other diagrammatic structures. In this study, three fundamental measures of employing insight procedures (recurrence, measures of area or focal propensity, measures of scattering) were utilised (Sekaran and Bougie 2010: 313).

Recurrence is a numerical value that embodies the aggregate number of perceptions for a variable under study. A recurrence value either gives a clear impression of the qualities of every arrangement of scores or demonstrates the relationship between the two sets (Saunders *et al.* 2009: 130). In this study, repetitive delivery, as a financially sound method for sorting of the information, was utilised to obtain a profile of the sample.

3.6.2.2 Inferential statistics

These statistics are most commonly used to establish whether the observed results in cross-tabulation represent true population values in the chi-square test for

independence. The chi-square is based on comparison of the observed cell frequencies, row percentages and column percentages (Mouton 2009: 166).

Leedy and Ormrod (2010: 275) maintain that inferential statistics permit deductions to be made concerning substantial populations from a moderately small sample. Inferential statistics have two primary functions:

- To gauge a populace parameter from an arbitrary specimen.
- To test factually in view of speculations.

As indicated by Leedy and Ormrod (2005: 30), inferential statistics draw conclusions concerning an entire population by means of quantitative information gathered from a sample. Inferential measurements are utilised when thoughts, speculations or forecasts should be tried. All techniques of inferential statistics were gathered into four themes from tests, measuring affiliation, measuring distinction, and gauging (Collis and Hussey 2003: 197). In this study, two measurement methods were employed as follows:

- **T- test**

The test was utilised to check whether there are any critical contrasts in the methods for two gatherings in the variable of intrigue (Sekaran 2006: 376). In this study, a matched T-test 51 was done to establish the difference between the three methods for expectations, perceptions and customer satisfaction.

- **Analysis of Variance (ANOVA)**

Aaker *et al.* (2013: 393) demonstrate that ANOVA is a factual methodology used to determine contrasts among at least three means by examining the inside and crosswise variances.

In this study, ANOVA was utilised to establish whether expectations, perceptions and customer satisfaction of service quality were affected inside the diverse age groups of respondents.

3.7 VALIDITY AND RELIABILITY

Legitimacy and dependability are two terms regularly used as a part of association with measurement. The legitimacy and reliability quality of a measurement instrument impact the level to which something can be learnt about the topic under examination, the probability that factual importance in information investigation will be obtained, and the degree to which significant determination can be established from the information (Maree and Pietersen 2007: 155).

Likewise, with Personal Computer applications, the spreadsheets permit the investigator to replace, store and effortlessly update information as required and also to print data when required. Lessening the likelihood of finding the wrong solutions implies that the investigator must concentrate on two particular criteria of the research plan: reliability and validity, as explained by Maree and Pietersen (2007:158).

3.7.1 Reliability

Reliability is a prominent specialised quality in any informative research, however, its importance varies in quantitative and qualitative research. Reliability in quantitative research guarantees the likelihood of replication. In other words, inside a specific breaking point of test error or irregular mistake, when similar strategies are utilised with a similar example, the outcomes ought to be the same, (Cohen *et al.* 2008: 88). Bowling (2009: 106) sees reliability in quantitative research as synonymous with constancy, consistency, reproducibility or replicability after some time, over instruments and over gatherings of respondents. In reality, for research findings to be dependable, it must exhibit that should it somehow be done on a comparative group of respondents in a comparative setting, comparative results would be obtained.

The reliability of the findings is secure when the goal of the study is the basis of the enquiry. Saunders *et al.* (2009: 149-150) hold that the research would thus be able to be replicated under the same conditions. Therefore, results obtained from townships will be tested for reliability by attempting a similar research in townships outside the

scope of study. Should the results obtained be similar (not necessarily the same), the research can be said to be reliable.

Saunders *et al.* (2009:106) attest that there are four dangers to unwavering quality, to be specific:

- Subject mistake – select a fair time for respondents to finish the questions;
- Subject predisposition – respondents might answer what thought the questioner needed to listen;
- Observer error – diverse ways to deal with obtaining answers; and
- Observer inclination – as with observer error, with various individuals interpreting similar research, there might be distinctive ways to deal with deciphering the answers.

Consequently, the researcher made use of the accompanying methods to guarantee the reliability of the study under scrutiny;

- A pilot study of the questionnaire was done to verify that all questions and statements were both important and effectively interpreted, and was administered to 10 members of respective HFC:
- The surveys guaranteed the anonymity of the respondents;
- The researcher had prepared all field specialists so they could lead the meetings with a similar approach;
- The surveys utilised a closed-ended question arrangement; and
- Cronbach's alpha was employed to gauge the reliability of the results.

3.7.2 Validity

According to Welman *et al.* (2005: 9), validity is considered as being more imperative in light of the fact that the target of the study must be the representative of what the investigator was exploring. The investigator will take the following actions to address validity:

- The development of the questions was founded on the SERVQUAL estimation;
- Instruments were extensively used and validated in other studies; and

- The questionnaires were subjected to a pilot study, with attributes like those of the objective gathering.

According to De Vos *et al.* (2002: 167), there are four sorts of validity. These are:

- Face legitimacy – establishes whether the announcements are proper; it depends on the subjective judgment of the investigator;
- Content legitimacy – the precision with which an instrument measures the substance being concentrated on;
- Criterion legitimacy – dictated by relating the execution of one measure against another with the second measure checking the precision of the primary measure; and
- Construct legitimacy – the extent to which the substance of the study was really measured by the questionnaire.

The research study employed face validity, done by the distributing of questionnaires to selected HFC members, questionnaires being issued out by the investigator and the field workers.

In this study, the previously mentioned approval strategies were used. The accompanying activities were additionally used to guarantee validity:

- The advancement of the survey depended on the SERVQUAL estimation hypothesis, which was discussed in section 2.2;
- The survey was subjected to scholastics and experts in the field of Marketing, and the assessment of educated people was considered as a pilot test; and
- The survey was subjected to a pilot test that had the same attributes as those of the target population.

3.8 LIMITATIONS

The restrictions of the study were those qualities of outline or strategy that affected or impacted the application or clarification of the study findings. They were the requirements on generalisability and utility of discovery that resulted from the study

plan, as well as the technique utilised to build up internal and external legitimacy (Brutus, Aguinis, Wassmer 2013: 2). This study was constrained to HFC in selected townships. Thus, generalising the result as benchmark, for the many townships that SA contains, will not be prudent.

3.9 DELIMITATIONS

Delimitations are components that influence the study over which, for the most part, the exploration has some level of control. Delimitations depict the extent of the study or build up parameters or breaking points for the study. Due to the large number of potential members in the study populace (HFC across four townships), the population in the present study is concentrated on registered members in the selected HFC, in the identified townships.

3.10 CONFIDENTIALITY AND ANONYMITY

The principles of confidentiality and anonymity were necessary to demonstrate the societal conviction that people matter and that individuals have the right to privacy (Bulmer 2004: 354). To guarantee somebody of privacy implies that what has been talked about will not be rehashed, or if nothing else, it will not be done without authorisation. The thought of confidentiality (and anonymity) was consistently raised and talked about with research members prior to their support in the fieldwork (Bulmer 2004: 139).

All gathered information has been secured and will be stored in a manner that will ensure anonymity. Mouton (2006:57) maintains that guaranteeing anonymity and confidentiality of member identities resulted in a more prominent substance validity. Informed consent was therefore obtained from each respondent, abiding by the institutional review process (ethical approval). The information obtained from the respondents will only be used in the thesis and accessed by the researcher and the research supervisor.

3.11 ETHICAL CONSIDERATIONS

The researcher has put important measures in place to ensure satisfactory protection of participants' rights, by obtaining an informed agreement. Research is a human practice whereby social values and ethical principles smear, therefore the researcher desires to consider whether the research conducted would exploit participants or betray them in any way, who was benefiting or losing from the research findings being publicised and how to resolve the possibility of members being identified, despite measure taken to protect their identity (Boeije 2009: 44).

Research ethics refers to moral principles that guide a research and the participant's (researcher) guiding moral choices of behaviour and relationships with others, allowing research to be conducted in a manner that is morally defensible and responsible (Gray 2014: 68). The important aim of research ethics is to guarantee that no form of research disregards human rights in a manner that would bring about any type of damage or reveal the identities of those involved in the research study. It also includes a commitment to respect respondents and their privacy by keeping their information confidential, a commitment to knowledge and protecting the researcher as well as ensuring that informed consent was obtained from respondents/ members (Wisker 2007: 86; Robson 2011: 197; Gray 2014: 73).

Ethical guidelines notify researchers that they should not be physically or psychologically harmful to participants and should obtain fully informed consent where human subjects are involved (Wisker 2007: 87; Harding 2013: 25). The informed consent ensures willing consent by the respondent to participate or not, providing full knowledge of any study risks and benefits and how participants would actively participate in giving their consent (Bulmer 2004: 150; Boeije 2009: 45).

Study participants should also be able to pull back from the research at any time, regardless of having signed an informed consent and should then also deny the use of their information in the research (Wisker 2007: 87; Boeije 2009: 45). In order to avoid problems, a better understanding can be gained from the members' perspective, of how they would want to be treated in the research, while making the most ethical decisions, and providing relevant information about the study, thus using ethical

methods to collect information from participants (Webster, Lewis and Brown 2014: 83-84). Researchers also need to cover all ethical issues, completing all ethical questions from the ethics form, with participants being completely mindful of their rights and giving assent (Wisker 2007: 87).

3.12 CONCLUSION

In this chapter the accompanying was examined; the research plan, strategy, testing outline, survey outline, reliability and legitimacy, and information investigation. The study is a distinct research, using the altered SERVQUAL instrument to survey the momentum expectations and perceptions held by members, with regard to the service quality rendered by selected HFC. Consequently, an analysis of the data was done to identify any gaps between the expectations and perceptions of the respondents. The discoveries from the experimental study will be examined further in Chapter 4.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1 INTRODUCTION

With the previous chapter having addressed the research methodology employed to obtain the data, this section presents the findings and discusses the discoveries acquired from the surveys in this study. A survey was employed as measurement instrument utilised to gather information and was personally administered to members of the HFC. The information gathered from the responses was processed using SPSS, version 24.0. To allow for clear insights of outcomes, findings are displayed as figures and cross classifications, with different figures used for the quantitative information gathered. Inferential procedures incorporate the utilisation of connections and chi square test values; which have been deciphered utilising p-values.

Above all else, this chapter examines all demographic data (Section C of the questionnaire) elicited from 386 respondents who indicated the expectations, perceptions and customer satisfaction level in the service offerings at the HFC. Moreover, a detailed investigation of the results identifying with Section A and Section B of the survey will be clarified. An examination of the methods gaps follows, regarding the diverse variables. Inevitably, connection examination, T-test and the ANOVA test were utilised to decide connections or contrasts of the components impacting individual expectations, perceptions and customer satisfaction of the service offerings at the identified township HFC.

4.2 RESPONSE RATE

In total, 400 questionnaires were despatched and 386 were returned, which constituted a response rate of 96.5%. It is worth mentioning that questionnaires which were not sufficiently completed were disregarded. More so, Shu *et al.* (2004) argue that an above 60 per cent response rate is suitable for a study. Hence, it can therefore be inferred that the response rate of 96.5% is sufficient for this study.

The demographic profiles of all the respondents reflect the gender, age, race group, and respondents' residential area.

Table 4.1: Response rate

Gymnasiums	Sample respondents	Sample received
Kwa-Mashu	100	100
Ntuzuma	100	99
Phoenix	100	86
Umlazi	100	101
Total	400	386

4.3 RELIABILITY

Cronbach's alpha was determined as a feature of the reliability test to evaluate the validity of the aggregate results. An estimation of 0.8 or higher is a decent esteem (George and Mallery 2011). The findings of this study are presented in tabular form (Table 4.2).

Table 4.2: Expected and perceived service levels for HFC

	Number of Items	Cronbach's Alpha	
		E	P
Tangibles	4	0.861	0.805
Reliability	4	0.825	0.714
Responsiveness	5	0.870	0.813
Assurance	4	0.821	0.806
Empathy	5	0.855	0.842

As illustrated (Table 4.2), a rundown of the Cronbach's alpha reliability for the expected and perceived levels was introduced for HFC in townships. By and large, the Reliability score (not in the table) was 0.821. This finding means a high level of adequate scoring for the different classifications for this research study. Thus, the outcomes derive that the examination instrument (survey) has internal consistency and dependability.

4.4 DEMOGRAPHIC DETAILS OF RESPONDENTS

This section depicts the demographic profile of the 386 respondents, including gender, age, race and the area in which their HFC is situated. The data were clarified as follows:

4.4.1 Gymnasium location

As illustrated (Figure 4.1), 26.2 percent of the respondents reside in Umlazi, followed by 25.9 percent being from Kwa-Mashu, 22.3 percent of the respondents are from Phoenix and the rest of the respondents are from Ntuzuma, at 25.6 percent. Umlazi is the township most represented by respondents.

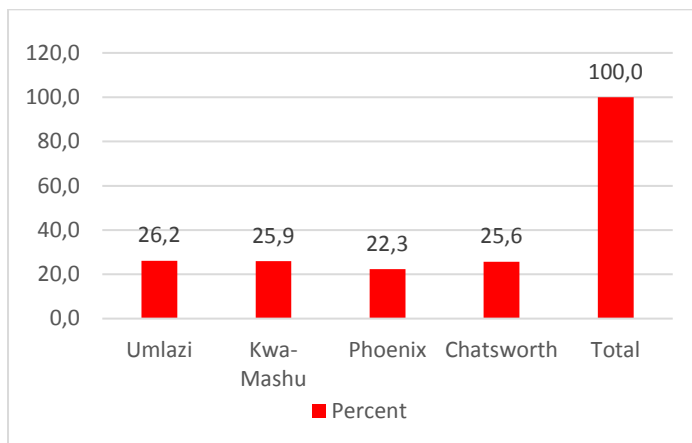


Figure 4.1: Location of respondents

4.4.2 Gender

The results show (Figure 4.2) that 44.3 percent of the respondents are male, while the percentage of female respondents is 55.7 percent. Overall, the ratio of males to females is approximately 1:1 (44.3%: 55.7%). This could be attributed to females giving greater importance to healthy lifestyles. As evidenced and according to (Healthy life- Healthy planet), Women's health has become an important topic that has been disregarded in the past. Currently, however, women's health is holding on a higher position in society.

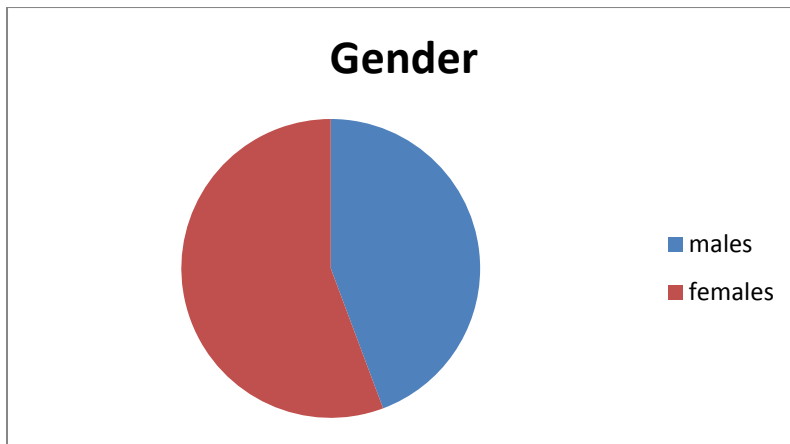


Figure 4.2: Gender of respondents

4.4.3 Race

The race of the respondents is graphically shown (Figure 4.3), indicating that 83.9 percent of the respondents is African, followed by 2.1 percent of the respondents that is white, 8.0 percent of the respondents is Asian, while 3.1 percent of the respondents is Coloured, and 2.8 percent indicated other races.

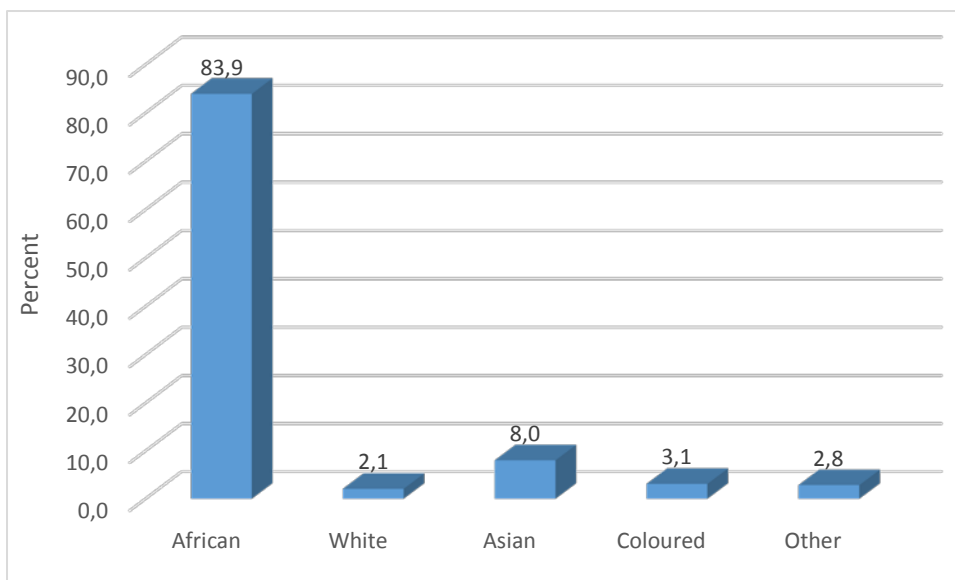


Figure 4.3: Race of respondents

4.4.4 Age

The number of respondents in the 18-22year age group is 25.4 percent, with 39.6 percent of the respondents in the age group between 23-27years, while the 28 years

and above age group makes up 35 percent of the respondents. The demographic age profile (Figure 4.4) clearly indicates that the age group between 23-27 years was the most dominant group in health and fitness. This could be ascribed to being highly conscious of living a healthy life.

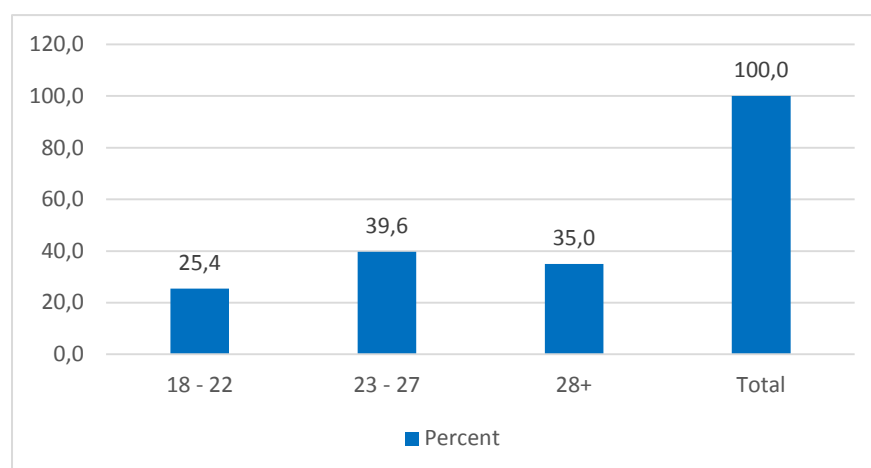


Figure 4.4: Age of respondents

Table 4.3: Cross-tabulation of respondents' age and gender

			Gender		Total
			Male	Female	
Age	18 – 22	Count	41	57	98
		% within Age	41.8%	58.2%	100.0%
		% within Gender	24.0%	26.5%	25.4%
		% of Total	10.6%	14.8%	25.4%
	23 - 27	Count	67	86	153
		% within Age	43.8%	56.2%	100.0%
		% within Gender	39.2%	40.0%	39.6%
		% of Total	17.4%	22.3%	39.6%
	28+	Count	63	72	135
		% within Age	46.7%	53.3%	100.0%
		% within Gender	36.8%	33.5%	35.0%
		% of Total	16.3%	18.7%	35.0%
Total		Count	171	215	386
		% within Age	44.3%	55.7%	100.0%
		% within Gender	100.0%	100.0%	100.0%
		% of Total	44.3%	55.7%	100.0%

Generally, the proportion of male to female is around 2:3 (44.3 percent: 55.7 percent). Inside the age classification of 23 to 27 years, 43.8 percent are male. Inside the classification of males only, 39.2 percent are between the ages of 23 to 27 years. This classification of males between the ages of 23 to 27 years makes up 17.4 percent of the aggregate sample.

4.5 FACTOR ANALYSIS

As reported by Yong and Pearce (2013: 79), factor analysis is a measurable procedure with the primary objective being information lessening. Factor Analysis can be used to set up whether the three measures do, honestly, measure a comparable thing. Assuming this was the situation, they can then be joined to make another variable, a component score variable that contains a score for each respondent on the element.

The matrix tables are preceded by a condensed table that mirrors the after-effects of KMO and Bartlett's Test. The prerequisite was that the KMO Measure of Sampling Adequacy ought to be more noteworthy than 0.50 and Bartlett's Test of Sphericity under 0.05. In all examples, the conditions have been fulfilled, which takes component research methodology into consideration.

Factor analysis pertaining to the dimensions was done only for the Likert scale measures. This is illustrated by means of figures and tables; Figure 4.5: Tangibles; Figure 4.6: Reliability; Figure 4.7: Responsiveness; Figure 4.8: Assurance; Figure 4.9: Empathy

Factor analysis was conducted and thus reflected the following:

- Standard sector research was utilised as the extraction strategy, and the turn technique used was Varimax with Kaiser Normalisation. This was an orthogonal pivot strategy that minimises the quantity of factors with high loadings on every component. It rearranges the interpretation of the elements.
- Factor investigation/stacking shows connections between factors.

- Items of inquiries that stacked the same suggest estimation along a comparative component. An examination of the substance of components stacking at or above 0.5 (and utilising the higher or most noteworthy stacking on occasions where components cross-stacked at more noteworthy than this value) successfully measured along the different segments.

The tangible variables loaded perfectly for both Expectations and Perceptions. For Expectations, there was also perfect loading for Assurance, whilst Empathy loaded perfectly for Perceptions.

The remaining components (sub-themes) loaded along two components. This overlapping means that respondents identified different trends within the section, or that factors (variables) were interpreted as belonging to a different dimension.

4.6 DESCRIPTIVE STATISTICS ON THE DIMENSIONS

The exploration on measuring service quality has concentrated basically on meeting or bettering clients' expectations. The accompanying segments were extensive measurements of the first 22 articulations with reference to client service. All responses to statements were measured on five-point scales that range from, 1=strongly disagree, 2=Disagree, 3=Uncertain, 4=Agree, 5=strongly agree.

DIMENSIONS

Dimension: Tangible

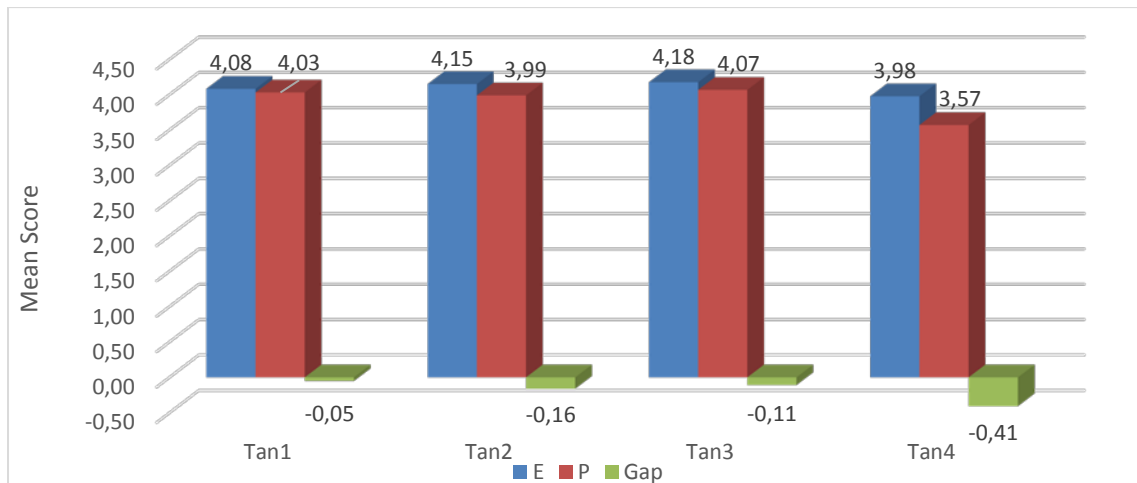


Figure 4.5: Tangibles

4.6.1 Statement 1: Modern-looking Equipment

The information reflected in Figure 4.5 reveals the expectations and perceptions of the respondents in this study regarding advanced-looking equipment in superb wellbeing and wellness centres (Tangible 1). The expectation's mean score was 4.08, and the apparent mean score was 4.03, (on a scale of 1-5). The mean crevice score was -0.05. This finding uncovers that the gap was moderately small and, along these lines, it can be presumed that HFC individuals are happy with the equipment at the recreation centres.

4.6.2 Statement 2: Physical facilities are visually appealing

The aim of statement this statement was to obtain customer perceptions of the modernity of their HFC equipment (Tangible 2). As shown in Figure 4.5, respondents' mean scores for expectations were 4.15 and for perceptions 3.99. The mean gap score for this question was -0.16. The findings display that members were satisfied with the modernity and visual appeal of equipment.

4.6.3 Statement 3: Personnel are neat and presentable

As indicated in Figure 4.5, this statement was included to obtain the customer's perceptions of the personnel at the HFC (Tangible 3). The appearance from the respondents shows that the expectations' mean score was 4.18, with perceptions at 4.07. The mean gap score was -0.11. The results of the study show that the members at the HFC are satisfied with the appearance of the HFC staff.

4.6.4 Statement 4: Materials are visually appealing

The data revealed in Figure 4.5, display the expectations' mean score as 3.98 and 3.57 for perceptions. The mean gap score was -0.41, which means the customers were pleased with the materials and statements at the HFC (Tangible 4).

Dimension: Reliability

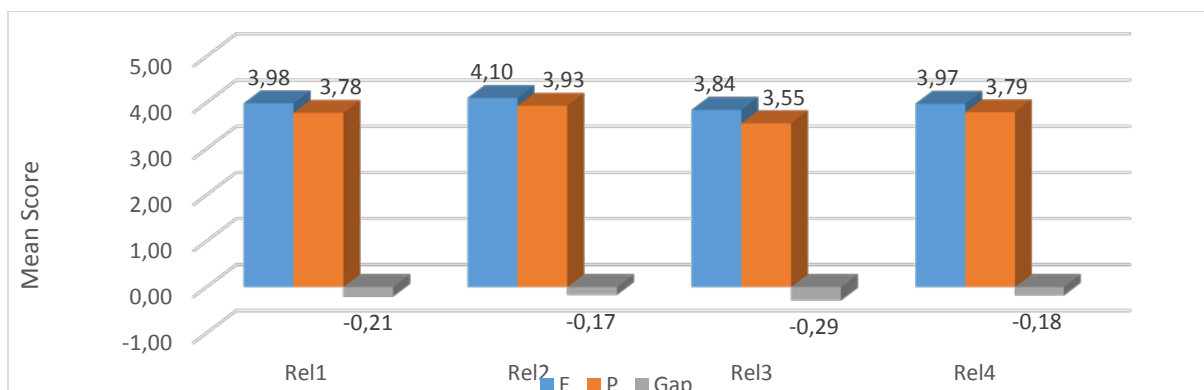


Figure 4.6: Reliability

4.6.5 Statement 5: Management promise to do something

Figure 4.6 illustrates the HFC lag in terms of the fulfilment of promises at the time of doing so. The respondents indicate that the mean score of expectations to the statement was 3.98, and for perceptions it was 3.78. The mean gap score is -0.21. This shows that the HFC members are satisfied with the delivery on promises from the HFC management.

4.6.6 Statement 6: Staff is willing to solve problems

Statement 6 was aimed at evaluating whether the HFC staff show a serious interest in solving member problems. Figure 4.6 shows the responses were similar, with respondents revealing that the mean score of expectations to the statement was 4.10, and that of perceptions was at 3.93. The service quality gap score was -0.17; a clear indication of the HFC members being satisfied with management's problem solving skills.

4.6.7 Statement 7: Excellent HFC will get things right the first time

The aim of statement 7 was to benefit the HFC member perceptions of the personnel. In Figure 4.6, the respondents reflected that the mean score of expectations was 3.84, while the perceptions mean score was 3.55. The gap score was shown to be -0.29. It was revealed that the members were satisfied with the HFC statement of "getting things right the first time". The gap score in this dimension was shown to be the highest gap in the service quality dimension.

4.6.8 Statement 8: HFC personnel will provide services on time

As reflected in Figure 4.6, the purpose of statement 8 was to assess whether the HFC management and staff "get things right the first time". Respondents' mean scores for expectations and perceptions were 3.97 and 3.79, respectively. The mean gap score was -0.18. The perceptions and expectations are similar.

Dimension: Responsiveness

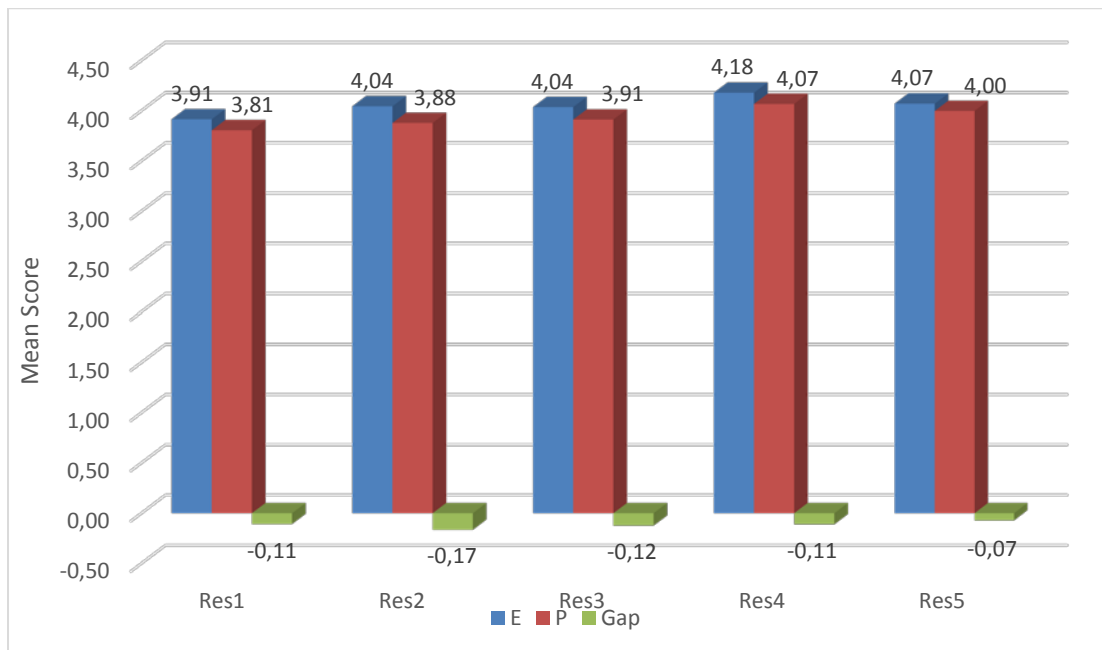


Figure 4.7: Responsiveness

4.6.9 Statement 9: HFC management insist on error-free records

As substantiated in Figure 4.7, the expectations and perceptions of respondents were revealed in terms of the statement that management insists on error-free records. The mean scores for expectations and perceptions were 3, 91 and 3.81, respectively. The mean gap score was -0.11, showing that the HFC members are satisfied with management operating on an error-free record basis.

4.6.10 Statement 10: When the service will be performed

As indicated in Figure 4.7, statement 10 aims to evaluate whether the personnel at the HFC tell members exactly when services will be offered. The expectations mean score was 4.04 and 3.88 for perceptions, concerning what the members perceive they are being told. The mean gap score was -0.17. The results mean that member expectations have been satisfied.

4.6.11 Statement 11: Personnel at HFC will give prompt service to members

The purpose of statement 11, as its findings reflected in Figure 4.7 show, was to assess whether the HFC personnel give prompt services to their members. The mean scores for expectations of the respondents were revealed to be 4.04 and the perceptions were 3.91. The mean gaps score was -0.12.

4.6.12 Statement 12: Staff is always willing to help members

Figure 4.7 reveals the expectations and perceptions' mean scores of the respondents in the research study, in terms of responsiveness of staff to their members. As shown in the graph, the scale of the expectations was 4.18, with the perceptions at 4.07. The mean gap score was -0.11.

4.6.13 Statement 13: Staff Response to members' requests

The expectations and perceptions of the respondents in the study, in terms of courtesy of staff in the HFC, are illustrated in Figure 4.7. The results reveal the expectations mean score was 4.07 and the perceptions score was at 4.00. The mean gap score was -0.07. The expectations and perceptions were very similar to one another, indicating the members were satisfied.

Dimension: Assurance

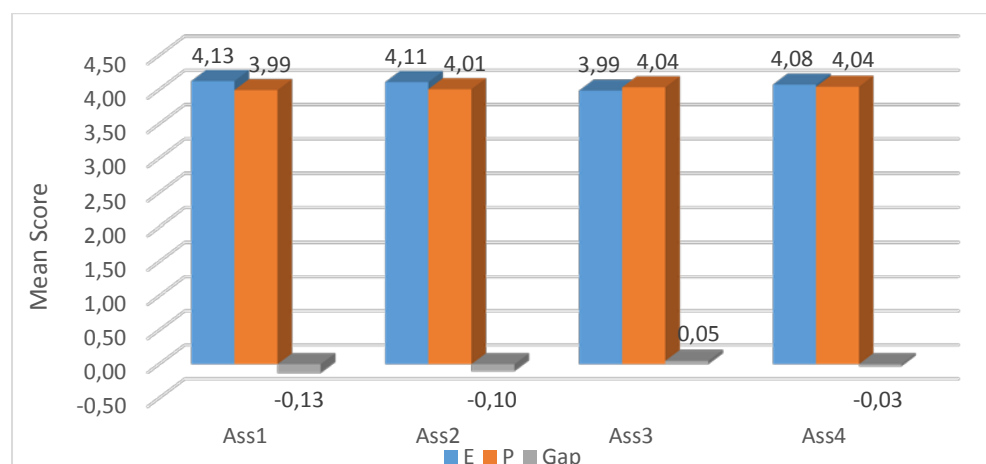


Figure 4.8: Assurance

4.6.14 Statement 14: HFC staff instil confidence in members

The purpose of question 13 was to calculate whether the staff can instil confidence in their members. As shown in Figure 4.8, the mean scores for expectations and perceptions were 4.13 and 3.99, respectively. The gap score was -0.13 . The respondents agreed with the statement that the staff instils confidence in the members. Therefore, there is a small gap, the results imply that HFC have room for improvement on this feature of service delivery.

4.6.15 Statement 15: Members feel safe at the HFC dealings

The data reflected in Figure 4.8, reveals that the expectations and perceptions of the respondents in this study, in terms of members feeling safe in their dealings with the staff at the HFC. The expectation's mean score was 4.11, and the perceptions mean score was 4.01, (on scales of 1-5). The mean gap score was -0.10 . This finding reveals that the gap was relatively small and, therefore, it could be concluded that HFC members felt safe in their dealings with the staff at the HFC.

4.6.16 Statement 16: Staff is consistently courteous to members

The members' response to the statement (Figure 4.8) reveals that the mean score of expectations was 3.99, with perceptions at 4.04. The mean gap score was 0.05. Member perceptions have exceeded the expectations, meaning the members were not satisfied with the statement that the staff was consistently courteous to members and there is still room for improvement, so everyone is happy.

4.6.17 Statement 17: Staff will have the knowledge to answer members

The aim of statement 16 was to further estimate the encouragement of the knowledge and interest of the staff to determine whether the staff attend to member requests. The mean score for expectations, in reference to the statement was 4.08 and the perceptions score was 4.04. The mean gap score was -0.03 , which was the second smallest gap score, meaning there is great room for improvement on service quality and service delivery.

Dimension: Empathy

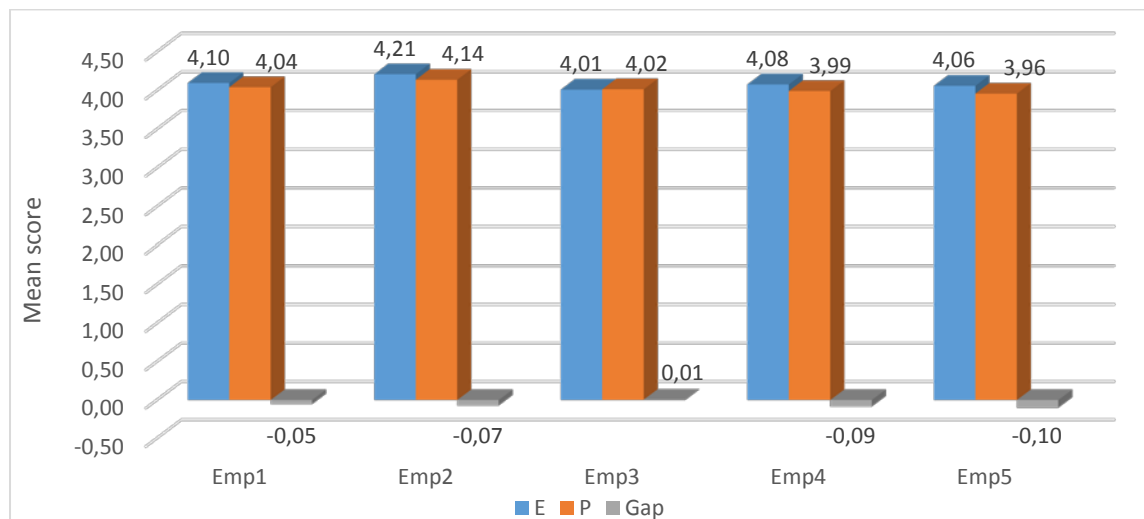


Figure 4.9: Empathy

4.6.18 Statement 18: The HFC has operating hours convenient to all members

Figure 4.9 reveals the expectations and perceptions of respondents in terms of the convenience of operating hours. The respondents' mean scores were 4.21 for expectations and 4.14 for perceptions. The gap indicates a score of -0.07. The result proposes that the HFC are presenting above satisfactory operating hours for their members. This result will have a progressive impact on the assessment of service quality for this dimension.

4.6.19 Statement 19: The HFC instructors give their members personal attention

The statement responses illustrated in Figure 4.9 show the expectations and perceptions of respondents in terms of whether HFC members were receiving individual attention. Respondents graded their expectation at a mean score of 4.01 and their perception of what they receive as 4.02. The gap score for this question was 0.01. This score suggests that HFC employees should be concerned about the attention paid to members, so as to improve service delivery.

4.6.20 Statement 20: HFC staff will have members' best interests at heart

Statement 20 aimed at determining whether the HFC paid more attention to their members and their needs. Figure 4.9 reveals the respondents' mean scores, with expectations at 4.08 and perceptions at 3.99. The mean gap score was -0.09. The expectations and perceptions were very similar indicating that HFC members were satisfied and the staff has their best interest at heart.

4.6.21 Statement 21: HFC staff understands and caters to your specific needs

The aim of statement 21 was to establish whether the HFC staff understood their member's needs and caters to them. As illustrated in Figure 4.9 the respondents revealed that the mean score for expectations was 4.06, and that of perceptions was 3.96. The mean gap score between expectations and perceptions was -0.10. The staff at the HFC need to pay more attention to member needs to ensure everyone is happy and satisfied, consequently enabling the HFC staff to maintain and build new relationships.

4.7 CUSTOMER SATISFACTION

4.7.1 Frequency of health and fitness use

As shown in Figure 4.10, 66.1 percent (255) of the respondents go to the HFC two to three times a month, followed by 28.5 percent (110) of the respondents that uses the HFC once a week/ or more, 3.4 percent (13) of the respondents go to the HFC once a month, 1.6 percent (6) go to use the health and fitness amenities, and the balance of 0.5 percent (2) goes to the HFC two to three times a month.

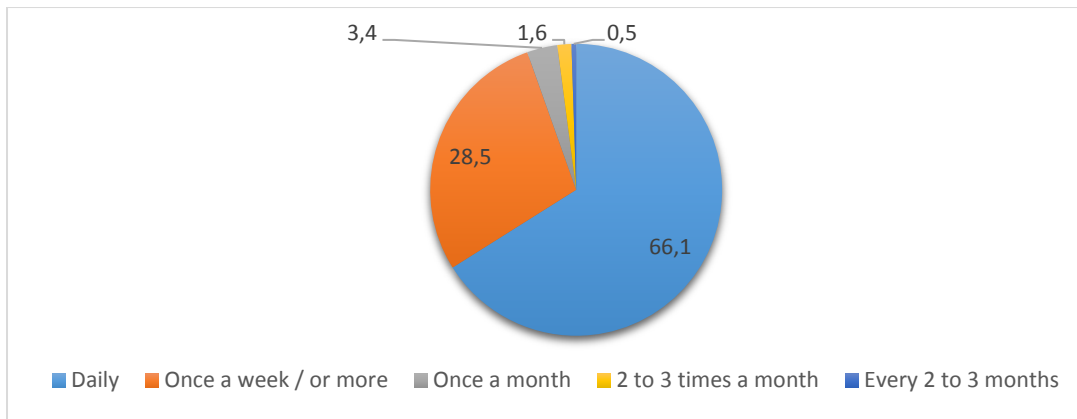


Figure 4.10: Frequency of respondents

4.7.2. Overall satisfaction of HFC

Figure 4.11 illustrates that 4.9 percent (19) of the respondents indicated that they are very displeased with the HFC, 3.6 percent (14) of the members showed they are not satisfied with the HFC, and 21.2 percent (82) of the respondents showed that they are somewhat satisfied, while 65.8. Percent (254) of the respondents stated they are very satisfied, with the balance of 4.4 percent (17) of the respondents indicating they are extremely satisfied.

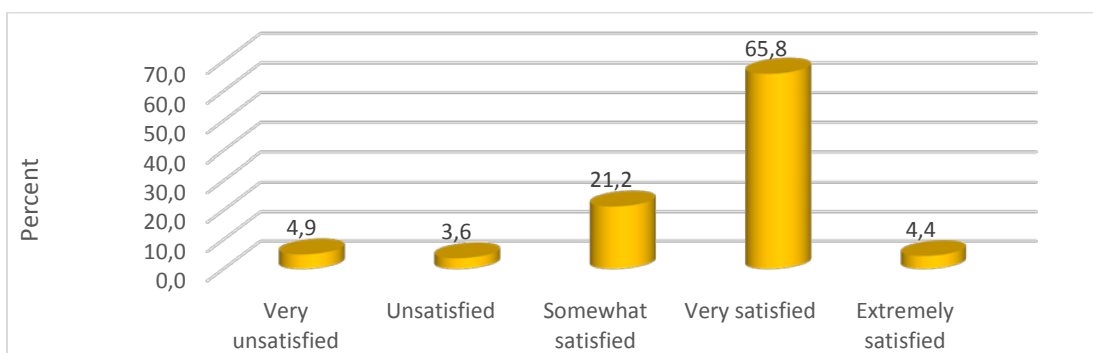


Figure 4.11: Satisfaction levels of respondents

4.7.3 Repeat use of the HFC

Figure 4.1 reflects the indication by 65.8 percent (254) of the respondents that stated they will definitely use the HFC again, 31.3 percent (121) of the respondents showed they would use the HFC again, 1.8 percent (7) of the respondents indicated that they might or might not use the HFC, while with 0.8 percent (3) of the respondents, it was

evident that they probably do not use the HFC, and the remaining 0.3 percent (1) was evident from the indicated that they will definitely not use the HFC again.

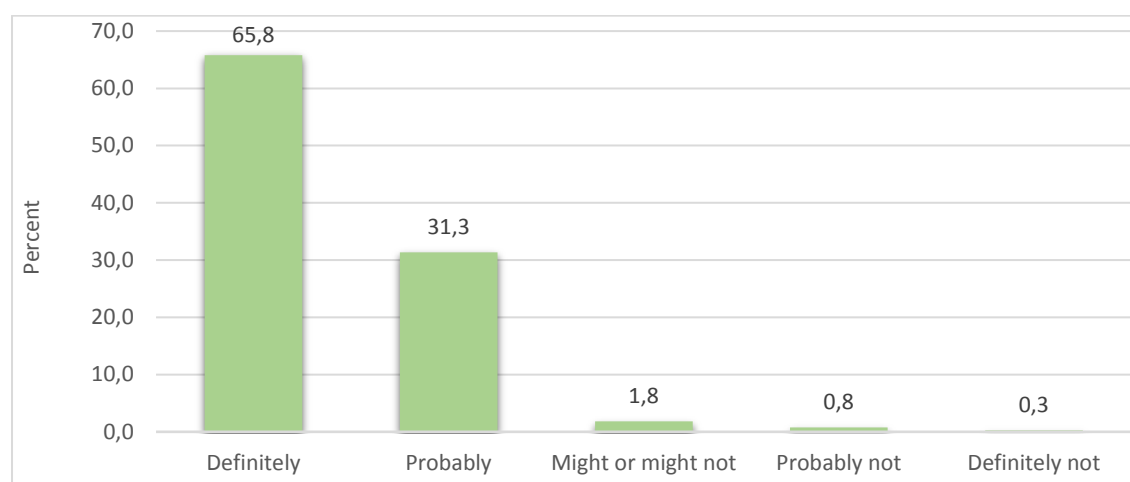


Figure 4.12: Repeat use of the Health and Fitness Centre

4.7.4 Recommend the HFC to others

As illustrated in Figure 4.13, 65.0 percent (251) of the HFC members specified they will definitely recommend the HFC to others, 32.4 percent (125) of the respondents would probably recommend it, 1.6 percent (six) of the respondents show that they might or might not recommend it, 0.8 percent (three) of the respondents indicated that they would probably not recommended the HFC to others, and the remaining 0.3 percent (one) of the respondents will definitely not recommend the HFC.

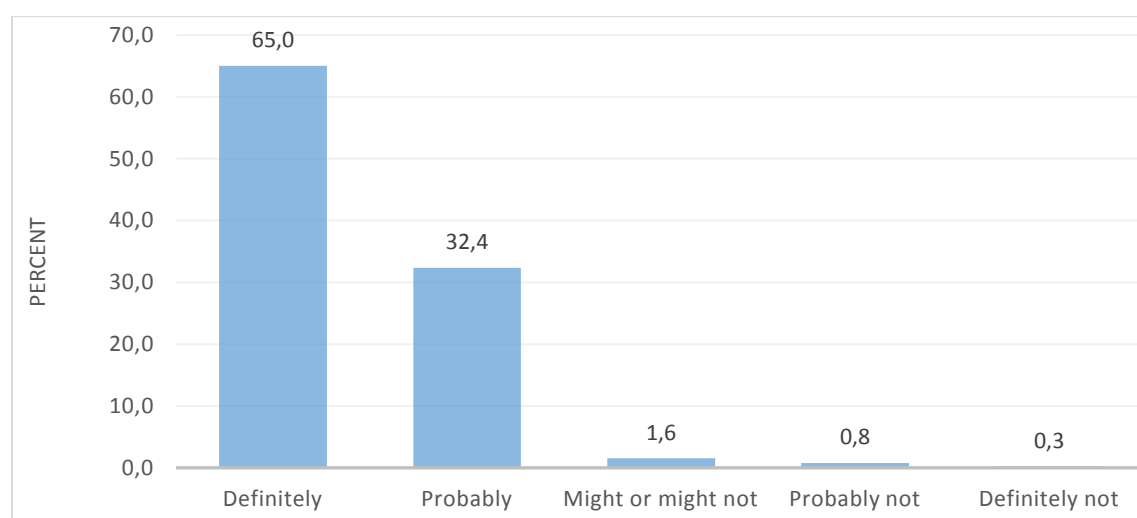


Figure 4.13: Recommendation of the HFC

4.8 ANOVA

4.8.1 Comparison of Health and Fitness Centres

Table 4.4: Tangibles

		Umlazi			Kwa-Mashu			Phoenix			Ntuzuma		
		E	P	Gap	E	P	Gap	E	P	Gap	E	P	Gap
Excellent sport at health and fitness will have modern looking equipment	Tan1	4.44	4.59	0.16	3.99	3.80	-0.19	3.58	3.81	0.23	4.25	3.88	-0.37
The physical facilities at excellent health and fitness will be visually appealing	Tan2	4.51	4.63	0.12	3.92	3.62	-0.30	3.88	4.07	0.19	4.24	3.64	-0.61
Personnel at excellent health and fitness are neat and presentable	Tan3	4.50	4.50	0.00	3.91	3.76	-0.15	4.07	4.06	-0.01	4.20	3.94	-0.26
Materials associated with the service (such as pamphlets or statements) will be visually appealing at the health and fitness	Tan4	4.35	4.02	-0.33	3.50	2.87	-0.63	3.92	4.14	0.22	4.13	3.32	-0.81

As evidenced from Table 4.4, the gap scores suggest that the perceptions ratings were quite similar, as well as exceeding the expectations rating for the Umlazi, and Phoenix HFC. However, the HFC in Kwa-Mashu and Ntuzuma generated negative scores.

Table 4.5: Reliability

		Umlazi			Kwa-Mashu			Phoenix			Ntuzuma		
		E	P	Gap	E	P	Gap	E	P	Gap	E	P	Gap
When the health and fitness management promise to do something by a certain time they will do so	Rel1	4.26	4.06	-0.20	3.73	3.37	-0.36	3.88	4.00	0.12	4.05	3.71	-0.34
When a member has a problem, the health and fitness personnel will show a sincere interest in solving it	Rel2	4.43	4.23	-0.20	3.71	3.57	-0.14	4.12	4.02	-0.09	4.14	3.91	-0.23
Excellent health and fitness will get things right the first time	Rel3	4.09	3.92	-0.17	3.46	3.27	-0.19	3.95	3.86	-0.09	3.88	3.18	-0.70
Excellent health and fitness personnel will provide their services at the time they promise to do so	Rel4	4.28	4.09	-0.19	3.62	3.49	-0.13	3.95	3.88	-0.07	4.04	3.71	-0.33

As reflected in Table 4.5, with the exception of the statement: “When the health and fitness management promise to do something by a certain time they will do so”, which had a positive score of 0.12 in the Phoenix HFC, the rest of the statements for the reliability dimension had negative gap scores across all HFC.

Table 4.6: Responsiveness

		Umlazi			Kwa-Mashu			Phoenix			Ntuzuma		
		E	P	Gap	E	P	Gap	E	P	Gap	E	P	Gap
The management will insist on error-free records	Res1	4.31	4.19	-0.12	3.39	3.42	0.03	3.99	3.91	-0.08	3.98	3.72	-0.26
Personnel in the health and fitness will tell members exactly when service will be performed	Res2	4.43	4.15	-0.28	3.76	3.67	-0.09	3.94	3.87	-0.07	4.03	3.82	-0.21
Personnel in the health and fitness will give prompt service to members	Res3	4.39	4.20	-0.19	3.74	3.60	-0.14	4.01	4.08	0.07	4.00	3.79	-0.21
Personnel and management will always be willing to help members	Res4	4.55	4.36	-0.20	3.91	3.94	0.03	3.95	4.03	0.08	4.26	3.93	-0.33
Personnel/management will never be too busy to respond to members' requests	Res5	4.50	4.35	-0.16	3.68	3.76	0.08	3.86	3.97	0.10	4.20	3.91	-0.29

Table 4.6 illustrates that all statements relating to the gap scores were negative for Umlazi and Ntuzuma. Retrospectively, with the exception of statements: “Personnel in the health and fitness will tell members exactly when service will be performed” and “Personnel in the health and fitness will give prompt service to members” had positive scores for Kwa-Mashu. Similarly, Phoenix had positive scores for statements: “Personnel in the health and fitness will give prompt service to members”, “Personnel and management will always be willing to help members” and “Personnel/management will never be too busy to respond to members' requests”. However, the statements: “The management will insist on error-free records”, “Personnel in the health and fitness will tell members exactly when service will be performed” had negative scores.

Table 4.7: Assurance

		Umlazi			Kwa-Mashu			Phoenix			Ntuzuma		
		E	P	Gap	E	P	Gap	E	P	Gap	E	P	Gap
The behaviour of personnel in an excellent health and fitness will instil confidence in members	Ass1	4.42	4.30	-0.12	3.85	3.69	-0.16	4.05	4.05	0.00	4.18	3.95	-0.23
Management of the health and fitness will feel safe in their dealings with the sport organisations	Ass2	4.37	4.35	-0.02	3.94	3.77	-0.17	4.06	4.05	-0.01	4.07	3.87	-0.20
Personnel/management will be consistently courteous with its member	Ass3	4.33	4.28	-0.05	3.62	3.71	0.09	3.95	4.19	0.23	4.04	3.99	-0.05
Personnel / management will have the knowledge to answer members' questions	Ass4	4.46	4.32	-0.14	3.74	3.73	-0.01	4.02	4.08	0.06	4.07	4.05	-0.02

As shown in Table 4.7, all the statements relating to the gap scores for both the Umlazi and Ntuzuma HFC reflected negative gap scores. The statement: “Management of the health and fitness will feel safe in their dealings with the Health and Fitness Centres” was seen as negative for the Phoenix HFC, while Kwa-Mashu’s HFC was shown to have negative scores for the statements: “The behaviour of personnel in an excellent health and fitness will instil confidence in members”, “Management of the health and fitness will feel safe in their dealings with HFC” and “Personnel / management will have the knowledge to answer members’ questions”.

Table 4.8: Empathy

		Umlazi			Kwa-Mashu			Phoenix			Ntuzuma		
		E	P	Gap	E	P	Gap	E	P	Gap	E	P	Gap
Fitness instructors give members' individual attention	Emp1	4.67	4.45	-0.23	3.58	3.73	0.15	4.12	4.06	-0.06	4.02	3.94	-0.08
The health and fitness have operating hours convenient to all their members	Emp2	4.65	4.47	-0.19	3.87	3.75	-0.12	4.22	4.22	0.00	4.10	4.13	0.03
The health and fitness instructors give their members personal attention	Emp3	4.47	4.34	-0.13	3.56	3.65	0.09	4.09	4.20	0.10	3.94	3.91	-0.03
Health and fitness staff will have the members' best interests at heart	Emp4	4.42	4.21	-0.21	3.71	3.71	0.00	4.15	4.14	-0.01	4.05	3.94	-0.11
Health and fitness staff understands and caters to your specific needs	Emp5	4.37	4.18	-0.19	3.76	3.74	-0.02	4.13	4.06	-0.07	4.00	3.88	-0.12

As evidenced from Table 4.8, the statement: “The health and fitness have operating hours convenient to all their members” had a positive score for Ntuzuma. However, by contrast, with the exception of statements: “The health and fitness have operating hours convenient to all their members” and “Health and fitness staff understands and caters to your specific needs” for Kwa-Mashu and “Fitness instructors give members individual attention”; “Health and fitness staff will have the members best interests at heart” and “Health and fitness staff understands and caters to your specific needs” for Phoenix, all other statements were positive for the above mentioned HFC.

4.9 GAP ANALYSIS

As expressed in the literature review (Chapter 2), there were five measurements in assessing general service quality. In this segment of the section, the information investigations concentrate on the mean gap scores from the expectations and perceptions scales for each of the adjusted 22 service quality properties and the five related dimensions.

4.9.1 Dimension 1 – Tangibles

Tangibles relate to the “presence of facilities, hardware (equipment), faculty(personnel) and communications materials” (Lotz 2009: 19). Therefore, this quality dimension was related to physical facilities, equipment, materials, and appearance of the service delivery. As presented in Table 4.9, the expectations mean score (3.98) is attributed to “materials were visually appealing”, while “physical facilities were visually appealing” and “personnel were neat in appearance” for expectations achieved similar mean scores of 4.15 and 4.18, respectively. The mean score for “modern looking equipment” was 4.08. It was evident that the mean score (3.57) relating to perception for “materials were visually appealing” was the lowest. The largest mean score (4.07) was for “personnel are neat in appearance”. A comparison of the mean expectations and perceptions scores indicated a minimal difference between the dimensions. The largest gap ($G = -0.41$) was found in response to the statement “materials were visually appealing”. The smallest gap (-0.05) was for “modern looking equipment”. This indicated that the gaps were minimal, thus stressing members’ satisfaction.

Table 4.9: Dimension 1– Tangibles

		E	P	Gap
Excellent sport at health and fitness will have modern looking equipment.	Tan1	4.08	4.03	-0.05
The physical facilities at excellent health and fitness will be visually appealing.	Tan2	4.15	3.99	-0.16
Personnel at excellent health and fitness are neat and presentable.	Tan3	4.18	4.07	-0.11
Materials associated with the service (such as pamphlets or statements) will be visually appealing at the health and fitness.	Tan4	3.98	3.57	-0.41

4.9.2: Dimension 2 – Reliability

Zeithaml *et al.* (2006: 117) depict reliability as the capacity to play out the guaranteed service reliably and precisely. Hence, these statements were to assess the reliability of service quality regarding the HFC Offerings. As indicated in Table 4.10, the two statements had relatively similar mean scores for expectations, with regards to

“personnel promises to do something by a certain time” (3.98) and “personnel will provide their services at the time they promise to do so” (3.97). While “personnel will show a sincere interest in solving problems” had the highest mean score (4.10), followed by the lowest for “personnel will get things right the first time” (3.84).

The perception statements “personnel will show a sincere interest in solving problems” had the highest mean score (3.93). While “personnel will get things right the first time” had the lowest score (3.55). On the contrary, “personnel promises to do something by a certain time” and “personnel will provide their services at the time they promise to do so” had perception mean scores of 3.78 and 3.79 respectively.

Although “personnel will get things right the first time” had the highest gap score in this group (-0.29), it is evident that the gap scores in this group were low: “personnel promises to do something by a certain time” (-0.21), “personnel will provide their services at the time they promise to do so” (-0.18) and “personnel will show a sincere interest in solving problems” (-0.17).

Table 4.10 Dimension 2– Reliability

When the health and fitness management promise to do something by a certain time they will do so.	Rel1	3.98	3.78	-0.21	0.000
When a member has a problem, the health and fitness personnel will show a sincere interest in solving it.	Rel2	4.10	3.93	-0.17	0.000
Excellent health and fitness will get things right the first time.	Rel3	3.84	3.55	-0.29	0.000
Excellent health and fitness personnel will provide their services at the time they promise to do so.	Rel4	3.97	3.79	-0.18	0.000

4.9.3 Dimension 3 – Responsiveness

The ability of workers to assist members and bring about benefit is how Zeithaml *et al.* (2006: 127). Statements under this factor primarily described the willingness of the HFC to help members and provide quick service, as well as the employees’ skills and abilities to interact with people. As evidenced in Table 4.11, the expectation scores fluctuated between 4.18 and 3.91, while the perception scores ranged between 4.07

and 3.81. The largest gap score was -0.17 and the lowest -0.07. The average gap score was 0.02. It was noted that the “personnel at the HFC will tell members when a service will be performed” and “Personnel will never be too busy to respond to members’ requests” had the biggest gap amongst all attributes and need to be examined for further improvements.

Table 4.11: Dimension 3 — Responsiveness

		E	P	Gap	Mann Whitney p-value
The management will insist on error-free records.	Res1	3.91	3.81	-0.11	0.012
Personnel in the health and fitness will tell members exactly when service will be performed.	Res2	4.04	3.88	-0.17	0.000
Personnel in the health and fitness will give prompt service to members.	Res3	4.04	3.91	-0.12	0.010
Personnel and management will always be willing to help members.	Res4	4.18	4.07	-0.11	0.011
Personnel/management will never be too busy to respond to members’ requests.	Res5	4.07	4.00	-0.07	0.068

4.9.4 Dimension 4 – Assurance

Bruhn and Georgi (2006: 52) state that assurance identifies with the sellers’ ability to convey the outputs; particularly as far as the information; consideration and dependability of the representatives are concerned. As shown in Table 4.12, the two statements have relatively similar mean scores for expectations with regards to the “personnel in an excellent health and fitness will instil confidence in members” (4.13) and “personnel will feel safe in their dealings with the HFC” (4.11), while the score for “personnel will have the knowledge to answer member’s questions” was 4.08. On the other hand, “personnel will be consistently courteous with its members” had the lowest mean score of 3.99.

Where the perceptions statements are concerned, it was indicated that two statements had a similar mean score of 4.04 for each statement, namely: “personnel have the knowledge to answer members’ questions” and “personnel will be consistently courteous with their members”. The statement, “members feel safe in their dealings

with the staff” had a mean score of 4.01, while “personnel will instil confidence in members” had the lowest mean score of 3.99.

The contrast of the mean expectations and perceptions indicates a small difference between the dimensions. The largest gap (-0.13) was found in the statement “excellent health and fitness will instil confidence in members”. It was evident in this group that the gap scores were low: “personnel will feel safe in their dealings with the HFC” (-0.10), “personnel will consistently be courteous with their members” (0.05) and “management will have the knowledge to answer to their members” (-0.03). The smallest gap (0.05), was shown to be “personnel will be consistently courteous with its member”.

Table 4.12: Dimension 4 – Assurance

		E	P	Gap	Mann Whitney p-value
The behaviour of personnel in an excellent health and fitness will instil confidence in members.	Ass1	4.13	3.99	-0.13	0.005
Management of the health and fitness will feel safe in their dealings with the sport organisations.	Ass2	4.11	4.01	-0.10	0.026
Personnel/management will be consistently courteous with its member.	Ass3	3.99	4.04	0.05	0.183
Personnel / management will have the knowledge to answer members’ questions.	Ass4	4.08	4.04	-0.03	0.432

4.9.5 Dimension 5 – Empathy

Lotz (2009: 17) describes empathy “as the understanding and sensitivity carrying individualised attention given to members”. Hence, the characteristics reflected in Table 4.13 were to assess the empathy dimension of service quality at the HFC in townships. The statement: “HFC have operating hours convenient to all their members” (4.21) had the highest gap score in expectations. Two statements in this factor, namely: “Fitness instructors give members’ individual attention” and “HFC staff will have the members’ best interests at heart” scored 4.10 and 4.08, respectively. The expectations score for “HFC instructors give their members personal attention” was the lowest (4.01) in the service quality dimension.

The highest perception score (4.14) is for the statement “operating hours are convenient to all members”, while the lowest score (3.96) is for the statement: “HFC staff understands and caters to your specific needs”.

When assessing the attributes gap scores, it was manifested that the biggest gap score (-0.10) is for “HFC staff understands and caters to your specific needs” and the lowest gap score of (0.01) was attributed to “HFC instructors give their members personal attention”.

Table 4.13: Dimension 5 – Empathy

		E	P	Gap	Mann Whitney p-value
Fitness instructors give members' individual attention.	Emp1	4.10	4.04	-0.05	0.361
The health and fitness have operating hours convenient to all their members.	Emp2	4.21	4.14	-0.07	0.109
The health and fitness instructors give their members personal attention.	Emp3	4.01	4.02	0.01	0.771
Health and fitness staff will have the members' best interests at heart.	Emp4	4.08	3.99	-0.09	0.026
Health and fitness staff understands and caters to your specific needs.	Emp5	4.06	3.96	-0.10	0.009

4.9.6 Comparison of quality dimensions

Table 4.14: Comparison of quality dimensions

Dimension	Expectation Mean	Perception Mean	Gap PM- EM
Tangibles	4.09	3.91	-0.18
Reliability	3.97	3.76	-0.21
Responsiveness	4.04	3.93.	-0.11
Assurance	4.07	4.02	-0.05
Empathy	4.06	4.03	-0.03

As reflected in Table 4.14, all the dimensions display negative mean gap scores ranging from -0.03 to -0.21. The general mean gap score for all 22 attributes was – 0.13. “Personnel will have the knowledge to answer members’ questions” attribute has the smallest negative mean gap score of – 0.03, while “Materials associated with the service (such as pamphlets or statements) will be visually appealing at the health and fitness” has the largest negative mean gap score of – 0.41.

All in all, the findings indicate that, comparatively speaking, HFC members experience less inconsistency between their expectations and perceptions towards “Materials were visually appealing”, than towards “Staff provides their services at the time they promise to do so”.

Table 4.14 reflects that although the scores for expectations were higher than those for perceptions at the 95 percent level for each of dimension, the gap scores indicate that the scores between expectations and perceptions were, however, very close to one another. In the mean gap scores analysis of the service expectations and perceptions, it could be detected that the “empathy” was lowest ($G=-0.03$) among the expectations and perceptions of service quality. Conversely, this finding does not mean that the “empathy” dimension was not important. This finding basically means that “empathy” was relatively less important, in comparison to the other factors in the service quality dimension, as reflected by respondents in the survey.

Evident from the five dimensions, is that expectations for offerings at the HFC, “tangibles” rates the highest (4.09) and reliability rates the lowest (3.97). While empathy (4.06) is relatively high for expectations, it was the highest for perceptions (4.03). In comparison to the other dimensions relating to perceptions mentioned in Table 4.14, “reliability” (3.76) was rated very low.

Although the gaps were minor between dimensions, the highest gap score ($G= -0.21$) was attributed to the “reliability” dimension. As stated in the literature (Table 2.1), “reliability” was seen to be the most critical factor affecting HFC. The low “reliability” may not be due to lack of staff competence but inconsistency between what was externally communicated (promised) and what the service delivery system was actually able to provide the customers with. However, the gap scores for the three

other dimensions, namely: “tangibles” ($G = -0.18$), “responsiveness” ($G = -0.11$), “empathy” ($G = -0.03$) and “assurance” ($G = -0.13$) were also seen to be close.

4.10 HYPOTHESIS

4.10.1 Gender

1. The p-value between “Gender” and “Excellent sport at health and fitness will have modern looking equipment” is 0.013. This means that there is a significant relationship between the variables. Thus, the gender of respondents did play a significant role in terms of how the gymnasium was viewed regarding having modern-looking equipment.

From the hypothesis testing table, the male respondents (68) more strongly agreed with the statement than the female respondents (55).

2. The p-value between “Gender” and “Personnel at the excellent health and fitness were neat and presentable” is 0.023. This means that there is a significant relationship between the variables. In other words, the gender of the respondents did play a significant role in terms of whether respondents viewed personnel at the health and fitness as neat and presentable.

From the hypothesis testing table it shows, that male respondents (77) more strongly agreed with the statement than the female respondents (68).

3. The p-value between “Gender” and “When the health and fitness management promises to do something by a certain time they will do so” is 0.041. This indicates that there was a significant relationship between the variables. The implication is that the gender of respondents did play a significant role in terms of how respondents view promises by management of the HFC to do something by a certain time and it being done.

The hypothesis testing table show that female respondents (six) more strongly disagreed with the statement than the male respondents (two).

4.10.2 Age

1. The p-value between “Age” and “Excellent health and fitness personnel will provide their services at they promise to do so” is 0.086. This illustrates that there was no significant relationship between the variables. In other words, the age of the respondents did play a significant role in terms of how respondents view that the health and fitness personnel will provide services as promised.

From the hypothesis testing table it is shown that of the respondents between the ages of 18-22years (16), age 23-27years (13) and age 28+years (21), respondents in the 28+years age category strongly agreed with the statement more than the other age groups.

2. The p-value between “Age” and “The management will insist on error free record” was 0.07. This means that there was a significant relationship between the variables. The age of the respondents did therefore play a significant role in terms of how respondents view that management does insist on error-free record.

From the hypothesis testing table it is seen that from the respondents in the 18-22years (14) age group, the age group of 23-27years (48), and the age group of 28+years (32), it was found that respondents from the age group of 23-27years strongly agreed and support the statement more than those from the other age groups.

3. The p-value between “Age” and “Personnel in the health and fitness will tell members exactly when services will be performed” is 0.306. This means that there was no significant relationship between the variables. Therefore, the age of the respondents did play a significant role in terms of how respondents view personnel in the HFC informing their members as to when their services will be performed.

In the hypothesis testing table it is shown that from the age group 18-22years (23), age 23-27years (45) and age 28+years (36), that the group in the age category 23-27years strongly agreed and supports the statement more than other ages.

4.10.3 Race

1. The p-value between “Race” and “health and fitness have operating hours convenient to all their members” is 0.92. This means that there was no significant relationship between the variables. The gender of the respondents did therefore, play a significant role in terms of how respondents view the HFC as having operating hours convenient to all their members.

From the hypothesis testing table it can be seen that the most respondents are African (123), with one White respondent, Asian (15), Coloured (four) and others (eight), which would have the African group dominating by numbers and they therefore agreed more strongly than the other groups.

2. The p-value between “Race” and “The health and fitness instructors give their members personal attention” is 0.835, indicating that there was no significant relationship between the variables. This means that the gender of the respondents did not play a significant role in terms of how respondents view that fitness instructors give their members personal attention.

From the hypothesis testing table it is shown that there were more African respondents (82), than White (to), Asian (eight), or Coloured (five) and others (two), which again means the African race group dominates and they strongly agreed more than the other groups.

3. The p-value between “Race” and “The health and fitness instructors give their members personal attention” is 0.01. This means that there was a significant relationship between the variables. Thus, the gender of the respondents did play a significant role in terms of how respondents view that the fitness staff has their members’ interests at heart.

From the hypothesis testing table it can be seen that there are more African (50) respondents than White (one), Asian (15), or Coloured (0) and others (two), resulting in the African race group dominating through numbers and they strongly agreed more than the other groups.

4.11 CORRELATIONS

Bivariate correlation was also performed on the (ordinal) data (Appendix 3).

- The correlation value between “Excellent sport at health and fitness centres will have modern looking equipment” and “Personnel and management will always be willing to help members” is 0.345. This is a directly related proportionality. Respondents indicated that the more modern equipment a gym has, the more helpful staff is, and vice versa.
- The correlation value between “The health and fitness staff understands and caters to your specific needs” and “Excellent health and fitness personnel will provide their services at the time they promise to do so” is 0.314. This was a directly related proportionality. Respondents indicated that the more health and fitness staff understand each individual’s specific needs the easier it becomes to cater for the services promised at the right appropriate time and vice versa.
- The correlation value between “The physical facilities at the excellent health and fitness will be visually appealing” and “Excellent sport at health and fitness will have modern looking equipment” is 0.748. This was a directly related proportionality. Respondents indicated that the more the physical facilities were visually appealing, the better the likelihood of the HFC having modern-looking equipment and vice versa.
- The correlation value between “The management will insist on error free records” and “The personnel at excellent health and fitness were neat and presentable” was 0.321. This was a directly related proportionality. Respondents indicated that the more the management insist on error free records, the more the personnel at the HFC will be neat and presentable at all times and vice versa.
- The correlation value “Personnel at excellent health and fitness were neat and presentable and “Materials associated with the service (such as pamphlets or statements) will be visually appealing” is 0.581. This was a directly related proportionality. Respondents indicated that the more the personnel were neat and presentable, the more the materials associated with the service will be visually appealing at the HFC and vice versa.

- The correlation value between “Personnel in the health and fitness will give prompt services to members” and “Personnel in the health and fitness will tell members exactly when the service will be performed” is 0.609. This was a directly related proportionality. Respondents indicated that the more the personnel were able to provide prompt services to the members, the more they will be able to tell members when the service will be performed and vice versa.

4.12 CONCLUSION

The following chapter focuses on the summary, recommendations of the study and a conclusion on the findings.

The results of the study is presented and analysed in this chapter. The chapter presented a number of different methods of qualitative analysis applied to obtain descriptive statistics. The results were presented in the form of charts and tables, which helps to provide a detailed analysis.

A comparison of the Service Quality expectations and perceptions at the selected four health and fitness centres in KZN are determined and presented. According to the gap analysis of service dimensions, the gaps between expectations and perceptions at all four HFCs were also presented and analysed. Moreover, the results identify service quality dimensions that require further attention.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The previous chapter displayed the information obtained from 400 surveys distributed to HFC members, keeping in mind the end goal was to decide their examination of service quality at the selected HFC in Durban townships. This chapter summarises the study by first examining the discoveries of both the auxiliary information (literature study) and the essential information (empirical study). It assists present constraints of the study and offers key suggestions for enhancing and improving service quality at HFC in townships inside the Durban area. Additionally, avenues for future research are outlined.

The SERVQUAL instrument has a significant diagnostic part to play in evaluating and observing service quality at Durban township HFC, enabling them to determine where upgrades are required from the responses to the survey. From the factual results, it was expected that the service quality, expectations, perceptions and customer satisfaction scale were solid and legitimate instruments utilised for measuring the relationship as a part of this study, taking into account that the research findings offer various administrative ramifications.

The study outcomes discussed in the previous chapter show that five service quality dimensions were hopefully interconnected with the general service quality and are, verifiably, drivers of service quality that greatly affect expectations, perceptions and customer satisfaction. The study results propose that all the uniform coefficients identifying with the service quality dimensions and general service quality and customer satisfaction have an anticipated positive significance and were measurably critical.

The study was done in two stages. Stage one, customer satisfaction was investigated by surveying the five dimensions of service quality that then portray the perceptions that individuals have regarding customer benefit. The results of the investigation

added knowledge concerning the expectations of HFC members. Stage two; general service quality was tried against customer satisfaction.

The results of the study show that every one of the five service quality dimensions was maintained as vital to the respondents from the HFC.

As indicated by these disclosures by the HFC respondents had a feeling above normal at the HFC client benefit on the unique components of the service quality dimensions that were inspected in the study.

Along these lines, there is a verifiably positive relationship connecting each of the five service quality dimensions in addition to the aggregate service quality, expectations, perceptions and customer satisfaction. The findings demonstrate that all the institutionalized estimations identifying with the service quality dimensions showed anticipated positive significance, and were factually noteworthy. Hence the dimensions were found to be centre drivers of service quality and consumer loyalty. These outcomes were thus confirmation of what the clients require of their service suppliers (administration).

As per Kim and Kim (2001: 139, cited in Zeleke 2012: 103) to give quality service to customers/individuals, the service supplier needs to understand their customers' expectations. Hence, it is not surprising that giving better service quality appears to essential for achievement, if not survival. The results of this study agrees with the results by Kim and Kim (2001: 139, cited in Zeleke 2012: 103), in which they express that given exact understanding of their expectations, customer service, which could be deemed as a procedure that necessitates various strides to fulfil customer prerequisites, should be upgraded to match them.

The assessment of regression of the five factors of service quality with customer satisfaction was meaningful in all factors of service quality. More specifically, clients specified high satisfaction with the five dimensions of service quality examined in the study (Reliability, Responsiveness, Empathy, Assurance, and Tangibles).

In conclusion, the study was predictable with those of past research in finding that, service quality is a critical determinant of customer satisfaction, and service quality is the direct element that influences customer satisfaction. Subsequently, high quality service is seen as a vital step-by-step measure of survival; the higher the service quality, the higher the customer satisfaction.

In the event that clients are content with the service quality, their fulfilment level will be enhanced and the HFC will have the capacity to keep up a given client base. Bolton (1998:45) alludes to customer satisfaction as having an emphatically noteworthy impact on income for the association, since lifetime returns from an individual client would be dependent on the span of his/her relationship, as well as the measure of his/her buys, crosswise over charging cycles.

5.2 SUMMARY OF THE STUDY

The focus of the research study was to determine customer perceptions and expectations on the HFC in townships. The main aim of this study was to determine whether service quality could predict customer satisfaction in HFC in townships within the greater Durban area. In response, the HFC need to retain and receive many customers, both new and old clients, and create good relationships.

In chapter two (literature review), the gaps model was critically analysed for the improvement and management of the HFC in townships in the greater Durban area. In so doing, it will be easier to identify service problems, service quality, as well as customer perceptions and expectations, which will assist management in determining their own major failure points.

The researcher has further observed and read that many research studies have focussed mainly on reducing the five identified gaps, without taking the failures and the major problems on hand into consideration. Through this research study, assistance may be offered to HFC personnel regarding internal and external communication, the involvement of management (staff) and clients. In turn this would result to positive customer perceptions, and expectations, which could lead to customer satisfaction. Health and fitness management/ personnel (staff) should carry

out all types of analysis to enable monitoring and assessment of all their clients', members'/customers' needs, on a regular basis.

The nature of the study produced results that were excellent and similar for all service quality dimensions, from a gaps point perspective. Hence, it could be attributed to the fact that HFC is a new phenomenon in townships.

In light of this the service quality dimensions were presented as follows:

5.2.1 Tangibility

The tangible dimension was related to the physical assets measurement of the five dimensions of SERVQUAL. As detailed in Chapter two, physical assets are utilised by clients to evaluate the nature of service. Physical assets incorporate a wide assortment of articles, for example, covering, work areas, lighting, divider hues, pamphlets, every day correspondence and the presence of the staff.

The study demonstrated that the biggest gap in this component was connected to the absence of materials, for example, leaflets and handouts not being satisfactory. This suggests it was not outwardly engaging and in this manner neglected to pull in more clients. This may be because of amateurish service of tangibility quality angles in the HFC.

5.2.2 Reliability

The reliability dimension quality measurement was a blend of the first dependability and believability dimensions of the SERVQUAL display. The hypothetical study demonstrates that an unwavering quality dimension alludes to the capacity of a service association to convey on its guarantee and to determine service issues experienced by clients. Reliable directors can play out the guaranteed service constantly and precisely.

The descriptive study uncovered that the biggest gap in this dimension was that members did not receive guaranteed service for their paid enrolment. This suggests

HFC personnel neglected to perform the guaranteed service constantly and precisely. This could be because of overpromising by HFC personnel in commercials, either purposely or unexpectedly.

5.2.3 Responsiveness

The responsiveness dimension was identified with the responsiveness dimensions of the five dimensions in the SERVQUAL model. Responsiveness refers to the ability and availability of workers to manage clients' solicitations, inquiries, protests and issues. Responsive managers are those individuals who try to help visitors and provoke reaction.

The experimental study uncovered that the biggest gap in this dimension identified with the disappointment of HFC personnel in being unable to assist members with their requests for scheduled time at the HFC facilities. This suggests HFC personnel were seen as inadequate service providers and for the most part, neglected to react instantly. This may be because of poor working techniques as well as a lack of supervision by managers.

5.2.4 Assurance

The assurance dimension was a blend of the cordiality, competence, security and attainment dimensions of the SERVQUAL model. The hypothetical study demonstrated that representatives' information, courteousness and their capacity to rouse trust and certainty are essential. Trust and certainty can likewise be imparted to members when facilities are strategically placed. Some HFC personnel were found to be learned and considerate individuals who are ready to motivate individual trust and certainty.

The observational study demonstrated that the biggest gap in this dimension could be identified with the unwillingness of staff to help individuals to find facilities. This suggests the personnel needed certainty and therefore neglected to fabricate a receptiveness and simplicity of contact. This could be ascribed to disregarding the care and needs of members who were not acquainted with the environment.

5.2.5 Empathy

The empathy dimension was a mix of the first communication and comprehension dimension of the SERVQUAL model. The hypothetical study demonstrated that communication alludes to taking care of individualised consideration provided to clients. The substance of communication was that customers feel exceptional and extraordinary through customised or altered service, while trained workers are able to also build positive communication relationships with them. To apply this element, HFC personnel ought to bend over backwards to comprehend the client's needs, and the HFC staff ought to utilise basic dialect when speaking with them.

The experimental study uncovered that the biggest gap was connected with the inability of HFC staff to comprehend the particular needs of members. This infers that personnel neglect to speak with individuals about what they anticipate, which affects what they would think about the HFC offerings. This was because of the need to speak with individuals and poor comprehension of their needs.

Moreover, a fascinating finding that rose up out of this survey was that the respondents who were neutral or not satisfied with **one or two service dimensions**, were still satisfied overall. For example, respondents, who were not satisfied with the service dimension of tangibles but rather gave a high appraising for the empathy dimension, still perceived HFC as having high service quality.

5.3 DEMOGRAPHIC FACTORS IN SERVICE QUALITY

Statistical data relating to the population and particular groups within it is presented below.

5.3.1. Race groups

It was revealed by the empirical study that service quality could be influenced by race group. Further analysis showed that African members rated service quality higher than those from the other race groups. This result could be attributed to African members' higher level of participation and involvement in health and fitness related activities in

the township HFC. Moreover, cultural background does play an important role in how clients rate service quality.

The experimental study demonstrated that African members' perception and expectation levels were high. By and large, African members had a bigger gap score than the other race groups. This could be ascribed to their more prominent support levels of and inclusion in the township HFC.

5.3.2. Gender

Gender was shown by the empirical study to play a significant role in how respondents/members view service quality at the selected HFC. The study further reveals that male members rated service quality lower than the female members in the HFC. This could be as a result of a greater level of participation by males, as well as their involvement and deeper understanding of what could be considered quality health and fitness services.

The experimental study demonstrated that male individuals/members appraised the perceptions of the HFC services lower than females, additionally they had brought down expectation levels. All things considered, males had a bigger gap score than females. This could infer that males had more knowledge regarding HFC services than females.

5.3.3 Age

The empirical study pointed out that age has an important role to play in service quality. The members between the ages of 23-27years rated service quality to be at the lowest compared to the other age groups. It is possible that these members have less experience in using the services of the fitness centres than older members, who are more socially experienced. This could also be ascribed to this age group having high levels of participation and involvement in health and fitness. Therefore, they might use different levels of assessments criteria to evaluate the service at HFC.

5.4 KEY RECOMMENDATIONS TO IMPROVE SERVICE QUALITY

In view of the research discoveries, the outcomes infer that there is an opportunity to obtain better results in all five the previously mentioned dimensions of the SERVQUAL model. The biggest quality gap was in the assurance gap. The accompanying suggestions are made:

Having carefully analysed literature and empirical studies, the findings reveal that a gap exists between expected and perceived service quality. In other words, this means that all five the dimensions of SERVQUAL need improvement and enhancement.

From the analysis carried out, it was determined that the SERVQUAL model is a good instrument to measure service quality in HFC in townships because, from the gap score analysis carried out, it was found that the overall service quality is high as perceived by consumers in HFC and hence, customer satisfaction is rated accordingly. Member perceptions are found to be close to their expectations. In some cases, they matched or exceeded expectations. To answer the research objectives, the gap scores analysis carried out provided answers to these questions. As a result of this gap, it is clear that consumers are satisfied with service levels at HFC in townships. Evaluating the perceptions and expectations of consumers, it can be seen that all dimensions of service quality bring customer satisfaction.

Based on the research findings, the following recommendations are made:

5.4.1 Tangibility

To close all the 'tangibility' gaps as identified in 5.2.1 and as evidenced from the study, it has been established that there is a meaningful correlation between "Excellent health and fitness centres will have modern looking equipment" and "Personnel and management will always be willing to help members". Respondents indicated that the more modern equipment a gym has, the more helpful staff was, and vice versa. In this respect, HFC should pay attention to the following recommendations within their centres to enhance the brand:

- HFC personnel ought to be properly attired (uniform) in light of the fact that it enhances the image of the HFC facilities.
- Facilities and materials should be kept clean and presentable at all times.
- It is also important that modern-looking equipment should be put in place to improve perceived service delivery for clients. In addition, staff members should be adequately oriented and trained to be professional in their physical conduct/appearance as this goes a long way in boosting the image of the HFC, as well as improving service quality to clients.

5.4.2 Empathy

- Towards addressing the gaps identified in the empathy dimension, especially the one related to staff members not being able to understand and cater to specific client needs, it is crucial that staff members interact and communicate with clients. This allows for an in-depth knowledge of what each customer needs, and the capacity they have to continue to add value to the needs of such customer.
- In other words, staff members should adopt a more holistic customer-orientation approach, by demonstrating a human dimension to their interaction with clients. Moreover, an evaluation of the needs of clients could be conducted, to keep track of any changing needs.
- Furthermore, programmes could be re-evaluated and the necessary changes made as programmes and services evolve and technology improves.
- This is necessary in order to provide up-to-date programmes that will illuminate experiences and the quality of service delivered to clients.

5.4.3 Reliability

To close all the reliability gaps, the unwavering quality gap was perceived to be the biggest gap recognised in 5.2.2, with the following recommendations:

- The HFC staff should understand the significance of staying faithful to their commitments to individuals and the risk of overpromising.

- The personnel at the HFC should attempt to use different methods to discover what client wants and needs are and then provide it in a manner consistent with client values of expectations of quality and service.
- The HFC personnel must ensure that all facilities, such as equipment, lighting, flooring, and accounts (gym areas) and so on, are monitored on a regular basis.

Following the failure of staff members in 'getting things right the first time', the following recommendations are made.

- Staff members should be formally trained to ensure an understanding of the importance of delivering on promises, as well as providing customers with relevant and timely information.
- It was noteworthy that the extent to which services are timeously delivered is often used to evaluate service providers. Additionally, staff members should use innovative approaches to determine what clients want, and make provision for these in line with expectations of value and quality.

5.4.4 Responsiveness

- The personnel at the HFC should be able to tell customers exactly when services will be performed, these recommendations are a necessity.
- The HFC personnel must ensure that members are furnished with adequate and clear information, as well as providing answers about their queries.
- Also, the HFC personnel should display a high level of professional complaint handling skills and personal initiatives to proffer solutions to clients' problems/challenges.
- It is of great importance to state that the HFC should be actively involved in discharging their duties and responsibilities, to enhance the delivery of efficient service as advertised and paid for. Moreover, experienced and skilled staff members should be recruited to enhance client care and overall service quality.
- Internal working relationships by the HFC personnel should be maintained through meetings held on a regular basis (daily, weekly or monthly) to discuss key issues to enable them to answer client questions and build new relationships with clients.

5.4.5 Assurance

- The personnel at the HFC should conduct themselves towards members in a manner that is emphatic, friendly, and helpful, as well as meeting client needs.
- Moreover, suggestions should be welcome from clients through suggestion boxes, emails, pin boards and so on, in order to identify critical areas of concern for clients.
- Furthermore, the HFC management should ensure qualified personnel to monitor the attitudes, behaviour and work ethics of the HFC personnel, to enable service quality improvement.

5.5 CUSTOMER SATISFACTION

As evidenced by the study, clients at the HFC showed loyalty to their service providers; it was therefore established that members will return to the HFC in a consistent manner. Furthermore, they will highly recommend the HFC to others.

In light of this, the study reflects that service providers have a close and personal relationship with clients. With the high degree of satisfaction, client relationships on the loyalty ladder were predominantly at 'platinum level'.

It has been established that there is a significant relationship between:

- Tangibles and Customer satisfaction;
- Responsiveness and Customer satisfaction;
- Reliability and Customer satisfaction;
- Assurance and Customer satisfaction; and
- Empathy and Customer satisfaction.

Hence, this causal relationship makes it clearly evident that the level of customer satisfaction at HFC in Townships is dependent on the service quality dimensions.

5.5.1 Correlations to all other satisfaction of the gym

As seen in the previous chapter, the results obtained from the HFC members show they were somewhat satisfied with the services they receive from their HFC. The correlations presented demonstrate a significant relationship between the health and fitness centres and wellbeing.

5.6 ATTAINMENT OF RESEARCH OBJECTIVES

A discussion of the attainment of research objectives is discussed below:

- **To identify customer expectations of services provided**

Chapter two comprised of the literature review and understanding the important characteristics and the five dimensions of service quality. Customers' expectations were identified, tested and analysed in Chapter four. The gap between customers' expectations and perceptions were measured according to customers' expectations of the delivery of the five service quality dimensions: tangibles, reliability, responsiveness, assurance and empathy. The results revealed that customer expectations at the four selected Health and Fitness centre in townships within the greater Durban area. These finding indicate that improvements are necessary across all five dimensions. The gaps pose a challenge to the management of the Health and Fitness centres to develop strategies to close these gaps. Therefore, the first objective has been achieved.

- **To identify customers' perceptions of services provided**

As indicated in the literature review, the process of service delivery is influenced by the five dimensions of service quality. The literature review explained all five dimensions and highlighted their importance in attaining customer satisfaction. In Chapter four, customers' perceptions of services were measured at the four Health and Fitness centres in the township within the greater Durban area, according to customers' perceptions on the five service quality dimensions. The results indicated negative responses showing that customers' expectations exceeded their perceptions at all four Health and Fitness centres selected. This showed that customers are not receiving quality service Chapter two comprised of the literature review and understanding the important characteristics and the five dimensions of service quality

delivery at the selected Health and Fitness centres in the greater Durban area. Therefore, this objective has been achieved.

- **To evaluate customer satisfaction at a selected Health and Fitness centre within the greater Durban area, using SERVQUAL instrument**

In chapter four, a statistical analysis showed the calculations and measurements of the data collected from the 400 respondents. 44 items were measured using the SERVQUAL instrument. The analysis of the dimensions showed that there are gaps between expectations and perceptions. However, it must be noted that the smallest mean gap score overall was in tangibles (0.1) and the largest mean gap score was for responsiveness (0.22). It is positive to note that, while gaps did exist overall, these gaps were not large at all four centres. In the latter part of chapter five, the recommendations on how to improve customer satisfaction are presented and, therefore, this objective has also been achieved.

These gap scores together with the literature review on the five service quality dimensions will be discussed below in terms of evaluating levels of customer satisfaction.

5.7 LIMITATIONS OF THE STUDY

As with all exact studies, the research variables had certain restrictions:

- In request to evaluate the level of service (P-E) where the P indicates perceptions and the E is for expectations, the following condition ought to be connected:

If $P=E$ or $P>E$, the level of service can be viewed as exceptional.

Perceptions were retained from HFC individuals/members, while E was obtained from the service suppliers (HFC management/personnel) and clients. As highlighted in Chapter four, Section 4.8.1, the level of service was measured amongst the four health and fitness centres.

- There is little if any published research investigating service quality at HFC centres in townships in South Africa.
- In order to completely survey the level of service quality, all partners ought to be assessed. Notwithstanding, this was past the extent of this study.
- The information was accumulated in a particular geographic territory of SA (Durban). Subsequently, the study may contain some data and results that can be particular to only the townships in KZN.
- The findings of this study might not be illustrative of the entire populace, because of a convenience sampling having been utilised to gather the information.

5.8 DIRECTION OF FUTURE STUDY

The current research focuses on advance fundamental and fascinating bits of knowledge into evaluating client fulfilment in HFC. In spite of the fact that the setting in which this study was led was essential, regarding the kind of service industry and the substantial sample size, the research study is restricted on the HFC in KZN. Augmenting the extent of this examination to different HFC in all townships in SA would add substantially to this region of research.

A further aspect of the research was investigated to establish whether client fulfilment varies essentially among HFC in Townships. This would give the HFC in townships the capacity to benchmark themselves against their own particular past execution, against other comparative centres and against the exceptionally appraised HFC from both local and international perspective.

Moreover, further study should involve key players (service providers and clients), with the aim of holistically evaluating service quality levels in HFC. The involvement of key players would provide a significantly stronger foundation for making better inferences regarding quality service delivery.

5.9 MANAGERIAL IMPLICATIONS

The conclusions of the study have identified positive gaps for management at HFC, particularly in terms of the quality of services currently being provided; and its influence

on customer satisfaction. However, management needs to ensure that these gaps are sustained, particularly when considering the subsequent causal relationships as identified in this study, between the various dimensions of service quality.

Assurance was especially significant in nurturing satisfaction for clients of HFC in Townships. Assurance plays a vital role in determining customer satisfaction suggesting that the technical attributes that management may influence on to drive customer satisfaction are not of great importance to the client. It was evident that focusing on providing high quality services, improve service quality effectively was of great importance to customer satisfaction.

In addition, the satisfaction of customer desires is significantly influenced by the dimensions of Assurance and Reliability. Therefore, it was apparent that management of HFC could make assessing and monitoring of service quality periodically, so as to enable the Centres to identify where amendments were needed from the clients' viewing platform, and to highlight the fundamental dimensions of service quality, especially on Assurance, and should start with improving service quality in order to raise customer satisfaction.

In this study it was also indicated that management and decision makers in HFC will obtain more effective data when they base their evaluation of service quality more openly on the dimensions scores, and for each of these dimensions should be assessed using a list of suitable items, that may benefit by information about the impact of individual dimensions of service quality on customer satisfaction that can be specifically be steered for improvement, and the use of these scores was likely to result in more suitable decision-making and to recognise the key service components that drive satisfaction.

Generally, management of the HFC must keep track of the amendments in perceptions and expectations of their clients. As indicated, this study indicates Assurance was the most principal driver of service quality whereas according to the literature review reliability was the most important driver of service quality. These results therefore reveal that management needs to keep up-to-date with the changes

in perceptions and expectations. This will enable HFC to influence on those key aspects that drive customer satisfaction and build trustworthiness.

5.10 CONCLUSION

The study has highlighted that there is a need to enhance service quality in HFC in townships within the greater Durban area. Additional knowledge gained has contributed to a better comprehension of service quality in the health and fitness sector, through this experimental study utilising a sample of clients of HFC in selected Durban townships. The significance of service quality in HFC cannot be over-emphasised. Service quality in HFC is based on the maintenance of materials, including equipment, correspondence and building of individual relationships, while staff in-service preparation/instruction and human social skills will result in an upgraded client mind, great supervision and best practices should also be considered, to guarantee that HFC individuals are satisfied and upbeat at all times.

The study highlighted that while clients were for the most part happy with HFC in townships, there was an inclination that persistent upgrades should be made by patterns and ways of life. The study findings furthermore reveal that gaps exist amongst expected and perceived quality.

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APPENDICES

APPENDIX 1- Chi-square chart

	Chi-Square	df	Asymp. Sig.
Excellent sport at health and fitness will have modern looking equipment	376.902	4	0.000
The physical facilities at excellent health and fitness will be visually appealing	486.876	4	0.000
Personnel at excellent health and fitness are neat and presentable	365.813	4	0.000
Materials associated with the service (such as pamphlets or statements) will be visually appealing at the health and fitness	359.933	4	0.000
When the health and fitness management promise to do something by a certain time they will do so	313.845	4	0.000
When a member has a problem, the health and fitness personnel will show a sincere interest in solving it	351.694	4	0.000
Excellent health and fitness will get things right the first time	350.088	4	0.000
Excellent health and fitness personnel will provide their services at the time they promise to do so	369.881	4	0.000
The management will insist on error-free records	296.513	4	0.000
Personnel in the health and fitness will tell members exactly when service will be performed	377.705	4	0.000
Personnel in the health and fitness will give prompt service to members	428.87	4	0.000
Personnel and management will always be willing to help members	367.912	4	0.000
Personnel/management will never be too busy to respond to members' requests	291.798	4	0.000
The behaviour of personnel in an excellent health and fitness will instil confidence in members	447.938	4	0.000
Management of the health and fitness will feel safe in their dealings with the sport organisations	435.684	4	0.000

Personnel/management will be consistently courteous with its member	493.4 82	4	0.000
Personnel / management will have the knowledge to answer members' questions	472.9 38	4	0.000
Fitness instructors give members' individual attention	325.7 62	4	0.000
The health and fitness have operating hours convenient to all their members	380.8 13	4	0.000
The health and fitness instructors give their members personal attention	393.5 08	4	0.000
Health and fitness staff will have the members' best interests at heart	541.1 24	4	0.000
Health and fitness staff understands and caters to your specific needs	504.5 44	4	0.000
Excellent sport at health and fitness will have modern looking equipment	368.2 49	4	0.000
The physical facilities at excellent health and fitness will be visually appealing	366.5 65	4	0.000
Personnel at excellent health and fitness are neat and presentable	456.0 73	4	0.000
Materials associated with the service (such as pamphlets or statements) will be visually appealing at the health and fitness	141.8 24	4	0.000
When the health and fitness management promise to do something by a certain time they will do so	445.7 62	4	0.000
When a member has a problem, the health and fitness personnel will show a sincere interest in solving it	541.6 68	4	0.000
Excellent health and fitness will get things right the first time	254.4 66	4	0.000
Excellent health and fitness personnel will provide their services at the time they promise to do so	446.3 06	4	0.000
The management will insist on error-free records	448.8 45	4	0.000
Personnel in the health and fitness will tell members exactly when service will be performed	560.7 1	4	0.000
Personnel in the health and fitness will give prompt service to members	520.0 36	4	0.000
Personnel and management will always be willing to help members	588.5 6	4	0.000

Personnel/management will never be too busy to respond to members' requests	510.5 54	4	0.000
The behaviour of personnel in an excellent health and fitness will instil confidence in members	506.7 46	4	0.000
Management of the health and fitness will feel safe in their dealings with the sport organisations	544.2 85	4	0.000
Personnel/management will be consistently courteous with its member	580.1 4	4	0.000
Personnel / management will have the knowledge to answer members' questions	577.5 23	4	0.000
Fitness instructors give members' individual attention	421.2 8	4	0.000
The health and fitness have operating hours convenient to all their members	458.7 53	4	0.000
The health and fitness instructors give their members personal attention	492.4 46	4	0.000
Health and fitness staff will have the members' best interests at heart	574.9 84	4	0.000
Health and fitness staff understands and caters to your specific needs	621.8 76	4	0.000

APPENDIX 2- Rotated Component Matrix

		Expectations (E)					Perceptions (P)				
		Component					Component				
		1	2	3	4	5	1	2	3	4	5
Excellent sport at health and fitness will have modern looking equipment	Tan1	0.141	0.854	0.145	0.070	0.119	0.165	0.193	0.030	0.835	0.141
The physical facilities at excellent health and fitness will be visually appealing	Tan2	0.117	0.857	0.240	0.108	0.206	0.209	0.133	0.096	0.818	0.238
Personnel at excellent health and fitness are neat and presentable	Tan3	0.240	0.712	0.122	0.300	0.097	0.151	0.159	0.540	0.610	0.006
Materials associated with the service (such as pamphlets or statements) will be visually appealing at the health and fitness	Tan4	0.275	0.553	0.175	0.474	0.123	0.217	-0.083	0.310	0.492	0.485
When the health and fitness management promise to do something by a certain time they will do so	Rel1	0.249	0.363	0.372	0.605	0.019	0.055	0.370	0.299	0.223	0.536
When a member has a problem, the health and fitness personnel will show a sincere interest in solving it	Rel2	0.370	0.327	0.303	0.611	0.141	0.120	0.171	0.684	0.119	0.307
Excellent health and fitness will get things right the first time	Rel3	0.088	0.133	0.262	0.638	0.417	0.189	0.000	0.078	0.320	0.713
Excellent health and fitness personnel will provide their services at the time they promise to do so	Rel4	0.162	0.198	0.748	0.317	0.144	0.171	0.442	0.191	0.027	0.577
The management will insist on error-free records	Res1	0.303	0.155	0.661	0.362	0.158	0.280	0.173	0.540	-0.051	0.363
Personnel in the health and fitness will tell members exactly when service will be performed	Res2	0.341	0.236	0.621	0.241	0.188	0.215	0.255	0.663	0.211	0.036
Personnel in the health and fitness will give prompt service to members	Res3	0.356	0.181	0.739	0.018	0.161	0.241	0.477	0.392	0.042	0.462
Personnel and management will always be willing to help members	Res4	0.688	0.282	0.351	0.115	0.036	0.239	0.410	0.503	0.084	0.213
Personnel/management will never be too busy to respond to members' requests	Res5	0.522	0.288	0.403	0.264	0.204	0.135	0.702	0.228	0.121	0.285
The behaviour of personnel in an excellent health and fitness will instil confidence in members	Ass1	0.570	0.252	0.259	-0.039	0.256	0.450	0.521	0.268	0.105	0.135
Management of the health and fitness will feel safe in their dealings with the sport organisations	Ass2	0.677	0.063	0.058	0.449	0.112	0.229	0.714	0.225	0.159	-0.051
Personnel/management will be consistently courteous with its member	Ass3	0.627	0.145	0.276	0.305	0.206	0.498	0.632	0.062	0.130	0.111
Personnel / management will have the knowledge to answer members' questions	Ass4	0.672	0.110	0.143	0.244	0.363	0.438	0.395	0.412	0.140	0.120
Fitness instructors give members' individual attention	Emp1	0.336	0.199	0.152	0.226	0.764	0.630	0.275	0.028	0.174	0.272
The health and fitness have operating hours convenient to all their members	Emp2	0.289	0.222	0.156	0.105	0.755	0.697	0.164	0.158	0.203	0.047
The health and fitness instructors give their members personal attention	Emp3	0.511	0.033	0.367	0.098	0.513	0.749	0.206	0.094	0.134	0.274
Health and fitness staff will have the members' best interests at heart	Emp4	0.745	0.162	0.192	0.165	0.183	0.658	0.148	0.487	0.108	0.073
Health and fitness staff understands and caters to your specific needs	Emp5	0.703	0.143	0.244	0.052	0.222	0.690	0.150	0.386	0.120	0.059

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 8 iterations.

APPENDIX 4- Gatekeeper's Letter

18 Heswall Road
Corlo Court
Durban
4000

Dear Research Participant,

RE: GATEKEEPER'S LETTER (TO GATHER INFORMATION OF MY STUDY)

My name is Asiphe Ngceba; I am a registered student at the Durban University of Technology studying for a Master's degree in Marketing from the Department of the Management Sciences. The title of my research study is: ***"The Service Quality at selected health and fitness centres in townships within the greater Durban area"***. I will focus on six gymnasiums in the Durban surroundings which are Kwa-Mashu, Umlazi, Phoenix, Chatsworth, Newlands and Clermont.

The main aim of my study is to determine whether service quality offered at the health and fitness centres (gymnasiums in townships) can predict customer satisfaction. This will be examined by considering the important factors that underpin service quality, namely; infrastructure, maintenance, services rendered by the staff and management and availability and cleanliness of the equipment. This study will also help to identify barriers that the health and fitness centre users face and other related challenges that need to be addressed. 67 questionnaires will be issued out to the primary users of the Health and Fitness Centres, the questionnaire will only take 20 minutes of your time.

The study will benefit the participants and gymnasiums as it will help them get more awareness on the operation of the gyms which will in turn help better the service quality, improve infrastructure and service delivery, as well as improve the relationship with municipalities in order to seek ways of obtaining assistance where possible.

Participation in the study is voluntary, and no employee will be advantaged or disadvantaged in any way for choosing to complete or not complete the questionnaire. Anonymity will be assured as there will be no identifying characteristics that will lead

to the exposure of individual participant's identity. While questions are asked about your personal circumstances, no identifying information, such as your name or Identity Document number is asked for, and as such you will remain anonymous. Responses will not be used for any purposes, other than research and will be stored in a confidential manner.

Thank you for your co-operation. For more information, please contact my supervisor:

Mr Nad M Pillay telephonically on: 0314093449 / 0842298420 or

Email: nadp@dut.ac.za

Sincerely yours,

Ms Asiphe Ngceba

0734178124 / 0820614480

Email: Acyphe@gmail.com.

APPENDIX 5- English Questionnaire

I Asiphe Ngceba a student of the Durban University of Technology working on my research, studying towards my Master's Degree in Marketing.

My research topic: Service Quality at selected health and fitness centres in townships within the greater Durban area. I will humbly request that you fill the questionnaire as honesty as possible, be assured that your anonymity will be respected and preserved.

1. Please indicate which gymnasium you use:

Umlazi ☐

Kwa- Mashu ☐

Phoenix ☐

Ntuzuma ☐

2. Please indicate where you reside:

3. Gender:

Male ☐

Female ☐

4. Which race group do you belong to?

African ☐

White ☐

Asian ☐

Coloured ☐

Other ☐

5. Age:

18-22 ☐

23-27 ☐

28+ ☐

1 – STRONGLY DISAGREE
2 - DISAGREE
3 - UNCERTAIN
4 - AGREE
5 - STRONGLY AGREE

EXPECTATION: what the customer/ client needs to receive

QUESTION:	1	2	3	4	5
1. Excellent facilities at health and fitness will have Modern looking equipment?					
2. The physical facilities at excellent Health and fitness will be visually appealing?					
3. Personnel at excellent health and fitness are neat and presentable?					
4. Materials associated with the service (such as pamphlets or statements) are visually appealing at the health and fitness?					
5. When the health and fitness management promise to do something by a certain time they will do so?					
6. When a member has a problem, the health and fitness personnel will show a sincere interest in solving it?					
7. Excellent health and fitness staff will get things right the first time?					
8. Excellent health and fitness personnel will provide their services at the time they promise to do so?					
9. The management will insist on error-free records?					
10. Personnel (management) in the health and fitness will tell members exactly when service will be performed?					
11. Personnel in the health and fitness centre will give prompt service to its members?					
12. Personnel and management will always be willing to help their members?					
13. Personnel/management will never be too busy to respond to members' requests?					
14. The behaviour of personnel in an excellent health and fitness will instil confidence in members?					
15. The health and fitness members will feel safe in their dealings with the gymnasium equipment?					
16. Personnel/management will be consistently courteous with their member?					
17. Personnel / management will have the knowledge to answer members' Questions?					
18. Fitness instructors give members' individual attention?					
19. The health and fitness has operating hours convenient to all their members?					
20. Do the Health and fitness instructors give members personal attention?					
21. Health and fitness staff have the members' best interests at heart?					
22. Health and fitness staff understands and caters to your specific needs?					

PERCEPTIONS: what the customers/ client want to receive

QUESTION	1	2	3	4	5
1. The health and fitness has modern- Looking and clean equipment?					
2. The physical facilities at the health and fitness are visually appealing?					
3. Personnel in the health and fitness are neat in appearance?					
4. Materials associated with the service (such as pamphlets or statements) are visually appealing?					
5. When the management promises to do something by a certain time it does so?					
6. When you have a problem, the health and fitness (manger/ fitness manager) shows a sincere interest in solving it?					
7. The health and fitness gets things right the first time?					
8. The health and fitness provides its services at the time it promises to do so?					
9. The health and fitness insists on Error-free records?					
10. The personnel (management or personal trainers) In the health and fitness tells you exactly when services will be performed?					
11. Personnel in the health and fitness give you prompt services as requests?					
12. Personnel in the health and fitness are always willing to help you?					
13. Personnel in the health and fitness are never be too busy to respond to your request?					
14. The behaviour of personnel in the health and fitness instils confidence in you?					
15. You feel safe in your dealings with the health and fitness?					
16. Personnel (fitness instructors) in the health and fitness are consistently courteous with you?					
17. Personnel in the health and fitness have the knowledge to answer your questions?					
18. The health and fitness staff gives you individual attention?					
19. The health and fitness has operating hours convenient to all its members?					
20. The health and fitness has personnel to give you personal attention?					
21. The health and fitness staff has your best interests at heart?					
22. The personnel of the health and fitness understand your specific needs?					

CUSTOMER SATISFACTION:

Please tick one answer from the questions below

1. How often do you use the health and fitness centre?

- 1. Daily
- 2. Once a week / or more
- 3. Once a month
- 4. 2 to 3 times a month
- 5. Every 2 to 3 months
- 6. 2 to 3 times a year

2. Overall how satisfied are you with the health and fitness centre?

- 1. Very unsatisfied
- 2. Unsatisfied
- 3. Somewhat satisfied
- 4. Very satisfied
- 5. Extremely satisfied

3. Would you use the health and fitness centre again?

- 1. Definitely
- 2. Probably
- 3. Might or might not
- 4. Probably not
- 5. Definitely not
- 6. Never

4. Would you recommend the health and fitness to others?

- 1. Definitely
- 2. Probably
- 3. Might or might not
- 4. Probably not
- 5. Definitely not
- 6. N/A