Chapter 6

Findings, Discussion, Conclusion and Suggestions

Chapter overview:

This chapter presents with the outcomes of the study. The first section contains findings based on the review of literature with respect to healthcare sector and service quality in healthcare. The second section deals with the first objective. It provides findings relating to comparison of health indicators among BRICS. The next two sections contain findings related to descriptive statistics on primary data and cross tabulations on them.

The fifth and sixth sections depict findings with respect to respondent’s service quality perceptions and factorization of psychometric measurement scale. The seventh section is about service quality determinants which has significant impact on overall satisfaction. The eighth section deals with findings from bivariate analysis. The ninth section is about the impact of service quality on overall satisfaction.

The tenth section contains discussion based on the findings. Eleventh part is the conclusion segment providing an overall conclusive summary. The twelfth part contains the suggestions based on the study to the private and public sector healthcare services and the thirteenth part involves prospect of future study in the given area.

6.1 Findings based on literature review:

- Indian healthcare is still in its primitive steps, with majority of the segment catered by private players. The public – private contribution was around 30:70, very much skewed towards private healthcare (Delhi, 2006).
- Public healthcare spending as a percentage of GDP is another indicator which shows the urgent need for more public spending in healthcare (Novignon, Nonvignon, Mussa, & Chiwala, 2012).
• Improved healthcare has a direct effect on work force efficiency which ultimately leads to increase in a country’s output (Health & Welfare, 2005).

• Studies found that poverty and income are the two major determinants to determine health status of an individual. In India an individual spends around 60% of the total healthcare costs from his own pocket (Murthy, Rout, & Nandraj, September, 2009). This drives more people towards poverty and reduced income thereby having an impact on their living standards.

• Healthcare stimulates a series of events which ultimately has a positive effect on economic growth. Healthier individuals are more productive thereby increasing revenue and savings (Pakdil & Harwood, 2005).

• The evaluations regarding service quality doesn’t rely only upon the service outcome. It involves the whole process of service delivery (Gronroos, 1984).

• For increased quality in healthcare services it is imperative to adopt ITES (Information Technology Enabled Services) in healthcare. Online healthcare marketing which has just evolved in India needs much attention as it empowers the patient and their attendant’s to make healthcare related decisions (Carrillat et al., 2007).

• It is important to understand the value of service quality in healthcare segment as developed countries have benefitted from enhanced service to their customers (Jain & Gupta, 2004).

• As healthcare is more of a service than a product, it is important to emphasize on the functional quality of the service to increase service quality. The expertise of patients may not be suitable enough to critically evaluate technical quality of the healthcare services. (Parasuraman et al., 1985).

• SERVQUAL, the instrument largely used till date for measuring service quality may not fit healthcare sector which is more service oriented with more intangible elements in it (Babakus and Boller, 1992).

• Even though there are many models to measure service quality, only SERVQUAL and SERVPERF were familiar and used extensively (Carrillat, Jaramillo, & Mulki, 2007).
SERVPERF gives a better view on service quality through perceptions only approach and also reduces the number of constructs by half when compared to SERVQUAL and provides better validity and reliability than SERVQUAL (Jain & Gupta, 2004).

6.2 Findings based on first objective: Comparison of major health indicators among BRICS nations

- The comparison of health indicators among BRICS (Brazil, Russia, India, China and South Africa) shows the gap between India and rest of the BRICS nations.
- The Total Healthcare Expenditure (THE) as a percentage of Gross Domestic Product (GDP) is least for India among BRICS nations.
- The world’s average of Public Health Expenditure (PHE) as a percentage of Total Health expenditure (THE) was 60%. Where as in India it was only 30%. Out Of Pocket expenditure (OOP) as a percentage of Total Healthcare Expenditure (THE) was very high in India (60%) when compared with other BRICS nations (less than 40%).
- When it comes to improved sanitation facilities, only 35% of the total population had access to clean drinking water and toilet facilities.
- The per capita expenditure on healthcare was too low in India with 59$, but China spends four times higher amount on healthcare.
- The infant mortality rate was highest in India when compared among the BRICS nations. In India it was 56 per 1,000 live births whereas in countries like China it was under 15 per 1,000 live births.
- The growth rate in population was highest in India, much higher than China and South Africa.
- The High life expectancy at birth reflects high standards of healthcare. The life expectancy at birth in India is 65 years higher than South Africa. Life expectancy at birth higher than India is observed in China, Russia and Brazil.
6.3 Findings based on descriptive statistics of primary data:

- In public sector healthcare services the respondent ratio (41:59) was more skewed towards female than in private sector healthcare services where the ratio is slightly more towards male respondents (53:47). The age wise split up showed that majority (more than 75%) were greater than 30 years of age in private as well as public sector healthcare services.

- Majority of the respondents in public sector healthcare services (81%) were from Pondicherry region. In private sector healthcare service even though the major chunk was from Pondicherry (43%), there were increased representation from districts such as Cuddalore (32%) and Villupuram (18%) which are the adjoining districts of Pondicherry region.

- With respect to educational qualification, majority of the respondents had finished their schooling (60.6%), around 25% of the respondents completed their graduation or more and around 9% of the respondents didn’t had any formal means of education in private sector healthcare services.

- In public sector healthcare services, the majority (around 54%) did their schooling followed by around 37% of the respondents who didn’t had any formal means of education.

- When it comes to occupation, farmers and daily wagers were the dominant segment in both private and public sector healthcare services with a representation of 46% and 55% respectively.

- With respect to family income of the respondents, in private and public sector healthcare services the majority of the respondents were earning less than Rs 10,000. Since overall the majority of the respondents were either farmers or daily wagers, the income bracket too was less than Rs 10,000.

- The descriptive statistics of the number of previous visits made to the same hospital shows that in private sector healthcare services around 79% of the respondents had at least one visit to the same hospital.

- In public sector healthcare services around a large majority of 91% of the respondents had visited the same hospital at least once.
6.4 Findings based on cross tabulation:

- Cross tabulation between respondent’s age and the number of previous visits to the hospital in private sector healthcare services showed more than 50% of the respondents who visited the same hospital 3 or more times had age greater than 30 years. The same trend was observed in public sector healthcare services also.

- The results of cross tabulation between educational qualification of the respondent and the number of previous visits to the hospital in private sector healthcare services showed decreasing trend in repeated visits among people who had no formal education. This was same with public sector healthcare services.

- This was mainly due to the financial constraint to make repeated visits and the need to go for work daily as many were daily wagers.

- However in both sectors the repeated visits among respondents showed increasing trend among those who had schooling or above.

- When family income of the respondent was cross tabulated against the number of previous visits to the same hospital in private sector healthcare services, it showed that the highest number of repeated visits by respondents was having monthly income in the range of Rs 15,000 to 20,000. And the least were among people having monthly income less than Rs 10,000.

- In public sector healthcare services the respondents with monthly income greater than Rs 20,000 had more number of repeated visits to the same hospital. The least repeated visits were made by respondents with monthly income less than Rs 10,000.

- The cross tabulation between various demographic variables with the number of previous visits to the same hospital showed that in private sector healthcare services only 7 out of 10 respondents had repeated visits whereas in public sector healthcare services almost all the respondents (9 out of 10) had repeated visits.

- Reliability also plays an important role as public sector healthcare services have experienced doctors and nurses with them.
6.5 Findings based on second objective: To find out the service quality perceptions from the patients as well as their attendants perspective.

- The perception about service quality attributes in private sector healthcare services from patients and their attendant’s point of view shows that it’s Responsiveness, Empathy and Assurance which were perceived higher among both patients and their attendants. Tangibility is the least perceived factor.
- The mean value of all the five factors of service quality was 4.20, indicating that the general perception about the service was “above average”.
- The perception about service quality attributes in private sector healthcare services from patients and their attendant’s point of view shows that it’s Reliability which was perceived higher among both patients and their attendants.
- The mean value of all the five factors of service quality was 3.20, indicating that the general perception about the service was “average”.
- The rating for all five factors of service quality in public sector was considerably lower than that of private sector same as other Indian healthcare studies indicate.

6.6 Findings based on the methods of factorization:

- The reliability statistics showed that all the 27 psychometric variables taken for the study have Cronbach’s alpha values greater than 0.70 in private sector healthcare services and greater than 0.80 in public sector healthcare services.
- The normality of the data was checked using histograms superimposed with normality curves and by checking the skeweness and kurtosis values.
- The skeweness and kurtosis values falls within the range of +2 to -2 for both private and public sector healthcare services thereby ensuring normality (“Multivariate Data Analysis - Hair, Black, Babin, Anderson.pdf,” 2009).
- The factor analysis which was performed to factorize the 27 psychometric variables showed clear convergence of all variables towards 5 factors of service quality and overall satisfaction.
In private sector healthcare services, the Kaiser-Meyer-Olkin measure (KMO) value for sampling adequacy is .719. The significance value for Bartlett test for sphericity is .000 which is highly significant even at 1% level of significance.

The first factor comprising variables v1 to v4 was named Tangibility, the second factor comprising variables from v5 to v9 was named Reliability, the third factor comprising variables from v10 to v13 was named Empathy, the fourth factor comprising variables from v14 to v17 was named Responsiveness and the fifth factor comprising variables from v18 to v22 was named Assurance. Finally the last factor having set of variables from v23 to v27 was named Overall satisfaction.

In public sector healthcare services, the Kaiser-Meyer-Olkin measure (KMO) value for sampling adequacy is .894 and significance level for Bartlett's Test of Sphericity is .000 which is highly significant even at 1% level of significance.

The first factor comprising variables v1 to v4 was named Tangibility, the second factor comprising variables from v5 to v9 was named Reliability, the third factor comprising variables from v10 to v13 was named Responsiveness, the fourth factor comprising variables from v14 to v17 was named Empathy and the fifth factor comprising variables from v18 to v22 was named Assurance. Finally the last factor having set of variables from v23 to v27 was named Overall satisfaction.

All the factor loadings were higher than 0.60 and the cross loadings of a variable in two factors were less than 0.20 there by establishing convergent and discriminant validity in both private and public sector healthcare services.

In private sector healthcare services the Confirmatory Factor Analysis (CFA) showed high factor loadings of over 0.55 stating that at least 55% of the variance in measured variables was explained by the latent factors.

The model fit indices such as GFI and CFI were greater than 0.90 level. The RMSEA which measures the amount of error variance in the model was less than 0.06.

The convergent validity was established with the Average Explained Values (AVE) for all the factors above 0.45 level. The discriminant validity was
established with all the AVE values greater than the squared correlations between the respective factors.

- In public sector healthcare services the Confirmatory Factor Analysis (CFA) showed high factor loadings of over 0.45 stating that at least 45% of the variance in measured variables was explained by the latent factors.
- The model fit indices such as GFI and CFI were greater than 0.90 level. The RMSEA which measures the amount of error variance in the model was less than 0.06.
- The convergent validity was established with the Average Explained Values (AVE) for all the factors above 0.47 level. The discriminant validity was established with all the AVE values greater than the squared correlations between the respective factors.

6.7 Findings based on third objective: To identify the service quality determinants which contribute (in highest terms) towards overall satisfaction in private sector as well as public sector health care services.

- Multiple regression results in private sector healthcare services showed that there is significant impact of service quality attributes on overall satisfaction. The R square value is .740 stating that 74% of the variance in the dependent variable is explained by all the independent variables.
- The factors- Tangibility, Responsiveness, Assurance and Type of respondent have significant contribution towards overall satisfaction.
- Regression model is given as Overall Satisfaction = .241 Tangibility + .278 Empathy + .342 Assurance + .141 Type of respondent.
- The Variance Inflation Factor (VIF) values were less than 3 ensuring low levels of multi Collinearity.
- Multiple regression results in public sector healthcare services showed that there is significant impact of service quality attributes on overall satisfaction. The R square value is .664 stating that 66% of the variance in the dependent variable is explained by all the independent variables.
• The factors- Reliability, Responsiveness, Empathy and Assurance and Type of respondent have significant contribution towards overall satisfaction.
• The final regression model is given as overall Satisfaction = .404 Reliability + .175 Responsiveness + .222 Empathy + .235 Assurance - .118 Type of Respondent.
• The Variance Inflation Factor (VIF) values were less than 3 ensuring low levels of multi Collinearity.
• In private as well as public sector healthcare services it is evident that the interpersonal care is an important determinant in ensuring overall satisfaction of the respondent.
• In private sector healthcare services tangibility factor which was perceived least has major impact of overall satisfaction levels.
• The reliability factor which was perceived most by both patients and attendants in public sector healthcare services is the major determinant in influencing overall satisfaction.
• In above two regression models, the type of respondent (Categorical variable) was also taken as an independent variable to identify whether there is any significant difference in both patients as well as their attendants perspective towards overall satisfaction levels in both private sector as well as public sector healthcare services.

6.8 Findings based on bivariate analysis:

• Demographic variables such as respondent’s income level, number of previous visits to the hospital, district where the respondent belongs where analyzed against overall satisfaction levels to understand whether there is any significant difference among the demographic groups with respect to overall satisfaction.
• In private sector healthcare services, respondent’s income level and number of previous visits to the same hospital have significant difference with respect to customer satisfaction while the district which they belongs is not statistically significant.
• The post hoc analysis shows that as the income band increases, the satisfaction levels decreases in both public and private sector healthcare services.

• It was observed that with the increase in Socio economic status of the respondents the mere fulfillment of the treatment was not sufficient, the general behavior and attitude of the service provider becomes more important.

• In public sector healthcare services there is significant difference in customer satisfaction with respect to respondent’s income level, number of previous visits to the same hospital and district the respondent belongs.

• The scores on overall satisfaction was higher with respondents visiting the facility for the first time but the second, third and fourth time visitors have lesser satisfaction which is an alarming signal for both the private and public sectors to introspect their quality as they can’t sit relaxed as the customers eventually leave the hospital once for all if dissatisfaction persist.

6.9 Findings based on fourth objective: To identify the relationship between service quality perceptions and overall satisfaction in private sector as well as public sector healthcare services.

• The In order to analyze the impact of service quality on overall satisfaction in private and public sector healthcare services from both patients and their attendant’s perspective, hypothesized models were analyzed using Structural Equation Modelling (SEM) technique.

• From patient’s perspective, in private sector healthcare services the variance explained by service quality on its five service quality attributes and on overall satisfaction were statistically significant.

• Impact of service quality on overall satisfaction is .33. This states that 33% of variance in overall satisfaction is explained by service quality. A minimum of 40% of variance in all the service quality attributes is explained by service quality except tangibility attribute where the variance explained is just under 40% (37%).
The Goodness of fit index is .910 (>0.9). Root Mean Square Error Approximation (RMSEA) is .065 indicating that there is very low level of unexplained variance in the overall model.

The parsimony Goodness of Fit index (PGFI) which measures about the compactness of the model is above the threshold level of .8.

From attendant’s perspective, in private sector healthcare services the variance explained by service quality on its five service quality attributes and on overall satisfaction were statistically significant.

Impact of service quality on overall satisfaction is .36. This states that 36% of variance in overall satisfaction is explained by service quality. A minimum of 40% of variance in all the service quality attributes is explained by service quality.

The Goodness of fit index is .878 (just less than 0.9). Root Mean Square Error Approximation (RMSEA) is .069 indicating that there is very low level of unexplained variance in the overall model.

The parsimony Goodness of Fit index (PGFI) which measures about the compactness of the model is above the threshold level of .8.

From patient’s perspective, in public sector healthcare services the variances explained by service quality on its five service quality attributes and on overall satisfaction were statistically significant.

Impact of service quality on overall satisfaction is .35. This states that 35% of variance in overall satisfaction is explained by service quality.

The Goodness of fit index is .860 (just less than 0.9). Root Mean Square Error Approximation (RMSEA) is .081 indicating that there is very low level of unexplained variance in the overall model.

The parsimony Goodness of Fit index (PGFI) which measures about the compactness of the model is just below the threshold level of .8.

From attendant’s perspective, in public sector healthcare services the variances explained by service quality on its five service quality attributes and on overall satisfaction were statistically significant.
• Impact of service quality on overall satisfaction is .24. This states that 24% of variance in overall satisfaction is explained by service quality.
• Unlike in private sector healthcare services, the variance explained by service quality on its attributes are lower in both patients and their attendant’s perspective. This may be due to the reduced perception of service quality among the respondents which has contributed towards low variance explained.
• The Goodness of fit index is .853 (just less than 0.9). Root Mean Square Error Approximation (RMSEA) is .083 indicating that there is very low level of unexplained variance in the overall model.
• The parsimony Goodness of Fit index (PGFI) which measures about the compactness of the model is just below the threshold level of .8.
• In private sector healthcare services the impact of service quality on overall satisfaction increases while moving from patients to attendants whereas in public sector healthcare services it decreases while moving from patients to attendant’s perspective.
• This shows that the impact of service quality not only differs with the two sectors (private and public) but also with the type of respondents (patients and their attendants).
• One possible explanation for the decrease in overall satisfaction in attendant’s side in public sector healthcare services is that
• The impact of service quality on customer satisfaction was high in overseas studies whereas in Indian studies it ranged from 0.20 to 0.75.
• The present study also has the impact in the range of 0.24 to 0.36. The main reason for the low impact may be due to factors such as cost of treatment, respondent’s preference towards a particular hospital etc.
6.10 Discussion:

Service quality is one of the main aspects upon which a service is valued. Several former studies have highlighted the relationship that exists between service quality and customer satisfaction. Service quality is a long-term attitude towards a service; hence if a customer develops a bad attitude with a particular service; it may not be easy to satisfy him in service industries like healthcare.

There are many instruments available to measure service quality. The popularity of SERVQUAL is undisputed even though it has many shortfalls. The problems with SERVQUAL measurement led to the raise of SERVPERF. SERVPERF has to be used in many service sectors in varied geographic locations to claim consistency. This research is one such many attempts to capture the effectiveness of SERVPERF scale in measuring service quality and extending its impact on customer satisfaction.

Many previous studies have concluded that there is significant effect of public spending on disease reduction particularly in developing countries. In India the percentage of public healthcare spending to the total healthcare spending is one of the lowest among the world.

The reduced spending of public expenditure makes individual to shell out more from his/her pocket for availing healthcare services. Higher out Of Pocket expenditure leaves very little income available for other expenditure a person and his family. The per capita healthcare spending is low as in India unless it is a major disease; majority of the rural people rarely visits healthcare facilities. The stagnation in healthcare development added with increasing population rate makes it challenging to provide meaningful healthcare facilities. India needs major investments to make improved sanitation facilities access to all its citizens.

The descriptive statistics of the demographic data showed that in public sector healthcare services there is increased presence of female respondents. This may be because of the care and responsibility assumed traditionally by the Indian women. Even if
they are not patients, their presence in the hospitals cannot be avoided as attendants to their near and dear. Majority of the respondents from low income bracket chose public healthcare services. One major reason behind selecting public sector healthcare services may be that the treatment is free of cost and poor relies heavily on that even though the service was not par with private sector healthcare services. In private sector healthcare services also the majority had low income levels. This may be because the private sector hospitals surveyed are not a part of large networking of private hospitals, and because of their physical proximity also many farmers and daily wagers relied on them for treatment. The repeated visits among the respondents were higher in public sector healthcare service which may be due to the high treatment costs and the poor financial condition of respondents who had availed treatment in private sector healthcare services.

In public sector healthcare services, perception about reliability was higher because of the availability of experienced doctors and paramedical staff compared to private sector healthcare services. Unlike in public sector healthcare services, the periodic training and developmental programs in private sector healthcare services helps in better interaction of doctors and paramedical staff (Comprising nurses, ward boys and pharmacy staff) with the respondents. Existing literature in healthcare services also states that the interpersonal interaction between the hospital staff and patients was the most important factor influencing satisfaction (Andaleeb, 1998; Hasin et al, 2001; Baalbaki et al, 2008).

In private and public sector healthcare services the factorization yielded results identical to one specified by Parasuraman et al. (1993) and Cronin and Taylor (1991). The variables showed high level of Unidimensionality when factor analysis was conducted separately for every factor in both private and public sector healthcare services. The Confirmatory Factor Analysis (CFA) reaffirmed the factor structure with high model fit measures.

Regression models explained high levels of variance in the overall satisfaction levels by a set of independent variables. The service quality attributes Tangibility, Responsiveness, Assurance and Type of the respondent were significant contributors
towards overall service quality in private sector healthcare services. In public sector healthcare services reliability, responsiveness, empathy, assurance and type of respondent were significant contributors towards overall satisfaction levels. In these two regression models, the type of respondent (Categorical variable) also had significant impact on overall satisfaction stating that the overall satisfaction levels differs not only between private sector and public sector healthcare services but also between the type of respondents (patients and their attendants).

The four Structural Equation Models (SEM) confirmed the difference in impact of service quality on overall satisfaction levels in both patients and their attendants. In public sector healthcare services the model fit has increased error variance (higher RMSEA values). This is one of the reasons why the variance explained by service quality on its determinants is lower (compared to private sector healthcare services). The increased error variance is probably due to external factors affecting service quality which were not taken for the study. The impact of service quality on customer satisfaction was lower in public sector attendant’s view. This may be because they are the one who have direct interaction with the hospital support staff (nurses, attenders and pharmacists). They don’t have separate beds or enough space to take rest, have to run nook and corner in order to get medicines and test results. All this may have contributed towards reduced impact of service quality on overall satisfaction. It is imperative for the hospital administration to accommodate attendant’s perspective of service quality while framing out strategies to enhance overall satisfaction levels.

The effect of demographic variables on overall satisfaction levels was highly significant in private and public sector healthcare services. This shows that the service provider has to take in to account the demographic profile of the respondents such as occupation, income, educational level while framing strategies. Every group had varied satisfaction levels (mean values).
6.11 Suggestions:

- Public sector healthcare services needs a drastic change in tangibility factor. Even if they can’t add more beds, properly maintaining them will reduce losing more of them to wear and tear.

- Cleaning floors twice a day, maintaining toilet sanitation, periodic maintenance of equipment are some of the basic things public sector healthcare services can benchmark from private sector healthcare services.

- As Pondicherry is one state & Union territory combined where the public healthcare spending is maximum, proper utilization might results in better facilities for thousands of patients depending on public sector healthcare services.

- Proper motivational programs for Para medical staff in handling patients and their attendants will reduce the ill treatment the patients and their attendants face often in public sector healthcare services.

- Single window clearance will help the patients as well as their attendants as they have to wait for hours before getting the discharge sheet both in public and private sector healthcare services.

- Pharmacies in every department as in private sector health services should be equipped with medicines needed to cater the particular segment requirements, because in public healthcare services often patients got left alone without attendants as their attendants have to wait in a long queue (for long duration) to get medicines from the centralized pharmacy.

- Dormitories at reasonable rates can be a safe option for attendants (more than one) to sleep at night as they find it extremely difficult to get adjusted in the minimum space they have.

- Involving patients and their attendants in decision making will help the organization to keep in track of the needs these customers have and to find ways to fulfill them.
6.12 Conclusive summary:

Health is an integral aspect of any individual. Health is necessary not only to live a longer life but also to have a peaceful and burden less life. Health of a nation has significant contribution towards its socio-economic progress. Literatures emphasize the importance of public expenditure in healthcare for building a long term sustainable health infrastructure. Healthcare without any quality of service is a thing of the past. Now with the increase in per capita income people like to spend an extra penny to avail quality services. In India where majority of the healthcare is governed by private sector, this will lead to competition and may results in increased quality of service.

It is clearly evident from the health indicators comparison that India is far below than their counterparts. It is right time for them to address the shortfalls and create a strong healthcare where public and private sector have equal leverage. The descriptive statistics of the primary data shows how the repeated visits to the same hospital depend upon economic conditions, family income and the occupation of the respondents. It also provides reasons for a respondent choosing a particular hospital.

As many former studies indicate it’s the interpersonal care which was perceived more by the respondents. The reliability of public sector healthcare services was affirmed by the highest level of perception from both patients and their attendants. Tangibility is one factor perceived least irrespective of the sector surveyed or the respondent type.

The role of doctors, nurses and other paramedical services in ensuring better satisfaction is paramount. It is with them the respondents (both patients and their attendants) have interaction regarding treatment or any other need. Any shortfall in providing necessary services will leave a negative impression on the service as a whole. Healthcare is one service sector where the respondents are too sensitive as they are already depressed because of the disease they carry.

The difference in impact of service quality on overall satisfaction levels from patients and their attendant’s perspective justified the intention of having attendants also
as respondents. This may persuade the authorities of hospitals to also include attendants as customers and frame strategies accordingly.

The gender, respondent’s type and other demographic variables showed significant difference in satisfaction levels. This makes it clear that neglecting one group and framing satisfaction levels as a whole without recognizing the group differences will not ensure better satisfaction levels across respondents. As income level increases or with better educational levels the need for enhanced quality of service creeps up. Hence it is needed to accommodate all the sectors as per their need to have a holistic view on improving satisfaction.

Public sector healthcare services had more people in the monthly income bracket of less than Rs10,000. This shows that poor people tend to choose public hospitals even at the cost of quality. But it may not be long with constant increase in per capita income and awareness regarding quality services that public sector too need to focus on enriching quality. Complacency will lead to their own peril.

Still in our nation the healthcare hasn’t got the limelight it should have. As rightly mentioned by the twelfth planning commission that better education and healthcare are the way forward, shows the importance and the need to drastically change the present systems.

6.13 Scope for further study:

This study is a small step towards understanding service quality in healthcare. The service quality may have many more attributes which may impact the satisfaction levels in a significant way, there is a broader scope to do research on different attributes. SERVQUAL and SERVPERF were tested extensively in developed countries and strategies were framed. With the emergence of new set of developing countries these instruments needs to be tested extensively and standardized. This provides a greater opportunity for the researchers.
6.2 Bibliography:


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