Findings

The present study is conducted with objectives of identifying and confirming factors contributing to the healthcare service quality, measuring impact of service quality perceptions on patient satisfaction and behavioral intention, determining significance of length of stay at healthcare facility on service quality gaps, and comparison of service quality gaps for urban and rural respondents. On the basis of the data analysis given in previous chapter (chapter 4), the findings are presented as follows.

Using exploratory factor analysis with principal component method and method of varimax rotation, six factors are found, namely: Medical Service, Service Responsiveness, Discharge, Admission, Hygiene and Visual Facility. However, method of factorisation revealed that these six factors missed some accuracy and could explain 66.168 percent of the total variance. It is one of the indication of good factorisation. Using these six factors, the researcher has developed a scale for the collection of data for the present study. The scale is original and is termed as Public HealthCare Service Quality (PubHCServQual) scale and this is one of the significant contribution of the present study in the field of service quality measurement for public healthcare facilities.

The scale was validated using other sample; scale validation sample, is found to have similar pattern in factor loadings. Moreover, the confirmatory factor analysis was applied on the scale validation sample and found very good model fit with several fit indices valued at; Absolute fit indices such as ratio of chi-square to degree of freedom as 1.495 (standard acceptable value of 2 or less), goodness of fit index of (GFI) as 0.944 (standard acceptable value of 0.900 or above), root mean square error of approximation (RMSEA) as 0.037 (standard acceptable value of 0.06 or less); Incremental fit indices such as normed fit index (NFI) as 0.906 (standard acceptable value of 0.900 or above), tucker lewis index (TLI) as 0.958 (standard acceptable value of 0.900 or above), comparative fit index (CFI) as 0.966 (standard acceptable value of 0.900 or above), incremental fit index (IFI) as 0.967 (standard acceptable value of
0.900 or above), relative fit index (RFI) as 0.882 (closer to standard acceptable value of 0.900 or above); and Persimony fit indices such as adjusted GFI as 0.922 (standard acceptable value of 0.900 or above).

PubHCServQual scale was tested for various validities such as face validity and content validity as items, for scale, are taken from existing literature and are reviewed by practitioners in the field; construct validity through uni-dimensionality with value of comparative fit index and goodness of fit index above standard acceptable value of 0.900, convergent validity with factors loading of each item over standard acceptable value of 0.45 (except for visual facility) and discriminant validity by the average AVE score of two construct greater than the square correlation between those items.

Results of the multiple regression, used to identify the impact service quality perception on patient satisfaction, suggest that admission is insignificant and the remaining five factors found to be significant (using t value) at significance of 0.05 and explains 63.600 percentage of the total variance in service quality with overall model fit (through analysis of variance) at significance value of 0.05. Similarly, the results of the multiple regression, used to identify the impact service quality perception on behavioral intention, suggest that admission is insignificant and the remaining five factors found to be significant (using t value) at significance of 0.05 and explains 55.6100 percentage of the total variance in service quality with overall model fit (through analysis of variance) at significance value of 0.05.

The test for finding significance impact of length of stay indicates a significant difference between four categories (one to two nights, three to four nights, five to six night and more than six nights). A post hoc analysis and Tukey’s honestly significance difference test finds two subsets for the given categories and reveals that length of stay over six night creates significant difference in service quality gaps from the other three categories.

One of the critical analysis on the data is Gap analysis. The mean gap score for each factor is calculated separately and it is found that, for urban respondents, admission have highest mean gap score with value of 0.906 followed by medical services with 0.468, discharge with 0.443, visual facility 0.214, hygiene 0.130 and service responsiveness 0.085 respectively. For rural respondents, the mean service quality gap follows the same sequence as that of urban respondents except hygiene factor which stood second with mean gap score of 0.474.
Irrespective of urban or rural responses, gap score is found positive and it indicates that the perceived level of service is lower than that of expected. In both the cases of urban and rural respondents, admission has scored the most whereas service responsiveness has scored lowest on mean gap score.

Significant difference has been found in cases of medical service, admission and hygiene for variance gap score between urban and rural responses, using Levene’s F test. However, other factors such as service responsiveness, discharge and visual facility, it is found to be insignificantly different. Additionally, the test result of Student’s t test reveals that medical service, hygiene, discharge and admission are significant for mean gap score and other factors such as service responsiveness while visual facility are found to be insignificantly different between urban and rural respondents.

Conclusion

Healthcare service quality and its factors have been studied by various authors previously, but as suggested by majority of the authors, the factors contributing to healthcare service quality differ according to different healthcare setting. The present study is focused on urban and rural patients of Surat district. Using responses from both urban and rural respondents, six factors are explored, validated and confirmed for Public HealthCare Service Quality (PubHCServQual) model and are termed as Medical Service, Service Responsiveness, Discharge, Admission, Hygiene and Visual Facility for present study.

All the factors are found to have significant impact on patient satisfaction and behavioral intention except admission. Therefore, the service providers should focus more on the five factors to provide quality services to the customers.

The study concludes that expectations and perceptions of urban and rural patients differ for various items/variables. Therefore, the care givers should take proper precautions before service delivery. Also, gap analysis results in a considerable gap between expectations and perceptions of consumers, which indicates that there is a difference in expectations and perceptions of patients. The healthcare providers should try to improve the quality of services in order to reduce this gap and in turn satisfy the customers.
The findings lead to the conclusion that the Public HealthCare Service Quality (PubHCServQual) scale is a reliable and valid instrument and it can be used to measure service quality in public healthcare sector.

**Limitations and Direction for Future Research**

The study is restricted to Surat district. Therefore, results should be generalized with caution. The study depends upon the responses of the patients and some of the patients might have responded differently, if asked for the same questions outside the premises of the healthcare facility. Also, the study was performed only on public healthcare facilities and, therefore, private and trust managed healthcare facilities are not covered. The scope of the study limits it to get cross sectional responses, collected only once. The results may get overstated, if the responses are collected before receipt of the service and post receipt of the services. Research to study perceptions of doctors and nurses regarding healthcare quality provided may also be conducted to help getting a complete and accurate vision of the healthcare services. A separate study could focus on the service quality perceptions of the healthcare program that are run by Government.

Future study may focus on private healthcare and trust managed healthcare facilities and extend the study by considering two groups of respondents, one surveyed at healthcare facility and the other surveyed outside healthcare facility. The future researcher can focus on collection of longitudinal responses to understand its impact on overall service quality. Additional studies may also include other aspects of the healthcare setting, such as nursing, pharmacy and clerical services and views of the doctors, nurses and other supporting staff on service quality.