The major focus of any healthcare system is the patients. Well-being of patients is the fundamental objective of healthcare system. Today’s consumers are educated and smart. They command satisfaction in all the services. Healthcare services are low in search attributes because it is difficult for the customer/patient to evaluate the service before selecting the healthcare facility or experiencing service of a particular service provider. Patients are not the decision maker of their own treatments and remain passive. Easy access to healthcare facility does not necessarily lead to utilization of the services. If people are not satisfied, they will not use the healthcare facility. Health care services are crucial as they directly deal with life and wellbeing of people. Therefore, it is very much necessary for the healthcare service provider to deliver up to the mark services. Public health care has more of this responsibility as they do not work for financial assistance and the major focus is the public health only.

The present study makes an attempt to understand the dimensions of healthcare service quality in Surat District. The study considers two groups of people, separated by their area of residence i.e. urban and rural. The non-probability convenience sampling technique and survey through questionnaire have been used to collect responses. From 2 Hospitals, ten Community Health Centers (CHC) and twenty eight Primary Health Centers (PHC), total of 933 responses are considered. Out of which, after removing 23 erroneous responses, 910 (415 from rural area and 495 from urban area) respondents are considered for data analysis. The study explores and confirms six factors affecting quality of healthcare services such as Medical Service, Service Responsiveness, Discharge, Admission, Hygiene and Visual Facility using exploratory and confirmatory factor analysis, respectively. The PubHCServQual scale has been developed to measure public healthcare service quality. The study concludes that all five factors except admission significantly impact patient satisfaction and behavioral intention. Further, the effect of length of stay on service quality gap has been studied. The urban and rural consumers are compared on the basis of service quality gaps using Levene’s F statistics and Student’s t statistics. The service quality gaps are positive for all six dimensions indicating that there is a difference between what is expected by users and what is being delivered to them. For various dimensions, the service quality gaps differ for urban and rural consumers which indicate that the caregivers should be cautious while delivering services.
Keywords: behavioral intention, confirmatory factor analysis, exploratory factor analysis, Indian healthcare, patient satisfaction, public healthcare, rural healthcare, service quality, SERVQUAL, urban healthcare