

Impact of healthcare quality on customers' loyalty; mediating effect of customers' commitment: a comparative study of public and private hospitals of Peshawar

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Key Words

Healthcare Quality, Patients' Commitment, Patients' Loyalty, Servqual

Abstract

The core ambition of present work is to gauge Patients' opinion of healthcare quality, Patients' loyalty and commitment in the hospitals of Peshawar. Data were collected from the hospitalized patients and from customers recently availed the health services of various public and private hospitals. The reliability and validity of the data were confirmed through Cronbach's alpha and confirmatory factor analysis respectively. Hypotheses of the study were tested through path analysis via AMOS. Finding discovered that healthcare quality has a substantial influence on Patients' loyalty. The mediating effect of Patients' commitment was also tested between the association of service quality and Patients' loyalty. Findings disclosed that customer's commitment completely intervenes the link of healthcare quality and Patients' loyalty. Furthermore, independent sample t-test was performed to investigate the variance in the perception of Patients' regarding public and private healthcare quality, Patients' commitment and loyalty. Finding clarified that Patients' perception of healthcare quality, Patients' loyalty and commitment is higher in private than public hospitals of Peshawar. The outcomes of the present research may be useful to the management of the health care, that it provides the importance of service quality in enhancing Patients' commitment and loyalty.

Introduction

Service sectors manager are facing high pressure to exhibit that they provide customer' oriented services and that consistently flawless performance is being carried out. Quality is considered as a strategic organizational weapon (Mohammad & Alhamadani, 2011). Service quality considered as a strategic weapon for service-oriented industry and also a source of competitive advantage. Due to the distinctive features of services such as; "intangibility and heterogeneity", makes it slightly difficult than goods to measure (Mudie & Pirrie, 2006). "Services consist of elusive activities that take place between service receiver and service provider to solve customer's problems" (Gronroos, 2000). Providing high standards of healthcare quality attract more customers, advances the reputation of the service provider that leads to patronage behavior and a source of appraisal (Ladhari, 2009; Negi, 2009; Selvakumar, 2016). Service quality is the perception of customers, while they can evaluate the services through knowledge (Fogli, 2006). "Service quality is the difference between the professed and anticipated services by customers" (Parasuraman, Zethaml, & Bery, 1988) whereas for Grönroos, (1984) it is the function of "expectation, image and outcome".

Likewise, service-oriented firms, such as healthcare has turn out to be a highly competitive and promptly growing industry around the world. Hospitals of a country need special attentions as quality of healthcare provides hope and aid. Hessels et al, (2015) argued that investigating healthcare quality is very crucial for it is appraised by individual's life. Pakistan healthcare system is facing numerous issues and service quality is one of the primary issues (Nishtar, 2006). Numerous researchers had evaluated healthcare quality with famous servqual model, few discussed its link with commitment and loyalty in general and particularly in healthcare system in Pakistan. This study is an effort to elaborate and workout that gap.

Various service quality models presented by different authors for investigating service quality, whereas servqual model presented by Parasuraman, Zeithaml, Berry, (1988) got tremendous acknowledgment by many scholars such as; Babakus and Mangold, 1992; Jabnoun and Chaker, 2003; Hessels et al, 2015; Pakdil, & Harwood, 2005; Peprah & Atarah, 2014; Punnakitikashem, Buavaraporn, Maluesri, & Leelartapin, (2012). Parasuraman, et al, (1988), offered servqual model for the assessment of service quality. It comprises of five dimensions; "tangibility, reliability, responsiveness, empathy and assurance". Keeping in mind the comprehensive touch and the acknowledgement by various authors for servqual scale, the author used the same for the current paper. Companies are facing various issues now days such as; the threat of the changing environment, technological changes and the changing behavior of customers. Acquiring customers and making them loyal is one of the critical challenges for the service providers. Hence, "loyalty is the attitude of a customer towards a specific company, and purchases again and again from the same company, and talks good about the company and provides referrals" (Bowen and Shoemaker 2003).

However, it easy not easy to instantly make customers' loyal, that extended with the firm and use positive word of mouth. It requires consistently provision of error free services that enhance customers' commitment level (Selvakumar, 2016). Committed customer remains with the company as a loyal customer and provide referrals. Commitment is hysterical connection with a brand or company and the intentions of a buyer to remain with a company for a longer period (Li & Peng, 2015). Raie, (2014) describes commitment the important factor in effective long-lasting relationship between the exchange partners whereas, Morgan and Hunt (1994) suggested commitment as one of the important dimensions of customers' loyalty.

Statement of the Problem

Drastic changes in environmental factors forced companies to provide customers error free services. Since, patients are prevailing healthcare services from hospitals therefore, service quality and high standards for hospitals are very important. People are going to hospital in very susceptible condition in a hope that doctors will provide them the best cure in a gracious and pleasant atmosphere. Unfortunately, in Pakistan, the case is a bit different. The condition of hospitals is very critical. The physical look of the hospitals, the tools, services, the behavior and knowledge of the doctors, communication with the patients, all need assessments. Lack of accredited body, no proper performance evaluation system, weak regulatory mechanism has distracted customers point of view regarding Pakistan healthcare quality (Nishtar, 2006), hence, motivated the researcher to study the healthcare quality and conclude its impression on Patients' commitment and loyalty. Furthermore, this study will evaluate how professed service quality influence Patients' loyalty when Patients' commitment intervenes the association.

Research Question

1. Whether healthcare quality has any influence on Patients' loyalty?
2. What would be the impact of healthcare quality on Patients' commitment?
3. Do healthcare quality and Patients' commitment positively linked?
4. Whether Patients' commitment mediates the association between healthcare quality and Patients' loyalty.
5. Whether the perception of Patients' regarding healthcare quality, Patients' commitment and loyalty of public and private hospitals is different?

Research Objective

1. To examine the insight of Patients' regarding healthcare quality, commitment and loyalty in the health institutions of Peshawar.
2. To consider how healthcare quality and Patients' commitment are associated.
3. To check the intervening effect of commitment on the association of service quality and loyalty.
4. To know the view of Patients' towards healthcare quality, Patients' commitment and loyalty of public and private hospitals.

Literature Review

"Services consist of elusive activities that take place between service receiver and service provider to solve customer's problems" (Gronroos 2000). Whereas for Kotler & Keller, (2005) "Service is a type of product that made up of activities, benefits or satisfactions that sellers offer to buyers, which are intangible and do not result in the ownership of anything". Similarly, Lassar, et al. (2000) contended services are the set of unique features that accomplish customer's necessity, create satisfaction and build strong relationship between customer and service providers. Similarly, for Beer, (2003) it is "a set of characteristics which aim to satisfy the needs of customer". Mudie and Pirrie, (2006) classified services into three category such as; intangibility, inseparability and parish-ability.

Likewise, Fogli, (2006) stated services as "a worldwide verdict towards particular service, the overall good or bad intuition related to the firm and its services". Whereas Parasuraman, *et al.* (1988) contended it as the variance between the opinions and hopes.

Service Quality Models

Service quality got tremendous attention since 1970. Gronroos, (1984) were among those who worked on service quality attributes. He proposed two attributes of service quality such as; "technical and functional" aspects. Further, author described technical aspect as process related such as; the quality of equipment, duty timings, prescription etc. whereas functional attribute was related to the routine operations including interaction with customers. Similarly, Zineldin, (2006) proposed 5 attributes of service quality with the help of servqual and Gronroos model. Zineldin service quality attributes comprises of quality of process, object, infrastructure, interaction and atmosphere. Likewise, Evans and Lindsay (2012) provide eight service quality dimensions such as; "time, timeliness, completeness, courtesy, consistency, accessibility, accuracy and responsiveness". Parasuraman et al (1988) proposed servqual model for assessing service quality in service and retailing organization that consist of the following five sub dimensions.

Tangibility. It refers to the physical appearance of the hospitals such as doctors and supportive members uniform, cleanliness of rooms, curtains floor etc.

Reliability. Reliability is related to the skills of the employee to work reliably and precisely. The supporting staff and doctor's trustworthiness.

Responsiveness. Responsiveness aspect is referred to the readiness and willingness to assist customers and provide quick service.

Assurance. Assurance attribute is related to the knowledge, information and politeness of the employees.

Empathy. It refers to how effectively service providers understand their customers and respond accordingly.

Healthcare Quality

Various model had presented for the investigation of healthcare quality such as; Lim et al. (1999), workout and found technical and interpersonal aspect to gauge the service quality of healthcare. Patients are making their judgments based on interpersonal skill, the way through which patients receive healthcare. Like waiting time, information regarding health and disease, easy accessibility of health service (Peyrot et al., 1993). Zineldin, (2006) proposed service quality model for healthcare with five quality attributes. Victor, et al (2005) identified key quality characteristics for healthcare, however their quality standards were purely based on three hospitals of United States of America. Babakus and Mangold (1992) proposed servqual model for healthcare. They modified the servqual scale by using only the perception portion for measuring service quality. Furthermore, authors reduced the number of item of the original servqual scale.

Customer Loyalty

Loyal customers because of its positive word of mouth and patronage behavior are very imperative for the success of organizations (Hamid, Ebrahimpour, Roghanian & Gheysari, 2013). Customer loyalty considered as an edge over competitors that enhances company's performance and image (Woodruff & Gardial, 1996). For Bowen and Shoemaker (2003) customers' loyalty is the optimistic word of mouth and repeat purchase behavior. Whereas Reichheld and Detrick, (2003) argued that

companies and their loyal customers are sharing values. Kamar and Shah (2006), distinguished loyalty into two aspects; behavioral and attitudinal whereas Lam, Shankar, Erramilli, & Murthy, (2004) proposed repurchase intentions and referrals as loyalty dimensions.

Behavioral Loyalty. It refers to the buying characteristics of a buyer. Buyers purchase repeatedly from a specific company unwillingly due to unavailability of other options (Jacoby and Chestnut, 1978). Similarly, Curtis, 2009 determined behavioral loyalty as the buyer patronage behavior.

Attitudinal Loyalty. Attitudinal loyalty on the other hand considered as pure form of loyalty. Attitudinal loyalty is positive feeling towards a brand (Curtis 2009; Dekimpe, Steenkamp, Mellens, & VandenAbeelee, (1997).

Commitment

Maslow (1943) motivational theory is the conceptualization of commitment. Commitment is hysterical connection with a fastidious brand and company and the intentions of a buyer to remain with a company for a longer period (Joseph). Morgan and Hunt, (1994) argued that for long lasting customer and supplier relation commitment plays a vital role. Similarly, Al-Hawari (2011) considered customer commitment one of the most important factors in maintaining supplier-customer strong term association. Commitment can be classified into affective commitment, calculated commitment and normative commitment (Allen & Mayer, 1990). Affective and calculative commitment is related to the relationship of employer and customers, whereas normative commitment is very important for the relationship of employer and employees (Allen & Mayer, 1990). For the current study, researcher has used affective and calculative commitment as the attributes of Patients' commitment.

Affective Commitment. According to Allen & Mayer, (1990) is referred to when a customer willing to maintain relationship. Furthermore author said that affective commitment is very important for organization and a source of customers' loyalty.

Calculative Commitment. on the other hand is refer to such customers they evaluate the switching cost and benefits (Allen & Mayer, 1990). If the switching cost is low and benefits are more, customers' commitment may change.

Conceptual Framework

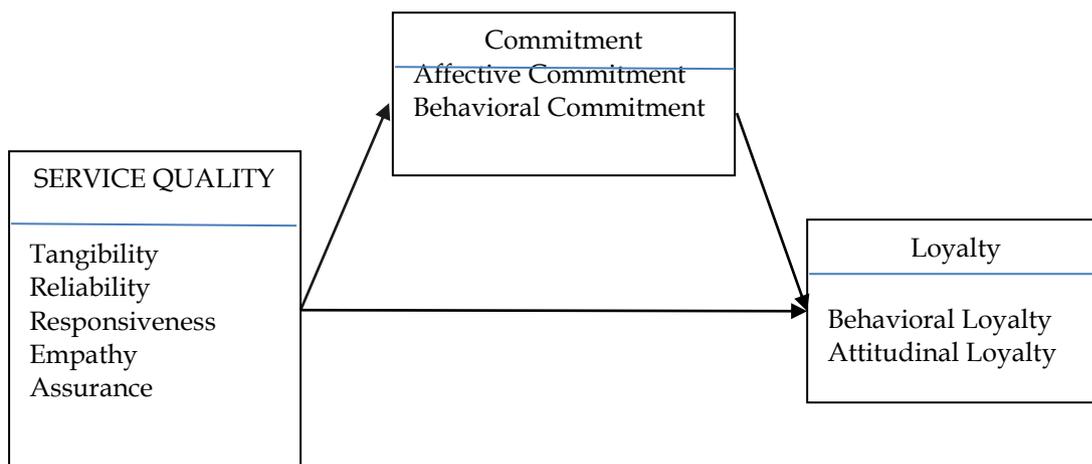


Figure No. 1: Conceptual Framework of the Study

Research Hypotheses

H1: service quality with its attributes is positively and directly related to Patients' loyalty attributes

H2: service quality and its aspects are directly and positively associated with Patients' commitment and its attributes.

H3: There is a positive and significant association between Patients' commitment and Patients' loyalty

H4: Patients' commitment significantly mediates service quality and Patients' loyalty relationship

H5: The perception of healthcare quality, Patients' loyalty, and commitment is higher in private than in public hospitals

Research Methodology

This is a deductive approach to test the available theories, hence a quantitative technique is adopted. Questionnaires adopted from various author will be circulated in various public and private hospitals of Peshawar.

Sampling Technique

For data collection, a total of 300 Survey distributed among the patients of public and private hospital. Data collected from those patient they were prevailing the services and from recently discharge patients and their family members through non-probability convenience sampling technique.

Measurement Scale Parasuraman, Zeithaml, Berry, (1994) servqual scale with minor modification done be Babakus and Mangold, (1992) adopted for healthcare quality that consist of fifteen items. The measurement scale adopted by Allen and Mayer (1990) for affective and calculative commitment with slight modification is adopted for measuring commitment in this study and it consist of seven items. Patients' loyalty two aspects have taken for the current study (Attitudinal and Behavioral Loyalty). The Bettencourt (1997); Foster and Cadogan, (2000) scale adopted for Patients' loyalty that comprises of six items.

Data Collection and Analysis

The current research is based on primary data to evaluate the effect of perceived service quality on commitment and customer loyalty. The adopted instruments utilized for collection of data from the hospitalized and recently discharged patients in various public and private hospitals of Peshawar.

Reliability

Collected data was then put into SPSS for further analysis. The subsequent table shows the descriptive statistics and reliability of the instrument. Cronbach's alpha suggests that all the instrument are highly reliable by providing the alpha score more than 0.7 (Santos, 1999).

Table No. 1

<i>Descriptive Statistics and Internal Reliability</i>					
	Minimum	Maximum	Mean	SD	Cronbach's Alpha
Servqual	15.00	75.00	46.52	9.81	.91
Tangibiity	3.00	15.00	9.36	2.58	.87
Reliability	3.00	15.00	9.23	2.49	.87
Responsiveness	3.00	15.00	9.27	2.40	.88
Empathy	2.00	10.00	5.95	1.69	.88
Assurance	4.00	20.00	12.68	3.16	.87
Loyalty	6.00	30.00	19.09	3.84	.87
AttitudinalL	3.00	15.00	9.69	2.40	.88
BEHloyalty	3.00	15.00	9.39	2.14	.88
Commitment	6.00	30.00	18.54	4.25	.86
AFcommitment	3.00	15.00	9.24	2.33	.87
Calcommitment	3.00	15.00	9.30	2.32	.87

Confirmatory Factor Analysis

After evaluating the descriptive properties of the data, the researcher validated the instrument by performing confirmatory factor analysis (CFA) of the instrument. The researcher initially run CFA individually and then for the measurement and structural model.

Confirmatory Factor Analysis for Servqual

The validity of servqual instrument is determined through CFA in AMOS. Result supported the validity of the servqual instrument by getting all the relevant fit indices within the threshold marks. The Chi-square minimum (CMIN) equal to 3.6 with NFI and CFI 0.95 and 0.94 respectively. Similarly, the values of RMR and RMSEA equal to 0.06 and 0.08 respectively (Bentler and Bonett, 1980) (see figure no. 2).

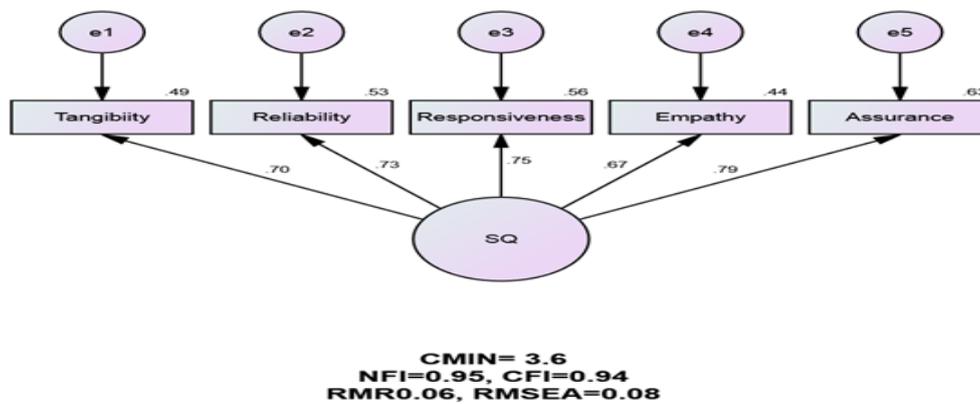


Figure No. 2: Shows the validity of Servqual Model
Confirmatory Factor Analysis for Patients’ Loyalty

Likewise, the validity of Patients’ loyalty instrument was investigated through CFA. The results of CFA proposed that the instrument of Patients’ loyalty was valid for further analysis. All the fit indices such as; CMIN value of 4.5, NFI=0.91, CFI=0.89, RMR=0.07 and RMSEA equals to 0.08 found within acceptable zone shows that the instrument is a valid instrument.

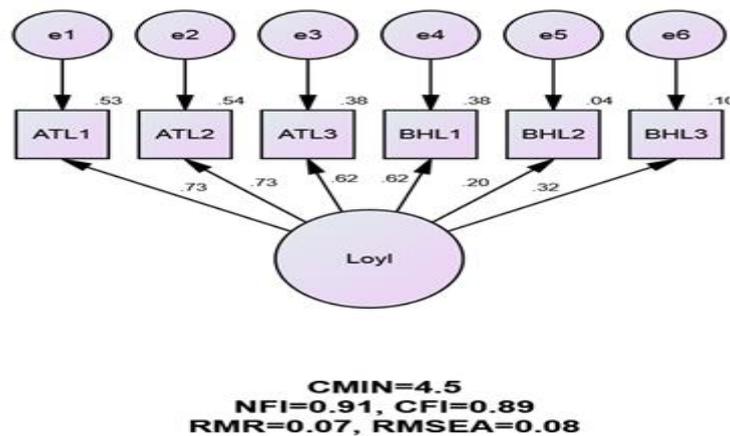


Figure no 3. Show the Validity of Patients’ Loyalty

Confirmatory Factor Analysis for Patients’ Commitment

Similarly, CFA run for the validity of Patients’ commitment instrument. After performing CFA, Patients’ commitment instrument was found valid and reliable. The fit indices for the said instrument were found within threshold (see figure 4).

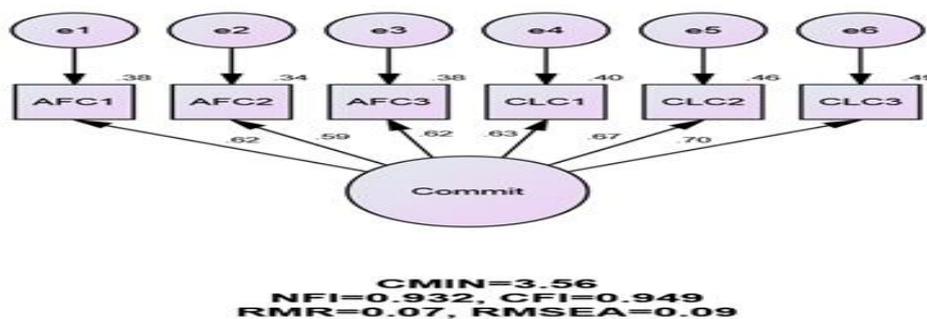


Figure no. 4: Shows the validity of Patients’ Commitment

Confirmatory Factor Analysis for Measurement Model

Consequently, CFA performed for measurement model to determine that the observed variables have true measures. After conducting CFA in AMOS, result shows that the model is fit with CMIN value of 2.16, NFI 0.92, CFI 0.9, RMR 0.06 and RMSEA value of 0.07.

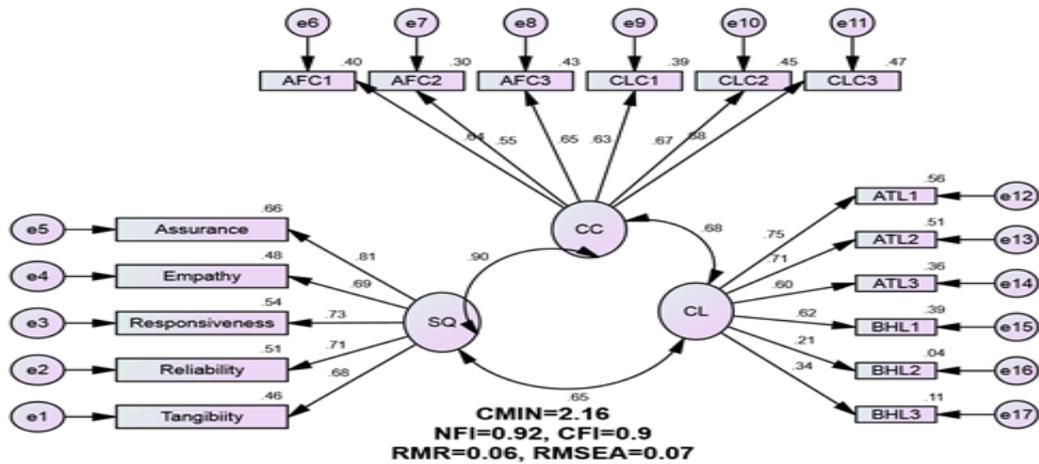


Figure No. 5: Shows the CFA for Measurement Model

CFA for Structural

Likewise, the validity of the overall structural model determined through CFA. The model was found fit with by providing the fit indices such as; CMIN 2.19, NFI 0.93, CFI 0.91, RMSEA 0.07 and RMR 0.06. Result shows that the observed model best fits the conceptual model.

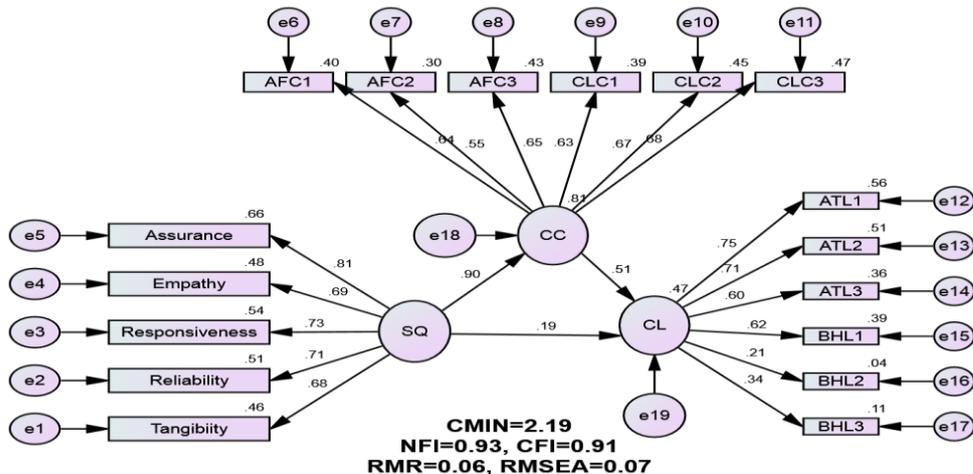


Figure No. 6: Shows the CFA for Structural Model

Hypotheses

After validating the model by performing CFA, now it can be used for investigating the proposed hypotheses of the study.

H1: service quality with its attributes is positively and directly related to Patients’ loyalty attributes

The first hypothesis was to inspect the optimistic and straight effect of service quality with its attributes on loyalty attributes. For this purpose, path analysis was adopted in structural equation modeling. Result revealed that healthcare quality with its dimensions has a positive and significant impact on Patients’ loyalty and its attributes. The value of standardized beta is equal to 0.65 found highly significant at $p < 0.01$, therefore empirical findings supported the first proposition.

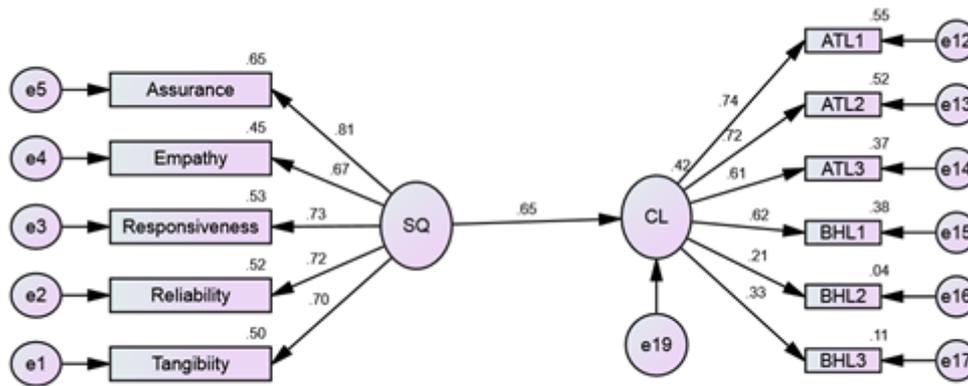


Figure No.7: First Hypothesis

H2: service quality and its aspects are directly and positively associated with Patients' commitment and its attributes.

Likewise, path analysis used to determine the relationship. Outcomes suggest that healthcare quality and its dimensions have a constructive and significant impression on Patients' commitment. The standardized beta of 0.90 found highly significant at $p < 0.01$.

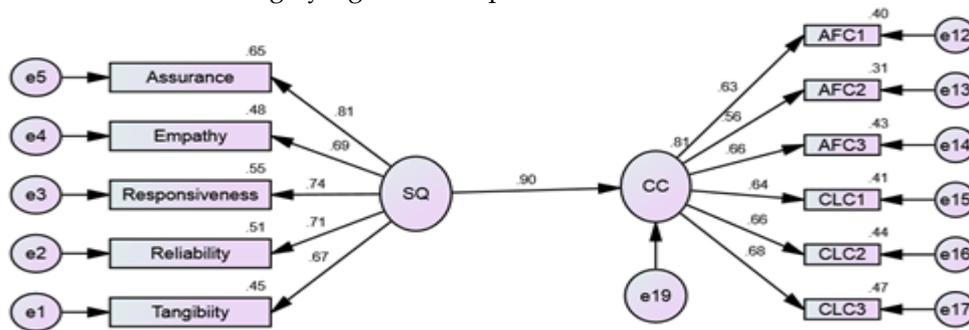


Figure 8: 2nd Assumption

H3: There is a positive and significant association between Patients' commitment and Patients' loyalty

The third proposition designed with the help of literature, is to identify the effect of Patients' commitment on Patients' loyalty. Similarly, path analysis was performed to investigate the association. After conducting path analysis, the researcher got the value of standardized beta equals to 0.68, highly significant with $p < 0.01$ shows the direct and significant impact of Patients' commitment on Patients' loyalty, therefore, the empirical data was in favor of the fourth proposition of the study.

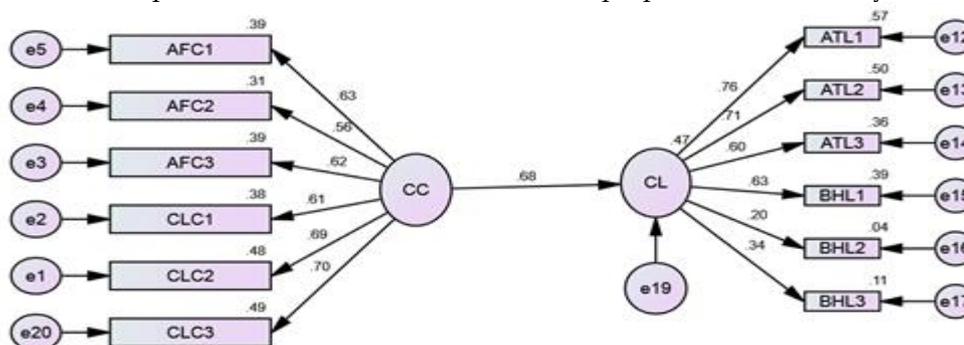


Figure No.9: Third Hypothesis

H4: Patients’ commitment significantly mediates the association between service quality and Patients’ loyalty

Similarly, path analysis was performed to investigate the link. The results show that Patients’ commitment wholly intervenes the relationship by getting the direct effect between service quality and Patients’ loyalty insignificant, whereas the indirect effect got significant value at $p < 0.01$.

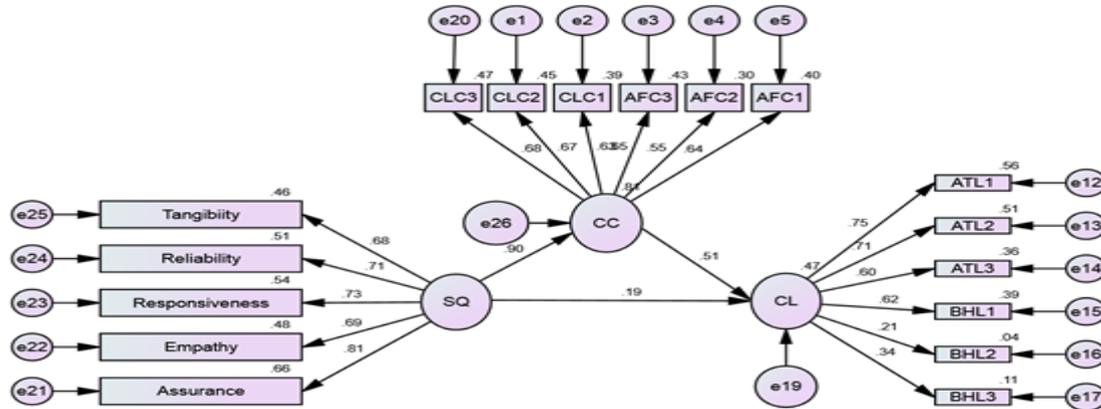


Figure 10: Fourth Hypothesis

H5: The perception regarding healthcare quality, Patients’ loyalty, and commitment is on the upper side in private than in public hospitals

For this purpose, independent sample t-test performed. The result shows that Patients’ perceived healthcare quality, Patients’ commitment and loyalty sophisticated in private than in public hospitals. The mean score of all the variables found higher and statistically significant except responsiveness, empathy and behavior loyalty (see table no2).

Table no. 2
“Independent Sample T-Test”.

“Variables”.	“Public”.			“Private”.			“T”.
	“Mean”.	“SD”.	“N”.	“Mean”.	“SD”.	“N”.	
Serv-qual	45.32	10.52	119	48.34	8.33	181	2.63*
Tangibility	9.07	2.56	119	9.81	2.56	181	2.45**
Reliability	8.98	2.47	119	9.62	2.49	181	2.18**
Responsiveness	9.20	2.51	119	9.36	2.22	181	0.56ns
Empathy	5.86	1.74	119	6.09	1.59	181	1.12ns
Assurance	12.18	3.23	119	13.44	2.91	181	3.42*
Loyalty	18.53	3.95	119	19.94	3.51	181	3.15*
Attitudinal Loyalty	9.25	2.36	119	10.36	2.32	181	3.99*
Behaviour Loyalty	9.27	2.11	119	9.57	2.19	181	1.19ns
Commitment	17.92	4.52	119	19.48	3.63	181	3.16*
Affective Commitment	8.85	2.40	119	9.84	2.09	181	3.67*
Calculative Commitment	9.07	2.42	119	9.64	2.14	181	2.10**

Conclusion and Recommendation

This research study conducted to assess Patients’ perception regarding healthcare quality, Patients’ commitment and loyalty of public and private hospitals of Peshawar. Further, this study investigated the impact of healthcare quality on loyalty. Moreover, to testify the facilitating role of Patients’ commitment between the association of healthcare quality and Patients’ loyalty. Data collected from 300 respondents of public and private hospitals patients. Instruments reliability and validity were confirmed though Cronbach’s alpha and confirmatory factor analysis respectively. After validating the data, the proposed hypotheses were investigated.

The first proposition was to evaluate the impression of service quality on Patients' loyalty. This proposition was tested with the help of path analysis in AMOS. Findings revealed that there is a positive and significant impact of service quality on Patients' loyalty. It suggests that if the healthcare provide error free services, that will produce more loyal customers. Loyal customers will remain with the company and is a source of positive word of mouth (Caruana, 2002). Findings of this study supports the previous research findings of Afridi & Khattak, (2015).

The second proposition of the study was to investigate how service quality effects Patients' commitment in public and private hospitals of Peshawar. Path analysis performed for this purpose and found that service quality and Patients' commitment are positively and significantly associated. Result suggests that enhanced level of service quality will improve Patients' commitment. Committed Patients' is a source of strong bond between service providers and receivers. Findings support the work of Walter & Ritter, (2003).

The third hypothesis examined the direct impact of Patients' commitment on customers; loyalty. This proposition was investigated through path analysis, which shows that Patients' commitment significantly associated with loyalty. Hence, it suggests that higher level of commitment will lead to higher level of loyalty. The result of the current study supported by the Morgan-Hunt (1994) commitment theory.

The fourth hypothesis was to determine the interceding effect of Patients' commitment between the association of healthcare quality and Patients' loyalty. Findings testify the role of commitment as a mediator for making loyal customers. Finding suggests that error free service provision will enhance the level of Patients' commitment that will lead to Patients' loyalty.

This study was also a comparative study, to acknowledge the perceptions of Patients' of healthcare quality, Patients' loyalty and commitment. Independent sample t-test performed to compare the mean score of the variables and disclosed that the perception of Patients' regarding healthcare quality, Patients' loyalty and commitment were high and significant in private than public hospitals of Peshawar. However, some individual aspect of service quality such as; responsiveness and empathy and behavior loyalty aspect of Patients' loyalty found higher in private but statistically insignificant.

The current study concludes that service quality effects Patients' loyalty when Patients' commitment mediates. It also empirically tested the difference of the healthcare quality, Patients' loyalty and commitment in public and private hospitals of Peshawar. This study theoretically contributed by proposing a new model with different combination of the selected variables. Similarly this research testified Patients' commitment as a mediator. The findings of the current research would be very advantageous for hospital management to operationalize a proper service quality evaluation system. Moreover, this study would be useful for the management to focus on those areas that require more attentions.

The current study focus was to test the role of commitment as a mediator in healthcare. However, in future other variables such as; corporate image, Patients' relationship, Patients' satisfaction may be tested as a mediator. The scope of the current study may also be extended geographically, by adding more cities of Pakistan. The socio-economic, cultural and political aspect may also be examined in future research.

Implications

The current study contributed theoretically by adding literature regarding service quality, Patients' commitment and loyalty. Further, the current study proposes a new model with different combination of variables. Moreover, it verified Patients' commitment as a mediator between service quality and Patients' loyalty. Practically, the findings of the present study may be valuable for the administration in evaluating healthcare quality, acquiring and retaining customers by enhancing commitment and loyalty through service quality.

Limitations

Current study adopted famous servqual model for evaluating service quality. However, various model available for measuring service quality. Other service quality model may bring some changes to the findings. Similarly, only two dimensions of Patients' loyalty adopted for the current study. Other

aspects of Patients' loyalty may also be tested in future research. Patients' commitment is used as a mediator for the current study, however, other variables should also be tried as a mediator such as; trust, word of mouth, Patients' purchase intentions.

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