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## Customers' Loyalty through Healthcare Quality; Mediating Role of Customers' Commitment: A Comparative Study of Public and Private Hospitals

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### ABSTRACT

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#### Keywords:

Healthcare Quality,  
Customers' Commitment,  
Customers' Loyalty,  
Servqual

The core ambition of present work is to gauge Customers' opinion of healthcare quality, Customers' loyalty and commitment in the hospitals of Peshawar. Data were collected from the hospitalized customers 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 Customers' loyalty. The mediating effect of Customers' commitment was also tested between the association of service quality and Customers' loyalty. Findings disclosed that customer's commitment completely intervenes the link of healthcare quality and Customers' loyalty. Furthermore, independent sample t-test was performed to investigate the variance in the perception of Customers' regarding public and private healthcare quality, Customers' commitment and loyalty. Finding clarified that Customers' perception of healthcare quality, Customers' 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 Customers' commitment and loyalty.

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## INTRODUCTION

Service sectors manager are facing great pressure to exhibit that they provide customers' 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" (Grönroos, 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

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services by customers” (A. Parasuraman, Zeithaml, & Berry, 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, Flynn, Cimiotti, Bakken, and Gershon (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 A. Parasuraman et al. (1988) got tremendous acknowledgment by many scholars such as; (Babakus & Mangold, 1992; Hessels et al., 2015; Peprah & Atarah, 2014). A. 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.

Setting and maintaining high standards for service oriented companies are mandatory nowadays. Technology has made it easier for customers, to get the information required. Customers’ nowadays easily compare the product or services they are opt to buy. In other words, acquiring customers and making them loyal is one of the critical challenges for the service providers. Loyal customers’ are the delighted customers that are having an optimistic views concerning a particular company (Bowen & Shoemaker, 2003). They possess re-patronage behavior and provide referrals. Loyal customers’ are very important for every organization, particularly service oriented organization (Banahene, Ahudey, & Asamoah, 2017).

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 customers and provide referrals.

Commitment is hysterical connection with a particular brand or company and the intentions of a buyer to remain with a company for a longer period (Li & Peng, 2015). Raie, Khadivi, and Khdaie (2014) describe commitment the important factor in effective long lasting relationship between the exchange partners whereas, R. M. Morgan and S. D. Hunt (1994) suggested commitment as one of the important dimensions of customers’ loyalty.

Intensive marketing literature is available on service quality, customers’ loyalty and satisfaction (Gong & Yi, 2018; Meesala & Paul, 2018), however, little attention has been paid to the gender impact of customers toward service quality in general and particularly in healthcare quality. Hence, the current research will contribute by investigating the mediating effect of customers’ commitment in the association of HCQ and customers’ loyalty. Moreover, it will compare the patients’ perception regarding public and private hospitals service quality, loyalty and commitment. Furthermore, the current study would contribute by examining the gender influence on HCQ.

## **Statement of the Problem**

Drastic changes in environmental factors forced companies to provide customers error free services. Since, customers 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 customers, all need assessments. Lack of accredited body, no proper performance evaluation system, weak regulatory mechanism have 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 Customers' commitment and loyalty. Furthermore, this study will evaluate how professed service quality influence Customers' loyalty when Customers' commitment intervenes the association.

### **Research Question**

- Whether healthcare quality has any influence on Customers' loyalty?
- Whether Customers' commitment mediates the association between healthcare quality and Customers' loyalty?

### **Research Objective**

- To examine the insight of Customers' regarding healthcare quality, commitment and loyalty in the health institutions of Peshawar.
- To consider how healthcare quality and Customers' commitment are associated.
- To check the intervening effect of commitment on the association of service quality and loyalty.
- To know the view of Customers' towards healthcare quality, Customers' 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 and 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, Manolis, and Winsor (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 (2012) classified services into three category such as; intangibility, inseparability and perish-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 A. Parasuraman et al. (1988) contended it as the variance between the opinions and hopes.

### **Service Quality Models**

Service quality got tremendous attention since 1970. Grönroos (1984) was 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.

A. 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; (Cheng Lim & Tang, 2000), workout and found technical and interpersonal aspect to gauge the service quality of healthcare. Customers are making their judgments based on interpersonal skill, the way through which customers receive healthcare. Like waiting time, information regarding health and disease, easy accessibility of health service (Raposo, Alves, & Duarte, 2009). Zineldin (2006) proposed service quality model for healthcare with five quality attributes. Sower, Duffy, Kilbourne, Kohers, and Jones (2001) 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 (Roustasekehravani, Hamid, & Hamid, 2015). 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. Kumar (2013), distinguished loyalty into two aspects; behavioral and attitudinal whereas Lam, Shankar, Erramilli, and 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 & 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)

**Affective Loyalty.** It is referred to an optimistic attitude towards a particular organization, its product and service (Blut, Evanschitzky, Vogel, & Ahlert, 2007). Affective loyalty is very handful and customers' retention and long lasting relationship (Sinha, Mishra, & Kaul, 2014).

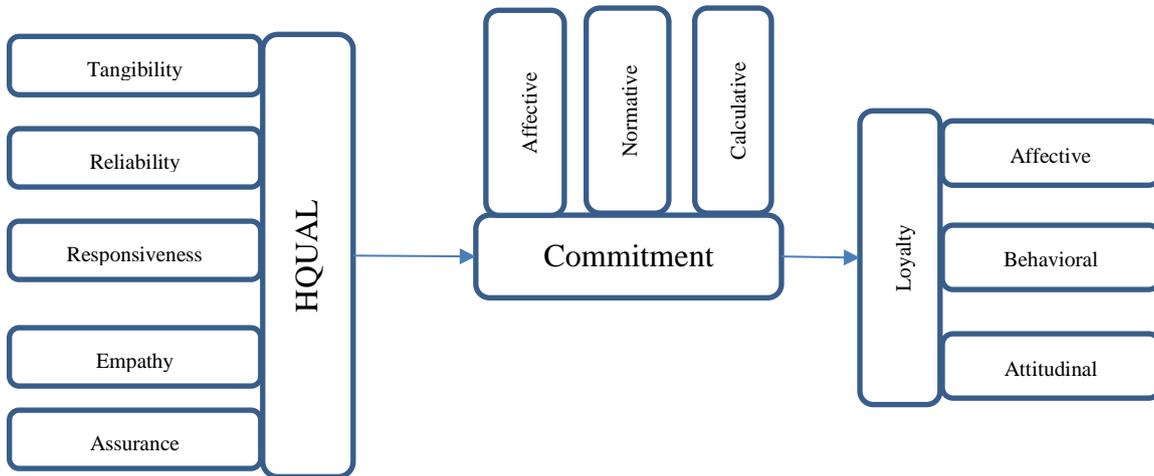
## **Commitment**

Based on the theoretical concept of relationship marketing proposed by Morgan and Hunt (1994) 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. It is further 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 (Mayer & Schoorman, 1998). They further contended that 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. For the current study, researcher has used affective, normative and calculative commitment as the attributes of Customers' commitment.

## **Healthcare Quality and Gender Differences**

Although a great deal of research is available on service quality in service sector including healthcare (Choi, Lee, Kim, & Lee, 2005) demographic segment of customers has got little attention particularly in HC. Demographic characteristics are considered as one of the important aspects in segmenting consumer market (Kotler & Armstrong, 2010). Gender segmentation of the market in particular has become more public with the recognition that female portion of the gender represents a profitable market segment (Choi et al., 2005). Despite the fact that gender aspect is a significant factor in evaluating service quality (Aghamolaei et al., 2014), limited literature is available on the direct analysis on such differences. It is believed that healthcare quality is more important to women then to man due to a distinctive patterns of attitude and personality associated with gender (Hofstede, 2009). Therefore the present study would analyze the gender aspect of demographic characteristics of patients with healthcare quality.

## **Conceptual Framework**



**Figure No. 1;** Conceptual Framework of the Study

**Research Hypotheses:**

- H1: service quality with its attributes is positively and directly related to Customers’ loyalty attributes
- H2: service quality and its aspects are directly and positively associated with Customers’ commitment and its attributes.
- H3: There is a positive and significant association between Customers’ commitment and Customers’ loyalty
- H4: Customers’ commitment significantly mediates service quality and Customers’ loyalty relationship
- H5: The perception of customers concerning healthcare quality, Customers’ loyalty, and commitment is higher in private than in public hospitals
- H6: There is a significant gender related differences in the degree of importance related to various dimensions of healthcare quality

**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**

The population selected for this study was all the public and private hospitals located in the capital city of Khyber Pakhtunkhwa. However, data were collected from selected public and private hospitals of Peshawar for instance, Lady Reading hospital, Khyber Teaching Hospital, Hayatabad Medical Complex, Rehman Medical Institute, Northwest hospital, Aman Hospital. For data collection, a total of 492 Survey distributed among the customers of public and private hospital. Data collected from

those patient they were prevailing the services and from recently discharge customers and their family members through non-probability convenience sampling technique.

### Measurement Scale

Parasuraman, Zeithaml, and 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 (Jones et al., 2007) for affective, calculative and normative commitment with slight modification is adopted for measuring commitment in this study and it consist of 9 items after deleting some items in face validity. Customers’ loyalty was measured through Attitudinal and Behavioral Loyalty two aspects has taken for the current study Affective, Attitudinal and Behavioral Loyalty. The (Bettencourt, 1997; Foster & Cadogan, 2000) scale adopted for Customers’ loyalty that comprises of 9 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 customers in various public and private hospitals of Peshawar.

### Reliability

The reliability of the data was confirmed via Cronbach’s alpha that suggests that all the instrument are highly reliable by providing the alpha score more than 0.7. The servqual reliability was found very high i.e, Cronbach’s Alpha score is equal to 0.88. Similarly the Cronbach’s Alpha values for Commitment and Loyalty are found as 0.83 and 0.78 respectively (For descriptive properties see table no. 1).

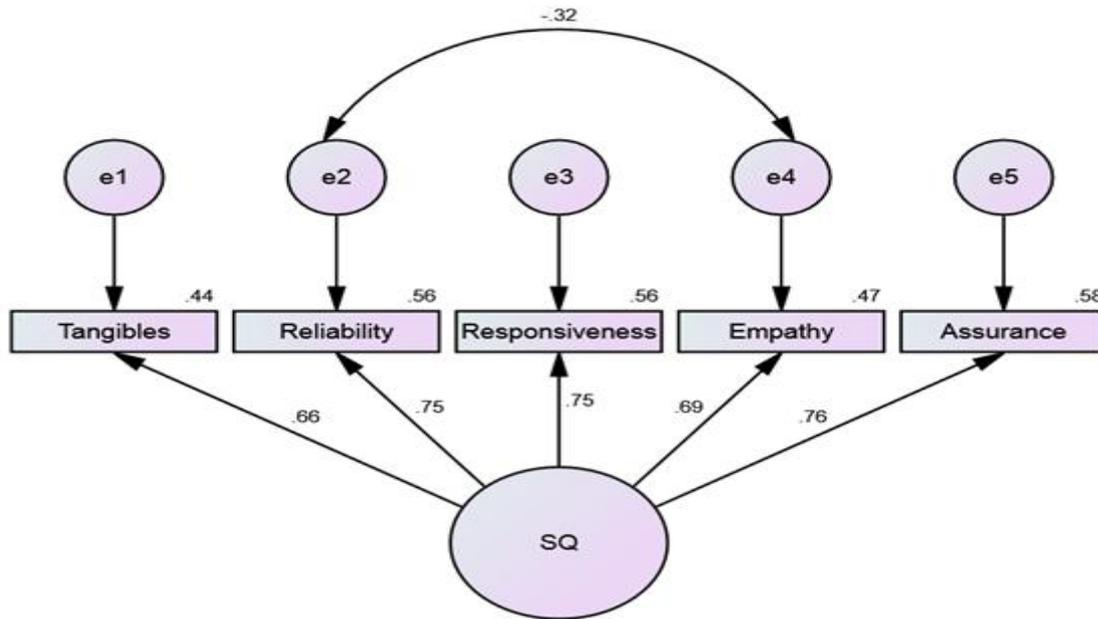
Table No. 1 Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Tangibles	492	3.00	15.00	9.36	2.52
Reliability	492	3.00	15.00	9.25	2.45
Responsiveness	492	3.00	15.00	9.32	2.31
Empathy	492	2.00	10.00	5.99	1.64
Assurance	492	4.00	20.00	12.75	3.11
Servqual	492	15.00	75.00	46.69	9.44
Commitment	492	9.00	45.00	28.48	5.76
Loyalty	492	9.00	45.00	28.97	5.25
Valid N (listwise)	492				

### Confirmatory Factor Analysis

Subsequently, the validity of the models were examined with the help of confirmatory factor analysis (CFA) in AMOS. The validity was examined stepwise, i.e, firstly, the models’ CFA was examined individually and then the overall measurement model was verified. Healthcare quality model was first examined in the lights of fit indices. The healthcare quality model was not a good fit in the first go. It was then investigated through modification index and found that the error terms of “reliability”

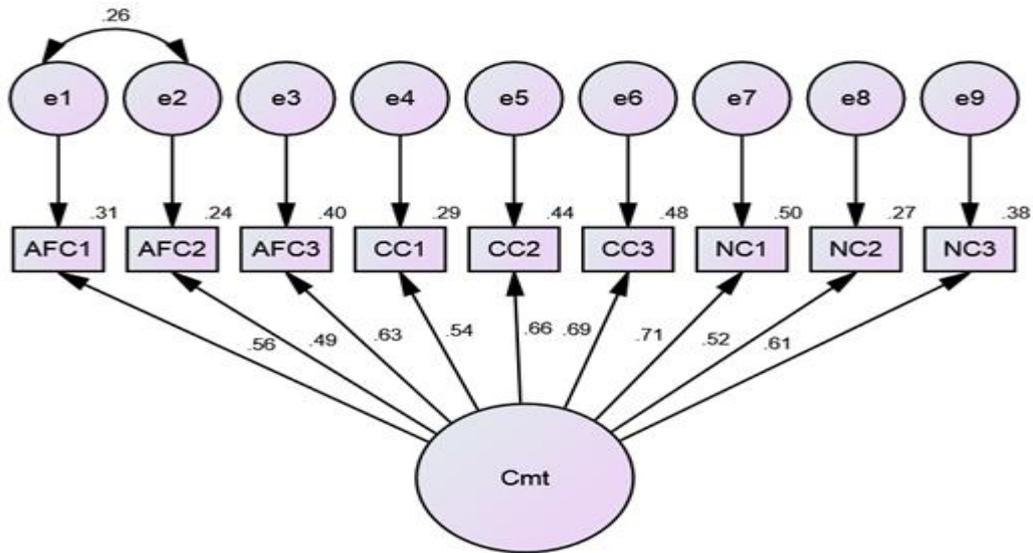
and “empathy” were highly correlated. After connecting these error term with the help of path analysis, the model was re-examined. This time all the fit indices were found within the acceptable zones (i.e, Chi-square=18.4, DF=4, CMIN/DF=4.6, CFI=0.98 & RMSEA=0.08) (see figure no. 2, and table no 2).



Chi-Square=18.4, DF=4, CMIN/DF=4.6  
CFI=0.98, RMSEA=0.08

**Figure No. 2;** Validity of the Healthcare Quality Model (Servqual)

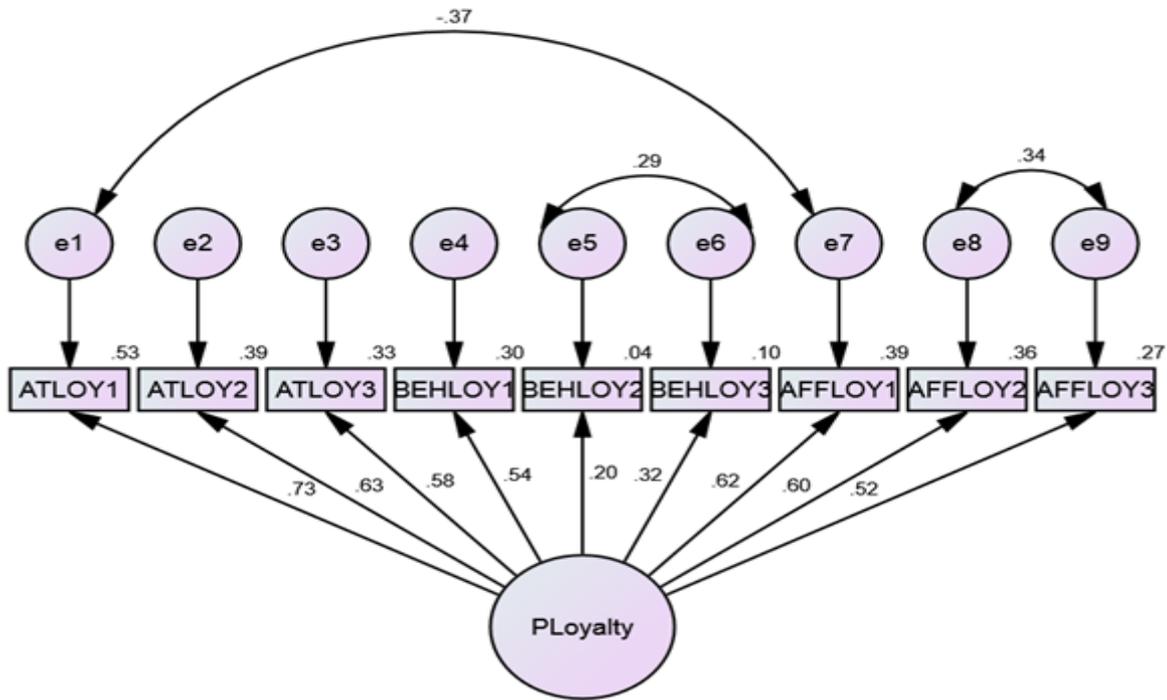
Similarly customers’ commitment instrument was verified through CFA. The output revealed that some of the fit indices were not within acceptable zones. It was examined in the lights of modification index and found that the first two item’s error terms were correlated. The path was drawn and re-run the tests. This time the relevant fit indices were found within acceptable zones (i.e, Chi-Square=107.3, df=26, CMIN/df=4.1, CFI=0.93 & RMSEA=0.08) (see figure 3 & table 2).



107.3, DF=26, CMIN/DF=4.1  
CFI=0.93, RMSEA=0.08

**Figure No. 3;** Validity of Customers' Commitment

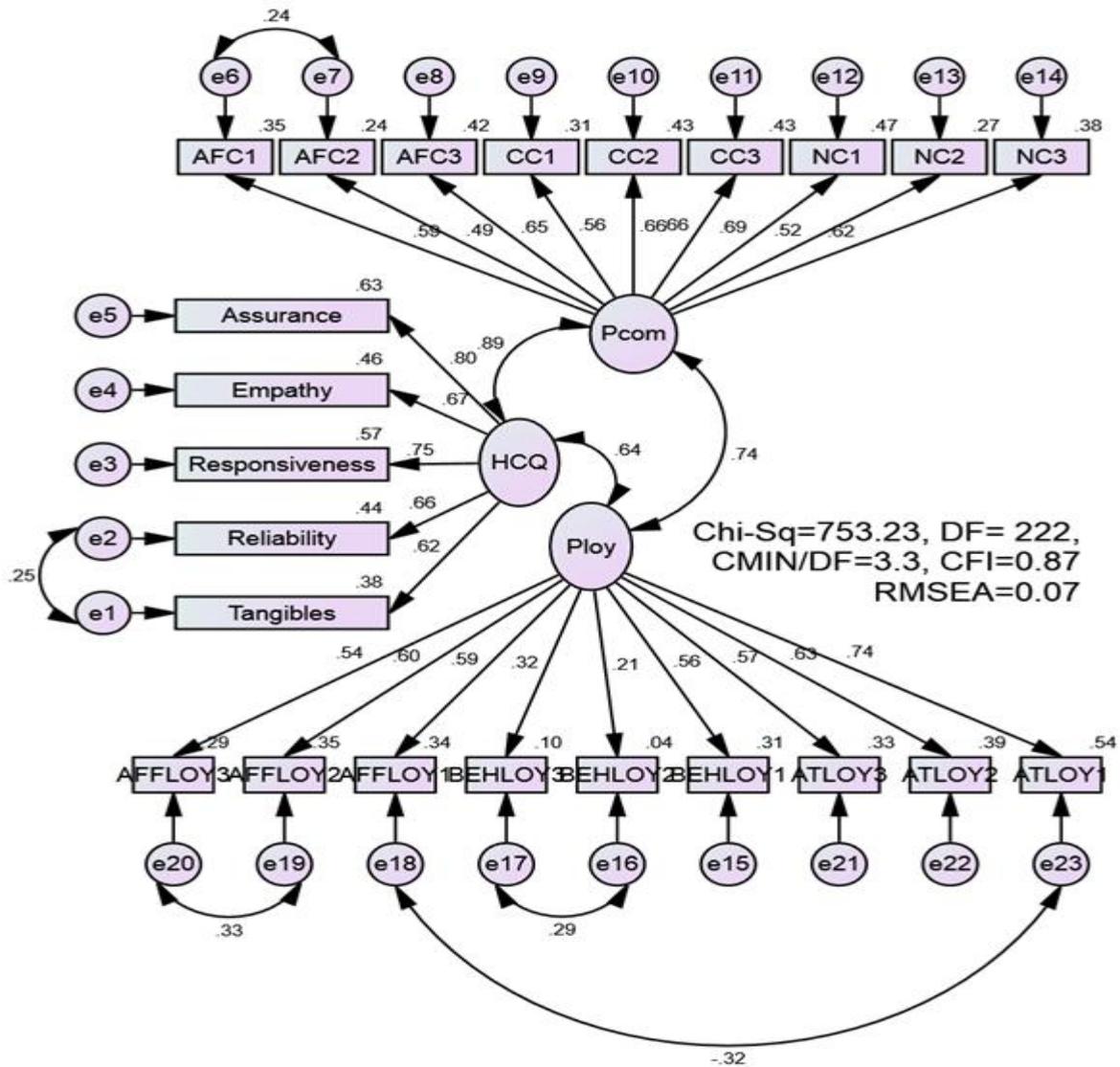
Likewise, patient's loyalty model was verified via CFA. After the test, the fit indices were found above the acceptable zone. The model was then examined through modification index and found that the error terms of item no 1&7, 5&6 and 8&9 were correlated. After drawing the correlation path the model was re-tested and found the values of fit indices in the acceptable zones (i.e, chi-square=97.6, df=24, CMIN/DF=4.06, CFI=0.93 & RMSEA=0.07).



Chi-square=97.6, DF=24, CMIN/DF=4.06  
CFI=0.93, RMSEA=0.07

**Figure No. 4;** Validity of Customers' Loyalty

Consequently, the overall measurement model was examined by performing CFA to check whether the conceptual model is getting a close fit to the empirical model or not. Confirmatory factor analysis was performed to investigate the overall fitness. The model was found fit after drawing correlation path for some of the correlated error terms(chi-square=753.23, df=222, CMIN/DF=3.3, CFI=0.87 & RMSEA=0.07).



**Figure No. 5;** Validity of Measurement Model

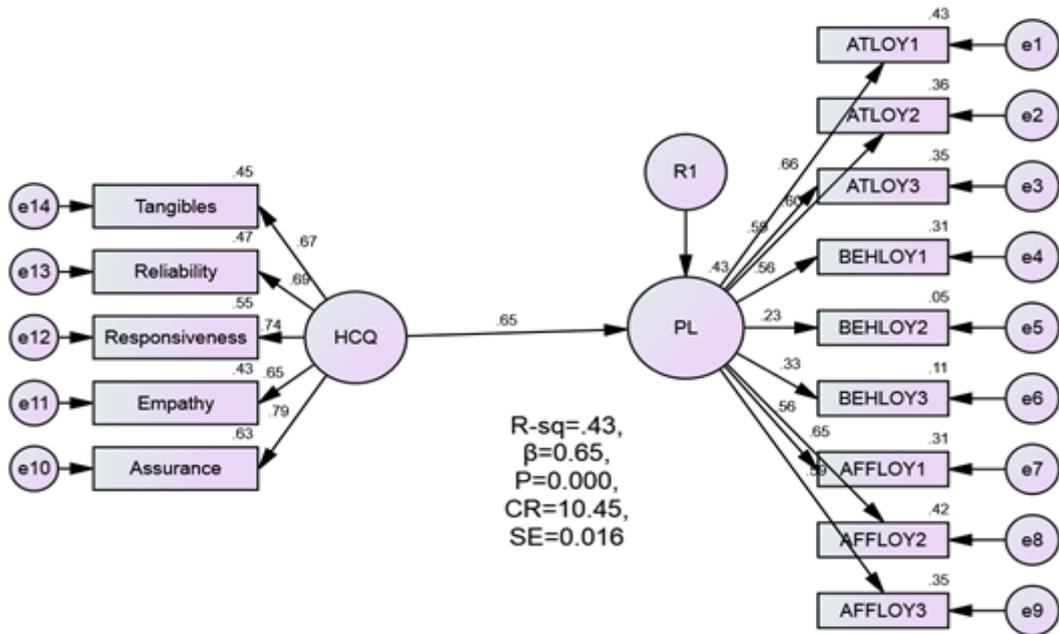
**Table No. 2** Models Validity

Models	Chi-Square	DF	CMIN/DF	CFI	RMSEA
HCQ	18.4	4	4.6	0.98	0.08
Commitment	107.3	26	4.1	0.93	0.08
Loyalty	97.6	24	4.06	0.93	0.07
Measurement Model	753.23	222	3.3	0.87	0.07

### Hypotheses

H1: Healthcare quality with its attributes is positively and directly related to Customers' loyalty attributes

The first hypothesis was to inspect the optimistic and straight effect of service quality with its attributes on customers' loyalty. For this purpose, path analysis was performed in structural equation modeling. Result revealed that healthcare quality with its dimensions has a positive and significant impact on Customers' loyalty and its attributes. The value of standardized beta (0.65) was found highly significant at  $p < 0.001$ , therefore empirical findings supported the first proposition.



**Figure No.6:** First Hypothesis

H2: Healthcare quality and its aspects are directly and positively associated with Customers' commitment and its attributes.

Likewise, path analysis performed to determine the relationship. Outcomes suggested that healthcare quality and its dimensions has a constructive and significant impression on Customers' commitment. The standardized beta of 0.88 found highly significant at  $p < 0.001$  (figure 7).

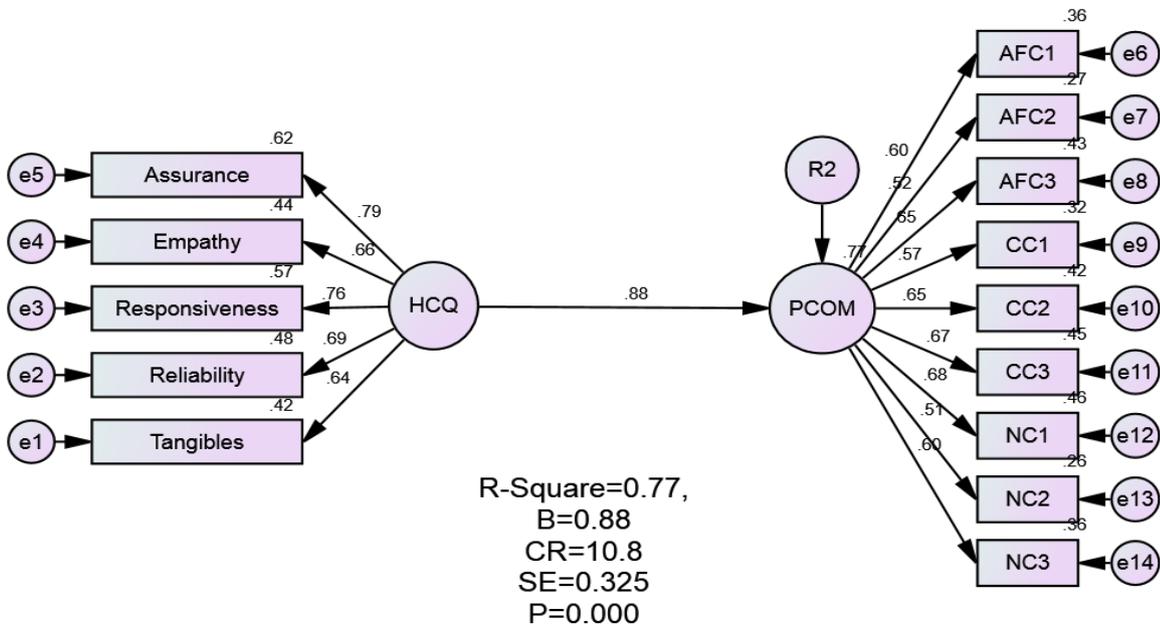


Figure 7: 2<sup>nd</sup> Assumption

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

The third proposition designed with the help of literature, is to identify the effect of Customers' commitment on Customers' loyalty. Similarly, path analysis was performed to investigate the association. After conducting path analysis, the researcher got the value of standardized beta equals to 0.74, highly significant with  $p < 0.001$  shows the direct and significant impact of Customers' commitment on Customers' loyalty, therefore, the empirical data endorsed the 3rd proposition of the study (figure 8).

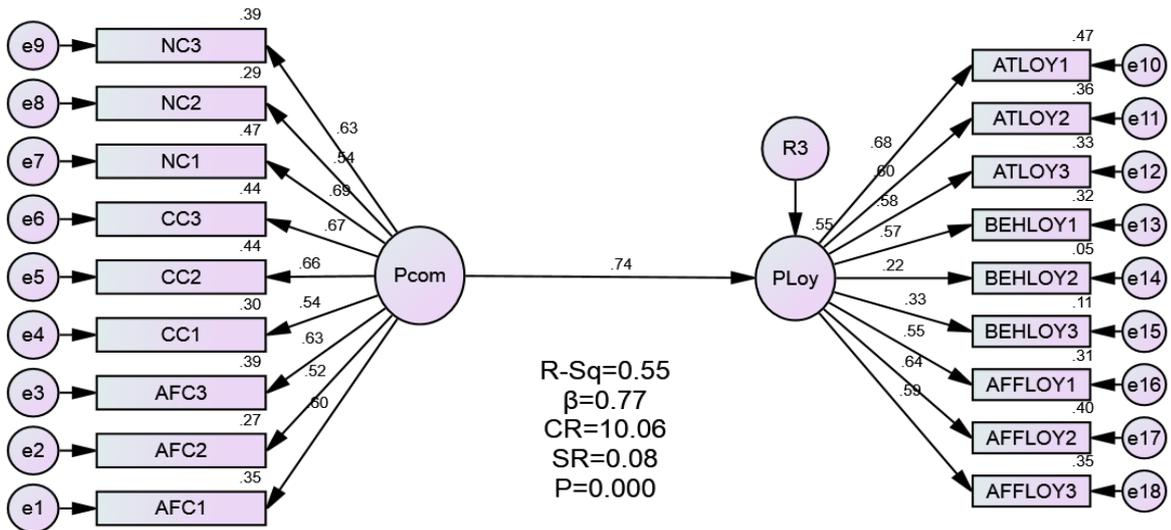


Figure No.8: Third Hypothesis

H4: Customers' commitment significantly mediates the association between healthcare quality and Customers' loyalty

Similarly, path analysis was performed to investigate the link. The results showed that Customers' commitment partially intervenes the relationship. The beta value in indirect effect increased as compare the direct effect. Beta values both in direct and indirect effects were found significant confirmed the partial mediation of patient's commitment between the link of healthcare quality and customers' loyalty (see figure no 9).

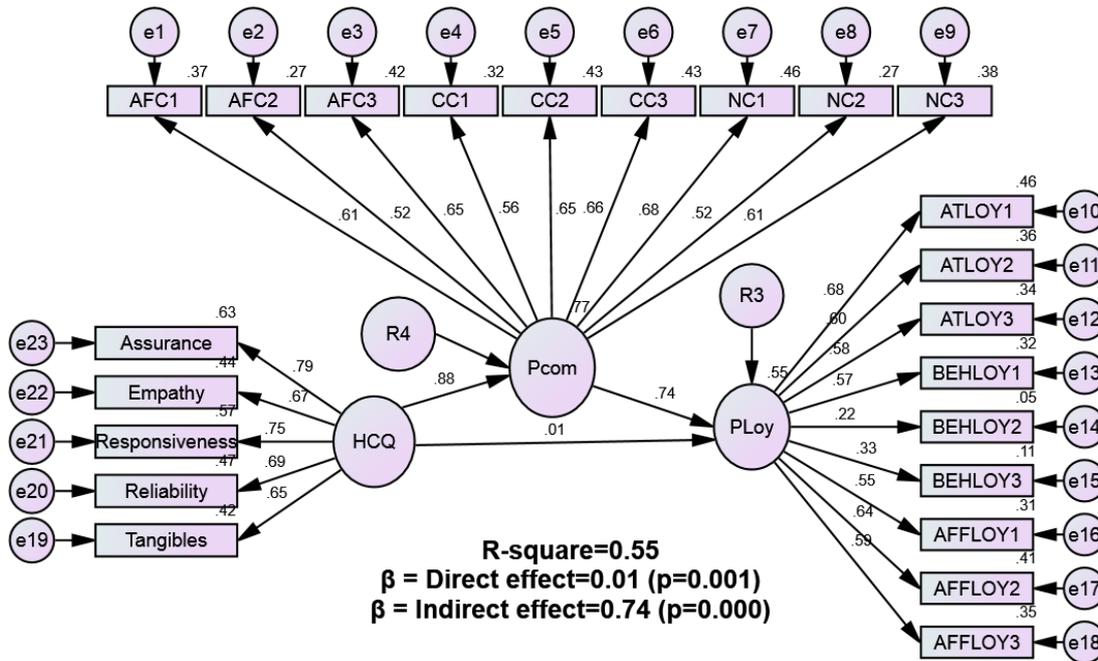


Figure 9: Fourth Hypothesis

Table No. 3 Model Summary

Hypotheses	R-Square	$\beta$ Direct	$\beta$ Indirect	C.R	S.E	Results
H1	0.43	0.65***	N/A	10.45	0.016	Supported
H2	0.77	0.88***	N/A	10.8	0.325	Supported
H3	0.55	0.77***	N/A	10.06	0.08	Supported
H4	0.55	0.74***	0.01(p=0.001)	---	---	Partial Mediation

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

For this purpose, independent sample t-test was performed. The result shows that Customers' perceived healthcare quality, Customers' commitment and loyalty sophisticated in private than in public hospitals. The mean score of all the variables found higher and statistically significant except responsiveness and empathy (see table no3).

**Table no. 4 Independent Sample T-Test**

Variables	Hospital	N	Mean	Std. D	Mean Diff	T value	P Value
Tangibles	Private	212	9.67	2.55	0.54	2.3	0.018
	Public	280	9.13	2.48			
Reliability	Private	212	9.51	2.46	0.46	2.0	0.03
	Public	280	9.05	2.43			
Responsiveness	Private	212	9.44	2.22	0.21	1.02	0.30
	Public	280	9.22	2.37			
Empathy	Private	212	6.13	1.57	0.24	1.6	0.10
	Public	280	5.88	1.69			
Assurance	Private	212	13.37	2.93	1.09	3.9	0.000
	Public	280	12.28	3.17			
Commitment	Private	212	29.52	5.15	1.8	3.5	0.000
	Public	280	27.69	6.08			
Hqual	Private	212	48.15	8.37	2.5	3.0	0.003
	Public	280	45.59	10.05			
Loyalty	Private	212	29.71	4.70	1.2	2.7	0.006
	Public	280	28.41	5.57			

**H:5** There is a significant gender related differences in the degree of importance related to various dimensions of healthcare quality. Gender related difference with various dimensions of HCQ was examined and it was found that women perception concerning the “reliability, responsiveness and assurance” aspects of HCQ is significantly higher than man with mean differences (MD= -.6, p=.04, -.5, p=.04 & -.6, p=.04) respectively. The other two aspect of HCQ (tangibility and assurance) were also found higher in female, however the p values (p=.23&p=.26) respectively found insignificant (see table 5 for details).

**Table 5 Independent Sample T Test (Male=250, Female 242)**

Variables	Gender	Std. D	Mean Diff	T value	P Value
Tangibles	Male	2.55	-0.24	1.19	0.23
	Female	2.48			
Reliability	Male	2.46	-0.79	2.1	0.03
	Female	2.43			
Responsiveness	Male	2.22	-0.74	2.0	0.03
	Female	2.37			
Empathy	Male	1.57	-0.69	1.9	0.04

Assurance	Female	1.69	-0.02	0.08	0.93
	Male	2.93			
	Female	3.17			
	Female	5.57			

### Conclusion and Recommendation

This research study conducted to assess Customers’ perception regarding healthcare quality, Customers’ 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 Customers’ commitment between the association of healthcare quality and Customers’ loyalty. Data collected from 492 respondents of public and private hospitals customers. 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 Customers’ 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 Customers’ loyalty. It suggests that if the healthcare institutions 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; Patawayati, Setiawan, & Rahayu, 2013).

The second proposition of the study was to investigate how healthcare quality effects Customers’ commitment in public and private hospitals of Peshawar. Path analysis performed for this purpose and found that healthcare quality and Customers’ commitment are positively and significantly associated. Result suggests that enhanced level of service quality will improve Customers’ commitment. Committed Customers’ is a source of strong bond between service providers and receivers. Findings support the work of (Patawayati et al., 2013).

The third hypothesis examined the direct impact of Customers’ commitment on customers; loyalty. This proposition was investigated through path analysis, which shows that Customers’ 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; (Heere & Dickson, 2008); (Patawayati et al., 2013).

The fourth hypothesis was to determine the interceding effect of Customers’ commitment between the association of healthcare quality and Customers’ loyalty. Findings testified that commitment partially mediates the association of healthcare quality and customers’ loyalty. Finding suggests that error free service provision will enhance the level of Customers’ commitment that will somewhat lead to Customers’ loyalty. The findings support the findings of previous study of (Patawayati et al., 2013).

This study was also a comparative study, to acknowledge the perceptions of Customers’ of healthcare quality, Customers’ loyalty and commitment. Independent sample t-test performed to compare the mean score of the variables and disclosed that the perception of Customers’ regarding healthcare quality, Customers’ 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 Customers’ loyalty found higher in private but statistically insignificant.

Finally, the gender related differences were examined. The result revealed that women patients have more positive perception towards healthcare quality than men. Women patient ranked reliability attribute of HCQ on top followed by responsiveness and then empathy. Though the literature related

gender analysis in healthcare quality is limited, the findings are consistent with previous such as (Afthinos, Theodorakis, & Nassis, 2005; Lee, Kim, Ko, & Sagas, 2011; Snipes, Thomson, & Oswald, 2006; Spathis, Petridou, & Glaveli, 2004).

The current study concludes that service quality effects Customers' loyalty when Customers' commitment mediates. It also empirically tested the difference of the healthcare quality, Customers' 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 Customers' 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, Customers' relationship, Customers' 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.

### **Implication**

The current study contributed theoretically by adding literature regarding service quality, Customers' commitment and loyalty. Further, the current study proposes a new model with different combination of variables. Moreover, it verified Customers' commitment as a mediator between service quality and Customers' 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.

### **Limitation**

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 Customers' loyalty adopted for the current study. Other aspects of Customers' loyalty may also be tested in future research. Customers' 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, Customers' purchase intentions.

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