CHAPTER V

DISCUSSION AND CONCLUSION

This chapter was divided into three parts consisting of discussion, conclusion, and limitations and future study.

Discussion

1. Effect of collection method on the characteristics of samples

The data collection method had affected the characteristics of samples. In this study, it was found that most of clients using primary care units were women, low education and low income. Data collection method which recruited samples both in physician visiting days and non-physician visiting days might affect some characteristics of the samples. It was found that around one-thirds of the samples were patients with chronic disease. The number of visit per year was 5.71 indicated that this group was a high user group. Since, the average number of visits as an out-patient per person per year of Thai people was around 3.547, thus this might be also affected by the collection method. (54) It was crowded in a physician visiting day, so that it might result in a high average waiting time for obtaining service too.

The results must be facing with the generalization since the characteristics of samples might be much more different from the general population. In addition, this study was conducted in Muang District Chonburi Province, the study in difference area needed to be explored to see whether similar results might be found.

2. The essential findings of client loyalty and the studied factors

The study indicated that client perceived service quality on structure quality was lower than other aspects, process and outcome quality. Clients perceived that there were not enough number and operation hours of the doctor providing service at primary care units. The physician service was available for only chronic disease clients which might be only 1 or 2 times per month in some community health

centers. Clients were arranged to meet the doctor in a certain day. If they missed an appointment, they might have to wait until next month. This might not be convenient for them. In addition, some of non chronic disease clients might also want to consult the doctor.

It was found that characteristics of satisfaction emotions of the clients developed during a service experience were both high positive emotions and low negative emotions. Especially, it appeared that obtaining service made clients feel humiliated less than other negative emotions measured. This might be due to the implementation of the universal health coverage scheme that made clients feel free to enjoy their right.

The study found that mean scores of price sensitivity and complaining behavior were lower than other two dimensions of loyalty, positive word-of-mouth and utilization intension. The mean scores of client loyalty to primary care units in the study were a fairly consistent pattern with other study. (20) This might be due to the different nature of loyalty in each aspect. Price sensitivity and complaining behavior aspects required higher level of loyalty than utilization intension and positive word-of-mouth loyalty. This could inferred that clients who were willingly to pay more for the service or did not complain when dissatisfied were loyal than clients who intend to use the service or recommend the service to others. Especially, when considering the utilization intention factor, it was probably caused by the health care need and no other choice available at the place.

3. Relationships between independent variables and client loyalty

Considering relationships between overall perceived service quality and client loyalty to primary care units, the results supported the hypothesis that there was a significant positive relationship between overall perceived service quality and client loyalty to primary care units. These results confirmed the finding of previous report in health care service of Alden et al. (24)

When analyzed perceived service quality as structure, process and outcome, it appeared that all three dimensions of perceived service quality significantly and

positively related to client loyalty. Similar results had been reported in other studies. (20, 25)

Relationships between satisfaction emotions and loyalty were also found. Positive emotions positively correlated with loyalty while negative emotions negatively related to loyalty. These findings were consistent of Yu and Dean. (46) It indicated that emotional feelings experienced during service delivery were associated to client loyalty.

4. Factors influencing clients loyalty

For four main groups of factors studied including perceived service quality, satisfaction emotions, accessibility factors, and sociodemographic factors, it was found that only the factors of perceived service quality and satisfaction emotions influencing client loyalty to primary care units. Sub-dimension analysis of the perceived service quality found that perceived provider attitude of process quality played an important role in client loyalty to primary care unit. This finding supported that a favorable process increased the likelihood of a positive evaluation of the service encounter by clients. (51) This was consistent with other reports that perceived process quality was positively related to client loyalty. (25, 48) This point of view indicated that interaction between clients and primary care providers during the process of service delivery might be a more important antecedent of client evaluations than the service outcome. (52) Another perceived service quality sub-dimension that related to client loyalty was operational system of structure quality. This finding supported that clients paid attention on the way the health care system was set up. It was agreed that structure had an important influence on how persons in the service system behave and on the quality of care offered. (35) These perceptions would in turn increase client loyalty.

Conversely, perceived outcome quality showed no significant affected to client loyalty. The findings were not in agreement with previous reports indicating that both perceived process and outcome quality were strongly associated with client loyalty. (39, 48) This finding suggest that outcomes might be poor, not because the health care delivered was bad, but rather because of patient characteristics that would

likely lead to poor outcome, regardless the quality of care. (5) On the other hand, outcomes might be good, not because of only the health care delivery but also patient themselves behaviors. So that outcome quality as perceived by client might not be related to their loyalty to primary care units.

It was also found the effect of negative emotions on client loyalty while positive emotions were not. This result was different from the finding of Yu and Dean (46) who indicated that positive emotions were more strongly associated with loyalty than negative emotions. In addition, Alden et al. (24) indicated that positive emotions were the most important predictor of reproductive health-care clinic loyalty in Thailand. However, affecting of negative emotions on loyalty was also reported in both studies. This finding confirmed that client's emotional experience during the visit might well enhance or reduce loyalty. Positive emotions would increase client loyalty; by contrast, negative emotions would decrease client loyalty.

As analyzed in loyalty dimensions, it was found that utilization intension was positively influenced by positive emotions and human resources of perceived structure quality. It was suggested that emotions influence decision making and that positive emotions relate to one's intention to maintain an ongoing plan and share the outcome of a certain event. This suggestion was consistent with the finding that positive emotions significantly related to client intention to use service. (45) Utilization intention was also affected by human resources. It might be due to human resources exhibited the ability of care that the system was able to offer. This might influence intention of clients to maintain service utilization.

Positive word-of- mouth loyalty was affected by provider behaviors, positive emotions and waiting time. The process of service delivered by provider was performance in the real time. In order to assess the service delivery, the person receiving the service has to experience the service itself or to rely on the others experiences. (55) Thus, if the provider behaviors quality was perceived by clients, they would tell prospective clients about the service they had experienced. As mention before, positive emotions link to intention to share experience of a person.

Therefore, it was not surprised that positive emotions positively influenced positive word-of-mouth loyalty.

Next dimension of loyalty, price sensitivity was positively affected by provider attitude and operational system of perceived service quality, and negatively affected by negative emotions. These results indicated that clients were willing to pay more for a pleasant delivery and efficient operational system of services offered. Moreover, it was found that negative emotions negatively influenced price sensitivity. This finding was consistent with Bagozzi et al. (45) who suggested that the response of negative emotions was intent to remove. As a result, loyalty in term of price sensitivity decreased under increased negative emotions.

Last dimension of loyalty, complaining behavior was positively influenced by positive emotions and operational system, and negatively influenced by negative emotions and chronic disease condition. It appeared that satisfaction emotions played major roles on complaining behavior both positive and negative sides. These findings supported that emotions would motivate or inhibit one onto action. In addition, negative emotions exhibited the coping response as obtain help or support. (45) Therefore, clients with negative emotions were more likely to complain to others.

Interestingly, chronic disease condition had a negatively influence on complaining behavior aspect of the loyalty. This was inconsistent with the suggestion that consistent use of a regular source of care was resulted in a strong interpersonal relationship and as a result, improving patient loyalty. This might be due to the service delivered for chronic disease clients was often changed and still did not meet their expectation for instance, changing of the physician providing care, very long waiting time, etc. Hence, a strong interpersonal relationship might not be developed and as a result the positive relation between chronic disease clients and loyalty did not appear.

Conclusion

It was found that perceived service quality and satisfaction emotions were the important factors affecting client loyalty to primary care units.

The study suggested two main strategies to gain client loyalty to primary care unit. First strategy is increasing client perceived service quality as the follow ways;

- Service structure should be managed. Operational system should be set up in the convenient way to obtain by clients. The proportion of health personnel should be balanced in terms of both categories and quantity. Policy maker should consider increasing number and operational hour of the doctor to provide service at primary care units.
- Health care providers have to concern the important of how services are delivered. This is the key factor client evaluated service quality and it is an antecedent to loyalty. Perceiving process quality not only ensures that current clients are retained but also promote positive word-of-mouth information to prospective clients. Improving attitude and communication skill training should be provided for health care providers to improve client-provider relationship.

Second strategy is increasing positive emotions and decreasing negative emotions. To retain or enhance client loyalty, the emotional satisfaction of client was needed to explore and manage. Health care providers need to emphasis how clients feel about their experiences of service delivery. Increasing positive emotions and decreasing negative emotions in turn should enhance loyalty to primary care unit.

- To increase positive emotions clients profile may include individual like and dislike that the service provider can use in order to satisfy them.
- Conflict management procedure should be developed to decrease negative emotions.

Limitations and Future Study

Since the study focused only on repeated client of primary care units, so the majority of the samples tend to be loyal. Future study of non-clients or clients who do not want to comeback again would expand the understanding of client loyalty. Moreover, the loyalty in this study is more specific with the curative care that does not reflect the loyalty in other aspects as such as promotive, preventive and rehabilitative care. Thus, other roles of primary care unit should be evaluated in future study.

Another limitation was that the study was conducted in Muang District Chonburi Province. Therefore, the generalization of the result is limited. The study need to be conducted in different areas to see whether similar results might be found. In addition client loyalty might be compared in different areas for instance, urban-rural areas or in different cultural areas.