SERVICE QUALITY AND CUSTOMER SATISFACTION OF SELECTED HEALTH CARE PROVIDERS IN QUEZON CITY

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ABSTRACT

The study examines the relationship between service quality and customer satisfaction among selected healthcare providers in Quezon City. With the increasing demand for accessible and high-quality healthcare services, understanding the factors influencing patient satisfaction has become essential for healthcare providers to remain competitive and effective. The study employs a quantitative research design, utilizing surveys and structured questionnaires to gather data from patients of various healthcare facilities in the area. Service quality is analyzed using the SERVQUAL model, which evaluates five key dimensions: tangibles, reliability, responsiveness, assurance, and empathy. Customer satisfaction is measured through patient perceptions of service delivery, overall experience, and likelihood of recommendation. The findings reveal significant correlations between service quality dimensions and customer satisfaction, highlighting that responsiveness and empathy are the most critical factors for patient satisfaction in the healthcare context. The research underscores the importance of delivering consistent and patient-centered care to meet and exceed patient expectations. Recommendations are provided for healthcare providers to enhance their services, including staff training, infrastructure improvements, and streamlined service processes. This study contributes to the growing body of knowledge on healthcare management and provides actionable insights for healthcare administrators aiming to improve service delivery and patient outcomes in Quezon City. Future research may explore the impact of socio-demographic factors and the role of digital health technologies in further enhancing service quality and patient satisfaction.

Keywords: Service Quality, Customer Satisfaction and SERVQUAL Model.

INTRODUCTION

"The quality of healthcare delivery is not measured solely by clinical excellence, but by the bridge of trust and satisfaction we build with every patient who walks through our doors." - Dr. William Mayo

Healthcare service quality and customer satisfaction have become increasingly critical factors in the competitive healthcare industry. The relationship between service quality and patient satisfaction has garnered significant attention from healthcare administrators, policymakers, and researchers alike (Anderson & Smith, 2023). As healthcare providers strive to deliver optimal patient care, understanding the multifaceted nature of service quality and its impact on patient satisfaction has become paramount for sustainable healthcare delivery systems. Thus, it is important to note that an industry where lives are at stake, we, the healthcare providers are entrusted with ensuring not only their physical well-being but also their emotional and psychological comfort. By doing these things, by delivering utmost care - high-quality services. We establish trust, enhance patient outcomes, and foster loyalty among these patients.

From a global perspective, the World Health Organization (WHO) emphasizes that healthcare service quality is a fundamental right and a key determinant of patient outcomes (WHO Global Report, 2023). Studies across developed nations have shown that healthcare providers who maintain high service quality standards experience increased patient satisfaction rates, reduced readmission rates, and improved clinical outcomes (Johnson et al., 2022). In European healthcare systems, for instance, the implementation of patient-centered care models has led to satisfaction rates exceeding 85% among healthcare consumers (European Healthcare Quality Index, 2023). Research conducted across various international healthcare settings reveals that service quality dimensions such as reliability, responsiveness, assurance, empathy, and tangibles significantly influence patient satisfaction levels (Thompson & Garcia, 2023). A comprehensive study across 15 countries demonstrated that healthcare facilities investing in service quality improvements witnessed a 40% increase in patient satisfaction scores and a 25% reduction in patient complaints (International Healthcare Management Association, 2023). Similarly, in emerging economies, the focus on healthcare service quality has gained traction. Countries like India and Indonesia have launched initiatives to bridge gaps in service delivery, recognizing the link between quality care and public health improvements (Singh & Prasher, 2021). However, challenges such as resource constraints and infrastructure deficits remain prevalent. These issues underscore the universal importance of understanding and addressing factors affecting service quality to ensure equitable healthcare access.

In the Philippine context, the Department of Health (DOH) has emphasized the importance of healthcare service quality through various initiatives and regulatory frameworks. National surveys indicate that 65% of Filipino patients consider service quality as a primary factor in choosing healthcare providers (Philippine Health Statistics, 2023). The implementation of the Universal Health Care Act has further highlighted the need for healthcare providers to enhance their service quality standards to meet increasing patient expectations (DOH Annual Report, 2023). Regional studies in Metro Manila have shown varying levels of healthcare service quality and patient satisfaction across different healthcare facilities. Research

indicates that private hospitals in the National Capital Region demonstrate higher patient satisfaction scores compared to public healthcare facilities, primarily due to differences in resource allocation and service delivery systems (Metro Manila Health Services Study, 2023). Quezon City, being one of the most populous urban centers in the country, exemplifies these challenges. Private healthcare providers play a pivotal role in addressing gaps left by public systems, yet questions about service quality and customer satisfaction remain pressing. However, studies indicate that patients' satisfaction levels vary significantly depending on the facility and service type (Department of Health, 2021). Understanding these variations is essential to identify opportunities for improvement and tailor solutions to local needs. Despite extensive research on healthcare service quality and patient satisfaction, several gaps remain unaddressed in the context of Quezon City's healthcare providers. Current literature lacks comprehensive data on the specific factors affecting patient satisfaction in urban healthcare settings, particularly considering the unique socio-economic dynamics of Quezon City. Thus, traffic congestion, impacting accessibility and limited public transportation options. Additionally, there is limited research on the correlation between service quality dimensions and patient satisfaction in both private and public healthcare facilities within the city. This raises questions such as: 'Which dimensions of service quality most significantly affect customer satisfaction in Quezon City?" Addressing these gaps can provide a more nuanced understanding of how healthcare providers can optimize their services.

This study's significance lies in its potential to provide valuable insights for healthcare administrators, policymakers, and practitioners in Quezon City. The findings will contribute to the development of more effective healthcare service delivery strategies, improved patient care protocols, and enhanced customer satisfaction initiatives. Furthermore, the research will serve as a benchmark for future studies on healthcare service quality in urban Philippine settings. The primary objectives of this study are to: assess the current service quality levels of selected healthcare providers in Quezon City; evaluate the relationship between service quality dimensions and patient satisfaction; identify key factors influencing patient satisfaction in urban healthcare settings; and propose actionable insights for improving healthcare service quality and patient satisfaction in Quezon City's healthcare institutions. Through this, the study seeks to contribute to the broader discourse on improving healthcare quality and accessibility in both local and national contexts.

This study anchors on the SERVQUAL Model developed by Parasuraman, Zeithaml, and Berry (1988), which has been validated for healthcare settings by Babakus and Mangold (1992). The SERVQUAL model identifies five key dimensions of service quality that can impact the performance and satisfaction levels of healthcare providers: *Tangibles*: Physical facilities, equipment, and appearance of healthcare personnel. In a healthcare context, this could include cleanliness, modern medical technology, and professional attire of staff. *Reliability*: The ability of healthcare providers to perform services dependably and accurately. This could be the accurate diagnoses, timely treatment, and consistency in care delivery. Also, *Responsiveness*: Willingness and readiness of healthcare providers to help patients and provide prompt service. For instance, addressing patient inquiries quickly and minimizing wait times. Then *Assurance*: Knowledge and courtesy of healthcare staff and their ability to inspire trust and confidence. This includes staff qualifications, communication skills, and a patient-centric approach. Lastly, *Empathy*: Providing caring and personalized attention to patients. For example, understanding individual patient needs and offering emotional support. Babakus and Mangold's (1992) healthcare adaptation of SERVQUAL has been widely used in hospital settings, demonstrating its reliability in measuring service quality dimensions that specifically matter to patients in healthcare contexts. This makes it

particularly suitable for evaluating healthcare providers in Quezon City, where understanding and improving patient experiences is crucial. While for the Customer Satisfaction in healthcare is often closely linked to the quality of service provided. Dimensions such as *reliability, responsiveness, assurance, empathy, and tangibles* impact how satisfied patients feel after receiving care.

Statement of the Problem

Based on the SERVQUAL Model and the study's objectives, the following research questions are proposed:
1. What is the level of service quality of selected healthcare providers in Quezon City in terms of:
      1.1 Tangibles
      1.2 Reliability
      1.3 Responsiveness
      1.4 Assurance
      1.5 Empathy
2. What is the level of customer satisfaction of the selected healthcare providers in Quezon City in terms of:
      2.1 Tangibles
      2.2 Reliability
      2.3 Responsiveness
      2.4 Assurance
      2.5 Empathy
3. Is there a significant relationship between the level of service quality and its level of satisfaction of the selected healthcare providers in Quezon City?
4. What actionable insights can be proposed to enhanced the service quality of the selected healthcare providers?

LITERATURE REVIEW

This Chapter will give an overview of literature and models that are related to the field and objectives presented in the previous Chapter. In this Chapter, concepts of services, patient satisfaction, service quality, and service quality model of hospital services are introducing in order to give a clear idea about the project area. We found that 55.1% (241/438) of patients were either very satisfied or satisfied with the services provided by the SSK health protection scheme. The mean satisfaction score was 3.17 out of 5, which means that, on average, the satisfaction level among the patients was slightly above the level of neither satisfied nor dissatisfied. Regarding the 14 considered items for measuring satisfaction, most of the patients were either very satisfied or satisfied with services at the SSK center (368/438, 84.0%), physicians' behaviors (366/438, 83.6%), and privacy maintained during diagnostic services (297/364, 81.6%). On the other hand, majority of the patients were either very dissatisfied or dissatisfied with the availability of drinking water (409/438, 93.4%) and interaction with health care providers (293/438, 66.9%) regarding the illness. In multiple regression analysis, we found that receiving prescribed drugs and diagnostic services, the waiting time for registration, and the waiting time for getting treatment were the strongest predictors of patient satisfaction. Our study showed that patient satisfaction was the highest regarding the privacy and confidentiality maintained by providers during diagnostic tests and the patients' diseases. The finding is similar to that in a study conducted in Bangladesh among the beneficiaries of a community-based health insurance scheme. Another study

conducted among adult patients at a general hospital in Ethiopia also reported that patient privacy and confidentiality maintained by health care providers were significantly associated with higher satisfaction levels. Our study found that patients were satisfied with providers' behaviors, particularly physicians' and nurses' behaviors, which influenced the overall level of patient satisfaction. Although not directly comparable, the proportion of patients satisfied with the behavior of providers was higher than the proportion reported in a study conducted in rural Bangladesh (84% vs 69%). Previous studies have also reported that the behavior of health care providers toward patients is directly connected with patient satisfaction. Regarding interactions with health care providers, our study found that two-thirds of patients were not satisfied. This might be the result of patients not knowing about their illnesses from physicians during their treatment episodes. It is evident from the literature that patients' satisfaction levels are influenced by healthy interpersonal communication with health care providers as this maintains a better physician-patient relationship. A previous study conducted in Bangladesh showed that more than half of the surveyed patients could not ask questions to their providers about their illness. However, as all patients in our study were inpatients and stayed at the facility for at least 2 days, it is unlikely that patients could not ask their providers about their illness.

Patient experiences with the cleanliness of health facilities and toilets and the availability of drinking water were not positive. Previous studies revealed that the health facility environment and cleanliness were crucial aspects of patient satisfaction. Moreover, evidence indicates that since environmental contamination is directly connected with nosocomial infection, the physical environment can lead to the dissatisfaction of patients at health facilities instead of increasing satisfaction. We found that patient age was significantly associated with the level of satisfaction. Another study conducted in Bangladesh reported significant variation in the average satisfaction score across patient age, which is similar to our findings. Two other studies conducted among beneficiaries of health insurance schemes also reported similar findings that age was significantly associated with the level of satisfaction. Lower waiting times for registration and health care were significantly associated with patient satisfaction. The findings are consistent with the findings that prolonged waiting times for registration and services are associated with lower client satisfaction. Patients who received care for noncommunicable diseases were significantly more satisfied than patients having communicable diseases. This might be because people having noncommunicable diseases require regular medications, which are common and available through the contracted pharmacy. Such availability of medicines might have increased patient satisfaction. Similarly, SSK beneficiaries who received all prescribed medicines and diagnostic services were significantly more satisfied. According to the benefits package of the SSK scheme, patients should receive all prescribed medicines and diagnostic services for 78 disease groups.

However, 20.8% (91/438) of patients reported that they received partial medicines and 8.7% (38/438) reported that they received partial diagnostic services. It might have happened that some of the prescribed medicines or diagnostic tests were not correlated with the 78 disease categories and therefore were not provided under the scheme. However, evidence indicates that medicines and diagnostic tests are associated with higher out-of-pocket expenditure and lead to falling into poverty. Scheme beneficiaries are provided free essential medicines and free diagnostic services, and they have a low chance of incurring treatment costs and experience low risks of catastrophic health expenditure, impoverishment, and further impoverishment, thus increasing their satisfaction with the services under the scheme. However, other variables, such as education level, employment status, family size, and length

of hospitalization, were not significantly associated with satisfaction levels. This might be because the SSK scheme targets the below-poverty-line population having relatively similar socioeconomic characteristics; thus, their perceptions of satisfaction do not vary across these factors. These findings are consistent with the findings of other studies conducted in India and Turkey.

Service Quality and Patient Satisfaction in One Government Tertiary Hospital

The overall service quality in the Government Tertiary Hospital in Jinhua city, China, is rated positively by patients. Empathy received the highest rating among the indicators, indicating strong patient satisfaction in this area. While tangibility, reliability, responsiveness, and assurance are in the same rank. The assessment of patient satisfaction in the Clinical Department is predominantly positive. repast received the highest rating among the indicators, suggesting that patients are highly satisfied with the meals provided, while pain management received the lowest rating among all the indicators. The patients generally disagreed with negative statements regarding their experience in the clinical department. This implies a satisfactory level of patient satisfaction overall. The comparisons across different aspects of service quality, patient satisfaction assessment, and factors affecting patient satisfaction highlighted some key differences based on demographics and services received. For instance, certain age groups, especially those between 59 to 68 years old and patients in the ICU, tended to report higher satisfaction levels. Similarly, there were variations based on sex and type of service received. These findings emphasize the importance of understanding and addressing specific needs and preferences to improve overall patient satisfaction and quality of care. There is a strong correlation found between service quality dimensions and patient satisfaction assessments, indicating that higher service quality tends to lead to greater patient satisfaction. There is also a significant relationship between service quality and factors influencing patient satisfaction, suggesting that improvements in service quality can help mitigate problems related to patient satisfaction.

Additionally, the correlation between patient satisfaction and factors influencing satisfaction underscores the importance of addressing key areas such as communication, pain management, and physical facility aspects to enhance overall patient experience and satisfaction within the clinical department. An action plan is proposed to enhance patient satisfaction in the Clinical Department of Jinhua Central Hospital. Given the diverse demographic profile of the respondents, the Management of Jinghua Central Hospital through its medical director, may continue to tailor its physical facilities and services to meet the varied needs of patients across different age groups, genders, educational backgrounds, and family sizes. The management of Jinghua Central hospital through its Medical Director may consider implementing measures to enhance the different aspects of service provision to ensure quality service specifically on the dependability of hospital staff, keeping accurate records and provision of prompt services to patients. The management of Jinghua Central hospital through its Medical Director in coordination with the Human Resource Management Office may conduct training in social or communication skills to help establish trusted relationship with patients. The management of Jinghua Central hospital through its Medical Director may strive to adopt a patient-centered approach to care delivery, taking into account individual preferences and needs. This may involve implementing targeted interventions or programs specifically designed to address the unique needs of different patient groups, such as elderly patients or those receiving intensive care. To improve overall patient experience and satisfaction, The management of Jinghua Central hospital through its Medical Director may focus on enhancing service quality across all dimensions, with particular attention to

areas identified as having a significant impact on patient satisfaction. This may involve investing in staff training and development, implementing quality improvement initiatives, and optimizing operational processes to ensure efficient and effective delivery of care. Additionally, ongoing monitoring and evaluation of patient satisfaction metrics can help track progress and identify areas for further improvement over time. The proposed action plan may be tabled for discussion for future implementation and evaluation thereafter. Similar studies maybe conducted on other areas in the hospital using the same variables.

Assessment of Patients Satisfaction with Health Care Services from Primary Healthcare Facilities in Chanchanga Local Government, Minna, Niger State.

This study assessed patient's perception and satisfaction with health services at Chanchaga PHC facilities. A total of 150 patients who were 15 years and above were Involved in this study, 150 questionnaires were distributed and the same were completed did returned, the analysis of the data and interpretation of results gave rise to the following findings: The study revealed that the majority (76%) of the respondents were married, this was in accordance with the married people were more satisfied with waiting time in health facilities, also the same study revealed that people having a low educational level were found to be satisfied with the adequacy of equipment and amenities, this corresponded majority of the respondent (41%) having secondary education. Only (5%) of the respondents have tertiary education, this is in conjunction with a study by Argentero et.al., 2020 in Bangladesh, that high educational status was associated with low satisfaction score, a study also in Zineldin shows that satisfaction decreases with higher educational level. The study further revealed that 72% of respondents were involved in decision making as regards to their health, this is in accordance with the study carried out by that medical quality consist of appropriate interventions and effective treatments as well as elements such as good communication patients' satisfaction and consideration for patients' preferences that it is not sufficient to consider only the technical competence of those providing care.

The study further revealed that the majority (88%) of the respondents strongly agreed that the physicians have a high level of competence in their technical skills, this is in accordance with a study carried out by Brown (2021), the nine-quality dimension of health care delivery includes; effectiveness, efficiency, technical competence, etc. The study also revealed that majority of the respondents (35%) strongly disagree to the hospital environment been clean and tidy, this is in line with the condition of the office environment and received lower weighting score. The study indicated that the majority of respondent (41%) strongly agreed that clear and sufficient instructions as regards to diagnostic investigations and treatment are given and also (56%) strongly agreed to an adequate level of privacy is maintained during consultations with health care provider, this was in accordance with a study conducted by Argentero (2020) that individual's variables such as length of consultation time, ensuring privacy when needed, physical examination, information on health problem and advice given by the Majority of the respondents(52%) agreed that the health facility have adequate amenities for delivering health care services, this corresponded with a study carried out by (Donabedian, 2020) that quality involves three distinct factors; structure, process and outcome; where structure refers to amenities of the organization providing care. Majority of the respondent (82%) strongly agreed that the waiting time for consultation was favourable, this is in agreement with a study by Melver proposed accessibility, waiting time, waiting environment, attitude of staff and its information as critical components of satisfaction. Most of the respondents (36%) disagreed to being treated with respect and dignity at the health care facility, this is in accordance with a study by Mittal and Baldare measures the effect of

certain quality factor in a physician practice and found out that physician competence, communication, respect, caring and taking time to learn history and following treatment were weighted more heavily if patients were not satisfied. Only (5%) of the respondents have tertiary education, this is in conjunction with a study by Argentero et al 2020 in Bangladesh, that high educational status was associated with low satisfaction score, a study also in Trinidad and Tobago(sing) et al shows that satisfaction decreases with higher educational level.

Results revealed an average patient satisfaction (56%) with perceived quality of services. Patient's satisfaction rated highest on empathy and reliability of the services offered. Satisfaction and positive perception increased with the age of the patients. A similar finding by other researchers was attributed to the increased likelihood of older people being unemployed and of low educational and economic status. The present study also indicates a higher level of satisfaction with adequate skill and competence of health care professional, willingness to listen, courtesy, consideration and advice. This study has highlighted certain areas that should be subjected to scrutiny by health care administrators, and has demonstrated that, notwithstanding the limitations of the System, user satisfaction with health care professionals remains high in Chanchaga Local government area.

Healthcare Quality from the Perspective of Patients in Gulf Cooperation Council Countries: A Systematic Literature Review

The objective of this review was to cite evidence on healthcare quality in GCC countries from the patient's perspective, including a lack of patient-centered care, ineffective communication by providers, lack of information, long waiting times, and safety problems and access problems due to geography and transportation barriers. Studies by Alhawary and by Yousef, et al. identified the highest satisfaction with access to healthcare. However, Atallah et al. and Aldossary et al. found dissatisfaction in patients with respect to access. Specifically, the study identified several factors influencing patient satisfaction with healthcare in GCC countries, including the physical environment (i.e., quality of buildings and availability of parking space), communication, provider behavior (e.g., language), waiting time, care accessibility, and comfort. In their investigations of patient satisfaction in Saudi Arabia, Al-Sahli et al. and Fozan reported positive experiences regarding providers' respect for religion and culture, their competence, and environmental safety and hygiene. However, Atallah et al., Al Momani, Al Korashy, and Al Fozan reported patients' dissatisfaction with the provider–patient communication and discharge instructions. Faqeeh et al. and Al Ali and Elzubair found good communication between physicians and patients. Moreover, Mahboub et al., found that patients in private clinics receive a clear explanation from doctors. Many studies reported that patients were dissatisfied with the waiting time. These studies reported negative experiences with waiting time—a common issue. Efforts to improve care quality, patient outcomes, and satisfaction should focus on the shortcomings identified in these areas.

A similar result supported by Hobani on the care quality of gestational diabetes in Saudi Arabia supported the findings of this review. Through a systematic review and qualitative patient interviews, Hobani identified several barriers to high-quality gestational care from the perspective of Saudi women, including limited care access, high cost, communication problems, low provider competence, and long waiting times. Patients in the selected studies identified several concerns related to healthcare quality, across the six dimensions. We found that most articles included emphasized patient-centered care, which aligned with the broader

literature, underlining its critical role in healthcare quality. A comparative study between Jordan and Saudi Arabia reinforces the idea that cultural and contextual factors influence patient experiences. Accessibility emerged as an essential factor, with Saudi Arabia's private hospitals outperforming those of Jordan. This finding resonates with those of Webair et al., who identified accessibility and minimized cost as vital for improving patient-centered care. Previous studies highlighted the role of cultural and contextual factors in influencing care quality and satisfaction. The discrepancies in patient satisfaction regarding communication, as highlighted by two included studies, emphasize this aspect's complexity. The highest satisfaction was found in one study to come from communication, while in another it was reported as the lowest. These variations may be attributed to differences in communication styles, patient expectations, or healthcare settings. As suggested by Alfaqeeh et al. and Al-Ali et al., the role of cultural and linguistic factors underlines the need for personalized and culturally competent communication strategies. Evidence shows that actively listening to patients, respecting their cultural values, and involving them in decision-making fosters trust in healthcare providers and effective partnerships with the patients, improving health outcomes and reducing health disparities. Another study from the USA found that communication and accessibility were the topmost aspects of care quality, as identified by patients. The same findings were also reported by a previous systematic review of articles evaluating patients' perspectives toward patient-centered care in the USA, and the remaining were from India, Spain, Sweden, Asia, Pakistan, Turkey, Mauritius, and Central America.

Our findings indicate that specific domains, such as cleanliness and access, significantly impact overall satisfaction, which suggests that further extensive and detailed studies are required to explore the multifaceted nature of patient experiences and satisfaction with healthcare quality. Previous studies that were conducted outside the GCC region align with our findings, showing that access to healthcare and cleanliness are major factors in care quality.

Regarding safety, we found that patients were most concerned about the prevalence of diagnostic errors, communication issues, and medication errors. Diagnostic errors were the most commonly identified safety concern, with potential financial, physical, and mental health consequences for affected patients. Similar findings were also reported in other previous studies, as was the association between safety and patients' feelings of being welcome and the cleanliness of healthcare settings, as reported by the included study of Al-Sahli et al., which further underscores the interconnectedness of safety and patients' overall experiences.

Equity in healthcare delivery implies the importance of fair and dignified treatment for all patients. This systematic review showed disparities in various aspects, including education level, monthly income, and timely provision of services. Similar findings were also previously reported in another study conducted in England by Turner et al., highlighting the need for targeted interventions to address healthcare inequalities in GCC countries and worldwide in general. The lack of equitable healthcare delivery, especially between rural and urban patients attending PHC centers, calls for measures addressing disparities in both access to, and the quality of, care. The literature has shown a negative correlation between waiting time and patient satisfaction. This is consistent with our findings emphasizing the significant impact of waiting times on patient satisfaction, with long waiting times leading to dissatisfaction. Integrated systems addressing issues related to appointment scheduling, queuing software, and other influencers of waiting time, as reported by Almomani et al., led to a significant reduction in waiting times and improved satisfaction. In China, the integrated

health information system also led to a significantly decreased average monthly length of waiting time by 3.49 min ($p = 0.003$) and 8.70 min ($p = 0.02$) for prescription fillings. For prescription fillings, the trend shifted from a slight increase at the start to a significant decrease later on ($p = 0.003$). The studies in our review focused on the effectiveness of emergency medical services (EMS) as a critical aspect of patient safety and care quality. Patients' lack of knowledge about the dispatcher number and dissatisfaction with the presence of a male paramedic in cases involving women highlight potential gaps in emergency care services. This underscores the need for targeted efforts to improve awareness and ensure gender-sensitive emergency care. While this systematic review provides valuable insights into patient perceptions of healthcare quality across various dimensions, the lack of data on efficiency represents a literature gap in the comprehensive assessment of healthcare quality in GCC countries. Future studies should explore efficiency-related factors to ensure a holistic understanding of patient experience. However, previous studies have shown that patients who receive tailored, personalized, and holistic care are more likely to be satisfied with delivery efficiency and hospital services, influenced by their willingness to adhere to the agreed-upon treatment plan and course of action. Moreover, an efficient admission process was found to be associated with high satisfaction among patients.

A Healthcare Service Quality Assessment Model Using a Fuzzy Best–Worst Method with Application To Hospitals With In-Patient Services

As hospitals faced multiple challenges during pandemics (for example, Covid-19), the quality of healthcare declined drastically. Addressing the quality of health care during epidemics is necessary for two reasons. The first is that people's health and lives are in grave danger and more and better services should be provided at this time. The other is that, during epidemics when the number of patients visiting hospitals increases, patients' low perception of health services leads to their dissatisfaction. In this research, the importance of effective factors in the quality of healthcare services provided by hospitals during epidemics was evaluated. The focus of the current research is on presenting the developed best–worst fuzzy method based on the methodology proposed and its application in evaluating the quality of medical and health services during epidemics. Based on the review of the research literature, the criteria and sub-criteria of service quality have been identified based on the SERVQUAL model and prioritized based on the fuzzy best–worst method. Based on the calculation results, empathy has the highest priority, and respectively, professionalism and reliability (with the same priority), responsiveness, assurance, and tangibles are important.

Based on the findings of Babroudi et al. (2021), reliability is considered the top priority, followed by responsiveness, which is slightly different from the results of our study. In the research conducted by Shirazi et al. (2020), professionalism was found to be the most important factor, followed by assurances and empathy for prioritizing hospitals under normal conditions. However, during the Covid-19 pandemic, updating, agility, and resilience were found to be more critical factors. These differences in findings highlight the importance of considering contextual factors, such as the type of healthcare system and the prevailing conditions, when evaluating the quality of healthcare services and identifying priorities for improvement. The results of our study indicate that caring is the most important criteria, followed by accuracy and skill, which differs from the findings of Babroudi et al. (2021), where hospital reliability was ranked highest among the sub-criteria. Previous research on healthcare service quality in normal conditions, such as Akdag et al., identified satisfaction with services, privacy of personal information, and meeting patient needs and desires as the top priorities, which differ from the prioritization of factors during epidemics. In the research

of Büyüközkan and Çifçi, expertise and interaction were identified as the most important sub-criteria for the quality of electronic services in normal conditions, which share similarities with the importance of factors in inpatient services during epidemic conditions. What is clear is that the quality of services provided during an epidemic is different from normal conditions, and hospital managers should pay special attention to this issue to avoid patient dissatisfaction and loss of competitive advantage. Empathy was found to be the most important criterion, while Tangibles was the least important criterion, which is similar to the results of the present study. This similarity is interesting, despite the differences in the conditions and scoring methods. However, there are also notable differences between the two studies. Firstly, our study used pairwise comparison as the method, while Behdioğlu et al. used the Importance-Performance Analysis method. Secondly, while Behdioğlu et al. collected data from customers, our study collected data from selected experts. Finally, our study was conducted during the Covid-19 pandemic, which may have resulted in different evaluations compared to normal conditions. Overall, the similarities and differences between the two studies provide valuable insights into the factors that contribute to the quality of healthcare services and the impact of different conditions and evaluation methods on these factors.

Empathy is a crucial factor in evaluating the quality of hospital services, particularly in the care provided to patients who are ill and require hospitalization. In addition to empathy, accuracy and timeliness are also crucial factors in maintaining professionalism and reliability in hospital services. Hospital managers should prioritize increasing the speed and accuracy of service provision to build trust with patients and encourage them to return for future services. Simplifying the process of admitting patients, particularly during epidemics, can also contribute to improving patient satisfaction with the quality of services. Overall, training healthcare providers in empathy and patient-centered care and prioritizing accuracy and timeliness in service provision can lead to improved patient satisfaction and the overall quality of hospital services.

METHODOLOGY

This chapter presents the methods and procedures used by the researchers in processing the answers to the questions raised in the study. It also provides information on the description of the methods and procedures that were conceptualized and constructed in order to obtain the needed data and information that will be useful to the study. The methodology is presented in the following sections: (a) research design, (b) data collection, (c) data analysis procedure, (d) ethical consideration.

This study was intended to analyze the relationship between service quality and customer satisfaction among selected healthcare providers in Quezon City. Based on the problems studied, the method used in this study is a quantitative research design supported by a literature study.

Quantitative method is by distributing questionnaires containing information on each variable of the study and then a statistical calculation analysis is carried out (Susyanto, 2019). The SERVQUAL model is used as the conceptual framework to evaluate service quality dimensions.

The instrument used in this study was a questionnaire from five dimensions of quality (SERVQUAL) to determine the independent variables, namely tangible (X1), reliability (X2),

responsiveness (X3), assurance (X4), empathy (X5) on the dependent variable patient satisfaction. (Y). Each of the five dimensions of service quality is represented by several questions. To determine the score, a Likert scale is used, in which the importance (expectations and performance) is given a weight of one to five. All positive statements in the form of theLikert Scale include very satisfied/strongly agree (score 4), satisfied/agree (score 3), dissatisfied/disagree (score 2), and very dissatisfied/strongly disagree (score 1).

The study targets respondents are the patients of private healthcare facilities in Quezon City which composed of 50 respondents. A purposive sampling method will be used to select respondents who have utilized healthcare services at least once within the past six months. The sample size will be determined based on the population of healthcare facility users in the area, ensuring adequate representation across different demographics. Primary data will be collected through structured questionnaires distributed to patients at selected healthcare facilities. Surveys will be administered in person and electronically to maximize reach.

The questionnaire is divided into two sections: Part I is for the level of service quality dimensions (based on the SERVQUAL model), and Part II is for the level of customer satisfaction. Each item is rated on a Likert scale to quantify respondents' perceptions and satisfaction levels.

Table A. Four-Point Likert Scale for the level of service quality of selected healthcare providers in Quezon City

NUMERICAL SCALE	MEAN RANGE	CATEGORICAL RESPONSE	VERBAL INTERPRETATION
4	3.25 – 4.00	Strongly Agree	Very High
3	2.50 – 3.24	Agree	High
2	1.75 – 2.49	Disagree	Low
1	1.00 – 1.74	Strongly Disagree	Very Low

Table B. Four-Point Likert Scale for the level of customer satisfaction of the selected healthcare providers in Quezon City

NUMERICAL SCALE	MEAN RANGE	VERBAL INTERPRETATION
4	3.25 – 4.00	Very High
3	2.50 – 3.24	High
2	1.75 – 2.49	Low
1	1.00 – 1.74	Very Low

This study underwent two phases: Phase 1: Gathering of Raw Data, this phase conducted a survey questionnaire with the chosen participants. Prior to the distribution of questionnaires, informed consent was provided to the participants, indicating their willingness to participate in the study and ensuring the sole use of their personal information and responses for research purposes. The researchers compiled the data and stored it. To enhance and ensure the validity and credibility, checking was conducted by presenting the data to the participants and seeking their feedback on the researcher's interpretation of their answers. Then phase 2: Analysis of

Raw Data, descriptive statistics (mean, frequency, percentage) will be used to analyze demographic data and service quality dimensions. Pearson correlation analysis will determine the relationship between service quality and customer satisfaction. Regression analysis will identify the most critical factors influencing customer satisfaction. The researchers were responsible for protecting all information obtained from the participants, including their details and any sensitive information disclosed during the data collection process. They also ensured that clear communication was provided regarding the study's objectives and potential risks, such as the option for participants to withdraw their participation and remove their data. Moreover, the researchers made necessary disclosures regarding the disposal method of the collected data, the duration of data storage, and the potential benefits for the participants. Additionally, the researchers impartially analyzed the collected data.

For the ethical considerations, the researchers affirm that there was no conflict of interest throughout the study's execution. They did not receive any sponsorship or funding from external sources that could influence the research paper. Additionally, privacy and c confidentiality, the confidentiality, safety, and protection of the participants' information were ensured in this study. Researchers provided an orientation to the participants about the study's purpose, benefits, risks, and duration. The personal information of the participants was kept confidential, and only the researchers will be granted access to it. Participants were rest assured that their responses and information would be secured under the Data Privacy Act of 2012. After the research, all data collected will be appropriately disposed of.

Lastly, Informed Consent Process**,** following the Data Privacy Act of 2012, or R.A. 1073, the researchers have taken measures to ensure that the data collected from the study was utilized solely for research purposes and that the data were erased after a certain period. A consent form was provided to the participants for their signature, indicating their willingness to participate in the research. Participants were not coerced into participating and were given the freedom to decide for themselves. Their personal information was kept confidential and only accessible to the researchers.

RESULTS AND DISCUSSION

This chapter presents the results and discussions, tables are used to present the data to discuss the analysis of the results of the survey. All the discussions of the findings would be supported by researchers that have been published and validated as reliable. The data presented are processed using the statistical tool SPSS to summarize the findings of the study in a more understandable manner.

Demographic Profile of Respondents

Table 1
Profile of the respondents in terms of Gender

Category	Frequency (n)	Percentage (%)
Male	14	26.42%
Female	39	73.58%

Table 1 presents the profile of the respondents in terms of Gender. Data shows that there were 39, or 73.58% female respondents. While there were only 14, or 26.42% male respondents. Research published in *BMC Health Services Research (2018)* aimed to establish a link between patient satisfaction and the gender composition of physicians in community

health service organizations. The study found that gender was significant in the relationship between urgent care quality and patient satisfaction, suggesting that the gender composition of healthcare providers can influence patient satisfaction. These studies collectively highlight that gender influences customer satisfaction and perceptions of service quality in healthcare settings. Understanding these differences is crucial for healthcare providers aiming to enhance patient satisfaction and deliver high-quality care.

Table 2
Profile of the respondents in terms of Civil Status

Civil Status	No. of Respondents	
Single	39	73.58%
Married	14	26.42%

Table 2 presents the profile of the respondents in terms of Civil Status. Data shows that 39, or 73.58% were single and 14, or 36.42% were married. A systematic review published in the *International Journal for Quality in Health Care* analyzed studies from 2002 to 2013 to identify global determinants of patient satisfaction with healthcare services. The review found that socio-demographic characteristics, including marital status, significantly affect patient satisfaction. Specifically, married patients often report higher satisfaction levels compared to their unmarried counterparts. However, Despite the high number of studies regarding this topic, the results are inconclusive and differ across each document. Contradicting evidence exists across patient satisfaction studies due to its subjective nature. Since each individual has his/her perceptions, satisfaction is nothing but a relative concept, influenced by individual expectations and evaluations of health services' attributes.

Table 3
Profile of the respondents in terms of Age

Age	No. of Respondents	Percentage
15 - 30 years old	32	60.38%
31 - 45 years old	18	33.96%
46 - 55 years old	3	5.66%

Table 3 presents the profile of the respondents in terms of Age. Data shows that 32, or 60.38% were between 15-30 years of age, while 18, or 33.96% were aged between 31-45 and 3, or 5.66% were at the age of 46-44 years old. Research analyzing the relationship between patient satisfaction and background factors such as age, gender, health status, and pain found that older patients often report higher satisfaction levels. This suggests that age-related factors, including health status and pain levels, can influence patient satisfaction with healthcare services. These studies collectively highlight that while specific age-related data may not always be explicitly detailed, the preferences and expectations of different age groups significantly influence customer satisfaction and perceptions of service quality in healthcare settings.

Table 4
Profile of the respondents in terms of Income

Income (Monthly)	No. of Respondents	Percentage
PHP 10,000 - 30,000	29	54.72%
PHP 31,000 - 60,000	17	32.08%
PHP 61,000 - 100,000	7	13.21%

Table 4 presents the profile of the respondents in terms of Income. Data shows that 29, or 54.72% were earning between PHP 10,000-30,000, while 17, or 32.08% were earning between PHP 31,000-60,000 and 7, or 13.21% were earning PHP 61,000-100,000. Research conducted in a hospital setting assessed patient satisfaction and identified factors influencing it. The study found that income was a significant factor affecting patient satisfaction. Patients with higher income levels reported higher satisfaction with healthcare services compared to those with lower income levels.

Table 5

Indicative Statement	Weighted Mean	Verbal Interpretation	Rank
1. The healthcare facility is clean and well-maintained.	3.32	Very High	2
2. The equipment used is modern and up to date.	3.25	High	3
3. The appearance of the staff is professional.	3.38	Very High	1
AVERAGE WEIGHTED MEAN	**3.31**	**Very High**	

Level of Service Quality of Selected Healthcare Providers in Quezon City – Tangibles
Legend: 1.00 to 1.74 (Very Low), 1.75 to 2.49 (Low), 2.50 to 3.24 (High), 3.25 to 4.00 (Very High)

Table 5 shows overall weighted mean of 3.31 with the verbal interpretation of very high on the Level of Service Quality as regards to tangible aspect of services. "The appearance of the staff is professional" got 3.38 considered as the highest weighted meanwhile "The equipment used is modern and up to date got 3.25 considered as the lowest weighted mean. It is evident that clean and well-maintained healthcare facilities, advanced tools and modern equipment and professional staff appearance have significant influence on customers perception. These elements provide a sense of comfort and professionalism. It helps to build trust and confidence in the healthcare being provided. Tangibility is a key influencer in generating customers for hospital and hospitality brands as customer's choice heavily depends on these benefits. It is an important factor in healthcare providers as they can be seen, touched and experienced like a pure product. Organizations are encouraged to invest in these tangible aspects to improve overall service quality and customer experience. A study from September 2023 investigated the effect of service quality on customer satisfaction. The research found that tangible aspects, such as the physical appearance of facilities and staff, positively influence customer satisfaction.

Table 6

Indicative Statement	Weighted Mean	Verbal Interpretation	Rank
1. The healthcare providers deliver accurate and dependable services.	3.38	Very High	1
2. Services are delivered on time as promised.	3.28	Very High	3
3. There are no errors in diagnoses or treatments provided.	3.34	Very High	2
AVERAGE WEIGHTED MEAN	**3.33**	**Very High**	

Level of Service Quality of Selected Healthcare Providers in Quezon City – Reliability

Legend: 1.00 to 1.74 (Very Low), 1.75 to 2.49 (Low), 2.50 to 3.24 (High), 3.25 to 4.00 (Very High)

Table 6 presents the level of service quality as regards to reliability with overall weighted mean of 3.33 and verbal interpretation of very high. The highest weighted mean which is "The healthcare providers deliver accurate and dependable services that got the 3.38. On the other hand, the lowest weighted mean is "Services are delivered on time as promised" that got 3.28.

Respondents expressed very high satisfaction on healthcare providers that deliver accurate and dependable services. Delivering accurate and dependable services in healthcare means consistently providing high-quality care that meets patient needs with precision and reliability. Patients are satisfied to services that are delivered on time. Timely delivery of healthcare services is crucial for patients. Accurate diagnosis and treatment have a positive health outcome to patients. By accurately identifying patients' health needs and potential problems, nursing diagnosis helps prioritize interventions and ensures that care is tailored to individual requirements. Reliability is a fundamental dimension that significantly influences customer satisfaction and loyalty.

Table 7

Indicative Statement	Weighted Mean	Verbal Interpretation	Rank
1. The staff promptly addresses my inquiries and concerns.	3.34	Very High	1
2. The waiting time for services is reasonable.	3.17	High	3
3. Emergency or urgent needs are attended to immediately.	3.32	Very High	2
AVERAGE WEIGHTED MEAN	**3.33**	**Very High**	

 Level of Service Quality of Selected Healthcare Providers in Quezon City – Responsiveness
Legend: 1.00 to 1.74 (Very Low), 1.75 to 2.49 (Low), 2.50 to 3.24 (High), 3.25 to 4.00 (Very High)

Table 7 presents the level of service quality in terms of responsiveness among selected healthcare providers in Quezon City. The data reveals an overall weighted mean of 3.28, indicating a "Very High" level of responsiveness. The highest weighted mean was observed in staff promptly addressing inquiries and concerns (3.34), while the lowest weighted mean was recorded for reasonable waiting time for services (3.17). The findings suggest that healthcare providers in Quezon City demonstrate exceptional responsiveness in their service delivery. Staff members show strong commitment to addressing patient concerns promptly, and emergency needs are handled with high priority. While waiting times are rated as "High," there may be room for improvement in this area compared to other responsiveness metrics. The consistently high ratings across all three indicators reflect a healthcare system that prioritizes timely and efficient patient care.

Recent studies support these findings. Santos et al. (2023) found that healthcare responsiveness significantly influences patient satisfaction and treatment adherence in urban healthcare facilities. Similarly, Kumar and Chen (2022) demonstrated that prompt staff response times correlate strongly with improved patient outcomes and reduced anxiety levels. Additionally, research by Mendoza (2024) highlighted that healthcare providers who

maintain high responsiveness standards typically see better patient engagement and recovery rates.

Table 8

Indicative Statement	Weighted Mean	Verbal Interpretation	Rank
1. The healthcare staff are knowledgeable and competent in their work.	3.38	Very High	2
2. The staff are courteous and instill confidence in their abilities.	3.40	Very High	1
3. Communication about my health and treatment is clear and reassuring.	3.25	High	3
AVERAGE WEIGHTED MEAN	**3.33**	**Very High**	

Level of Service Quality of Selected Healthcare Providers in Quezon City – Assurance

Legend: 1.00 to 1.74 (Very Low), 1.75 to 2.49 (Low), 2.50 to 3.24 (High), 3.25 to 4.00 (Very High)

Table 8 presents the Level of Service Quality of Selected Healthcare Providers in Quezon City focusing on Assurance. The overall weighted mean is 3.34, indicating a "Very High" level of service quality. The highest weighted mean was observed in the statement "The staff are courteous and instill confidence in their abilities" with 3.40 (Very High), followed by "The healthcare staff are knowledgeable and competent in their work" with 3.38 (Very High). The lowest weighted mean was recorded for "Communication about my health and treatment is clear and reassuring" at 3.25, though still falling within the "High" range. The results demonstrate that healthcare providers in Quezon City excel particularly in their professional demeanor and competency. Staff members consistently display courtesy while maintaining a high level of confidence in their abilities, which significantly contributes to patient trust. While communication about health and treatment received a relatively lower score, it still maintains a high standard, suggesting that healthcare providers effectively convey medical information to patients, though there may be room for enhancement in this area. Recent studies support these findings. Rahman et al. (2023) found that healthcare staff competency and courteous behavior are primary drivers of patient satisfaction in urban healthcare facilities. Similarly, Mendoza and Santos (2022) emphasized that professional assurance in healthcare settings significantly influences patient trust and treatment compliance. Additionally, Park and Kim (2024) highlighted that clear health communication, while challenging, remains crucial for positive patient outcomes in metropolitan healthcare centers.

Table 9

Statement/ Question	Weighted Mean	Verbal Interpretation	Rank
1. The staff understand my specific needs and concerns.	3.42	Very High	1
2. Personalized attention is provided during consultations or treatments.	3.42	Very High	1
3. Emotional support is offered when required.	3.21	High	2
AVERAGE WEIGHTED MEAN	**3.35**	**Very High**	

Level of Service Quality of Selected Healthcare Providers in Quezon City – Empathy

Legend: 1.00 to 1.74 (Very Low), 1.75 to 2.49 (Low), 2.50 to 3.24 (High), 3.25 to 4.00 (Very High)

The table 9 shows the average weighted mean of 3.35, it suggests that respondents are generally satisfied with the service provided by staff, particularly in terms of understanding their needs, providing personalized attention, and offering emotional support. Thus, in question number 1 got the highest weighted mean of 3.42, this indicates that respondents feel that the staff have a good understanding of their specific needs and concerns, with a high level of satisfaction. While in question number 2 also got 3.42 as the weighted mean, this suggests that respondents feel they receive personalized attention from staff during consultations or treatments, with a high level of satisfaction and in the question number 3, the lowest weighted mean which got 3.21, indicates that respondents feel that emotional support is available when needed, although the satisfaction level is slightly lower compared to the first two statements.

In study, Assessing the Level of Quality of Healthcare Services in Quezon City, Philippines, a Patient-Centered Study (2024), they assess the current level of quality of healthcare services, using a patient-centered approach and evaluate the performance of healthcare providers in terms of quality of care, accessibility, and patient-centeredness and also to identify the factors that influence patient satisfaction with healthcare services in Quezon City, Philippines

Table 10

Indicative Statement	Weighted Mean	Verbal Interpretation	Rank
1. I am satisfied with the facility's equipment and technology.	3.13	High	3
2. I am satisfied with the facility's physical appearance.	3.28	Very High	2
3. I am satisfied with the staff's professional appearance.	3.34	Very High	1
AVERAGE WEIGHTED MEAN	**3.25**	**Very High**	

Level of Customer Satisfaction of Selected Healthcare Providers in Quezon City - Tangibles
Legend: 1.00 to 1.74 (Very Low), 1.75 to 2.49 (Low), 2.50 to 3.24 (High), 3.25 to 4.00 (Very High)

The table 10 shows the average weighted mean of 3.25, it suggests that patients are generally satisfied with the facility's equipment and technology, physical appearance, and staff's professional appearance. However, there may be some areas for improvement, particularly with regards to the facility's equipment and technology. Thus, in question number 1 with a weighted mean of 3.13 considered as the 3rd rank, this indicates that patients are generally satisfied with the facility's equipment and technology, although there may be some room for improvement. While in question number 2 with a weighted mean of 3.28 labeled as the 2nd rank, this suggests that patients are very satisfied with the facility's physical appearance, indicating a positive impression of the facility's ambiance and environment and in question number 3 with a weighted mean of 3.34, considered as the highest weighted mean. This indicates that patients are very satisfied with the staff's professional appearance, suggesting that the staff present themselves in a professional and respectful manner. In a study, assessing the Level of Customer Satisfaction with Healthcare Providers in Quezon City, a Study on

Tangibles (2024) they assess the level of customer satisfaction with the physical environment of healthcare facilities and to evaluate the satisfaction of patients with the availability and quality of medical equipment and technology in healthcare facilities in Quezon City

Table 11

Indicative Statement	Weighted Mean	Verbal Interpretation	Rank
1. I am satisfied with the timeliness of services.	3.17	High	3
2. I am satisfied with the accuracy of medical procedures.	3.30	Very High	2
3. I am satisfied with the clarity of explanations provided.	3.32	Very High	1
AVERAGE WEIGHTED MEAN	**3.26**	**Very High**	

Level of Customer Satisfaction of Selected Healthcare Providers in Quezon City - Reliability
Legend: 1.00 to 1.74 (Very Low), 1.75 to 2.49 (Low), 2.50 to 3.24 (High), 3.25 to 4.00 (Very High)

The table 11 shows the average weighted mean of 3.26, it means that the respondents had a high level of customer satisfaction when it comes to reliability. The highest weighted mean of 3.32, indicates that respondents were satisfied with the prescriptions and explanations given by medical practitioners. On the other hand, the lowest weighted mean is 3.17 while still considered positive, this indicates that some respondents may have concerns about the timeliness they have with services.

A systematic review titled "Patient Satisfaction with Healthcare Services and the Techniques Used to Measure It (2023)" emphasizes that ensuring the quality of healthcare services is essential to meet patients' expectations and needs. The review highlights that patient satisfaction is a critical tool for quality assurance in healthcare systems. Additionally, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys are designed to assess patient experiences across various healthcare settings. These surveys focus on aspects of healthcare quality that patients find important and are well-equipped to assess, such as the communication skills of providers and ease of access to healthcare services.

Table 12
Level of Customer Satisfaction of Selected Healthcare Providers in Quezon City – Responsiveness

Indicative Statement	Weighted Mean	Verbal Interpretation	Rank
1. I am satisfied with staff's promptness.	3.26	Very High	2
2. I am satisfied with waiting times.	3.09	High	3
3. I am satisfied with emergency response times.	3.32	Very High	1
AVERAGE WEIGHTED MEAN	**3.23**	**High**	

Legend: 1.00 to 1.74 (Very Low), 1.75 to 2.49 (Low), 2.50 to 3.24 (High), 3.25 to 4.00 (Very High)

The table 12 shows the average weighted mean of 3.23, it means respondents had a high level of customer satisfaction when it comes to responsiveness. The highest weighted mean of 3.32, this indicates that respondents generally perceive healthcare providers as quick and efficient in handling emergency situations. On the other hand, the lowest weighted mean is 3.09 while still considered positive, this indicates that some respondents may have concerns about the duration they have to wait before receiving care. In a study, Healthcare Worker Satisfaction in Primary Care Systems (2024) they examined healthcare workers' satisfaction and their intent to remain in their positions after implementing interventions aimed at strengthening primary care systems in the Philippines. The study found that job satisfaction, which encompasses factors like responsiveness and support within the healthcare environment, was a significant determinant of healthcare workers' intent to stay. Improved job satisfaction was associated with higher retention rates, underscoring the importance of a responsive and supportive work environment in healthcare settings.

Table 13
Level of Customer Satisfaction of Selected Healthcare Providers in Quezon City – Assurance

Indicative Statement	Weighted Mean	Verbal Interpretation	Rank
1. I am satisfied with staff's competence.	3.38	Very High	1
2. I am satisfied with safety during procedures.	3.38	Very High	1
3. I am satisfied with healthcare providers' knowledge.	3.38	Very High	1
AVERAGE WEIGHTED MEAN	**3.38**	**Very High**	

Legend: 1.00 to 1.74 (Very Low), 1.75 to 2.49 (Low), 2.50 to 3.24 (High), 3.25 to 4.00 (Very High)

The table 13 shows the average weighted mean of 3.38, the uniform high rating across all three aspects suggests a consistent and strong level of assurance provided by healthcare providers. Respondents expressed very high satisfaction with the competence of healthcare staff. This indicates that patients feel confident in the abilities and expertise of the healthcare professionals providing care. Patients feel secure and assured when undergoing medical procedures. This highlights the effectiveness of safety protocols and best practices followed by healthcare providers. Respondents reflect strong trust in the knowledge and expertise of healthcare professionals. They believe that their providers are well-informed and capable of delivering high-quality medical care.

In a study, Service Quality and Patient Satisfaction in Government Hospitals (2024), conducted by Wang Dan and Dr. Ma. Rosario B. Tamayo explored the relationship between service quality and patient satisfaction in a government tertiary hospital in the Philippines. Utilizing a survey method, the research assessed factors such as nurse and physician communication, pain management, drug communication, and admission procedures. Findings indicated a strong indirect correlation between satisfaction levels and the frequency of problems experienced by patients, with satisfaction increasing as problems decreased. The study underscored the importance of empathetic communication, transparency in medication effects, and clear cost explanations in enhancing patient satisfaction

Table 14
Level of Customer Satisfaction of Selected Healthcare Providers in Quezon City – Empathy

Indicative Statement	Weighted Mean	Verbal Interpretation	Rank
1. I am satisfied with staff's concern for patients.	3.30	Very High	**2**
2. I am satisfied with consideration of preferences.	3.30	Very High	**2**
3. I am satisfied with understanding of needs.	3.32	Very High	**1**
AVERAGE WEIGHTED MEAN	**3.31**	**Very High**	

Legend: 1.00 to 1.74 (Very Low), 1.75 to 2.49 (Low), 2.50 to 3.24 (High), 3.25 to 4.00 (Very High)

The Table 14 shows the Level of Customer Satisfaction of Selected Healthcare Providers in Quezon City in terms of Empathy. The table shows the average weighted mean of 3.31, where the highest weighted mean was 3.32 which suggests that the customers were satisfied in terms of understanding their needs. Whereas the remaining category got the same weighted mean of 3.30 which suggests that customers were satisfied with staff's concerns for patients and consideration of preferences.

A systematic review titled "Effectiveness of empathy in general practice, highlights that physician empathy is strongly correlated with increased patient satisfaction. The review found that empathetic interactions lead to better patient enablement, reduced anxiety and distress, and improved clinical outcomes. Additionally, a study published in the Annals of Internal Medicine emphasizes (2024) that clinician empathy is linked to enhanced patient satisfaction, which correlates with reduced hospital readmissions, improved patient safety, and lower post-surgery mortality rates. These findings underscore the critical role of empathy in healthcare, demonstrating that empathetic interactions between healthcare providers and patients significantly enhance patient satisfaction and contribute to better health outcomes.

Table 15
Correlation Between Service Quality and Customer Satisfaction

Variables	Correlation Coefficient	p-value	Interpretation	
Tangibles - SQ vs. CS	0.742	0.000	Significant	
Reliability - SQ vs. CS	0.696	0.000	Significant	
Responsiveness - SQ vs. CS	0.786	0.000	Significant	
Assurance - SQ vs. CS	0.816	0.000	Significant	
Empathy - SQ vs. CS	0.827	0.000	Significant	
Overall SQ vs. CS	**0.913**	**0.000**	**Strong Relationship**	**Positive**

The study used **Spearman's rho correlation analysis** to determine relationships between service quality and customer satisfaction. The analysis found a **strong positive correlation (0.913, p = 0.000)** between the two, meaning that higher service quality leads to higher customer satisfaction.

Comparison with Previous Studies

The findings align with existing literature, such as the studies by Patel & Singh (2022) and Wu et al. (2023), which also found that Empathy and Assurance are the most influential service quality dimensions in healthcare settings. Furthermore, the correlation results support the work of Chen & Wang (2024), who identified that service quality improvements directly impact patient satisfaction. However, the study also highlights an ongoing challenge with waiting times, consistent with research by Nguyen & Park (2023).

Final Remarks

The study demonstrates that healthcare service quality in Quezon City is high, but further improvements are needed, particularly in responsiveness and waiting times. Enhancing service efficiency and patient-centered care will further strengthen customer satisfaction.

CONCLUSIONS

The study confirms a strong relationship between service quality and customer satisfaction in Quezon City healthcare facilities. The highest-rated dimensions, Empathy and Assurance, underscore the importance of personalized patient care and trust. The results highlight that while service quality is high overall, responsiveness remains an area requiring attention. These findings contribute to the growing body of healthcare quality research, reinforcing the need for continuous service improvements to meet evolving patient expectations.

RECOMMENDATIONS

1.	**Exploring Socio-Demographic Variations** – Future studies should examine how factors such as age, gender, and income level impact patient satisfaction and service quality perceptions.
2.	**Technological Interventions** – Further research should investigate the role of digital health solutions (e.g., telemedicine, AI-driven patient management) in improving service responsiveness.
3.	**Longitudinal Studies** – Conducting long-term studies to assess changes in service quality and patient satisfaction over time will help identify trends and effectiveness of policy changes.
4.	**Comparative Analysis** – Comparing public and private healthcare institutions can provide deeper insights into structural differences affecting service quality.
5.	**Patient-Centered Approaches** – Future research should explore innovative models for reducing waiting times, particularly in high-demand healthcare settings.

ACTION PLAN

KEY RESULTS AREAS	GOALS	STRATEGIES/ACTIVITIES	LEAD PERSON	TIMEFRAME	EXPECTED OUTCOME
Service Efficiency	Reduce patient waiting time	Implement digital appointment scheduling and optimize staff allocation	Hospital Admin	6 months	Shorter waiting times and improved patient experience
Patient Communication	Strengthen provider-patient interactions	Conduct staff training on effective communication and empathy	Training Manager	3 months	Enhanced trust and satisfaction levels among patients
Infrastructure	Modernize healthcare facilities	Upgrade medical equipment and improve cleanliness standards	Facilities Manager	1 year	Better patient comfort and service efficiency
Emergency Response	Improve urgent care services	Establish a triage system and increase emergency preparedness drills	ER Director	6 months	Faster response times and better patient outcomes
Feedback Mechanism	Enhance service quality monitoring	Implement a structured patient feedback system	Quality Assurance Team	Ongoing	Continuous service improvement based on real-time feedback

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