# RESEARCH ARTICLE: HEALTH CARE SERVICE QUALITY IN SULU SANITARIUM AND GENERAL HOSPITAL: AN ASSESSMENT

Bonifacio P. Trayvilla JR.
School of Graduate studies Sulu State College Jolo, Sulu
Corresponding email: gs@sulustatecollege.edu.ph

*ABSTRACT***.** This study examined the significant variations in healthcare service quality between Sulu Sanitarium and General Hospital. For this descriptive-quantitative study, 100 respondents were chosen through purposeful sampling, and the data was analyzed using Pearson's test of correlation, frequency count, percentage score, weighted mean, standard deviation, t-test for independent samples, and one-way ANOVA. According to the findings, 1) the majority of respondents are married women, mostly between the ages of 21 and 30, and 2) they generally have a satisfactory comprehension of the caliber of medical care offered by Sulu Sanitarium and General Hospital; 3) Sulu Sanitarium and General Hospital's levels of health care service quality are often indistinguishable when data are grouped by gender and educational attainment. However, a significant difference is observed when data are grouped by civil status and gender; no other group of respondents views the quality of health care services in Sulu Sanitarium and General Hospital more favorably than those who are married and those who are 41 years of age or older, respectively; 4) A very high positive significant correlation is found overall among sub-levels subsumed under the level of health care service quality. These findings also corroborate the SERVQUAL model, developed by Parasuraman et al. (1985), which asserts that a component of healthcare service quality is always the perception of patients and healthcare providers that tangible, dependable, responsive, assured, and sympathetic services are relevant to level of satisfaction. Data on the quality of healthcare services, particularly those offered at Sulu Sanitarium and General Hospital, can be analyzed with the help of the SERVQUAL framework. This study highlights the significance of ensuring sensitive, high-quality service delivery to a range of demographic needs in order to promote practical healthcare quality services.
*KEYWORDS: General Hospital, Significant difference, Service, Assurance, Quality*

***ARTICLE DETAILS***
*SPHE-00043; Received: April 12, 2025; Accepted: April 25, 2025; Published Online: May 14, 2025*
***CITATION:***
*Trayvilla JR., Bonifacio P. (2025). Health Care Service Quality In Sulu Sanitarium and General Hospital: An Assessment. Social Psychology and Human Experience, 2(1). DOI: 10.62596/z563kk91*


## 1. Introduction

Needlestick injuries (NSIs) are one of the many occupational hazards to which doctors, nurses, and other healthcare workers are increasingly exposed. NSIs are among the most severe conditions in the world. Hospital health care quality is a major factor in determining patient outcomes and public health in general. Ensuring high-quality treatment has grown crucial as the need for health care keeps growing due to factors including aging populations, an increase in chronic diseases, and increased patient expectations. According to Parasuraman et al. (1988, 1994 in Meesala and Paul, 2018), the SERVQUAL model identified

aspects like tangibility, empathy, reliability, responsiveness, and assurance that could be investigated to determine their influence on significant quality outcomes like patient satisfaction, especially in the context of developing nations where the government provides healthcare cost subsidies. According to several research, increased customer satisfaction eventually results in increased word-of-mouth referrals and customer loyalty (Yoo et al., 2015; Guo et al., 2009; Lai et al., 2009 in Kasiri et al., 2019).

Hospitals are unavoidably essential to the delivery of healthcare, frequently acting as the main entry point for specialized and emergency services. However, sustaining consistent quality is made extremely difficult by the complexity of health care delivery, which is typified by a variety of medical interventions, interdisciplinary teams, and differing patient demands. brains that can "think outside the box" to solve changing problems and satisfy community demands (Chavez, 2024). Enhancing service delivery requires the combination of quality improvement programs, evidence-based practices, and a strong framework for performance measurement. Additionally, the way hospitals evaluate and enhance the quality of care has changed as a result of the introduction of technology, data analytics, and patient feedback systems. Standards and criteria have been set by regulatory agencies and accrediting groups to help hospitals with their attempts to enhance quality.

Technical quality and functional quality are the two aspects of service quality (Gŗnroos, 1984 in Kasiri et al., 2019). Customers of services are interested in both the technical and functional quality of the services they receive. This approach has been applied in numerous research to examine service quality in various settings. They have looked into how two aspects of service affect loyalty, trust, and satisfaction (De Keyser and Larivier, 2014; Park et al., 2013; Sadeghi et al., 2014 in Kasiri et al., 2019). The result of the service production process is the Technical Service Quality dimension of Grħnroos' (1988) model, which provides a response to the question of what the client gains from the service transaction. Grçnroos (1988) addressed the issue of how the customer receives the technical result of the service production process in his Functional Service Quality section, which focuses on the quality of the service process (Gŗnroos, 1988; p. 12 in Kasiri et al., 2019). Numerous studies have demonstrated the connection between customer happiness and service quality (Cronin et al., 2000; Park et al., 2013 in Kasiri et al., 2019).

One of the main issues facing the global healthcare sector is improving the quality of hospital services (Yucesan and Gul, 2019). Since the Philippines' health care system, especially in rural areas like Sulu province, is highly competitive, stakeholders' opinions should be taken into consideration when evaluating public hospital services in order to make a better decision. In this regard, it is essential to comprehend the complex nature of hospital health care quality services. The purpose of this study is to investigate important factors that affect the quality of healthcare, pinpoint optimal procedures, and evaluate how different interventions affect patient outcomes. By doing this, it hopes to add to the continuing discussion about enhancing the delivery of healthcare and guaranteeing that patients receive the best possible treatment.

## 2. Research Questions

This study assessed the level of health care service quality and client expectation in Sulu Sanitarium and General Hospital for Fiscal Year 2024. Specifically, this study answered the following queries:

1) What is the demographic profile of employee-respondents in terms of:
   1.1 Gender;
   1.2 Age;
   1.3 Civil status; and

1.4 Educational attainment?

2) What is the level of health care service quality in Sulu Sanitarium and General Hospital as perceived by patients/clients in the following dimensions:

2.1 Staff communication and reliability;
2.2 Assurance;
2.3 Output quality; and
2.4 Hospital environment?

3) Is there a significant difference in the level of health care service quality in Sulu Sanitarium and General Hospital when data are classified according to respondents' demographic profiles in terms of:

3.1 Gender;
3.2 Age;
3.3 Civil status; and
3.4 Educational attainment?

4) Is there a significant correlation among the sub-levels subsumed under the level of health care service quality in Sulu Sanitarium and General Hospital?

**3. Literature**

In their study "Promoting equitable and patient-centered care: an analysis of patient satisfaction in urban, rural, and remote primary care sites in the Philippines," Panganiban JMS, et al. (2024) examined how patient satisfaction levels changed before and after primary care system strengthening interventions were implemented in urban, rural, and remote areas of the Philippines. 200 patients each site were given a previously validated 16-item questionnaire prior to the start of interventions, and another 200 patients were given the questionnaire a year later. The researchers used a two-proportion Z-test to evaluate the percentage change in extremely happy patients per site before and after applying changes. In 13 survey items that correlated with the categories of healthcare availability, service efficiency, technical competency, and health communication, the results indicated a significant increase in patient satisfaction at the urban site. Six survey variables that correlated with the categories of service efficiency, environment, location, health communication, and handling significantly increased at the remote site. Only four survey items under the domains of healthcare availability and handling showed a substantial rise in patient satisfaction, whereas ten other survey items showed a decline at the remote site.

Go, K.Y. Hartigan. The development of the health smart card in the Philippines, an integrative tool specific to each citizen carrying their lifetime medical record, was advocated by et al. (2024) in their study "Towards Integrated and Quality-assured Health Service Delivery: Making a Case for Health Smart Card in the Philippines." Using no-code programming technology, the prototype is created and verified through a series of stakeholder meetings and focus groups with hospital staff (n=13), healthcare administrators (n=4), and patents (n=4). After that, it was changed in light of the suggestions and insights gathered. According to the findings, patients' access to their information is restricted by the present facility-centric model that uses paper records because of lengthy wait times, sluggish turnaround times, frequent transfers within and across hospitals, and even the requirement to pay to obtain a copy of their own data. Participants generally embraced the smart health card substitute, especially because of its role in promoting patent data ownership, empowering patents, and improving data accessible. it raises the standard and importance of education (Entong, 2024). Nevertheless, a number of factors for the advanced deployment of the health smart card surfaced, such as guaranteeing data security through strong cybersecurity measures and establishing an interoperable environment through standardization of standards and

capacity-building initiatives. Concerns regarding the project's funding and scalability were also brought up, with a focus on the government's crucial position as a regulator and possible source of funding. The digital gap, data surveillance, and possible abuse are addressed, emphasizing the necessity of taking socioeconomic considerations into consideration to guarantee that no one is left behind throughout implementation.

Trisolini, M. In their study, "Improving the quality of family planning services in the Philippines: Barriers and opportunities," et al. (2023) used qualitative research methods to gather information from family planning clients, prospective clients, and service providers about the opportunities and obstacles to raising the standard of family planning services in the country. They used open communication with others, followed government norms, and complied with health regulations as adaptation methods (Chavez, 2023). The primary, secondary, and tertiary levels of the health system were among the family planning service providers. The objective was to support the creation of more successful family planning quality improvement (QI) initiatives. Focus groups, key informant interviews, and thematic content analysis of the qualitative data were among the techniques used. Four topics emerged: the elements of high-quality family planning care; the factors that impact quality; the difficulties in raising quality; and provider bias in the kinds of family planning services that clients are offered. It found five implications for QI: lessen provider bias; level the playing field for the various family planning service providers in terms of understanding QI concepts and roles; actively engage men; develop new digital communication strategies to reach clients and potential clients; and investigate partnerships with private sector pharmacies.

Parilla, E.S. In their study "Inventory Management Practices and Service Delivery of Healthcare Facilities in Ilocos Norte Philippines," et al. (2022) examined the connection between service delivery and inventory management procedures. Convenience sampling was used to choose the 80 patients and 16 healthcare facilities in Ilocos Norte as study participants. The degree of association between the independent and dependent variables was measured using a casual research approach and a quantitative research design. Five inventory management strategies were identified based on the study's findings: drug information, safety and security, people and stock control, monitoring, and pharmacy premises and storage. In contrast, hospitals fall into four groups based on the quality of their services. Hospital admissions, care and treatment, hospital environment and amenities, and hospital discharge can all be improved by offering sufficient support networks, faculty development initiatives, and the creation of a positive social atmosphere (Carpio, 2024). There is a strong correlation between service quality and personnel and stock control and monitoring. The study also included conclusions, recommendations, and implications.

The National Health Insurance, or "PhilHealth," is the healthcare provider for Filipino citizens in the Philippines, according to a study by Ong, A.K.S. et al. (2022) titled "Socio-Economic Factors Affecting Member's Satisfaction towards National Health Insurance: An Evidence from the Philippines." The study's main goal was to ascertain how Filipino members' happiness with PhilHealth affected them. Ten latent variables from the combined Expectation-Confirmation Theory (ECT) and Service Quality (SERVQUAL) were used in the study. A Deep Learning Neural Network (DLNN) and Structural Equation Modeling (SEM) are utilized to examine the data from 500 respondents. Reliability, responsiveness, socioeconomic characteristics, expectations, perceived performance, confirmation of beliefs, and members' happiness were found to be important elements in PhilHealth members' satisfaction using SEM. Expectation (EX) was determined to be the most important element using DLNN, and this finding is in line with the SEM's findings. The results of this study can be used by the government to

enhance PhilHealth. The analysis's methodology can be expanded and applied to further studies about the services it offers. Other service businesses around the world may be able to use the overall findings, structure, and concept used.

## 4. Methodology

The current chapter outlines the methodology employed in the research. It covers the research design, study participants, sampling method, and research tools. Additionally, it discusses the statistical techniques that will be utilized in data analysis.

*Research Design*

This study used a descriptive research design method. Moreover, Babbie and Mouton (2001: p. 75) view research design as a road map or blueprint by which one intends to conduct research and achieve his/her research goals and objectives. According to Bless and Higson-Smith (1995: p.63), a research design is "a program that guides a researcher in collecting, analyzing and interpreting observed facts." As a result, this study described, quantified, and inferred as well as to discover significant differences and relationships among variables and to allow for the prediction of future events from present knowledge or phenomena of patients using Sulu Sanitarium and General Hospital The primary source of data used to quantify the answers to the research questions in this study was patients who used the medical services provided by Sulu Sanitarium and General Hospital. Information from the internet and libraries was used to strengthen the theoretical and conceptual foundations of this study. Questionnaires were used to gather information from the respondents.

*Respondents of the Study*

The respondents of this study were patients availing the health services of Sulu Sanitarium and General Hospital who were currently employed during this Fiscal Year 2024 regardless of their occupational status. Distribution of the target Samples among employees:

| Sulu Sanitarium and General Hospital | Patients |
|---|---|
| Male | **50** |
| Female | **50** |
| Total | **100** |

*Research Instrument*

The primary tool used to collect information on the level of organizational climate among Sulu Sanitarium and General Hospital staff members was a survey questionnaire. The organizational survey questionnaire was modified somewhat from the Markovic et al. (2014) Model of Service Quality, which was based on the SERVQUAL Model developed by Parasuraman et al. (1985). The SERVQUAL Model, a standardized research tool with proven validity and reliability, was built on the Parasuraman et al. (1985) model of service quality (Markovic et al., 2014). However, at least two specialists from the faculty of Sulu State College's School of Graduate Studies reviewed the questionnaires used in this study to ensure they were appropriate for use in the local context.

There were two components to the research tool used in this investigation. Finding out the demographic profile of Sulu Sanitarium and General Hospital patients in terms of gender, age, civil status, and educational attainment was the main goal of Part I of the questionnaire. The purpose of Part II was to gather information on the quality of health care services, including hospital environment (3 items), output quality (5 items), assurance (4 items), and staff communication and dependability (20 items).

*Data Gathering Procedure*

The following protocols were used during the data collection process: The research launched and personally administered the questionnaires, as well as the retrieval; a permit to administer the

questionnaire was obtained from the Office of the Dean of Graduate Studies, as well as the heads, managers, and directors of offices in Sulu Sanitarium and General Hospital.

*Data Analysis*

In order to properly handle the data collected for this study, descriptive and inferential statistical tools were used. Specifically, for research problem number one, frequency counts and percentage were used to ascertain the patient profile at Sulu Sanitarium and General Hospital; for research problem number two, mean and standard deviation were used to ascertain the degree of subcategories included in the quality of health care services; For research problem number two 3, t-test for independent samples was employed to determine the significant differences in the level of health care service quality when data are grouped according to gender; and One-way Analysis of Variance (ANOVA) was employed to determine the significant differences when data are grouped according to age, civil status, and educational attainment. For research question number 4, Pearson Product Moment Correlation Coefficient (Pearson r) was employed to determine the degree of correlation among the sub-categories subsumed under level of health care service quality.

## 5. Results

*Question 1. What is the demographic profile of employee-respondents in terms of: Gender, Age, Civil Status, Highest Educational Attainment, and Length of Service?*

*1.1 On Gender*

Table 1.1 shows the demographic profile of respondents in Sulu Sanitarium and General Hospital in terms of gender. It can be gleaned from this table that out of 100 respondents, 34% are male while 66% are female. This implies that the majority of the respondents participating in this study are female which is higher than their male counterpart.

Table 1.1 Demographic profiles of the respondents in terms of gender

| Gender | Number of Respondents | Percent | Cumulative percent |
|---|---|---|---|
| Male | 34 | 34% | 34% |
| Female | 66 | 66% | 100% |
| **Total** | 100 | 100% | |

1.2 On Age

Table 1.2 shows the demographic profile of respondents in Sulu Sanitarium and General Hospital in terms of age. It can be gleaned from this table that out of 100 respondents, 10% aged 20 years old and below, 45% aged between 21-30 years old, 31% aged 31-40 years old, and 14% aged between 41 years old and above. This implies that most of the respondents are between 21-30 years old.

Table 1.2 Demographic profiles of the respondents in terms of gender

| Age | Number of Respondents | Percent | Cumulative percent |
|---|---|---|---|
| 20 years old and below | 10 | 10% | 10% |
| 21 to 30 years old | 45 | 45% | 55% |
| 31 to 40 years old | 31 | 31% | 86% |
| 41 years old and above | 14 | 14% | 100% |
| **Total** | 100 | 100% | |

*1.3 On Civil Status*

Table 1.3 shows the demographic profile of respondents in Sulu Sanitarium and General Hospital in terms of civil status. It can be gleaned from this table that out of 100 respondents, 52% are single, 45% are married, and 3% are widowed/separated. This implies that the majority of the respondents are single.

Table 1.3 Demographic profiles of the respondents in terms of civil status

| Civil Status | Number of Respondents | Percent | Cumulative percent |
|---|---|---|---|
| Single | 52 | 52% | 52% |
| Married | 45 | 45% | 97% |
| Widowed/ Separated | 3 | 3% | 100% |
| **Total** | 100 | 100% | |

*1.4 On Educational Attainment*

Table 1.4 shows the demographic profile of respondents in Sulu Sanitarium and General Hospital in terms of educational attainment. It can be gleaned from this table that out of 100 respondents, 3% have no formal education, 5% are elementary level graduates, 3% are high school level graduates, 79% are college graduates, and 10% have earned their post-graduate degree. This implies that the majority of the respondents are college graduates.

Table 1.4 Demographic profiles of the respondents in terms of educational attainment

| Educational Attainment | Number of Respondents | Percent | Cumulative percent |
|---|---|---|---|
| No Formal Education | 3 | 3% | 3% |
| Elementary | 5 | 5% | 8% |
| High School | 3 | 3% | 11% |
| College | 79 | 79% | 90% |
| Post-graduate | 10 | 10% | 100% |
| **Total** | 100 | 100% | |

*Question 2. What is the level of health care service quality in Sulu Sanitarium and General Hospital as perceived by patients/clients in the following dimensions: Staff Communication and Reliability; Assurance; Output Quality; and Hospital Environment?*

*2.1 In terms of Staff Communication and Reliability*

Table 2.1 reflects the level of health care service quality in Sulu Sanitarium and General Hospital as perceived by patients/clients in terms of staff communication and reliability. It can be gleaned from this table that, generally, the respondents obtained a composite mean score of 4.397 with a standard deviation of .48791, which is rated as "agree" in the staff communication and reliability category.

More specifically, the following statement garnered a high mean score for item number seven with the mean of 4.61 with a standard deviation of .546, which is rated as "strongly agree," and states, "Willingness to help patients". Statement number one garnered the mean of 4.59 with a standard deviation of .668 which is rated as "strongly agree", and states, "Neat hospital staff". Statement number eight garnered the mean of 4.52 with a standard deviation of .577 which is rated as "strongly agree", and states, "Appropriate location". Statement number five garnered the mean of 4.51 with a standard deviation of .611 which is rated as "strongly agree", and states, "Hospital staff has no time to answer patients' questions". Additionally, statement number six also garnered a high mean of 4.51 with a standard deviation of .628 which is rated as "strongly agree", and states, "Hospital staff has time limits to answer patients' questions".

Table 2.1 Level of the health care service quality in Sulu Sanitarium and General Hospital as perceived by patients/clients in terms of staff communication and reliability

| No | Statements | Mean | S.D. | Description |
|---|---|---|---|---|
| 1 | Neat hospital staff | 4.59 | .668 | Strongly Agree |
| 2 | Clean and tidy hospital | 4.41 | .668 | Agree |
| 3 | Clean equipment and devices | 4.39 | .680 | Agree |
| 4 | Hospital staff has time to answer patients' questions | 4.47 | .674 | Agree |
| 5 | Hospital staff has no time to answer patients' questions | 4.51 | .611 | Strongly Agree |
| 6 | Hospital staff has time limits to answer patients' questions | 4.51 | .628 | Strongly Agree |
| 7 | Willingness to help patients | 4.61 | .549 | Strongly Agree |
| 8 | Appropriate location | 4.52 | .577 | Strongly Agree |

| | | | | |
|---|---|---|---|---|
| 9 | Performing service in the promised time | 4.33 | .667 | Agree |
| 10 | Hospital staff provides prompt service | 4.37 | .646 | Agree |
| 11 | Courteous hospital staff | 4.47 | .643 | Agree |
| 12 | Quickly resolving problems of patients | 4.31 | .734 | Agree |
| 13 | Hospital staff instills confidence | 4.37 | .761 | Agree |
| 14 | Cosy inventory and furniture | 3.99 | 1.010 | Agree |
| 15 | Knowing the exact time when service will be performed | 4.35 | .770 | Agree |
| 16 | Hospital staff has knowledge to answer questions | 4.44 | .656 | Agree |
| 17 | Patients' best interests at heart | 4.42 | .589 | Agree |
| 18 | Interest in solving patients' problems | 4.33 | .682 | Agree |
| 19 | Modern-looking equipment | 4.28 | .653 | Agree |
| 20 | Performing services right the first time | 4.28 | .726 | Agree |
| | **Weighted Mean** | **4.397** | **.48971** | **Agree** |

Legend: (5) 4.50 – 5.00=Strongly Agree; (4) 3.50 – 4.49=Agree; (3) 2.50 – 3.49=Undecided; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

*2.2 In terms of Assurance*

Table 2.2 reflects the level of health care service quality in Sulu Sanitarium and General Hospital as perceived by patients/clients in terms of assurance. It can be gleaned from this table that, generally, the respondents obtained a composite mean score of 4.360 with a standard deviation of .64674, which is rated as "agree" in the assurance category.

More specifically, the following statement garnered the highest mean score for item number three with the mean of 4.50 with a standard deviation of .644, which is rated as "strongly agree," and states, "Hospital staff provide services professionally".

Table 2.2 Level of the health care service quality in Sulu Sanitarium and General Hospital as perceived by patients/clients in terms of assurance

| No | Statements | Mean | S.D. | Description |
|---|---|---|---|---|
| 1 | Understanding patients' specific needs | 4.40 | .696 | Agree |
| 2 | Feeling safe and secure | 4.37 | .825 | Agree |
| 3 | Hospital staff provides services professionally | 4.50 | .644 | Strongly Agree |
| 4 | Hospital provides its services without delay | 4.17 | .865 | Agree |
| | **Weighted Mean** | **4.360** | **.64874** | **Agree** |

Legend: (5) 4.50 – 5.00=Strongly Agree; (4) 3.50 – 4.49=Agree; (3) 2.50 – 3.49=Undecided; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

*2.3 In terms of Output Quality*

Table 2.3 reflects the level of health care service quality in Sulu Sanitarium and General Hospital as perceived by patients/clients in terms of output quality. It can be gleaned from this table that, generally, the respondents obtained a composite mean score of 3.944 with a standard deviation of .86086, which is rated as "agree" in the output quality category.

More specifically, the following statement garnered a high mean score for item number four with the mean of 4.26 with a standard deviation of .747, which is rated as "agree," and states, "Visually appealing physical facilities". Additionally, statement number three also garnered a high mean of 4.10 with a standard deviation of .882 which is rated as "agree", and states, "Hospital offer adapted to the contemporary trends and needs of patients".

Table 2.3 Level of the health care service quality in Sulu Sanitarium and General Hospital as perceived by patients/clients in terms of output quality

| No | Statements | Mean | S.D. | Description |
|---|---|---|---|---|
| 1 | A choice of sports and recreational programs are provided | 3.95 | 1.019 | Agree |
| 2 | Various entertainment programs and social activities are provided | 3.98 | .974 | Agree |
| 3 | Hospital offer adapted to the contemporary trends and needs of patients | 4.10 | .882 | Agree |

| | | | | |
|---|---|---|---|---|
| 4 | Visually appealing physical facilities | 4.26 | .747 | Agree |
| 5 | Equipment and facilities in accordance with the service (pool, sauna...) | 3.43 | 1.402 | Agree |
| | **Weighted Mean** | **3.944** | **.86086** | **Agree** |

Legend: (5) 4.50 – 5.00=Strongly Agree; (4) 3.50 – 4.49=Agree; (3) 2.50 – 3.49=Undecided; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

*2.4 In terms of Hospital Environment*

Table 2.4 reflects the level of health care service quality in Sulu Sanitarium and General Hospital as perceived by patients/clients in terms of hospital environment. It can be gleaned from this table that, generally, the respondents obtained a composite mean score of 4.440 with a standard deviation of .58962, which is rated as "agree" in the hospital environment category.

More specifically, the following statement garnered the highest mean score for item number two with the mean of 4.55 with a standard deviation of .575, which is rated as "agree," and states, "Available and clear information at the hospital".

Table 2.4 Level of the health care service quality in Sulu Sanitarium and General Hospital as perceived by patients/clients in terms of hospital environment

| No | Statements | Mean | S.D. | Description |
|---|---|---|---|---|
| 1 | Various medical programs are provided | 4.39 | .695 | Agree |
| 2 | Available and clear information at the hospital | 4.55 | .575 | Strongly Agree |
| 3 | Ease of finding one's way around the hospital | 4.38 | .693 | Agree |
| | **Weighted Mean** | **4.440** | **.58962** | **Agree** |

Legend: (5) 4.50 – 5.00=Strongly Agree; (4) 3.50 – 4.49=Agree; (3) 2.50 – 3.49=Undecided; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

*Question 3. Is there a significant difference in the level of health care service quality in Sulu Sanitarium and General Hospital when data are classified according to their demographic profile in terms of: Gender; Age; Civil Status; and Educational Attainment?*

*3.1 By Gender*

Table 3.1 shows the difference in the level of health care service quality in Sulu Sanitarium and General Hospital in terms of gender. It can be gleaned from this table that, generally, the overall mean differences and t-values obtained under this category indicate no significant difference.Therefore, the hypothesis, which states that "There is no significant difference in the level of health care service quality in Sulu Sanitarium and General Hospital when data are grouped according to gender" is accepted.

Table 3.1 Differences in the level of health care service quality in Sulu Sanitarium and General Hospital in terms of gender

| VARIABLES | Grouping Gender | Mean | S. D. | Mean Difference | t | Sig. | Description |
|---|---|---|---|---|---|---|---|
| Staff Communication and Reliability | Male | 4.369 | .56125 | -.04300 | -.414 | .094 | Not Significant |
| | Female | 4.412 | .45243 | | | | |
| Assurance | Male | 4.389 | .59731 | .04501 | .327 | .557 | Not Significant |
| | Female | 4.345 | .67762 | | | | |
| Output Quality | Male | 4.106 | .78661 | .24528 | 1.355 | .421 | Not Significant |
| | Female | 3.861 | .89096 | | | | |
| Hospital Environment | Male | 4.441 | .60146 | .00178 | .014 | .940 | Not Significant |
| | Female | 4.439 | .58808 | | | | |

Significance at alpha 0.05

*3.2 By Age*

Table 3.2 shows the difference in the level of health care service quality in Sulu Sanitarium and General Hospital in terms of age. It can be gleaned from this table that, generally, the overall mean differences and t-values obtained under this category indicate a significant difference. Therefore, the hypothesis which states that "There is no significant difference in the level of health care service quality in Sulu Sanitarium and General Hospital when data are classified according to age" is rejected.

Table 3.2 Differences in the level of health care service quality in Sulu Sanitarium and General Hospital in terms of age

| SOURCES OF VARIATION | | **Sum of Squares** | **df** | **Mean Square** | **F** | **Sig.** | **Description** |
|---|---|---|---|---|---|---|---|
| Staff Communication and Reliability | Between Groups | 1.136 | 3 | .379 | 1.609 | .192 | Not Significant |
| | Within Groups | 22.606 | 96 | .235 | | | |
| | Total | 23.742 | 99 | | | | |
| Assurance | Between Groups | 1.723 | 3 | .574 | 1.380 | .253 | Not Significant |
| | Within Groups | 39.942 | 96 | .416 | | | |
| | Total | 41.665 | 99 | | | | |
| Output Quality | Between Groups | 9.448 | 3 | 3.149 | 4.730 | .004* | Significant |
| | Within Groups | 63.918 | 96 | .666 | | | |
| | Total | 73.366 | 99 | | | | |
| Hospital Environment | Between Groups | .705 | 3 | .235 | .669 | .573 | Not Significant |
| | Within Groups | 33.713 | 96 | .351 | | | |
| | Total | 34.418 | 99 | | | | |

Significance at alpha 0.05

*3.3 By Civil Status*

Table 3.3 shows the difference in the level of health care service quality in Sulu Sanitarium and General Hospital in terms of civil status. It can be gleaned from this table that, generally, the overall mean differences and t-values obtained under this category indicate a significant difference.

Therefore, the hypothesis, which states that "There is no significant difference in the level of health care service quality in Sulu Sanitarium and General Hospital when data are grouped according to civil status" is rejected.

Table 3.3 Differences in the level of health care service quality in Sulu Sanitarium and General Hospital in terms of civil status

| SOURCES OF VARIATION | | Sum of Squares | df | Mean Square | F | Sig. | Description |
|---|---|---|---|---|---|---|---|
| Staff Communication and Reliability | Between Groups | .175 | 2 | .087 | .359 | .699 | Not Significant |
| | Within Groups | 23.567 | 97 | .243 | | | |
| | Total | 23.742 | 99 | | | | |
| Assurance | Between Groups | .213 | 2 | .106 | .249 | .780 | Not Significant |
| | Within Groups | 41.452 | 97 | .427 | | | |
| | Total | 41.665 | 99 | | | | |
| Output Quality | Between Groups | 4.865 | 2 | 2.432 | 3.444 | .036 | Significant |
| | Within Groups | 68.502 | 97 | .706 | | | |
| | Total | 73.366 | 99 | | | | |
| Hospital Environment | Between Groups | .353 | 2 | .176 | .502 | .607 | Not Significant |
| | Within Groups | 34.065 | 97 | .351 | | | |
| | Total | 34.418 | 99 | | | | |

Significance at alpha 0.05

*3.4 By Educational Attainment*

Table 3.4 shows the difference in the level of health care service quality in Sulu Sanitarium and General Hospital in terms of educational attainment. It can be gleaned from this table that, generally, the overall mean differences and t-values obtained under this category indicate no significant difference. Therefore, the hypothesis, which states that "There is no significant difference in when data are grouped according to educational attainment" is accepted.

Table 3.4 Differences in the level of health care service quality in Sulu Sanitarium and General Hospital in terms of educational attainment

| SOURCES OF VARIATION | | Sum of Squares | df | Mean Square | F | Sig. | Description |
|---|---|---|---|---|---|---|---|
| Staff Communication and Reliability | Between Groups | .459 | 4 | .115 | .469 | .759 | Not Significant |
| | Within Groups | 23.282 | 95 | .245 | | | |
| | Total | 23.742 | 99 | | | | |
| Assurance | Between Groups | 1.952 | 4 | .488 | 1.167 | .330 | Not Significant |
| | Within Groups | 39.713 | 95 | .418 | | | |
| | Total | 41.665 | 99 | | | | |
| Output Quality | Between Groups | 4.476 | 4 | 1.119 | 1.543 | .196 | Not Significant |
| | Within Groups | 68.890 | 95 | .725 | | | |
| | Total | 73.366 | 99 | | | | |
| Hospital Environment | Between Groups | 1.232 | 4 | .308 | .881 | .478 | Not Significant |
| | Within Groups | 33.186 | 95 | .349 | | | |
| | Total | 34.418 | 99 | | | | |

Significance at alpha 0.05

*Question 4. Is there a significant correlation among the sub-levels subsumed under the level of health care service quality in Sulu Sanitarium and General Hospital?*

*4.1 Correlation among the sub-levels subsumed under the level of health care service quality in Sulu Sanitarium and General Hospital*

Table 4.1 shows the correlation among the sub-levels subsumed under the level of health care service quality in Sulu Sanitarium and General Hospital. It can be gleaned from this table that, there is a very high positive and significantly correlation between staff communication and reliability and assurance (r=.841; sig=.000), staff communication and reliability and hospital environment (r=.772; sig=.000), staff communication and reliability and output quality (r=.742; sig=.000), and assurance and hospital environment (r=.741; sig=.000), assurance and output quality (r=.736; sig=.000), Moreover, there is a high positive and significantly correlation between output quality and hospital environment (r=.694; sig=.000).

Therefore, the hypothesis which states that: "There is no significant correlation among the sub-levels subsumed under the level of health care service quality in Sulu Sanitarium and General Hospital," is hereby rejected.

Table 4.1 Correlation among the sub-levels subsumed under the level of health care service quality in Sulu Sanitarium and General Hospital

| **Variables** | **Pearson *r*** | **Sig.** | **N** | **Description** |
|---|---|---|---|---|
| Staff Communication and Reliability | | | | |
| Assurance | .841** | .000 | 100 | Very High |
| Output Quality | .742** | .000 | 100 | Very High |
| Hospital Environment | .772** | .000 | 100 | Very High |
| Assurance | | | | |
| Output Quality | .736** | .000 | 100 | Very High |
| Hospital Environment | .741** | .000 | 100 | Very High |
| Output Quality | | | | |
| Hospital Environment | .694** | .000 | 100 | High |

Legend: ** *Correlation Coefficient is significant at alpha .01 level*

*Correlation Coefficient Scales Adopted from Hopkins, Will (2002): 0.0-0.1=Nearly Zero; 0.1-0.30=Low; 0.3-0.5 0=Moderate; 0.5-0.7-0=High; 0.7-0.9= Very High; 0.9-1=Nearly Perfect*

## 6. Discussion

*Question 2. What is the level of health care service quality in Sulu Sanitarium and General Hospital as perceived by patients/clients in the following dimensions: Staff Communication and Reliability; Assurance; Output Quality; and Hospital Environment?*

*2.1 In terms of Staff Communication and Reliability*

According to Jonkisz et al. (2021), patient-provider communication is a crucial aspect of healthcare service quality that has a direct bearing on patient satisfaction and safety results. Healthcare professionals can evaluate the discrepancy between patients' expectations and their actual opinions of the services they received by using the SERVQUAL model.

*2.2 In terms of Assurance*

According to Jonkisz et al. (2021), patient views and trust in healthcare institutions are typically impacted by the assurance provided. This includes things like staff professionalism, civility, and their capacity to foster trust. Significant discrepancies between patient expectations and assurance perceptions were discovered using the SERVQUAL model, which implicates healthcare organizations in failing to meet patient expectations in this crucial area.

*2.3 In terms of Output Quality*

Wulandari et al. (2024) verified the direct correlation between patient satisfaction levels and the quality of healthcare outcomes, reporting that outcome quality had a favorable

impact on patient satisfaction. The observable outputs and outcomes of healthcare services include this output quality.

*2.4 In terms of Hospital Environment*

According to Jonkisz et al. (2021), the SERVQUAL model takes into account the actual buildings, furnishings, and staff look. They stated that because of the type of amenities offered to patients, private hospitals often had higher levels of satisfaction than public hospitals.

*Question 3. Is there a significant difference in the level of health care service quality in Sulu Sanitarium and General Hospital when data are classified according to their demographic profile in terms of: Gender; Age; Civil Status; and Educational Attainment?*

*3.1 By Gender*

On the other hand, women's expectations were greater than men's in terms of materiality and dependability in the 2016 study by Fraihi et al. Male and female patients have different expectations and experiences in medical settings, according to Tarafdar (2024). Male patients typically prioritize the technical components of care, but female patients place greater value on communication and emotional support from healthcare practitioners. This concept is consistent with the findings of Garil (2024), who found that people were restricted to familiar contexts and frequently struggled with comprehension and expression. Discriminatory practices against specific genders and gender-based humor constituted a threat to the community because it emphasizes social roles that enhance hierarchy (Chavez, Lamorinas, Ceneciro, 2023).

*3.2 By Age*

Papanikolaou and Zygiaris claim that older respondents are more likely than younger respondents to think that the quality of the services is higher, particularly when it comes to the areas of responsiveness, confidence, and empathy. This is probably because older persons have more experience from those times and may have had more interactions with the public health field. Younger people, however, are more demanding of their healthcare provider. According to Tarafdar (2024), elderly patients place a higher value on empathy and interpersonal communication than do younger patients, who are more concerned with technology and care delivery efficiency.

*3.3 By Civil Status*

According to Pandey et al. (2019), marital status is a significant predictor of healthcare use, which means that unmarried people do not tend to use healthcare in the same way. This implied that a person's marital status affected their ability to obtain healthcare treatments. Furthermore, the SERVQUAL model indicated that patients' expectations and perceptions of service quality were influenced by their marital status (Hosseinzadeh et al., 2024). In particular, patients who were married or divorced had higher expectations than those who were not.

*3.4 By Educational Attainment*

Papanikolaou and Zygiaris, on the other hand, stated in the referenced study that patients with greater levels of education had higher expectations for the provider's quality. While those with less education might have lower expectations for the caliber of medical services rendered by medical personnel, educated people might appear better equipped to evaluate the quality of services. Furthermore, Tarafdar (2024) found that knowledge is a significant factor in determining how patients view medical care. Greater literacy among patients with higher educational attainment helps them comprehend medical information and participate in healthcare decision-making. Because people feel more powerful and involved in their treatment, they are more satisfied. Consequently, patients with lower educational attainment struggle to understand their treatment options that can negatively impact their perception of the quality of healthcare received.

*Question 4. Is there a significant correlation among the sub-levels subsumed under the level of health care service quality in Sulu Sanitarium and General Hospital?*

*4.1 Correlation among the sub-levels subsumed under the level of health care service quality in Sulu Sanitarium and General Hospital*

According to these results, there is a substantial positive association between the sub-levels that make up the overall level of health care service quality at Sulu Sanitarium and General Hospital. Vermeir et al. (2024) found a substantial correlation between output quality and assurance and communication quality. They pointed out that unclear communication lowers patient trust in medical professionals, which has an impact on the quality of service. Based on a foundation of hospitality, good attitudes, and a sincere desire to ensure client happiness, this shows a bidirectional relationship between communication quality and assurance. This theory is consistent with the findings of Mendoza (2023). Furthermore, they observed that the interactions between various sub-levels are moderated by the hospital environment. By reducing the possibility of misunderstandings, the infrastructure enhancement and assistance improve output quality and assurance.

## 7. Conclusion

In terms of age, gender, civil status, and level of education, the respondents at Sulu Sanitarium and General Hospital are adequately represented. The respondents from Sulu Sanitarium and General Hospital, on the whole, have a satisfactory knowledge of the quality of the medical services provided there. When data are pooled by gender and educational achievement, this study determined that there was no discernible difference between the quality of health care services at Sulu Sanitarium and General Hospital. However, when data were categorized by civil status and gender, a substantial difference was found. These results are consistent with the SERVQUAL model, which was created by Parasuraman et al. (1985) and states that the perception of healthcare professionals and patients that tangible, dependable, responsive, assured, and sympathetic services are relevant to degree of satisfaction is always a component of healthcare service quality. In this regard, the hospital has made sufficient investments in its facilities to improve the quality of its medical services. As a result, patients believe the hospital is trustworthy and constantly meets their needs. In the meantime, the hospital personnel is seen as helpful and willing to help, which enhances the quality of healthcare services. As a result, patients recognize their professionalism and skill, which strengthens trust. The SERVQUAL framework is a useful tool for analyzing data on the quality of healthcare services, specifically the services provided at Sulu Sanitarium and General Hospital. The overall high positive significant correlation between the sub-levels that fall under the level of health care service quality in Sulu Sanitarium and General Hospital is highlighted in this study due to the substantial association.

## 8. References

Adin, B. (2019). Ethnic inequality within the elderly population in utilizing healthcare services. Israel Journal of Health Policy Research, (2019) 8:39. https://doi.org/10.1186/s13584-019-0311-y

Alemi, Q. et al. (2017). Determinants of Health Care Services Utilization among First Generation Afghan Migrants in Istanbul. Int. J. Environ. Res. Public Health 2017, 14, 201; doi:10.3390/ijerph14020201 www.mdpi.com/journal/ijerph

Aytona, M.G et al. (2022). Determining staffing standards for primary care services using workload indicators of staffing needs in the Philippines. Hum Resource Health 2022, 19 (Suppl 1):129. https://doi.org/10.1186/s12960-021-00670-4

Bejtkovsky, J. (2020). Social Media Platforms as HR Marketing Tool in Selected Healthcare Service Providers. Marketing and Management of Innovations, 1, 294-302. http://doi.org/10.21272/mmi.2020.1-25

Bozorgmehr, K. et al. (2015). Equity in access to health care among asylum seekers in Germany: evidence from an exploratory population-based cross-sectional study. BMC Health Services Research (2015) 15:502 DOI 10.1186/s12913-015-1156-x

Brzoska P. et al. (2017). Satisfaction with rehabilitative health care services among German and non-German nationals residing in Germany: a cross-sectional study. BMJ Open 2017;7:e015520. doi:10.1136/bmjopen-2016-015520

Carpio, Lorna & Caburnay, Anna & Nolledo, Shirley & Ongchua, Claire & Orquia, Jocelyn. (2024). Technology-based teaching among nursing instructors: Confidence and apprehension in using simulation equipment for training. Environment and Social Psychology. 9. 10.59429/esp.v9i8.2591.

Capuno, JJ et al. (2017). Factors associated with the delay in seeking inpatient and outpatient care services in the Philippines. UPSE Discussion Paper, No. 2017-03, University of the Philippines, School of Economics (UPSE), Quezon City

Castillo, M.S. et al. (2016). Turning Disaster into an Opportunity for Quality Improvement in Essential Intrapartum and Newborn Care Services in the Philippines: Pre- to Post Training Assessments. Hindawi Publishing Corporation BioMed Research International; Volume 2016, Article ID 6264249, 9 pages. http://dx.doi.org/10.1155/2016/6264249

Chavez, Jason & Garil, Benigno & Padrique, Christian & Askali, Sermahal & Indama, Abegail. (2024). Assessing innovative and responsive young leaders in public service: Lens from community clientele. Environment and Social Psychology. 9. 10.59429/esp.v9i9.2876.

Chavez, Jason & Lamorinas, Daisy & Ceneciro, Collin. (2023). Message patterns of online gender-based humor, discriminatory practices, biases, stereotyping, and disempowering tools through discourse analysis. Forum for Linguistic Studies. 5. 1535. 10.59400/fls.v5i2.1535.

Chavez, JV. (2023). Academic and Health Insecurities of Indigent Students during Pandemic: Study on Adaptive Strategies under Learning Constraints. 16. 74-81.

De Mesa, R.H. et al. (2019). Impact of improved primary care on patient satisfaction: Results of a pilot study in the University of the Philippines. Int J Health Plann Mgmt. 2019;1–10. wileyonlinelibrary.com/journal/hpm © 2019 John Wiley & Sons, Ltd.

Doroteo, H.J. et al. (2020). A Research Study on the Patient Experience (PX) in the Philippines: Journey towards Optimal Health. International Journal of Public Health and Safety. Volume 5:3,2020. DOI: 10.37421/ijphs.2020.5.188

Entong, M., Garil, B., Muarip, V., & Chavez, J. (2024). Language Delivery Styles in Academic Trainings: Analysis of Speaker' s Emotional Connection to Audience for Lasting Learning. Forum for Linguistic Studies. 6. 326-342. 10.30564/fls.v6i3.6533.

Fernandez-Marceloet, P.H. al. (2016). Formulating the National Policy on Telehealth for the Philippines through Stakeholders' Involvement and Partnership. ACTA MEDICA PHILIPPINA; VOL. 50 NO. 4 2016

Flores LJY, et al. (2021). Optimizing health facility location for universal health care: A case study from the Philippines. PLoS ONE 16(9): e0256821. https://doi.org/10.1371/journal.pone.0256821

Fraihi, K. J. A., Famco, D., Famco, F., & Latif, S. A. (2016). Evaluation of outpatient service quality in Eastern Saudi Arabia. Saudi Medical Journal, 37(4), 420–428. https://doi.org/10.15537/smj.2016.4.14835

Franczukowska, A.A and Krczal, E. (2021). Examining ethical leadership in health care organizations and its impacts on employee work attitudes: an empirical analysis from Austria. Leadership in Health Services; Vol. 34 No. 3, 2021; pp. 229-247. Emerald Publishing Limited. 1751-1879. DOI 10.1108/LHS-06-2020-0034. https://www.emerald.com/insight/1751-1879.htm

Fronek, P. et al. (2017). Moral distress as experienced by hospital social workers in South Korea and Australia. Social Work in Health Care, 2017. https://doi.org/10.1080/00981389.2017.1347596

Garil, Benigno & Abbas, Tenin & Limen, Maricor. (2024). Analyzing the Demographic-based Grammatical Competence and Its Relationship to Academic Performance in Higher Education Setting. Forum for Linguistic Studies. 6. 343-356. 10.30564/fls.v6i3.6453.

Guingab, R.S. and Medrano, P. (2021). Quality of provider-client interaction in a reproductive health clinic in Isabela, Philippines. International Journal of Public Health Science (IJPHS); Vol. 10, No. 3, September 2021, pp. 522~528. ISSN: 2252-8806, DOI: 10.11591/ijphs.v10i3.20834

Gumba, B.G. (2020). Citizen Satisfaction Index (CSI) on Health, Education and Social Welfare Services of a Small Town in the Philippines. Asian Journal of Multidisciplinary Studies Vol. 3, No. 1, (2020). ISSN 2651-6705 (Online)

Haldane, V. et al. (2021). National primary care responses to COVID-19: a rapid review of the literature. BMJ Open 2020;10:e041622. doi:10.1136/bmjopen-2020-041622

Hartgan-Go, K.Y. et al. (2024). Towards Integrated and Quality-assured Health Service Delivery: Making a Case for Health Smart Cards in the Philippines. School of Government, Ateneo de Manila University

Hosseinzadeh, M., Pouladzadeh, M., & Eskandari, A. (2024). Assessment of healthcare service quality and patient satisfaction using the SERVQUAL questionnaire in Khuzestan Province during 2022 - 2023. Jundishapur Journal of Chronic Disease Care, 13(4). https://doi.org/10.5812/jjcdc-146329

Jaeger, F.N. et al (2019). Barriers to and solutions for addressing insufficient professional interpreter use in primary healthcare. BMC Health Services Research (2019) 19:753. https://doi.org/10.1186/s12913-019-4628-6

Jahn, R. et al. (2018). Early evaluation of experiences of health care providers in reception centers with a patient-held personal health record for asylum seekers: a multi-sited qualitative study in a German federal state. Globalization and Health (2018) 14:71. https://doi.org/10.1186/s12992-018-0394-1

Jigjidsuren, A. et al. (2019). Free and universal access to primary healthcare in Mongolia: the service availability and readiness assessment. BMC Health Services Research (2019) 19:129.

Jonkisz, A., Karniej, P., & Krasowska, D. (2021). SERVQUAL Method as an "Old New" Tool for Improving the Quality of Medical Services: A Literature Review. International journal of environmental research and public health, 18(20), 10758. https://doi.org/10.3390/ijerph182010758

Khatri, R.B. and Assefa, Y. (2022). Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges. BMC Public Health (2022) 22:880. https://doi.org/10.1186/s12889-022-13256-z

Marković, S. et al. (2014). Service Quality and Customer Satisfaction in the Healthcare Industry - Towards Health Tourism Market. Tourism and Hospitality Management, Vol. 20, No. 2, pp. 155-170, 2014

Martinez, AB. et al., (2020). Filipino help-seeking for mental health problems and associated barriers and facilitators: a systematic review. Social Psychiatry and Psychiatric Epidemiology (2020) 55:1397–1413. https://doi.org/10.1007/s00127-020-01937-2

Mendoza, Darwin. (2023). Analysis Of The Filipino Brand Of Customer Service In The Accommodation Sector. Journal of Namibian Studies : History Politics Culture. 33. 4685-4704. 10.59670/jns.v33i.2830.

Meesalaa, A. and Paul, J. (2018). Service quality, consumer satisfaction and loyalty in hospitals: Thinking for the future. Journal of Retailing and Consumer Services 40 (2018) 261–269.

Mohiuddin, A. (2020). Patient satisfaction with healthcare services: Bangladesh perspective. International Journal of Public Health Science (IJPHS); Vol. 9, No. 1, March 2020, pp. 34~45. ISSN: 2252-8806, DOI: 10.11591/ijphs.v9i1.20386

Ong, A.K.S. et al. (2022). Socio-Economic Factors Affecting Member's Satisfaction towards National Health Insurance: An Evidence from the Philippines. Int. J. Environ. Res. Public Health 2022, 19, 15395. https://doi.org/10.3390/ijerph192215395

Pandey, K. R., Yang, F., Cagney, K. A., Smieliauskas, F., Meltzer, D. O., & Ruhnke, G. W. (2019b). The impact of marital status on health care utilization among Medicare beneficiaries. Medicine, 98(12), e14871. https://doi.org/10.1097/md.0000000000014871

Panganiban JMS et al. (2024). Promoting equitable and patient-centred care: an analysis of patient satisfaction in urban, rural and remote primary care sites in the Philippines. BMJ Open Quality 2024;13:e002483. doi:10.1136/bmjoq-2023-002483

Papanikolaou, V., & Zygiaris, S. (2012). Service quality perceptions in primary health care centres in Greece. Health Expectations, 17(2), 197–207. https://doi.org/10.1111/j.1369-7625.2011.00747.x

Paredes, K.P.P (2016). Inequality in the use of maternal and child health services in the Philippines: do pro-poor health policies result in more equitable use of services? International Journal for Equity in Health (2016) 15:181 . DOI 10.1186/s12939-016-0473-y

Parilla, E.S. et al. (2022). Inventory Management Practices and Service Delivery of Healthcare Facilities in Ilocos Norte Philippines. Logistic and Operation Management Research (LOMR), e-ISSN 2830-2680/p-ISSN 2830-3334; Volume 1 Number 1 (2022): 16-33

Park, Y.L. & Canaway, R. (2019) Integrating Traditional and Complementary Medicine with National Healthcare Systems for Universal Health Coverage in Asia and the Western Pacific, Health Systems & Reform, 5:1, 24-31, DOI: 10.1080/23288604.2018.1539058

Petre, I. st al. (2023). Analysis of the Healthcare System in Romania: A Brief Review. Healthcare 2023, 11, 2069. https://doi.org/10.3390/healthcare11142069

Priyadarshi M, Kumar S. Accountability in Healthcare in India. Indian J Community Med 2020;45:125-9.

Purćarea, V.L. et al. (2013). The Assessment of Perceived Service Quality of Public Health Care Services in Romania Using the SERVQUAL Scale. Procedia Economics and Finance 6 ( 2013 ) 573 – 585

Sabando, C.M. and Alo, E.B. (2021). The Quality and Utilization of School Health Services of a State University in the Philippines. Philippine Social Science Journal; Volume 4 Number 3 July-September 2021

Szromek, A.R. (20210. The Role of Health Resort Enterprises in Health Prevention during the Epidemic Crisis Caused by COVID-19. J. Open Innov. Technol. Mark. Complex. 2021, 7, 133. https://doi.org/10.3390/joitmc7020133

Tarafdar, M. A. (2024). Patients' Perceptions of Quality in Healthcare: A review. Z H Sikder Women's Medical College Journal. https://doi.org/10.47648/zhswmcj.2024.v0601.07

Trisolini, M. et al. (2023). Improving the quality of family planning services in the Philippines: Barriers and opportunities. Int J Health Plann Mgmt. 2023;38:1629–1643. wileyonlinelibrary.com/journal/hpm

Valerievna, B.I. (2019). Complex Public Health Institutions as a Complex Urban Development System. ARCHITECTURE/ «Colloquium-journal»#1(25),2019.

Vergara, M.T.M. et al. (2020) Building Trust to Save Lives in a Metro Manila Public-Private Network of Care: A Descriptive Case Study of Quirino Recognized Partners in Quezon City, Philippines, Health Systems & Reform, 6:2, e1815473, DOI: 10.1080/23288604.2020.1815473

Vermeir, P., Vandijck, D., Degroote, S., Peleman, R., Verhaeghe, R., Mortier, E., Hallaert, G., Van Daele, S., Buylaert, W., & Vogelaers, D. (2015). Communication in healthcare: a narrative review of the literature and practical recommendations. International journal of clinical practice, 69(11), 1257–1267. https://doi.org/10.1111/ijcp.12686

Wong, J.Q. et al. (2018) Priority Setting for Health Service Coverage Decisions Supported by Public Spending: Experience from the Philippines, Health Systems & Reform, 4:1, 19-29, DOI: 10.1080/23288604.2017.1368432

Wulandari, R., Doddy, I. P., & Indaryani, L. (2024). Measuring the impact of healthcare service quality of hospitals on customer satisfaction [Special issue]. Corporate & Business Strategy Review, 5(1), 336–345. https://doi.org/10.22495/cbsrv5i1siart8

Yamashita, T. et al. (2017). Utilization of healthcare services in postpartum women in the Philippines who delivered at home and the effects on their health: a cross-sectional analytical study, International Journal of Women's Health, , 695-700, DOI: 10.2147/IJWH.S141689