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Medical Hospital Customer Experience: Evidence from Public Medical Hospital Outpatient Clients

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ABSTRACT: Patient experience is a key measure of healthcare quality, impacting hospital efficiency, retention, and trust. Public hospitals in the Philippines face overcrowding, limited resources, and financial challenges that affect patient experiences. Studies often focus on private healthcare, leaving limited insight into public outpatient departments, particularly regarding how demographic factors influence satisfaction. This study aimed to determine whether significant differences exist in the experiences of outpatient clients in public medical hospitals based on demographic factors. Using a quantitative research design, data were collected through surveys from 399 outpatient clients, and statistical tests identified significant predictors of patient satisfaction. The findings revealed significant differences based on quality of care perceptions, including service availed, economic status, and visit frequency. Views on facilities differ according to economic status and visit frequency. Staff attitude and waiting time perceptions also vary based on visit frequency, while cost perceptions differ by service utilization and visit frequency. These findings recommend improving service quality through staff training, upgrading facilities, streamlining appointment systems, and providing financial aid to address disparities and enhance patient experiences.

Keywords: -Outpatient Clients, Patient Experience, Patient Satisfaction, Public Hospitals

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1. INTRODUCTION

Medical care is one of the essential services provided to patients in public hospitals. Medical care is one of the vital services provided to patients in public hospitals. These hospitals offer a variety of services that are often more affordable due to government support. For instance, the Universal Health Care (UHC) law ensures that all Filipinos receive health insurance coverage. The Philippine Health Insurance Corporation (PhilHealth) is the central government agency responsible for implementing the UHC program, and according to Untalan (2021), nearly 50 million individuals are currently subsidized by the government. Public hospitals typically provide critical services such as emergency care, surgeries, diagnostic tests, and outpatient consultations; however, due to the high number of patients and the limited government funding allocated to these hospitals, they face challenges.

As a result, measuring patient satisfaction and experience has become increasingly important in evaluating the performance of healthcare facilities. Prakash (2023) emphasizes that patient satisfaction is a strong indicator of the success of hospitals and their medical staff. Furthermore, as pointed out by Yogesh Pai et al. (2011). Several factors influence patient satisfaction, including individual characteristics such as age, gender, educational background, and marital status. However, as noted by Adhikari et al. (2021), the relationship between these characteristics and patient satisfaction tends to be inconsistent and varies across different studies. In addition to these personal factors, the type of clinical setting—whether outpatient or inpatient—also plays a significant role

in shaping the overall patient experience.

In the Philippine context, most studies on patient experience focus on private healthcare institutions; This creates a research gap in understanding the challenges faced by public hospitals. This includes how outpatient clients perceive services amid limited resources, high patient volumes, staff shortages, and the lack of contingency planning; while private hospitals frequently receive attention for their amenities and care, public hospitals cater to a diverse demographic, often with limited resources and significant patient loads. Hence, there is a gap in customer experience in public medical hospitals regarding how demographic profiles, such as type of patient, sex, and economic status, influence patient interactions and perceptions.

This study aligns with the United Nations Sustainable Development Goals (SDGs), particularly SDG #3 (Good Health and Well-being), SDG #8 (Decent Work and Economic Growth), and SDG #10 (Reducing Inequalities), These Sustainable Development Goals emphasizes importances in the study, in SDG #3 it emphasizes the importance of of accessible and efficient in healthcare services, which is crucial in understanding patient experience in the public hospital outpatient department, SDG #8 highlights the role of the staff in service delivery, as their performance and working conditions influence overall patient experiences, Furthermore, SDG #10 focuses on reducing disparities in healthcare access, addressing how different factors, like economic status, service availability impact the quality of care, facilities, cost, etc, they received. By these aspects, this study may contribute to policies and improvements that promote equitable, efficient, and patient-centered public hospital outpatient services.

This study aims to investigate the customer experience of outpatient clients in public medical hospitals, focusing on how their demographic profiles shape these experiences. Specifically, it examines factors such as type of patient, sex, and economic status to identify differences in how the clients perceive and interact with the hospital facilities and services. By analyzing these variations, the study seeks to uncover areas that require improvement and develop targeted strategies to address the needs of diverse client groups.

2. RESEARCH AND METHODOLOGY

Research Design

The primary objective of this study is to determine whether demographic profiles differ in the outpatient clients ' experience in public medical hospitals.

A convenience sampling technique, classified under non-probability sampling, was employed in this study to select participants from outpatient departments of public hospitals. Respondents were chosen based on their availability and willingness to participate in the survey. Given the high patient volume and time constraints typically present in public hospital settings, this method enabled efficient data collection while ensuring participation from a diverse range of outpatient clients. Patients were approached directly, and only those who provided informed consent were included in the sample. This approach is appropriate for studies aiming to explore patterns in customer experience, as it facilitates access to relevant respondents without the logistical complexities of random sampling. Moreover, it allowed the researchers to gather firsthand insights into how demographic characteristics—such as sex, economic status, and patient type—shape perceptions of service quality in public medical institutions.

Population of the Study

The study focused on 399 outpatient clients from various public medical hospitals in the Philippines. The respondents consisted of individuals who had recently utilized outpatient services.

Statistical Treatment

The Kruskal-Wallis test was applied to assess whether there were significant differences in customer experience across various demographic groups in outpatient departments. This test was used when the data was ordinal or not normally distributed, and it helped identify the difference between customer experience and demographic

factors like type of patient, sex, economic status, and other variables. The test compared the ranks of data across groups. It determined whether the rank differences were statistically significant; also, the Mann-Whitney U Test was applied to determine whether there were significant differences in medical hospital customer experience between different groups of outpatient clients. This test was used because the data was ordinal and not normally distributed. It assessed whether differences in customer experience existed based on factors such as patient type, sex, economic status, service availed, and number of hospital visits.

3. PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

This chapter presents the presentation, analysis, and interpretation of the survey's data. The facts are given in tables to accomplish the study's objective, and other studies will support the data interpretation.

1. What is the demographic profile of the respondents in terms of the following:

Table 1:

1.1 type of patient frequencies of age

Age	Counts	% of Total	Cumulative
Children (00-14 years)	22	5.5 %	5.5 %
Youth (15-24 years)	289	72.4 %	77.9 %
Adult (25-59 years)	72	18.0 %	96.0 %
Senior (60 years and above)	16	4.0 %	100.0 %

Table 1 presents the demographic profile of the respondents in this study and the distribution of patients according to their age group. The majority of the respondents fall within the youth category (15-24 years old). In comparison, the least represented group is the senior category (60 years and above). The data indicate that the largest proportion of respondents are youth aged 15 to 24, comprising 72.4% of the total participants. This is followed by adults aged 25 to 59 at 18.0%, children aged 0 to 14 at 5.5%, and seniors aged 60 years and above at 4.0%. Notably, the cumulative percentage shows that 96% of the respondents are under 60 years old, highlighting a predominantly younger population that frequently visits public hospitals for outpatient services.

The findings of this study align with previous research on age-related differences in hospital experiences. Elliot et al. (2022) found that younger patients often have different expectations of hospital care than older patients, particularly in areas like communication and service efficiency.

The findings indicate that public hospital outpatient services primarily cater to young individuals, likely because essential services are affordable, accessible, and available. In addition, the majority of outpatient clients are youth, so hospitals should enhance service efficiency and improve customer experience to meet their expectations

Table 2

1.2 type of sex frequencies of sex

Sex	Counts	% of Total	Cumulative
Male	151	37.8 %	37.8%
Female	248	62.2 %	100.0 %

This table presents the gender distribution of outpatient clients in public medical hospitals, offering valuable insights into healthcare utilization. This study reveals that 248, or 62.2 % of outpatients, are female, while 151, or 37.8 % of clients, are male. This indicates a higher prevalence of women seeking outpatient services in public hospitals.

According to the study by Bruce et al. (2021), women generally utilize healthcare services more frequently than men, which may be attributed to factors such as reproductive health needs and higher health awareness. Additionally, women have higher utilization rates for physical, mental, and emergency health services than their male counterparts.

This study showed that gender plays a role in healthcare utilization, as female respondents accounted for a higher percentage of outpatient clients than male respondents. This study's results manifested that healthcare- seeking behavior is influenced by gender, emphasizing the need for targeted health programs. Encouraging male patients to engage more in preventive healthcare through awareness campaigns and gender-sensitive medical services could help address disparities in hospital outpatient visits.

Table 3

1.3 economic status frequencies of economic status

Economic Status	Counts	% of Total	Cumulative
Lower (Mahirap)	35	8.8 %	8.8%
Upper Lower (Medyo Mahirap)	78	19.5 %	28.3 &
Lower Middle (Katamtaman)	266	66.7 %	95.0 %
Upper Middle (Medyo Mayaman)	14	3.5 %	98.5 %
Upper Class (Mayaman)	6	1.5%	100.0%

This portion of this study presents the demographic profile of outpatient clients in public medical hospitals, particularly their economic status; understanding the patients' financial background helps assess the accessibility and affordability of healthcare services for different income groups. The findings reveal that most outpatient clients belong to the lower middle class, 266 or 66.7%, followed by the upper lower class, 19.5%. Meanwhile, only a small percentage of patients come from the upper middle class, 3.5%, and the upper class, 1.5%, indicating that public hospitals primarily cater to economically disadvantaged individuals.

This study aligns with the study of Onarheim et al. (2018), who emphasize that socioeconomic status is a key determined of healthcare access, with lower-income individuals facing significant barriers to obtaining necessary medical services; similar to the study of Allin et al. (2020) they noted that financial constraints influence patient's hospital choices, reinforcing the need for government-supported healthcare programs to improve access for underprivileged communities. These studies highlight how economic barriers continue shaping healthcare utilization patterns in developing and developed countries.

This study shows that economic status significantly influences healthcare-seeking behavior, with lower-income clients relying more on public medical hospitals because of their affordability. The lowest presence of upper-class patients suggests that those with higher financial capacity prefer private healthcare, where the services may be more specialized and expedited. The study's results indicate that improving healthcare affordability and accessibility is essential for meeting the needs of economically disadvantaged patients. Strengthening the government-subsidized program, like expanding free medical assistance and improving healthcare infrastructure in public hospitals, can ensure that low-income patients receive better medical attention.

Table 4

1.4. type of service availed frequencies of service availed

Service Availed	Counts	% of Total	Cumulative
Consultations (eg. Health Concerns and Sympotoms, Specialist Consultations (Cardiology, Dermatologist, ENT, etc)	110	27.6%	27.5%

Diagnostic Services (eg. Blood test, Urinalysis, X-rays, CT Scans, MRIs Ultrasounds)	115	28.8%	56.5%
Follow-Up Check-Ups	86	21.6 %	78.9 %
Preventive Services (Vaccinations, Health Screening, Nutritiona Counseling)	44	11.0 %	89.0 %
Other services	44	11.0 %	100.0 %

This table presents the profile based on the type of medical services they availed in public medical hospitals. Table 4 shows the frequency of outpatient services availed. Most respondents sought diagnostic services (28.8%) and consultations (27.6%), followed by follow-up check-ups (21.6%),
while preventive services and others (11.0%) were the least utilized. These results suggest that patients primarily visit public hospitals for medical diagnosis and consultations rather than preventive care.

Based on the study by Obi et al. (2021) found that elderly persons in rural areas do not utilize preventive healthcare services due to, among other things, their gender, educational status, income, health insurance coverage, and distance to health facilities. In addition to the study, Shahzad and Song (2021) also noted that low-value care services were provided less during COVID-19, which they attribute to the change in the utilization of healthcare services. These studies underscore that socioeconomic factors and external shocks like pandemics change patients' attitudes toward health services from preventive to curative measures.

The findings of this study show that patients in public hospitals focus more on their immediate medical problems than on preventive healthcare. The public healthcare system struggles with awareness and accessibility, as evidenced by the neglect of preventive services. This may be due to economic, informational, and negligent attitudes towards healthcare. It emphasizes that public hospitals need to strengthen preventive care programs to raise awareness and improve access. Such preventive interventions serve to reduce long-term health costs while improving health outcomes. Thus, hospitals should take initiatives toward early detection and health assessment, including free screenings, public awareness campaigns, and financial assistance plans. Filling such gaps may enhance the overall experience for patients within public hospitals and embrace a proactive, rather than reactive, approach to healthcare.

Table 5

1.5 number of visits in a year frequencies of the number of visits in a year

Number of Visits in a Year	**Counts**	**% of Total**	**Cumulative**
One to three times in a year	289	74.7%	74.7%
4 to 6 times in a year	67	16.8 %	91.5 %
7 times or more in a year	34	8.5 %	100.0%

This portion of the study presents the frequency of outpatient visits to public medical hospitals within a year. The number of visits indicates levels of accessibility, needs, and general public perceptions of healthcare services. Table 5 shows that 74.7% of the respondents visited the hospital one to three times a year, whereas at least 16.8% had 4 to 6 visits. Fewer than 8.5% made visits 7 times or more, indicating that, in general, the outpatients only occasionally sought medical services.

The findings are consistent with previous studies highlighting several factors influencing outpatient visit frequency, including socioeconomic status, accessibility, and perceived quality of care. Individuals with lower incomes and those living in remote areas were less likely to visit health institutions frequently, according to Zhang

et al. (2019). They also reported a very slight drop in the frequency of follow-up visits during the COVID- 19 pandemic; the shift seemed to be more toward telemedicine services within the domain of outpatient services. Likewise, Tadele et al. (2024) asserted that patients who view health services positively were more likely to return for follow-up visits.

The present study shows that most outpatients (74.7%) visited public medical hospitals one to three times a year, with just a few patients needing more such consultations. This pattern suggests that hospital visits are primarily need-based, with only some segments of patients returning for regular follow-up visits. As access to health facilities alongside quality of care is vital in determining outpatient visit frequencies, public hospitals should focus on improving their patients' experiences to allow for regulations whenever needed. Improving telemedicine options and raising awareness of healthcare options among lower-income groups could help address the disparity in hospital utilization.

2. What is the perception level of the respondents on their experiences in the public hospital in terms of the following:

Table 6: Respondents' Mean Level of Satisfaction Toward Their Experience in the Public Hospital in terms of Quality of Care

Indicators	**Mean**	**Interpretation**
2.1.1 I understand the instructions about my treatment plan. (***Naiintindihan ko ang mga panuto tungkol sa aking plano ng paggamot)***	4.32	Completely Satisfied
2.1.2 I received fairly and politely in healthcare during my visit. ***(Magalang at maayos akong tinanggap sa pagamutan noong ako ay bumisita)***	4.26	Completely Satisfied
2.1.3 The healthcare provider explained to me possible adverse effects of the medication they prescribed to me. ***(Ipinaliwanag sa akin ng tagapagbigay ng lunas ang posibleng epekto ng gamot na nireseta nila sa akin.)***	4.32	Completely Satisfied
2.1.4 The people in the hospital seemed to appreciate my presence during my visit. ***(Pinahalagfahn ako ng mga tao sa ospital noong ako ay nandoon.)***	4.14	Satisfied
2.1.5 The total communication flow throughout my visit was satisfactory (***Maayos ang naging usapan sa buong panahon ng aking pagbisita.)***	4.23	Completely Satisfied
General Weighted Mean	4.25	**Completely Satisfied**

The purpose of the study is to assess the perception level of respondents with regard to their experience at a public hospital, with special attention paid to the quality of care. It is an indicator for future performance improvements in healthcare processes. Based on the weighted mean of 4.25, respondents are quite satisfied with the overall quality of care in the public hospital. Most of the indicators had scores above 4.20, with QC1 (4.32), QC2 (4.26), QC3 (4.32), and QC5 (4.23) classified as Completely Satisfied. However, QC4 (4.14) received a little lower and was thus categorized as Satisfied.

The research results show a significant difference in perceptions related to the quality of health services. According to Susanti, A. I., et al. (2024), most of the informants considered the quality of administrative services very satisfactory. The study's findings inform strategies to enhance service delivery and more effectively meet the public's expectations.

A high overall satisfaction score means that the hospital provides quality healthcare services that meet patients' expectations. Meanwhile, as for Quality Care 4, a slightly lower rating indicates an area that needs further improvement. Aspects like wait times, communication with medical staff, or facility conditions may have influenced that score. However, the overall scores are still in the Satisfied to Completely Satisfied bracket. Hence, the hospital's performance remains outstanding. In order to maintain excellence in satisfaction, the hospital must put much of its effort into maintaining and improving its ongoing quality care services. The fact that QC4 shows a lower score indicates that there are areas of patient care that require further investigation and improvement. Organizing a patient feedback session or survey can help identify issues that would guide the improvement of the policies and services. Continuous evaluation and staff training also guarantee a consistently high level of patient satisfaction.

Table 7: Respondents' Mean Level of Satisfaction Towards their Experience in the Public Hospital in terms of Facilities

Indicators	**Mean**	**Interpretation**
2.2.1 Everything was tidy and clean, facilities were well-arranged as well. ***(Maayos at malinis ang lahat, at maayos din ang pagkakaayos ng mga pasilidad.)***	4.06	Satisfied
2.2.2 Food and beverage choices in the Outpatient Department were sufficient. ***(Ang mga pagpipilian na pagkain at inumin sa Outpatient ay sapat.)***	3.89	Satisfied
2.2.3 I was able to easily access information on how to provide feedback o complains about my care. ***(Madali kong nahanap ang impormasyon kung paano magbigay ng feedback o reklamo tungkol sa aking pangangalaga.)***	3.98	Satisfied
2.2.4 The medical equipment and devices in the Outpatient Department were well-maintained and appeared functional. ***(Ang mga kagamitang medikal at aparato sa Outpatient Department ay maayos at gumagana nang maayos.)***	4.09	Satisfied
2.2.5 The restrooms in the Outpatient Department were clean and well-maintained. ***(Malinis at maayos ang mga palikuran sa Outpatient Department.)***	4.01	Satisfied
General Weighted Mean	4.01	**Satisfied**

The study evaluates public hospital patient satisfaction with hospital facilities to identify their positive aspects and areas for improvement. The study showed that hospital facility satisfaction rates remained high because respondents scored a weighted mean of 4.01. Respondents rated maintenance and functionality of medical equipment as the highest (4.09), yet food and beverage choices in the Outpatient Department scored the lowest (3.89). Hospital maintenance received strong reviews concerning cleanliness, satisfactory ratings for feedback access, and restroom maintenance standards.

Many previous studies demonstrate that hospital facilities critically impact patient satisfaction ratings. The study by Alfraih and Alanezi (2020) revealed that patients consider cleanliness and equipment maintenance critical determinants of their healthcare quality assessment. According to Siddiqui et al. (2015), patients value improved hospital aesthetics, but these aesthetic changes fail to impact their total satisfaction regarding clinical care. The results emphasize how improving both health facility appearance and medical services excellence will lead to enhanced patient satisfaction.

The study reveals that the public hospital successfully controls its facilities by ensuring clean operation and easy accessibility. Medical equipment maintenance at this hospital demonstrates the highest ranking because the institution prioritizes delivering quality healthcare by enabling functional medical devices. The patients' rating of food and beverage choices suggests the need for improvement because they seem to face insufficient dietary options. The study delivers important data that hospital administrators, together with policymakers, can use to develop future strategic decisions. High satisfaction outcomes will continue when hospitals adopt steady medical equipment maintenance programs and cleaning standards. The patient experience could improve even more when the hospital targets the poorly performing aspect of food and beverage options. The provision of additional nutritious and diversified food choices throughout the outpatient department holds the potential to enhance patient satisfaction, along with their general health status.

Table 8: Respondents' Mean Level of Satisfaction Towards their Experience in the Public Hospital in terms of Staff Attitude

Indicators	**Mean**	**Interpretation**
2.3.1 The health professionals clearly and understandably explained the tests and procedures. ***(Malinaw at madaling ipinaliwanag ng mga health professionals ang mga tests at procedure.)***	4.27	Completely Satisfied
2.3.2 The doctor has explained to me very well my diagnosis and treatment plan ***(Ipinaliwanag sa akin ng doktor ng mabuti ang aking diagnosis at plano sa paggamot.)***	4.31	Completely Satisfied
2.3.3 The doctors and nurses took the time to understand my concerns and preferences. ***(Pinakinggan ng mga doktor at nurse ang aking mga alalahanin at nais.)***	4.27	Completely Satisfied
2.3.4 I was informed clearly about the possible side effects of my medications. ***(Ipinaliwanag sa akin ng doktor ng mabuti ang aking diagnosis at plano sa paggamot.)***	4.26	Completely Satisfied
2.3.5 The doctors and nurses treated me with respect and dignity. ***(Ang mga doktor at nars ay tinrato ako ng may respeto at dignidad)***	4.26	Completely Satisfied
General Weighted Mean	**4.27**	**Completely Satisfied**

The research looks at the respondents' levels of satisfaction with staff attitudes in a public hospital setting. It evaluates various indicators to indicate the effectiveness of the hospital staff in providing a positive patient experience. The results show that all indicators of staff attitude received mean scores in the range of 4.26 to 4.31, the general weighted mean being 4.27. This denotes that, according to the rating scale, the respondents express complete satisfaction with their experience regarding the staff attitude.

The results indicated that each dimension of service quality is positively correlated with patient satisfaction, and overall service quality and patient satisfaction have a correlation coefficient of 0.719, which is significant at the 0.01 level, according to Neupane, R., & Devkota, M. (2017). This implies that service quality and patient satisfaction are positively correlated with each other. According to Naik Jandavath et al. (2016), the findings suggest that empathy is the only HCSQ dimension that directly affects behavioral intention and patient satisfaction. In addition, empathy affects responsiveness, assurance, and tangibles.

The consistently high ratings are indicative of excellent performance from hospital staff regarding courtesy, professionalism, and patient engagement. These results have inferred that the hospital has been successful in creating a culture in which patient care is the core motif to keep the perception positive among respondents.

Since satisfaction levels are high, the hospital should continue ensuring best practices on employee training and patient interaction. Periodically appraise them and use feedback mechanisms to ensure the positive effect continues. Future initiatives can then focus on improving the morale of the staff, giving perks for excellent service, and tending to the minor issues brought up in qualitative readings.

Table 9: Respondents' Mean Level of Satisfaction Towards their Experience in the Public Hospital in terms of Waiting Times

Indicators	Mean	Interpretation
2.4.1 I was told how long it would take to attend my appointment. ***(Ipinaalam saakin ang inaasahang oras ng paghihintay bago ang aking appointment)***	3.88	Satisfied
2.4.2 My appointment started on time. ***(Nagsimula ang aking appointment sa tamang oras)***	3.75	Satisfied
2.4.3 I receive examinations and treatments within acceptable waiting times. ***(Natatanggap ko ang mga pagsusuri at paggamot sa loob ng katanggap-tanggap na oras ng paghihintay)***	3.90	Satisfied
2.4.4 The appointment scheduling process is efficient and effective. ***(Maayos at epektibo ang proseso ng pagpaplano ng appointment)***	3.95	Satisfied
2.4.5 I frequently experience long wait times to see a doctor. ***(Madalas akong makaranas ng matagal na paghihintay para makita ang doktor)***	3.85	Satisfied
General Weighted Mean	3.87	**Satisfied**

Patient satisfaction in healthcare facilities depends heavily on the duration they must wait for services. The length of patient waiting times determines patient satisfaction, whereas effective queue systems improve their overall experience. The research investigates how patients evaluate waiting time experiences at a public health institution. According to the research findings, a general weighted mean of 3.87 indicates that patients expressed satisfaction with waiting times. The scoring for individual questions spanned 3.75 to 3.95 points at a level that satisfies patients. Most patients found the waiting times satisfactory, yet there are possibilities to improve the waiting period.

The study supports older research demonstrating that patient satisfaction depends heavily on waiting duration. Bleustein et al. (2014) discovered that extended waiting periods produced detrimental effects on patient evaluations of care quality, their trust in medical staff, and their overall healthcare satisfaction levels. According to Yakop et al. (2021), patient satisfaction directly correlates to waiting times during outpatient visits since prolonged waiting periods decrease satisfaction measurements.

Results show that the hospital achieved successful queue management, which resulted in satisfying patient responses ranging from moderate to high. Patients report occasional delays, even though the lowest rating of 3.75 is close to neutral satisfaction. Hospital administrators should enhance scheduling and triage systems to minimize waiting times further and improve patient satisfaction levels. Implementing digital queue management systems creates better patient flow and minimizes unnecessary waiting periods

Table 10: Respondents' Mean Level of Satisfaction Towards their Experience in the Public Hospital in terms of Cost

Indicators	Mean	Interpretation
2.4.1 The cost of the consultation was affordable. (***Ang bayad sa konsultasyon ay abot kaya.)***	3.93	Satisfied
2.5.2 The fees for tests and laboratory work were reasonable. ***(Makatuwiran ang bayad sa mga pagsusuri at laboratory.)***	3.98	Satisfied
2.5.3 The cost of medicines was reasonable. ***(Makatuwiran ang halaga ng mga gamot.)***	4.00	Satisfied
2.5.4 I had no difficulty with the payment process for outpatient services. ***(Wala akong naging problema sa proseso ng pagbabayad para sa mga serbisyong outpatient.)***	3.99	Satisfied
2.5.5 The cost of follow-up appointments and services was manageable. ***(Ang bayad para sa mga susunod na konsultasyon at serbisyo ay kayang bayaran.)***	3.94	Satisfied
General Weighted Mean	3.97	**Satisfied**

The study measures how satisfactory the respondents find the cost of services in a public hospital. Cost, a significant hurdle in healthcare accessibility, is crucial in public hospitals since it moderates patient satisfaction. The results confirm that respondents are generally satisfied with the cost of services, with a General Weighted Mean of 3.97. The individual indicators are rated from 3.93 to 4.00 and are all in the Satisfied category. For these reasons, they deem hospital costs to be reasonable and manageable.

Findings from research on the interplay between Healthcare Costs and Quality have remained inconsistent overall. Hussey et al. (2014) have stated that most studies indicate a small-to-moderate association with the cost-quality dimension, whether positive or negative. Therefore, the priority of future research should be to identify the kinds of expenditures that enhance quality instead of those that lead us toward needless spending.

The results show that respondents are satisfied with the cost of healthcare services, but there is room for improvement. The lower score of 3.93 implies that some patients feel that certain hospital charges could be lowered or better justified. Factors such as transparency in the billing process, free or subsidized medication, and affordable services could sway the patient's assessment. Hospital management should continue to deliver affordable services but explore additional avenues to save on costs. Initiatives like improving financial support programs, pricing transparency, and out-of-pocket reduction could go a long way toward enhancing patient experience. Follow-up surveys or focus group discussions also help ascertain crucial insight into specific cost-related issues that affect patients.

3. Is there a significant difference in the respondents' perceptions of their experiences in public hospitals when grouped according to profile?

Table 11: difference between respondents' level of satisfaction in terms of quality of care when grouped according to profile

Factors	p-value	Decision	Remarks
Patient Type	0.497	Failed to Reject Ho	Insignificant
Sex	0.358	Failed to Reject Ho	Insignificant
Service Availed	0.040	Reject Ho	Significant
Economic Status	0.017	Reject Ho	Significant
Number of Visits	<.001	Reject Ho	Significant

The analysis investigates the extent to which respondent satisfaction with Quality of Care varies from profile factor to profile factor (e.g., patient type, sex, service availed, economic status, and number of visits). These factors have been analyzed statistically to ascertain their difference in satisfaction. Some of the factors were found to affect satisfaction, while others were found not to be significant. Services availed ($p = 0.040$), economic status ($p = 0.017$), and number of visits ($p < 0.001$) were found to be significant, thus influencing satisfaction levels. Patient type ($p = 0.497$) and sex ($p = 0.358$), on the other hand, were found not to be significant, meaning that they did not carry weight regarding differences in satisfaction.

The research results demonstrate that specific patient characteristics determine healthcare experiences more than others do. Amoedo et al (2023). Hospital satisfaction levels depend on the services patients receive because each department provides different levels of service quality, wait times, and staff interactions. On-site emergency or specialized care presents patients with the experience of quick, individualized treatment, whereas those who utilize basic services only require basic care without extended expectations. Patients from lower economic backgrounds face limitations in resources and encounter feelings of marginalized status, which negatively affects their satisfaction levels. Public hospitals face difficulties in meeting the demanding expectations of patients who earn higher incomes. Frequent visits also shape perception: repeat patients may develop trust and familiarity, improving satisfaction, or may become more critical as they notice systemic inefficiencies. Health administrators need to focus on enhancing service quality and lowering financial barriers while setting up feedback systems specifically for repeat patients. The absence of a statistically positive or negative link indicates that the data imply no hidden inequalities but does not confirm their absence. (Ricca, R., & Antonio, F., 2021).

The research establishes that health administrators must focus on quality service enhancements while lowering economic obstacles and creating specialized feedback mechanisms for returning patients. The hospital must continue to protect fair treatment for every demographic in the system. The results affirm that while some differences in satisfaction stem from structural and service-based factors, others reflect successful standardization of care.

Table 12: difference between respondents' level of satisfaction in terms of facilities when grouped according to profile

Factors	p-value	Decision	Remarks
Patient Type	0.473	Failed to Reject Ho	Insignificant
Sex	0.444	Failed to Reject Ho	Insignificant
Service Availed	0.100	Failed to Reject Ho	Insignificant
Economic Status	0.033	Reject Ho	Significant
Number of Visits	<.001	Reject Ho	Significant

The table presents the statistical analysis of respondents' satisfaction with hospital facilities when grouped by their profile. It evaluates whether patient type, sex, service availed, economic status, and the number of visits significantly influence satisfaction. For patient type ($p = 0.473$), sex ($p = 0.444$), and service availed ($p = 0.100$), the null hypotheses (Ho) were not rejected, meaning that these factors do not account for significant differences in the reported satisfaction levels. For economic status ($p = 0.033$) and number of visits ($p < 0.001$), on the other hand, the null hypotheses were rejected, indicating a significant difference in the levels of respondents' satisfaction concerning these factors. It implies that economic status and frequency of hospital visits influence the perception of hospital lodgings, while patient type, sex, and service availed have no significant influence.

The present study's findings provide evidence that has been validated repeatedly for over two decades: economic status is a significant predictor of satisfaction with hospital facilities. Many studies have indicated that economic status constrains patients' access to quality service provision, constraining their satisfaction with the

hospital facilities (Al-Damen, 2017). Thus, the present study's result accommodated economic status (p = 0.033) as a significant factor for satisfaction. Furthermore, the significant association of satisfaction with visit frequency (p < 0.001) is supported by Turner and Wei (2021), who stated that regular visits to the hospital would enhance the perceptions of quality care by patients. Patients who visit hospitals frequently usually develop more stringent expectations created by the experiences they have had in the past. This expectation greatly influences their satisfaction levels. However, somehow, this study contradicts previous research by Baker and MacIntyre (2000), who noted that certain demographic variables, including sex and type of patients, greatly influence satisfaction. This study considered these demographic factors insignificant, proposing that factors such as service efficiency and facility conditions may greatly influence patient experiences.

The economic status shows that patients from different economic backgrounds may view hospital facilities differently, possibly due to restrictions on limited access to indulgent services. Moreover, the significant effect of the visit count tells us that those who visit the hospital more often will have stronger positive or negative opinions about the hospital environment. Hospitals need to consider the policy works to promote accessibility to care, be affordable to low-income patients, and ensure equity in satisfaction. Moreover, an individual interaction technique could be beneficial for hospital frequenters in achieving a better bedside experience. The results highlight the need for patient-focused facility management. People with lower incomes usually have limited access to good health care. They might face problems like not being able to afford medical costs, not having health insurance, and having difficulty traveling to health facilities. When they do receive care, their experience can be less comfortable. They might deal with crowded and busy hospitals, longer waiting times, limited access to advanced treatments and services, and even unfair treatment or poor communication from healthcare workers. Hospital facilities need improvement to deliver appropriate care conditions for patients regardless of their financial situation, within a clean, well-maintained, comfortable environment. They must ensure that all patients have access to advanced treatments, even if they are not able to pay for them, through support or alternative funding. Lastly, hospitals must provide culturally respectful care and ensure that staff are trained to communicate effectively and cater to the needs of each community.

Table 13: difference between respondents' level of satisfaction in terms of staff attitude when grouped according to profile

Factors	p-value	Decision	Remarks
Patient Type	0.497	Failed to Reject Ho	Insignificant
Sex	0.367	Failed to Reject Ho	Insignificant
Service Availed	0.058	Failed to Reject Ho	Insignificant
Economic Status	0.124	Failed to Reject Ho	Insignificant
Number of Visits	<.001	Reject Ho	Significant

The research investigates several variables affecting patient satisfaction through statistical p-values while analyzing patient type, sex, service choice, economic status, and visit frequency. Among the five analyzed factors, only patient visit frequency produced a statistically significant difference with patient satisfaction at $p < 0.001$, thus leading to the rejection of the null hypothesis (Ho). This implies that the frequency of hospital visits affects how patients perceive staff attitude, suggesting a meaningful relationship between repeated exposure and satisfaction levels. In contrast, patient type ($p = 0.497$), sex ($p = 0.367$), service availed ($p = 0.058$), and economic status ($p = 0.124$) failed to demonstrate statistical significance, indicating no strong effect on patient satisfaction in this context.

This finding aligns with Turner and Wei (2021), who emphasized that frequent hospital visits influence patients' perceptions of the care quality of the staff. Patients who visit more often develop expectations based on prior experiences, making them more critical of staff attitudes. This suggests that regular exposure to hospital staff

allows patients to compare services over time, shaping their satisfaction levels, in addition to the study of Sattar , et al. (2024), which systematically reviewed workplace triggers of emotions in healthcare settings. The study found that frequent interactions between patients and staff can lead to heightened emotional responses, thereby influencing patient satisfaction levels. Patients who visit hospitals more frequently are more likely to develop expectations based on past experiences, which shape their perception of staff attitudes. However, this study contrasts with prior research that suggests demographic factors, such as patient type and sex, significantly influence satisfaction with staff interactions (Doyle et al., 2017). While previous literature emphasizes the role of patient demographics, the current study suggests that service efficiency and repeated patient interactions may have a more substantial impact on satisfaction with staff attitude.

However, the absence of statistically significant differences in demographic variables does not imply that hospital care is equitable. In fact, the lack of variation in patient satisfaction based on factors like patient type, gender, or economic status may indicate a consistent approach by staff. Still, it does not ensure inclusivity or equitable treatment for all patients. These findings raise concerns that hospital staff may adopt a standardized mode of interaction that does not adjust to patients' unique needs, backgrounds, or vulnerabilities. Equity in healthcare requires more than equal treatment; it demands responsive and culturally sensitive care, especially for vulnerable or first-time patients. In conclusion, healthcare providers must acknowledge the importance of repeated visits in building satisfaction, but also recognize the need for inclusive practices that support all patient groups, especially first-time visitors. Hospitals should consider implementing patient orientation programs and service navigators to ensure novice patients are guided effectively. Lastly, promoting equitable and adaptive staff behavior, not just uniformity, will improve overall satisfaction and reinforce the hospital's commitment to patient-centered care.

Table 14: difference between respondents' level of satisfaction in terms of waiting times when grouped according to profile

Factors	p-value	Decision	Remarks
Patient Type	0.669	Failed to Reject Ho	Insignificant
Sex	0.607	Failed to Reject Ho	Insignificant
Service Availed	0.209	Failed to Reject Ho	Insignificant
Economic Status	0.096	Failed to Reject Ho	Insignificant
Number of Visits	<.001	Reject Ho	Significant

Previous studies have established that patient demographics such as sex and economic status affect satisfaction with hospital services (Almomani & AlSarheed, 2016; Lee et al., 2020). In the current research, there were no statistically significant variations in satisfaction with waiting time by patient type ($p = 0.669$), sex ($p = 0.607$), hospital service utilized ($p = 0.209$), or economic status ($p = 0.096$).

In contrast, the number of visits generated a statistically significant difference ($p < 0.001$), confirming the earlier findings of Sriram et al. (2022), who pointed out that patients coming in more frequently are more sensitive to delays. On one hand, repeat visitors may become accustomed to hospital operations and grow tolerant of their waiting time. On the other hand, they could become more dissatisfied when things are not being done to improve their experiences with respect to waiting time. Therefore, it may result in public dissatisfaction with public health care services.

Findings like these indicate that longer waiting times must be addressed, especially for frequently visiting clients. In order to enhance satisfaction and manage patient flow more effectively, public hospitals should consider hiring additional staff, especially in high-traffic areas such as Outpatient and Emergency departments, which will enable faster delivery of service while reducing delays. In addition, a daily patient limitation system on the number

of patients could mitigate overcrowding. By accepting only the number of patients that the facility can reasonably accommodate in a day, hospitals can ensure that each patient is properly attended to, eventually leading to a more organized service flow and high satisfaction levels. Such a system would not only contribute to efficiency but would also aid in the management of patient expectations. Patients who know they will be seen on the day of their visit are less inclined to feel ignored or frustrated. These measures must rely heavily on clear communication regarding cutoff times, available slots, and the booking process. Ultimately, these strategies will be able to bridge the gap between service capacity and patient volume, thus creating a much more responsive and patient-oriented healthcare setting.

Table 15: difference between respondents' level of satisfaction in terms of cost when grouped according to profile

Factors	p-value	Decision	Remarks
Patient Type	0.440	Failed to Reject Ho	Insignificant
Sex	0.910	Failed to Reject Ho	Insignificant
Service Availed	0.010	Reject Ho	Significant
Economic Status	0.519	Failed to Reject Ho	Insignificant
Number of Visits	<.001	Reject Ho	Significant

This study investigates whether respondents' levels of satisfaction regarding costs differ according to their profiles. The analysis involves hypothesis testing with the null hypothesis (Ho), which assumes that there is no significant difference among groups. The findings show that Service Availed ($p = 0.010$) and Number of Visits ($p < 0.001$) have a considerable impact on satisfaction regarding costs and thus make Ho rejected. On the contrary, Patient Type ($p = 0.440$), Sex ($p = 0.910$), and Economic Status ($p = 0.519$) do not significantly influence cost satisfaction.

This aligns with the findings of Healogics (2021), which emphasized that frequent hospital visits impact patients' expectations and perceptions of healthcare expenses. Patients who require repeated visits are more likely to evaluate the cost-effectiveness of services based on their cumulative experiences, thus affecting their satisfaction levels. Furthermore, the significance of the service availed supports the study by Doyle et al. (2017), which highlighted that the type of medical services received directly affects patient satisfaction, especially when cost considerations are involved. Patients may perceive certain treatments as more cost-effective or beneficial, influencing their overall satisfaction with hospital expenses. However, this study found that patient type, sex, and economic status were insignificant factors in determining satisfaction with cost. This contradicts the research of Al-Damen (2017), which emphasized that economic status plays a crucial role in patients' financial burden and healthcare satisfaction. Similarly, a study of Young et al. (2020) suggested that demographic factors, including sex and patient type, impact perceptions of affordability. Contrary to these findings, the present study indicates that the actual service received and visit frequency may have a more direct influence on cost-related satisfaction than demographic factors alone.

The strong impact of the services availed implies that patients' perception of the prices of medical services may differ according to the custom-related aspects of that service, such as how often it is used and whether it is felt to be timely. Therefore, the number of visits significantly increases cost concern, whereas demographic factors such as gender, type of patient, and economic status do not considerably influence satisfaction. This means that cost perception is more associated with hospital service experiences and less with background and financial capability. Hospitals should consider service-based pricing and devise affordable measures to increase consumer satisfaction with prices. Discount programs or financial assistance could relieve the financial burden on patients who visit frequently due to the high impact of visit frequency. It is essential to communicate the fees so patients can form realistic expectations. Since the economic status concerning satisfaction was insignificant, other

potential factors, such as insurance coverage or governmental assistance, could be explored further in the research.

4. CONCLUSION

Based on the findings of the study, the following conclusions were drawn:

1. The research reveals that public hospital patients mainly belong to the young age group and originate from lower-middle-class families, with more women than men due to reproductive healthcare requirements. The majority of patients at public hospitals receive diagnostic testing and medical consultations instead of services focused on illness prevention. The study results indicate that most patients get checked in public hospitals one to three times per year, which demonstrates the requirement for enhanced preventive care knowledge, stronger patient follow-up programs, and better access to routine check-ups.
2. Public hospitals have shown a good standard of service in patient care, with excellent satisfaction with staff attention, cleanliness, and affordability of services. The patient-centered approach, combined with adequate, well-equipped facilities and empathetic communication lines, has built a trust relationship for patients' preferences. Despite this excellence in almost all aspects of healthcare services, efficiency still requires improvement, especially during waiting time and resource management for better scheduling and digital solutions. Digital queue management and scheduling systems have the potential to improve patient experiences maximally, and investing in staff training will only enhance the perception. These complaints should be addressed through innovating with patient feedback to create and maintain a dynamic and progressively balanced healthcare system.
3. Quality of care satisfaction showed differences between groups who held serviced availed, different economic positions. It made different numbers of visits to healthcare facilities, noting the requirement for fair healthcare services. These social groups exhibited an unfavorable view of hospital facilities, underscoring the requirement for better infrastructure development. Frequent hospital visitors' repeated interaction experiences demonstrate how professionalism and empathetic behavior directly impact their perceptions of staff attitude. Frequent visitors expressed more negative opinions about waiting times, which is why healthcare facilities must prioritize scheduling improvements to reduce dissatisfaction. Service utilization and number of visits influence cost satisfaction, showing that financial support and cost adjustments would improve affordability.

5. RECOMMENDATIONS

Based on the findings and conclusions presented, the following recommendations are suggested:

1. The researchers recommend hiring additional doctors and medical staff to reduce wait times and improve patient flow in outpatient services. Upgrading facilities and medical equipment, along with providing regular staff training, will further enhance service quality and patient satisfaction.
2. The researchers recommend studying the current contingency plan used to address issues in outpatient services. Assessing the effectiveness of existing protocols for managing patient overflow, staff shortages, and equipment malfunctions will provide insights into areas that require improvement.
3. The researchers recommend implementing financial assistance programs to reduce patients' cost burdens, including subsidies for transportation, medicines, and laboratory fees. Introducing flexible payment options or partnerships with insurance providers can improve accessibility for lower-income patients, ensuring that financial barriers do not hinder necessary medical care.
4. The hospital staff should continue fostering a welcoming and appreciative environment for patients and visitors. Additional training in patient engagement and interpersonal communication may be implemented to further enhance the patients' sense of being valued. Periodic feedback mechanisms can also be introduced to ensure patients consistently feel acknowledged and respected during their visits.
5. Hospital management may adapt to maximize patient flow and ease scheduling to lessen waiting periods

for the typical hospital visitor. Queue management solutions combined with a digital appointment system may enhance efficiency and reduce patients' frustration with the waiting time.

6. Hospital managers may develop, maintain, and improve the upgrading of hospital facilities through additional medical equipment, increased waiting areas, and cleanliness.
7. Future researchers may expand their scope by including perspectives from healthcare providers, administrators, and policymakers to gain a holistic view of hospital operations and patient care. This may lead to more effective interventions that balance patient needs with institutional limitations.
8. The researchers recommend that hospitals should limit the number of patients they can accommodate in a day, depending on how many nurses and doctors they have. It can prevent people from waiting long hours and avoid overcrowding. Hospitals can also increase the workforce during peak days to assist patients quickly. Restricting the number of visits ensures that all patients receive a sufficient amount of time and care from the health care team.
9. The researchers recommend that hospitals need to take into account the various backgrounds of their patients while providing care. For instance, older patients may require more assistance and attention, whereas low-income ones may need more help with finances or with clear understanding of free services available to them. The staff must also be educated to treat all patients with dignity regardless of age, gender, or income. By knowing their patients, hospitals can provide better service that is tailored to each individual's needs.

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