

# An Evaluation of Outpatient Services at RLCT Mother and Child Hospital: Basis for Marketing Strategy Enhancement

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## Abstract:

This study examines the evaluation of outpatient services at RLCT Mother and Child Hospital: Basis for Marketing Enhancement. By conducting this research, the researcher identifies the quality services and the needs for improvement areas of RLCT Mother and Child Hospital. The time period studied in this research is from January 1, 2018 to June 30, 2018 for the questionnaires and all readings are from the year 2013 up to present. This study sought to answer the demographic profile of the hospital, the degree of quality services provided by the hospital, possible solutions, changes and revisions that may be suggested in improving the outpatient services provided at RLCT Mother and Child Hospital based on the research findings. The mixed method of research incorporated with qualitative and quantitative data was employed in this study. Mixed methods research is a methodology for conducting research that involves collecting, analyzing and integrating quantitative through surveys questionnaires and qualitative data from interviews. This approach to research is used when this integration provides a better understanding of the research problem than either of each alone. For this study, a survey questionnaire was employed to (107) one hundred seven participants to gather data from the said institution from January to June 30, 2018. Secondary data were extracted from readings relevant to the topic to gain more inputs and support the present study. Data gathered from the study shall form basis for the continuous improvement and enhancement of RLCT Mother and Child Hospital. Snowball sampling is used in this research where researcher recruits other participants for a test or study. Snowball sampling is a non-probability sampling method. Rather, the researchers used their own judgment to choose participants. According to the literature review and theoretical framework of this study, it is also important to improvement in communication skills among staff in showing politeness and active listening; ensure availability of essential drugs, and improvement on clinicians' prescription skills. Therefore; in order to provide patient satisfaction, the hospital must acknowledge personnel factor not only machineries and facilities. The theories are very significant in determining the quality of health care services at RLCT Mother and Child Hospital. The management can now determine what factors or aspects the hospital is lacking and needs improvement. Once the patient has a feedback, comments and suggestions weather it is positive or negative comments they know that it may attribute to the hospital's success and should accept it and addressed

to the hospital administrators for validation to improve quality of services to achieve consumer delight.

### **Keywords:**

Out-patient Service, Marketing Strategies, Evaluation, Enhancement

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## **1. The Problem and Its Setting**

This part of the research study presents the panoramic view and perspective of the research problem. It also establishes the justification of the existence of the problem from the international, national and local arenas through statistical data substantiation.

### **1.1. Background of the Study**

Health is the most important aspect of our existence. It affects us every moment of the day, can change instantly or overtime, and is the number one determinant of the trajectory our life takes. Health of all people is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and states. This extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health (WHO, 1948). That is why they want to ensure the quality and standard of care given by their own services and health care provider.

On the other hand, Out Patient Department (OPD) is a gateway to almost all of the hospital services whereby 80% of patients are attended at OPD globally. Their services normally provide basic services to patients from registration in order to get a hospital file, consultations, and laboratory, radiology and pharmacy services among others. Patients received better treatment when they enjoyed treatment regimens; maintain a good relationship with a physician, and other hospital staff. Therefore to improve health care outcomes the hospital must provide patient satisfaction. Thus, patient satisfaction with health care services is not only a measure of performance but also helps to identify areas in need of improvement toward providing better care.

According to the study by Araullo C., published at Business World Online Philippine Health care system, from bad to worse. A country's health care system is a sensitive indicator of how government values the health of its people, underscoring the truism that the people's health constitute the very foundation of socio-economic development and ultimately, the people's well-being and happiness.

According to Araullo who is a medical student, The Philippines health care system was sick. It was a dual system: one for those who could afford to pay; another for those who could not. One has private, the other has public. Hospitals and clinic were clustered in urban centers. The tertiary centers or the well-equipped with the widest choice of specialist doctors would be found in Metro Manila. In the rural areas, people continued to live and die without ever seeing a nurse, much less a physician because health care has absent or inaccessible, physically and financially. Patient satisfaction is one of the most important factors in determining quality service of the hospital. The interest in assessing and studying patient satisfaction has been growing in recent years. As member of the healthcare team they need to strive and aim high quality of care services in keeping the dignity and the hospital's reputation.

RLCT Mother and Child Hospital is a 3-storey primary hospital with 25 bed capacity and high-end facilities that specializes on pediatric and OB-Gynecology. It is located at Tandang Sora Ave., Sangandaan, Quezon City, Metro Manila, Philippines. The decision to meet the patients in the outpatient department enabled on the spot data collection particularly from those who were in the process of receiving healthcare or those who just received care waiting for medicines from the pharmacy. A DOH accredited healthcare facility with secondary laboratory and level 1 X-ray facility. The hospital received accreditation such as Philhealth, Philippine Hospital Association and PAHRIO. HMO accredited namely; Medicard, Cocolife, and Amaphil.

One of the problem of this hospital is its low inpatient census that lead to low income generation. According to some related literature, outpatient of the hospital is one of the gate-way to attract inpatient in the hospital. Through this research study, the posed questions by the researcher may answered for the improvement of RLCT Mother and Child Hospital which is one of many healthcare institutions in the Philippines.

### **1.2. Theoretical Framework**

A grounded theory study about the quality of care from patient perspective stated that: A model was formulated according to which quality of care can be understood in the light of two conditions, the resource structure of the care organization and the patient's preferences. The resource structure of the care organization consists of person-related and physical- and administrative environmental qualities. The patient's preferences have a rational and a human aspect. Within this framework, patients' perceptions of quality of care may be considered from four dimensions: the medical-technical competence of the caregivers; the physical-technical conditions of the care organization; the degree of identity-orientation in the attitudes and actions of the caregivers and the socio-cultural atmosphere of the care organization. (Bodil Wilde M MSc, RN Bengt Starrin PhD Gerry Larsson PhD Mayethel Larsson PhD, RN. A Grounded Theory Study: Quality of Care from a Patient Perspective)

Another study based on Athar Mohd, patient satisfaction is a useful measure indicator of quality healthcare and thus needs to be measure frequently, as the hospital valued the patients they want them to ensure that they are serving the best quality of care starting on availing services and consultations in visiting the Out-patient department.

IDA JEAN ORLANDO described as (Orlando's Nursing Process Discipline Theory) pertains to the major dimensions model explain that the role of the nurse is to find out and meet the patient's immediate needs of help. The patient's presenting behavior might be a cry for help. However, the help the patient needs may not be what it appears to be.

Orlando was a first generation Irish American born on August 12, 1926. She dedicated her life studying nursing and graduated in 1947 and received a Bachelor of Science degree in public health nursing in 1951. In 1954, she completed her Master of Arts in Mental Health consultation. While studying she also worked intermittently and sometimes concurrently as a staff nurse in OB, MS, ER; as a supervisor in a general hospital, and as an assistant director and a teacher of several courses. And in 1961, she was married to Robert Pelletier and lived in the Boston area.

Orlando's nursing process discipline is rooted in the interaction between a nurse and a patient at a specific time and place. A sequence of interchanges involving

patient behavior and nurse reaction takes place until the patient's need for help, as he perceives it, is clarified. The nurse then decides on an appropriate action to resolve the need in cooperation with the patient. This action is evaluated after it is carried out. If the patient behavior improves, the action was successful and the process is completed. If there is no change or the behavior gets worse, the process recycles with new efforts to clarify the patient's behavior or the appropriate nursing action.

Function of professional nursing- organizing people. Finding out and meeting the patient's immediate needs for help.

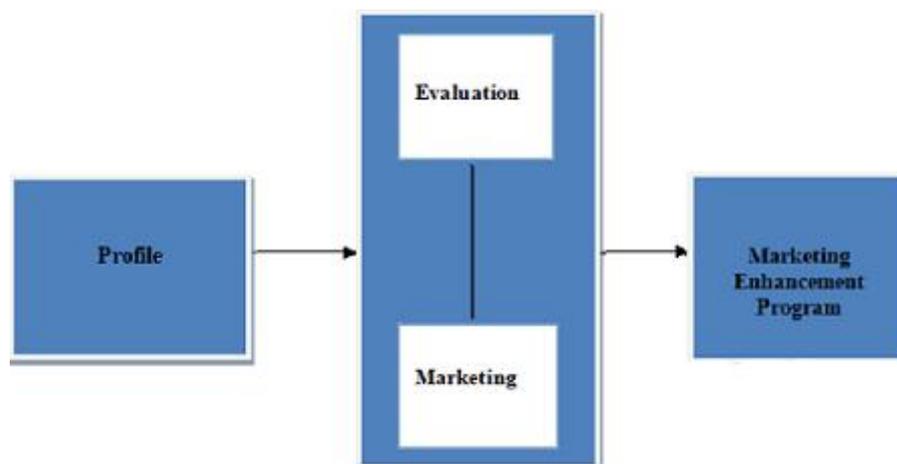
“Nursing – is responsive to individuals who suffer or anticipate a sense of helplessness, it is focused on the process of care in an immediate experience, it is concerned with providing direct assistance to individuals in whatever setting they are found for the purpose of avoiding, relieving, diminishing or curing the individuals sense of helplessness.”- Orlando.

The theories are very significant in determining the quality of health care services at RLCT Mother and Child Hospital. The management can now determine what factors or aspects the hospital is lacking and needs improvement. Once the patient has a feedback, comments and suggestions weather it is positive or negative comments they know that it may attribute to the hospital's success and should accept it and addressed to the hospital administrators for validation to improve quality of services to achieve consumer delight. (Figure 1)

The first box represents the input which is the demographic profile of the respondents, the assessment of the respondents on the quality of health care services in each area and the overall assessment on the quality of health care services provided by RLCT Mother and Child Hospital.

The second box represents the process showing the evaluation of the participant to RLCT Mother and Child Hospital to enhance its marketing strategy.

The third Box represents the output or the outcome of the study which shows the proposed Marketing Enhancement program of RLCT Mother and Child Hospital.



*Figure 1. Conceptual Framework.*

### **1.3. Statement of the Problem**

This study aimed to evaluate the services rendered at Ruby Lanting Casaul-Tan Mother and Child Hospital. Specifically, this study sought to answer the following questions:

1.3.1. What is the demographic profile of the participants in terms of:

- i. Age;
- ii. Gender
- iii. Type of service availed

1.3.2. What is the level of quality of outpatient services provided at RLCT Mother and Child Hospital in the following areas?

- i. Ambiance
  - a. Cleanliness
  - b. Orderliness
  - c. Overall appearance
- ii. Facilities and Services
  - a. Efficiency
  - b. Speed of Service
  - c. Value of Money
- iii. Staff/ Personnel
  - a. Efficiency
  - b. Courtesy
  - c. Responsiveness
  - d. Proper Grooming

1.3.1. Is there significant differences in the level of services when grouped according to the profile of the participants?

1.3.4. Is there a significant relationship between the profiles with their perception towards outpatient?

1.3.5. How does RLCT Mother and Child Hospital market its service?

1.3.6. What marketing enhancement program can be proposed in order to increase the outpatient census of the hospital?

### **Statement of Hypothesis**

- a. There is no significant difference in the level of services when grouped according to the profile of the participants.
- b. There is no significant difference relationship between the profile of the with their perception towards outpatient.

### **Statement of Assumption**

- a. There is a significant difference in the level of services when grouped according to the profile of the participants.
- b. There is a significant difference relationship between the profile of the with their perception towards outpatient.

### **Significance of the Study**

This study is significant to the Hospital Administration, where they might be able to evaluate the service they provide to its patient. This study will help the administration in maintaining, developing, and identifying factors for their SWOT analysis in order to maintain the patient loyalty. Through this study, the hospital administration may develop new marketing and administrative strategies to attract new patient and maintain the old one.

Other benefactors are the Physician, Staff Nurses and the Ancillary Department and administrative staff. The findings of this study help identify the areas of strengths of the Nursing services, Medical technology department, radiology department, pharmacy department and other department which they can continue to implement or practice. It will also determine the lapses and rooms for improvement that they need to change and develop in order to deliver or provide quality outpatient health care service.

#### ***1.4. Scope and Delimitations***

This study was limited to the study of the quality of outpatient health care services provided at RLCT Mother and Child Hospital. This study was conducted and took place at RLCT Mother and Child Hospital from January 2018 to June 30, 2018 covering patient evaluation using the existing outpatient survey questionnaire of the hospital with (107) one hundred seven participants. All participants were patients of RLCT Mother and Child Hospital from January to June 30, 2018.

For this study, a survey questionnaire was employed to gather data. Secondary data were extracted from readings relevant to the topic to gain more inputs and support the present study. Data gathered from the study shall form basis for the continuous improvement and enhancement of RLCT Mother and Child Hospital.

#### ***1.5. Definition of Terms***

The following terms that were extensively used in the study were conceptually and operationally defined for better understanding.

Assessment- it is the evaluation or estimation of the nature, quality or ability of someone or something.

Assurance- it defined as the ability of the company to inspire trust and confidence in the service delivery.

Average- constituting the result obtained by adding together several quantities and then divided this total by the number of quantities.

Cleanliness -the state or quality of being clean or being kept clean.

Communication Skills – They use appropriate form of communication in dealing with each patient that the patient understand and receive the information.

Degree- the amount, level, or extent to which something happens or is present

Doctors – there are fifteen qualified consultants affiliated in the hospital and twenty four hours resident on duties providing quality of care to improve patient's health.

Efficient- working in a well-organized and competent way

Equipment and Supplies – There are useful and helpful equipment, supplies that is readily accessible to use during consultation hours and for emergency situations that is well maintained and calibrated

Frequency- is the number of occurrences in a repeating event per unit of time.

General Appearance- this refers to the overall appearance of the hospital from hallways, doctors quarters toilets and waiting area.

Health – Is a state of balance, an equilibrium that an individual has established within himself and his social and physical environment (WHO).

Health care– It must be safe, effective, timely, efficient, equitable and people centered.

Improve- achieve or produce something better

Internist- a person who is an internal medicine expert dedicated to the diagnosis and medical treatment for adults

Mean- in which each item being averaged is multiplied by a number (weight) based on the items relative importance.

Non-Government Organization (NGO)- a non-profit organization that operates independently of any government, typically one whose purpose is to address a social or pol.

Nurses – Providing excellent quality of care for the sick, showing compassionate care and concern in the patients.

OB-Gyne- OB is short for obstetrics or for an obstetrician, a physician who delivers babies. GYN is short for gynecology or for a gynecologist, a physician who specializes in treating diseases of female reproductive organ.

Outpatient –a patient who receives medical treatment without being admitted to a hospital.

Pediatrician- a medical practitioner specializing in children and their diseases

Percentage- is a portion of a whole expressed as a number between 0 and 100 than as a fraction.

## **2. Review of Related Literature and Studies**

This chapter presents various literatures and studies that the proponent considered as deemed necessary or related in this study. It includes books, journals and other publications and websites for a more comprehensive learning source. It is expected that this study has additional insights regarding the problem of being studied.

### ***2.1. Review of Related Literature***

The study about patients' level of satisfaction in outpatient department in Mwananyamada Hospital [12] states that those patients who are attending the Out Patient Department (OPD) demonstrates an overall dissatisfaction of quality of care in Mwananyamada Hospital. In fact satisfied patient are likely to exhibit favourable behavioural intentions, which are beneficial to the healthcare provider's long term success. However, one of the major barriers to better health care for much of the population in developing countries, including Tanzania, is lack of access to even basic health care services.

According to their literature the hospital management should focus on: improvement on communication skills among Out Patient Department (OPD) staff in

showing politeness and active listening, ensure availability of essential drugs, and improvement on clinicians prescription skills.

Brouwer, B., Francke, A.L., Kieft, R. & Delnoij, D. [3]. The study about how Nurses and their work environment affect patient experiences of the Quality of Care. Healthcare organizations monitor patient experiences in order to evaluate and improve the quality of care. Because nurses spend a lot of time with patients, they have a major impact on patient experiences. To improve patient experiences of the quality of care, nurses need to know what factors within the nursing work environment are of influence. The main focus of this research was to comprehend the views of Dutch nurses on how their work and their work environment contribute to positive patient experiences.

In countries throughout the world, patient experiences are being monitored in order to obtain information about the delivery and quality of healthcare. Patient experiences can be defined as a reflection of what actually happened during the care process and therefore provide information about the performance of healthcare workers; it refers to the process of care provision. In the United States and many European countries, assessing patient experiences is part of a systematic survey program. Assessing patient experiences of the quality of care not only provides information about the actual experiences, but also reveals which quality aspects patients regard as most important.

The nurses mentioned essential elements that they believe would improve patient experiences of the quality of nursing care: clinically competent nurses, collaborative working relationships, autonomous nursing practice, adequate staffing, control over nursing practice, managerial support and patient-centered culture. They also mentioned several inhibiting factors, such as cost-effectiveness policy and transparency goals for external accountability. Nurses feel pressured to increase productivity and report a high administrative workload. They stated that these factors will not improve patient experiences of the quality of nursing care.

According to this study, it is also important to improvement in communication skills among staff in showing politeness and active listening; ensure availability of essential drugs, and improvement on clinicians' prescription skills. Therefore; in order to provide patient satisfaction, the hospital must acknowledge personnel factor not only machineries and facilities.

In a recent study, Martha Hostetter [7] found that the national insurer Aetna has placed nurse case managers in 36 primary care practices to work alongside in their offices to help manage patients' conditions. Thus far, the program has involved some 20,000 patients., all members of Aetna's Medicare Advantage plan, and has resulted in improved care processes, some improvements in care outcomes, and reduced numbers of hospitalization.

Quality judgments are fairly specific, whereas satisfaction judgments' are more general. Patient satisfaction is a positive or negative attitude reflecting the patient's feelings in relation to the received services. To obtain satisfaction, the patient must experience a service; in contrast, the perceived quality of services is not necessarily the result of experiencing those services.

The quality of services is associated with cognitive judgments', whereas patient satisfaction is associated with affective judgments'. The distinction between service quality as a cognitive construct and patient satisfaction as an emotional construct

suggests a causal relationship in which the quality of services is a predictor of patient satisfaction. Several studies have been done on the relationship between service quality and customer satisfaction. Not surprisingly, the results show that the quality of services leads to higher satisfaction.

Understanding the relative importance of service quality dimensions is important in determining patient satisfaction and can help managers to find out which dimensions are crucial to patient satisfaction. This information can help managers to better allocate resources, implement effective management practices, and guarantee high levels of satisfaction. In general, knowing the relative importance of service quality dimensions in patient satisfaction is important because of its implications for future actions and decisions

Satisfaction evaluation is widely used in healthcare systems to improve healthcare service quality to obtain better health outcomes. The aim of this study was to measure employee work satisfaction and patient satisfaction status in Wuhan, China. Patient satisfaction factors, from most to least affecting, were ranked as follows: physician-patient relationship and communication, service organization and facilities, continuity and collaboration of medical care, access to relevant information and support, and healthcare and related services, respectively. On the other hand, patient satisfaction comprises patients' overall evaluation of the entire healthcare service process and consultation environment, and is a commonly used and key indicator for evaluation of healthcare service quality. Analysis of patient satisfaction survey feedback results can provide healthcare workers with sufficient understanding of factors and areas that require improvement and can lead to effective improvements in medical service quality.

An article published by *Int J Environ Res Public Health*. 2018 stated: that systematic studies have verified that the medical service quality indicator is the determining factor that has the most influence on patient satisfaction. Another indispensable determining factor is healthcare providers' interpersonal care quality. At the same time, healthy interactions between medical staff and patients are extremely important and can improve both the physician-patient relationship and nurse-patient relationship. This can encourage medical staff to improve their work efficiency and medical service quality and can also promote patient recovery.

Some authors even argue that it is mostly the clients' values and expectations that matter for the assessment of providers' performance. As stated by Hekkert et al. [3], satisfied patients 'are more likely to continue using health care services, comply with medical treatment, maintain the relationship with a specific health care provider and recommend the health care service to others'.

Philippines is ranked number (30) Thirty by World Health Organization among all health care provider in the world providing Quality Health Care services to its patient. Philippine health status indicators show that the country lags behind most of South-East and North Asia in terms of health outcomes. While rapid improvements were seen during the last three decades, these have slowed in recent years. The rise in non-communicable diseases along with the existing prevalence of infectious diseases indicates the Philippines is in an epidemiologic transition characterized by a double burden of disease. This disease pattern indicates that even as degenerative diseases and other lifestyle-related illnesses are increasing, communicable diseases are still widely prevalent.

The Philippine health care system has rapidly evolved with many challenges through time. Health service delivery was devolved to the Local Government Units (LGUs) in 1991, and for many reasons, it has not completely surmounted the fragmentation issue. Health human resource struggles with the problems of underemployment, scarcity and skewed distribution. There is a strong involvement of the private sector comprising 50% of the health system but regulatory functions of the government have yet to be fully maximized.

Healthcare management is under increasing pressure to demonstrate that their services are patient focused and directed to providing the best possible medical care for their patients. Therefore, it has become prudent for hospital management to understand and measure the patient's perspectives, so that any perceived gap in delivery of service is identified and suitably addressed with constrained resources. A number of studies have been conducted to measure the service quality from the patient's perspectives.

Marković S, Lončarić D, Lončarić D. [13] have stated that Service quality and customer satisfaction in the health care industry - towards health tourism market. [13]

However, perceptions of service quality varied between cities. Gronroos defined service quality as clinical management including diagnosis and treatment (technical quality), and the mode of delivery of services to patients, such as professional staff attitude, emotional support, and cleanliness of environment (functional quality). Parasuraman et al defined service quality as the difference between expectations and perceptions of patients' along the 5 dimensions of quality.

The outpatient department is the patients' first point of contact in the hospital, and the service quality provided by this department establishes the hospital image. A quality outpatient service can be cost-effective by reducing the workload on the inpatient services. Based on the notion that the patients are often unable to accurately evaluate technical quality of care, this study focuses on functional quality, namely, what the patient is receiving. Unfortunately, data on patient's perceptions and expectations on quality of outpatient services in the hospital studied, are scarce and there is a lack of studies to determine the gap in quality of service. The service quality model of Parasuraman et al, that defines the quality of outpatient service is best assessed by identifying the quality gap obtained from patients' expectations and perceptions, is used for our study. The objective of this study was to define service quality gaps in outpatient services by assessing the patient's expectations and perceptions and to determine the factors affecting such service quality gaps.

Palmer (2001:16) determined that some services include lots of tangible elements such as after sale services, on other side some services include a few tangible elements such as consultancy services.

Services have some basic characteristics as intangibility, variability, inseparability and perish-ability and these characteristics change marketing mix decisions (Kotler and Armstrong, 2003).

Healthcare services have characteristics of intangibility, perishability, inseparability and heterogeneity and in this case they can be called as soft services (Ekeledo and Sivakumar, 1998).

The sustainability of society's health is related with production of health care services (Altay, 2007).

Health care services aim to sustain society's health and protect them from diseases via treatment and rehabilitation tools (Erer, 2010).

With the help of technological developments and modern marketing approach, the presentation and service approach has changed for new expectations and needs of consumers (patients) (Akdur, 1999).

Both of public and private corporations of in health sector should adapt themselves for new technological developments and new expectations. The gap between expectations and perceptions generally determines service.

Quality by consumer's perspective a recent study showed that service quality should be evaluated by consumer's perspective (Bolton and Drew, 1991).

Taner and Antony, (2006) In health services, there are two quality dimensions as technical quality and functional quality. Technical quality is related with professional associations and functional quality is related with consumers (patients) . Generally, functional quality is investigated in health services and SERVQUAL is a great measure to determine functional quality in health services.

The measurement of patient satisfaction is an essential part of the assessment of health care services in terms of service quality and health care system responsiveness. A lot of studies around the world have described various strategies to secure services with good quality and quick access.

Seda YILDIRIM & F. Cengiz DİKMEN & Semra BAKKAL have stated states that quality dimensions as tangibles, reliability, responsiveness, assurance and empathy. As a result of this study, it was found out that there were significant differences (gaps) between expectations and perceptions of patients and also there were some significant relationships between patients' demographic characteristics and perception of health service quality.

Berwick (2014) recommended that "Mastery of quality and patient safety sciences and practices should be part of initial preparation and lifelong education of all health care professionals, including managers and executives". This places a requirement on hospitals to take the lead in quality initiatives. To achieve this duty, hospital required an understanding of the science of improvement and of theories of change. Despite the impressive clinical gains in the past years, the problems of waits, delayed diagnosis, harm and lack of equity remain. Healthcare professionals do not always provide evidence-based care for a variety of reasons, including lack of awareness, or skepticism of the validity of the data, beliefs derived from our own experiences and a perception of the individuality of patients. In addition, healthcare has become unaffordable in terms of waste and cost. Although we may be aware of what needs to change and how to go about it, introducing change can be extremely challenging. It may be difficult to convince doctors or organizations to do things differently. Clinical standards reflect the distillation of best evidence into guidelines that then are applied in the clinical environment. (Copyright © 2014, BMJ Publishing Group Ltd and the Royal College of Paediatrics and Child Health)

Bitner and Hupert Chap.3; Cronin and Tailor in 1992; Holbrook Chap 2; Oliver 1993; Zeithaml 1988 have stated that service quality is by nature a subjective concepts, which means that understanding how the customer thinks about service quality is essential to effective service management. There are 3 related concepts that are crucial to this understanding: customer satisfaction, service quality and customer value. Most

people think that it is quite interchangeable but latest think it is quite distinct which has important implications for management and measurement.

In response to a perceived dissimilarity between product and service quality, Parasumaran, Zeithaml and Berry, 1985, 1988, Zeithaml & Berry, 1990) created the measure of service quality (SERVQUAL) from data on a number of service. They suggested 10 dimension of service quality. Later empirical verification reduces to 5 (tangible, reliability, responsiveness, assurance and empathy).

In their approach, authors propose that patients entertain expectations of performance on the service dimension, observe performance and later form performance perceptions. These two key concepts are then compared through different scores or gaps. The expectation section of the survey is constructed with reference to an ideal company that delivers excellent quality of service. As such, the instrument is framed within the concept of ideal expectations. Thus the SERVQUAL instrument illustrates the core of what service quality may mean, namely a comparison to excellence in service by the customer.

Another article proves the reliability and accuracy of SERVQUAL instrument in validating the Quality of Health Care Services by Purcarea, Gheorghe and Petrescu (2013) investigated quality of public health service with SERVQUAL scale and found out that responsiveness, tangibles and reliability were the most important factors in patient satisfaction. When health service providers improve their healthcare quality, they will get patient satisfaction (Anonymous 2012). That's why health service providers evaluate functional quality frequently to improve their health services and modernize their service implementations.

Patients Satisfaction from Medical Service Provided by University Out Patient Clinic. According to [21], the majority of patients were satisfied with the patient physician interaction, technical competency, administrative efficiency and clinic set up an environment at the Taif University Out Patient clinics. Their focuses on evaluation of patient satisfaction is to be part and planned of the general health care delivery by Out Patient clinics of Taif University to ensure patients satisfaction.

The importance of the differentiation is needed because, though satisfaction is essential for keeping high loyalty of the patient. Dissatisfaction is crucial because it may lead to unwanted patient future behaviour. Patient feedback triggers a real interest that can lead to a change in their culture and in their perception in health.

According to participants, a diverse range of elements affect patient experiences of the quality of nursing care. They believe that incorporating these elements into daily nursing practice would result in more positive patient experiences. However, nurses work in a healthcare context in which they have to reconcile cost-efficiency and accountability with their desire to provide nursing care that is based on patient needs and preferences, and they experience a conflict between these two approaches. Nurses must gain autonomy over their own practice in order to improve patient experiences. [3].

Abasola and Carlos (2004) have stated that marketing management is a process of planning and executing the conception, pricing, promotion and distribution of goods, services, and ideas to create exchanges that satisfy individual and organizational goals. This definition recognizes that marketing management is a process involving analysis, planning, implementation and control; that it covers good services, and ideas; that it

rests on the notion of exchange; and that the goal is to produce satisfaction for the parties involved.

According to an article about Effects of Word-of-Mouth and Product-Attribute Information on Persuasion: An Accessibility-Diagnosticity Perspective The effects of word-of-mouth (WOM) communications and specific attribute information on product evaluations were investigated. A face-to-face WOM communication was more persuasive than a printed format.

Health Service Delivery Principle Philippines (Compiled in collaboration between World Health Organization and Department Of Health Philippines). According to (Health system strategies, objectives and legislation 2012) Health functions are largely developed to provinces and municipalities. The Local Government Code (1991) outlines the roles of different levels in health care, including barangay (village) municipalities, and province. The Aquino health agenda: Achieving Universal health care for all Filipinos is The Philippines Government's continuing commitment to health sector reform and achieving the millennium development goals (MDGS).

The National objectives for health (2011-2016) sets all the health program goals, strategies, performance, indicators and targets that lead the health sector towards achieving its primary goal of "Kalusugan Pangkalahatan" (KP), or universal health care. The overall goal is to achieve the health system goals of financial risk protection, better health outcomes and responsive thrusts: 1.) financial risk protection through expansion of the National Health Insurance program, enrolment and benefit delivery 2.) Improved access to quality hospitals and health care facilities and 3.) Attainment of the health related MDGS The Aquino Health Agenda six strategic instruments are health financing, standardized regulation, governance human resources, and health information. (WHO 2012).

A local literature about Philippine Health care system, from bad to worse (Business World Online) stated that country's health care system, is a sensitive indicator of how government values the health of its people, underscoring the truism that the people's health constitute the very foundation of socio-economic development and ultimately, the people's well-being and happiness. [1]

According to Araullo who is a medical student, The Philippines health care system was sick. It was a dual system: one for those who could afford to pay; another for those who could not. One has private, the other has public.

Hospitals and clinic were clustered in urban centers. The tertiary centers or the most well-equipped with the widest choice of specialist doctors would be found in Metro Manila. In the rural areas, people continued to live and die without ever seeing a nurse, much less a physician because health care has absent or inaccessible, physically and financially.

Most public hospital in the urban center continued their slide towards decline and decay, starved of government subsidy. Brain drain among poorly health exception, mitigated only by the vacancies of the market for nurses and doctors abroad. Private hospital continued to do brisk business catering to the country's elite but become more and more unaffordable to the shrinking middle class. Medical health insurance for the regularly employed through the old medical health card covered only a small portion of hospitalization costs such that out of pocket expenses ballooned uncontrollably.

A literature about the Philippine Health Care Delivery System stated that in the Philippines the components of the health care delivery system as moderate of the Department of Health is to be responsible for the following: formulation and development of national health policies, guidelines, standards and manual of operations for health services and programs, issuance of rules and regulations, licenses and accreditation, promulgation of national health standards, goals, priorities and indicators; development of special health programs and projects and advocacy for legislation on health policies and programs.

The primary function of the Department of Health is the promotion, protection, presentation or restoration of the health of the people through the provision and delivery of health services and through the regulation and encouragement of providers of health goods and services (WHO 2012).

There are 10 Important facts about Healthcare in the Philippines according to (World Health Organization). World health Organization (2017) labels a health care system as “well- functioning” if it provides impartial access to quality health care regardless of pay dimensions while protecting them from financial consequences of poor health. [11]

World health Organization refers to the Filipino Health care system as “fragmented” there is a history of unfair and unequal access to health services that significantly affects the poor. The government spends little money on the program which causes high out of pocket spending and further widens the gap between rich and poor. Out of 90 million people living in Philippines many do not get access to basic care. The country has a high maternal and newborn mortality rate and a high fertility rate this creates a problem to those who have limited access and for those living in generally poor conditions. Many Filipinos face disease such as Tuberculosis, Dengue, Malaria and HIV/AIDS These disease pair with protein- energy malnutrition and micronutrient deficiency. The population is affected by a high prevalence of obesity along with heart disease

Healthcare in the Philippines suffers shortage of human medical resources, especially doctors this makes the system less efficiently. Filipino families who can afford private health facilities choose these as option private facilities provide better care than the public facilities than lower income families usually go to. These facilities have less medical staff and inferior supplies. Only 30% of health professionals employed by the government address the health needs of the majority. Health care in the Philippines suffers because the remaining 70% of health professional work in the more expensive privately run sectors. To compensate inequality, a program called Doctors to the Barrios and its private sectors decided to build 9 cancer centers, 8 heart centers and 7 transplant centers in regional medical centers. The doctors to the Barrios included Public- Private partnerships in a plan to modernize the government owned hospital and provide more up to date medical supplies. More than 3,500 public health facilities were updated across the country.

## ***2.2. Review of Related Studies***

According to the study about the impact of accreditation on the quality of healthcare services; there is consistent evidence that shows that accreditation programs improve the process of care provided by healthcare services. There is considerable evidence to show that accreditation programs improve clinical outcomes of a wide spectrum of

clinical conditions. Accreditation programs should be supported as a tool to improve the quality of healthcare services.

It is stated that accreditation is usually a voluntary program, sponsored by a non-governmental organization (NGO), in which trained external peer reviewers evaluate a healthcare organization's compliance and compare it with pre-established performance standards. Quality standards for hospitals and other medical facilities were first introduced in the United States in the "Minimum Standard for Hospitals" developed by the American College of Surgeons in 1917. After World War II, increased world trade in manufactured goods led to the creation of the International Standards Organization (ISO) in 1947.

Certification involves formal recognition of compliance with set standards (e.g., ISO 9000 standards) validated by external evaluation by an authorized auditor. Licensure involves a process by which governmental authority grants permission, usually following inspection against minimal standards, to an individual practitioner or healthcare organization to operate in an occupation or profession. Although the terms accreditation and certification are often used interchangeably, accreditation usually applies only to organizations, while certification may apply to individuals, as well as to organizations.

According to this study, accreditations of health care services create a positive impact in patient satisfaction wherein accredited hospitals are evaluated by their performance in providing quality services to its patient. The healthcare institution will be able to do their best in order to have a certification from accrediting body.

Another study about the effect of outpatient services on patient satisfaction in teaching hospitals in Iran states that patient satisfaction is one of the most important and widely used indicators in measuring health care quality and outcomes. In recent years, there has been a growing interest in assessing patient satisfaction to identify care dimensions requiring improvement. According to the American College of Healthcare Executives, patient satisfaction is one of the top 10 concerns of hospital administrator and has now become a standard for judging the quality of physicians and medical institutions.

Satisfaction is important from several aspects for health care organizations. Satisfied patients are more likely to comply with treatment regimens, maintain a continuing relationship with a physician, and thus enjoy better treatment. Therefore, through the continuity of care and adherence, patient satisfaction has the potential to improve health care outcomes. The high satisfaction is related to increased market share, better financial outcomes, and reduced claims of malpractice; in addition, patient satisfaction scores are now used to determine provider compensation. Thus, patient satisfaction with health care services is not only a measure of performance but also helps to identify areas in need of improvement toward providing better care.

The quality of services plays a primary role in achieving patient satisfaction. Traditionally, service quality is assessed by certain measures, such as morbidity or mortality. However, in recent decades, the patients' perception of their care has also been taken into consideration. Thus, the patients' perception of the service quality contributes critically to achieving satisfaction. In some studies, the positive assessment of service quality is considered as satisfaction, and these terms are used interchangeably; however, patient satisfaction is only one of several measures of care quality.

The results suggest that improving the quality of consultation, providing information to the patients during examination and consultation, creating value for patients by reducing costs or improving service quality, and enhancing the physical environment quality of the clinic can be regarded as effective strategies for the management of teaching hospitals toward increasing outpatient satisfaction.

Patient Satisfaction with services of the Out Patient Department (Modh A. 2014) . The aim of the study was to analyse and compare the level of satisfaction of patients attending the Out Patient Department of a hospital.

According to Mohd, patient satisfaction is a useful measure to provide an indicator of quality in healthcare and thus needs to be measured frequently. They noticed that in order to achieve consumer's delight they need to identify the significant differences on this study against various study attributes as well as overall impression towards Out Patient Department services among the study groups.

This study was conducted at a tertiary care service hospital affiliated to a medical teaching institution in a big metropolitan city to elicit the satisfaction level of patient utilizing the OPD service of the hospital. The study was carried out over a period of four months and the study population consisted of personnel of the Indian forces including their dependent.

Another study about Service Quality of Hospital in Out Patient Department stated the Assessment of patient perceptions of health service quality as an important element in quality assessments has attracted much attention in recent years. The purpose of this paper is to assess the service quality of hospital outpatient departments affiliated to Shahid Beheshti University of Medical Sciences from the patients' perspective.

The three determining factors of the quality of outpatient services are Physician consultation, information provided by the patient, and the physical environment of the clinic. (Zarei E., 2015).

The highest and lowest perceptions are related to physician consultation and perceived waiting time dimension, respectively. Practical implications based on their study, can help the hospital managers to identify the areas needing improvement and correction.

According to the findings of this study, the majority of patients has a positive experience with outpatient department of teaching hospitals and the services provided in these centres were adequate quality, based on patient assessments.

### **2.3. Synthesis**

According to the research it is also important to improvement in communication skills among staff in showing politeness and active listening; ensure availability of essential drugs, and improvement on clinicians' prescription skills. Therefore; in order to provide patient satisfaction, the hospital must acknowledge personnel factor not only machineries and facilities.

## **3. Research Methodology**

This chapter covers the research design, technique in gathering data, and population sampling technique. It included analytical tool, and market analysis, acquisition used by proponents in research.

### ***3.1. Research Design***

The mixed method of research incorporated with qualitative and quantitative data was employed in this study. Mixed methods research is a methodology for conducting research that involves collecting, analysing and integrating quantitative through surveys questionnaires and qualitative data from interviews. This approach to research is used when this integration provides a better understanding of the research problem than either of each alone.

### ***3.2. Research Participants***

The researcher selected (107) one hundred seven participants from the said institution from January to June 30, 2018. The study population was made up of patients who had visited the hospital at the time of the study. Patients who were willing to participate, visiting once or more, and 18 years of age were included and any accompanying visitor with the patient.

### ***3.3. Population Sampling Techniques Used***

The population of this study is the selected (107) one hundred seven outpatients of RLCT Mother and Child Hospital from January to June 30, 2018. Snowball sampling is used in this research where researcher recruits other participants for a test or study. Snowball sampling is a non-probability sampling method. Rather, the researchers used their own judgment to choose participants.

### ***3.4. Research Environment***

This study was conducted at RLCT Mother and Child Hospital. It is a 3-storey primary hospital with 25 bed capacity and high-end facilities that specializes on pediatric and OB-Gynecology. It is located at Tandang Sora Ave., Sangandaan, Quezon City, Metro Manila, Philippines. The decision to meet the patients in the outpatient department enabled on the spot data collection particularly from those who were in the process of receiving healthcare or those who just received care waiting for medicines from the pharmacy. A DOH accredited healthcare facility with secondary laboratory and level 1 X-ray facility. The hospital received accreditation such as Philhealth, Philippine Hospital Association and PAHRIO. HMO accredited namely; Mediacard, Cocolife, and Amaphil.

### ***3.5. Research Instrumentation***

In the quantitative part of the research, the researcher utilized the existing survey questionnaires of RLCT Mother and Child Hospital. The first part of the questionnaire is the quantitative part of the research to evaluate the services rendered by the hospital. The second part of the research is the qualitative part of the study where some of the unstructured interviews and follow up questions based on the survey questionnaire is asked to some participants.

### ***3.6. Validation of Instrument***

The Research Questionnaire was undergone faced-validity by the Center for Research and Development of Dr. Carlos S. Lanting College. All the necessary information in the instrument was checked and approved. The survey form prepared by RLCT Mother and Child Hospital was distributed by the hospital's marketing staff with the help of nurses and cashier to the patient before or after hospital appointment.

The questionnaire is distributed and used as a survey questionnaire to the patient for more than a year.

### ***3.7. Research Procedure***

Primarily, permission granted from the president of RLCT Mother and Child Hospital thru Chief of the hospital. Upon approval of the concerned heads, several survey questionnaires were endorsed in the Out Patient Department to be reproduced and distributed to the following patient participants. This researcher selected the one hundred seven (107) participants from the Out-patients of the said institution that were having their consultation and availing the services from the month of January 2018 to June 30, 2018 They were assured on the confidentiality of information and the purpose of the study were rest assured to be private. Finally, filled out checklist completed, tallied interpreted and analyzed using applicable statistical treatments. Data presented which are presented using tables.

### ***3.8. Data Gathering Technique***

The study used both secondary and primary data. Secondary data was collected from different, books, journal and websites and primary data was collected through a structured questionnaire. The researcher asked permission from the president of the hospital with the help of our Chief of the Hospital and was approved after 2 days of submission. By then, all survey questionnaires are retrieved from the office of Marketing Department. To supplement the data derived from the questionnaire, unstructured interviews, case study and casual conversations were conducted on some participants to clarify doubtful responses reflected in the survey questionnaire.

### ***3.9. Statistical Treatment of Data***

The following statistical treatment of data used in this research:

a. Frequency and percentage

b. Weighted mean

c. ANOVA – analysis of variance. It is used to analyse or to test the significance of differences among the mean s of 3 or more groups simultaneously. If the decision is to accept the null hypothesis the search will stop there but if the decision is to reject the null hypothesis, the search continues to find out which pair of group significantly differ to each other.

d. Chi Square Test of Independence is used to examine relationships where either both variables are categorical. It provides statistical evidence of an association or relationship between two categorical variables.

## **4. Presentation, Analysis and Interpretation of Data**

This chapter contains analysis, information and data gathered interpreted through the use of survey forms in relation to the results of the study. The presentation includes narrative discussions of the outcome which are illustrated in tables.

#### 4.1. Demographic Profile of Respondents in Terms of:

**Table 1.** Frequency and Percentage Distribution of Participants in Terms of Age.

Age	Frequency	Percentage
18-28	29	27.1
29-39	41	38.32
40-50	26	24.3
51-61	7	6.54
62-Above	4	3.74
	107	100

Table 1 presents the frequency and percentage distribution of respondents in terms of age. As shown in the table, out of 107 participants, 41 or 38.32% are from age group of 29-39 years old and only 4 or 3.74% are from the age group of 62 and above. This implies that the majority of the participants belong to group of 29-39 years old or early adulthood. Early Adulthood (Ages 20-35): Enterprise – It takes enterprise for young adults to accomplish their many responsibilities, including finding a home and mate, establishing a family or circle of friends, and/or getting a good job. This principle of enterprise thus serves us at any stage of life when we need to go out into the world and make our mark. Midlife (Ages 35-50): Contemplation – After many years in young adulthood of following society’s scripts for creating a life, people in midlife often take a break from worldly responsibilities to reflect upon the deeper meaning of their lives, the better to forge ahead with new understanding.

**Table 2.** Frequency and Percentage Distribution of Participants in Terms of Gender.

Gender	Frequency	Percentage
Male	45	42.06
Female	62	57.94
	107	100

Table 2 presents the frequency and percentage distribution of participants in terms of gender. As shown in the table, out of 107 participants, 62 or 57.94% are female and ranked as first, 45 or 42.06% are male and ranked as second. This implies that the majority of the participants are female. The researcher concluded that the majority of the patients are female because the target market of the hospital is for mother and child and it shows that a mother is the one who accompanied their children during consultation. The finding is supported by the finding of the study of Lee RL et.al. (2013) which revealed that Chinese mothers' desire for participation in caring for their hospitalized child. Findings related to perception scores of mothers regarding her role in the care of hospitalized children revealed that 84% strongly agreed, and 16% agreed where as no one disagreed with their roles in the care of hospitalized children.

**Table 3.** Frequency and Percentage Distribution of participants in Terms of Types of Services Availed.

Types Of Services	Frequency	Percentage
Consultation	74	69.16
Radiology	8	7.48
Laboratory	20	18.69
Pharmacy	1	0.93
Ultrasound	4	3.74
Total	107	100

Table 3 presents the frequency and percentage distribution of the participants in terms of service availed at RLCT Mother and Child Hospital. As shown in the table,

out of 107 participants, 74 or 69.16% are visiting the hospital for consultation or check up and ranked first. On the other hand, only 1 or 0.93% are visiting the hospital for pharmacy transactions and rank fifth. This implies that the majority of the participants are visiting RLCT Mother and Child Hospital for consultation.

**4.2. Degree of quality of outpatient services provided at RLCT Mother and Child Hospital in the following areas**

*Table 4. The frequency and mean distribution of the Hospital’s Ambiance.*

Ambiance	(3)	(2)	(1)	Sum	Weighted Mean
	Excellent	Good	Needs Improvement		
1.Cleanliness	95 (285)	12(24)	0 (0)	309	2.89
2. Orderliness	80 (240)	27(54)	0(0)	294	2.71
3. Overall Appearance	77 (231)	30(60)	0(0)	291	2.72
Composite Mean					2.77 Excellent

Table 4 shows the frequency and mean distribution of the Hospital’s Ambiance. As shown in the table, RLCT mother and Child Hospital in terms of cleanliness has a weighted mean of 2.89 and a verbal interpretation of excellent, in terms of orderliness it has weighted mean of 2.71 and a verbal interpretation of excellent. Lastly, the overall appearance of the hospital has a weighted mean of 2.72 and verbal interpretation of excellent. This means that the hospital has excellent ambiance for the participants.

*Table 5. Degree of out patient services provided at RLCT mother and child hospital in terms of facilities and services.*

Facilities and services	(3)	(2)	(1)	Sum	Weighted mean
	Excellent	Good	Needs improvement		
1. Efficiency	74(222)	33(66)	0(0)	288/107	2.69
2. Speed of Service	72(216)	31(62)	4(4)	282/107	2.64
3. Value of Money	33(99)	48(96)	25(25)	220/107	2.06
Composite Mean					2.46 GOOD

Table 5 shows the frequency and mean distribution of the facilities and services of the hospital provided to its patients. As shown in the table, RLCT mother and Child Hospital in terms of efficiency has weighted mean of 2.69 and a verbal interpretation of excellent, in terms of orderliness it has weighted mean of 2.64 and a verbal interpretation of excellent. Lastly, the value of money of the hospital has a weighted mean of 2.06 and verbal interpretation of good. This means that the hospital has excellent speed of service and efficient facilities but has to improve its pricing according to the participants.

*Table 6. Degree of out patient services provided at RLCT mother and child hospital in terms of staff.*

Hospital Staff	(3)	(2)	(1)	Sum	Weighted Mean
	Excellent	Good	Needs Improvement		

1.Efficiency	87(261)	17(34)	0	295/107	2.76
2. Courtesy	93(279)	14(28)	0	307/107	2.87
3. Responsiveness	89(267)	18(36)	0	303/107	2.83
4.Proper Grooming	89 (267)	18(36)	0	303/107	2.83
Composite Mean					2.82 Excellent

Table 6 shows the frequency and mean distribution of the staff performance of the hospital provided to its patients. As shown in the table, RLCT Mother and Child Hospital in terms of courtesy has weighted mean of 2.87 and a verbal interpretation of excellent, in terms of responsiveness and proper grooming it has weighted mean of 2.83 and a verbal interpretation of excellent. Lastly, the efficiency of hospital staff ranked third with a weighted mean of 2.76 and verbal interpretation of excellent. This means that the hospital has excellent staff performance according to the participants. The study about how Nurses and their work environment affect patient experiences of the Quality of Care. According to this study, it is also important to improvement in communication skills among staff in showing politeness and active listening; ensure availability of essential drugs, and improvement on clinicians' prescription skills. Therefore; in order to provide patient satisfaction, the hospital must acknowledge personnel factor not only machineries and facilities.

**4.3. Significant differences between the profile and the level of perceptions of the respondents on the different services offered by RLCT Mother and Child Hospital**

Statistical Tool:

ANOVA – analysis of variance. It is used to analyse or to test the significance of differences among the mean s of 3 or more groups simultaneously. If the decision is to accept the null hypothesis the search will stop there but if the decision is to reject the null hypothesis, the search continues to find out which pair of group significantly differ to each other.

Variables:

Independent Variable: Age

Dependent Variable: Perceptions

Kind of Variable: Categorical – Nominal

**Table 7.** Difference between the perception of the respondents on ambiance of the OPD and their age.

Anova: Single Factor				
SUMMARY				
<i>Groups</i>	<i>Count</i>	<i>Sum</i>	<i>Average</i>	<i>Variance</i>
18-28	29	85.34	2.942759	0.024306
29-39	41	111	2.707317	0.15692
40-50	26	74	2.846154	0.082321
51-61	4	10.34	2.585	0.0289
61 AND ABOVE	7	17.33	2.475714	0.033029
ANOVA				

Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	1.896002	4	0.474	5.198563	0.000748938	2.4608
Within Groups	9.300271	102	0.091179			
Total	11.19627	106				

Table 7 shows the significant differences between the age and the level of perceptions of the respondents on the different services offered by RLCT Mother and Child Hospital.

There is a significant difference between the perceptions of the respondents with regards to ambiance and their age as determined by one-way ANOVA ( $F(4,102) = 5.198563, p = 0.0007$ ). This means that respondents of different ages differ in their assessment on the ambiance of the OPD. As the table of summary implies most of the age group find the ambiance of the OPD excellent while respondents aged 6 and above are more sophisticated and assess the ambiance of the OPD as good.

**Table 8.** Difference between the perception of the respondents on facilities of the OPD and their age.

Anova: Single Factor						
SUMMARY						
Groups	Count	Sum	Average	Variance		
18-28	29	70.36	2.426207	0.229724		
29-39	41	100.66	2.455122	0.221526		
40-50	26	66.35	2.551923	0.106848		
51-61	4	7.67	1.9175	0.099825		
61 AND ABOVE	7	19.34	2.762857	0.063657		
ANOVA						
Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	2.060495	4	0.515124	2.817915	0.028972	2.4608
Within Groups	18.64593	102	0.182803			
Total	20.70642	106				

Table 8 shows the significant differences between the age and the level of perceptions of the respondents on the facilities offered by RLCT Mother and Child Hospital. There is a significant difference between the perceptions of the respondents with regards to ambiance and their age as determined by one-way ANOVA ( $F(4,102) = 2.8179, p = 0.028972$ ). This means that respondents of different ages differ in their assessment on the facilities of the OPD. As the table of summary implies most of the age group find the facilities of the OPD good enough while some respondents aged 51 to 61 are not satisfied and suggests that the facilities of the OPD needs improvement.

**Table 9.** Difference between the perception of the respondents on staff of the OPD and their age.

Anova: Single Factor						
Summary						
Groups	Count	Sum	Average	Variance		
18-28	29	82.33	2.838966	0.132031		
29-39	41	114.01	2.780732	0.164332		
40-50	26	75.34	2.897692	0.077826		
51-61	4	11	2.75	0.25		

61 AND ABOVE	7	21	3	0		
ANOVA						
<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P-value</i>	<i>F crit</i>
Between Groups	0.441818	4	0.110454	0.868928	0.485359	2.4608
Within Groups	12.96581	102	0.127116			
Total	13.40763	106				

Table 9 shows the significant differences between the age and the level of perceptions of the respondents on the staff of RLCT Mother and Child Hospital. There is no significant difference between the perceptions of the respondents with regards to staff and their age as determined by one-way ANOVA ( $F(4,102) = 0.8689$ ,  $p = 0.4853$ ). This means that respondents of different ages do not differ in their assessment on the staff of the OPD. As the table of summary implies most of the age group find the facilities of the OPD excellent.

**Table 10.** Difference between perception of the respondents on the ambiance and gender.

Anova: Single Factor						
Summary						
<i>Groups</i>	<i>Count</i>	<i>Sum</i>	<i>Average</i>	<i>Variance</i>		
male	45	124.23	2.760667	0.138547		
female	62	174.99	2.822419	0.095733		
ANOVA						
<i>Source of variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P-value</i>	<i>F crit</i>
Between Groups	0.099433	1	0.099433	0.874721	0.351798	3.931556
Within Groups	11.93582	105	0.113674			
Total	12.03525	106				

Table 10 shows the significant differences between the age and the level of perceptions of the respondents on the ambiance and gender of RLCT Mother and Child Hospital. There is no significant difference between the perceptions of the respondents with regards to ambiance and their gender as determined by one-way ANOVA ( $F(1,105) = 0.8747$ ,  $p = 0.3518$ ). This means that respondents of different gender do not differ in their assessment on the ambiance of the OPD. As the table of summary implies both gender find the facilities of the OPD excellent.

**Table 11.** Difference between perception of the respondents on facilities and their gender.

Anova: Single Factor						
Summary						
<i>Groups</i>	<i>Count</i>	<i>Sum</i>	<i>Average</i>	<i>Variance</i>		
male	45	97.49	2.166444	0.294642		
female	62	146.84	2.368387	0.209309		
ANOVA						
<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P-value</i>	<i>F crit</i>
Between Groups	1.063351	1	1.063351	4.339015	0.039677	3.931556
Within Groups	25.73207	105	0.245067			
Total	26.79542	106				

Table 11 shows the significant differences between the level of perceptions of the respondents on the facilities and gender of RLCT Mother and Child Hospital. There is a significant difference between the perceptions of the respondents with regards to facilities and their gender as determined by one-way ANOVA ( $F(1,105) = 4.3390$ ,  $p = 0.039677$ ). This means that respondents of different gender differ in their assessment on the facilities of the OPD. As the table of summary implies both gender find the facilities of the OPD GOOD.

**Table 12.** Difference between perception of the respondents on staff and their gender.

Anova: Single Factor						
Summary						
Groups	Count	Sum	Average	Variance		
male	45	125.5	2.788889	0.172956		
FEMALE	62	176.08	2.84	0.14181		
ANOVA						
Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	0.068116	1	0.068116	0.439853	0.508647	3.931556
Within Groups	16.26044	105	0.154861			
Total	16.32856	106				

Table 12 shows the significant differences between the level of perceptions of the respondents on the staff and gender of RLCT Mother and Child Hospital. There is no significant difference between the perceptions of the respondents with regards to STAFF and their gender as determined by one-way ANOVA ( $F(1,105) = 0.439853$ ,  $p = 0.508647$ ). This means that respondents of different gender do not differ in their assessment of the staff of the OPD. As the table of summary implies there is a slight difference in their assessment.

**Table 13.** Difference between perception of the respondents on the ambiance of OPD and the kind of service they availed.

Anova: Single Factor						
Summary						
Groups	Count	Sum	Average	Variance		
Consultation	74	208.68	2.82	0.089047		
Radiology	8	19.67	2.45875	0.252184		
Laboratory	20	54.99	2.7495	0.0929		
Pharmacy	1	2.67	2.67	#DIV/0!		
Ultrasound	4	12	3	0		
ANOVA						
Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	1.16549	4	0.291373	2.96288	0.023189	2.4608
Within Groups	10.03078	102	0.098341			
Total	11.19627	106				

Table 13 shows the significant differences between the level of perceptions of the respondents on the ambiance and type of service availed at RLCT Mother and Child Hospital. There is a significant difference between the perceptions of the respondents with regards to ambiance and the kind of services they availed as determined by one-way ANOVA ( $F(4,102) = 2.96288$ ,  $p = 0.023189$ ). This means that respondents who

availed different services differ in their assessment on the ambiance of the OPD. As the table of summary implies, they find the facilities of the OPD either Good or excellent

**Table 14.** Difference between perception of the respondents on the facilities of OPD and the kind of service they availed.

Anova: Single Factor						
Summary						
Groups	Count	Sum	Average	Variance		
Consultation	74	182.69	2.468784	0.201318		
Radiology	8	21.01	2.62625	0.046398		
Laboratory	20	49.33	2.4665	0.087424		
Pharmacy	1	2.67	2.67	#DIV/0!		
Ultrasound	4	11.01	2.7525	0.027225		
ANOVA						
Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	0.500159	4	0.12504	0.760814	0.553163	2.4608
Within Groups	16.76371	102	0.16435			
Total	17.26387	106				

Table 14 shows the significant differences between the level of perceptions of the respondents on the facilities and type of service availed at RLCT Mother and Child Hospital. There is no significant difference between the perceptions of the respondents with regards to facilities and the kind of services they availed as determined by one-way ANOVA ( $F(4,102) = 0.760814, p = 0.553163$ ). This means that respondents of different gender do not differ in their assessment of the facilities of the OPD. As the table of summary implies there is a slight difference in their assessment.

**Table 15.** Difference between perception of the respondents on the staff of OPD and the kind of service they availed.

Anova: Single Factor						
Summary						
Groups	Count	Sum	Average	Variance		
Consultation	74	213.01	2.878514	0.102659		
Radiology	8	23.82	2.9775	0.00405		
Laboratory	20	59.85	2.9925	0.001125		
Pharmacy	1	2.85	2.85	#DIV/0!		
Ultrasound	4	12	3	0		
ANOVA						
Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	0.281699	4	0.070425	0.952209	0.437195	2.4608
Within Groups	7.543861	102	0.073959			
Total	7.825561	106				

Table 15 shows the significant differences between the level of perceptions of the respondents on the staff and type of service availed at RLCT Mother and Child Hospital. There is no significant difference between the perceptions of the respondents

with regards to STAFF and the kind of services they availed as determined by one-way ANOVA ( $F(4,102) = 0.952209, p = 0.437195$ ). This means that respondents of different gender do not differ in their assessment of the staff of the OPD. As the table of summary implies, the respondent regarded the staff of the OPD as Excellent.

**4.4. Significant relationship between the profile and their perceptions towards OPD**

Statistical Analysis:

CHI-SQUARE ( $\chi^2$ ) TEST FORMINDEPENDENCE = it is commonly used for testing relationship between categorical values

Variables:

Independent Variable: Age

Dependent Variable: Perceptions

Kind of Variable: Categorical – Nominal

**Table 16.** Relationship between the respondents' level of perception on the ambiance of the OPD and their ages.

OBSERVED FREQUENCIES				
Age Group	Excellent (3)	Good (2)	Needs Improvement (1)	total
18 – 28	28	1	0	29
29-39	29	12	0	41
40-50	22	4	0	26
51-61	4	0	0	4
62 and above	3	4	0	7
total	86	21	0	107
EXPECTED FREQUENCIES				
Age Group	Excellent (3)	Good (2)	Needs Improvement (1)	TOTAL
18 – 28	23.31	5.69	0	29
29-39	32.95	8.05	0	41
40-50	20.9	5.1	0	26
51-61	3.21	0.79	0	4
62 and above	5.63	1.37	0	7
TOTAL	86	21	0	107
CHI-SQUARE POINTS				
Age Group	Excellent (3)	Good (2)	Needs Improvement (1)	TOTAL
18 – 28	0.94	3.87	0	4.81
29-39	0.47	1.94	0	2.41
40-50	0.06	0.24	0	0.3
51-61	0.19	0.79	0	0.98
62 and above	1.23	5.05	0	6.28
TOTAL	2.89	11.89	0	14.78
CHI-SQUARE VALUE =	14.78			

P-VALUE =	0.063567		
DF=	8		

Table 16 shows the significant relationship between the age and their perceptions of the ambiance towards OPD. There is no significant relationship between the level of perception of the respondents and their ages as described by the chi-square test for independence (14.78) with p-value of (0.063567) and degrees of freedom of 8. This mean that age does not predict what the perceptions of the respondents will have.

**Table 17.** Relationship between the respondents' level of perception on the facilities of the OPD and their ages.

OBSERVED FREQUENCIES				
Age Group	Excellent (3)	Good (2)	Needs Improvement (1)	total
18 – 28	16	12	1	29
29-39	20	19	2	41
40-50	16	10	0	26
51-61	0	4	0	4
62 and above	3	4	0	7
total	55	49	3	107
EXPECTED FREQUENCIES				
Age Group	Excellent (3)	Good (2)	Needs Improvement (1)	Total
18 – 28	14.90654206	13.28037	0.813084112	29
29-39	21.07476636	18.7757	1.14953271	41
40-50	13.36448598	11.90654	0.728971963	26
51-61	2.056074766	1.831776	0.112149533	4
62 and above	3.598130841	3.205607	0.196261682	7
total	55	49	3	107
CHI-SQUARE POINTS				
Age Group	Excellent (3)	Good (2)	Needs Improvement (1)	TOTAL
18 – 28	0.08	0.12	0.04	0.24
29-39	0.05	0	0.63	0.68
40-50	0.52	0.31	0.73	1.56
51-61	2.06	2.57	0.11	4.74
62 and above	0.1	0.2	0.2	0.5
total	2.81	3.2	1.71	7.72
CHI-SQUARE VALUE =	7.72			
P-VALUE =	0.461288			
DF=	8			

Table 17 shows the significant relationship between the age and their perceptions of the facilities and services towards OPD. There is no significant relationship between the level of perception of the respondents on the facilities of the OPD and their ages as described by the chi-square test for independence (7.72) with p-value of (0.461288) and degrees of freedom of 8. This mean that age does not contributes to the perceptions of the respondents.

**Table 18.** Relationship between the respondents' level of perception on the staff of the OPD and their ages.

OBSERVED FREQUENCIES				
Age Group	Excellent (3)	Good (2)	Needs Improvement (1)	total
18 – 28	24	5	0	29
29-39	33	8	0	41
40-50	24	2	0	26
51-61	3	1	0	4
62 and above	7	0	0	7
total	91	16	0	107
EXPECTED FREQUENCIES				
Age Group	Excellent (3)	Good (2)	Needs Improvement (1)	Total
18 – 28	24.66	4.34	0	29
29-39	34.87	6.13	0	41
40-50	22.11	3.89	0	26
51-61	3.4	0.6	0	4
62 and above	5.95	1.05	0	7
total	90.99	16.01	0	107
CHI SQUARE POINTS				
Age Group	Excellent (3)	Good (2)	Needs Improvement (1)	TOTAL
18 – 28	0.02	0.1	0	0.12
29-39	0.1	0.57	0	0.67
40-50	0.16	0.92	0	1.08
51-61	0.05	0.27	0	0.32
62 and above	0.19	1.05	0	1.24
total	0.52	2.91	0	3.43
CHI-SQUARE VALUE =	3.43			
P-VALUE =	0.904554			
DF=	8			

Table 18 shows the significant relationship between the age and their perceptions of the staff towards OPD. There is no significant relationship between the level of perception of the respondents on the staff of the OPD and their ages as described by the chi-square test for independence (3.43) with p-value of (0.904554) and degrees of freedom of 8. This mean that age does not contributes to the perceptions of the respondents regarding staff.

**Table 19.** Relationship between the respondents' level of perception on the ambiance of the OPD and their gender.

OBSERVED FREQUENCIES				
GENDER	Excellent (3)	Good (2)	Needs Improvement (1)	total
MALE	32	13	0	45
FEMALE	48	14	0	62
total	80	27	0	107
EXPECTED FREQUENCIES				
GENDER	Excellent (3)	Good (2)	Needs Improvement (1)	Total

MALE	33.64	11.36	0	45
FEMALE	46.36	15.64	0	62
total	80	27	0	107
CHI SQUARE POINTS				
GENDER	Excellent (3)	Good (2)	Needs Improvement (1)	TOTAL
MALE	0.08	0.24	0	0.32
FEMALE	0.06	0.17	0	0.23
total	0.14	0.41	0	0.55
CHI-SQUARE VALUE =	0.55			
P-VALUE =	0.7595732			
DF=	2			

Table 19 shows the relationship between gender and perception of respondents.

There is no significant relationship between the level of perception of the respondents on the ambience of the OPD and their gender as described by the chi-square test for independence (0.55) with p-value of (0.7595732) and degrees of freedom of 2. This mean that gender does not contributes to the perceptions of the respondents regarding ambience of the OPD.

**Table 20.** Relationship between the respondents' level of perception on the facilities of the OPD and their gender.

OBSERVED FREQUENCIES				
GENDER	Excellent (3)	Good (2)	Needs Improvement (1)	total
MALE	10	31	4	45
FEMALE	21	37	4	62
total	31	68	8	107
EXPECTED FREQUENCIES				
GENDER	Excellent (3)	Good (2)	Needs Improvement (1)	Total
MALE	13.04	28.6	0	41.64
FEMALE	17.96	39.4	0	57.36
total	31	68	0	99
CHI SQUARE POINTS				
GENDER	Excellent (3)	Good (2)	Needs Improvement (1)	TOTAL
MALE	0.71	0.2	0	0.91
FEMALE	0.51	0.15	0	0.66
total	1.22	0.35	0	1.57
CHI-SQUARE VALUE =	1.57			
P-VALUE =	0.45612			
DF=	2			

Table 20 shows the relationship between gender and perception of respondents on facilities. There is no significant relationship between the level of perception of the respondents on the FACILITIES of the OPD and their gender as described by the chi-square test for independence (1.57) with p-value of (0.45612) and degrees of freedom of 2. This mean that gender does not contributes to the perceptions of the respondents regarding FACILITIES of the OPD.

**Table 21.** Relationship between the respondents' level of perception on the staff of the OPD and their gender.

OBSERVED FREQUENCIES				
GENDER	Excellent (3)	Good (2)	Needs Improvement (1)	total
MALE	37	8	0	45
FEMALE	54	8	0	62
total	91	16	0	107
EXPECTED FREQUENCIES				
GENDER	Excellent (3)	Good (2)	Needs Improvement (1)	Total
MALE	38.27	6.73	0	45
FEMALE	52.73	9.27	0	62
TOTAL	91	16	0	107
CHI SQUARE POINTS				
GENDER	Excellent (3)	Good (2)	Needs Improvement (1)	TOTAL
MALE	0.04	0.24	0	0.28
FEMALE	0.03	0.17	0	0.2
total	0.07	0.41	0	0.48
CHI-SQUARE VALUE =	0.48			
P-VALUE =	0.768828			
DF=	2			

Table 21 shows the relationship between gender and perception of respondents. There is no significant relationship between the level of perception of the respondents on the STAFF of the OPD and their gender as described by the chi-square test for independence (0.48) with p-value of (0.768828) and degrees of freedom of 2. This means that gender does not contribute to the perceptions of the respondents on the staff of the OPD.

**Table 22.** Relationship between the respondents' level of perception on the ambiance of the OPD and the services they availed.

Observed Frequencies				
Services	Excellent (3)	Good (2)	Needs Improvement (1)	total
Consultation	62	12	0	74
Radiology	4	4	0	8
Laboratory	14	6	0	20
Pharmacy	1	0	0	1
Ultrasound	4	0	0	4
Total	85	22	0	107
Expected Frequencies				
Services	Excellent (3)	Good (2)	Needs Improvement (1)	Total
Consultation	58.79	15.21	0	74
Radiology	6.36	1.64	0	8
Laboratory	15.89	4.11	0	20
Pharmacy	0.79	0.21	0	1
Ultrasound	3.18	0.82	0	4
Total	85.01	21.99	0	107

CHI Square Points				
Services	Excellent (3)	Good (2)	Needs Improvement (1)	Total
Consultation	0.18	0.68	0	0.86
Radiology	0.88	3.4	0	4.28
Laboratory	0.22	0.87	0	1.09
Pharmacy	0.06	0.21	0	0.27
Ultrasound	0.21	0.82	0	1.03
Total	0.27	1.03	0	1.3
CHI-SQUARE VALUE =	1.3			
P-VALUE =	0.995552			
DF=	8			

Table 22 shows the relationship between gender and perception of respondents. There is no significant relationship between the level of perception of the respondents on the ambiance of the OPD and the services they availed as described by the chi-square test for independence (1.3) with p-value of (0.995552) and degrees of freedom of 8. This means that the kind of services the respondents' availed does not contribute to the perceptions of the respondents on the ambiance of the OPD.

**Table 23.** Relationship between the respondents' level of perception on the facilities of the OPD and the services they availed

Observed Frequencies				
Services	Excellent (3)	Good (2)	Needs Improvement (1)	total
Consultation	40	31	3	74
Radiology	6	2	0	8
Laboratory	9	11	0	20
Pharmacy	1	0	0	1
Ultrasound	4	0	0	4
Total	60	44	3	107
Expected Frequencies				
Services	Excellent (3)	Good (2)	Needs Improvement (1)	Total
Consultation	41.5	30.43	2.07	74
Radiology	4.49	3.29	0.22	8
Laboratory	11.21	8.22	0.56	19.99
Pharmacy	0.56	0.41	0.03	1
Ultrasound	2.24	1.64	0.11	3.99
TOTAL	60	43.99	2.99	106.98
CHI Square Points				
Services	Excellent (3)	Good (2)	Needs Improvement (1)	TOTAL
Consultation	0.05	0.01	0.42	0.48
Radiology	0.51	0.51	0.22	1.24
Laboratory	0.44	0.94	0.56	1.94
Pharmacy	0.35	0.41	0.03	0.79
Ultrasound	1.38	1.64	0.11	3.13
Total	1.73	2.05	0.14	3.92
CHI-SQUARE VALUE =	3.92			

P-VALUE =	0.864268		
DF=	8		

Table 23 show the RELATIONSHIP BETWEEN THE RESPONDENTS' LEVEL OF PERCEPTION ON THE FACILITIES OF THE OPD AND THE SERVICES THEY AVAILED. There is no significant relationship between the level of perception of the respondents on the facilities of the OPD and the services they availed as described by the chi-square test for independence (3.92) with p-value of (0.864268) and degrees of freedom of 8. This mean that the kind of services the respondents' availed does not contributes to the perceptions of the respondents on the facilities of the OPD.

*Table 24. Relationship between the respondents' level of perception on the staff of the OPD and the services they availed.*

Observed Frequencies				
Services	Excellent (3)	Good (2)	Needs Improvement (1)	total
Consultation	64	10	0	74
Radiology	8	0	0	8
Laboratory	20	0	0	20
Pharmacy	1	0	0	1
Ultrasound	4	0	0	4
Total	97	10	0	107
Expected Frequencies				
Services	Excellent (3)	Good (2)	Needs Improvement (1)	Total
Consultation	67.08	6.92	0	74
Radiology	7.25	0.75	0	8
Laboratory	18.13	1.87	0	20
Pharmacy	0.91	0.09	0	1
Ultrasound	3.63	0.37	0	4
Total	97	10	0	107
Chi Square Points				
Services	Excellent (3)	Good (2)	Needs Improvement (1)	Total
Consultation	0.14	1.37	0	1.51
Radiology	0.08	0.75	0	0.83
Laboratory	0.19	1.87	0	2.06
Pharmacy	0.01	0.09	0	0.1
Ultrasound	0.04	0.37	0	0.41
Total	0.05	0.46	0	0.51
CHI-SQUARE VALUE =	0.51			
P-VALUE =	0.999856			
DF=	8			

Table 24 show the RELATIONSHIP BETWEEN THE RESPONDENTS' LEVEL OF PERCEPTION ON THE STAFF OF THE OPD AND THE SERVICES THEY AVAILED. There is no significant relationship between the level of perception of the respondents on the staff of the OPD and the services they availed as described by the chi-square test for independence (0.51) with p-value of (0.999856) and degrees of

freedom of 8. This mean that the kind of services the respondents' availed does not contributes to the perceptions of the respondents on the staff of the OPD.

#### 4.5. How does RLCT Mother and Child Hospital market its service?

**Table 25.** Frequency and percentage distribution of participants on how did they know about RLCT mother and child hospital.

How did you know about RLCT Mother and Child Hospital?	Frequency	Percentage
Friends and relatives	55	51.40%
Online page	28	35.51%

Table 25 presents the frequency and percentage distribution of participants on how did they know about RLCT Mother and Child Hospital. As shown in the table, out of 107 participants, 55 or 51.40% are friend and relatives and ranked as first, 28 or 35.51% are online page and ranked as second. Lastly flyers and brochures ranked third with 14 or 13.08% of the participants. This implies that word of mouth is really an effective medium of marketing. According to an article about Effects of Word-of-Mouth and Product-Attribute Information on Persuasion: An Accessibility-Diagnosticity Perspective The effects of word-of-mouth (WOM) communications and specific attribute information.

**Table 26.** Frequency and percentage distribution of participants will recommend the hospital to others.

Would you recommend RLCT Mother and Child hospital to others?	Frequency	Percentage
I already did	17	15.89%
Yes, absolutely	87	81.31%
Never	3	2.80%
Total	107	100%

Table 26 presents the frequency and percentage distribution of participants will recommend RLCT Mother and Child Hospital to others. As shown in the table, out of 107 participants, 87or 81.31% are already recommend the hospital and ranked as first,17or 15.89% are willing to recommend the hospital and ranked as second. Lastly, ranked third with 3or 2.80% of the participants will never recommend the hospital. This implies that there is a problem and other of improvement at RLCT Mother and Child Hospital that makes the participants not to recommend the hospital to others. A study based on Athar Mohd, patient satisfaction is a useful measure indicator of quality healthcare and thus needs to be measure frequently, as the hospital valued the patients they want them to ensure that they are serving the best quality of care starting on availing services and consultations in visiting the Out-patient department.

#### 4.6. Thematic Analysis

Comment and suggestions of clients are very important in the improvement of any services provided by an institution. Comments of the respondents in this study were collated and analysed. Comments from respondents are a collection of positive and negative views. Among the positive comments were about the good service provided by the staff of the OPD and also the expertise given by the doctors.

Although there were respondents who find the services provided by the OPD good or even excellent. Still there are who have some comments not in favor for the OPD. These comments were used to improve the quality of service of the OPD. Some of the comments were about the long waiting of the results from the laboratory, the delayed

arrival of doctors, the high cost of medicines prescribed by the doctors and the availability of the medicines being prescribed.

## 5. Summary of Findings, Conclusions and Recommendations

This chapter presents the summary of the study includes the findings, conclusions and recommendations based from the results of the study.

### Summary of Findings

This study primarily aimed to determine the quality of out patient services at RLCT Mother and Child Hospital: Basis for Marketing Strategy Enhancement.

#### 5.1. Demographic Profile

**As to Age.** The majority of the participants belongs to group of 29-39 years old or young adult.

**As to Gender.** The majority of the participants are female.

**As to Service Availed.** The majority of the participants are visiting RLCT Mother and Child Hospital for consultation.

#### 5.2. Degree of quality of outpatient services provided at RLCT Mother and Child Hospital in the following areas

**As to Ambiance.** RLCT Mother and Child Hospital has excellent ambiance for the participants.

**As to Facilities and Services.** The hospital has excellent speed of service and efficient facilities but has to improve its pricing according to the participants.

**As to Staff.** RLCT Mother and Child Hospital has excellent staff performance according to the participants.

#### 5.3. Is there a significant difference in the level of perception of respondents and their profile?

**5.3.1. Difference between the perception of the respondents on ambiance of the OPD and their age.** There is a significant difference between the perceptions of the respondents with regards to ambiance and their age. As the table of summary implies most of the age group find the ambiance of the OPD excellent while respondents aged 6 and above are more sophisticated and assess the ambiance of the OPD as good.

**5.3.2. Difference between the perception of the respondents on facilities of the OPD and their age.** There is a significant difference between the perceptions of the respondents with regards to ambiance and their age. This means that respondents of different ages differ in their assessment on the facilities of the OPD. As the table of summary implies most of the age group find the facilities of the OPD good enough while some respondents aged 51 to 61 are not satisfied and suggests that the facilities of the OPD needs improvement.

**5.3.3. Difference between the perception of the respondents on staff of the OPD and their age.** there is no significant difference between the perceptions of the respondents with regards to staff and their age. This means that respondents of different ages do not differ in their assessment on the staff of the OPD. As the table of summary implies most of the age group find the facilities of the OPD excellent.

**5.3.4. Difference between perception of the respondents on the ambiance and gender.** There is no significant difference between the perceptions of the respondents with regards to ambiance and their gender. This means that respondents of different gender do not differ in their assessment on the ambiance of the OPD. As the table of summary implies both gender find the facilities of the OPD excellent.

**5.3.5. Difference between perception of the respondents on facilities and their gender.** There is no significant relationship between the level of perception of the respondents on the FACILITIES of the OPD and their gender. This means that gender does not contribute to the perceptions of the respondents regarding FACILITIES of the OPD.

**5.3.6. Relationship between the respondents' level of perception on the staff of the OPD and their gender.** There is no significant difference between the perceptions of the respondents with regards to STAFF and their gender. This means that respondents of different gender do not differ in their assessment of the staff of the OPD. As the table of summary implies there is a slight difference in their assessment.

**5.3.7. Difference between perception of the respondents on the ambiance of OPD and the kind of service they availed.** There is a significant difference between the perceptions of the respondents with regards to ambiance and the kind of service they availed. This means that respondents who availed different services differ in their assessment on the ambiance of the OPD. As the table of summary implies, they find the facilities of the OPD either Good or excellent.

**5.3.8. Difference between perception of the respondents on the facilities of OPD and the kind of service they availed.** There is no significant difference between the perceptions of the respondents with regards to facilities and the kind of service they availed. This means that respondents of different gender do not differ in their assessment of the facilities of the OPD. As the table of summary implies there is a slight difference in their assessment.

**5.3.9. Difference between perception of the respondents on the staff of OPD and the kind of service they availed.** There is no significant difference between the perceptions of the respondents with regards to STAFF and the kind of services they availed. This means that respondents of different gender do not differ in their assessment of the staff of the OPD. As the table of summary implies, the respondent regarded the staff of the OPD as Excellent.

#### **5.4. Significant relationship between the profile and their perceptions towards OPD**

Relationship between the respondents' level of perception on the ambiance of the OPD and their ages. There is no significant relationship between the level of perception of the respondents and their ages. This means that age does not predict what the perceptions of the respondents will have.

Relationship between the respondents' level of perception on the facilities of the OPD and their ages. There is no significant relationship between the level of perception of the respondents on the facilities of the OPD and their ages as described by the chi-square test for independence (7.72) with p-value of (0.461288) and degrees of freedom of 8. This means that age does not contribute to the perceptions of the respondents.

Relationship between the respondents' level of perception on the staff of the OPD and their ages. There is no significant relationship between the level of perception of

the respondents on the staff of the OPD and their ages. This mean that age does not b contributes to the perceptions of the respondents regarding staff.

Relationship between the respondents' level of perception on the ambience of the OPD and their gender. There is no significant relationship between the level of perception of the respondents on the ambience of the OPD and their gender. This mean that gender does not contributes to the perceptions of the respondents regarding ambience of the OPD.

Relationship between the respondents' level of perception on the facilities of the OPD and their gender. There is no significant relationship between the level of perception of the respondents on the FACILITIES of the OPD and their gender. This mean that gender does not contributes to the perceptions of the respondents regarding FACILITIES of the OPD.

Relationship between the respondents' level of perception on the staff of the OPD and their gender. There is no significant relationship between the level of perception of the respondents on the STAFF of the OPD and their gender. This mean that gender does not contributes to the perceptions of the respondents on the staff of the OPD.

Relationship between the respondents' level of perception on the ambience of the OPD and the services they availed. There is no significant relationship between the level of perception of the respondents on the ambience of the OPD and the services they availed. This mean that the kind of services the respondents' availed does not contributes to the perceptions of the respondents on the ambience of the OPD.

Relationship between the respondents' level of perception on the facilities of the OPD and the services they availed. There is no significant relationship between the level of perception of the respondents on the facilities of the OPD and the services they availed. This mean that the kind of services the respondents' availed does not contributes to the perceptions of the respondents on the facilities of the OPD.

Relationship between the respondents' level of perception on the staff of the OPD and the services they availed. There is no significant relationship between the level of perception of the respondents on the staff of the OPD and the services they availed as described by the chi-square test for independence (0.51) with p-value of (0.999856) and degrees of freedom of 8. This mean that the kind of services the respondents' availed does not contributes to the perceptions of the respondents on the staff of the OPD.

### ***5.5. How does RLCT Mother and Child Hospital market its service?***

RLCT Mother and Child Hospital uses the word of mouth to market the services of the hospital. It shows that the patients knows the hospitasl by their friend and relatives and they are willing to recommend the hospital to others.

## **6. Conclusions**

Based on the above findings, this study concludes that:

In terms of the demographic profile of the majority of the participants belongs to group of 29-39 years old or young adult., female and most of them visited RLCT Mother and Child Hospital for consultation. They are satisfied on the hhospitals ambience in terms of cleanliness, orderliness and overall appearance. Hospital's services and facilities are excellent in terms of efficient and speed of service. The

staffs are well groomed and providing appropriate form of communication in dealing with each patients. This research study also successfully identified the lapses which exist in providing care due to their prolonged in waiting time and releasing of results in radiology department. The value of money is also one of the concerns found in this study which the management must provide solution. There is a significant difference between the perceptions of the respondents with regards to ambiance and their age. As the table of summary implies most of the age group find the ambiance of the OPD excellent while respondents aged 6 and above are more sophisticated and assess the ambiance of the OPD as good. There is a significant difference between the perceptions of the respondents with regards to ambiance and their age. This means that respondents of different ages differ in their assessment on the facilities of the OPD. As the table of summary implies most of the age group find the facilities of the OPD good enough while some respondents aged 51 to 61 are not satisfied and suggests that the facilities of the OPD needs improvement. There is no significant difference between the perceptions of the respondents with regards to staff and their age. This means that respondents of different ages do not differ in their assessment on the staff of the OPD. As the table of summary implies most of the age group find the facilities of the OPD excellent. The Marketing aspect of the hospital is also lacking its strategies to maximize number of patients in the hospital. Majority of the participants will recommend the hospital to others which also means that majority of the respondents is highly satisfied on the services rendered by the hospital.

## **7. Recommendations**

In view of the findings and the conclusions of the study, the following recommendations are hereby given:

That nurses and other staff members should have a once a month meeting to discuss the needs and other improvements of the team to enhance quality of care provided for their patients. Furthermore, to maintain the excellent service given to the clients; the Physicians, Staff Nurses, Med Tech and Rad Tech should join seminars that will upgrade their learning that can help better in providing quality of care.

To the Doctors, may they guarantee both the nurses and their respective clients in giving time of their clinic schedule to minimize the waiting time of the patient.

To the Marketing Department, They should provide new promotion in terms of brochures, catalogues and other printed campaign materials. They must have a monthly promotional activity such as OB Gyne month, Pedia Month and other promotional campaigns to make people aware of the hospital. Marketing Department may also have discounted laboratory packages or Pre- Natal Check up for pregnant women.

To the Administrators, they should provide a general guidelines or manual to every department which contains the standardized policy of the hospital. The releasing of result must be properly scheduled and provide radiologist to interpret the test for faster releasing of results. The management should conduct a SWOT analysis for the hospital to know the market status of the hospital in order to determine the prices of the services.

## **8. Enhancement Program 2019**

Objective: In order to increase awareness of the services provided by the hospital.

*Table 27. Action Plan.*

Month	Activity/Promotion	Person Involve and task	Resources	Remarks
January 1-31, 2019	Discounted Laboratory test for Hypertension	In-charge: Ms. Beup- Creating packages and marketing campaign Members: Nurses, Med Lab facilitator of the promo	1. Flyers and Online Marketing 2. Hospital supplies	
February	Donate a Blood Campaign	Incharge: Chief of the Hospital (Dr. Llorera) to coordinate with Philippine Blood Bank. Members: Medtech, nurses and marketing department for promotion	1. Flyers and Online Marketing 2. Hospital supplies	
March-May	Operation Tuli Summer Promo	Incharge: Chief of the Hospital (Dr. Llorera) Members: Medtech, nurses and marketing department for promotion	1. Flyers and Online Marketing 2. Hospital supplies	
June	Dental Check up	Incharge: Chief of the Hospital (Dr. Llorera) and Dr. Rosit for Dental Check up Members: Medtech, nurses and marketing department for promotion	1. Flyers and Online Marketing 2. Hospital supplies	
July	Leptospirosis Awareness Campaign	Incharge: Chief of the Hospital (Dr. Llorera) Members: Medtech, nurses and marketing department for promotion	1. Flyers and Online Marketing 2. Hospital supplies	
August	Dengue Prevention Month	Incharge: Chief of the Hospital (Dr. Llorera). Members: Medtech, nurses and marketing department for promotion	1. Flyers and Online Marketing 2. Hospital supplies	
September	Paediatric Month	Incharge: COH (Dr. Llorera) Members: Medtech, nurses and marketing department for promotion	1. Flyers and Online Marketing 2. Hospital supplies	
October	OB Month	Incharge: Chief of the Hospital (Dr. Llorera) and Dr. Rina Rose De ungria Ob Gyne for Seminar. Members: Medtech, nurses and marketing department for promotion	1. Flyers and Online Marketing 2. Hospital supplies 3. Food For participants and facilitators	
November	Lactating Mother Seminar	Incharge: Chief of the Hospital (Dr. Llorera) and Dr. Rina Rose De ungria Ob Gyne for Seminar. Members: Medtech, nurses and marketing department for promotion	1. Flyers and Online Marketing 2. Hospital supplies 3. Food For participants and	

			facilitators	
December	Iwas Paputok Campaign	Incharge: Chief of the Hospital (Dr. Llorera). Members: Medtech, nurses and marketing department for promotion	1.Flyers and Online Marketing 2.Hospital supplies	

### Increase Awareness to RLCT Mother and Child Hospital

This is to distribute flyers and brochures to nearby places to increase awareness of the people about the hospital.

### Posters and Tarpaulins

This is to post or install tarpaulins and poster in every streets and public areas to that the people will be aware of the product and services offered by the hospital.



Figure 2. Tarpaulin.

### Conflicts of Interest

The author declares that there is no conflict of interest regarding the publication of this article.

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