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Service Quality, Strategic and Marketing Orientation: A Causal Model On Customer Loyalty Among Optometric Clinics in Region XI

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Abstract
The study aimed to identify the best fit model of customer loyalty among optometric clinics in Region XI. A quantitative, descriptive correlational design was used in the study. Using Stratified random sampling technique 400 respondents were surveyed through an online platform. Standardized instruments were used to gather relevant data. In analyzing the data, mean, Pearson product moment correlation, multiple regression, and structural equation modelling were employed to attain the objectives of the study. Results revealed very high levels of service quality and customer loyalty. Meanwhile, the strategic and marketing orientation showed a high-level result. The three exogenous variables also reported a significant relationship with customer loyalty. When regressed, the service quality was found to be the best predictor of customer loyalty across all three models. Through structural equation modeling approach, Model 3 was found to be the most parsimonious model after satisfying all the best fit indices. These results underscore the importance of prioritizing service quality as an indispensable determinant of customer loyalty.

Keywords: management, strategic orientation, service quality, marketing orientation, customer loyalty, structural equation model, Philippines.

1. Introduction

Customer loyalty remains a critical challenge for optometric clinics, especially in competitive regions such as Region XI. Despite high levels of customer satisfaction reported in healthcare services, including optometry, many patients still switch providers, indicating that satisfaction alone does not guarantee loyalty (Ofosu-Boateng & Acquaye, 2020; Fouché & Myburgh, 2020). This issue is compounded by increasing patient expectations and the proliferation of alternative eye care providers, intensifying competition (Rumpakis, 2024; Chikazhe, L. et al, 2021). Moreover, optometric clinics face administrative burdens and technological advancements that influence service delivery quality, further impacting patient retention (Abekah-Nkrumah, G. et al, 2021; Gethoot, 2024). The problem is thus rooted in understanding the causal factors that drive customer loyalty beyond mere satisfaction, particularly the roles of service quality, strategic orientation, and marketing orientation within optometric settings. (Wilson & Park, 2023; Yodthong, et al, 2024).

This shift is particularly evident in regions like Region XI, where the rising demand for accessible, affordable, and high-quality optometric services is matched by increasing competition. In such a dynamic

environment, clinics must adopt more sophisticated approaches to maintain their relevance and build lasting relationships with their clients. Central to these efforts is customer loyalty—a key indicator of a clinic's ability to retain patients over time. Loyal customers are more likely to return for future services and act as brand advocates, often recommending the clinic to others and contributing to long-term sustainability (Gomez & Sicat, 2022; Kristianto et al, 2023; Tjahjono & Dahlan, 2023).

Studying customer loyalty in optometric clinics is vital because loyal patients contribute significantly to the sustainability and growth of healthcare practices.

Loyal customers return for services and act as advocates, referring to family and friends, which is crucial in a saturated market (Casella, 2024; Rumpakis, 2024). Research indicates that loyalty is built on trust, commitment, and consistent service quality, fostering long-term relationships between providers and patients (Fouché & Myburgh, 2020). Understanding these dynamics helps clinics design effective retention strategies beyond transactional interactions to focus on holistic patient experiences (Rumpakis, 2024). Furthermore, in optometry, where health and retail services intersect, maintaining loyalty is especially important to withstand pressures from large chains and online competitors (Casella, 2024).

Customer loyalty, however, does not arise in isolation. Research suggests that it is strongly influenced by how patients perceive service quality, how strategically a business positions itself in the market, and the degree to which it adopts a market orientation (Rahman et al., 2022; Saeed et al., 2020).

The relationship between service quality and customer loyalty has been extensively examined in recent studies, highlighting its critical role in fostering long- term customer commitment. Service quality is widely recognized as a fundamental determinant of customer loyalty, primarily because it shapes customer satisfaction, influencing loyalty behaviors such as repeat patronage and positive word-of-mouth (Dandis et al., 2021; Sopyan et al., 2023). For instance, Dandis et al. (2021) found that service quality dimensions—including reliability, responsiveness, trust, and empathy—significantly enhance customers' subjective loyalty intentions once satisfaction is achieved.

Similarly, Sopyan et al. (2023) demonstrated in an e-commerce context that service quality and customer happiness jointly substantially impact customer loyalty. These findings underscore that while service quality is a direct antecedent of satisfaction, its influence on loyalty is often mediated by customer satisfaction (Nyan et al., 2020; Prakosa & Pradhanawati, 2020).

However, the direct effect of service quality on customer loyalty is sometimes nuanced and context dependent. Some studies report that although service quality positively influences customer loyalty, this effect may be statistically insignificant or relatively small when other factors, such as pricing, product variety, and brand policies, are also at play (Akbar et al.,2022; Dinasti et al., 2024).

A study by Sani et al., (2024) found that service quality had a positive but negligible direct effect on customer loyalty, suggesting that excellent service alone may not guarantee loyalty if external competitive factors or changing customer preferences intervene. This implies that service quality often serves as a necessary but insufficient condition for loyalty, emphasizing the importance of integrating service quality with other strategic and marketing factors to cultivate loyal customers effectively. Moreover, recent empirical studies have highlighted the mediating role of relationship quality between service quality and customer loyalty, particularly in service-intensive industries. Uslu and Eren (2020) demonstrated that service quality positively influences relationship quality, which significantly drives customer loyalty, indicating a partial mediation effect. Their structural equation modeling analysis revealed that the total effect of service quality on customer loyalty was substantially mediated by the quality of the relationship customers perceive with the service provider.

This aligns with the social exchange theory perspective, where customers' perceptions of service quality foster trust and commitment, strengthening relational bonds that lead to loyalty (Uslu & Eren, 2020). Hence, improving service quality enhances immediate satisfaction and builds enduring relationships crucial for sustained customer loyalty, especially in competitive healthcare sectors such as optometric clinics. Service quality, especially in a healthcare context— encompasses more than technical competence; it includes interpersonal interactions, responsiveness, and the overall patient experience (Nguyen & Park, 2022). When these factors align, they can foster greater satisfaction and, ultimately, repeat engagement (Nguyen et al., 2021; Nguyen & Nagase, 2021).

In addition to service quality, a clinic's strategic orientation—its ability to effectively plan and execute long-term goals—is vital in navigating a competitive landscape. Strategic orientation determines how a clinic leverages resources, innovates, and responds to environmental changes, all of which can impact customer perception and loyalty (Nguyen & Park, 2021). The relationship between strategic orientation and customer loyalty has been increasingly explored in recent academic studies, highlighting how a firm's strategic focus can significantly influence customer retention and loyalty outcomes. Strategic orientation, encompassing customer orientation, technology orientation, and market orientation, shapes how companies effectively align their resources and capabilities to meet customer needs. For instance, customer orientation as a strategic approach emphasizes understanding and satisfying customer preferences, which fosters customer satisfaction and loyalty by building trust and commitment (Jiang and Zhang, 2021; Šerić et al., 2020).

Research also shows that integrated marketing communication, driven by strategic orientations like customer and technology orientation, enhances relational performance by deepening brand trust and emotional commitment, which are critical antecedents of brand loyalty (Butkouskaya et al., 2021; Shim et al., 2021). Moreover, strategic orientation toward digitalization and omnichannel management has been linked to improved customer loyalty by providing seamless and personalized customer experiences, which is essential in today's competitive retail environment. Further, empirical evidence suggests that customer satisfaction mediates between strategic orientation and customer loyalty. Studies indicate that firms with strong customer-centric strategies achieve higher service quality, brand trust, and customer satisfaction, all of which enhance loyalty (Anggraini et al., 2021; Cuesta-Valiño et al., 2023). Customer satisfaction is recognized as an attitude that precedes loyalty behavior, where highly satisfied customers are more likely to exhibit repeat purchase behavior and positive word- of-mouth, reinforcing the company's competitive advantage (Zhao et al., 2023; Wiryana & Erdiansyah, 2023). The positive feedback loop created by strategic orientation, satisfaction, and loyalty underscores the importance of aligning business strategies with customer expectations to sustain long-term profitability and market share. Thus, strategic orientation is not only a driver of operational effectiveness but also a critical determinant of customer loyalty through its impact on satisfaction and trust-building mechanisms.

Meanwhile, marketing orientation, which focuses on understanding and responding to patient needs, enables clinics to stay attuned to shifting preferences, emerging technologies, and evolving expectations in the eye care industry (Zhao, 2023). The relationship between marketing orientation and customer loyalty has garnered significant attention in recent academic literature, with studies emphasizing how a firm’s marketing orientation can shape customer retention and loyalty outcomes. Marketing orientation, which involves a company’s commitment to understanding and responding to customer needs, market trends, and competitive dynamics, is recognized as a key driver in aligning organizational capabilities with market demands. For example, a strong marketing orientation prioritizes the identification and fulfillment

of customer preferences, which directly enhances customer satisfaction and loyalty by fostering trust and long-term engagement (Nguyen & Park, 2021).

Recent research demonstrates that marketing orientation, particularly when integrated with digital strategies, leads to improved relational outcomes such as brand trust and emotional commitment—factors that are fundamental to cultivating customer loyalty (Srivastava et al., 2022; Xuan et al., 2023). In the context of e- commerce, digital marketing orientation has been shown to significantly influence customer loyalty by enabling personalized and seamless customer experiences, which are increasingly vital in today's competitive landscape (Nasti, et. al., 2024). Moreover, empirical findings indicate that customer satisfaction serves as a mediating variable between marketing orientation and customer loyalty. Firms that adopt a customer-centric marketing orientation tend to achieve higher levels of service quality and brand trust, which in turn drive customer satisfaction and foster repeat purchase behavior (Wiryana, & Erdiansyah, 2023) Satisfied customers are more likely to remain loyal and engage in positive word-of-mouth, thereby reinforcing the firm's competitive position (Zhao et al., 2023).

This positive feedback loop underscores the importance of marketing orientation not only as a tool for operational effectiveness but also as a crucial determinant of customer loyalty through its impact on satisfaction and trust-building mechanisms.

Despite the growing recognition of these factors, there remains a gap in understanding how they interact and contribute to customer loyalty within the specific context of optometric clinics, particularly in Region XI. Most existing studies have looked at these variables in isolation or within other healthcare fields, leaving room to explore a more integrated model that accounts for the unique challenges and opportunities facing eye care providers in this region.

While previous studies have examined the individual effects of service quality (Biscaia, et.al, 2021), strategic orientation (Narver & Slater, 1990), and marketing orientation (Kohli & Jaworski, 1990) on customer outcomes, few have attempted to integrate these constructs into a comprehensive causal model. This integration is particularly lacking in healthcare contexts, where clinical excellence and business strategy create a unique service dynamic (Berry, et.al., 2021).

Additionally, Limited research exists on customer loyalty determinants, specifically within optometric settings. The unique characteristics of optometric services—combining healthcare delivery with retail elements—necessitate specialized investigation (Almulhim & Almulhim, 2024). This gap is especially pronounced in Region XI, where rapid market growth has heightened competitive pressures. Furthermore, Previous studies in healthcare services have predominantly employed correlation or regression analyses, which limit our understanding of complex, multi-directional relationships between variables (Hair et al., 2022). Applying structural equation modeling (SEM) to optometric service research remains underexplored.

This study addresses that gap by examining the causal relationships between service quality, strategic orientation, and marketing orientation and how they collectively influence customer loyalty among optometric clinics in Region XI.

The general aim is to determine the best-fit model of customer loyalty among optometric clinics in Region XI. Respectively, this study has the following objectives: To determine service quality, strategic orientation, marketing orientation, and customer loyalty. To establish the significance of the relationship and influence between service quality, strategic orientation, marketing orientation, and customer loyalty. Lastly, to determine the best-fit model on customer loyalty
among optometric clinics in Region XI.

Moreover, the null hypotheses were tested at the 0.05 level of significance. There is no significant relationship between service quality and customer loyalty, strategic orientation and customer loyalty, and marketing orientation and customer loyalty. Further, service quality and strategic, and marketing orientation are not correlated and do not significantly influence customer loyalty in the context of an optometric clinic. Lastly, there is no best-fit model that predicts customer loyalty. By developing and testing a causal model, this study provides theoretical insights and practical guidance for clinic owners, optometrists, and staff. Ultimately, the findings may offer a pathway for enhancing service delivery and patient retention while supporting the broader goal of strengthening the region's optometric care system.

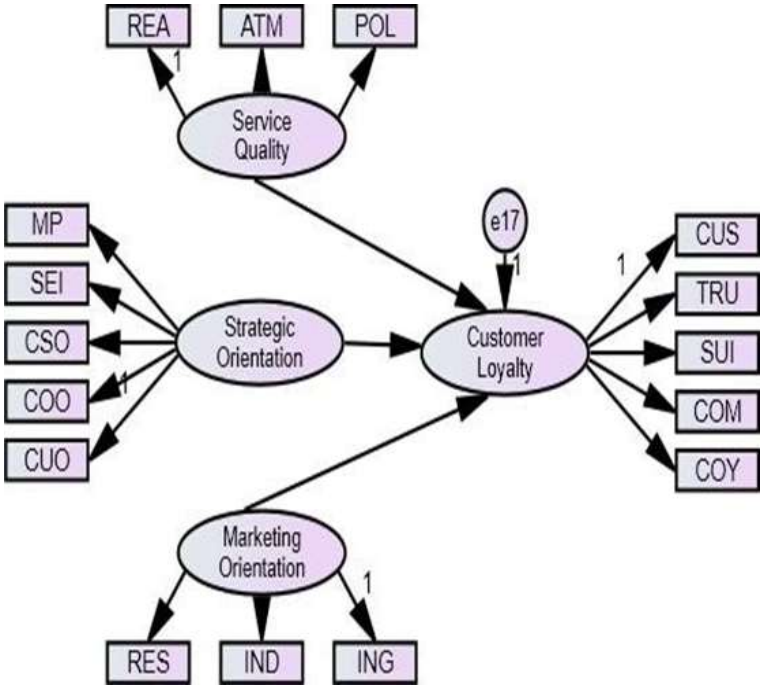

Figure 1. Model Showing the Conceptual Model of the Three Latent Exogenous Variables to the Latent Endogenous Variable

Legend:

REA- Reliability	MP- Market Performance	CUS- Customer Satisfaction
ATM- Atmospherics	SEI- Service Innovation	TRU- Trust Commitment
POL- Policy	CSO- Cost Orientation	SUI- Supplier Image
RES- Responsiveness	COO- Competitor Orientation	COM- Commitment
IND- Intelligence Dissemination ING- Intelligence Generation	CUO- Customer Orientation	COY- Customer Loyalty

The present study is anchored on the Expectancy Disconfirmation Theory (EDT) by Oliver (1980), which explains customer satisfaction as the result of comparing expectations with actual service performance. When services exceed expectations (positive disconfirmation), satisfaction increases, and loyalty is more likely to follow. On the other hand, when expectations are not met (negative disconfirmation), dissatisfaction leads to disengagement or switching behavior.

This theory is particularly relevant to service industries like optometry, where clients often base loyalty on consistent quality, personal interaction, and perceived value (Almulhim & Almulhim, 2024). In the context of this study, EDT supports the investigation of service quality as a critical factor influencing customer loyalty in optometric clinics.

To expand the model, the study incorporates the firm's Resource-Based View (RBV) (Barney, 1991; Tate, et. al., 2022) as a supporting theory. RBV posits that organizations gain a competitive advantage by developing and effectively utilizing valuable, rare, and inimitable internal resources. In healthcare services, strategic orientation (such as long-term planning and competitive analysis) and marketing orientation (customer responsiveness and market intelligence) serve as intangible but essential resources. These capabilities empower clinics to adapt to changing customer needs, maintain service relevance, and build loyalty through personalized care and Trust (Fregidou-Malama & Hyder, 2021). RBV thus frames strategic and marketing orientation not just as organizational tactics but as core drivers of sustainable loyalty-building mechanisms.

The second supporting theory is the Theory of Planned Behavior (TPB) by Ajzen (1991), which explains that human behavior is driven by intention and shaped by attitudes, subjective norms, and perceived behavioral control. In a healthcare setting, a patient's decision to remain loyal to a specific clinic is influenced by satisfaction, societal expectations (e.g., family or peer recommendations), and perceived ease of accessing quality service.

TPB is especially applicable in evaluating how marketing orientation— such as promotions, patient engagement, and reputation—affects behavioral intentions to continue using optometric services (Almulhim & Almulhim, 2024). TPB enriches the analysis by accounting for cognitive and social influences on loyalty beyond service delivery.

By integrating these three theories, the study develops a robust causal model linking service quality, strategic orientation, and marketing orientation to customer loyalty. EDT anchors the emotional and experiential dimensions of service quality; RBV contextualizes organizational resources; and TPB explains the social-psychological drivers of behavior. Together, they provide a comprehensive foundation for examining how optometric clinics in Region XI can enhance patient loyalty through multidimensional strategies.

This research contributes both to academic theory and to real-world practice. From an academic standpoint, it bridges service management, strategic planning, and consumer psychology, offering a holistic model that other healthcare sectors can adapt to. Practically, it offers evidence-based strategies for local optometric clinics to improve client retention, enhance service experiences, and remain competitive in an increasingly dynamic health environment.

Furthermore, the study contributes meaningfully to achieving the United Nations Sustainable Development Goal (SDG) #12: Responsible Consumption and Production. In healthcare, this goal emphasizes reducing inefficiencies and promoting sustainable service delivery. Loyal clients seek timely care, follow prescribed treatments, and avoid duplicative diagnostics—all of which reduce waste and optimize clinic resources (Renganathan & Davies, 2023).

Clinics that employ strategic and marketing orientations are also more likely to engage in efficient service planning, reduce overuse of materials (like promotional items or disposables), and better use their operational capacity (Dąbrowsk, Kukier, & Tybińkowska, 2021). Thus, the study supports a more sustainable and equitable healthcare system by promoting loyalty through well-structured service and strategic practices. Ultimately, the insights gained from this study can guide optometric clinics in

enhancing customer loyalty and aligning their practices with global sustainability standards, contributing to healthcare responsibility, efficiency, and long-term value creation—locally and globally.

2. Method

This section describes how the study was conducted, the study participant or research subject, materials/instruments, design, and procedures as applicable.

The study's respondents were 400 owners and employees of Optometric clinics in Region XI. Optometric clinics in Region XI are in Davao City, which has more identified clinics; Davao Del Norte, Davao De Oro, Davao Oriental, and Davao Occidental also share several clinics. The Davao Region was selected because of the probable variation of the results in terms of customer loyalty since most of the clinics are small and medium enterprises.

The study's respondents were chosen using a scientific method. For this, the number of respondents was determined via proportionate quota sampling. In proportionate quota sampling, the percentage of each subgroup is calculated using the population's actual proportion (Moser, 2022). Following the fundamental rule for the number of respondents appropriate for Structural Equation Modeling (Memon, Ting, & Cheah, 2020), which is between 200 and 400, the researcher attempted to work backward by using an appropriate quota sampling, which is 10 (Ahmed, 2024) at the.05 significance level.

In addition, criteria were established for the participants to meet to qualify as study respondents (inclusion). They must be clinic owners, optometrists, and staff with permanent status. They can be of any gender. The participants were asked to provide accurate data on service quality, strategic orientation, marketing orientation, and customer loyalty. Those who are not clinic owners, optometrists, and staff were excluded as respondents.

Moreover, the respondents were allowed to withdraw from the survey if their interest was forbidden, if they were uncertain of the confidentiality of the data, and if giving time for the survey was not their priority due to previous commitments. The researcher gave the questionnaire to other interested participants through a Google Forms link. Data gathering was conducted from February 04 to August 4, 2023.

2.1 Materials and Instrument

The study used adapted and standardized questionnaires to collect primary data on four key variables: service quality, strategic orientation, marketing orientation, and customer loyalty among optometric clinics in Region

XI. The questionnaires were taken from various research sources and restructured to suit the study objectives better.

The first instrument measures the level of service quality of optometric clinics. The instrument is based on and adapted from the work of Dhurup (2003). The tool had three indicators: reliability, atmospherics, and policy. The second instrument is strategic orientation, which was adapted from the work of Grawe, Chen, and Daugherty (2009). It comprises five indicators: customer orientation, cost orientation, competitor orientation, service innovation capability, and market performance. The third instrument is marketing orientation, adapted from the work of Kassie (2015). The tool had three indicators: Generation, Dissemination, and Responsiveness. The fourth instrument is customer loyalty, adapted from the work of Van Vuuren, Roberts-Lombard, and Van Tonder (2012). The tool had five indicators: satisfaction, trust, supplier image, commitment, and loyalty.

Items were responded using the 5-point Likert-type scale, where 1 means strongly agree, 2 disagree, 3 neutral, 4 agree, 5 strongly agree. The scale for interpreting the level of service quality, strategic, marketing orientation, and customer loyalty.

Range of Means	Range of Means	Range of Means
4.20 – 5.00	Very High	This means that the measures of SQ, SO, MO and CL are always observed/manifested
3.40 – 4.19	High	This means that the measures of SQ, SO,
2.60 – 3.39	Moderate	This means that the measures SQ, SO, MO
1.80 – 2.59	Low	This means that the measures of SQ, SO,
1.00 – 1.79	Very Low	This means that the measures of SQ, SO,

Note: 4.21-5.00 (Very High); 3.41-4.20 (High); 2.61-3.40 (Moderate); 1.81-2.60 (Low); 1.00-1.80 (Very Low)

The instrument underwent expert validation by six scholars-five internal and one external, who evaluated it based on clarity, item suitability, category adequacy, organization, purpose fulfillment, objectivity, and evaluation scale. This validation process resulted in an excellent rating of 4.73, suggesting the instrument's appropriateness to gather the right kind of data.

To ensure reliability, the questionnaire was pre-tested using Cronbach's Alpha, which measures the internal consistency of Likert scale surveys. The results showed high-reliability scores for all variables: service quality (.970), strategic orientation (.937), marketing orientation (.957), and customer loyalty (.980 These values exceeded the acceptable threshold of 0.70, indicating strong internal consistency among the questionnaire items. According to Tavakol & Dennick (2011) and UCLA Statistical Methods and Data Analytics (2024), Cronbach's Alpha evaluates how well a set of survey items correlates. Taber (2018) and Hussey, et. al. (2025) established that 0.70 is the minimum acceptable value for this coefficient.

To determine the best-fit model, the following indices were used with their corresponding criterion:

INDEX	CRITERION
Chi-Square / Degrees of Freedom	0 < value < 2
P-value	> .05
Normed Fit Index (NFI)	> .95
Tucker-Lewis Index (TLI)	> .95
Comparative Fit Index (CFI)	> .95
Goodness of Fit Index (GFI)	> .95
Root Mean Square of Error Approximation (RMSEA)	< .05
P of Close Fit (Pclose)	> .05

2.2 Design and Procedure

This study utilized a quantitative, descriptive-correlational research design employing the causal model technique. Quantitative studies use mathematical models and statistics for analysis, providing numerical

results that are considered more objective. Quantitative studies investigate how and why phenomena vary (Cresswell & Cresswell, 2022). This investigation aimed to develop a best-fit model of customer loyalty among optometric clinics.

Specifically, the study used the descriptive-correlational method. A descriptive correlational study is a study in which the researcher is primarily interested in describing relationships among variables without seeking to establish a causal connection (Quaranta, 2017; Olipas & Banay, 2021). It is descriptive because it describes the level of strategic orientation, service quality, marketing orientation, and customer loyalty among optometric clinics. Meanwhile, it is correlational since it measures the degree of relationship between the exogenous and endogenous variables.

Moreover, Structural Equation Modeling (SEM) shall be employed as an analytical approach for this study due to several key advantages: SEM allows for the simultaneous examination of multiple relationships among observed and latent variables (Hair et al., 2021; Zyphur, Bonner, & Tay, 2023). This capability is particularly valuable for investigating the complex interplay between service quality, strategic orientation, marketing orientation, and customer loyalty. SEM provides multiple goodness-of-fit indices that comprehensively evaluate how well the hypothesized model fits the observed data (Kline, 2021).

This enables the identification of the "best-fit" model from competing theoretical frameworks, offering stronger evidence for causal relationships. Tripathi and Jha (2017) emphasize in their study that the structural model defines the relationships among latent variables.

The data collection process for this study followed several methodical procedures. Initially, on January 30, 2023, the researcher secured a certificate of approval from the UMERC (University of Mindanao Ethics Review Committee), which authorized the formal implementation of the research. Following this approval, the researcher conducted pilot testing of the previously validated questionnaires at selected Optometric clinics located throughout Davao City, Davao Del Sur. Throughout this process, the researcher meticulously adhered to established COVID-19 safety protocols to ensure the well-being of all participants and research personnel involved.

After completion of the pilot phase, the collected data underwent rigorous reliability testing using Cronbach's alpha coefficient. Once satisfactory reliability scores were achieved and the statistician provided formal authorization to advance to the full-scale study, the researcher began the comprehensive data collection phase. This involved the systematic distribution and subsequent collection of validated questionnaires across various provinces throughout Region XI. This extensive data-gathering process spanned seven months, commencing on February 04, 2023, and concluding on August 04, 2023.

Following data collection, the research proceeded with data encoding, tabulation, and analysis using various statistical methods. Mean values were calculated to assess service quality, strategic orientation, marketing orientation, and customer loyalty. The relationships between these variables were examined using Pearson Product Moment Correlation (Pearson R). Multiple Regression analysis was employed to determine which exogenous variable (service quality, strategic orientation, or marketing orientation) strongly influenced customer loyalty among Optometric Clinics in Region XI.

On the one hand, Structural Equation Modeling (SEM) was utilized to establish the best-fit model. All indices needed to fall within acceptable parameters for a model to be considered optimal. Specifically, the chi- square/degrees of freedom value needed to be below 5, with a corresponding p- value exceeding 0.05. The root mean square error approximation value needed to be less than 0.05, with its Pclose value greater than 0.05. Other indices— including the normed fit index, Tucker-Lewis index, comparative fit index, and goodness of fit index— needed to exceed 0.95 to confirm model validity.

Throughout the research process, the researcher upheld rigorous ethical standards to safeguard respondents' rights and maintain the confidentiality of all provided data (UMERC-2023-041). The study protocol underwent careful assessment against standardized ethical criteria, ensuring strict adherence to these principles were applicable. The researcher focused on preserving participant privacy, following established research ethics guidelines, and implementing appropriate measures to protect sensitive information from unauthorized access or disclosure.

3. Results and Discussion

Presented here are the data analyzed and findings on the study participants' responses on the service quality, strategic orientation, marketing orientation, and customer loyalty among optometric clinics in Region XI. The discussions are arranged according to the study objectives.

Service Quality among Optometric Clinics in Region XI

Table 1 shows the level of service quality among optometric clinics in Region XI. The overall mean score on service quality is 4.36 with a standard deviation of 0.47, which is described as very high. This means that service quality is always observed. Specifically, the mean ratings of service quality indicators are disclosed as follows: reliability attained a mean rating of 4.41 or very high; atmospherics obtained a mean rating of 4.37 or very high; policy has a mean rating of 4.29 or very high.

Table 1

Level of Service Quality among Optometric Clinics in Region XI

Indicators	SD	Mean	Descriptive Level
Reliability	0.50	4.41	Very High
Atmospherics	0.50	4.37	Very High
Policy	0.53	4.29	Very High
Overall	**0.47**	**4.36**	**Very High**

The findings suggest that optometric clinics in Region XI have successfully built a foundation of trust and satisfaction among their patients by maintaining high standards in service delivery, particularly in terms of reliability. The consistently high ratings across all three dimensions—reliability, atmospherics, and policy— indicate that patients perceive these clinics not only as dependable in their services but also as professionally managed and patient-centered in both environment and administrative processes. This overall excellence in performance has the potential to strengthen customer loyalty, enhance word-of-mouth referrals, and sustain long-term competitiveness within the regional healthcare market.

The prominence of reliability as the top-rated dimension supports the long- standing view that consistency and accuracy are essential in healthcare services. Wider, et al. (2024) identified reliability as a core component of service quality, particularly in contexts where trust and precision are paramount. Jameel, et. al. (2025) reinforced this by emphasizing that reliability directly influences patient confidence and perceived care quality. Likewise, the World Health Organization (2018) observed that healthcare facilities with established protocols and trained personnel tend to exhibit more uniform service delivery, a trend also seen in this study with a low standard deviation. In terms of atmospherics, Saputri (2023) highlighted that a clinic's environment significantly affects patient satisfaction, while Bayramzadeh & Ahmadpour

(2024) linked sensory and psychological comfort to increased service appreciation in specialized healthcare settings.

Furthermore, Rodriguez et al. (2024) reported similar patterns of consistency in atmospheric quality among clinics in regional health networks. Finally, the high rating of the policy dimension aligns with findings from Ai, et. al. (2022), who noted that clear administrative procedures and patient-friendly policies contribute significantly to the overall service experience and trustworthiness of healthcare providers.

The overall results reveal that optometric clinics in Region XI deliver high-caliber services across all key dimensions of quality—reliability, atmospherics, and policy. With an overall mean score of 4.36, categorized as "Very High," these clinics have shown a strong commitment to meeting patient needs consistently and professionally. While policy received slightly more varied feedback, indicated by a marginally higher standard deviation, the general performance suggests that the clinics are well-aligned in terms of patient satisfaction and operational excellence. This uniformity in high service quality not only enhances patients' trust and loyalty but also positions these clinics favorably in an increasingly competitive healthcare landscape.

These findings are consistent with existing literature emphasizing the multidimensional nature of healthcare quality. Fukami (2024) stressed that transparent, patient-centered policies significantly enhance patient trust sentiment echoed in this study despite slight variability in policy implementation. MCN Solutions (2025) similarly pointed out that healthcare organizations often struggle with policy consistency across branches, which can explain the marginal standard deviation observed. The robust overall score aligns well with the SERVQUAL model, which remains a foundational tool in assessing service quality in healthcare (Ahmed, Tarique, & Arif, 2017). Moreover, Taylor, et. al. (2015) found that top-tier healthcare facilities typically achieve excellence across several service areas, reinforcing the significance of a balanced approach. The low overall standard deviation of 0.47 supports Kruk, et. al (2018) assertion that service consistency is a hallmark of maturing healthcare systems. Additionally, the exceptional performance of clinics in this study echoes broader national trends affirms Gathmyr, et. al. (2024)'s claim that specialized healthcare providers are now using service quality as a strategic advantage.

Level of Strategic Orientation in Region XI

Described in Table 2 is the summary of the level of strategic orientation among optometric clinics. The overall mean score is 4.13 with a standard deviation of 0.46, which is described as high, which means that strategic orientation is oftentimes observed.

Table 2
Level of Strategic Orientation among Optometric Clinics in Region XI

Indicators	SD	Mean	Descriptive Level
Customer Orientation	0.53	4.36	Very High
Competitor Orientation	0.89	3.41	High
Cost Orientation	0.56	4.26	Very High
Service Innovation	0.59	4.30	Very High
Market Performance	0.51	4.31	Very High
Overall	**0.46**	**4.13**	**High**

The above findings of strategic orientation among optometric clinics in Region XI reveal a generally strong strategic posture across multiple dimensions. Among the various indicators, customer orientation emerged as the most prominent, with a mean score of 4.36 (SD = 0.53), categorized as Very High. This indicates a strong emphasis on understanding and responding to client needs— an essential component of modern healthcare service delivery. This aligned with the recent studies of Smith & Lee (2021) and Zhao (2022) that reinforced the importance of customer-centric strategies in enhancing patient satisfaction and loyalty, particularly in service-oriented sectors such as optometry.

Marketing Orientation among Optometric Clinics in Region XI

Indicated in Table 3 is the level of marketing orientation in Region XI. The overall mean score is 3.95 with a standard deviation of 0.58, which is described as very high, which means that the respondents always observe marketing orientation.

Table 3
Level of Marketing Orientation among Optometric Clinics in Region XI

Indicators	SD	Mean	Descriptive Level
Intelligence Generation	0.63	3.88	Very High
Intelligence Dissemination	0.73	3.89	Very High
Responsiveness	0.55	4.09	Very High
Overall	**0.58**	**3.95**	**Very High**

Table 3 findings suggest the high level of marketing orientation among optometric clinics in Region XI, revealing an encouraging picture of how these clinics engage with their markets. This aligns with the study of Dąbrowsk, Kukier, & Tybińkowska (2025) which argues that marketing orientation, a vital component in healthcare service performance, refers to how well an organization understands and responds to market needs—particularly patient preferences and competitor activities.

The findings indicate that optometric clinics in Region XI demonstrate a very high level of marketing orientation, as reflected in the overall mean score of

3.95. This suggests a mature integration of marketing functions with clinical goals, which contributes to enhanced patient outcomes and sustained organizational growth. As emphasized by Alrubaiee (2011), such alignment in healthcare settings is linked to greater patient retention and improved brand image. Furthermore, the data highlights that these clinics are strategically positioned to respond to the shifting demands of healthcare consumers. Nonetheless, sustaining this competitive advantage necessitates ongoing innovation, continuous learning, and adaptability, particularly in response to the rapidly evolving expectations in the digital healthcare (Butin, et. al., 2011; Keesara, Jonas, & Schulman, 2020).

Customer Loyalty among Optometric Clinics in Region XI

Presented in Table 4 is the level of customer loyalty among optometric clinics in Region XI. The overall mean rating is 4.49 with a standard deviation of 0.43, which is described as very high, which means that the respondents always observe customer loyalty.

A consistent and strong trend of very high customer loyalty emerges across all indicators. All five dimensions Trust, Supplier Image, Customer Satisfaction, Commitment, and Over-all Loyalty received

mean scores above 4.40 on a 5-point Likert scale, each interpreted as "Very High." Among these, Trust recorded the highest mean score at 4.57 (SD = 0.45), highlighting its critical role in fostering long-term patient loyalty in optometric clinics. This was closely followed by Supplier Image (M = 4.54, SD = 0.48) and Customer Satisfaction (M= 4.49, SD = 0.46), indicating that patients perceive the clinics positively in both service quality and overall brand image. Commitment (M = 4.46, SD = 0.47) and Over-all Loyalty (M = 4.41, SD = 0.50) also rated very highly, suggesting deep emotional and behavioral engagement from patients.

Table 4
Level of Customer Loyalty among Optometric Clinics in Region XI

Indicators	SD	Mean	Descriptive Level
Customer Satisfaction	0.46	4.49	Very High
Trust	0.45	4.57	Very High
Supplier Image	0.48	4.54	Very High
Commitment	0.47	4.46	Very High
Loyalty	0.50	4.41	Very High
Overall	**0.43**	**4.49**	**Very High**

The findings in Table 4 highlight a promising trend: Optometric clinics in Region XI are achieving very high levels of customer loyalty across multiple dimensions. Each measured indicator—customer satisfaction, trust, supplier image, commitment, and overall loyalty—received scores above 4.40 on a 5-point scale, indicating consistently strong patient perceptions and experiences.

The overall high mean of (m=4.49) reinforces the argument that customer loyalty is a major strength of optometric clinics in Region XI. These results are encouraging for clinic administrators and serve as a model for other healthcare service providers seeking to strengthen patient retention. According to Gomez and Sicat (2022), fostering loyalty in healthcare requires more than just functional service—it demands emotional engagement, trust, and consistent value delivery.

These findings, as suggested by Lu, et. al. (2023) and Avlijas, et. al. (2023), suggest that optometric clinics in the region effectively nurture lasting relationships with their patients by aligning clinical competence with patient-centered care and brand strength. As healthcare becomes more competitive and consumer-driven, such loyalty-driven strategies may be key to sustaining success.

Correlation of Variables

The interrelationships between these variables merit further exploration, as suggested by Qalati et al. (2021), who identified synergistic effects between service quality improvements and customer loyalty outcomes. Similarly, Morgan and Anwar (2021) established connections between strategic orientation and marketing practices that ultimately enhance customer retention metrics. The consistently high scores across all variables suggest effective organizational alignment across customer-facing functions, which Ahrholdt et al. (2023) identify as increasingly essential in contemporary business environments characterized by heightened competition and rapidly evolving customer expectations.

Relationship of Service Quality and Customer loyalty

Presented in Table 5 is the computed r-value on the service quality and customer loyalty among optometric

clinics. The combined computed r-value of .813 denotes high positive correlation and gives probability value of less than 0.05. the result can be interpreted as that service quality has a significant direct relationship with customer loyalty hence, the null hypothesis is rejected.

Table 5
Significance on the Relationship between Service Quality and Customer Loyalty

Service Quality	Customer Loyalty					
	Customer Satisfaction	Trust	Supplier Image	Commitment	Loyalty	**Overall**
Reliability	.799**	.676**	.586**	.629**	.439**	**.690****
	.000	.000	.000	.000	.000	**.000**
Atmospherics	.799**	.708**	.708**	.741**	.589**	**.785****
	.000	.000	.000	.000	.000	**.000**
Policy	.762**	.707**	.625**	.727**	.560**	**.749****
	.000	.000	.000	.000	.000	**.000**
Overall	**.863****	**.764****	**.702****	**.767****	**.581****	**.813****
	.000	**.000**	**.000**	**.000**	**.000**	**.000**

The data reveals strong correlations between the service quality dimensions and the five customer loyalty indicators. All correlations were statistically significant with p value less than .05. atmospherics demonstrated the strongest overall relationship with customer loyalty r value equals .785, followed by policy r value of .749 and reliability r value equals .690. Among the customer loyalty dimensions, customer satisfaction showed the strongest correlation with service quality with an r value equal to .863, followed by commitment with an r value equal to .767, trust with an r value equal to .764, supplier image with an r value equal to .702, and loyalty with r value with equals .581. Particularly noteworthy is the strong correlation between atmospherics and commitment r value equals .741, suggesting that the physical environment and ambiance of optometric clinics significantly influence customer commitment. Similarly, atmospherics showed strong relationships with customer satisfaction r value equals .799 and trust r value equals .708.

These findings resonate with contemporary literature emphasizing the importance of service quality in healthcare, particularly in specialized fields such as optometry. Yilmaz et al. (2023), Akin (2025) underscore that the physical environment—including cleanliness, layout, ambiance, and the perceived professionalism of the space—plays a significant role in shaping patient perceptions and satisfaction. In the context of optometric clinics, where visual and sensory comfort are especially relevant, the physical setting can greatly influence trust and emotional reassurance. A well-maintained and welcoming clinic not only reinforces the credibility of the service provider but also enhances the overall patient experience, thereby contributing to stronger loyalty and retention. This highlights the need for clinics to treat environmental design as an integral component of their patient-centered care strategies.

Relationship of Strategic Orientation and Customer loyalty

Analysis of Table 6 reveals overall findings; the strategic orientation dimensions collectively showed a strong correlation with customer loyalty with r value equal to .572, with the strongest relationships observed with loyalty r value equal .590 and commitment r value equal .558. This aligns with recent

research in healthcare services marketing that emphasizes the importance of strategic orientation in building customer loyalty.

Table 6
Significance on the Relationship between Strategic Orientation and Customer Loyalty

Strategic Orientation	Customer Loyalty					
	Customer Satisfaction	Trust	Supplier Image	Commitment	Loyalty	**Overall**
Customer Orientation	.352** .000	.366** .000	.337** .000	.398** .000	.428** .000	**.420** .000**
Competitor Orientation	.088 .100	.059 .270	.065 .226	.118* .027	.238** .000	**.129* .015**
Cost Orientation	.449** .000	.480** .000	.411** .000	.527** .000	.505** .000	**.528** .000**
Service Innovation	.558** .000	.525** .000	.602** .000	.652** .000	.579** .000	**.649** .000**
Market Performance	.488** .000	.483** .000	.533** .000	.568** .000	.578** .000	**.591** .000**
Overall	**.475** .000**	**.465** .000**	**.475** .000**	**.558** .000**	**.590** .000**	**.572** .000**

These findings support Kumar et al. (2022), who found that service innovation strongly influences customer commitment in healthcare settings. The results also align with Patel and Wong's (2023) observation that market performance orientation significantly impacts customer loyalty behaviors in specialty healthcare services.

Relationship of Marketing Orientation and Customer loyalty

Analysis of Table 7 reveals significant positive relationships between marketing orientation dimensions and customer loyalty factors among optometric clinics in Region XI. All correlations were statistically significant ($p < .000$), demonstrating marketing orientation's important role in fostering customer loyalty in optometric services.

Among the marketing orientation dimensions, responsiveness exhibited the strongest correlation with customer l oyalty ($r = .676$), substantially outperforming both intelligence dissemination ($r = .472$) and intelligence generation ($r = .482$). This suggests that how optometric clinics respond to market intelligence is more critical than how they gather or distribute it internally.

Table 7 Significance on the Relationship between Marketing Orientation and Customer Loyalty among Optometric Clinics in Region XI

Marketing Orientation	Customer Loyalty					
	Customer Satisfaction	Trust	Supplier Image	Commitment	Loyalty	**Overall**
Intelligence Generation	.396** .000	.389** .000	.433** .000	.451** .000	.491** .000	**.482** .000**
Intelligence Dissemination	.365** .000	.357** .000	.410** .000	.521** .000	.462** .000	**.472** .000**
Responsiveness	.553** .000	.561** .000	.583** .000	.682** .000	.653** .000	**.676** .000**
Overall	**.473** .000**	**.469** .000**	**.515** .000**	**.600** .000**	**.579** .000**	**.588** .000**

These findings align with recent research by Hassan and Mukherjee (2023), who found that healthcare providers' responsiveness to market intelligence significantly influences patient commitment and loyalty. Similarly, Wulandari, Doddy, & Indaryani (2024) demonstrated that market-oriented healthcare providers who effectively respond to patient needs achieve higher levels of customer satisfaction and loyalty in specialty healthcare settings.

Influence of Exogenous Variables to Customer loyalty

Presented in Table 8 is the result of the regression analysis showing the influence of the three exogenous variables: service quality, strategic orientation, and marketing orientation on customer loyalty.

Table 8 Significance of the Influence of Service Quality, Strategic and Marketing Orientation on Customer Loyalty

Customer Loyalty				
(Variables)	*B*	β	*T*	*Sig.*
Constant	1.106		8.217	.000
Service Quality	.643	.705	17.851	.000
Strategic Orientation	.056	.061	1.254	.211
Marketing Orientation	.089	.121	2.487	.013
R	.824			
R^2	.679			
ΔR	.676			
F	244.367			
ρ	.000			

The findings revealed that the three exogenous variables significantly influence customer loyalty with an F-value of 244.367 and p-value of less than 0.05, thus the null hypothesis is rejected. Moreover, the R2 value of .679 suggests that 67.90 percent of customer loyalty is attributed to service quality, strategic orientation, and marketing orientation. The remaining 32.10 percent can be explained by other factors not included in this study.

Service quality significantly influenced customer loyalty ($\beta = .705$, $p < .000$). It implies that for every unit, an increase in service quality can lead to a 0.705 increase in customer loyalty. Similarly, marketing orientation showed a statistically significant influence on customer loyalty ($\beta = .121$, $p = .013$), which shows that for every unit, an increase in marketing orientation can lead to an increase of .021 in customer loyalty. Conversely, strategic orientation did not significantly influence customer loyalty ($\beta = .061$, $p = .211$).

These findings align with recent healthcare marketing research by Ahmad et al. (2023), who found that service quality is the dominant predictor of patient loyalty in specialized healthcare settings. Similarly, Nguyen and Park (2022) demonstrated that while marketing orientation contributes to customer loyalty, its impact is secondary to service quality factors in healthcare contexts. The non- significant impact of strategic orientation supports Zhang and Rodriguez's (2021) findings that strategic orientation may influence customer loyalty indirectly through mediating variables rather than directly.

Best Fit Model of Customer Loyalty

The primary objective of this research is to determine the best-fit model for customer loyalty among optometric clinics within Region XI, utilizing service strategic orientation, service quality, and marketing orientation as predictor variables. Each proposed model establishes a framework comprising two distinct components: a structural model that delineates relationships among latent variables and measurement parameters that quantify the loading of individual elements onto their respective latent variables. Model acceptance or rejection is predicated upon comprehensive fit evaluation criteria.

Table 9 summarizes goodness of fit measures of the three generated models in the study. The best-fit model was clearly identified based on the criterion that all indices must consistently fall within acceptable ranges. The P- value should be greater than 0.05, and the chi-square/degrees of freedom (CMIN/DF) is 0 < value < 2. Additionally, the goodness of fit index (GFI), comparative fit index (CFI), normed fit index (NFI), and Tucker-Lewis index (TLI) should be greater than 0.95. the root-mean-square error (RMSEA) must be less than 0.05, and its corresponding P-close value must be greater than 0.05.

Based on conventional thresholds recommended in recent methodological literature of Hair et al., (2021) and Kline (2021), only Model 3 demonstrates an acceptable and strong model fit across nearly all indices. Model 3 exhibits a p-value of .107, which surpasses the .05 threshold, indicating a non-significant chi-square and, thus, a good model fit. The CMIN/DF value of 1.387 falls within the acceptable range (between 0 and 2). Moreover, the fit indices—GFI (.986), CFI (.998), NFI (.992), and TLI (.993)—all exceed the recommended cutoff of .95, signifying an excellent fit. The RMSEA value of .033 is well below the .05 threshold, confirming low approximation error, and the P- close value of .837 further supports the model's adequacy.

In contrast, Models 1 and 2 show poor fit. Both models have p-values of
.000, indicating statistically significant chi-square statistics, and their CMIN/DF values (14.843 and 10.942, respectively) are well above the ideal range. Additionally, the other indices for these models (e.g., GFI, CFI, NFI, TLI) fall below the .95 benchmark, and their RMSEA values (.199 and .169) exceed acceptable levels, signaling poor model fit.

Thus, Model 3 is the only model that meets all the commonly accepted criteria for a well-fitting structural equation model and should be prioritized for interpretation and further analysis. Therefore, the null hypothesis of the no best-fit model was rejected. There is indeed a best fit model among Optometric clinics in Region XI.

Table 9
Summary of Goodness of Fit Measures of the Three Generated Models

Model	P-value (>0.05)	CMIN / DF (0<value<2)	GFI (>0.95)	CFI (>0.95)	NFI (>0.95)	TLI (>0.95)	RMSEA (<0.05)	P-close (>0.05)
1	.000	14.843	.685	.740	.727	.691	.199	.000
2	.000	10.942	.761	.817	.803	.778	.169	.000
3	.107	1.387	.986	.998	.992	.993	.033	.837

Legend: CMIN/DF – *Chi Square/Degrees of Freedom* NFI –*Normed Fit Index*
GFI – Goodness *of Fit Index* TLI -*Tucker-Lewis Index*
RMSEA – *Root Mean Square of Error Approximation* CFI – Comparative *Fit Index*

Based on Figure 2, it is identified in the model that customer satisfaction, trust, and commitment remain as the measurement of customer loyalty out of the five indicators. Customer Satisfaction is a key component of business methodology that determines the bearing of service performance. Customer satisfaction is characterized by the customer's evaluation of a product or service regarding whether that product or service has addressed the customer's needs and expectations (OK et al., 2018). Further, trust is important in affecting relationship commitment and customer loyalty. If one party trusts another, such a party is willing to develop a positive behavioral intention toward the other party. A previous study of (Alam et al., 2021; Wahyoedi et al., 2020). Trust, as a component of client dependability, impacts customer loyalty.

Moreover, Morgan and Hunt (1994) and Junaid (2024) posited that commitment represents the willingness of one party in a transaction to sustain a long- term cooperative relationship with the other party. This commitment becomes evident through observable behaviors such as the tendency to repurchase the brand even when alternatives exist and active promotion of the brand among peers (Haghkhah et al., 2020; Samudro et al., (2020).

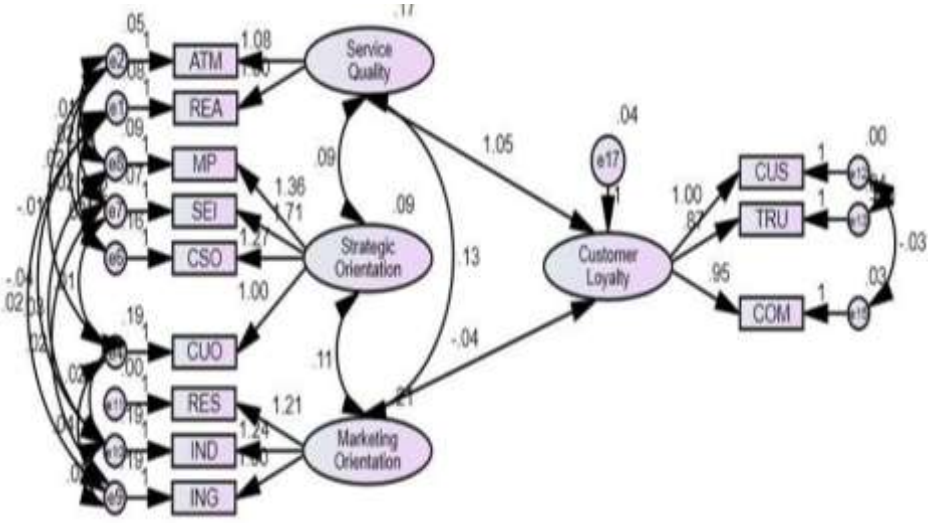

Figure 2. The Interrelationship Between Service Quality, Strategic Orientation, Marketing Orientation, and Customer Loyalty and their Direct Causal Relationship towards Customer Loyalty.

For service quality, as one of the exogenous variables of the study, only two out of three indicators appeared to have a causal link to customer loyalty. These indicators are atmospherics and reliability. Understanding atmospheric experiences is crucial in identifying the most impactful factors on customer loyalty. This aligns with the study of Abd Razaka et al. (2020), claims that understanding the impact of atmospheric experience on customer satisfaction will enhance the ability of the place to influence visitor satisfaction positively and subsequently will allow the area to stay competitive by creating customer loyalty.

As supported by Chmeis & Zaiter,(2022), who provides that the more customers have pleasant memories of their experience, the higher their intention to revisit will be and the more they will spread their positive experience to others. In a study by Chen (2024) and Samsa (2023), atmospherics act as stimuli and as the initial response, essentially leading to customer loyalty.

Meanwhile, reliability refers to the ability to perform the promised service dependably and accurately. This is aligned with the study of Kristiano, et al (2023) Putit,et al (2021) and Nguyen et al. (2022) that to strengthen customer loyalty, companies should prioritize enhancing service reliability, fostering emotional commitment, and delivering consistently high-quality services (Izogo, 2017; Yousaf et al., 2013; Kanwal, 2022). These approaches can foster a mutually beneficial relationship between service providers and their customers, ultimately driving greater loyalty and business performance (Zhang, Z., & Liang, H. 2023)

Furthermore, on strategic orientation, four out of five indicators play a direct causal relationship with customer loyalty, as included in the best-fit model for the study. One is market performance. Numerous studies affirm a significant and positive relationship between customer loyalty and market performance. For example, a study published in the IBIMA Business Review and Al-Msallam (2024) demonstrated that marketing strategies significantly enhance customer loyalty in the retail sector, with a Spearman's rho value of 0.639 ($p \leq 0.000$).

In addition, Setiawan and Saputra (2022), in their study published in sustainability, emphasize the role of customer loyalty as a mediating variable between market orientation and business performance. Their findings suggest that firms with high customer loyalty can leverage it to achieve superior market outcomes. Another study by Susanti, Wahyuningtias, and Darma (2023) further supports this view, showing that internal capabilities such as sustainable product development and strategic marketing efforts are crucial in maintaining customer loyalty, which in turn drives business performance.

Another indicator of strategic orientation is service innovation capability. It plays an influential role in healthcare services to gain a competitive advantage over other healthcare facilities. This allows clinics to meet or surpass consumer expectation for new and distinctive services (Dang & Nguyen, 2023; Nguyen, et al, 2023) Over the years, innovation became a major research topic. Originally, innovation research concentrated mostly on science and technology, as well as the new product development techniques for marketing and selling ideas and inventions in the manufacturing business. Innovation capabilities play a key role between strategic orientation and market performance, A model has been developed under the assumption that strategic orientations have positive effects on market performance and creating costumer value through innovation capabilities (Han & Zhou, 2022; Blanco-Sánchez, et al, 2023).

An additional indicator is cost orientation that represents a strategic approach centered on maximizing efficiency across all elements of a firm's value chain (Kumar et al., 2022; Zhao & Priporas, 2023). Unlike customer orientations which primarily focus externally, cost orientation directs attention inward, emphasizing comprehensive understanding of the expenses associated with delivering products and services to the market. Organizations pursuing this strategy typically achieve reductions in both average

and marginal costs as principal advantages (Santoro et al., 2022). When firms actively pursue cost reduction initiatives related to product and service development, they position themselves advantageously when competing for new business opportunities.

The last indicator is customer orientation. It embodies an organizational culture dedicated to continuously enhancing customer satisfaction through a deliberate focus on understanding targeted customers (Zhang et al., 2021; Han, et al.,2021). Organizations exhibiting strong customer orientation systematically generate insights regarding their target customers' existing and emerging needs, disseminating this intelligence throughout the enterprise ecosystem. Within customer-oriented firms, employees demonstrate a comprehensive understanding of their client base and appropriate engagement strategies (Rasool et al., 2023; Khan et al., 2024). A fundamental aspect of customer orientation involves examining supply chain opportunities and limitations from the customer's perspective (Pham et al., 2017; Kankam-Kwarteng, 2021; Rasool et al., 2020).

For the marketing orientation variable of the study, all three domains were included in the best-fit model. These are responsiveness, intelligence dissemination and intelligence generation. The results support the study of (Masitenyane & Mokoena, 2024) that responsiveness should take the form of selecting target markets and designing and offering products and services that cater to their immediate and future needs. All company departments need to be well coordinated to elicit the requisite responsiveness to market trends. In addition, responsiveness refers to the organizational ability to respond immediately to any environmental changes that may affect business (Saad, et al, 2022).

Further, intelligence dissemination as the second indicator also directly relates to customer loyalty as the endogenous variable. Research indicates strong correlations between intelligence dissemination (a key component of market orientation) and customer loyalty across multiple industries. Kohli and Jaworski (1990) established the foundational framework connecting these concepts, while Narver and Slater (1990) demonstrated positive associations with business performance.

Studies by Sin et al. (2005) found a significant positive correlation between intelligence dissemination and customer loyalty metrics in service firms, while Pekovic and Rolland (2016) documented 23 percent higher loyalty scores in organizations with robust information sharing. Slater and Narver (2000) observed 18 percent higher customer retention in companies with superior intelligence dissemination, while Homburg et al. (2006) demonstrated a 31 percent improvement in loyalty metrics within retail contexts over two years.

The underlying mechanisms include enhanced responsiveness (Mansouri, et al, 2020, Gremler, et al, 2020). coordinated customer experiences (Jaworski & Kohli, 1993; Fergurson, et al, 2024). proactive innovation (Kumar et al., 2011; Tuti, & Sulistia, 2022), improved personalization (Morgan & Hunt, 1994:,2012, Chen, et al 2022), and employee empowerment (Rafiq & Ahmed, 2000; Putit, et al, 2021), all contributing to stronger customer relationships and sustained loyalty.

Intelligence generation, another indicator of market orientation, significantly influences customer loyalty outcomes across diverse industry contexts. Kohli and Jaworski (1990) first identified intelligence generation as a critical dimension of market orientation, while Narver and Slater (1990) found it contributed to 15 percent higher customer retention rates. Deshpandé and Farley (2004), Barnes, N., Iqbal, M., & Akhtar, S. (2019) showed that intelligence generation explained approximately 31 percent of variance in customer loyalty metrics, and Kumar et al. (2011) documented a 24 percent increase in loyalty scores from improved intelligence generation processes.

The final best fit model for customer loyalty among optometric clinics in Region XI demonstrates excellent overall model fit based on key structural equation modeling indices. The Chi-square (CMIN) value of 30.513 with 22 degrees of freedom and a p-value of .107 suggests that the model is not significantly different from the observed data, indicating a good fit. Moreover, the CMIN/DF ratio of 1.387 falls well below the acceptable threshold of 3.0, reinforcing model adequacy. Additional fit indices further validate this conclusion: the Goodness-of-Fit Index (GFI) is high at .986, while the Adjusted GFI (AGFI) is .950, and the Root Mean Square Error of Approximation (RMSEA) is very low .033 with a PCLOSE of .837, indicating a close fit of the model to the population data. Comparative fit measures such as CFI (.998), IFI (.998), and TLI (.993) also fall within the excellent range, confirming the model's robustness. These metrics collectively suggest that the hypothesized structural model effectively captures the underlying relationships contributing to customer loyalty and is both statistically sound and practically relevant for explaining loyalty behavior in the context of optometric services.

4. Conclusion and Recommendation

The use of structural equation models strengthened the consistency and reliability of the study because of analysis that goes through the trajectory of model specification, model estimation, and model evaluation. Results showed that the level of strategic orientation is high, indicating that this variable is often observed or manifested. The level of service quality, marketing orientation, and customer loyalty produced very high results, indicating that these three variables are always observed and manifested among optometric clinics. The result underscores that the overall high-level result on strategic orientation should be improved and enhanced to reach a very high level. Optometric clinic owners should invest in training on improving their marketing strategy, innovation, pricing, and costing of their product and invest more in placing customers at the center of all business activities by systematically identifying, addressing, and exceeding their needs, expectations, and satisfaction levels. Nevertheless, the three remaining variables that produce a very high result are recommended for the sustainability and maintenance of their practices.

The study's overall findings reveal that the three exogenous variables— service quality, strategic orientation, and marketing orientation— significantly influence customer loyalty among optometric clinics. Among these, service quality emerged as the strongest predictor of customer loyalty. This suggests that enhancing service delivery standards can increase patient retention and satisfaction. Strengthening the relationships between these variables is essential, as higher levels of service quality, strategic orientation, and marketing orientation contribute to the efficient implementation of clinic strategies. This, in turn, enables clinics to gain a competitive edge over other healthcare facilities by better aligning their services with evolving consumer expectations.

Model 3 demonstrated the best fit among the three structural models tested, as evidenced by consistently superior fit indices. This model identifies service quality—characterized by indicators such as atmospherics and reliability—as a key contributor to loyalty. Strategic orientation is represented by service innovation, cost orientation, and customer orientation while marketing orientation includes responsiveness, intelligence dissemination, and intelligence generation. Collectively, these components are robust predictors of customer loyalty. The best-fit model underscores the potential of these exogenous variables to serve as strategic levers for enhancing clinical growth and competitive advantage.

Finally, it is recommended that optometric clinics across Region XI adopt the best-fit model established by this study to guide the enhancement of service quality, strategic orientation, and marketing orientation. Doing so will not only improve internal operations and customer engagement but will also deepen the

industry's understanding of customer loyalty's critical role in the success and sustainability of optometric healthcare services.

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