

An Evaluation of Healthcare Services at Rio Tuba Nickel Foundation Incorporated (RTNFI) Hospital : Basis for Nursing Service Improvement Plan

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ABSTRACT

Manga, M.B. “An Evaluation of Healthcare Services at Rio Tuba Nickel Foundation Incorporated (RTNFI) Hospital: Basis for Nursing Service Improvement Plan”

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The quality of healthcare services, especially in nursing care, may have an impact to patient outcomes and satisfaction. This study aimed to appraise the healthcare services at the Rio Tuba Nickel Foundation Incorporated (RTNFI) Hospital through the insights of employees, dependents, and patients, using a descriptive survey design with self-assisted questionnaires and descriptive statistical analysis. The assessment has focus into 4 aspects regarding healthcare accessibility, medical technology, provider attitudes, and quality of patient care in order to identify strengths and areas for improvement. The findings revealed moderate overall satisfaction (mean 3.26), but highlighted significant deficiencies, particularly in accessibility (both regular and after-hours) and operational efficiency, including long wait times, unclear communication, and poor scheduling. While basic healthcare provision and referral systems were noted as strengths, challenges related to timely service delivery and responsiveness required attention. These insights informed the development of a targeted Nursing Service Improvement Plan aimed at enhancing nursing competencies and service delivery processes to improve patient experiences and satisfaction at RTNFI Hospital.

Chapter I

INTRODUCTION

This chapter provides details information about the research, outlines the problem being addressed, explains the importance of the study, specifies its scope, and limitation and also gives an overview of the main ideas involved in the research.

Background of the Study

Determining the quality of healthcare is a complex task because it encompasses a variety of factors that vary from patient to patient. It is effectively impossible for any healthcare professional to perform an equally agreeable practice. Evaluating quality needs gauging numerous aspects of the program, including development, design, and results (Fisher et al. 2012).

Service delivery is an important and everyday health system function is motivated by governance, finance and resources. It directly reflects the health system's objectives and ultimately, the achievement of the basic aims of the health system (Nolte, E., et al. 2022).

Established on a thorough evaluation of contemporary healthcare provision in Nigeria, providing efficient healthcare services to a broad population is a fundamental responsibility of the government, especially concerning the provision of quality modern healthcare. (Ogidi, 2013).

The healthcare industry is continuously evolving, service delivery must be adapted and modify to enhance satisfaction among both workers and patients, Appraisal of Health care Delivery System - 1478 words (Bartleby. n.d.)

RTNFI Hospital, also known as the Rio Tuba Nickel Mining Corporation Hospital, is placed in Palawan, Philippines. The hospital is documented mainly for providing health care to Rio Tuba Nickel Mining Corporation employees, dependents, and the community, and has full-grown over the years, enhancing and qualifying its facilities and services has held a large patient population.

As patient number increased, so did the need for satisfactory health care services, which led to the construction of the hospital. Concluded time, RTNFI Hospital has expected to be the center of healthcare provider in Southern Palawan, to progress healthcare access and to give a high-quality healthcare services contributing to the total well-being of the local population most particularly to the employees and their dependents.

Healthcare services at Rio Tuba Nickel Foundation Incorporated (RTNFI) Hospital have advanced considerably over the past few decades, emphasizing the importance of patient-centered care and staff satisfaction. Even though RTNFI hospital offers free healthcare services to its employees and their dependents, the employees still seek consultations at other nearby hospitals. Over nine years as a nurse in a general ward at RTNFI Hospital, complaints persist about first long waiting times in hospital care, which can result in increased pressure, anxiety, and delays in diagnosis and treatment, potentially deteriorating health outcomes, second unfriendly healthcare providers can make patients feel intimidated and reluctant to speak freely, leading to worse health outcomes, third inadequate resource distribution that can extend wait times for appointments and procedures, causing delays in diagnosis and treatment, and lastly insufficient availability of vital medical tools and materials negatively affects the quality of care offered, along with poor technology integration that may obstruct care quality and accessibility, leading to delays and reduced efficiency. All of these factors can adversely affect patient-provider relationships and the quality of care.

Recurrent encounters and patients concern give an idea and understanding to the researcher that the hospital need to address these gaps through the viewpoints of those directly involved—employees and their patients’—to enhance areas for improvement. Addressing gaps in healthcare services at RTNFI Hospital can enhance patient experience, outcomes, and overall efficiency of the system.

Thoughtful the unique needs and viewpoints of this population is vital for evolving targeted interventions that improve access to care, increase satisfaction, and help an improved workforce. Through this appraisal, the study aims to provide actionable commendations for hospital management, assuring that the healthcare presented services are equally functioning and receptive to the needs of all participants involved and eventually improving patient outcomes.

Evaluation in healthcare industry is important to enhance efficiency, to find strength and promoting evidence-based decision-making, accountability, transparency, community awareness, and respecting human rights (Eval Community. 2024, April 22).

Statement of the Problem

The aim of this research is to evaluate the healthcare services provided by RTNFI Hospital and to address the subsequent questions;

1. What is the socio demographic profile of the participants in terms of:
 - a. age,
 - b. educational attainment,
 - c. employment status,
 - d. sex,
 - e. marital status, and
 - f. monthly income?
2. What is the respondents' level of satisfaction in the healthcare services in terms of;
 - a. accessibility of care,
 - b. advancement of medical technology,
 - c. healthcare providers attitudes, and
 - d. patient quality care?
3. Is there significant relationship between the respondents' demographic data and their level of satisfaction in terms of:
 - a. accessibility of care,
 - b. advancement of medical technology,
 - c. healthcare providers attitudes, and
 - d. patient quality care?
4. What strategic plan can be proposed to improve RTNFI-Hospital Nursing services?

Significance of the Study

This research sought to evaluate the satisfaction levels of both employees and patients within different departments of RTNFI Hospital, particularly in ER, OB, Surgical, Medical, and Pedia wards, focusing on accessibility of care, technological advancements, healthcare providers' attitudes, and quality of patient care.

The research aims to pinpoint strengths and aspects needing enhancement in the hospital's service delivery by collecting feedback from employees and patients. This study enhances patient care and satisfaction while fostering a culture of advancement within the healthcare organization. This research will additionally make a contribution in the following ways;

Employees and Patients', the study evaluates healthcare services to identify strengths and weaknesses, aiming to improve health and well-being for employees and patients. Perceptions from employees and patients can update hospital management, leading to integrated services.

Community, evaluating healthcare services is vital for identifying deficiencies, inequalities, and chances for enhancement, development community participation and partnership. It gathers data from employees and patients, offering a complete viewpoint on service quality and efficacy

Nursing Education is essential for students to know the healthcare organization, assess its effectiveness, and support theoretical skills. It endorses a patient-focused strategy, empowering future healthcare providers to offer excellent care. It inspires collaboration, teamwork among medical professionals, supports evidence-based practices, and effects healthcare policies

Nursing Practice, Evaluation of healthcare services will help to improve patient care, identify improvement areas, implement treatments, and assess policy impact. It promotes professional growth, aligns with healthcare landscape, and enhances patient satisfaction.

Nursing Research, Gives insights regarding the performance and effectiveness of health care organizations. It suggests valuable perceptions regarding the quality of care, patient satisfaction, and general healthcare outcomes.

RTNFI-Hospital. Healthcare provider that delivers medical services, analyzes patient safety, clinical outcomes, satisfaction and resource utilization, identifies areas of improvement and develops evidenced-based.

assessment is important for hospitals to improve the efficiency of their operations.

Scope and Delimitation of the Study

This research collected perspectives from the employees of CBNC, ILS, LSVMS, RTN, RTNFI, along with dependents and patients who had consultations at RTNFI Hospital from the (ER, OB, Surgical, Medical, and Pedia wards) areas. It evaluates healthcare services, together with accessibility of care, advancements in medical technology, attitudes of healthcare providers, and the quality of patient care. These medical technologies/devices were mostly use in nursing units, nonetheless, it was important to specify that the use of these technologies was not restricted solely to nursing. Though nurses normally assisted as the main operators, monitors, and primary responders for these devices, they were important parts of the larger healthcare team's resources. Healthcare workers, mostly nurses, essential to know how to use nursing and medical technologies to enhance patient care, safety, and efficiency. In advance expertise in these technologies is critical for their professional duties and impacts the quality of patient safety and care.

The findings of this appraisal were to enhance care quality at RTNFI-Hospital and a basis for nursing services improvement plan. An overall of 300 employees and patients, aged 18 and above were randomly selected for interviews and surveys. The study will commence in the second semester of the school year 2024-2025.

Definition of Terms

The following terms are well defined theoretically and practically for better understanding of the study.

Accessibility of Care. The capacity for individuals to obtain healthcare services quickly and easily. It consists of factors such as travel time to healthcare facilities, waiting times for scheduled appointments, access to transportation alternatives and the presence of culturally competent care providers.

Advancement of Medical Technology. Apply to their disposition, use, and oversight by healthcare professionals including nurses, doctors, and other relevant personnel, within selected clinical settings (ER, Delivery Room, Pediatric Ward, Surgical Ward, General Ward, etc.) at RTNFI Hospital. This includes factors like user-friendliness, competences, reliability, and how well they are combined into patient care delivery methods.

Basis. Refers to the fundamental principles or foundation upon which something is built or developed. It is also a practical application or implementation of these theoretical principles in real-world scenarios.

Coral Bay Nickel Corporation (CBNC). Is a company involved in the mining and processing of nickel. It purposes a nickel processing plant that operates a hydrometallurgical process to extract nickel from lateritic ores. The company is known for its processes in the Philippines, mainly in the region of Palawan.

Employees. Are people who work for a company or employer in exchange for payment, usually in the form of wages or salaries. Employees agree to do detailed activities or responsibilities under the direction

and supervision of the employer, causal to the organization's aims and objectives. These patients are the priority of the RTNFI hospital to obtain medical treatments and entitled to benefits as per their employment agreement and applicable labor laws.

Health Care delivery. It is an organized approach to providing those health services to individuals or groups, including community, professional, treatment delivery, preventive care, and health promotion activities.

Healthcare Providers Attitude. Evident behaviors toward patients and colleagues, including communication style, respect, and cultural sensitivity, can be evaluated through observation, comment, and assessments.

Healthcare Services Appraisal. This is a framework for evaluating the quality, efficiency, and effectiveness of healthcare services, including the patient's satisfaction and with best practices and ethics. This is the assessment of healthcare services and efficiency listed to be used and identify areas of improvement.

Indigenous Learning System (ILS). It is one of the RTNFI components typically refers to an educational institution that focuses on the cultural, historical, and linguistic heritage of Indigenous peoples specifically in all barangays in Bataraza Palawan.

Improvement Plan. An organized method to improve an organization's efficiency by creating clear goals, objectives, and strategies. It involves dealing performance, methodologies for quality improvement, creating goals, feedback systems, and principles of change organization.

Leonides S. Virata Memorial School (LSVMS). It is also a RTNFI components that is likely named in honor of Leonides S. Virata, who may have been a notable figure in the community or in the field of education. The school naturally aims to provide quality education specifically to the employees' children.

Nursing service. Needs healthcare practitioners bringing services such as evaluations, care strategies, medication delivery, monitoring vital signs, educating patients, and working together to guarantee the best patient results.

Patients. Are individuals who seek or receive treatment, therapy or counseling from healthcare professionals. This patient can be defined as individuals who are formally enrolled in the health system and receive treatment.

Patient Level of Satisfaction. Mentions to how well healthcare services meet patients' needs and expectations. It comprises aspects like quality of care, communication, and the healthcare environment.

Patient Quality Care. Importance on bringing healthcare services that prioritize safety, efficiency, patient-centeredness, suitability, competence, and equity. It consists of evidence-based, modified care provided in a concerned and respectful manner to improve health outcomes and patient satisfaction.

Quality of Care. This is the success, safety and the quality of healthcare delivered by RTNFI Hospitals including patient satisfaction, clinical outcomes, compliance to best practices, response and complete patient experience.

RTNFI Hospital, the Rio Tuba Nickel Foundation Incorporated Hospital. A healthcare foundation established by the Rio Tuba Nickel Foundation, which is expected focused on providing medical services and helping health among employees and patients.

Rio Tuba Nickel Foundation Incorporated (RTNFI). It is an organization that is likely involved in community development and support initiatives in the different components like ILS, LSVMS, and RTNFI-Hospital. These components served the community with regards to education, the health of the employees including their family and giving a free education to indigenous individuals.

Rio Tuba Nickel Mining Company (RTNMC). mining company mainly involved in nickel ore mining and processing operates in the Rio Tuba Palawan area, known for its rich mineral resources.

Chapter II

REVIEW OF RELATED LITERATURE

This chapter presents pertinent literature and studies by the researchers. It was measured to support the implications of the present study.

Related Literature

As RTNFI – hospital health initiatives evolve, appraisal of health services is more and more important to recognize professional and client perceptions, recognize the viewpoints of various participants—including employees and dependents—becomes even more significant.

This aging population has many implications, especially in health care. Older adults are more involved in health care services than younger adults and are unduly affected by chronic illnesses, like diabetes, arthritis, and heart disease, (Johnson, J. 2023).

Research has recognized that a person’s socioeconomic status (SES) plays a significant role in providing health results (Begley et al., 2011); U.S. Department of Health and Human Services, (2015). Addressing SES effects will involve innovation and spending in many different areas, from local resources (e.g., quality housing) to refining the efficiency of health care delivery (e.g., lower readmission rates). By recognizing problems in health care service delivery that unduly affect low-SES patients, resisted reform efforts can begin, (Averill, R. F., & Mills, R. E. 2022).

Evaluating the spatial impact of demographic factors or complaints on physical therapy patients within an under-served population in Central Florida. graphics race, age, sex, and ethnicity have been shown to affect patient health status. Patient health status is inclined by demographics; race, age, sex, and ethnicity are identified to impact patient health outcomes. The occurrence of continuing illnesses has been started to vary by race, age, sex, and society; though, little is identified about how these demographic factors impact conditions or complaints accessible in a student-run clinic (SRC), (El-Said, A., et.al., 2022).

Nursing presentation is clear as the exclusive purpose of the nurse to support patients in attaining independence as rapidly as possible while providing helpful care. Furthermore, the delivery of nursing care is measured a professional service and an important aspect of healthcare that is grounded in scientific knowledge and nursing techniques. Nurses offer attention to individuals, families, groups, and communities, whether they are sick or healthy. The value of nursing care comprises providing nursing services through a process anticipated at cultivating the complete excellence of patient care, (Al-Hasnawi, A. A., & Aljebory, M. K. A. 2023).

Healthcare professionals job satisfaction is a major concern, due to its impact on physician results (e.g., performance and mental health) and health outcomes (e.g., care, and good, patient outcomes). Work environment issues suggestively influence job satisfaction between healthcare professionals, together with personal factors like age, sex, marital status, position, and education history, (Li et al., 2024).

Evaluating patient satisfaction may deliver valuable and unique perceptions about daily hospital care and quality. One broadly takes it as an independent measurement of care quality that comprises internal features of hospital care. Patient satisfaction is a concept that has long been abandoned and discarded, but is slowly gaining in importance. Donabedian includes this as a consequence of health services; Assessment of appropriate care is therefore of utmost importance, (Ferreira, D. C., et.al., 2023).

Health value measures were the utmost significant drivers of patient satisfaction in the surveys. Among them, quality of personal service by health professionals was the most important factor for patient satisfaction. Sociodemographic characteristics were the most diverse in the study. Capacity and direction associated with patient satisfaction were found to be inconsistent, (Batbaatar, E., et.al., 2016).

In the last few years, there has been a tremendous change in the healthcare industry where the importance of patients' insight into healthcare in terms of assessment has increased dramatically because now it is so competitive, their satisfaction is an important factor improving efficiency. However, the importance of the patient's viewpoint in health care has often been overlooked by physicians in developing countries, and this lack of attention is particularly applicable in resource-limited settings that Haiti National University Hospital This study aims to evaluate patient satisfaction and identify influencing factors, (Millien, H., & Joseph, T. 2023).

The primary goal of health services is to understand patients' health prospects and raise the standard of care they receive. (Cati and Yilmaz, 2002). In this industry many developments have been brought about by the increasing cost of services in recent years. The standard of care provided by this sector has become progressively important due to the development of the health sector and the growing need for it. According to Robinson (1999), service quality is a prerequisite for customer satisfaction. (Mammadov, A., & Gasanov, R. 2017).

According to Kayral (2014), patients' insights concerning the service quality are implicitly correlated with their satisfaction level. The basic goal of health service organizations is to deliver quality care and patient satisfaction. According to Zeithaml and Bitner (2000), patients' satisfaction about medical care determines their patient's behavior: making positive remarks about the hospital, choosing the hospital in case of need for looking for help, increasing the incidence of going to the hospital, willingness to pay for services at a higher cost.

According to The Online Journal of Issues in Nursing. (n.d.). the-patient-experience-and-patient-satisfaction/Measurement and understanding of the patient, caregiver, and family involvement of healthcare provides the chance for reflection and enhancement of nursing care and patient results. The insight of patient experience, however, is unexpectedly complex.

Health care is varying rapidly and the need to progress quality in its delivery is growing. Patient satisfaction is a significant indicator for health care quality and reflects the ability of the provider to meet the patients' needs. Patient satisfaction is definite as the degree of the likeness among the anticipated excellence of care and the definite received care. Patient satisfaction with nursing care is of great position to any health care agency since nurses include most health care providers and they provide care for patients 24 hours a day. Patients are easier to serve if they touch their needs are being met. Patient satisfaction has been used as a gauge of quality services provided by health care workers in tertiary hospitals, (Folami, F. 2019).

Patient's satisfaction in healthcare has remained one of the significant aspects in determining level of healthcare organization presentation worldwide. The optimal of a healthcare organization by patients has in utmost cases depended on the affordability and the quality of healthcare service given. The discontent arises in when possibly a healthcare provider, facility or management plays an undesirable role in the direction of meeting the expectation of patients, (Gore, R. P., et.al., 2022).

Multiple factors, such as healthcare outcomes and quality, shape patients' expectations of healthcare services. To improve understanding of the elements that influence healthcare outcomes, researchers often apply the Andersen behavioral model⁵ to build and clarify factors within the predisposing, enabling and need categories. Patients' experiences and results hold important in their own right.⁶⁻⁸ In many cases,

patients' experiences and satisfaction are based on outcomes⁹ and the meeting of their expectations and vice versa, (Chiou, S., Lee, et.al., 2019).

Universal competition in a developing industry is fueling patient interest and raising concerns about health care delivery. Increasing concern for health Current developments and economic growth have dramatically improved the demand for health care and changed society's behavior towards a better quality of life. A rise in global competition for the service delivery has shaped a difficult situation affecting the business landscape, mainly medical services. As a result, the health care sector has started to emphasized on healthcare service delivery due to the increased competition among hospitals. This delivery has motivated the patients to make the best option when selecting a hospital (Manzoor, F., et.al., 2019).

Delivering high-quality, health services is a progressively complex challenge. Due to the problems inherent in healthcare policy and programs, examining the utilization, cost, quality, availability, distribution, organization, finance, and results of healthcare and understood is crucial to updating management agencies, insurers, providers, consumers, and others. Health services researchers investigate the accessibility of care, costs and processes in health care services for both individuals and communities, (Steinwachs, D. M., & Hughes, R. G. 2008).

The growing competition within the healthcare industry and the transformation in people's living conditions have led to an increased importance on the quality of healthcare services, (S. K., Barkur, G., et.al 2021). The delivery of quality healthcare services has developed a major issue for patients. In the same way, providing quality services to their patients has turn out to be important for health care professionals, (Al Owad et al., 2010). They also be unsuccessful to understand the importance of providing quality healthcare and the risk of losing patients in ensuring patient satisfaction (Ampaw et al. 2020). In the same manner, the establishment of quality services leads to higher levels of patient satisfaction, (Afrashtehfar et al. 2020). Studies points out that "employees and managers should ensure they are relaxed, and have casual seating. Refrain from sitting behind a desk, since this can create physical barrier between manager and their team. The remarks from others must be accepted without interruption". Additionally, it is vital to "reproduce what has been said as precisely as possible. This is an essential way to building empathy, and displays what has been expressed and what has been understood (Vasset, F. 2014).

According to Sacramento Regional Research Institute, (2005), Healthcare stands as one of the utmost vital service industries in society, as it is very essential deals with the safety of actual human lives. In any healthcare organization especially in, more prestigious institutions such as hospitals, it is undoubtedly essential to maintain service quality to uphold service quality in order to carry out its commitment to remain bringing better health outcomes for the community. The patients are the main beneficiaries of services, pursuing satisfaction through efficient and high- quality healthcare that offer better health results (Herrera, Roman, & Alarilla, 2010). The quality of healthcare services has consistently raised subject concerns for both private and public healthcare service providers worldwide, (Darzi, M. A., et.al., 2023). Senic and Marinkovic (2013), state that the quality of healthcare services is gauged by the quality of healthcare services rendered. Adherence to quality standards and enhanced quality design results in a better-supposed value, which translates to competitive pricing, better proceeds and greater success Zeithaml, (2000). Clients in the healthcare industry in developing countries are increasingly more and more mindful of their right to quality healthcare. As a result, bringing high-quality service by healthcare service providers is gaining momentum, (Abuosi & Atinga, (2013).

Yee, Yeung, and Cheng (2010), stated that healthcare service providers need to provide high-quality services to maintain the trust of patients. Demand for high—quality service is rising due to an increase

customers' per capita income and their growing aspirations (Singh & Prasher, 2019). Service quality assessment varies from the service provider's and service receiver's point of view. Service delivery experts evaluate service based on delivery and design features, whereas receivers of service evaluate it based on their overall impression after experiencing the service Brown & Swartz, (1989).

According to the research conducted by Overmann, K. M., et.al., (2021). Current health care requires that patients, staff, and equipment to navigate complex settings to deliver quality care efficiently. Real-time locating systems (RTLS) are local tracking systems that recognize the physical locations of personnel and equipment instantly.

Healthcare organizations are increasingly attempted to deliver care that is both evidences grounded and patient centered. While often complementary, basic inconsistencies may exist between these goals, and the organizational culture and infrastructure essential to be successful in one area may significantly hinder performance in the other, (Engle, R. L., et.al.,. 2019).

The current challenges across the NHS in the short term raise its immediate outcome have posed the question of how we use learning to effectively and systematically deliver real-time improvements at scale and at step on our shared priorities, while simultaneously evolving the capacity and ability of the service to improve over time (England, N. n.d.).

There is a growing recognition globally of the need to examine how healthcare providers operate, and justify their performance and productivity. International evidence to suggest that organizations which do not integrate ongoing performance evaluation into their system tend to experience less than expected performance improvements, as well as increased dissatisfaction and turnover of staff (Lizarondo, L., Grimmer, K., & Kumar, S. 2014).

Patient satisfaction with hospital services is one of the most indicator of effectiveness and quality of hospital services. Surveys measuring patient satisfaction can offer crucial data for evaluating the current status, responsiveness of quality and quantity of procedure improvement programs and quality enhancement to health administrators and policy makers. Ongoing evaluation of patient satisfaction and recognition of the issues influencing it involves development of complete and precise data system in this field; that by utilizing of the results of previous studies phases can lead to improve patient satisfaction, (Farzianpour, F., et.al., 2015).

Access to health care," together with the cost and quality of that care, is generally regarded as one of the three major indicators for assessing the effectiveness of a health-care system. Although access serves as a major indicator of presentation and remains an ongoing issue for the US health-care system, it is often not clearly defined and its meaning has been changed over time (Access to health care. n.d.).

Fostering a supportive safety culture is progressively recognized as a method to strengthen learning within healthcare systems. Safety culture is a multifaceted and varied concept but can be generally defined as organizational beliefs, values and behaviours for patient safety. The idea can form a significant component of high-performance organisations. Safety climate, a term often used interchangeably with safety culture, refers instead to a group or team perception of safety culture in organisations. A major emphasis of safety culture in healthcare is minimizing patient harm and gaining insights from events when they occur (Finn, M., Walsh, A., et.al. 2024).

The efficiency health system is a priority concern for policy makers worldwide due to increasing health system costs. Achieving of efficiency demonstrates good stewardship through effective use of available resources and the elimination of waste. It also motivates the willingness of governments and citizens to provide resources towards Universal Health Coverage (UHC). Enhanced efficiency is recognized as a

valuable goal of the health system and a temporary objective of health-financing policies that contributes towards the attainment of health system objectives. It serves as a major factor for priority setting by decision makers. Given the limited of healthcare resources, it is crucial that health systems, in both high income (HIC) and low- and middle-income countries (LMICs), to direct their operations towards using their resources efficiently to maximize the achievement of stated health system goals and support financial sustainability in the long-term towards UHC, (Mbau, R., et.al., 2022).

The landscape of healthcare delivery is endlessly growing. A suitable use of research and appraisal is key when measuring not only the need for transformation but also when instituting one's advanced actions. (Ferris, H. A., & Devaney, A. 2017). Combined care is a fairly new perception and this poster highlights how the procedure of evaluation supports us to make results as to how well a precise practice is working and whether or not changes or enhancements are required, (Polit D & Beck C. 2007).

Healthcare resources are inadequate, making it challenging to provide suitable healthcare services to all patients with various health conditions, while health costs have also been increasing sharply over recent years. Due to this lack of resources, it is unfeasible to close the gap between available resources and the mandate for healthcare basically by raising healthcare budgets. A process for assessing opportunities and managing and utilizing available resources more efficiently. In this critical period, financial evaluations play a key role in determining the cost efficiency of another healthcare programs, services, or interventions. All nations, including developing countries, can benefit from health economic evaluation, (Tefera, B. B., et.al. (2023).

Healthcare has recently established much attention as it is the fastest growing service sector worldwide. Concerns regarding healthcare quality and patient safety have improved, especially concerning cost, malpractice, and healthcare reform. The essential value of service in the healthcare industry can be distinguished from other services, thus raising the challenge of assessing relative service quality of care providers in this intricate industry, (Lee, D., & Kim, K. K. 2017).

A range of usually gathered administrative and clinically generated healthcare information might be used to assess the effects of interventions to enhanced care. However, there is an insufficient of direction as to where related routine data can be found or accessed and how it can be linked to other data. A diverse array of methodological literature can also make it hard to understand which methods to utilize for data analysis, (Clarke, G. M., et.al., 2019).

Evaluating ways, refining managing skills, evolving flexibility, and enhancing observance in patients are important to enhancing healthy behaviors and make safe a better quality of life (Tung, H. 2020).

Wide-reaching, most hospitals strive to meet patient expectations and needs. Patients desire to receive more excellence services after a short period. It is important to recognize that there are aspects that affect healthcare management that can be improved to ensure there is quality in the services. The socio-demographic factor of the patient is a significant concern. Oklahoma sees an increased number of foreign nationals consulting the numerous healthcare providers (Amer, B. A. 2021).

Medical care is a service approach provided by healthcare professionals, and the evaluation of medical services should be based on the patient's complete experience throughout the medical procedure. The quality of healthcare is influenced by the tools and competence of medical staff, which is directly experienced by the patients. These factors enhance patient trust, leading to better connections and collaboration with healthcare providers, which in turn ultimately improving healthcare results. Throughout the process of medical service delivery, the causal relationships among several professed service quality ideas are serious factors influencing healthcare outcomes, (Hen, C., et.al. 2024).

Healthcare is always varying to help an individual to stay healthy. The service quality in hospitals and clinics is of great importance for health foundations across the world. As patients become more conscious of their health, patient insight of healthcare quality has become very relevant, so many hospitals compete to give better care and increase patients' satisfaction to the medical services offered. (Singh, D., & Dixit, K. 2020).

From the (Service Design Perspective n.d.). International Journal of Design). In this competitive healthcare world with growing patient consumerism, it is important for healthcare providers to know what patients and families experience in their facilities, how they perceive healthcare service quality, and what impressions those insights in order to satisfy and surpass patients' wants and needs. In 2001, a group called the Institute of Medicine (IOM) decided that healthcare should be better in six ways: They are to be: safe, operative, patient-centered, appropriate, effective, and reasonable (IOM, 2001). Of all these, making healthcare a patient-centered meaning caring about what the patient needs and wants has been a powerful force for healthcare services cape design. Healthcare experts also know that the way hospital or clinic looks and feels, like how clean and comfortable it is, can help patients and their families understand and feel better about the care they receive. (From Evaluating Serviceability of Healthcare Services capes:

Health systems strengthening (HSS) involves enhancing and optimizing the functioning of our health services to ensure that all individuals receive better care. It involves making changes in rules and methods to enhance access to healthcare, improve quality, increase efficiency.

Essentially, HSS is about generating long-term changes, rather than satisfying identified gaps or executing interventions with short-term benefits Foundations of HSS therefore should be purposeful, established in a foundation method and workable (Balqis-Ali, et.al., 2021).

Healthcare-innovation-unleashed-bridging-gaps-remote-chamorro-koc, bridging gaps between remote and regional services cannot be addressed with technology alone. It requires the commitment from industry, technologists, health services and government to support projects where the human component is at the centre of the solution, and where the methodology approach considers cultural responsiveness (Chamorro-Koc, M. 2023).

Healthcare innovation creates a multifaceted and dynamic combination of technological advancements, research, and the development of healthcare delivery systems, to encourage a transformative change in patient care standards and health management practices. The goal is to help people get better care, make healthcare more accessible and make healthcare systems work more efficiently and effectively. Fundamentally, it's about using new inventions to improve the way we stay healthy and get help when we need it (Kosiol, J., Silvester, T. et.al. 2024).

The healthcare system is very significant because it can either make social variances bigger or help make things more equal. If everyone has access to good care and efforts are made to help everyone stay healthy, then the healthcare system can help reduce biased differences between people. This means that by planning how healthcare is given, we can make sure everyone has a fair chance to stay healthy., (Valentin, G., et.al. 2023).

This article explores the theoretical application of social modernization over the last decade in achieving global health objectives, including universal health coverage. We initially deliver conceptual understanding and inclosing of the multi-dimensional nature of social innovation, as supported by a variety of theories. Secondly, we summarize the findings of a scoping review of peer-reviewed research literature, published in English from 2010 to 2020 on social innovation in health. We achieving by thinking limits and gaps in the current works and strategies for future research, A (Niekerk, L., et.al. 2021).

The healthcare industry employs a large number of highly educated healthcare professionals. Numerous individuals are moving into managerial positions and have to carry out actions for which they were not prepared in the first place. They depend on their involvement, occasional further education and specialization studies with an emphasis on management in healthcare. Such a situation is a rational significance given the complexity of the medical study, basically lifelong in its nature. Expertise in the medical field is essential but might be not sufficient for managing healthcare facilities (HCF). These managers often lack basic managerial skills. Therefore, we adopt that the knowledge and application of advanced methods to management is not their strength. Our purpose is to review this condition and verify the degree to which the management of HCF can benefit from existing trends and innovations in management. Moreover, we attempt to offer a complete view of the possibilities of innovating management styles in the performance of management in healthcare, (Jankelová, N., Joniaková, Z., & Mišún, J. 2023).

In healthcare, it is effective to address with the invasion of data, the requirement for correctness in complex procedures, and the increasing demand for medical treatment. To improve the efficiency of resource allocation and the provision of healthcare needs and interventions, hospital logistics must be organized. Telemedicine is the training of leading distant medical consultations, exams, and actions and letting interprofessional teamwork in the healthcare industry. Research on effective and reliable measures for medical fields and studies on wireless technology's application to sensors have been growing over the last decade, mostly in the context of electronic patient records and home monitoring, (Amjad, A., Kordel, P., & Fernandes, G. 2023).

The main goal of digital health is to improve the efficiency, value, and accessibility of health care services, allowing individuals to take a vigorous role in dealing their health and well-being, (Maita, K. C., Maniaci, M. J., et.al. 2024).

In order to address biases in access to healthcare the Centers for Medicare and Medicaid Services (CMS) has been made rigorous efforts over the last few years to improve health access and equity. Many of these efforts attempts to address inequalities in health and healthcare in the United States, especially among racial and ethnic minorities, individuals dually suitable for Medicare and Medicaid, and those living in rural and underserved communities, who are more likely to experience challenges with accessing healthcare services, lower quality of care and below-average health outcomes when compared to the general population,(Dasari, S., Mehreen, R., et.al., 2024).

Health care delivery systems have been contributed to making and keeping disparities in health care. Positively, these structures are also increasingly distinguishing that they can, and should, be accountable for addressing them. Addressing health equity within health care delivery systems level will include breaking down the structures and actions that sustain unequal health care and evolving new approaches to care that definitely address the needs of populations that have been historically underserved. It will also need partnerships, and investments beyond the health care system to impact socioeconomic and structural factors, beyond health care, that influence population health. Suggestively, high-quality research is essential to govern the best plans for success, (Chisolm, D. J., et.al., 2023).

Despite the important advancements across different healthcare domains, health inequality gaps in the quality of health and healthcare among racial and socio-economic groups – remains to be prevalent worldwide. According to the World Economic Forum report, half of the global population still do not have access to essential healthcare chiefly due to the relatively high cost and limited availability of healthcare professionals or services. To bridge these gaps, healthcare systems do not only need to reform but do so

in the right course. In this respect, healthcare workers may have the accurate and best guide, (Admin, W. 2024).

Theoretical Framework

The study evaluates healthcare services at RTNFI Hospital utilizing Dorothea Orem, Imogene King, and Madeleine Leininger's nursing theories to provide a comprehensive framework.

As a response to the evolving healthcare environment, Dorothea Orem, a prominent nursing theorist, developed the Self-Care Deficit Theory, which suggests that individuals possess the fundamental ability to care of themselves and oversee their health, provided they have that the essential knowledge, skills and motivation. Orem, states that selfcare deficit arises when individuals cannot satisfy their self-care needs because of physical, psychological, or developmental limitations. In such cases, healthcare professionals' step in to provide support, education and assistance to link the gap between the patient's self-care capabilities and their needs. This relates to the activities that individuals involve in to sustain their health. These activities can vary from basic tasks like bathing and eating to more complex activities like monitoring chronic conditions or following to medication schedules, (Maruca, A. 2023).

The roots of this basis have its origins in the nursing field, as practitioners used this to assess their patients' self-care abilities and deficits, and adjust their care plans accordingly. Orem's main objective was to redirect the focus of nursing from being uniquely dependent on healthcare professionals providing care to allowing individuals to take charge of their own well-being through self-care. Each person is a unique individual with vital abilities to care for themselves and others (Naluri. n.d.).

Imogene King, a well-known nursing theorist, make known to the Theory of Goal Attainment, which transformed the nursing profession. This theory highlights the significance of nurse-patient relationship, directing on shared goal formation and accomplishment. By applying this theory, nurses can build calming relationships, improve patient outcomes and contribute significantly to the overall well-being of those in their care. Central to King's Theory of Goal Attainment lies the active interpersonal relationship between the nurse and the patient.

King proposed that nurses and patients work together to create health-related objectives. The theory consists of three interrelating systems: personal, interpersonal and social. The personal system signifies the individual's viewpoints and understanding of their health and wellbeing. The interpersonal system includes the nurse and patient, with both parties contributing to the defining of goals. The social structure includes the broader healthcare environment and the resources available to facilitate goal achievement, (Heron, R. 2023).

Imogene King's Theory of Goal Attainment in healthcare delivery assessment helps the purpose of providing a basis for understanding and evaluating the relationships between healthcare providers and patients in the setting of accomplishing mutually agreed-upon goals. Ultimately, the theory helps to improve the overall delivery of healthcare services by supporting patient-centered care and promoting positive health outcomes.

Madeleine Leininger's theory of Transcultural Nursing, also known as Culture Care Theory, belongs to both the group of a specialized field, as well as a general practice area. The theory has now developed into a discipline in nursing.

The Transcultural Nursing theory first appeared in Leininger's Culture Care Diversity and Universality, published in 1991, but it was established in the 1950s. The theory was further established in her book Transcultural Nursing, which was published in 1995. In the third edition of Transcultural Nursing, published in 2002, the theory-based research and the application of the Transcultural theory are explained.

Transcultural nursing is a study of beliefs to identify both similarities and variations in patient groups. Culture is a collection of beliefs held by a specific group of people, passed from one generation to generation.

In transcultural nursing, nurses practice according to the patient's cultural considerations. It starts with a culturological evaluation, which takes the patient's cultural background when assessing the patient and his or her health. Once the assessment is finished, the nurse should use the culturological assessment to create a nursing care plan that also takes the patient's cultural background into consideration, (Madeleine Leininger - Nursing Theory (2016).

Healthcare providers can enhance patient outcomes, boost satisfaction, and reduce health disparities by acknowledging and honoring cultural factors

According to Health Care - Healthy enhances quality of life. Healthy Individuals 2030 focuses on refining health care quality and make sure all people get the health care facilities they need. Helping health care providers connect more effectively that can help improve health and well-being.

Considering the changeable and evolving nature of healthcare, transformation is always imminent. Therefore, organizational objectives are inclined to to change, which in turn would affect the individual's objectives. The success of strategies and operational objectives depend on deeply on the support of an operative workforce; further in lieu of the need for a complete system which is more receptive. The matter of quality for individuals is applicable to their engagement with the process and to guarantee the development of an organization (HealthManagement.org. n.d.).

Evaluating healthcare delivery services is vital for assessing the quality, efficiency, and effectiveness of healthcare systems. This basis incorporates many theories and models to deliver a comprehensive approach to evaluate healthcare services.

The Donabedian model is a conceptual model that outlines the evaluation for examining health services and assessing quality of health care. According to the model, information about quality of care can be drawn from three categories: "structure", "process", and "outcomes". Structure defines the environment in which care is delivered, including hospital buildings, staff, financing, and equipment. Development refers to the communications between patients and providers through the delivery of healthcare (Wikipedia contributors (2024).

Structure includes all of the factors that influence the context in which care is delivered. This comprises the respondent's socio demographic data, age, educational attainment, employment status, gender, marital status, socioeconomic status Another structure is the, satisfaction level of the respondents in terms of accessibility of care, advancement of medical technology, healthcare providers attitudes, and patient quality care.

Process is the totality of all actions that make up healthcare. It comprises a data study which include the respondent's data, research method, a survey and a questionnaire will be use to gather all the necessary data and to validate the level of satisfaction of each respondent, statistical treatment is also use through randomly choose the respondents insights. These generally include diagnosis, treatment, preventive care, and patient education but may be extended to consist of measures taken by the patients or their families. Procedures can be more categorized as technical processes, how care is delivered, or interpersonal processes, which all include the way in which care is delivered. Donabedian, asserts that the assessment of procedure is almost equivalent to the level of quality of care since method involves all acts of healthcare delivery. It discussed the substantial relationship between the respondents' demographic data and their

level of satisfaction in terms of accessibility of care, advancement of medical technology, healthcare providers attitudes, patient quality care?

The result includes all the impacts of healthcare on patients or populations, including changes to health status, behavior, or knowledge as well as patient satisfaction and health-related quality of life. Results are often seen as the utmost substantial gauges of quality because improving patient health status is the primary goal of healthcare. However, exactly defining results that can be credited completely to healthcare is very challenging. It also displays what is the Enhancement Program to Increase Patient Satisfaction Rate.

Donabedian recognized his excellence of care outline to be adaptable enough for use in many healthcare environments and between several levels within a delivery structure. Donabedian's model can also serve as a useful tool for a large health system to assess overall quality and align development work across a hospital, group practice or the large combined health system to progress quality and results for a population. Health services research (HSR) provides the necessary data required to assess the efficacy and proficiency of our health care delivery system and its impact on the health and well-being of individuals and populations. Health services research documents gaps in patient and population health and in the delivery of health services and seeks to recognize contributing factors. There are many examples: being uninsured in America reduces access to health care and contributes to poorer health outcomes (Institute of Medicine [IOM] reports on uninsured); medical mistakes too often occur in hospitals and many patients suffer injury or death, (1999); and in the community, only half of the time are individuals receiving preventive and chronic disease care dependable with scientific evidence, McGlynn, (2003).

Health services researchers seek reasons for these and other problems that unfavorably impact access to care, quality, safety, and cost of care. Health services research evaluates the effect of government and private-sector health policies, designs and assesses transformations in health care organization and financing, and examines the effects of new technologies or new uses of existing technologies. Evaluating the impact of health services on population health requires health services researchers to go beyond disease outcomes to study health status and health-related quality of life outcomes, assess delivery system quality and efficiency, as well as emphasize attention on prevention and health promotion services. It also addresses this information gap by evaluating the effects of diagnostic and treatment technologies on patient outcomes and costs across real-world practice environment and various populations (National Academies Press (US), (2011).

Third model are the Quality Improvement model. (QI) is the basis used to scientifically advance processes and systems. As previous mentioned, quality improvement (QI) is the outline used to systematically improve procedures and systems. As the name suggests, the goal of QI is to continuously look for ways to improve the quality of your organization's outputs, which could be products, services, or outcomes (Skhqc. 2023).

QI can be considered a combination of technical and behavioral skills. It's including, tools, techniques, and framework for systematically improving processes and systems, but it's also embracing a change in mindset. In healthcare, the goal of QI efforts is to enhance the quality of care delivered to patients.

Like to most industries, health care consists up of various processes, each with characteristics that can be measured, evaluated, measured, and improved. QI is an ongoing approach with the goal of achieving stable and expected process results and enhancing results for both patients and the structure as a whole.

The Model for Improvement was first created by the Associates in Process Improvement and available in the first edition of The Improvement Guide in 1996. The model was later assumed by the Institute for Healthcare Improvement (IHI). It's also stated to as the "IHI model" or the "PDSA method". The Model

for Improvement is consists of three fundamental questions, and an action cycle known as the Plan-Do-Study-Act (PDSA) Cycle.

Plan-Do-Study-Act (PDSA) cycles are widely used for quality improvement (QI) in most healthcare systems where tools and frameworks inspired by industrial management have developed influential. The essence of the PDSA cycle is to organize the process of improvement in accordance with the scientific method of experimental learning. It is used with the subsequent repetitions of the cycle creating a framework for ongoing learning done testing of changes. The concept of improvement through iterative cycles has formed the basis for several structured QI approaches including Total Quality Management, Continuous Quality Improvement, Lean, Six Sigma and the Model for Improvement. These “PDSA models” have diverse approaches but basically involve of improvement cycles as the foundation combined with a bundle of features from the management literature, (Knudsen, S. et.al., V., 2019).

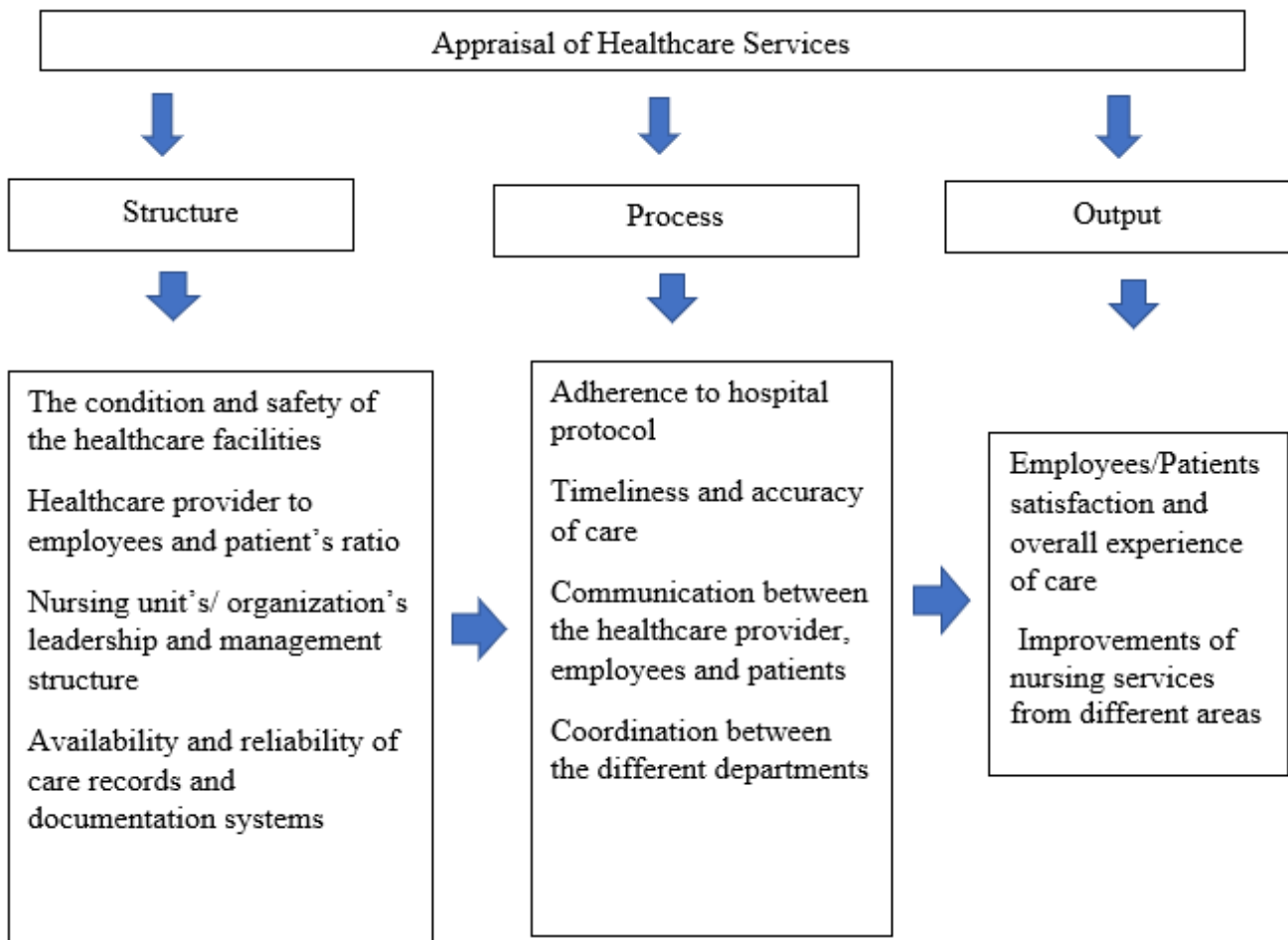


Figure 1: Theoretical Framework adopted from Donabedian Model

Donabedian in 1966, is a foundational framework used to assess and improve healthcare quality. This model offers a complete and organized way to evaluate healthcare services from RTNFI hospital specifically from the various areas of the hospital, ER, Obstetrics, Medical, Surgical and Pedia wards, by concentrating on three important component’s structure, process, and outcomes. It helps as a vital tool for healthcare professionals and organizations’ aiming to deliver safe, effective, and patient-centered care

Structure refers to the condition and safety of the healthcare facilities, healthcare provider ratio to employees and patient, nursing unit's organization's leadership and management structure, accessibility and reliability of care records and documentation systems. Basically, structure represents the setting in which care is provided.

Process examines the actions taken during the delivery of care services, observance to hospital procedure, timeliness and accuracy of care, communication between the healthcare provider, employees and patients, and coordination between the different departments. A strong process ensures that care is delivered efficiently, safely, and in line with best practices and care plans.

Outcomes refer to the results of care interventions, encompassing employees/patient's satisfaction, improvements of nursing services from different areas both clinical outcomes and employees/patients - reported experiences and overall experience of care, (Moabenchmarkinguk. 2024).

Conceptual Framework

The purpose of this study is to appraise the healthcare delivery of the RTNFI Hospital from the insights of the employees and patients, in terms of the demographic data of the respondents, the satisfaction level of the respondents with regards to the healthcare delivery of the hospital, the relationships between the respondents and the demographic data in the healthcare services and the strategic plan of the hospital to improve the delivery services.

As stated by Mosadeghrad, A. (2012). Despite extensive research on defining and measuring health care quality, minimal attention has been given to various stakeholders' regarding of high-quality health care services. Quality has become an increasingly main part of our lives People are continuously seeking for quality healthcare services. Quality healthcare is a human right. Advanced healthcare quality results in satisfaction for the clients (patients and the community in general), employees, suppliers and better performance for the organization. If quality of healthcare services improves, costs decrease, productivity rises and an improved service would be accessible for clients, which in turn enhances structural performance and delivers long-term working relationships for employees and providers.

Input-Process-Output (IPO) Model will use in this study to show the relationships between the 3 components. Input to Process: The quality and availability of input factors (human, physical, and financial resources) directly influence the processes of care delivery. For example, well-trained staff and adequate facilities can enhance the effectiveness of care delivery models. Process to Output: Effective care delivery processes lead to higher service utilization and improved patient satisfaction. For instance, strong patient engagement and clear communication can result in more patients seeking preventive care services. Output to Outcome: Higher service utilization and patient satisfaction are associated with better health outcomes and improved quality of life. For example, patients who often use precautionary services are expected to experience improved health outcomes over time. Continuous Improvement: The outline comprises response loops that allow for ongoing evaluation and development of healthcare delivery services. Patient satisfaction surveys, health outcome assessments, and quality assessments can update adjustments to input and process factors.

Research Paradigm

This research paradigm outlines the foundational elements that will guide the study on the appraisal of healthcare delivery at RTNFI Hospital. By focusing on the insights of employees and patients, the research aims to provide a comprehensive evaluation of the healthcare services offered and identify opportunities for enhancement.

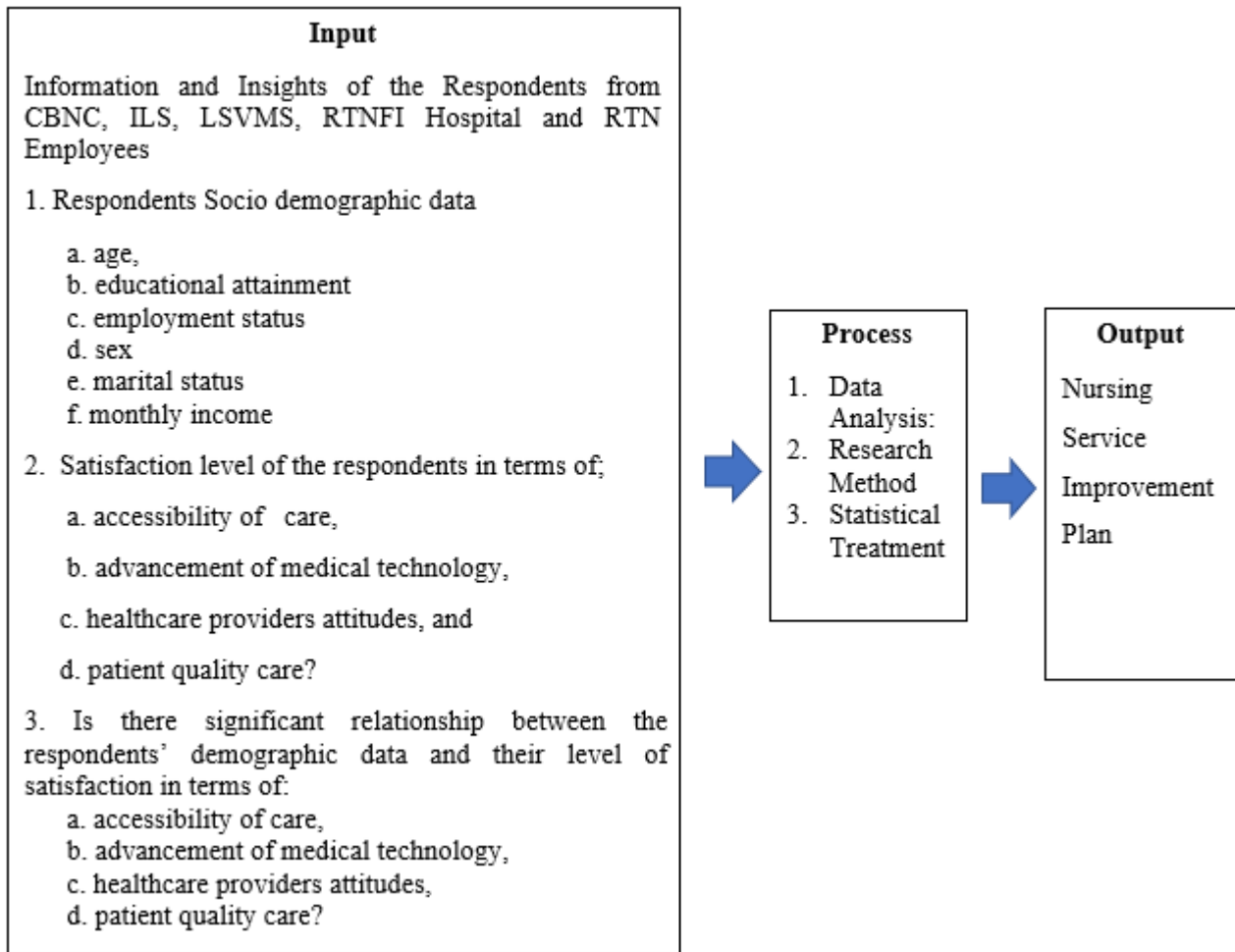


Figure 2. The Research Paradigm

Using the Input-Process-Output (IPO) model, the researcher will show the relationships of the three components in order to come up with a clear result of the study. The input of this study will include data collection by giving surveys distributed to employees and patients regarding their experiences with healthcare services at RTNFI Hospital, focus group discussions with a representative sample of employees and patients, and review of existing patient satisfaction on healthcare delivery services. In terms of the Process, the researcher will analyze the data by compiling survey responses and categorizing feedback into themes which is patient quality care, healthcare providers attitudes, accessibility of care advancement of medical technology, analyzing focus group discussions for quantitative insights and common concerns, comparing findings with existing performance metrics to identify gaps in service delivery, and presenting preliminary findings to hospital management and relevant stakeholders. When it comes to the output, the appraisal report will be the basis for actionable recommendations for nursing service improvement plan at RTNFI Hospital.

Chapter III

RESEARCH METHODOLOGY

This chapter provided a comprehensive appraisal of healthcare delivery at RTNFI Hospital, taking valuable insights from the perspectives of employees, dependents, and patients in the various areas of the hospital such as the ER, OB, Surgical, Medical, and Pedia wards. It included the research design and methodology, the research population/sample, instrumentation, statistical treatment, and the research procedures.

Research design

The researcher used a quantitative method to appraise respondents' satisfaction regarding access to care, medical technology, attitudes of healthcare workers, and the quality of care for employees and patients. Resulting the survey, the researcher collected and studied data to determine which hospital services patients and employees stated the topmost and lowest levels of satisfaction with. The researcher then applied statistical study to assess patient satisfaction levels and reached conclusions. Finally, areas needing enhancement were recognized, and plans were created to challenge any problems revealed.

Research Participants

All patients including employees and their dependents from the ER, Medical, Surgical, OB, and Pediatric wards will be included. The study will include the pediatric area, yet the minor patients did not directly respond the survey. Rather, their parents or guardians took part to assess the satisfaction level of hospital services. The data collected came from the parents or guardians, rather than the minors.

Research instruments

The researchers carefully selected and calibrated their researched instruments, such as questionnaires, in order to guaranteed the accuracy of data collection for their studied. The researcher adopted the summative scaling, also known as the Likert scale, which developed by Rensis Likert, to determine patient satisfaction, attitudes toward healthcare, and treatment accessibility. The foundation of his worked was laid in his 1932 essay, "A Technique for the Measurement of Attitudes." The researcher was able to gathered comprehensive data about the RTNFI-hospital healthcare services offered to patients, employees, and dependents from various areas of the instituti ing this tool. Part 1 is composed a Questioned on the demographic makeup of the respondents, and the questioned in Part 2 would evaluate the degree to which respondents were satisfy with the followed aspects: 1. Access to care, 2. Integration of medical technology, 3. Assessment of healthcare attitudes, and 4. Quality of patient care. The tool is consists of five items assessed using a five-point Likert scale, with the following values: 5 - Strongly Agreed; 4 - Agreed; 3 - Neutral; 2 - Disagreed; 1 - Strongly disagree.

Data Collection Procedure

To collect insights and opinions from participants regarding their satisfaction with care accessibility, healthcare provider attitudes, medical technology, and the quality of care at RTNFI hospital the researcher will utilize an assisted survey method. The researcher will use survey assisted questionnaire to respond the questions, and both may seek clarifications during the survey. The duration of data collection from 300 participants will last for 1 to 2 months and each participant will answer the research questionnaire for at least 10 to 15 minutes.

Data Analysis Procedure

To went up a cleared result of the studied data analysis was important in ordered to gathered a meaningful information and made a conclusion about the data collected. The researcher would use descriptive statistics to calculated meant, median, and mode for quantitative surveyed responses to summarize overall satisfaction leveled. It included a detailed presentation, analysis, and interpretation of the findings, ensured

clarity in understood the results to identified any significant differences in perceptions of healthcare delivery in various areas of the RTNFI Hospital nursing services.

Ethical Considerations

From the insights of employees, dependents and patients, ethical issues were important when evaluating RTNFI hospital healthcare services. These included the right to give informed consent, ensured that each participant was aware of the aimed of the studied, their rights as participants, and potential risked or benefits before being included in the studied of the Investigators shall obtained their informed consent. Another aspect was confidentiality, which is used to protected the privacy and security of every participant by ensured that their responses and personal data remained anonymous and secure without written authorization by the researcher would not tell any details about himself. The researchers would also allowed participants to decide whether or not to participated in the studied, and respect for autonomy is also seen as respecting participants’ autonomy and self-determination. The researcher willed offered them the freedom to withdraw from the studied at any timed without affecting consequences.

Chapter IV

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

This chapter offers a detailed investigation of the statistical data collected to tackle the research questions obtainable in the study. It involves of an in-depth presentation, examination, and interpretation of the results, ensuring clarity in understanding the findings. Additionally, the outcomes of the statistical studies are cautiously revised and analyzed. The analysis objectives to disclose both the strengths and concerns within RTNFI Hospital’s healthcare system by examining the association between the respondents' demographics and satisfaction levels related to the four key service limitations: accessibility of care, progress in medical technology, healthcare providers' attitudes, and quality of patient care

Respondents’ Demographic Profile

The succeeding tables display the demographic features of selected employees and patients from Rio Tuba Nickel Foundation Incorporated (RTNFI) Hospital who took part in this research. The demographics involve of crucial factors like age, level of education, job status, gender, relationship status, and monthly incomes. Descriptive data—such as frequency distributions, percentages, and rankings—were applied to concisely summarize and represent the collected data. These profiles also function as the source for later inferential analyses, particularly in evaluating if detailed demographic factors are statistically linked to changes in healthcare experiences and satisfaction scores.

Table 4.1
Respondents’ Demographic Profiles in terms of Age

Respondents’ Age	uency (f)	Percentage (%)	Rank
18– 22 years old	32	10.67	6 th
23 – 26 years old	34	11.33	5 th
27 – 31 years old	21	7.00	8 th
32 – 36 years old	44	14.67	3 rd
37 – 41 years old	49	16.33	1 st
42 – 46 years old	38	12.67	4 th

47 – 51 years old	22	7.33	7 th
52 – 56 years old	13	4.33	9 th
57 years old and above	47	15.67	2 nd
TOTAL	300	100.00	

Table 4.1 shows the demographic data of the 300 participants, which involved employees and patients of the Rio Tuba Nickel Foundation Incorporated (RTNFI) hospital, classified by age. The data displays that the prominent group in the research is the belong to the 37-41 age group with have (16.22%) respondents. This closely follows respondents aged 57 and older (15.67%) and those within the 32–36 age group (14.67%). The 42–46 years and 23–26 years age groups represent 12.67% and 11.33% of the respondents, correspondingly. Respondents aged 18–22 create 10.67% of the sample, whereas the age groups of 47–51 and 27–31 represent smaller proportions, at 7.33% and 7.00%, similarly. The smallest represented demographic in this research comprises of people aged 52–56 years, making up merely 4.33% of all participants.

This distribution indicates that a noteworthy number of respondents fit to the middle-aged and senior adult groups, suggesting these age groups are either more involved in the hospital’s workforce or more frequently utilize its health services. This demographic focus meaningfully impacts the evaluation of healthcare services. Adults in middle age and older often have higher healthcare requirements and have wider experiences with medical systems, resulting in assessments that are more knowledgeable and revealing of long-term service provision.

Individuals in the middle age range, particularly those aged 37 to 41, regularly encounter a period where chronic diseases start to appear, leading to a further regular use of healthcare services. Similarly, older individuals (57 years and above) mostly face a larger load of health complications and are more reliant on on available, ongoing, and quality care. Hence, their input can offer significant perceptions into the efficiency, accessibility, and responsiveness of RTNFI Hospital’s services, particularly concerning chronic disease management, preventive care, and continuity of care. This specifies that grasping age-related trends permits hospital administrators and health planners to improved align services with the needs of their most active age groups, while also identifying deficiencies in service demand or accessibility for younger populations.

The results mentioned above link with the research of Elliott et al. (2022), which emphasized that older individuals naturally expressed greater satisfaction with healthcare services relative to younger individuals. This movement could be associated to differences in expectations across generations, a deeper understanding of healthcare systems, or a heightened value for medical services as a result of more regular use. They also pointed out a significant aspect that, although older adults generally reported high satisfaction, individuals in the oldest age category—usually 60 years and older—often stated greater reservations about communication-related elements of care. The largest group in this study comprises of middle-aged and older adults. They use several healthcare services that effect their opinions on the services provided. Nurses need to focus on this demographic because of their ongoing health problems. Active communication is essential for older adults as it empowers nurses to deliver superior care and address everyone's requirements, enhancing patient satisfaction and health results.

Table 4.2
Respondents’ Demographic Profiles in terms of Educational Attainment

Respondents’ Education	Frequency (f)	Percentage (%)	Rank
Elementary Graduate	61	20.30	3 rd
High School Graduate	110	36.70	1 st
Certificate/Diploma Course	50	16.70	4 th
Bachelor’s Degree	79	26.30	2 nd
TOTAL	300	100.00	

Table 4.2 explains the breakdown of the 300 participants—involving of employees and patients from the Rio Tuba Nickel Foundation Incorporated (RTNFI) Hospital—according to their level of education. The data indicates that the majority of respondents are high school graduates representing 36.70% of the overall total, thereby identifying it as the leading educational category. Next are individuals with a bachelor’s degree at 26.30%, then elementary school graduates at 20.30%, and those who have completed a certificate or diploma program at 16.70%. The varied educational backgrounds of the respondents specify a diverse group regarding health literacy, understanding of medical information, and perspectives on hospital services.

The commendations of this distribution are substantial in evaluating the delivery of healthcare services. Respondents with higher levels of education, similar those with bachelor's degrees, might have improved health literacy and show a more analytical and discerning method in evaluating hospital services.

There can be improved opportunities related to care quality, clarity in the communication, patient engagement and responsiveness. On the other hand, individual with lower educational achievement, such as those who finished elementary or high school, may have reduced health literacy and therefore evaluated services differently—potentially giving more importance to personal care, access, and the perceived warmth or attentiveness of healthcare staff.

Considering educational attainment in evaluations of healthcare services, highlight the importance, that it is significantly influences how patients’ views, interpret, and appraise the quality of care provided. In the context of RTNFI Hospital, where respondents have varied educational profiles, these understandings highlight the need for health professionals to change communication strategies to ensemble varying literacy levels, thereby promoting more realistic and satisfactory healthcare experiences for all patients.

The results of this study agree with the findings of Yim et al. (2023), who proposed that individuals with higher educational attainment incline to show greater health literacy, which meaningfully contributes to more positive healthcare experiences—particularly in terms of provider communication. Interpretation to their research, patients with advanced educational understandings are more likely to know medical instructions, actively contribute in treatment decisions, and involve in meaningful discussions with healthcare professionals. This, in turn, improvements their complete satisfaction with the healthcare services they receive.

Nursing implications consist of changing communication methods to fit diverse literacy levels, making sure all patients have fair and good healthcare experiences. Nurses need to give clear medical instructions, include patients in determining their treatments, and have meaningful talks with people from many educational backgrounds to improve satisfaction with healthcare services.

Table 4.3
Respondents’ Demographic Profiles in terms of Employment Status

Respondents’ Employment	Frequency (f)	Percentage (%)	Rank
Employed	115	38.30	2 nd
Unemployed	184	61.30	1 st
Retired	1	0.30	3 rd
TOTAL	300	100.00	

Table 4.3 presents the distribution of the 300 respondents based on their employment status. It can be gathered in the analysis that the majority of the respondents, representing 61.30%, are unemployed, making this the most main group in the study. On the other hand, employed individuals comprise 38.30% of the total, while only a single respondent, or 0.30%, identified as retired. This data highlights that a noteworthy portion of the hospital's service users and probably part of its staff population are not presently involved in formal employment.

Understanding and evaluating the availability and value of healthcare services offered by RTNFI Hospital depends deeply on this employment distribution. Due to a lack of financial resources, reliance on public or publicly supported services, and potential interruptions in treatment due to cost-related issues, jobless respondents commonly have difficulty obtaining healthcare. Their opinions may suggest the hospital's achievement in treating financially underprivileged populations with fair, comprehensive, and kind care. Though, employed individuals may value other aspects of service quality, such as efficiency, punctuality, and the availability of services outside regular business hours, to meet their needs.

Alhablani and Mahfouz (2022) claimed that job status is likely associated to higher levels of satisfaction for the reason that it progresses financial security, healthcare access, and overall attitudes or perceptions of quality, which is supported by the results of this study. Additionally, they restated that working people are well cognizant that the healthcare services they get are superior to those provided to unemployed patients.

Numerous unemployed people in the study struggle with issues such treatment delays and financial constraints. This determines the necessity for hospitals to deliver fair and compassionate dealing to those who are suffering. To guarantee that everyone has access to healthcare, nurses should develop adjusted care plans and provide financial support. Since working patients often want efficient and acceptable services, hospitals must provide flexible hours and quick procedures in order to increase their satisfaction. Nurses may adjust their treatment plans to better address the diverse needs of all patients by gaining a deeper knowledge of how employment status impacts patients.

Table 4.4
Respondents’ Demographic Profiles in terms of Sex

Respondents’ Sex	Frequency (f)	Percentage (%)	Rank
Male	105	35.00	2 nd
Female	195	65.00	1 st
TOTAL	300	100.00	

Table 4.4 presents the gender distribution of the 300 participants from the Rio Tuba Nickel Foundation Incorporated (RTNFI) Hospital study. According to the analysis results, the data disclose a prominent gender disparity among participants, with females accounting for a prevailing 65.00% of the total population, whereas males make up merely 35.00%. This infers that women are more involved in using hospital services, possibly indicating wider social patterns in healthcare-seeking behavior. Health research broadly shows that women are more motivated than men to use healthcare services, go to regular check-ups, and involve in health-related surveys or studies. Such heightened participation can be recognized to many elements, such as improved health awareness, caregiving duties, and requirements for reproductive healthcare. Moreover, these disparities are frequently designed by gender prejudices, cultural norms, and the relationship of gender with several social and economic elements. The significances of this demographic movement are vital for evaluating and enhancing healthcare services at RTNFI Hospital. Specified that women represent the largest portion of the respondents, their views and involvements are likely to greatly impact the general assessment of hospital services. Women patients often prioritize elements like communication, empathy, privacy, and responsiveness, demonstrating that the hospital's effectiveness in these aspects may meaningfully influence the study findings. In contrast, the somewhat smaller presence of male respondents indicates a likely disconnect in male involvement with healthcare services, potentially pointing to obstacles like stigma, a sense of invulnerability, or job-related limitations that hamper healthcare access.

The findings above align with Kitole et al. (2025), who observed that female participants express greater satisfaction than their male counterparts, while other studies propose that males incline to have more positive overall experiences. They also opposed that women have voiced worries centered on nursing care, while male grievances often relate to doctor interactions and waiting periods. The study presented that a higher number of women linked to men employ RTNFI's services, probably because of their health consciousness and caregiving responsibilities. Nurses must recognize this and change their care to align with women's higher expectations about communication, empathy, and privacy. While providing outstanding care to all, it's vital to distinguish and lessen hindrances that may prevent men from participating in healthcare. Recognizing gender distinctions in satisfaction, such as preferences for nursing care compared to doctor interactions, can improve services. In general, nurses ought to aim for fair, patient-focused care that takes into account the distinct requirements of every gender.

Table 4.5
Respondents' Demographic Profiles in terms of Marital Status

Respondents' Marital Status	Frequency (f)	Percentage (%)	Rank
Married	224	74.70	1 st
Single	59	19.70	2 nd
Widowed	17	5.70	3 rd
TOTAL	300	100.00	

Table 4.5 explains the demographic distribution of the 300 respondents considered by their marital status. The data indicates that a significant majority of the participants are married, representing 74.70% of the total population. Next are single individuals at 19.70%, with widowed respondents making up the least represented group at 5.70%. The majority of married individuals in the study specifies that a majority of

those using or assessing RTNFI’s healthcare services maybe have family duties and may have dependents who trust on their health and welfare. The substantial presence of married people has vital effects on the hospital’s provision of services and patient satisfaction. Married patients might highlight several healthcare elements, including family-centered communication, consistent care, reproductive and maternal health services, or costs—particularly if they are dealing a household. They might be more motivated to follow regular medical check-ups because of uncertainties for their dependents, and their assessments could direct a significant desire for thorough and easily accessible services. On the other hand, individual respondents, although smaller in number, might have varied outlooks and health-seeking behaviors, usually stressing autonomy, efficiency, or preventive care.

The conclusions align with Wang et al. (2023), who highlighted that marital status affects clinical results and likely effects patient satisfaction, since longer or more difficult hospital visits often relate to reduced satisfaction ratings. This research added confirms the results of Gandhi et al. (2020), who emphasized that married people usually report superior health results, both mentally and physically, in comparison to those who are unmarried. They also restated that this is frequently related to elements such as enhanced social support, enhanced lifestyles, and greater compliance with medical recommendations. Nurses need to understand numerous marital statuses and their impacts. This understanding permits them to provide improved care, ensuring patients feel supported and meeting their health requirements according to their family circumstances. This process can improve satisfaction and increase health results for all patients.

Table 4.6
Respondents’ Demographic Profiles in terms of Monthly Income

Respondents’ Income	Frequency (f)	Percentage (%)	Rank
10,000.00 and below	192	64.00	1 st
10,001.00 – 20,000.00	27	9.00	4 th
20,001.00 – 30,000.00	31	10.33	3 rd
30,001.00 – 40,000.00	33	11.00	2 nd
40,001.00 and above	17	5.67	5 th
TOTAL	300	100.00	

Table 4.6 presents the monthly salary distribution of the 300 respondents—including both employees and patients of Rio Tuba Nickel Foundation Incorporated (RTNFI) Hospital—who partook in the study. The results presented a significant concentration of respondents (64.00%) being paid ₱10,000.00 and below per month, displayed that a majority of the respondents served by or employed in the hospital fits to the lower-income bracket. This is followed by those being paid between ₱30,001.00 and ₱40,000.00 (11.00%), ₱20,001.00 to ₱30,000.00 (10.33%), and ₱10,001.00 to ₱20,000.00 (9.00%). The smallest group, representing only 5.67% of respondents, are individuals with a monthly salary of ₱40,001.00 and above. This info proposes that RTNFI Hospital mainly serves a low-income population, which may reliably impact the respondents' outlooks, priorities, and complete satisfaction with healthcare services. This income distribution has vital interpretations for healthcare service assessment. Low-income entities are more possible to face financial barriers to healthcare access, together with costs associated to treatment, medications, diagnostics, and transportation. As such, their appraisal of hospital services may be more complex to affordability, the availability of financial assistance, and the perceived value of care received.

These patients may place more emphasis on parts such as compassionate care, funded services, and efficient processes that decrease indirect expenses like repeat visits or long waiting times. Conversely, respondents with higher income levels may think more personalized services, shorter wait times, and better facilities, which could affect their satisfaction ratings differently.

The results mentioned may align with Okunrintemi et al. (2019), who claimed that lower income reliably correlates with poorer healthcare experiences, including challenging accessing care, poor communication with providers, delays in receiving healthcare, and decrease satisfaction with providers.

Respondents’ Level of Satisfaction in Healthcare Services of RTNFI Hospital

The subsequent tables offer a detailed analysis of the respondents’ satisfaction regarding the healthcare services offered by Rio Tuba Nickel Foundation Incorporated (RTNFI) Hospital. The investigation centers on four crucial factors: availability of services, progress in medical technology, healthcare professionals’ perspectives, and the standard of patient attention. These areas were chosen as essential indicators of service quality and patient-focused care. To methodically assess the perceptions of the respondents, the study employed descriptive statistical measures, specifically mean scores, facilitating a straightforward understanding of satisfaction levels in each service dimension. By means of mean values suggestions a reliable summary of the overall trends in the data and highlights areas of relative strength and possible enhancement.

Healthcare providers must recognize the financial challenges that patients, might face particularly those with limited income. They ought to assist in lowering these obstacles by offering details about financial support, explaining billing clearly, and supplying useful educational resources. Nurses’ ought to strive for simplifying and speeding up procedures for patients, considering various income brackets. Work together with their team enables nurses to tackle broader social and economic elements that affect health. Such measures may result in improved care quality, heightened patient satisfaction, and enhanced equity within the hospital industry.

Table 4.7
Respondents’ Satisfaction Levels in Terms of Accessibility of Care

Statement	Mean	Descriptor
1. <i>RTNFI Hospital adequately provided for my health needs.</i>	3.51	Agree
2. <i>I did not experience delays in receiving medical treatment or services at RTNFI Hospital.</i>	3.22	Slightly Agree
3. <i>Healthcare services at RTNFI Hospital are easily accessible during operating hours.</i>	2.58	Disagree
4. <i>I did not experience difficulty obtaining referrals to specialists or other healthcare providers through RTNFI Hospital.</i>	3.47	Agree
5. <i>In an emergency, I was able to easily contact RTNFI Hospital and have my health needs addressed promptly.</i>	3.12	Slightly Agree
Overall Mean Rating	3.26	Slightly Agree

Legend for the Mean Rating: *Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Slightly Agree: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00*

Table 4.7 displays the satisfaction levels of respondents regarding the care accessibility at Rio Tuba Nickel Foundation Incorporated (RTNFI) Hospital, evaluated on five particular indicators. According to the analysis, the statement with the highest rating, “RTNFI Hospital adequately addressed my health needs,” achieved a mean score of 3.51, categorizing it as “Agree.” This suggests that the majority of participants believed their fundamental health needs were addressed by the hospital. This favorable evaluation indicates that the hospital has successfully tackled a fundamental aspect of accessibility—guaranteeing that patients can access the required services. This suggests that RTNFI effectively provides essential and regular care, fostering patient trust and enhancing the hospital's reputation as a reliable healthcare provider. Next is the statement, “I did not find it hard to get referrals to specialists or other healthcare providers via RTNFI Hospital,” with a mean of 3.47, also marked as “Agree.” This result specifies positively on the hospital's referral system, essential for ongoing treatment, chiefly for patients with conditions requiring specialized care. Current referral systems lessen wait times for diagnosis and treatment, enlightening patient satisfaction. The higher score recommends that RTNFI has accomplished fairly continuous collaboration with both external and internal specialists, enhancing the overall healthcare experience. Conversely, the statement “I did not experience delays in receiving medical treatment or services at RTNFI Hospital” received the third highest rating, achieving a mean of 3.22, classified as “Slightly Agree.” Even if still somewhat satisfactory, this score displays that certain patients faced delays, possibly resultant from understaffing, excessive patient load, or operational inadequacies. Holds in treatment may affect in discontent and adverse health effects, particularly in crucial situations. Undertaking causal factors of delays may significantly enhance service access and increase overall contentment.

Similarly, the phrase, “During an emergency, I could effortlessly reach RTNFI Hospital and have my health concerns attended to quickly,” had a mean score of 3.12, which falls within the “Slightly Agree” category. While respondents mostly concurred that the hospital addresses emergency requirements, the score reflects a range of experiences. This proposes that although emergency actions might be implemented, problems like insufficient after-hours assistance, unclear communication ways, or holdups in vital treatment could occur. Enhancing emergency response and communication can increase insights of reliability and security in critical situations. Conversely, the statement, “Healthcare services at RTNFI Hospital are easily accessible during operating hours,” received the lowest mean rating of 2.58, categorizing it as “Disagree.” This indicates a significant discontent among participants concerning accessibility during the hospital's standard hours. The poor assessment could direct issues like congestion, extended waiting periods, inflexible timetables, or inadequate resources. This significantly affects patient care, as restricted access during designated hours may deter individuals from seeking care and lead to unresolved health issues. RTNFI might need to think about lengthening clinic hours, optimizing patient flow, or enhancing appointment systems to more effectively meet patient needs. Additionally, the total average rating of 3.26 is characterized within the “Slightly Agree” range. This shows a moderate degree of satisfaction concerning accessibility, show that though respondents mainly view the services as accessible, there are distinguished areas that need enhancement. Strengths like the delivery of essential healthcare and efficient referral systems need to be preserved and further enhanced. Nonetheless, issues concerning prompt service delivery, emergency responsiveness, and accessibility during business hours necessitate targeted measures. This proposes that last these gaps may result in improved healthcare experiences and augmented satisfaction scores in forthcoming evaluations.

Furthermore, the conclusions of the analysis highlight the need of enhancing both the quality of care and the accessibility and efficiency of service provision. This conclude that hospitals need to increase clinic

hours, minimize waiting periods, optimize appointment systems, and respond at the appointed time to patient requirements to foster a more stable, patient-focused care experience. The findings of this study align with those of Al-Mahrezi and Al-Kaabi (2016), who confirmed a substantial negative correlation between extended wait times and patient satisfaction. They also reinforced the idea that lowering waiting times in a healthcare setting directed to improved satisfaction. This shows that hospital and emergency department overcrowding outcomes in longer wait times, which directly affects patient satisfaction and access to care. In addition, this aligns with the findings of Mutale et al. (2023), who suggested that the accessibility of care was carefully linked to better overall satisfaction. They also established that limited accessibility is a significant indicator of decreased satisfaction. Similarly, the results further endorse Del Rosario's (2019) research, which indicated that accessibility was statistically and significantly linked to overall patient satisfaction. This study indicated that although patients can acknowledge and value the technical and personal aspects of services, their satisfaction is still reduced when access is challenging or inconvenient.

Patients appreciate essential services and referral systems but desire improved and quicker access to treatment. Improving these areas permits nurses and hospital personnel to deliver more competent healthcare and address patient requirements. Nurses should to assist patients in understanding what to do in advance and how to move through the system, advocate on their behalf when problems occur, and enhance accessibility. Directed on these aspects can improve patient satisfaction and emphasize the hospital's commitment to patient-centered care.

Table 4.8
Respondents' Satisfaction Levels in Terms of Advancement of Medical Technology

Statement	Mean	Descriptor
1. <i>The use of technology at RTNFI Hospital improves the efficiency of healthcare services.</i>	3.58	Agree
2. <i>The quality of medical services at RTNFI Hospital has improved with the availability of medical technology.</i>	3.64	Agree
3. <i>Communication between me and my healthcare providers has become more effective due to the integration of medical technology.</i>	3.83	Agree
4. <i>The integration of medical technology has had a positive impact on my overall health outcomes.</i>	3.89	Agree
5. <i>The coordination of care among different healthcare providers at RTNFI Hospital has improved due to the integration of medical technology.</i>	3.66	Agree
Overall Mean Rating	3.72	Agree

Legend for the Mean Rating: *Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Slightly Agree: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00*

Table 4.8 exemplifies the degree of satisfaction among respondents concerning the advancement of medical technology at Rio Tuba Nickel Foundation Incorporated (RTNFI) Hospital. The study reveals that all reports got mean scores within the “Agree” category, suggesting an overall satisfactory view of the hospital’s implementation of current medical technologies. The results indicate that the most highly rated statement, “The integration of medical technology has definitely influenced my overall health results,”

obtained an average score of 3.89, suggesting that both patients and staff feel that technological modernizations at RTNFI greatly enhance health outcomes. This recommends that combining diagnostic, therapeutic, and monitoring technologies could lead to further accurate diagnoses, prompt interferences, and enhanced care management—eventually improving patient outcomes and satisfaction. This indicator was prospered by the assertion, “The combination of medical technology has led to improved communication amongst my healthcare providers and me,” with a mean of 3.83. This underscores that digital technologies—like electronic health records, patient portals, and diagnostic imaging systems—are simplifying clearer, quicker, and further planned communication between patients and healthcare providers. This straight affects patient participation, considerate of treatment plans, and complete care management.

Likewise, the assertion, “The collaboration of care among various healthcare practitioners at RTNFI Hospital has enhanced because of the incorporation of medical technology,” garnered a mean score of 3.66. This indicates that health information systems and shared records are improving coordination among departments and practitioners. This integration minimizes mistakes, avoids test duplication, and facilitates more fluid, collaborative care—crucial for handling intricate or ongoing conditions. Moreover, the remark, “The standard of healthcare services at RTNFI Hospital has enhanced due to the presence of medical technology,” received a mean score of 3.64. This proposes that the participants recognize that having access to technology advances service delivery, maybe by increasing diagnostic accuracy, fast-moving up lab and imaging results, and enabling more accurate treatment methods. These things see the importance of current venture in modern and effective medical devices. Significantly, the phrase, “The implementation of technology at RTNFI Hospital enhances the efficiency of healthcare services,” attained an average score of 3.58, firmly positioned within the “Agree” category. This indicates contentment with how technology enhances workflow efficiency, lessens administrative load, and allows quicker service provision. Although this is the lowest among the items, it stays positive, suggesting that technology is seen as a catalyst for operational efficiency, even if there could be some opportunities for improvement or user-friendliness.

Likewise, the assertion, “The collaboration of care between various healthcare providers at RTNFI Hospital has The middling score of 3.72 recommends that participants mostly concur that the progress and integration of medical technology at RTNFI Hospital absolutely impacts the healthcare experience. This finding highlights the hospital's advancements in enhancing care through technology, which is observed as helpful in various areas: patient outcomes, communication, coordination, service quality, and efficiency. The conclusions specify that current enhancement and support of technological infrastructure will strengthen service delivery and progress patient satisfaction.

Moreover, nurses ought to use information systems to effectively coordinate care and deliver high-quality services, particularly for patients with intricate needs. Although the efficiency of technology received the lowest satisfaction score, it was still viewed as positive. As an outcome, nurses need to keep implementation technology to enhance their work and follow feedback for further advancements. Continuing education and training in the latest technology are critical for nurses as well. They can employ different resources to enhance patient education, subsequent in improved engagement and results. Additionally, nurses ought to involve in feedback systems to determine enhancements essential in technology for improved care. These references highpoint the importance of medical technology in refining care, communication, coordination, and efficiency, ultimately helping to improved patient outcomes and satisfaction.

Table 4.9
Respondents’ Satisfaction Levels in Terms of Healthcare Provider Attitude

Statement	Mean	Descriptor
1. <i>My healthcare provider listened to my concerns and addressed them effectively.</i>	3.51	Agree
2. <i>I was satisfied with the communication and information provided about my health condition and treatment options.</i>	3.23	Slightly Agree
3. <i>My healthcare provider took the time to explain my diagnosis and treatment plan in a way I could understand.</i>	3.48	Agree
4. <i>The treatment or services I received were effective in improving my health condition.</i>	3.27	Slightly Agree
5. <i>I felt respected and valued as a patient during my interactions with healthcare providers.</i>	3.99	Agree
Overall Mean Rating	3.49	Agree

Legend for the Mean Rating: *Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Slightly Agree: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00*

Table 4.9 examines the satisfaction levels of respondents regarding the attitude of healthcare providers at Rio Tuba Nickel Foundation Incorporated (RTNFI) Hospital. The replies, assessed via a Likert scale, indicate how employees and patients viewed the interpersonal and communication behaviors of the healthcare providers. The middling rating of 3.49, which belongs to the “Agree” category, recommends a largely satisfactory appraisal of provider attitudes, even though some parts still display moderate satisfaction levels.

The study results display that the statement with the highest rating was, “I felt respected and valued as a patient during my interactions with healthcare providers,” earning a mean score of 3.99. This validates an important validation that patients sensed recognition and were treated with respect—a vital element of patient-centered care. Respectful communications build trust, improve patient involvement, and create a feeling of psychological safety in the healthcare setting. This higher rating specifies that RTNFI Hospital has efficiently adopted a culture of respect in interactions between patients and providers. Moreover, the following highest rating was for the assertion, “My healthcare provider heard my concerns and responded to them effectively,” achieving a mean score of 3.51. This shows that respondents typically felt acknowledged and backed by their providers. This suggests that focused listening is essential for making precise diagnoses, creating appropriate treatment strategies, and encouraging patient compliance. Even though this rating is positive, it recommends that there is still possible to improve active listening skills via ongoing staff training.

This proposes that clear and clear explanations are central for improving patient understanding and informed choices. In spite of receiving a favorable rating, the score advises that while many patients felt adequately informed, there is still a need to streamline medical terminology and enhance health literacy for all patients, mainly those with less education. At the same time, the response, “The treatment or services I received were effective in enhancing my health condition,” achieved a slightly lower mean of 3.27, classifying it as “Slightly Agree.” This moderate rating recommends that, although many respondents observed enhancements in their health, some might have come across minimal or slower advancements. This may result from the characteristics of their conditions, limitations in treatment, or

shortcomings in follow-up care. It underscores the necessity of frequent evaluation of treatment results and modifying services to meet each patient's specific requirements. The report that established the lowest rating was, “I was satisfied with the communication and information provided about my health condition and treatment options,” which had a mean score of 3.23, also categorized as “Slightly Agree.” Although it isn't a poor score, it proposes that a noteworthy number of participants might have professed the provided information as either insufficient or poorly taken. This stresses the need for RTNFI Hospital to improve communication plans among providers, ensuring clarity, empathy, and attentiveness in all interactions. In conclusion, the average score of 3.49 designates that participants are mostly contented with the demeanor of healthcare professionals, especially concerning the way they were treated and how their concerns were addressed. Nonetheless, the relatively lower ratings regarding communication and treatment efficacy highlight areas where training for providers, education for patients, and personalized care strategies could be enhanced. This directs that enhancing these elements could increase the hospital's service quality and patient satisfaction even more.

These results closely correspond with Beach et al. (2020), who discovered that patients perceiving respect from their healthcare providers indicated notably greater satisfaction levels. They emphasized that respect was connected with trust, readiness to follow to treatment plans, and general confidence in the care received. In the same way, this aligns with O'Hair et al. (2023), who presented that effective, compassionate, and clear communication by providers was among the most significant gauges of patient satisfaction. This underscores that patients who got thorough and clearly communicated details about their conditions and treatment choices skilled more confidence and satisfaction. Nurses need to determine respect and dignity towards every patient to substitute trust and positive relationships. Working active listening is essential to understand and address patient concerns effectively, potentially enhancing care satisfaction. Poor communication scores propose that nurses must operate candid language, adapt to each patient's specific requirements, and confirm understanding to improve communication. Nurses must communicate treatment information and results clearly to confirm patients are informed and engaged in their healthcare. By evaluating health literacy and restructuring communication techniques, nurses can more efficiently address patient requirements. They should to gather patient feedback to improve their services. In overall, nurses are vital in enhancing patient satisfaction and the overall healthcare experience.

Table 4.10
Respondents’ Satisfaction Levels in Terms of Patient Care Quality

Statement	Mean	Descriptor
<i>1. I am satisfied with the overall quality of care I received from healthcare providers at RTNFI Hospital.</i>	3.54	Agree
<i>2. I was treated with respect and dignity by the healthcare staff during my visit.</i>	3.94	Agree
<i>3. Healthcare providers explained my medical condition and treatment in a way that was easy to understand.</i>	3.41	Agree
<i>4. Healthcare providers listened to my concerns and addressed them effectively.</i>	3.93	Agree
<i>5. My appointments were scheduled in a timely manner, and I was seen promptly by healthcare providers.</i>	3.11	Slightly Agree
Overall Mean Rating	3.58	Agree

Legend for the Mean Rating: *Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Slightly Agree: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00*

Table 4.10 tells the respondents' satisfaction levels in terms of patient care quality at Rio Tuba Nickel Foundation Incorporated (RTNFI) Hospital. The answers mirror how patients and employees evaluated the general experience of care, with respect, communication, responsiveness, and timeliness. With an overall mean rating of 3.58, characterized as "Agree," the outcomes recommend that, on average, respondents were contented with the quality of care they received. What follows is a thorough discussion of each statement, arranged from the highest to the lowest mean rating, with associated implications.

The study indicates that the highest-rated statement was *"I was treated with respect and dignity by the healthcare staff during my visit,"* which received a mean score of 3.94. This specifies a strong insight among respondents that RTNFI staff maintain a respectful and well-mannered environment. Being treated with self-respect is opening to patient-centered care, as it shapes trust, fosters sincerity, and contributes to a positive healthcare practice. This proposes that RTNFI has been successful in nurturing a culture of respect, which meaningfully enhances patient satisfaction.

Additionally follow-on this, the statement *"Healthcare providers listened to my concerns and addressed them effectively"* reached a mean score of 3.93. This inference mirrors a strong impression that providers are attentive and receptive to patient needs. Active listening not only improves diagnostic accurateness but correspondingly supports therapeutic relationships and patient trust. The outcomes propose that RTNFI healthcare providers are generally successful in engaging patients and nurturing a cooperative environment. Similarly, the statement *"Healthcare providers explained my medical condition and treatment in a way that was easy to understand"* gathered a mean rating of 3.41, still within the "Agree" range. This point to that respondents felt their providers communicated in a clear and understandable manner. However, related to the top-rated items, the slightly lower score may give an idea to chances for improving health literacy efforts, chiefly among patients with more multifaceted conditions or limited educational backgrounds.

In the same outlook, the statement *"I am satisfied with the overall quality of care I received from healthcare providers at RTNFI Hospital"* gained a mean of 3.54. As an overall measure of satisfaction, this score mirrors definitely on the hospital's capability to deliver satisfactory levels of care. But then the moderate score recommends that while the experience is satisfactory overall, additional improvements in reliability, service delivery, and patient visit may still be needed.

On the other hand, the lowest-rated statement was *"My appointments were scheduled in a timely manner, and I was seen promptly by healthcare providers,"* with a mean of 3.11, considered as "Slightly Agree." Although not absolute negative, this score agrees that timeliness and scheduling may be parts of concern for many respondents. Delays in appointments and long waiting times can deter the overall quality of care and discourage forthcoming use of services. This places of interest the need for RTNFI to study its scheduling systems, improve provider availability, and reorganize patient flow to improve responsiveness. Also, the overall mean rating of 3.58 ("Agree") mirrors that respondents are generally contented with the quality of care at RTNFI Hospital. The high scores in areas such as respect, attentiveness, and communication suggest strong provider-patient relationships. However, the lower satisfaction with scheduling and promptness tells an operational gap that warrants attention. Thereby, this study proposes that addressing this challenge while upholding the hospital's strengths in respectful and responsive care will be vital in further enhancing patient satisfaction and healthcare delivery.

The results of the analyses are congruent with Beach et al. (2020), who found that respectful treatment is central to patient satisfaction and emotional well-being. The further claimed that when healthcare providers demonstrated respect through active listening, empathy, and appropriate body language, patients reported significantly higher levels of trust and satisfaction. This further validates the findings of Pouragha and Zarei (2021), who revealed that effective communication among healthcare providers, including listening and clear explanations, substantially enhanced patient satisfaction, even when controlling for wait time variables.

Relationship between the Respondents’ Demographics and their Satisfaction Levels

The next tables disclose the relationship between the respondents’ demographic information and their level of satisfaction concerning the accessibility of care, advancement of medical technology, healthcare providers’ attitudes, and patient quality of care. To test the significance of the relationship, a chi-square test of independence was used at a 0.05 significance level.

The high score for respect things to see its status, suggesting that nurses must make and motivate respectful interactions with patients. The positive response on effective listening point to that nurses need to practice active listening to better recognize and address patient concerns, which supports build trust. The moderate score for clear explanations recommends that nurses should use simple language and clarify complex information based on patient needs. The low score for timeliness is concerning; while nurses cannot control schedules, they can improve patient flow, communicate waiting times, and update processes to improve efficiency. The moderate quality satisfaction score points to the need for more reliability in care. Nurses should use evidence-based practices, safeguard good documentation, engage in quality enhancement, and work together for comprehensive care. The strong scores for listening and respect underscore the importance of strong nurse-patient relationships through responsiveness and safe environments. Nurses should seek patient feedback on parts like communication, respect, and timeliness to recognize areas for improvement, showing how their method affects patient satisfaction at RTNFI Hospital.

Table 4.11

Relationship between the Respondents’ Age and their Satisfaction Levels in the Identified Healthcare Services

Healthcare Services Parameter	p-value	Interpretation
Accessibility of Care	0.0002**	Significant
Advancement of Medical Technology	0.0017**	Significant
Healthcare Providers’ Attitude	0.0003**	Significant
Patient Quality of Care	0.0046**	Significant

Legend: **Significant at 0.05 level of significance

Table 4.11 analyses the relationship between the respondents’ age and their satisfaction levels across four key healthcare service parameters. The table discloses that age is a statistically noteworthy aspect influencing satisfaction in all four areas—accessibility of care, advancement of medical technology, healthcare providers’ attitude, and patient quality of care—as all p-values are less than the 0.05 threshold for statistical significance.

The study indicates that the toughest suggestion is found in the area of *accessibility of care* (p = 0.0002), signifying that patients of different age groups notice access to healthcare services in a different way. This

indicates that older adults may have further challenges accessing care due to mobility boundaries or may have more frequent healthcare needs, making them more complex to issues like scheduling and facility navigation. This is maintained by a study from Elliott et al. (2022), which found that older adults tend to report lower satisfaction with healthcare access.

In terms of *advancement of medical technology* ($p = 0.0017$), the significant result recommends that insights of technology use in healthcare differ by age. Older adults may be fewer used to or less comfortable with digital health tools, possibly lowering their satisfaction levels, while younger patients might increase in value to current diagnostics and electronic systems more readily. Research by Gordon & Hornbrook (2018) found that younger patients often view technology combination favorably, however older patients may face usability barriers, prompting their satisfaction with tech-enabled care.

Interestingly, for *healthcare providers' attitude* ($p = 0.0003$), the significance specifies that age influences how patients interpret provider behavior. Older adults frequently value traditional, respectful communications and may be more critical of quick or impersonal communication. This approves with the study by Greene et al. (2022), who highlighted that older patients prioritize empathy and communication more highly, affecting their satisfaction when those elements are lacking.

Similarly, a significant relationship in *patient quality of care* ($p = 0.0046$) displays that age impacts insights of how effective, respectful, and coordinated care is. Older individuals may appraise quality based on long-term care outcomes, continuity, and clarity of instructions. This supports with Yim et al. (2023), who found that age, affects satisfaction wherein those older adults may rate quality lower if directions are unclear or too technical.

The outcomes of this study suggest that age-specific methods are vital to improve satisfaction across healthcare services. For older patients, hospitals must consider improving physical access, providing assistance with technology, present clearer communication, and ensuring compassionate, consistent care. On the other hand, for younger patients, efficacy, digital engagement, and transparency in services may be more influential. Thus, understanding and correcting to age-related differences can help RTNFI Hospital change services more proficiently and increase overall satisfaction and health outcomes.

Specified the strong suggestion among age and satisfaction with accessibility ($p = 0.0002$), nurses must actively evaluate and address barriers to access for older adults, such as mobility problems or effort directing the facility. Assist patients, mostly the elderly, with scheduling appointments, understanding directions, and using transportation services if needed. Advocate for physical environment modifications (e.g., clear signage, adequate seating, ramps) to improve accessibility for all ages.

The significant difference in satisfaction concerning medical technology ($p = 0.0017$) needs: Offering changed assistance and training to older patients who may be less aware with digital health tools (e.g., patient portals, telehealth platforms). Using clear, jargon-free language when explaining technology-related processes. Being patient and offering repeated explanations or demonstrations as needed, particularly for older adults. Ensuring that technology lines are user-friendly and accessible.

The outcome that age influences awareness of provider attitude ($p = 0.0003$) proposes nurses should: Distinguish that different age groups may have changing expectations about communication style and interpersonal interactions. For older adults, prioritize indicating empathy, respect, and providing unhurried, clear explanations, acknowledging their potential preference for traditional, respectful interactions. For younger patients, while keeping respect, also focus on efficiency and clarity related to their needs and understanding with current communication styles.

Since age impacts perceptions of patient quality of care ($p = 0.0046$), nurses should: Modify patient education strategies to the individual's age, health literacy, and cognitive abilities. Use simpler language, visual aids, and written materials for those who may struggle with multifaceted instructions. Pay close attention to ensuring that discharge instructions and care plans are clearly understood, mainly by older adults who may base quality appraisals on clarity and continuity of care. Engage older patients in discussions about long-term care goals and organize care transitions effectively.

Nurses had better study a patient's age when assessing needs during admission or care planning. This helps identify age-related challenges like accessing care, using technology, and understanding information early. By using this information, nurses can advocate for hospital policies that meet the various needs of patients of all ages, ensuring fair access and quality care. Constant education on geriatric care, health literacy, and communication techniques is significant for nurses. This method reassures a patient-centered care model that addresses the complete needs of numerous age groups, improving patient satisfaction and care quality at RTNFI Hospital.

Table 4.12

Relationship between the Respondents' Educational Attainment and their Satisfaction Levels in the Identified Healthcare Services

Healthcare Services Parameter	p-value	Interpretation
Accessibility of Care	0.0184**	Significant
Advancement of Medical Technology	0.0002**	Significant
Healthcare Providers' Attitude	0.0027**	Significant
Patient Quality of Care	0.0209**	Significant

Legend: **Significant at 0.05 level of significance

Table 4.12 presents the relationship between the respondents' educational attainment and their satisfaction levels across four healthcare service parameters. The results reveal that all four parameters—accessibility of care ($p = 0.0184$), advancement of medical technology ($p = 0.0002$), healthcare providers' attitude ($p = 0.0027$), and patient quality of care ($p = 0.0209$)—show statistically significant relationships with educational attainment, as all p-values fall below the 0.05 level of significance. This indicates that a respondent's level of education meaningfully influences how they perceive and evaluate healthcare services.

As depicted by the analysis, the most significant relationship is found in the parameter *advancement of medical technology* ($p = 0.0002$), suggesting that individuals with varying educational backgrounds differ in their satisfaction with the use of modern medical tools and digital systems. This could be due to differences in health literacy, familiarity with technology, or expectations for service modernization. This is in consonance with Chao et al. (2019), who stressed that patients with higher educational attainment were more likely to report better health literacy and, as a result, greater satisfaction with technologically advanced healthcare services. This implies that while technological upgrades may enhance satisfaction for educated users, hospitals must ensure that those with lower educational backgrounds are not left behind by offering guidance, orientation, or support on using these systems.

A similarly strong relationship exists in the domain of *healthcare providers' attitude* ($p = 0.0027$). This indicates that more educated patients may evaluate provider behavior—such as listening skills, empathy, and communication quality—with greater scrutiny. According to Yim et al. (2023), patients with higher education often place a premium on shared decision-making and clear, respectful communication. Thus, providers at RTNFI Hospital must adopt flexible communication strategies that meet the expectations of diverse educational groups, especially by using lay-friendly language for those with lower literacy, and collaborative dialogue for more informed patients.

Likewise, in *accessibility of care* ($p = 0.0184$), the findings imply that education shapes how patients perceive ease of access to healthcare services, such as appointment scheduling, service availability, and timely response. Pouragha and Zarei (2016) noted that patients with higher education levels tend to be more critical of access-related inefficiencies. This suggests that even if services are available, highly educated patients might perceive gaps in efficiency or organization more acutely. RTNFI may address this by streamlining administrative processes, enhancing clarity in procedures, and increasing service transparency.

Notably, the significant relationship in *patient quality of care* ($p = 0.0209$) suggests that perceptions of overall care—ranging from clinical effectiveness to interpersonal experience—also vary with education. Educated patients may expect more thorough explanations, detailed discharge instructions, and consistent follow-up. Supporting this, Greene et al. (2022) emphasized that higher patient activation, often linked with higher education, is associated with more critical appraisal of care quality. RTNFI must therefore maintain high standards of technical care delivery while also ensuring individualized attention, especially for patients with varying knowledge levels and expectations.

Moreover, the results of the analyses highlight that educational attainment is a key factor shaping patient satisfaction. This underscores that educated patients are more likely to engage actively in their care, ask questions, and form expectations about technology use, provider communication, and care coordination. In contrast, those with lower educational attainment may require more accessible, simplified, and supportive interactions to feel satisfied. Hence, tailoring healthcare communication and service delivery to match these varying expectations will be critical to improving patient-centered care at RTNFI Hospital.

profile
The relationship between technology and quality of care, as indicated by the significant p-values of 0.0002 and 0.0209 respectively, highlights the influence of education on health literacy. Nurses should evaluate each patient's educational history and health literacy level to customize explanations, instructions, and educational resources. It is essential to use simple language, steer clear of technical terms, and utilize visual aids or written materials for patients with limited educational backgrounds. For patients with higher education levels who may desire more detailed information, nurses should provide thorough explanations, delve into mechanisms, and encourage questions.

The significant correlation between education and provider attitude satisfaction, with a p-value of 0.0027, indicates varying communication needs. Nurses should adapt their communication style accordingly. For patients with lower education levels, communication should be clear, straightforward, empathetic, and supportive. On the other hand, for patients with higher education levels, communication should be detailed, respectful, collaborative, and should promote active participation and shared decision-making.

The noteworthy discovery regarding technology, with a p-value of 0.0002, emphasizes the importance of tailoring assistance based on educational background. It is crucial to proactively provide guidance and support for utilizing digital health tools such as portals, apps, and telehealth, especially for patients who

may be less familiar or comfortable, potentially those with lower education levels. Nurses should exhibit patience and offer repeated explanations or demonstrations as necessary. Additionally, ensuring that technology interfaces and instructions are user-friendly and accessible is essential for effective support. The connection with accessibility, supported by a p-value of 0.0184, suggests that patients with higher education levels may be more attuned to inefficiencies. Nurses can support patients in navigating scheduling, billing, and other administrative tasks by offering clear guidance and information. It is beneficial to advocate for improved signage, streamlined procedures, and enhanced communication regarding wait times or delays, as these factors can affect satisfaction levels across all educational backgrounds but may be scrutinized more closely by some patients with higher education. The noteworthy finding regarding quality of care, with a p-value of 0.0209, indicates varying expectations. It is crucial to offer clear, succinct, and personalized care plans and discharge instructions, adjusting the level of detail based on the patient's educational level and comprehension. For patients with higher education, anticipate more in-depth inquiries about their condition, treatment rationale, and prognosis. Utilize techniques such as the teach-back method to confirm understanding for all patients. Patients with higher education levels are more inclined to actively seek information and critically evaluate their care, as indicated by a p-value of 0.0209. It is important to foster and support this engagement through clear communication and collaborative decision-making. Conversely, patients with lower education levels may require additional encouragement and simplified support to feel actively involved in their care. To improve care planning and communication, it is suggested to include the assessment of education and health literacy in regular patient evaluations. By understanding how education affects patient views and satisfaction, nurses can offer personalized and effective care. This method can enhance results and satisfaction for all patients at RTNFI Hospital.

Table 4.13

Relationship between the Respondents' Employment Status and their Satisfaction Levels in the Identified Healthcare Services

Healthcare Services Parameter	p-value	Interpretation
Accessibility of Care	0.0009**	Significant
Advancement of Medical Technology	0.0014**	Significant
Healthcare Providers' Attitude	0.0318**	Significant
Patient Quality of Care	0.0023**	Significant

Legend: **Significant at 0.05 level of significance

Table 4.13 illustrates the relationship between the respondents' employment status and their satisfaction levels across four key healthcare service parameters at Rio Tuba Nickel Foundation Incorporated (RTNFI) Hospital. The data show that employment status has a statistically significant impact on satisfaction across all parameters: accessibility of care ($p = 0.0009$), advancement of medical technology ($p = 0.0014$), healthcare providers' attitude ($p = 0.0318$), and patient quality of care ($p = 0.0023$). These findings indicate that whether a respondent is employed, unemployed, or retired significantly shapes their evaluation of the healthcare services received.

A significant relationship is found in the domain of accessibility of care ($p = 0.0009$), implying that individuals' employment situations greatly influence how they experience and rate healthcare accessibility. This indicates that employed individuals may face scheduling conflicts, long wait times, or limited-service hours that do not align with their work commitments. Conversely, unemployed or retired individuals may have more flexibility but may also face barriers such as financial constraints or transportation issues.

This supports with the study by Anderson et al. (2020), who revealed that unemployed individuals often face logistical and economic obstacles to accessing care, while employed patients may struggle with convenience and timing. This highlights the need for RTNFI to offer more flexible appointment scheduling, extended service hours, or mobile health units to accommodate both working and non-working populations.

For the parameter advancement of medical technology ($p = 0.0014$), the significance indicates that satisfaction with the hospital's technological capabilities also varies by employment status. This means that employed individuals may be more familiar or comfortable with technology due to workplace exposure and may therefore have higher expectations for digital tools like electronic health records or telehealth services. Meanwhile, unemployed or retired individuals may need more support to navigate technology-based systems. This is parallel with Kowalski et al. (2019), who echoed that employed patients reported higher satisfaction with tech-based healthcare services, likely due to digital literacy and workplace tech use. This suggests that RTNFI should provide orientation or assistance to less tech-savvy patients while continuing to innovate for more digitally fluent populations.

Further, a statistically significant relationship was also found in healthcare providers' attitude ($p = 0.0318$). This suggests that employment status may affect how patients perceive provider communication and empathy. Unemployed or economically vulnerable individuals may be more sensitive to how they are treated, potentially perceiving bias or neglect more acutely. A study by Olesen et al. (2023) reported that unemployed individuals often felt less respected or listened to during medical consultations. Thus, this supports the notion that RTNFI must ensure that provider training emphasizes unbiased, respectful, and empathetic care for all patients, regardless of socioeconomic background.

Finally, the parameter patient quality of care also showed a significant relationship with employment status ($p = 0.0023$), suggesting that general perceptions of care quality are influenced by patients' work status. The analysis indicate that employed individuals might prioritize efficiency and quick recovery to return to work, while unemployed individuals may focus more on affordability and comprehensiveness. This aligns with Shi et al. (2021), who argued that unemployed patients often placed greater value on service comprehensiveness and affordability, while employed individuals valued timeliness and outcome effectiveness. These differences underscore the importance of customizing care approaches to address the varied needs and priorities of different patient groups.

The analysis of employment status and patient satisfaction at RTNFI Hospital reveals key insights for nursing practice. Patients have different views on care quality, suggesting that nurses need to adopt personalized approaches. Employed patients may value efficiency, while unemployed patients may prioritize affordability and comprehensive services. Nurses should adjust their care strategies to address the varied needs of these groups, aiming to provide high-quality, individualized care. By considering these factors, nurses can boost patient satisfaction and enhance the overall quality of care at RTNFI Hospital.

Table 4.14

Relationship between the Respondents’ Sex and their Satisfaction Levels in the Identified Healthcare Services

Healthcare Services Parameter	p-value	Interpretation
Accessibility of Care	0.0073**	Significant
Advancement of Medical Technology	0.0673	Not Significant
Healthcare Providers’ Attitude	0.0924	Not Significant
Patient Quality of Care	0.0036**	Significant

Legend: **Significant at 0.05 level of significance

Table 4.14 shows the relationship between the respondents’ sex and their satisfaction levels across four identified healthcare service parameters. The results show that two parameters—accessibility of care ($p = 0.0073$) and patient quality of care ($p = 0.0036$)—have statistically significant relationships with sex, as their p-values are below the 0.05 level of significance. However, advancement of medical technology ($p = 0.0673$) and healthcare providers’ attitude ($p = 0.0924$) were found to be not significant, indicating that male and female respondents had relatively similar satisfaction levels for these two aspects.

The results of the analysis pinpoint a statistically significant relationship in the area of patient quality of care ($p = 0.0036$), which implies that male and female patients differ in how they perceive the quality of care received. This corroborates with Bleich et al. (2019), who reported that women tend to be more sensitive to service-related factors such as communication clarity, cleanliness, and emotional support, which can influence their satisfaction more significantly than men. This implies that RTNFI must consider incorporating gender-sensitive approaches in its care delivery—particularly in ensuring respectful treatment, adequate information-sharing, and emotional responsiveness—to enhance overall patient satisfaction. Another significant finding lies in accessibility of care ($p = 0.0073$). This result suggests that sex affects how patients evaluate the ease and timeliness of accessing healthcare services. This aligns with Madhavan et al. (2021), who observed that women, especially those with caregiving responsibilities or limited financial independence, may face more structural and logistical barriers to care access than men. In contrast, the parameter advancement of medical technology ($p = 0.0673$) was not found to be significantly associated with sex. This aligns with studies like Gordon and Hornbrook (2018), which suggest that patients' satisfaction with healthcare technology is more influenced by age, education, and digital literacy rather than gender. This non-significance implies that both male and female patients at RTNFI have similar levels of comfort and satisfaction with the hospital’s use of medical technology, indicating consistent delivery in this domain.

Similarly, healthcare providers’ attitude ($p = 0.0924$) also showed no significant relationship with sex, suggesting that both male and female patients perceived the attitudes and behaviors of providers (e.g., attentiveness, empathy, respect) in similar ways. This may indicate that RTNFI is succeeding in maintaining a standard, respectful level of provider-patient interaction regardless of gender. This aligns with the findings of Weech-Maldonado et al. (2022), who noted that while minor perceptual differences may exist, gender is not a dominant factor influencing satisfaction with provider behavior in well-functioning healthcare settings.

The analysis of sex and patient satisfaction at RTNFI Hospital highlights key points for nursing practice. It shows that male and female patients view care differently, so nurses must be aware of these differences

and provide respectful and responsive care. This includes listening to patients, giving clear information, and offering emotional support, especially to women. Women face more barriers to accessing healthcare, so nurses should help address these issues, like scheduling conflicts or logistics. Flexible appointment times and support for caregivers can enhance access. However, satisfaction with medical technology and provider attitudes is similar for both genders. Nurses should maintain high care standards and ensure respectful interactions for all patients. By recognizing the unique needs of male and female patients, nurses can improve patient satisfaction and care quality at RTNFI Hospital.

Table 4.15
Relationship between the Respondents’ Marital Status and their Satisfaction Levels in the Identified Healthcare Services

Healthcare Services Parameter	p-value	Interpretation
Accessibility of Care	0.1009	Not Significant
Advancement of Medical Technology	0.1095	Not Significant
Healthcare Providers’ Attitude	0.2178	Not Significant
Patient Quality of Care	0.0283	Not Significant

Legend: ***Significant at 0.05 level of significance*

Table 4.15 depicts the relationship between the respondents’ marital status and their satisfaction levels in four identified healthcare service parameters. The data show that all p-values—accessibility of care (0.1009), advancement of medical technology (0.1095), healthcare providers’ attitude (0.2178), and patient quality of care (0.0283)—are not statistically significant at the 0.05 level. This suggests that the marital status of respondents—whether single, married, or widowed—does not have a meaningful influence on how they rate their satisfaction with these healthcare services.

Furthermore, the absence of statistically significant differences indicates that RTNFI Hospital has been able to provide a fairly consistent level of service across all marital categories. This consistency suggests that patients’ perceptions of healthcare access, technological innovation, provider behavior, and care quality are not substantially shaped by their marital status. Hence, being single, married, or widowed did not create disparities in patient experience or satisfaction.

This finding aligns with studies such as Jackson et al. (2021), which found that while marital status can affect broader health outcomes (such as emotional support or treatment adherence), it does not always significantly impact satisfaction with hospital-based care. Similarly, Liu & Zhang (2020) reported that satisfaction is more closely tied to interpersonal communication, provider competence, and institutional efficiency rather than civil status.

RTNFI Hospital shows consistent patient satisfaction across different marital status groups, indicating that nurses can apply standard practices to all patients without differentiating by marital status. Key factors influencing satisfaction are communication quality, provider competence, and institutional efficiency rather than marital status. Nurses should maintain high standards in these areas and avoid assuming patients' support systems or needs based solely on their marital status. Despite no significant impact on satisfaction, thorough holistic assessments are important, as marital status may still provide insights into a patient's

support network. Future changes in policies or demographics should be monitored, but currently, nurses can focus on delivering high-quality, respectful care.

Table 4.16
Relationship between the Respondents’ Monthly Income and their Satisfaction Levels in the Identified Healthcare Services

Healthcare Services Parameter	p-value	Interpretation
Accessibility of Care	0.0081**	Significant
Advancement of Medical Technology	0.0026**	Significant
Healthcare Providers’ Attitude	0.0372**	Significant
Patient Quality of Care	0.0075**	Significant

Legend: **Significant at 0.05 level of significance

Table 4.16 presents the relationship between the respondents’ monthly income and their satisfaction levels in four healthcare service parameters at Rio Tuba Nickel Foundation Incorporated (RTNFI) Hospital. All service areas—accessibility of care ($p = 0.0081$), advancement of medical technology ($p = 0.0026$), healthcare providers’ attitude ($p = 0.0372$), and patient quality of care ($p = 0.0075$)—yielded p-values below the 0.05 level of significance, indicating that there are statistically significant relationships between respondents’ income levels and how they rated each aspect of hospital services.

The significant relationship in accessibility of care suggests that patients with different income levels experience healthcare access differently. This is congruent with the research by Tang et al. (2016), who noted that lower-income patients often report more difficulty accessing timely and affordable healthcare services due to financial constraints, transportation issues, or work obligations. In the context of RTNFI, this may mean that those earning less than ₱10,000.00 per month face greater challenges in seeking or continuing care.

Similarly, the advancement of medical technology also demonstrated a significant link to income ($p = 0.0026$). This could be attributed to disparities in digital health literacy and expectations—higher-income patients may be more familiar with or appreciative of advanced technologies used in diagnostics, records, or treatment. Wang et al. (2019) highlighted that patients with higher socioeconomic status tend to report greater satisfaction with technologically enabled care, likely due to their exposure to private care or digital tools. Thus, RTNFI may need to improve health technology orientation for low-income patients to bridge this satisfaction gap.

The relationship between monthly income and healthcare providers’ attitude ($p = 0.0372$) suggests that income level may influence how patients perceive provider interaction. While all patients may technically receive similar treatment, Schneider & Lieberman (2020) observed that patients with lower incomes often perceive—or actually experience—shorter consultations, less shared decision-making, or subtle forms of discrimination. To address this, RTNFI should promote uniform standards of provider communication and empathy, ensuring all patients—regardless of economic status—feel equally heard and valued.

Moreover, the significant relationship between income and patient quality of care ($p = 0.0075$) reinforces the idea that perceptions of care effectiveness, timeliness, and respect vary across economic strata. Patients with higher incomes may expect more personalized or prompt care, while those with lower incomes may

rate services lower due to perceived delays or reduced engagement. This coincides with Basu et al. (2017), who emphasized that income-related health inequalities often translate to disparities in healthcare experience.

The analysis of the relationship between monthly income and patient satisfaction at RTNFI Hospital shows important points for nursing practice. Lower-income patients may struggle to access healthcare, so nurses should advocate for flexible appointment times. Higher-income patients are often more comfortable with advanced medical technology, so nurses need to support and educate low-income patients on its use. It's also vital for nurses to make all patients feel valued, regardless of income, to reduce bias. Additionally, providing personalized attention and timely care is essential to meet all patients' expectations, which can improve overall satisfaction and care quality at the hospital.

Table 4.7
Strategic Program Plan for Nursing Service at RTNFI Hospital

Core Area	Policy Objectives	Procedures	Implementation Timeline		Needed Materials	Persons Involved	Budget	Monitoring /Evaluation
			Year	Key actions				
Communication Strategies for older patients and lower education	To enhance the quality of healthcare communication for older patients with lower education levels	1. Assess Patient's Education Level and Communication Needs 2. Simplify Language and Avoid Jargon 3. Utilize Visual Aids 4. Repeat Key Information 5. Practice Empathetic Listening 6. Involve Family	Within 1 year	1. Training Healthcare Providers: 2. Developing Communication Tools: 3. Implementing Communication Protocols: 4. Monitoring and Evaluation for Continuous Improvement	1. Training Modules 2. Computers/ Laptops 3. Projector & Screen: 4. Paper and pens	1. Trainors 2. health care providers 3. IT experts for the presentation 4. Patients And Employees	5,000 Per year	1. For the healthcare providers improving shared decision-making with patients 2. Reducing communication-related errors. 3. Increased patient satisfaction by reducing patients' complaints.

Core Area	Policy Objectives	Members or Procedures Caregiver s 7. Provide Follow- Up Support complete mandatory	Implementation Timeline		Needed Materials	Persons Involve d	Bud get	Monitoring /Evaluation
			Ye ar	Key actions				
Implementing strategies to deliver equitable and respectful care to all patients, regardless of income or employment status.	Ensure all patients, irrespective of income or employment status, receive the same standard of care and level of respect from all healthcare staff	All staff must complete mandatory training on unconscious bias, cultural competency, communication skills, and the organization's policies on non-discrimination and equitable care at hire and at regular intervals.	1st Year	1.Implementing cultural competency training for healthcare providers. 2. Developing educational materials in plain language and easy-to-understand. 3. Providing access to community resources and support services.	1.Culturally competent training materials for healthcare providers. 2.Educational materials in plain language and easy-to-understand formats 3. Access to interpreters or language services to ensure effective communication.	1.Staff /healthcare provide rs 2. Employ ees 3.Patien ts	10,000 per year	1. Evaluate patient experience like patient Satisfaction survey. 2. Staff Practices like direct Observation on how healthcare providers interact with patients. 3Analyze /review complaints related communication.

Core Area	Policy Objectives	Procedures	Implementation Timeline		Needed Materials	Persons Involved	Budget	Monitoring /Evaluation
			Year	Key actions				
To establish policies and procedures that systematically reduce patient wait times across all service areas, thereby enhancing patient satisfaction and operational efficiency.	To establish policies and procedures that systematically reduce patient wait times across all service areas, thereby enhancing patient satisfaction and operational efficiency.	<p>Step 1: Establish Measurement & Baseline Identify Key Wait Points.</p> <p>Step 2: Analyze Current Processes & Identify Root Cause, Analyze Baseline Data:</p> <p>Step 3: Develop and Prioritize Improvement Interventions, Brainstorm Solutions:</p> <p>Step 4: Plan Implementation turnover). Develop</p>	Within 6 months	<p>1. Secure Final Approval & Resources: Present the finalized intervention plan</p> <p>2. Develop Detailed Training Schedule training sessions well in advance.</p> <p>3. Materials: Schedule and Conduct Staff Training:</p> <p>4. Prepare Physical Environment: Set up new equipment or signage required by the intervention</p>	<p>1. Training & Communication Materials:</p> <p>2. Staff Training Modules:</p> <p>3. Patient Communication Materials:</p> <p>4. Website/Brochure: Explaining the new check-in process (e.g., online pre-check-in), what to expect regarding wait times, and how wait times are being managed.</p> <p>5. Lobby Signage: Instructions for online pre-check-in or kiosk use.</p> <p>6. Information about factors affecting wait times (e.g., "Urgent cases seen first,"</p>	<p>1. Leadership & Management</p> <p>2. Clinical Staff:</p> <p>3. Administrative Patients/Families</p>	5,000 per year	<p>1. Identify Successes: Confirm what interventions are working well and consider standardizing them.</p> <p>2. Identify Remaining Issues: Pinpoint areas where wait times are still problematic or where improvements have stalled.</p> <p>3. Refine Interventions: Use the analysis</p>

		<p>Training Plan:</p> <p>Step 5: Implement Interventions gauge. Allocate Resources :</p> <p>Step 6: Monitor and Evaluate Impact, Compare to Baseline:</p> <p>Step 7: Adjust and Optimize Refine Processes:</p>		<p>5.Develop and Execute Communication Plan:</p> <p>6.Prepare internal communications for staff explaining the changes, reasons, and timelines.</p>	<p>"Complex cases may take longer").</p>		<p>to tweak existing processes or develop new solutions .</p> <p>4.Adjust Resource Allocation: Use data to inform staffing levels or resource allocation decisions .</p> <p>5.Celebrate Successes: Share positive results with staff to maintain morale and engagement.</p>
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Chapter V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter presents the summary of findings, conclusions drawn from the study, recommendations for future research and discussion plan for dissemination.

This study intended to appraise the satisfaction levels of employees and patients across numerous departments of Rio Tuba Nickel Foundation Incorporated (RTNFI) Hospital—specifically the Emergency Room (ER), Obstetrics (OB), Surgical, Medical, and Pediatric wards. The assessment focused on four key dimensions of healthcare service: accessibility of care, advancement of medical technology, healthcare providers' attitudes, and the quality of patient care. Furthermore, the study observed whether demographic factors—such as age, educational attainment, employment status, sex, marital status, and monthly income—significantly inclined respondents' satisfaction across these healthcare service parameters.

The study involved responses from 300 purposively selected employees and patients of RTNFI Hospital. Data were collected through a researcher-developed questionnaire collected of two main sections. The first section composed demographic data, as well as age, sex, educational attainment, employment status, marital status, and monthly income. The second section featured a 20-item Likert scale designed to measure satisfaction levels across four key parameters of healthcare service delivery: accessibility of care, advancement of medical technology, healthcare providers' attitudes, and quality of patient care.

To address the research questions, descriptive statistics—such as frequency, percentage, and ranking—were utilized to summarize the respondents' socio-demographic characteristics. Mean scores were computed to assess levels of satisfaction with the healthcare services. Furthermore, the Chi-square test of independence was useful to determine the implication of relationships between demographic variables and satisfaction levels. All inferential analyses were conducted at a 0.05 level of significance to ensure the validity and reliability of the findings.

Summary of Findings.

Respondents' Demographics Profiles

Age Distribution: The statistics display that the majority of the 300 respondents fall within the middle-aged and older adult categories, with the 37–41 age group being the most showed at 16.33%, followed by those aged 57 and above at 15.67%. This suggests that individuals in these age ranges are more involved with RTNFI Hospital either as employees or frequent service users. Stated that middle-aged and older adults are further likely to require regular healthcare services, their feedback offers valued perceptions into the hospital's effectiveness.

Educational Attainment: The main section of respondents are high school graduates (36.70%), followed by bachelor's degree holders (26.30%) and elementary graduates (20.30%). This numerous educational backgrounds shows changing levels of health literacy among the hospital's clients and staff. Respondents with higher educational attainment may distribute further dynamic and in-depth feedback based on better-quality understanding of healthcare processes, while individuals with lower education levels may stress more on interpersonal care and accessibility, highlighting the crucial for healthcare professionals to change communication to different literacy levels.

Employment Status: A significant majority of the respondents (61.30%) are unemployed, while 38.30% are employed and only 0.30% are retired. This high quantity of unemployed individuals' places of interest the socioeconomic susceptibility of many of the hospital's patients and maybe some employees. Their viewpoints are expected measured by concerns about affordability, accessibility, and compassionate care, while employed individuals may value effectiveness and flexible service hours. Understanding these

differences is vital for designing patient-centered services that accommodate several employment-related needs.

Sex Distribution: The sex distribution of respondents displays an important female representation at 65.00%, with males accounting for only 35.00%. This makes even with broader trends showing that women are more expected to seek healthcare and contribute in health studies. Subsequently, their participations and viewpoints may intensely affect overall satisfaction ratings, specifically in areas such as empathy, communication, and privacy. The lesser male involvement may mirror underutilization of services, suggesting an essential for strategies that encourage greater male engagement with healthcare services.

Marital Status: A huge majority of respondents (74.70%) are married, shadowed by 19.70% who are single and 5.70% who are widowed. This demographic commends that many respondents have family tasks and are likely to prioritize continuity of care, affordability, and family-inclusive services. Married individuals often seek regular care not only for themselves but also for their dependents, which may impact their overall satisfaction and viewpoints from hospital services.

Monthly Income: Utmost respondents (64.00%) report earning ₱10,000.00 or less per month, stress that the majority of patients and employees surveyed belong to a low-income bracket. This income level indirectly effects healthcare access and satisfaction, as lower-income individuals are more complex to service affordability, efficiency, and financial support mechanisms. Their satisfaction is likely secured to the hospital's capability to deliver cost-effective, high-quality care without imposing additional financial burdens. In contrast, higher-income respondents may assess services based on different viewpoints, such as personalized care and facility quality.

Respondents' Level of Satisfaction in Healthcare Services of RTNFI Hospital

Satisfaction with Accessibility of Care: Respondents stated moderate satisfaction (mean = 3.26), noticing that the hospital met basic health needs and had an effective referral system. However, concerns happened around interruptions in treatment, emergency responsiveness, and limited accessibility during operating hours—the later receiving the lowest rating (2.58). These propose a need to progress scheduling, reduce wait times, and improve service availability.

Satisfaction with Advancement of Medical Technology: Respondents generally agreed (mean = 3.72) that medical technology improved health outcomes, communication, and care coordination. All items were evaluated positively, on behalf of robust support for RTNFI's technological integration. Continuous system in digital systems is dynamic to upholding and enhancing service quality and efficiency.

Satisfaction with Healthcare Providers' Attitudes: Overall satisfaction was positive (mean = 3.49), with high evaluations for respect, attentiveness, and provider communication. However, somewhat lower scores on treatment success and ease of information recommend room for upgrading in communication and patient education, particularly for numerous literacy levels.

Satisfaction with Patient Care Quality: Respondents were frequently satisfied with the quality of care (mean = 3.58), chiefly in terms of respectful treatment and attentive listening. Lower satisfaction with appointment timeliness (mean = 3.11) concepts to operational inefficiencies. Enhancing procedure and wait time management could further improve the patient experience.

Relationship between the Respondents' Demographics and their Satisfaction Levels

Age and Satisfaction with Healthcare Services: Age was found to be a statistically important factor influencing satisfaction across all four healthcare domains: accessibility of care, medical technology, provider attitude, and quality of care. The toughest association was observed in accessibility, signifying that older patients may face greater challenges linked to mobility, scheduling, and navigation. Satisfaction

with technology also diverse by age, likely reflecting differing levels of comfort and familiarity. Moreover, older respondents seemed more sensitive to provider behavior and communication styles. These results infer the need for age-sensitive strategies, such as personalized assistance, clearer communication, and flexible service models to meet the exceptional needs of different age groups.

Educational Attainment and Satisfaction with Healthcare Services: Respondents' educational attainment suggestively inclined their satisfaction across all service domains. The most noteworthy differences give the idea in insights of medical technology, where more cultivated individuals stated higher satisfaction, perhaps due to greater health literacy and digital knowledge. Educated patients also held higher outlooks for provider communication and access efficiency. These outcomes recommend that healthcare services must be tailored to diverse literacy levels—offering basic descriptions for those with lower education and nurturing shared decision-making with more well-versed patients—to ensure reasonable satisfaction across groups.

Employment Status and Satisfaction with Healthcare Services: Employment status presented important relationships with satisfaction in all four areas, signifying that patients' work status impacts how they experience care. Employed individuals may come across scheduling conflicts, while unemployed patients might face financial and logistical access barriers. Satisfaction with medical technology also diverse, with employed patients likely more adapted to digital tools. Provider attitudes and supposed care quality were similarly inclined by employment status, highlighting potential sensitivity among unemployed individuals to issues of respect or affordability. These insights propose the need for flexible service hours, inclusive communication, and financial support mechanisms to address the different needs of employed and unemployed patients.

Sex and Satisfaction with Healthcare Services: Sex was found to suggestively impact satisfaction in two areas: accessibility of care and patient quality of care. Female respondents appeared to experience more challenges in accessing healthcare services and placed greater importance on respectful, clear, and emotionally responsive care. Though, no significant differences were found in satisfaction with medical technology or provider attitudes between sexes, suggesting that both male and female patients supposed these features similarly. These outcomes underscore the status of gender-sensitive approaches in care delivery, predominantly in refining communication, service access, and patient support structures for women.

Marital Status and Satisfaction with Healthcare Services: Marital status did not meaningfully impact respondents' satisfaction across any of the four areas measured. Whether single, married, or widowed, respondents stated similar experiences and appraisals of accessibility, technological combination, provider interaction, and care quality. This reliability specifies that RTNFI Hospital has achieved reasonable service delivery regardless of civil status.

Monthly Income and Satisfaction with Healthcare Services: Monthly income was created to be a substantial factor in all areas of satisfaction. Lower-income patients described greater challenges in accessing care, likely due to cost and logistical limitations. Satisfaction with medical technology also varied, with higher-income individuals more likely to prompt approval—maybe due to greater experience or expectations. Insights of provider attitude and care quality similarly varied, with lower-income respondents possibly distinguishing inequalities in time, attention, or respect.

Conclusion

To shed light from the previous findings in this study, the following decision was inferred:

- Age suggestively impacts satisfaction in all healthcare areas. Older patients incline to report lower satisfaction due to mobility issues, unfamiliarity with technology, and greater sensitivity to communication and provider behavior. Age-specific plans, such as enhanced access support and clearer communication, are required to improve their experience.
- Educational level affects satisfaction, particularly concerning technology, communication, and access. More refined patients expect clear explanations and active participation in care. Healthcare services must adjust communication and support to match changing literacy levels and outlooks to guarantee equitable satisfaction.
- Employment status outlines healthcare experience, with employed patients needing flexible scheduling and unemployed individuals often facing financial or access barriers. Tailored solutions—such as extended hours and affordability programs—can improve satisfaction across different work situations.
- Sex influences satisfaction in accessibility and quality of care, with women more possible to report challenges and value emotional support. Though, satisfaction with technology and provider attitude is alike across sexes. Gender-sensitive service delivery is crucial, especially in refining access and communication for female patients.
- Marital status does not suggestively affect satisfaction, signifying that RTNFI Hospital provides reliable care irrespective of civil status. Service delivery appears reasonable among single, married, and widowed patients.
- Income suggestively influences satisfaction across all areas. Lower-income patients face more barriers in access and distinguish lower quality of care, while higher-income individuals report higher satisfaction, particularly with technology. Financial support and wide-ranging communication are important to bridge income-related gaps in care experience.

Recommendations

After examination of the results and inference of the study, the following are strongly suggested for the application of the outcomes of this study.

1. Healthcare providers must prioritize age- and education-sensitive communication strategies. Stated that older adults and patients with lower education levels exhibited lower satisfaction in understanding care instructions and provider communication, providers must adopt simple, clear, and empathetic communication styles. This includes using layman's terms, examination for understanding, and encouraging questions to guarantee patient engagement and comprehension.
2. Healthcare providers must similarly deliver reasonable and respectful care to all patients, irrespective of income or employment position. Results focused that unemployed and lower-income patients may feel underserved or disrespected. Therefore, reliable attention, empathy, and respect must be revealed to each patient, avoiding any form of understood predisposition or differential treatment.
3. Healthcare administrators must address operative inadequacies in service delivery, for instance long waiting times and poor scheduling systems. Dissatisfaction connected to appointment timeliness and during regular hours calls for enhanced patient flow, better staff deployment, and streamlined scheduling systems to improve timeliness and avoid delays.
4. Investment in health literacy programs and patient orientation should be prioritized. Administrators should guarantee that patients unfamiliar with medical technology or those from lower educational backgrounds are directed effectively. Orientation materials, signage, and patient support services had better be modified to accommodate numerous demographic needs.

5. Policy makers must develop and implement wide-ranging healthcare procedures that prioritize availability and affordability for inclined populations. The outcomes suggest that income and employment status suggestively affect access and satisfaction. Policies must aim to subsidize care for low-income patients and develop services during non-traditional hours for working individuals.
6. Initiatives supporting digital inclusion in healthcare should be expanded. Policies must inspire the progress of user-friendly technologies and training programs for patients—mainly older adults and low-income groups—to improve their confidence and satisfaction with current medical systems.
7. LGUs had better work together with hospitals to offer community-based services that improve healthcare access for underserved groups. Mobile clinics, transportation assistance, and local health fairs can bridge gaps recognized in access, especially for older adults and residents in distant areas.
8. LGUs must support public responsiveness campaigns on directing healthcare services. By encouraging awareness about hospital procedures, digital tools, and patient rights, LGUs can allow residents—especially those with limited education or income—to improved access and utilize services at facilities like RTNFI Hospital.
9. Future researchers are encouraged to develop the study by including a wider range of healthcare facilities and service types. This can progress the generalizability of outcomes and help distinguish whether satisfaction trends observed at RTNFI are reliable across other healthcare institutions.
10. Forthcoming researchers had better explore more variables such as ethnicity, disability status, language barriers, and cultural beliefs, which may further describe transformations in healthcare satisfaction. Doing so can deliver a further wide-ranging understanding of patient experience and help modify services accordingly.
11. Because the researcher is an employee of this institution, respondent reluctance to provide honest feedback is expected. To alleviate this, the subsequent safety measure will be implemented:

Ensure Anonymity and Psychological Safety, researchers had better use third-party platforms like anonymized online surveys for data collection. Evidently state that responses are confidential and will not affect employment to protect respondents from consequences and ensure honest feedback.

Validate Data with External Benchmarks, researchers can compare their results with external benchmarks or work together with an independent auditor for verification. This reduces bias from self-reporting and provides context for internal results.

Before making recommendations, the researcher should present the raw data to an independent ethics committee or external consultant to separate analysis from implementation in order to increase objectivity in interpretation and avoid institutional bias.

Transparent Reporting Structure, Publish results in a public-facing report (with aggregated data) and host town halls for open discussion. Builds trust by representing accountability.

Set up a Continuous Feedback Loop, form a patient/staff advisory council to evaluate the progress of recommendations every six months. Keeps the institution responsible and guarantees ongoing progress. These recommendations balance accuracy with practicality. By prioritizing transparency and external corroboration, the hospital can chance this integral conflict into an opportunity for reliable, employee-led improvement.

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