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Strategic Utilization of Client Experience Survey and Staff Behavior Monitoring for Advancing Service Quality and Customer - Centric Excellence in A Government Hospital

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ABSTRACT

This study examined the strategic utilization of client experience surveys and staff behavior monitoring for advancing service quality and customer-centric excellence at Vicente Sotto Memorial Medical Center (VSMMC), particularly in the Out-Patient Department (OPD). The study aimed to determine the profile of the respondents, types of OPD services utilized, level of utilization of client experience surveys, level of implementation of staff behavior monitoring, perceived level of service quality and customer-centric excellence, significant relationships among the major variables, and challenges encountered in the implementation of client feedback and staff monitoring mechanisms. The study involved **120 respondents**, consisting of **90 clients/patients and 30 hospital personnel**. A structured questionnaire was used to gather the required data. Descriptive statistics, including frequency, percentage, and weighted mean, were used to summarize the respondents' characteristics, service utilization, survey utilization, staff behavior monitoring, service quality, and customer-centric excellence. Pearson product-moment correlation was employed to determine the relationships among the major study variables.

The findings indicated that client experience surveys were **often utilized**, with an overall mean of **4.10**, while staff behavior monitoring was **often implemented**, with an overall mean of **4.20**. Service quality obtained an overall mean of **4.17**, while customer-centric excellence obtained an overall mean of **4.18**, indicating favorable assessments. Significant positive relationships were found between client experience survey utilization and service quality, staff behavior monitoring and service quality, client experience survey utilization and customer-centric excellence, staff behavior monitoring and customer-centric excellence, and service quality and customer-centric excellence. Major challenges included workload and staffing constraints, limited client participation, delays in feedback processing, limited supervisory monitoring, and insufficient utilization of findings for management decisions. Based on these findings, a **Client Experience Survey and Staff Behavior Monitoring Enhancement Plan** was proposed to strengthen feedback utilization, staff performance, service quality, and customer-centered healthcare delivery at VSMMC.

Keywords: Client Experience Surveys, Staff Behavior Monitoring, Service Quality, Customer-Centric Excellence, Patient Experience, Outpatient Department, Healthcare Service Improvement, Vicente Sotto Memorial Medical Center

CHAPTER I
THE PROBLEM AND ITS RESEARCH DESIGN
INTRODUCTION
Rationale of the Study

Healthcare organizations are increasingly expected to deliver services that are not only clinically effective but also responsive, efficient, patient-centered, and consistently aligned with client expectations. In this context, service quality has become a multidimensional concern involving the quality of care, organizational processes, staff behavior, patient experience, responsiveness, and the ability of healthcare institutions to continuously improve their services. Hidayah et al. (2022) emphasized that integrated quality management in healthcare focuses on people and processes to improve organizational performance, patient safety, and customer satisfaction, while Chen et al. (2024) highlighted the importance of patient-centered Lean healthcare management in improving service quality and operational efficiency. Similarly, Guzmán-Leguel and Rodríguez-Lara (2025) identified patient-centeredness, institutional responsiveness, and contextual adaptability as important considerations in assessing healthcare quality. Datt et al. (2025) further demonstrated the increasing importance of systematic healthcare service-quality assessment by developing a model that identifies critical quality dimensions and explores machine-learning approaches for predicting healthcare service quality. The growing emphasis on these dimensions indicates that hospitals need reliable mechanisms for understanding not only whether patients are satisfied but also why particular experiences occur and how organizational practices contribute to those experiences.

Client experience measurement provides an important mechanism for identifying gaps between expected and received healthcare services. Han et al. (2023) demonstrated the value of patient feedback as a means of monitoring patient experience and hospital service quality, particularly because feedback can provide direct information regarding patients' perceptions of actual service delivery. Likewise, Cadel et al. (2022), through a scoping review of 30 studies, found that hospitals used various approaches—including surveys, focus groups, complaints, and informal feedback—to capture patient experience information and subsequently implement quality-improvement initiatives. Their review further indicated that initiatives led by dedicated multidisciplinary quality-improvement teams generally produced positive outcomes, although important contextual gaps remained regarding hospital settings, patient populations, and the integration of patients and families into continuing improvement processes. The importance of systematic feedback is also reinforced by Attar and Shukla (2026), whose bibliometric analysis identified 584 publications on patient-reported experience measures (PREMs) from 2015 to 2024, demonstrating the increasing scholarly attention given to patient experience as an instrument for assessing and improving healthcare quality. Tendo-Bugondo et al. (2023) likewise demonstrated the practical potential of electronic client feedback integrated into continuous quality-improvement processes, particularly in promoting person-centered and client-responsive services. These findings suggest that client experience surveys should not be treated merely as satisfaction-monitoring instruments but as strategic sources of evidence for identifying service weaknesses, prioritizing interventions, and strengthening customer-centric hospital management.

At the same time, client feedback alone may not fully explain the organizational and behavioral factors responsible for patients' experiences. The behavior of healthcare personnel—including responsiveness, communication, empathy, assurance, professionalism, and adherence to service standards—directly shapes interactions between clients and healthcare organizations. Sallam et al. (2025), for example,

reported that the application of Lean Six Sigma in a hospital pharmacy reduced waiting times by 76%, increased patient satisfaction measured through Net Promoter Score by 136%, and improved employee engagement scores by 28%, illustrating the relationship between employee practices, process improvement, and patient experience. Karim and Asaduzzaman (2026) similarly examined talent-management practices among hospital nurses and their relationship with proactive customer-service behavior, emphasizing the role of employees in delivering responsive healthcare services. Prayetno and Mikkael (2025) also examined management functions that influence service behavior, reinforcing the importance of organizational management in shaping how healthcare employees perform their service responsibilities. In addition, Tshering et al. (2024) identified organizational and user-related factors affecting the quality of clinical data and documentation in Australian aged-care and disability services, demonstrating that service quality can also be influenced by the behaviors, practices, and working conditions surrounding frontline service delivery. These studies establish that monitoring client experience without examining staff behavior may provide only a partial explanation of service-quality problems.

The need to connect client experience with employee and service-delivery practices is further supported by evidence showing that service quality, patient satisfaction, and loyalty are closely interconnected. Al-Balas et al. (2025) examined healthcare service quality through the SERVQUAL framework and its relationship with patient satisfaction in Jordan, demonstrating the continuing relevance of dimensions such as reliability, responsiveness, assurance, empathy, and tangibles in evaluating healthcare services. Noviyani and Viwattanakulvanid (2024), using qualitative evidence from patients in a public hospital in Palembang, Indonesia, further demonstrated the importance of understanding healthcare quality from the patients' own perspectives. Senapati and Panda (2024) examined consumer experience, engagement, and satisfaction in healthcare using a two-stage reflective-formative measurement approach with PLS-SEM, reflecting the increasingly sophisticated approaches used to understand healthcare consumers. Hussain et al. (2025) further investigated patient loyalty in public hospitals through mediating and moderating relationships, indicating that positive healthcare experiences can have implications beyond immediate satisfaction. Similarly, AlOmari (2022) examined hospital image as a mediator between care cost, service quality, and patient satisfaction, while Raina and Dar (2026) developed a scale for measuring hospital quality from attendants' perspectives in Indian hospitals. Collectively, these studies indicate that healthcare service quality should be evaluated from multiple perspectives rather than through a single satisfaction indicator. However, a notable gap remains in the integration of systematic client experience survey results with structured monitoring of staff service behavior within an actual government hospital setting, particularly in the Philippine context.

In response to this gap, the present study proposes the Strategic Utilization of Client Experience Survey and Staff Behavior Monitoring for Advancing Service Quality and Customer-Centric Excellence in a Government Hospital, with Vicente Sotto Memorial Medical Center (VSMMC), Cebu City serving as the study setting. The study is premised on the need to move beyond simply documenting whether clients are satisfied toward systematically identifying the specific service experiences and staff behaviors that contribute to perceived quality. This strategic approach is consistent with the increasing integration of technology, data, and quality-management systems in healthcare, as Al-Assaf et al. (2024) reviewed 168 peer-reviewed studies and identified technologies such as artificial intelligence, the Internet of Things, and big-data analytics as important components of Healthcare 4.0 and healthcare service-quality transformation. Xia et al. (2025) likewise developed a healthcare e-government service-quality framework consisting of five first-level and 31 second-level dimensions, demonstrating the increasing complexity of

contemporary healthcare-quality assessment. Dhal and Sharma (2022) emphasized the importance of patients' experiential values in assessing healthcare service quality, while Sharka et al. (2024), based on 355 adult patients, demonstrated how service-quality dimensions can be statistically examined in relation to patients' revisit intentions. Therefore, the present study seeks to generate evidence that can help VSMMC identify priority areas for service improvement, understand how staff behavior relates to client experience, strengthen accountability and responsiveness among service personnel, and support evidence-based quality-improvement initiatives. Ultimately, the study aims to contribute to a more systematic, patient-centered, and customer-centric approach to government hospital management in which client feedback and staff behavior data are transformed into actionable strategies for improving service quality and achieving sustained excellence.

Theoretical Background

The study entitled "Strategic Utilization of Client Experience Survey and Staff Behavior Monitoring for Advancing Service Quality and Customer-Centric Excellence in Government Hospital" is anchored on several complementary theoretical perspectives that explain how client feedback, employee behavior, organizational resources, institutional standards, and continuous monitoring can contribute to improved healthcare service quality. In government hospitals, service quality is influenced not only by the availability of medical facilities and technical healthcare services but also by the way employees communicate with, assist, and respond to patients and their companions. Contemporary healthcare research emphasizes the movement toward patient-centered and customer-centric healthcare in which patient experiences, satisfaction, engagement, and loyalty are important indicators of organizational performance (Sharma et al., 2025; Sumarta et al., 2025; Narayan et al., 2025). In this context, the systematic use of client experience surveys and staff behavior monitoring provides hospital administrators with evidence that can be used to identify service gaps, understand patient expectations, assess employee performance, and develop appropriate quality-improvement interventions.

The Resource-Based View (RBV) provides an important theoretical explanation for the strategic use of information generated through client experience surveys and staff behavior monitoring. The RBV maintains that organizations can achieve improved performance by effectively developing, managing, and utilizing valuable organizational resources. Although healthcare organizations commonly consider facilities, equipment, technology, and financial resources as important assets, human resources, employee competencies, organizational knowledge, service systems, and information are also valuable resources. In the present study, client feedback and staff behavior information can be considered organizational resources because they provide evidence that may be used to improve hospital operations and service delivery. When systematically collected, analyzed, and transformed into management decisions, such information can strengthen the hospital's capacity to respond to client needs and address operational weaknesses. Sharma et al. (2025) emphasized the importance of strategic customer relationship management in healthcare organizations, while Sumarta et al. (2025) highlighted strategic and operational excellence as mechanisms for improving hospital service quality and patient satisfaction. Amankwah et al. (2023) likewise demonstrated that healthcare administrative processes can influence patients' healthcare experiences. Thus, RBV supports the study's proposition that information derived from clients and employees can become a strategic resource for advancing service quality and customer-centric excellence.

The Knowledge-Based Theory (KBT) further explains the importance of collecting and utilizing client and employee information because knowledge is a critical organizational resource. Grant (1996) argued

that organizations create value through the integration and application of knowledge possessed by individuals and organizational units. Within a hospital setting, knowledge is continuously generated through interactions among patients, physicians, nurses, administrative personnel, support staff, and managers. Client experience surveys provide knowledge about patients' perceptions of accessibility, responsiveness, communication, courtesy, reliability, assurance, empathy, and other aspects of service delivery, while staff behavior monitoring provides information regarding actual employee conduct and adherence to expected service standards. Combining these sources can allow administrators to compare what clients experience with how employees actually perform their responsibilities. Senapati and Panda (2023) demonstrated the usefulness of systematically assessing healthcare service experiences to identify service-quality priorities, while Cui et al. (2025) emphasized the usefulness of patient satisfaction surveys in supporting quality-of-care assessment and improvement. Datt et al. (2025) also demonstrated the potential of systematic healthcare service-quality assessment and predictive approaches for evidence-based healthcare management. Therefore, KBT supports the strategic transformation of survey and monitoring results into actionable organizational knowledge.

The Theory of Planned Behavior (TPB) developed by Ajzen (1991) provides a behavioral foundation for understanding staff conduct within the hospital environment. TPB explains that behavioral intentions are influenced by attitudes toward the behavior, subjective norms, and perceived behavioral control, which subsequently influence actual behavior. This perspective is relevant because staff members are directly involved in creating patients' service experiences. Their courtesy, responsiveness, communication, professionalism, empathy, willingness to assist, and adherence to organizational standards can influence how patients perceive the quality of hospital services. Staff behavior monitoring can provide objective or systematic information regarding whether expected customer-centered behaviors are consistently demonstrated. Karim and Asaduzzaman (2026) found that talent-management practices are associated with proactive customer service behavior among hospital nurses, while Prayetno and Mikkael (2025) emphasized the role of management functions in influencing service behavior. Sallam et al. (2025) likewise demonstrated the importance of leadership, employee engagement, and Lean management practices in improving hospital service quality. The TPB therefore supports the assumption that favorable employee attitudes, appropriate organizational norms, leadership support, training, and perceived ability to perform expected behaviors can contribute to more consistent customer-centered service delivery.

The Institutional Theory also provides a strong foundation for the study because government hospitals operate within a formal institutional environment characterized by laws, government policies, professional standards, administrative requirements, and public accountability. Institutional Theory explains that organizations are influenced by external rules, norms, expectations, and institutional pressures that encourage them to adopt legitimate and acceptable organizational practices (DiMaggio & Powell, 1983). For a government hospital, service quality is therefore not solely an internal management concern but is also connected to public-sector accountability and established healthcare standards. Client experience surveys and staff behavior monitoring can help determine whether actual service delivery corresponds with institutional expectations for responsiveness, professionalism, ethical conduct, and patient-centered care. This perspective is consistent with the increasing emphasis on patient-centeredness and institutional responsiveness in healthcare quality assessment (Guzmán-Leguel & Rodríguez-Lara, 2025). It also supports the need for government hospitals to establish systematic mechanisms for gathering client feedback and monitoring employee performance as part of organizational accountability and continuous service improvement.

The Monitoring and Evaluation (M&E) Framework provides a practical basis for the systematic collection, analysis, and utilization of information in the present study. Monitoring involves the continuous and systematic gathering of information concerning activities, processes, outputs, and performance, whereas evaluation involves determining the effectiveness and results of programs, interventions, or organizational practices. Within the present study, client experience surveys can serve as a monitoring mechanism for determining how clients perceive the quality and responsiveness of hospital services, while staff behavior monitoring can provide information concerning employee performance and actual service behavior. The two mechanisms can complement each other because client surveys reveal the service experience from the perspective of service users, whereas staff monitoring provides information about behaviors and processes occurring within the organization. Han et al. (2023) demonstrated the usefulness of patient feedback in monitoring patient experience and hospital service quality, while Tendo-Bugondo et al. (2023) showed that electronic client feedback can be integrated into continuous quality-improvement processes. Cui et al. (2025) likewise emphasized the usefulness of patient satisfaction surveys as indicators for quality-of-care assessment and improvement. Thus, the M&E perspective supports a continuous cycle in which information is collected, analyzed, interpreted, used for intervention, and subsequently reassessed to determine whether service quality has improved.

The study is likewise grounded in Service Quality Theory, particularly the SERVQUAL framework of Parasuraman et al. (1988), which identifies tangibility, reliability, responsiveness, assurance, and empathy as major dimensions of perceived service quality. These dimensions are highly applicable to healthcare because patients assess not only the technical quality of treatment but also the manner in which healthcare services are delivered. Reliability concerns the hospital's ability to provide dependable and accurate services; responsiveness concerns employees' willingness to assist clients promptly; assurance concerns employees' competence, courtesy, credibility, and ability to inspire confidence; empathy concerns individualized attention and understanding of patients' needs; and tangibility concerns the physical facilities, equipment, appearance, and other observable aspects of the service environment. Recent research continues to demonstrate the applicability of SERVQUAL in healthcare. Al-Balas et al. (2025) examined the effect of healthcare service quality on patient satisfaction using a SERVQUAL approach, while Sharka et al. (2024) used an extended SERVQUAL model to assess dental service quality and revisit intention. Xia et al. (2025) also adapted SERVQUAL for assessing sustainable healthcare e-government services. These studies support the use of client experience information to evaluate specific service-quality dimensions and identify areas requiring improvement.

The patient-centered care perspective further strengthens the theoretical foundation because it recognizes patients as important participants and sources of information in healthcare delivery. Patient-centered care emphasizes responsiveness to patients' needs, values, expectations, preferences, and experiences rather than relying exclusively on provider-centered assessments of performance. Chen et al. (2024) emphasized a humanistic approach to Lean healthcare management that combines service efficiency with consideration of human needs. Noviyani and Viwattanakulvanid (2024), through their qualitative study of patients in a public hospital, demonstrated the importance of understanding healthcare service quality from the patients' own perspectives. Dhal and Sharma (2022) likewise examined patients' experiential values and their influence on service-quality assessment in a public health institution. Senapati and Panda (2024) further examined consumer experience, engagement, and satisfaction in healthcare services, reflecting the growing importance of consumer-centric approaches. Therefore, client experience surveys are theoretically appropriate because they provide patients and their companions with a structured opportunity

to communicate their experiences, concerns, expectations, and perceptions, enabling hospital management to incorporate the client's voice into quality-improvement decisions.

The study is also supported by the Total Quality Management (TQM) perspective, which emphasizes customer focus, continuous improvement, employee involvement, leadership commitment, process management, and organization-wide responsibility for quality. TQM is particularly relevant to hospitals because service quality cannot be improved through the actions of a single department or individual; rather, it requires coordinated participation among healthcare professionals, administrative personnel, support staff, and management. Client experience surveys support the customer-focused dimension of TQM by identifying whether services meet patients' expectations, while staff behavior monitoring supports employee involvement and process improvement by identifying behaviors and practices that require reinforcement or correction. Arhin and Cobblah (2024) emphasized the relationship between TQM implementation, customer satisfaction, innovative employee behavior, and employee empowerment. Sumarta et al. (2025) likewise highlighted strategic and operational excellence as important for improving hospital service quality and patient satisfaction. Sallam et al. (2025) demonstrated that Lean Six Sigma and Lean leadership practices can improve hospital pharmacy operations, patient satisfaction, and employee engagement. Consequently, TQM provides a framework for integrating client feedback and staff monitoring into a broader organizational culture of continuous quality improvement.

The Lean Healthcare and Continuous Improvement perspective further explains how information from clients and staff can be translated into operational improvements. Lean Healthcare focuses on identifying activities that do not add value to patients, reducing unnecessary delays and inefficiencies, improving processes, and increasing responsiveness while maintaining quality. In healthcare, service deficiencies may involve long waiting times, unclear communication, inefficient administrative procedures, poor coordination, inconsistent staff behavior, and inadequate responsiveness. Chen et al. (2024) emphasized that patient-centered Lean healthcare should incorporate humanistic considerations while improving efficiency and service quality. Sallam et al. (2025) reported significant improvements in hospital pharmacy operations following Lean Six Sigma implementation, including reductions in waiting time and improvements in patient satisfaction and employee engagement. Within the present study, client experience surveys can identify perceived problems such as delays, communication difficulties, or inadequate responsiveness, while staff behavior monitoring can help determine behavioral and operational factors associated with these experiences. The resulting evidence can then guide targeted interventions, making the monitoring process an instrument for continuous improvement rather than merely an assessment activity.

The Sustainability Theory provides a long-term perspective to the study because service quality and customer-centric excellence should not depend on temporary interventions but should become embedded within the hospital's regular management processes. Sustainable healthcare quality requires organizations to maintain patient-centeredness, service responsiveness, employee engagement, operational efficiency, and responsible use of resources over time. Al-Assaf et al. (2024) discussed how Healthcare 4.0 and technological transformation are reshaping healthcare service-quality management, while Pulimamidi (2024) emphasized the potential of technology and analytical approaches to improve patient experience and healthcare services. Aldogiher and Halim (2025) similarly emphasized customer engagement in the context of digital health transformation. From this perspective, client experience surveys and staff behavior monitoring can serve as recurring mechanisms for identifying emerging service problems and evaluating whether implemented interventions remain effective. Sustainability is therefore achieved when

the hospital institutionalizes feedback, monitoring, analysis, intervention, and reassessment as continuous components of service management.

The legal foundation of the study is anchored primarily on Republic Act No. 11223, or the Universal Health Care Act of 2019, which establishes the policy of providing Filipinos with access to quality and cost-effective healthcare services. The law promotes a people-oriented approach to healthcare delivery and recognizes the importance of strengthening health systems, improving service delivery, and monitoring health programs and outcomes. This legal framework supports the present study because assessing client experiences and monitoring staff behavior are mechanisms through which a government hospital can determine whether its services are responsive to the needs of the population it serves. The emphasis on quality, accessibility, responsiveness, and people-centered healthcare under the Universal Health Care framework provides a legal basis for examining service delivery from the perspective of clients and for strengthening organizational practices that contribute to better healthcare experiences.

The study is also supported by Republic Act No. 11032, or the Ease of Doing Business and Efficient Government Service Delivery Act of 2018, which seeks to improve government service delivery by reducing unnecessary bureaucratic procedures, promoting efficient government transactions, and requiring government agencies to establish and communicate standards for service delivery. Its emphasis on efficient, transparent, and accountable government services is directly relevant to a government hospital because many aspects of the patient experience involve administrative and frontline service processes. Client experience surveys can help determine whether actual services correspond with established service standards, while staff behavior monitoring can help identify whether frontline employees demonstrate appropriate responsiveness, courtesy, professionalism, and adherence to procedures. The law therefore strengthens the justification for using systematic feedback and monitoring mechanisms to improve the efficiency and quality of public healthcare services.

Republic Act No. 6713, or the Code of Conduct and Ethical Standards for Public Officials and Employees, also provides a relevant legal foundation because it establishes standards of professionalism, responsiveness, commitment to public interest, justness, sincerity, and accountability among government employees. These principles are directly connected to staff behavior monitoring because the quality of public healthcare service is influenced by how employees conduct themselves when interacting with patients and the public. Monitoring staff behavior can help determine whether employees demonstrate behaviors consistent with the standards expected of public servants. In this context, the study does not treat employee monitoring merely as a means of identifying shortcomings but as a mechanism for reinforcing professional behavior, accountability, responsiveness, and ethical public service.

Republic Act No. 10173, or the Data Privacy Act of 2012, is likewise relevant to the conduct of the study because client experience surveys and staff behavior monitoring involve the collection and processing of potentially sensitive personal information. The law establishes principles concerning the protection of personal information and requires organizations to ensure that information is processed lawfully, fairly, securely, and for legitimate purposes. Consequently, information collected through client surveys should be handled with appropriate confidentiality, access controls, data minimization, and protection measures. Participants should be informed about the purpose of data collection and the manner in which their information will be used. This legal requirement is particularly important in a healthcare setting because information concerning patients may involve sensitive personal and health-related details. The Data Privacy Act therefore provides an important legal safeguard for ensuring that the strategic use of client experience data does not compromise the privacy and rights of patients and other respondents.

The study is further consistent with the Philippine Health Facility Development Plan and Department of Health quality-assurance and hospital assessment mechanisms, which emphasize the importance of maintaining standards for healthcare facilities, service processes, patient rights, and quality of care. The Department of Health's hospital assessment framework includes considerations concerning patient rights, organizational ethics, and the implementation of appropriate policies and procedures. These institutional requirements reinforce the importance of systematically assessing how patients experience healthcare services and whether organizational practices are consistent with expected standards. The present study therefore complements existing government quality-assurance mechanisms by focusing specifically on the strategic use of client experience information and staff behavior monitoring as evidence for improving service quality at the hospital level.

Yhese theoretical and legal foundations establish that client experience surveys and staff behavior monitoring should be viewed as complementary strategic mechanisms for advancing service quality and customer-centric excellence in government hospitals. The theories explain why organizational resources and knowledge should be strategically utilized, why employee behavior matters, why institutional standards must guide service delivery, why monitoring and evaluation are necessary, and why patients should be placed at the center of healthcare improvement. The legal bases, meanwhile, establish the broader public-sector obligations concerning quality healthcare, efficient government service, ethical employee conduct, accountability, and protection of personal information. By integrating these perspectives, the study provides a foundation for examining how systematically collected client feedback and staff behavior information can be transformed into actionable evidence for identifying service gaps, strengthening employee performance, improving hospital processes, and developing sustainable customer-centric practices at Vicente Sotto Memorial Medical Center in Cebu City.



Figure 1.
Theoretical Background

THE PROBLEM

Statement of the Problem

This study assessed the strategic utilization of client experience surveys and staff behavior monitoring at Vicente Sotto Memorial Medical Center (VSMMC), Cebu City, specifically in the **Out-Patient Department (OPD)**, during Calendar Year 2026, as a basis for advancing service quality and customer-centric excellence. Specifically, it sought to answer the following questions:

1. What relevant information may be derived from the respondents in terms of:
   1.1. age;
   1.2. sex;
   1.3. respondent classification;
   1.4. department or service area;
   1.5. length of association or service in the hospital; and
   1.6. frequency of exposure to or participation in client experience surveys and staff behavior monitoring activities?
2. What types of services are utilized by clients in the Out-Patient Department of Vicente Sotto Memorial Medical Center?
3. What is the level of utilization of client experience surveys in the Out-Patient Department of Vicente Sotto Memorial Medical Center in terms of:
   3.1. accessibility and administration of surveys;
   3.2. collection of client feedback;
   3.3. relevance and accuracy of information gathered;
   3.4. timeliness of feedback reporting;
   3.5. analysis and interpretation of client experience data; and
   3.6. utilization of survey findings for service improvement?
4. What is the level of implementation of staff behavior monitoring in the Out-Patient Department of Vicente Sotto Memorial Medical Center in terms of:
   4.1. professionalism and courtesy;
   4.2. responsiveness to client needs;
   4.3. communication and interpersonal behavior;
   4.4. compliance with hospital policies and service standards;
   4.5. accountability and responsibility; and
   4.6. consistency of staff performance and customer-centered behavior?
5. What is the perceived level of service quality and customer-centric excellence in the Out-Patient Department of Vicente Sotto Memorial Medical Center in terms of:
   5.1. reliability;
   5.2. responsiveness;
   5.3. assurance;
   5.4. empathy;
   5.5. tangibility;
   5.6. client-centeredness;
   5.7. responsiveness to client feedback;
   5.8. communication and engagement; and
   5.9. overall client satisfaction and trust?

6. Is there a significant relationship between the strategic utilization of client experience surveys, staff behavior monitoring, and the perceived level of service quality and customer-centric excellence in the Out-Patient Department of Vicente Sotto Memorial Medical Center?
7. What challenges are encountered in the utilization of client experience surveys and staff behavior monitoring in the Out-Patient Department of Vicente Sotto Memorial Medical Center, and what strategic interventions may be proposed based on **the findings of the study?**

CHAPTER 2
SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter presents the summary, findings, conclusions, and recommendations of the study entitled "Strategic Utilization of Client Experience Surveys and Staff Behavior Monitoring for Advancing Service Quality and Customer-Centric Excellence at Vicente Sotto Memorial Medical Center (VSMMC), Cebu City." The study examined the demographic and service-related characteristics of the respondents, the types of services utilized in the Out-Patient Department (OPD), the level of utilization of client experience surveys, the level of implementation of staff behavior monitoring, and the perceived levels of service quality and customer-centric excellence. It also determined the relationships between client experience survey utilization, staff behavior monitoring, service quality, and customer-centric excellence; identified the challenges encountered in implementing these mechanisms; and developed strategic interventions based on the findings of the study.

Summary

The study assessed the strategic utilization of client experience surveys and staff behavior monitoring in the Out-Patient Department of Vicente Sotto Memorial Medical Center, Cebu City. The study involved **120 respondents**, consisting of patients/clients, patient/client relatives or companions, medical staff, nursing staff, allied health professionals, administrative staff, and support/non-clinical staff.

The study considered the respondents' age, sex, respondent classification, department or service area, length of association or service with the hospital, and frequency of exposure to or participation in client experience surveys and staff behavior monitoring activities. It also determined the types of services utilized or encountered by clients in the OPD.

Furthermore, the study assessed the level of utilization of client experience surveys in terms of accessibility and administration of surveys, collection of client feedback, relevance and accuracy of information gathered, timeliness of feedback reporting, analysis and interpretation of client experience data, and utilization of survey findings for service improvement. Staff behavior monitoring was examined in terms of professionalism and courtesy, responsiveness to client needs, communication and interpersonal behavior, compliance with hospital policies and service standards, accountability and responsibility, and consistency of staff performance and customer-centered behavior.

Service quality was assessed in terms of reliability, responsiveness, assurance, empathy, and tangibility. Customer-centric excellence was assessed in terms of client-centeredness, responsiveness to client feedback, communication and engagement, and overall client satisfaction and trust. The study also identified the challenges and barriers encountered in the utilization of client experience surveys and staff behavior monitoring and obtained recommendations that could support service improvement.

Frequency and percentage were used to summarize the respondents' profile, types of services utilized, and reported challenges. Weighted mean and ranking were used to determine the level of utilization of client experience surveys, the level of implementation of staff behavior monitoring, and the perceived levels of

service quality and customer-centric excellence. Pearson Product-Moment Correlation was used to determine the significant relationships among the major variables. The level of significance was set at **0.05**.

To provide a clearer overview of the study results, Table 41 presents the summary of the major findings.

Table 41
Summary of Major Findings

Major Area	Key Findings (Quantitative)	Overall Result	Interpretation
Demographic Profile	The study involved 120 respondents. Patients/clients comprised 60.00%, patient/client relatives or companions 15.00%, and hospital personnel comprised the remaining respondents. Female respondents represented 57.50%, while males represented 40.83%.	—	The respondents represented both clients and hospital personnel and reflected varied demographic and service-related characteristics.
Types of Services Utilized	Out-Patient Consultation was the most frequently utilized service at 70.00%, followed by Registration/Patient Processing at 65.00% and Specialty Consultation/Clinic at 50.83%.	—	Respondents encountered multiple service points within the OPD.
Client Experience Survey Utilization	Overall composite mean = **4.10**. Dimension means ranged from 4.00 to 4.22.	**Often Utilized**	Client experience surveys were generally utilized in the OPD, particularly in gathering relevant information and supporting service improvement.
Staff Behavior Monitoring	Overall composite mean = **4.20**. Dimension means ranged from 4.15 to 4.25.	**Often Implemented**	Staff behavior monitoring was generally implemented, particularly in communication, interpersonal behavior, professionalism, and courtesy.
Service Quality	Overall composite mean = **4.17**. Dimension means ranged from 4.09 to 4.24.	**Agree**	Respondents generally perceived the quality of OPD services positively.
Customer-Centric Excellence	Overall composite mean = **4.18**. Dimension means ranged from 4.14 to 4.20.	**Agree**	The OPD was generally perceived as demonstrating

			customer-centered practices.
Client Experience Surveys vs. Service Quality	Pearson r = **0.684, p < .001**.	**Significant Positive Relationship**	Higher utilization of client experience surveys was associated with more favorable perceptions of service quality.
Staff Behavior Monitoring vs. Service Quality	Pearson r = **0.652, p < .001**.	**Significant Positive Relationship**	Stronger staff behavior monitoring was associated with higher perceived service quality.
Client Experience Surveys vs. Customer-Centric Excellence	Pearson r = **0.711, p < .001**.	**Significant Positive Relationship**	Greater utilization of client experience surveys was associated with stronger customer-centric excellence.
Staff Behavior Monitoring vs. Customer-Centric Excellence	Pearson r = **0.673, p < .001**.	**Significant Positive Relationship**	Stronger staff behavior monitoring was associated with more favorable customer-centric practices.
Service Quality vs. Customer-Centric Excellence	Pearson r = **0.758, p < .001**.	**Significant Positive Relationship**	Higher perceived service quality was strongly associated with higher customer-centric excellence.
Challenges and Barriers	The most frequently reported challenges were high workload and staffing constraints (63.33%), limited patient/client participation in surveys (59.17%), delays in collecting and consolidating survey results (55.00%), inadequate time for survey administration (53.33%), and limited supervisory monitoring of staff behavior (50.83%).	**Priority Concerns**	Operational workload, participation, feedback processing, time limitations, and supervisory monitoring remain important concerns.
Strategic Interventions	Priority areas included improving survey accessibility, strengthening feedback collection and reporting,	**Priority for Continuous Improvement**	Coordinated administrative, supervisory, and client-

	training personnel in data analysis, implementing feedback-to-action mechanisms, strengthening staff behavior monitoring, improving customer-service training, and addressing workload constraints.		centered interventions are needed to maximize the strategic value of feedback and staff monitoring.

Findings

Based on the analysis and interpretation of the data gathered, the following findings were established:

Demographic and Service-Related Profile of the Respondents

The study involved **120 respondents** from the Out-Patient Department of Vicente Sotto Memorial Medical Center. Patients/clients constituted the largest group, with 72 respondents (60.00%), followed by patient/client relatives or companions with 18 respondents (15.00%). Hospital personnel were also represented by medical staff, nursing staff, allied health professionals, administrative staff, and support/non-clinical staff.

Female respondents comprised 69 (57.50%), while male respondents comprised 49 (40.83%) and two respondents (1.67%) preferred not to disclose their sex. The respondents were distributed across different age groups, service areas, and lengths of association with the hospital.

The largest proportion reported **sometimes** being exposed to or participating in client experience surveys and staff behavior monitoring activities, with 38 respondents (31.67%), followed by those reporting often at 36 respondents (30.00%).

Types of Services Utilized

Out-Patient Consultation was the most frequently utilized service, reported by 84 respondents (70.00%), followed by Registration/Patient Processing with 78 respondents (65.00%) and Specialty Consultation/Clinic with 61 respondents (50.83%). Diagnostic services, laboratory services, pharmacy services, follow-up/referral services, allied health services, and health education/information services were also reported.

The findings demonstrate that respondents encountered several stages and service points within the OPD, allowing the study to capture client experiences across different aspects of outpatient service delivery.

Level of Utilization of Client Experience Surveys

The respondents perceived the overall utilization of client experience surveys as **Often Utilized**, with an overall composite mean of **4.10**.

Relevance and accuracy of information gathered obtained the highest dimension mean of **4.22**, followed by utilization of survey findings for service improvement with **4.13**. Accessibility and administration obtained **4.11**, collection of client feedback obtained **4.10**, and analysis and interpretation obtained **4.04**. Timeliness of feedback reporting obtained the lowest dimension mean of **4.00**, although it remained within the Often Utilized category.

The findings indicate that client experience surveys are generally used as a mechanism for obtaining relevant information regarding client needs, expectations, and experiences. However, opportunities remain for strengthening the speed of reporting, analysis, and follow-through of client feedback.

Level of Implementation of Staff Behavior Monitoring

The respondents perceived staff behavior monitoring as **Often Implemented**, with an overall composite mean of **4.20**.

Communication and interpersonal behavior obtained the highest dimension mean of **4.25**, followed by professionalism and courtesy at **4.24** and compliance with hospital policies and service standards at **4.22**. Accountability and responsibility obtained **4.18**, responsiveness to client needs obtained **4.17**, and consistency of staff performance and customer-centered behavior obtained the lowest dimension mean of **4.15**.

The findings indicate that staff behavior monitoring is generally implemented in the OPD. Staff professionalism, communication, courtesy, and compliance with established standards were perceived favorably. Nevertheless, greater attention may be given to ensuring consistency of customer-centered behavior across different situations and service encounters.

Perceived Level of Service Quality

The respondents perceived the overall level of service quality as favorable, with an overall composite mean of **4.17**, interpreted as **Agree**.

Assurance obtained the highest dimension mean of **4.24**, followed by reliability and empathy, both with **4.21**. Responsiveness obtained **4.12**, while tangibility obtained the lowest dimension mean of **4.09**.

The findings indicate that respondents generally perceive OPD personnel as competent, dependable, respectful, and capable of providing appropriate healthcare services. The comparatively lower assessment of tangibility suggests that the physical environment, equipment, facilities, signage, and comfort of service areas may require continued attention.

Perceived Level of Customer-Centric Excellence

Customer-centric excellence obtained an overall composite mean of **4.18**, interpreted as **Agree**.

Client-centeredness and communication and engagement obtained the highest dimension means of **4.20**, while overall client satisfaction and trust obtained **4.16** and responsiveness to client feedback obtained **4.14**.

The findings indicate that the OPD generally demonstrates customer-centered practices. Respondents particularly recognized the importance of respectful communication, consideration of client needs, and staff concern for the overall client experience. However, the findings also suggest a need to make the connection between client feedback and management decisions more visible and systematic.

Relationship Between Client Experience Survey Utilization and Service Quality

Pearson Product-Moment Correlation analysis revealed a **significant positive relationship** between client experience survey utilization and perceived service quality ($\mathbf{r = 0.684, p < .001}$). Therefore, the null hypothesis stating that there is no significant relationship between client experience survey utilization and perceived service quality was rejected.

The finding indicates that stronger utilization of client experience surveys is associated with more favorable perceptions of service quality. This suggests that systematic feedback collection, analysis, and utilization may contribute to identifying areas that require improvement in OPD service delivery.

Relationship Between Staff Behavior Monitoring and Service Quality

A **significant positive relationship** was found between staff behavior monitoring and perceived service quality ($\mathbf{r = 0.652, p < .001}$). The null hypothesis was therefore rejected.

The result indicates that stronger implementation of staff behavior monitoring is associated with higher perceptions of service quality. Monitoring professionalism, responsiveness, communication, compliance, and accountability may therefore contribute to more consistent service delivery.

Relationship Between Client Experience Survey Utilization and Customer-Centric Excellence

A **significant positive relationship** was found between client experience survey utilization and customer-

centric excellence (**r = 0.711, p < .001**). Thus, the null hypothesis was rejected.

The finding indicates that greater strategic utilization of client experience surveys is associated with stronger customer-centered practices. The result suggests that client feedback can provide management and frontline personnel with information necessary to understand client expectations and identify opportunities for improving the overall client experience.

Relationship Between Staff Behavior Monitoring and Customer-Centric Excellence

Staff behavior monitoring demonstrated a **significant positive relationship** with customer-centric excellence (**r = 0.673, p < .001**). The null hypothesis was rejected.

The result indicates that systematic attention to staff behavior is associated with more favorable perceptions of customer-centric excellence. Consistent professionalism, courtesy, responsiveness, communication, and accountability may help create a service environment in which patients and clients feel respected and appropriately supported.

Relationship Between Service Quality and Customer-Centric Excellence

Service quality demonstrated the strongest relationship among the major variables, with a Pearson correlation coefficient of **r = 0.758, p < .001**. Therefore, the null hypothesis stating that there is no significant relationship between service quality and customer-centric excellence was rejected.

The finding indicates that higher perceived service quality is strongly associated with higher customer-centric excellence. Reliable, responsive, assuring, empathetic, and tangible service experiences appear to be closely connected with clients' perceptions of a customer-centered healthcare environment.

Challenges and Barriers Encountered

The most frequently reported challenge was **high workload and staffing constraints**, identified by 76 respondents (63.33%). This was followed by limited participation of patients/clients in experience surveys with 71 respondents (59.17%), delays in collecting and consolidating survey results with 66 (55.00%), inadequate time for administering or completing surveys with 64 (53.33%), and limited supervisory monitoring of staff behavior with 61 (50.83%).

Other important concerns included limited use of survey findings in management decisions, difficulty analyzing and interpreting client experience data, delays in reporting feedback, inadequate staff training on customer-centered service, inconsistent compliance with service standards, and lack of follow-up actions based on client feedback.

These findings indicate that the challenges are both **operational and managerial**. They involve not only the collection of client feedback but also the availability of personnel, time, data-analysis capacity, supervisory mechanisms, and organizational follow-through.

Strategic Interventions

The findings point to the need for strategic interventions focused on improving the complete feedback cycle. Priority areas include improving survey accessibility, increasing client participation, establishing regular feedback collection procedures, strengthening data analysis and reporting, and ensuring that identified concerns lead to appropriate corrective actions.

For staff behavior monitoring, periodic monitoring, coaching, customer-service training, constructive feedback, and clearer supervisory accountability may be strengthened. Workload and staffing concerns should also be considered because excessive operational demands may affect the consistency of both feedback activities and client-centered service.

Conclusions

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

1. Client experience surveys are utilized at a generally favorable level. The OPD frequently uses client experience surveys to gather information regarding patient and client experiences, needs, and expectations. However, timeliness of reporting and follow-through remain areas that may be strengthened.
2. Staff behavior monitoring is generally implemented. Professionalism, courtesy, communication, interpersonal behavior, compliance, and accountability are generally monitored in the OPD. Continued attention is needed to ensure consistency of customer-centered behavior across different service situations.
3. Service quality is perceived positively by respondents. The OPD demonstrates favorable levels of reliability, responsiveness, assurance, empathy, and tangibility, with assurance receiving the highest assessment.
4. Customer-centric excellence is perceived at a favorable level. The OPD generally demonstrates client-centeredness, communication and engagement, responsiveness to feedback, and practices that contribute to client satisfaction and trust.
5. A significant positive relationship exists between client experience survey utilization and service quality. This indicates that stronger utilization of client feedback mechanisms is associated with better perceptions of OPD service quality.
6. A significant positive relationship exists between staff behavior monitoring and service quality. The finding indicates that systematic attention to staff behavior is associated with more favorable perceptions of service delivery.
7. A significant positive relationship exists between client experience survey utilization and customer-centric excellence. Client feedback mechanisms are therefore important in understanding and strengthening customer-centered healthcare practices.
8. A significant positive relationship exists between staff behavior monitoring and customer-centric excellence. Monitoring and reinforcing appropriate staff behavior contribute to a more client-centered service environment.
9. A significant positive relationship exists between service quality and customer-centric excellence. The strongest relationship among the major variables demonstrates that quality service delivery is closely associated with a positive and customer-centered client experience.
10. The identified challenges are primarily related to workload, staffing, participation, time, feedback processing, and supervisory monitoring. These concerns may limit the effectiveness of existing client experience and staff monitoring mechanisms if not systematically addressed.
11. The strategic value of client experience surveys depends on the organization's ability to convert feedback into action. Collecting feedback alone is insufficient; the information must be analyzed, reported, communicated, acted upon, and evaluated for continuous improvement.
12. Advancing service quality and customer-centric excellence requires an integrated approach. Client experience surveys, staff behavior monitoring, service quality improvement, and customer-centered practices should function as interconnected components of continuous quality improvement in the OPD.

Recommendations

Based on the findings and conclusions of the study, the following recommendations are respectfully offered:

1. For Hospital Administration

The hospital administration is encouraged to strengthen the existing client experience feedback system by establishing clear procedures for **collection, consolidation, analysis, reporting, and follow-up**. Defined responsibilities and timelines should be established so that important client concerns can be communicated and addressed promptly.

2. For Out-Patient Department Management

The OPD management should strengthen the accessibility of client experience surveys by providing convenient and user-friendly mechanisms for participation. Both appropriate physical and digital feedback channels may be utilized to accommodate different client needs and circumstances.

3. For Client Experience or Quality Improvement Personnel

Personnel responsible for client experience data should develop a standardized system for organizing and analyzing feedback. Recurring complaints, suggestions, and service concerns should be categorized and periodically reviewed to identify trends and priority areas for improvement.

4. For Supervisors and Unit Heads

Supervisors and unit heads should strengthen regular monitoring of staff behavior, particularly in the areas of responsiveness, communication, courtesy, empathy, accountability, and consistency of customer-centered behavior. Monitoring should be developmental and should include constructive feedback and coaching.

5. For Hospital Personnel

Hospital personnel are encouraged to maintain professionalism, courtesy, empathy, clear communication, and responsiveness in every client interaction. Staff should recognize that everyday behavior contributes significantly to clients' perceptions of service quality and trust.

6. For Staff Development and Training Programs

Regular training programs should be conducted on **customer-centered service, effective communication, conflict management, empathy, handling client complaints, and professional behavior**. Training should be supported by follow-up coaching and performance feedback to ensure that learning is translated into actual service practices.

7. For Feedback-to-Action Mechanisms

The hospital should establish a structured **feedback-to-action mechanism** in which significant client concerns are documented, assigned to responsible personnel, acted upon, and monitored until resolution. Where appropriate, clients should be informed that their concerns have contributed to service improvements.

8. For Addressing Workload and Staffing Constraints

Hospital administrators should assess workload distribution and staffing requirements within the OPD. Where feasible, responsibilities related to survey administration, feedback consolidation, and staff behavior monitoring should be appropriately distributed to prevent these activities from being overlooked because of competing clinical and operational priorities.

9. For Service Quality Improvement

The OPD should continue strengthening reliability, responsiveness, assurance, empathy, and tangibility. Particular attention may be given to the physical environment, equipment maintenance, signage, client comfort, and other tangible aspects of the service experience because tangibility received the comparatively lowest service-quality assessment.

10. For Customer-Centric Excellence

The OPD should strengthen mechanisms that allow patients and clients to participate meaningfully in service improvement. Client feedback should be incorporated into appropriate management decisions, and recurring concerns should be reviewed systematically.

11. For Hospital Quality Improvement Planning

The findings may be used as a basis for developing an **OPD Client Experience and Staff Behavior Monitoring Improvement Plan**. The plan may include measurable objectives, responsible personnel, implementation timelines, monitoring indicators, and evaluation procedures.

12. For Future Researchers

Future researchers are encouraged to replicate the study using a larger sample and other departments or service areas of the hospital. Future studies may also examine additional variables such as waiting time, staffing ratios, patient flow, complaint resolution, employee engagement, organizational climate, leadership practices, and actual service performance indicators.

13. For Future Research Design

Future researchers may employ a **mixed-method or longitudinal research design** to obtain deeper explanations of the quantitative relationships identified in the present study. Interviews and focus-group discussions with patients, hospital personnel, supervisors, and administrators may provide additional insights into the barriers affecting feedback utilization and staff behavior monitoring.

14. For Continuous Quality Improvement

Finally, the hospital is encouraged to treat client experience feedback and staff behavior monitoring not as isolated compliance activities but as components of a **continuous quality improvement system**. Regular assessment, evidence-based decision-making, staff engagement, client participation, and follow-up evaluation should be integrated to sustain improvements in service quality and customer-centric excellence.

CHAPTER 3

CLIENT EXPERIENCE SURVEY AND STAFF BEHAVIOR MONITORING ENHANCEMENT PLAN FOR ADVANCING SERVICE QUALITY AND CUSTOMER-CENTRIC EXCELLENCE AT VICENTE SOTTO MEMORIAL MEDICAL CENTER

RATIONALE

The effective utilization of client experience surveys and systematic monitoring of staff behavior are essential mechanisms for improving service quality and strengthening customer-centric excellence in hospital settings. Client experience surveys provide an organized means of gathering information regarding patients' and clients' perceptions, concerns, expectations, and experiences throughout their interaction with healthcare services. Staff behavior monitoring, on the other hand, provides hospital administrators and supervisors with a mechanism for assessing professionalism, courtesy, responsiveness, communication, compliance with service standards, accountability, and consistency in customer-centered behavior.

The findings of the study indicated that the utilization of client experience surveys was at an often utilized level, with an overall mean of 4.10, while staff behavior monitoring was likewise assessed at an often implemented level, with an overall mean of 4.20. Service quality obtained an overall mean of 4.17, indicating a favorable assessment, while customer-centric excellence obtained an overall mean of 4.18, also reflecting a favorable level of agreement. These findings suggest that VSMMC OPD already has

established practices for gathering client feedback, monitoring staff behavior, and delivering services; however, there remains an opportunity to strengthen the consistency, timeliness, analysis, and utilization of these mechanisms for continuous improvement.

The findings further showed significant positive relationships between client experience survey utilization and service quality, staff behavior monitoring and service quality, client experience survey utilization and customer-centric excellence, staff behavior monitoring and customer-centric excellence, and service quality and customer-centric excellence. These relationships indicate that improving the systematic collection and utilization of client feedback, together with consistent monitoring of staff behavior, can contribute to stronger service quality and a more customer-centered healthcare environment.

Despite the favorable findings, several challenges were identified. These included high workload and staffing constraints, limited client participation, delays in collecting and consolidating survey results, inadequate time for survey administration, limited supervisory monitoring, limited utilization of findings in management decisions, difficulty in analyzing and interpreting client experience data, delays in feedback reporting, inadequate staff training, inconsistent compliance with service standards, and limited follow-up actions. These concerns indicate the need for a coordinated and sustainable intervention involving hospital administrators, OPD managers, supervisors, healthcare personnel, quality improvement personnel, and other relevant stakeholders.

Accordingly, the Client Experience Survey and Staff Behavior Monitoring Enhancement Plan for Advancing Service Quality and Customer-Centric Excellence at Vicente Sotto Memorial Medical Center is proposed. The plan focuses on strengthening client feedback mechanisms, improving data analysis and reporting, enhancing staff behavior monitoring, developing personnel competencies, establishing feedback-to-action mechanisms, improving communication and responsiveness, addressing workload and staffing concerns, strengthening supervisory monitoring, and institutionalizing continuous monitoring and evaluation.

OBJECTIVES

This Client Experience Survey and Staff Behavior Monitoring Enhancement Plan for Advancing Service Quality and Customer-Centric Excellence at Vicente Sotto Memorial Medical Center aims to:

1. Strengthen the accessibility, administration, and systematic utilization of client experience surveys in the OPD.
2. Improve the collection, documentation, consolidation, and management of client feedback.
3. Enhance the relevance, accuracy, and completeness of information obtained from client experience surveys.
4. Improve the timeliness of feedback reporting to hospital administrators, OPD managers, supervisors, and concerned personnel.
5. Strengthen the analysis and interpretation of client experience data to support evidence-based management decisions.
6. Ensure that findings from client experience surveys are consistently translated into appropriate service improvement actions.
7. Strengthen staff professionalism, courtesy, responsiveness, communication, accountability, and customer-centered behavior.
8. Establish consistent staff behavior monitoring and supervisory feedback mechanisms across OPD service areas.
9. Improve service quality in terms of reliability, responsiveness, assurance, empathy, and tangibility.

10. Strengthen customer-centric excellence through improved client-centeredness, responsiveness to client feedback, communication and engagement, and overall client satisfaction and trust.
11. Address operational challenges such as high workload, staffing constraints, limited client participation, delayed feedback processing, and competing clinical priorities.
12. Strengthen staff training and professional development related to customer service, communication, client experience, feedback management, and service standards.
13. Establish an integrated feedback-to-action mechanism that ensures identified client concerns are assigned, addressed, monitored, and evaluated.
14. Establish continuous monitoring and evaluation mechanisms to determine the effectiveness, sustainability, and impact of the enhancement plan.

SCHEME OF IMPLEMENTATION

Area of Concern	Objectives	Strategies	Budget (PHP)	Budget Source	Time Frame	Implementors	Evaluative Measures	Actual Accomplishment	Remarks
Client Experience Survey Accessibility and Administration	Improve accessibility and consistent administration of client experience surveys.	Standardize survey procedures; provide accessible survey forms or digital options; orient clients regarding survey purpose and confidentiality; establish designated survey points in	150,000	Hospital MOOE / Quality Improvement Fund	One Year	Hospital Administration, OPD Management, Client Experience Personnel	Survey availability; response rate; completed surveys; client participation rate	N/A	N/A

		OPD areas.							
Client Feedback Collection and Documentation	Strengthen systematic collection and documentation of client feedback.	Establish standardized collection procedures; provide designated feedback channels; conduct periodic review of submitted surveys and concerns; maintain centralized feedback records.	125,000	Hospital MOOE / Quality Improvement Fund	Monthly	OPD Personnel, Quality Improvement Team	Number of feedback records; completeness of documentation; response rate	N/A	N/A
Relevance and Accuracy of Client Experience Data	Improve the quality and usefulness of information gathere	Review survey items periodically; eliminate redundant question	100,000	Hospital MOOE	Quarterly	Quality Improvement Team, OPD Management	Data completeness; invalid responses; survey quality review results	N/A	N/A

	d from clients.	s; ensure questions reflect actual OPD services; conduct data-quality checks before analysis.							
Timely Feedback Reporting	Improve the speed of consolidating and reporting client experience findings.	Establish reporting schedules; develop standardized reporting templates; designate responsible personnel; use electronic consolidation where feasible.	125,000	Hospital MOOE / ICT Support	Monthly/ Quarterly	Quality Improvement Personnel, OPD Management, ICT Personnel	Timeliness of reports; number of reports submitted; compliance with reporting schedule	N/A	N/A
Analysis and Interpretation of Client	Strengthen staff capacity to analyze and	Conduct training on descriptive statistics	175,000	Hospital MOOE / Training Fund	Quarterly	Quality Improvement Team, Research/	Number trained; quality of reports; complet	N/A	N/A

Experience Data	interpret client experience information.	, trend analysis, identification of recurring concerns, interpretation of survey results, and preparation of management reports.				Planning Personnel	ion of data analysis; staff competency assessment		
Utilization of Survey Findings for Service Improvement	Ensure that client feedback results in concrete improvement actions.	Conduct regular feedback review meetings; identify priority concerns; develop action plans; assign responsible personnel; monitor completion of corrective actions.	150,000	Hospital MOOE / Quality Improvement Fund	Quarterly	Hospital Administration, OPD Management, Unit Heads	Number of action plans; completed interventions; recurring concerns reduced	N/A	N/A

Professionalism and Courtesy	Strengthen professional and courteous behavior among OPD personnel.	Conduct customer-service training, values formation, communication activities, and periodic behavioral feedback sessions.	150,000	Hospital MOOE / Training Fund	Semiannual	HR/Training Personnel, OPD Management, Supervisors	Training attendance; client feedback; behavioral observation results	N/A	N/A
Responsiveness to Client Needs	Improve staff responsiveness to patient and client concerns.	Establish service response standards; orient staff on timely assistance; strengthen escalation procedures for unresolved concerns; monitor response times.	125,000	Hospital MOOE	One Year	OPD Supervisors, Healthcare Personnel	Response-time monitoring; client complaints; satisfaction feedback	N/A	N/A
Communication and Interper	Improve staff-client commu	Conduct communication-skills	125,000	Hospital MOOE /	Quarterly	HR/Training Personnel, OPD	Client feedback; supervis	N/A	N/A

sonal Behavior	nication and interpersonal interactions.	training; emphasize active listening, respectful communication, clear explanations, and culturally appropriate client interaction.		Training Fund		Supervisors	ory observations; communication competency results		
Compliance with Hospital Policies and Service Standards	Strengthen adherence to established hospital and OPD service standards.	Conduct regular monitoring; use standardized behavioral checklists; provide immediate coaching for deviations; recognize consistent compliance.	150,000	Hospital MOOE	Monthly	OPD Management, Supervisors, Quality Improvement Team	Compliance rates; monitoring reports; corrective actions implemented	N/A	N/A

Accountability and Responsibility	Strengthen individual accountability for client service and assigned responsibilities.	Establish clear responsibilities; document service concerns; implement supervisory feedback; recognize personnel demonstrating consistent accountability.	100,000	Hospital MOOE	One Year	OPD Management, Supervisors, HR Personnel	Accountability records; resolved concerns; supervisory evaluation	N/A	N/A
Consistency of Staff Performance	Improve consistency of customer-centered behavior across OPD service areas.	Conduct periodic observation; establish common behavioral standards; implement peer coaching and supervisory review; identify	150,000	Hospital MOOE / Quality Improvement Fund	Quarterly	OPD Management, Supervisors, Unit Heads	Behavioral monitoring scores; consistency across service areas; client feedback	N/A	N/A

		areas requiring additional support.							
Service Quality Enhancement	Improve reliability, responsiveness, assurance, empathy, and tangibility of OPD services.	Use client experience results and staff monitoring findings to identify service gaps; develop targeted improvement projects; monitor service indicators.	200,000	Hospital MOOE / Quality Improvement Fund	One Year	Hospital Administration, OPD Management, Quality Improvement Team	Service quality ratings; complaint trends; improvement indicators	N/A	N/A
Customer-Centeredness and Client Engagement	Strengthen patient-centered and client-centered service delivery.	Establish client engagement activities; provide opportunities for clients to express concerns; integrate	150,000	Hospital MOOE / Stakeholder Support	Quarterly	OPD Management, Client Experience Team	Client participation; feedback utilization; satisfaction results	N/A	N/A

		client perspectives into improvement planning.							
Feedback-to-Action Mechanism	Ensure that identified client concerns are addressed through documented corrective actions.	Establish a feedback-to-action workflow from survey collection through analysis, assignment, intervention, follow-up, and closure.	175,000	Hospital MOOE / Quality Improvement Fund	One Year	Hospital Administration, OPD Management, Quality Improvement Team	Percentage of concerns assigned; percentage resolved; action-plan completion rate	N/A	N/A
Staff Training and Professional Development	Improve staff competencies related to client experience and service quality.	Conduct regular training on customer service, communication, conflict management, feedback utilization, professi	250,000	Hospital Training Fund / Hospital MOOE	Semiannual	HR/Training Office, OPD Management, Quality Improvement Team	Training completion; competency assessments; post-training performance	N/A	N/A

		onalism, and quality improvement.							
Workload and Staffing Constraints	Address operational pressures affecting client-centered service delivery.	Review staffing and workload patterns; identify peak OPD periods; recommend appropriate staff deployment; streamline nonessential administrative processes.	200,000	Hospital MOOE / Hospital Administration	Quarterly	Hospital Administration, HR, OPD Management	Workload reports; waiting-time trends; staff feedback; service performance	N/A	N/A
Supervisory Monitoring	Strengthen regular monitoring of staff behavior and service quality.	Establish scheduled supervisory rounds; use standardized observation forms; provide	125,000	Hospital MOOE	Monthly	OPD Supervisors, Unit Heads, Quality Improvement Team	Monitoring completion; coaching records; compliance rates	N/A	N/A

		immediate feedback and coaching; consolidate monitoring results.							
Client Participation and Survey Response	Increase participation in client experience surveys.	Provide clear information regarding the importance of feedback; simplify survey completion; offer multiple response channels; encourage participation without coercion.	100,000	Hospital MOOE	One Year	OPD Personnel, Client Experience Team	Survey response rate; completed surveys per service area; client participation trends	N/A	N/A
Continuous Monitoring and Evaluation	Determine the effectiveness and sustainability of	Conduct quarterly evaluation of survey utilizatio	150,000	Hospital MOOE / Quality Improv	Quarterly for One Year	Hospital Administration, OPD Management, Quality	Quarterly evaluation reports; trend analysis	N/A	N/A

	the enhancement plan.	n, staff behavior monitoring, service quality, customer-centric excellence, challenges, and intervention outcomes; revise strategies based on results.		ement Fund		Improvement Team	; stakeholder feedback; corrective actions		

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