ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

Perceived Expectations and Actual Experiences of Outpatients in the Services Provided by Level II Hospitals in Quezon Province

Martin Gideon V. Mendoza [1*] , Vivian L. Dedace [1]
[1] *Sacred Heart College of Lucena City, Inc.*
[*] *martingideonmendoza@gmail.com, viviandedace@gmail.com*

Date Submitted:
August 06, 2026

Date Accepted:
September 03, 2026

Date Published:
September 17, 2026

DOI:
10.5281/zenodo.22813908

ABSTRACT

The study is conducted to determine the profile of the outpatients in the services provided by level II private hospitals in Quezon Province in terms of age, sex, educational attainment, total monthly income, frequency of hospital visits in a year, and type of services being utilized. The study also determined the perceived expectations and actual experiences of the outpatients in terms of quality of care, timeliness of service, patient-provider interaction, physical elements of the services, and cost of services. The researcher used a descriptive type of research applying quantitative technique. Sets of self-structured survey questionnaire was administered to the 100 outpatients of the level II hospitals in Quezon Province. The results revealed that most respondents were female aged 21-39, with a monthly income ranging from P19, 041 to P38,080 and typically made 2-3 visits per year. Majority of the respondents utilized OPD services for routine check-ups. The results revealed that the respondents have high expectations on the OPD services provided by the hospitals. The results showed that the respondents were highly satisfied with the OPD services provided by the hospitals. The results revealed that there is no significant difference on the perceived expectations of the respondents and there is also no significant difference on the actual experiences of the respondents when grouped according to profile. The results revealed that there is a significant and positive relationship between the perceived expectations and actual experiences of outpatients on the OPD services. Based on the findings of the study, the researcher formulated a handbook entitled "Employee Handbook: Outpatient Service Guide".

Keywords: *actual experiences, level II hospitals, outpatients, perceived expectations, services*

INTRODUCTION

Healthcare delivery plays an important role in promoting community health and well-being, particularly in areas characterized by diverse populations. Access to quality healthcare services is essential to address both common and complex health needs. The effectiveness of healthcare services significantly influences patient satisfaction, adherence to treatment plans, and overall health outcomes (Flaubert et al., 2021). In this context, understanding patient expectations and actual experiences has become a cornerstone of efforts to improve healthcare delivery, especially in hospital outpatient settings among the level 2 private hospitals in Quezon Province.

The Institute of Medicine highlights six fundamental aims for healthcare systems such as safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity. These principles serve as a

ISSN: 3116-3475
International Journal
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framework for quality improvement initiatives (AHRQ, 2022). For outpatient services, these elements translate into priorities such as convenience, empathetic interactions, timeliness, and efficiency, aligning care delivery with patient expectations. Addressing these aspects not only ensures compliance with care plans but also strengthens the trust between healthcare providers and patients (Kanwel et al., 2024; Ferreira et al., 2023).

The Department of Health (DOH) in the Philippines defines outpatient services as those offered to individuals who do not require overnight hospitalization. These include routine
check-ups, preventive care, diagnostic procedures, minor surgeries, and follow-up treatments. Outpatient services are designed to provide timely medical attention while enabling patients to maintain their daily routines with minimal disruption (PhilHealth, 2023). By improving access to care and reducing the strain on inpatient services, outpatient services contribute significantly to the overall efficiency of the healthcare system (Bhati et al., 2023).

In the context of Level II hospitals in Quezon Province, understanding patient perceptions of outpatient services is particularly crucial. Identifying and addressing gaps between patient expectations and actual experiences ensures that services align with patient needs. Factors such as quality of care, timeliness of service, patient-provider interactions, facilities, and cost of services are critical variables in determining service effectiveness (Alibrandi et al., 2023; WHO, 2018). Regular feedback mechanisms such as through surveys and direct interaction are invaluable for identifying areas needing enhancement, improving patient-centered care, and promoting trust (Berger et al., 2020).

Despite ongoing efforts to improve outpatient services, disparities in healthcare delivery persist, particularly in areas like Quezon Province. It was observed that Outpatient Departments face several challenges, such as overcrowding, financial barriers, limited resources and equipment, and communication issues. These gaps highlight the need for investigations to determine the root causes of these disparities and recommend strategies to improve care delivery. When perceived expectations don't match the patients' actual experiences in any of the areas in the OPD, patients may lose trust, experience dissatisfaction, or avoid care altogether.

This study aimed to address the research gap by examining the alignment between patient expectations and actual experiences in outpatient services within Level II hospitals in Quezon Province. The study will focus on specific OPD areas which offer services, such as routine check-ups, diagnostics (Laboratory, Radiology, Heart Station, Eye Center), minor surgery, rehabilitation, chemotherapy, and dialysis. While previous studies have explored patient satisfaction broadly, there is limited evidence focusing specifically on these variables in the provincial context. By identifying discrepancies and evaluating contributing factors, the researcher was motivated to propose evidence-based strategies to enhance outpatient service delivery. The researcher’s interest in conducting this study on level II private hospitals in Quezon Province came from the observation on the outpatient departments. Specifically, the researcher was interested on the critical role of outpatient services in ensuring timely and effective healthcare access to improve the overall services of the private hospitals. This research sought to bridge the gap between perceived and actual patient experiences, addressing key factors that influence patient satisfaction and service improvement.

Statement of the Problem

The main objective of this study is to determine the perceived expectations and actual experiences of outpatients in the services provided by level II hospitals in Quezon Province. Specifically, it sought answers to the following questions:

1. What is the profile of the outpatients of the level II hospitals in Quezon Province in terms of:
    - 1.1 Age;
    - 1.2 Sex;
    - 1.3 Highest Educational Attainment;

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International Journal
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1.4 Total Family Monthly Income;
1.5 Frequency of Hospital Visits; and
1.6 Type of Outpatient Services Utilized?

2. What are the perceived expectations of the outpatients to the Outpatient Department (OPD) services provided by the hospital in terms of:
   2.1 Quality of Care;
   2.2 Timeliness of Service;
   2.3 Patient-Provider Interaction;
   2.4 Physical Elements of the Services; and
   2.5 Cost of the Services?
3. What are the actual experiences of the outpatients to the OPD services in terms of:
   3.1 Quality of Care;
   3.2 Timeliness of Service;
   3.3 Patient-Provider Interaction;
   3.4 Physical Elements of the Services; and
   3.5 Cost of the Services?
4. Is there a significant difference on the perceived expectations of the outpatients to the OPD services when grouped according to their profile?
5. Is there a significant difference on the actual experiences of the outpatients to the services when grouped according to their profile?
6. Is there a significant relationship between the perceived expectations and actual experiences of the outpatients on the OPD services?
7. Based on the findings of the study, what employee service guide can be formulated to enhance the perceived expectations and actual experiences of the outpatients to the OPD services?

Theoretical Framework

This study is anchored to Service Quality (SERVQUAL) model, expectation - disconfirmation theory (EDT) and consonance theory of patient satisfaction.

The Service Quality (SERVQUAL) model is a widely used framework for evaluating service quality, especially in healthcare, by focusing on five key dimensions such as tangibles, reliability, responsiveness, assurance, and empathy. Tangibles refer to the physical elements of the service, such as facility cleanliness and staff appearance, which influence first impressions. Reliability emphasizes consistent and accurate service delivery, promoting trust. Responsiveness highlights the staff's promptness in assisting patients, while assurance pertains to the competence and confidence of healthcare providers, which reassures patients. Empathy involves personalized care and understanding patients' unique needs. By assessing these dimensions, the SERVQUAL model helps identify gaps between patient expectations and actual experiences, guiding improvements in service delivery and overall patient satisfaction (AlOmari, 2021).

The SERVQUAL model is related to the perceived expectations of outpatients by providing a guide to evaluate the dimensions of service quality they anticipate receiving. Outpatients form expectations based on the tangibles, such as clean and well-maintained facilities; reliability, such as consistent and accurate service delivery; responsiveness, such as timely assistance from staff; assurance, which reflects the competence and trustworthiness of healthcare providers; and empathy, which involves personalized care and understanding of patient needs. These dimensions shape how outpatients judge the quality of healthcare services prior to their actual experience. By analyzing these expectations through the SERVQUAL model, this study provides insights into the specific areas where hospitals can align their service delivery to meet or exceed patient expectations, promoting satisfaction and trust.

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The Expectation-Disconfirmation Theory (EDT) provides a framework for understanding patient satisfaction by analyzing the relationship between expectations and actual healthcare experiences. According to EDT, satisfaction occurs when actual performance meets or exceeds expectations (positive disconfirmation), while dissatisfaction arises when actual experiences fall short of expectations (negative disconfirmation). Key factors such as waiting times, communication quality, and provider responsiveness significantly shape patient expectations and experiences in outpatient settings. For instance, prompt care leads to positive disconfirmation and satisfaction, whereas delays or poor communication result in dissatisfaction. Additionally, demographic factors like age, income, and education influence how expectations are formed and evaluated, highlighting the importance of managing patient expectations through transparent communication and patient-centered care (Shukla et al., 2023).

The EDT is directly relevant to this study as it provides a framework for analyzing the alignment between outpatients' expectations and their actual experiences in Level II hospitals in Quezon Province. The theory's emphasis on disconfirmation highlights the significance of assessing how actual experiences, such as the quality of care, timeliness of service, patient-provider interactions, facilities, and cost, either that these meet, exceed, or fall short of what patients anticipate. By applying EDT, this study seeks to identify gaps where actual experiences fail to align with expectations, offering insights into areas needing improvement to enhance patient satisfaction and healthcare service quality in outpatient departments.

Lastly, the Consonance Theory of Patient Satisfaction emphasizes the harmony between patients' expectations and their actual healthcare experiences. It posits that satisfaction arises when there is consistency between what patients anticipate such as timeliness, quality of care, and patient-provider interactions; and the care they receive from healthcare providers. This theory highlights the active roles of both patients and nurses, emphasizing their harmonious interaction to achieve the shared goal of patient satisfaction. On the other hand, dissatisfaction occurs when there is a significant mismatch or dissonance between expectations and actual experiences (Arde, 2017).

The Consonance Theory of Patient Satisfaction aligns with the study's output by emphasizing the importance of harmony between outpatients' expectations and their actual experiences in Level II hospitals in Quezon Province. This theory highlights that satisfaction arises when patients' anticipated healthcare services such as timely care, high-quality interactions, and affordable costs are consistent with their real experiences. The study's output, which includes identifying gaps between expectations and actual experiences, directly supports the theory by highlighting areas of dissonance that lead to dissatisfaction. These findings will guide the development of action plans to promote consonance, ensuring that outpatient services align with patient expectations and enhance satisfaction levels.

Moreover, the sub-variable of the study includes terms such as: Accuracy is the ability to deliver services without mistakes, contributing to patient safety and satisfaction; Competency refers to the knowledge, skills, and ability of the staffs to perform their duties in the OPD effectively and professionally, ensuring high-quality service delivery; Cost of the
Services refers to the affordability and perceived value of the OPD services. It also refers to the satisfaction and access to necessary treatments; Facilities refers to the cleanliness, safety, and comfort of the OPD. This also refers to the proper functioning and availability of hospital equipment; Patient-Provider Interaction is the professionalism of the OPD staffs in interacting with the outpatients; Quality of Care refers to the reliability, responsiveness, competency, and accuracy of the OPD services; Reliability refers to the ability of the OPD staffs to provide consistent dependable and accurate services provided; and Responsiveness refers to the willingness and ability of the OPD staff to assist outpatients on their needs and concerns in a timely manner.

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Theoretical Paradigm

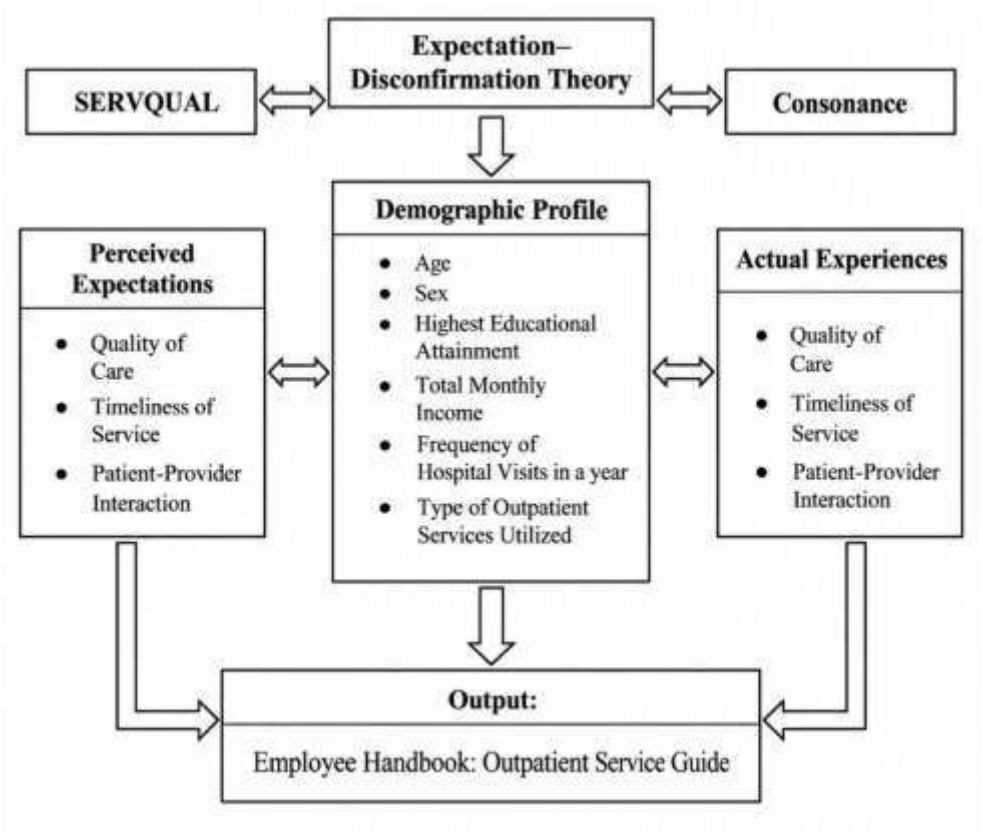


Figure 1. *Perceived Expectations and Actual Experiences of Outpatients in the Services Provided by Level II Hospitals in Quezon Province*

The figure shows the theories utilized in the study such as SERVQUAL, Expectation-Disconfirmation Theory and Consonance Theory. The theories relate to the demographic profile of the respondents. The demographic profile of the respondents is connected to the perceived expectations and actual experiences. As an output, the findings of the study lead the researcher to formulate a handbook entitled "Employee Handbook: Outpatient Service Guide."

Significance of the Study

This study is expected to contribute valuable insights into the expectations and actual experiences of outpatients in Level II hospitals in Quezon Province, particularly in the context of service quality. The findings will provide practical applications for different stakeholders, including outpatients, healthcare providers, hospital administrators, policymakers, and future researchers.

This study will help outpatients better understand the factors influencing their satisfaction with healthcare services. It will also empower them to voice their expectations and needs, leading to a more patient-centered care.

This study will highlight the importance of reliable and efficient outpatient services to the significant others of the patients, ensuring that their patient will receive quality care while providing them confidence in the services.

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The findings will guide healthcare providers in improving their communication, responsiveness, and empathy in outpatient care. It will also help them align their service delivery with patient expectations, enhancing overall satisfaction.

This study will provide hospital administrators, including the Quality Assurance Department, with insights to address service gaps and enhance operational efficiency. It will also guide infrastructure and resource allocation decisions to improve patient experiences.

The results will assist policymakers, including the hospital administrators, unit heads/managers, board of directors, and quality assurance officers, in formulating evidence-based guidelines to improve outpatient service delivery. It will also support the development of initiatives aimed at reducing healthcare disparities and ensuring equitable access to quality care.

This study will serve as a reference for future research on patient satisfaction and service quality in healthcare settings. It will also provide a foundation for further exploration of strategies to enhance outpatient care.

Literature Review

Related Literature

Outpatient services, also known as ambulatory care, encompass medical procedures and treatments that do not require hospitalization. These services include wellness and prevention programs, diagnostic tests, minor surgical treatments, and rehabilitation therapies. They are important for addressing various health concerns efficiently and cost-effectively, especially in facilities such as clinics and specialty centers (St. George's University, 2021). According to PeaceHealth (2024), outpatient services are designed for convenience, enabling patients to receive care and leave the same day. Timeliness, accessibility, and service quality play significant roles in determining patient satisfaction, particularly in settings where expectations of quick and effective care are prioritized. Long waiting times and poor communication are common barriers that negatively impact patient experiences in OPDs (Dayrit et al., 2018).

Patient satisfaction, a critical indicator of healthcare quality, is influenced by several factors, including staff competence, facility cleanliness, and timely care. Effective patient-provider communication and personalized care are essential in outpatient settings, promoting trust and enhancing satisfaction (Ambula Health, 2024). Age and educational levels also shape expectations and experiences, with younger patients prioritizing efficiency and technology while older individuals value personalized interactions and empathy (Weissberg, 2016). Understanding these demographic preferences is important for healthcare providers aiming to improve service delivery and patient outcomes. High-quality healthcare should be effective, equitable, and patient-centered, ensuring that services meet individual needs while achieving desired health outcomes (Tulane University, 2021).

Age plays a significant role in shaping patients' perceived expectations and actual experiences with outpatient department (OPD) services. Older adults often prioritize the quality of care, valuing thoroughness, empathy, and personalized interactions from healthcare providers. They may have heightened expectations for clear communication and consistent follow-up, as they frequently manage chronic conditions requiring ongoing care. On the other hand, younger patients tend to focus on efficiency and innovation, expecting timely services and access to digital tools for scheduling and follow-ups (Australian Government – Productivity Commission, 2024). Differences in these age-related preferences can impact how patients perceive the timeliness of services, with younger individuals being more sensitive to delays and older patients being more forgiving if they feel adequately cared for.

Facilities and costs further influence patients' experiences differently across age groups (Lopes et al., 2024). Older adults may emphasize the comfort and accessibility of OPD facilities, such as adequate seating and support for mobility aids, while younger patients may prioritize modern amenities like technology integration. Regarding cost, older individuals often face financial constraints due to fixed

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incomes, making affordability a critical factor in their satisfaction. On the other hand, younger patients might focus on the perceived value of services relative to their cost. These varying expectations highlight the importance of aligning OPD services to meet the diverse needs of patients across different age groups, ensuring equitable and high-quality care for all.

In addition, sex plays an important role in shaping patients' perceived expectations and actual experiences with OPD services, as men and women often have differing healthcare priorities (WHO, 2021). Women typically place higher importance on patient-provider interaction, expecting empathy, communication, and attentiveness from healthcare professionals. This is often influenced by their roles as caregivers and their higher utilization of healthcare services. On the other hand, men may prioritize efficiency and timeliness of service, seeking quick and straightforward solutions to their health concerns. These differences affect how each sex evaluates the quality of care, with women more likely to value care and emotional support, while men may focus on outcomes and minimal waiting times.

When it comes to facilities and costs, sex-specific expectations further shape patient experiences. Women might emphasize the importance of clean, comfortable, and accessible facilities, especially if they are accompanied by children or dependents. They may also consider affordability important due to the financial impact of family health responsibilities.

Men, on the other hand, may prioritize the availability of advanced medical technology or specific amenities that align with their health needs. Understanding these gender-based differences is vital for aligning OPD services to provide equitable, patient-centered care that meets the expectations of male and female patients (World Economic Forum, 2023).

The highest educational attainment of outpatients significantly influences their perceived expectations and actual experiences of OPD services. Patients with higher education levels often have a better understanding of medical procedures, healthcare systems, and their rights as patients, leading to higher expectations regarding the quality of care (Gagnon, 2024). They may seek evidence-based treatments, thorough explanations of their conditions, and active involvement in decision-making. Such patients also tend to value timeliness of service, as they are more likely to have professional or personal obligations that necessitate efficient healthcare delivery. On the other hand, individuals with lower educational attainment may prioritize basic accessibility and affordability, as their focus is often on immediate, practical healthcare needs rather than comprehensive care details.

Educational attainment also impacts perceptions of patient-provider interaction, facilities, and costs. Highly educated patients often expect clear communication, respect, and the use of technical or advanced medical facilities, aligning with their familiarity with modern healthcare advancements (Center on Society and Health, 2015). They may also be more critical of service delays or substandard facilities. On the other hand, patients with lower educational levels may prioritize approachable and empathetic communication over technical jargon and place greater emphasis on the affordability of services. Aligning OPD services to meet the diverse needs and expectations of patients based on their educational backgrounds is important to enhancing overall satisfaction and equity in healthcare delivery.

Total monthly income plays an important role in shaping outpatients' perceived expectations and actual experiences of OPD services. Patients with higher income levels often expect superior quality of care, modern facilities, and expedited services, as they may associate higher costs with better healthcare experiences. They may also seek personalized attention and seamless patient-provider interactions, reflecting their ability to afford premium services. On the other hand, patients with lower income levels typically prioritize affordability and accessibility over advanced facilities or luxury. For these patients, even basic services may meet or exceed their expectations if they are delivered efficiently and compassionately (The Health Foundation, 2024).

According to Watson (2024), income also impacts how patients perceive and prioritize cost, timeliness, and facilities. Higher-income patients are generally less sensitive to costs and are more likely to choose for private consultations or additional diagnostics to save time and ensure quality. They may also

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demand state-of-the-art facilities and comfortable waiting areas. On the other hand, lower-income patients are more sensitive to pricing and may compromise on advanced services or endure longer wait times if it means reducing expenses. They might prioritize facilities that offer affordability programs or government-subsidized care. Recognizing these differences is essential for aligning services to meet the varied expectations and needs of patients across income brackets.

The frequency of hospital visits significantly influences outpatients' perceived expectations and actual experiences of OPD services. Patients who visit hospitals regularly are more likely to have well-defined expectations about the quality of care, timeliness, and patient-provider interactions. With increased exposure, they become familiar with the system's strengths and limitations, allowing them to anticipate service quality and facility standards accurately. Regular visitors may prioritize continuity of care, efficient service delivery, and strong patient-provider relationships to rationalize their experiences. On the other hand, occasional visitors may place greater emphasis on receiving prompt attention and care during their limited interactions with the hospital (Oster et al., 2024).

Frequent hospital visits also impact patients' expectations regarding cost and facilities. Regular visitors may seek value-for-money services, often expecting discounts, loyalty benefits, or more personalized care. They might also have higher expectations for well-maintained facilities, such as clean waiting areas and efficient systems, as they interact with these aspects more often (Raty, 2024). On the other hand, infrequent visitors may focus primarily on addressing immediate health concerns and could be less concerned with facility aesthetics or incremental costs. By understanding these variations, healthcare providers can enhance service delivery to meet the specific needs of both frequent and occasional visitors effectively.

The type of outpatient services utilized plays an important role in shaping patients' perceived expectations and actual experiences in the OPD. For example, patients seeking specialized care such as diagnostic tests or chronic disease management may have high expectations for the quality of care and expertise of healthcare providers. According to DeParle et al. (2024), they often anticipate precise diagnostics, treatment plans, and specialized equipment, aligning their experiences with the hospital's capability to deliver such care. On the other hand, those utilizing general consultation or preventive services might prioritize timeliness and ease of access over the technical complexity of care. These variations highlight the importance of aligning service delivery to meet the specific needs of different outpatient categories.

Additionally, the type of outpatient service influences patient expectations regarding cost, facilities, and interaction. Patients requiring complex or specialized care may expect higher costs but also demand more advanced facilities and prolonged patient-provider engagement to address their concerns (Berkman et al., 2021). On the other hand, individuals utilizing routine or minor services may seek cost-effective options and quicker turnaround times. Understanding these differences allows hospitals to optimize resource allocation, ensuring that facilities and staff expertise match the expectations and requirements of the specific outpatient services provided, enhancing patient satisfaction across diverse service types.

Meanwhile, Gandolf (2024) shared that outpatients' expectations regarding the quality of care in hospital OPDs are influenced by factors such as the hospital's reputation, prior experiences, and individual needs. Patients generally anticipate high standards in medical treatment, efficient service delivery, and compassionate interactions with healthcare providers. Patients had high expectations across various dimensions, including tangibles, reliability, responsiveness, assurance, and empathy.

However, actual experiences often reveal gaps between these expectations and the services provided. There are significant discrepancies, particularly in the areas of tangibles and responsiveness, indicating that patients perceived deficiencies in the physical facilities and the promptness of service. These gaps highlight the need for hospital management to focus on improving the structural aspects of OPD services and enhancing staff responsiveness to better align with patient expectations (Leonard & Needham, 2020).

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Addressing these service quality gaps is important for enhancing patient satisfaction and ensuring that the quality of care meets or exceeds patient expectations. Implementing continuous quality improvement measures, such as regular assessments of patient perceptions and interventions in identified areas of deficiency, can lead to significant improvements in patient experiences within OPDs (Practice Builders, 2021).

Outpatients expect timeliness of service as a fundamental aspect of their healthcare experience in hospital OPDs. Timeliness encompasses prompt registration, minimal waiting times, and efficient consultation and treatment processes. Patients anticipate that hospitals will respect their time and provide services within a reasonable timeframe (Olejarczyk & Young, 2024). Lengthy delays in OPDs can negatively impact patient satisfaction and create perceptions of inefficiency, leading to decreased trust in the healthcare institution.

Actual experiences often reveal a disparity between these expectations and reality, as OPDs frequently face challenges like overcrowding, limited staffing, and resource constraints. Patients commonly report prolonged waiting times as a significant concern, with delays occurring at multiple stages, including registration, triage, and consultation (Alrasheedi et al., 2019). These delays can cause frustration and dissatisfaction among patients, particularly for those with urgent health needs or busy schedules. Addressing these bottlenecks is important to aligning services with patient expectations.

For Jenkins (2022), improving the timeliness of services in OPDs requires interventions such as organizing patient flow, adopting electronic medical records for faster processing, and increasing staffing levels during peak hours. Effective communication about anticipated wait times can also help manage patient expectations. A commitment to timeliness not only enhances patient satisfaction but also strengthens the hospital's reputation for providing efficient and patient-centered care.

Outpatients have high expectations regarding their interactions with healthcare providers in the OPD, primarily seeking respectful, empathetic, and clear communication. Patients expect healthcare providers to listen attentively to their concerns, provide understandable explanations, and show compassion throughout the consultation (Tennant et al, 2023). Effective patient-provider interaction is essential for building trust and promoting a therapeutic relationship. Patients are more likely to adhere to treatment plans and have improved health outcomes when they feel their provider engages them in meaningful and collaborative communication.

However, actual experiences in the OPD may not always align with these expectations. Many outpatients report feeling rushed during consultations, with limited time for providers to address their concerns fully (Harun et al., 2017). Overcrowded OPDs, tight schedules, and heavy workloads on healthcare providers often result in a less personalized experience. As a consequence, patients may perceive their interaction as impersonal or inadequate, which can lead to dissatisfaction. Patients value the quality of communication and the feeling of being valued during medical visits, and any perceived inadequacies in these areas can negatively impact their overall perception of care.

Addressing these issues involves creating an environment where patient-provider interactions can be optimized. Hospitals can enhance communication by offering adequate consultation time, improving the training of healthcare providers in patient-centered care, and reducing patient load during peak hours. Additionally, integrating technology, such as electronic health records, can update processes, allowing providers to focus more on the interaction itself rather than administrative tasks. Such improvements would help bridge the gap between patient expectations and their actual experiences, promoting a more satisfying and trusting relationship between patients and healthcare providers (WHO, 2017).

Outpatients typically expect the facilities in the OPD to be clean, comfortable, and well-equipped (Sharma, 2024). Cleanliness and the availability of basic amenities, such as comfortable seating, air conditioning, and accessible restrooms, are essential for creating a positive patient experience. Furthermore, outpatients expect the physical environment to support their health and well-being, such as well-maintained

ISSN: 3116-3475
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examination rooms, advanced medical equipment, and clear signage. Patients value a modern, aesthetically pleasing environment as it contributes to their overall perception of quality care.

However, the actual experiences of outpatients in many hospitals do not always meet these expectations. There is dissatisfaction with the state of OPD facilities, citing issues such as overcrowding, insufficient seating, and lack of privacy during consultations (Antonio et al., 2016). These challenges can lead to discomfort and a feeling of neglect. A report from the WHO (2017) suggests that when facilities are overcrowded or poorly maintained, it can significantly affect the patient experience, causing them to feel anxious, stressed, or frustrated during their visit. Such discrepancies between expectations and actual experiences can diminish patient satisfaction and impact their willingness to return for future appointments.

Addressing these concerns involves improving the physical infrastructure of OPD services, ensuring regular maintenance, and implementing patient-centric design principles. Hospitals should prioritize patient comfort by reducing overcrowding through better appointment management, improving waiting areas, and enhancing the overall layout to promote privacy and ease of movement. Moreover, updating medical equipment and ensuring its functionality will align the physical environment with the expectations of patients seeking high-quality care (WHO, 2024). Efforts to improve these aspects can significantly enhance patient satisfaction and create a more supportive environment for healing.

Outpatients often have high expectations regarding the cost of services at the OPD, desiring affordable and transparent pricing for medical consultations, diagnostic tests, and treatments. They anticipate that the cost of services will be reasonable, with clear communication about prices upfront, as well as financial assistance options for those in need. Cost is a significant factor influencing patient satisfaction, with many patients preferring to avoid unexpected out-of-pocket expenses (Bocchetti, 2023). In particular, outpatients expect that the hospital will offer a range of payment methods, including insurance coverage, to ensure that services remain accessible regardless of a patient's financial situation.

However, in practice, many outpatients experience dissatisfaction with the actual costs of services in OPD settings. Patients often face hidden charges, unclear billing practices, and unexpected costs for services not initially discussed. This misalignment between expectations and reality leads to frustration and concerns about the transparency of hospital pricing structures. Patients report confusion and dissatisfaction with billing processes, especially when prices for services vary widely and are not adequately communicated before treatment. Moreover, the affordability of services can vary significantly depending on a patient’s insurance plan or lack thereof, which further exacerbates disparities in patient satisfaction (Cox et al., 2024).

To bridge the gap between expectations and actual experiences, hospitals should prioritize transparency in pricing by providing detailed information about service costs upfront. Implementing clear billing practices, offering financial counseling, and expanding insurance coverage options can ensure that outpatients have a more predictable and positive experience regarding service costs. Additionally, creating financial assistance programs for underserved populations can help mitigate financial strain and improve overall patient satisfaction (The Commonwealth Fund, 2024). By addressing these concerns, hospitals can align their services with patient expectations, thereby enhancing both the accessibility and quality of care offered in the OPD.

To enhance the alignment between the expectations and actual experiences of outpatients in the OPD, hospitals must develop an action plan focused on addressing key service areas such as quality of care, timeliness, patient-provider interaction, facilities, and cost (Mayo Clinic, 2018). The first step in creating an action plan is to gather patient feedback through surveys, interviews, or focus groups. This feedback can provide insights into where patients' expectations are not being met. For instance, patients may express concerns about long wait times, inadequate communication, or unclear billing processes. By understanding these issues, hospitals can prioritize areas that need improvement. Additionally, regular assessments of patient satisfaction can help track progress and ensure that changes are having the desired effect.

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In terms of improving quality of care, hospitals should focus on enhancing staff training and ensuring that medical professionals are updated on the latest clinical guidelines (Tine Health, 2022). This could involve developing continuous education programs that emphasize not only clinical skills but also the importance of effective communication with patients. Addressing timeliness, on the other hand, requires operational adjustments such as organizing appointment scheduling, improving patient flow, and investing in technological solutions like online appointment systems to reduce waiting times. To address the patient-provider interaction, hospitals can implement strategies such as training for empathetic communication and improving the patient-centered care approach. By making these adjustments, hospitals can ensure that patients feel heard, respected, and well-cared for.

Finally, an action plan should address the cost of services, as financial concerns are often a significant source of dissatisfaction (Jackson, 2024). Hospitals can work to improve transparency in pricing by offering clear and upfront communication about service costs and available payment options. In addition, establishing financial assistance programs for lower-income patients can help ease the burden of medical expenses. For example, offering tiered pricing based on income or facilitating insurance enrollment can make healthcare more accessible. Additionally, hospitals can collaborate with insurance providers to ensure that a wider range of services is covered under various plans, reducing out-of-pocket expenses for patients. By addressing these areas, hospitals can better meet the expectations of outpatients and improve their overall experience in the OPD setting.

Related Studies

A'aqoulah et al. (2022) explored the gap between patients' expectations and perceptions of healthcare service quality in Jordanian hospitals using the SERVQUAL model. The study, involving 415 patients, found out that expectations consistently surpassed perceptions across all five SERVQUAL domains such as Tangibles, Reliability, Responsiveness, Assurance, and Empathy. Interestingly, demographic variables showed no significant effect on these domains, differing from prior studies by Zun et al. (2018) and Li et al. (2015), which identified demographic influences such as education, income, visit frequency, and age on specific SERVQUAL dimensions. The findings highlight the need for hospital managers to enhance service quality to bridge the expectation-perception gap.

The present study is related to the work of A'aqoulah et al. (2022) by examining the perceived expectations and actual experiences of outpatients in Level II hospitals in Quezon Province. Unlike the Jordanian study, this research integrates demographic factors such as age, sex, educational attainment, income, frequency of visits, and type of services utilized as key variables to determine whether they influence gaps in outpatient service quality. By evaluating these dimensions, the study aims to identify specific areas for improvement in outpatient services and propose an action plan to align patient expectations and experiences, providing insights connected to the local healthcare context.

Edris et al. (2024) investigated the impact of demographic factors on hospital users' perceptions of the physical environment in two specialized hospitals. Analyzing data from 480 respondents, the study revealed significant associations between users' education level and area of residence with perceptions of key design factors, including views, facilities & wayfinding, safety & comfort, architectural & hygiene, and sensory aspects. The results highlighted that education level significantly influenced perceptions of views, facilities & wayfinding, and architectural & hygiene ($p < 0.05$). Similarly, users' area of residence significantly affected perceptions of views, safety & comfort, and architectural & hygiene. These findings highlight the importance of integrating diverse user perceptions into patient-centered design (PCD) practices to create empirically informed hospital environments that address user needs.

The present study, which examines perceived expectations and actual experiences of outpatients in Level II hospitals in Quezon Province, aligns with Edris et al. (2024) by
emphasizing the role of demographic factors in healthcare service evaluations. The current research incorporates demographic profiles such as age, sex, highest educational attainment, income, frequency of hospital visits, and type of services utilized to analyze their impact on gaps between outpatient expectations

ISSN: 3116-3475
International Journal
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and experiences. Understanding these variables will provide valuable insights for aligning outpatient services to meet patient needs, similar to how PCD principles address user perceptions in hospital design.

Chico et al. (2022) assessed patient satisfaction with the Occupational Health Service at Tete Provincial Hospital in Mozambique using a cross-sectional study of 335 participants. The study found out that overall satisfaction was high (87.5%), with key factors influencing satisfaction including hospital cleanliness, opening hours, ease of care, speed, and waiting time. Additionally, demographic factors such as age, gender, marital status, and education level were significantly associated with satisfaction ($p < 0.001$). These findings highlight the importance of both service efficiency and facility quality in enhancing patient satisfaction.

The present study examines the gap between perceived expectations and actual experiences of outpatients in Level II hospitals in Quezon Province, focusing on demographics such as age, sex, educational attainment, income, and type of outpatient services utilized. Like Chico et al. (2022), this study explores how demographic variables and service quality impact patient perceptions and experiences. Insights from both studies can provide strategies to improve healthcare delivery by addressing specific patient needs and expectations.

Manulik et al. (2024) investigated the influence of socio-demographic characteristics on patients' perceptions of healthcare service quality in public and private healthcare centers, using the SERVQUAL questionnaire to evaluate responses from 412 participants. The study revealed that patients' expectations consistently exceeded their perceptions of service quality in both sectors. Private sector patients prioritized hardware and infrastructure quality, whereas public sector patients focused on relationships with personnel. However, socio-demographic factors did not show a definitive impact on patients' quality expectations and perceptions, suggesting these characteristics may not be essential in healthcare quality management.

The present study evaluates perceived expectations versus actual experiences of outpatients in Level II hospitals in Quezon Province, examining demographics such as age, sex, educational attainment, income, and service utilization. Similar to Manulik et al. (2024), it explores whether socio-demographic factors significantly affect perceptions of healthcare quality. While their findings suggest these factors may not directly influence quality management, the present study aims to contextualize these variables within the framework of Level II hospitals, potentially uncovering localized demographic impacts on service satisfaction and expectations.

Bhatt et al. (2024) conducted a cross-sectional study to evaluate patient satisfaction and its determinants in the OPD of a tertiary public hospital in Nepal. Using the Patient Satisfaction Questionnaire-III (PSQ-III) and data from 206 participants (median age 32 years), the study highlighted high satisfaction levels in interpersonal relationships but lower ratings for technical quality. Sociodemographic factors such as age, residence type, occupation, income, time to reach the facility, and insurance status significantly influenced satisfaction. The findings emphasized the need for continuous improvements and recommended broader studies to inform resource allocation and policymaking for enhanced healthcare delivery.

Bhatt et al.'s (2024) findings align with the present study’s focus on exploring the expectations and actual experiences of outpatients regarding OPD services in terms of quality care. Both studies underline the influence of interpersonal dynamics and technical service quality on patient satisfaction. While Bhatt et al. emphasize sociodemographic factors shaping satisfaction, the present study delves into broader dimensions of care quality in Level II hospitals. The insights from Nepal serve as a benchmark, suggesting that understanding patient expectations and addressing identified gaps are important for improving outpatient services in Quezon Province.

Sofianos (2023) examined factors influencing patient satisfaction at the Plastic Surgery Outpatient Department of Chris Hani Baragwanath Academic Hospital in South Africa. The study, involving 142 participants, highlighted high satisfaction with the care provided by nursing staff and doctors, though issues such as appointment scheduling and waiting times were identified as areas needing improvement. Patients with lower educational levels reported higher satisfaction. The overall CSAT score of 79.5% indicated a

"good" level of satisfaction, and the findings emphasized the importance of adhering to South Africa's Batho Pele principles, which advocate improving healthcare services by focusing on consumer satisfaction and continuous service enhancement.

Similar to Sofianos' (2023) study, the present research explores patient satisfaction, focusing on the perceived expectations and actual experiences of outpatients in Level II hospitals in Quezon Province. Both studies consider socio-demographic factors, such as education level and frequency of hospital visits, in understanding satisfaction levels. However, the present study expands this scope by examining other variables, including income and types of outpatient services utilized, to assess their influence on the quality-of-care perceptions. Insights from Sofianos' work provide valuable ideas for addressing systemic improvements and enhancing patient-centered care in Quezon Province.

Francis et al. (2021) conducted a descriptive cross-sectional study to assess the service quality of an OPD in a District General Hospital in Sri Lanka using the SERVQUAL model. The study revealed a significant gap between high patient expectations and average perceptions of service quality. All five dimensions of service quality exhibited noticeable disparities. Recommendations included periodic reviews of patient expectations and perceptions, staff training in soft skills, digitalizing OPD processes, and improving hospital infrastructure and equipment to enhance service quality and address gaps effectively.

The findings of Francis et al. (2021) align with the present study, which examines the expectations and actual experiences of outpatients with OPD services in terms of quality of care. Both studies emphasize the importance of understanding patient expectations and perceptions to identify service gaps and improve care delivery. While the Sri Lankan study highlights the role of infrastructure and staff training, the present study seeks to explore similar dimensions of quality, focusing on outpatient experiences in Level II hospitals. Insights from the Sri Lankan context provide a comparative basis for assessing and refining OPD services in the present research locale.

Yakubu et al. (2023) conducted a cross-sectional descriptive study to assess patient experiences and perceptions of OPD services at Tamale Teaching Hospital in Ghana. Among 100 respondents (mean age 30.57 years), the majority were females (68%) and tertiary-educated (51%). Patients expressed high satisfaction with nursing staff, respectful treatment, hospital lighting, and cleanliness but dissatisfaction with doctor services (59%), registration and pharmacy services, inadequate examination rooms and chairs, unclean toilets, costly laboratory tests (70%), and poor ventilation. Recommendations included reducing waiting times, improving seating availability, enhancing communication and friendliness of staff, and addressing physical infrastructure deficiencies to boost satisfaction and care quality.

The findings of Yakubu et al. (2023) reflect with the present study, which explores outpatient expectations and actual experiences regarding OPD service quality. Both studies emphasize the significance of physical infrastructure, staff behavior, and waiting times in shaping patient satisfaction. While the Ghanaian study highlights specific areas such as laboratory costs and ventilation, the present study examines broader dimensions of care quality in Level II hospitals, aiming to identify gaps between patient expectations and real-world experiences. Insights from Yakubu et al. provide a comparative idea for addressing similar challenges in outpatient service delivery in Quezon Province.

Alnasser & Alotaibi (2024) investigated the effect of waiting time on patient satisfaction and the quality of healthcare services in hospital OPDs using a descriptive analytical approach with a sample of 150 patients. The study revealed a significant impact of waiting time on satisfaction and service quality, with moderate to high ratings for both patient satisfaction and the quality of health services. Long waiting times were identified as a key concern, and proposed solutions to reduce them, such as organizing processes, received high effectiveness ratings.

Alnasser & Alotaibi's (2024) findings directly relate to the present study, emphasizing how timely service delivery in OPDs influences patient expectations and experiences. Both studies highlight waiting time as a critical factor affecting perceived quality of care. The present study builds on this by assessing

how delays in service impact patient satisfaction in Level II hospitals in Quezon Province, offering insights into improving timeliness to meet and exceed outpatient expectations.

Saxena et al. (2024) conducted a study on the waiting times of patients in the OPD of a tertiary hospital in Northern India, aiming to evaluate the services and identify improvements for the healthcare system. The study involved 100 randomly selected patients and utilized questionnaires and interviews to gather data. The findings revealed that while most patients spent less than 30 minutes on registration, consultation times exceeded 30 minutes for nearly half of the patients. Factors such as overlapping rounds, sample transportation time, and preparation time in radiology were identified as major contributors to delays. The study suggested that implementing queuing methods, simulations, and real-time waiting systems could improve healthcare efficiency.

Saxena et al. (2024) emphasize the critical impact of waiting times on the overall patient experience in OPDs. This aligns with the present study's focus on evaluating how waiting times influence patient expectations and experiences with the OPD services at a hospital in Quezon Province. The present study further investigates how delays in service delivery, as highlighted by Saxena et al., may affect the quality of care and patient satisfaction in terms of timeliness of service.

Moreover, Shahzadi & Annayat (2024) conducted a cross-sectional study to assess the waiting times and related factors at the OPD of Allied Hospital Faisalabad. The study involved 354 patients and used interviews and pre-planned questionnaires for data collection. The findings revealed that the average waiting time was 55.4 minutes, with some patients waiting up to 65 minutes for services. The longest waiting time was recorded at 13.2 minutes in the doctor's office. While 68% of patients found the waiting time acceptable, 62.7% suggested that improving the availability of healthcare workers at service points could reduce delays. The study emphasized the need for internal changes to improve service delivery and reduce waiting times in the OPD.

Shahzadi & Annayat's (2024) study highlights the significant impact of waiting times on patient satisfaction and service delivery in outpatient settings, which reflects with the current study's focus on outpatient experiences in Quezon Province. Both studies examine how waiting times influence patient perceptions of the quality of care and the timeliness of services. The present study explored on similar factors, such as expectations regarding waiting times and the actual experiences of patients, aiming to assess how timely service delivery aligns with patient satisfaction and the overall quality of care in the OPD setting.

Sagar & Kumar (2022) conducted a study on patient satisfaction in the OPD of a secondary care public hospital. The results revealed that approximately 70% of patients were satisfied with the services provided, while 20% were unsatisfied. The study highlighted significant dissatisfaction with the hospital's infrastructure and housekeeping services. However, patient satisfaction was relatively high when it came to doctor-patient interaction, with 80% of patients reporting that doctors listened attentively to their concerns. The study also identified areas for improvement, including staff behavior and communication skills, particularly among doctors, nurses, and paramedical staff, to enhance patient retention and overall satisfaction.

Sagar & Kumar's (2022) study highlights the importance of patient-provider interaction, particularly in terms of doctor-patient communication, which aligns with the present study's focus on patient expectations and experiences in the OPD. Both studies emphasized the role of interpersonal relationships in patient satisfaction, with the present study exploring how outpatients in Quezon Province perceive their interactions with healthcare providers. Expectations related to provider communication and attentiveness were compared to the actual experiences of patients in the OPD, highlighting areas of improvement to meet patient needs and enhance service delivery.

Mesfin & Gintamo (2019) conducted a facility-based cross-sectional study to assess patient satisfaction with services at OPDs in primary hospitals in the Guraghe zone, Ethiopia. The study found out that 66.5% of patients were satisfied with the health services provided. Significant predictors of patient

ISSN: 3116-3475
International Journal
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satisfaction included waiting time (AOR 3.65), being informed about the cause of illness (AOR 2.46), and the cleanliness of the waiting area (AOR 2.33). These factors were identified as important for improving patient satisfaction and ensuring that health services meet patient needs and expectations.

Mesfin & Gintamo's (2019) study highlights the importance of factors such as waiting time, communication regarding the cause of illness, and the cleanliness of the waiting area in shaping patient satisfaction, which can be closely related to the present study's focus on outpatient expectations and experiences in Quezon Province. In terms of patient-provider interaction, the current study explored on whether the timeliness of communication and the overall environment in the OPD align with patient expectations, focusing on the actual experience of outpatients in these areas and how they affect their satisfaction with hospital services.

Sreedhar et al. (2022) conducted a cross-sectional observational study to assess patient perception and satisfaction in OPDs in South India, using a structured questionnaire adapted from the Press Ganey Patient Satisfaction Survey. The study included 467 patients, with 80.9% reporting satisfaction with their overall OPD experience. Factors significantly associated with higher satisfaction included effective communication ($\beta = 0.54$), perceived cleanliness ($\beta = 0.48$), and shorter wait times ($\beta = -0.32$). Additionally, male patients and those with higher educational backgrounds were more satisfied. The study concluded that improving communication, reducing wait times, and maintaining cleanliness are important for enhancing patient satisfaction.

Sreedhar et al.'s (2022) findings are highly relevant to the present study, which investigates the expectations and actual experiences of outpatients regarding the services provided in the OPD. The current study explored on whether factors like communication quality, waiting times, and the cleanliness of the OPD align with patient expectations and impact their satisfaction. By comparing the anticipated versus actual experiences of patients, the study gained insights into how these factors influence patient-provider interactions in Quezon Province's OPD services.

Kwon & Lee (2020) conducted a secondary analysis of national survey data to examine the relationship between patient safety experiences and fear of infection among 4416 South Korean outpatients during the COVID-19 pandemic. Approximately 14% of participants reported fear of infection while receiving medical care. Key safety factors associated with reduced fear included hand hygiene and proper medication safety practices, such as skin disinfection and preventing adverse drug reactions. The findings highlight the importance of maintaining high safety standards to alleviate patients' infection-related fears and promote continued healthcare utilization.

The findings of Kwon & Lee (2020) are relevant to understanding how OPD facilities align with patient expectations in terms of safety and hygiene. The present study examined whether facilities such as waiting areas, consultation rooms, and procedural spaces meet patient expectations for cleanliness, safety, and infection control. By investigating these factors, the study can determine the extent to which facility standards impact patients' confidence and satisfaction, especially in the context of post-pandemic healthcare environments.

Ren et al. (2021) evaluated outpatient satisfaction and its influencing factors in large hospitals in Henan province, China, using data from 630 participants in the 2018 Henan Large Hospitals Patient Satisfaction Survey. The study found out a moderate satisfaction level, with an overall score of 66.28 ± 14.73. Key factors positively correlated with satisfaction included waiting time, doctor-patient communication, professional services, and accessibility to treatment information. Binary Logistic Regression analysis highlighted age and hospital visit frequency as significant personal characteristics influencing satisfaction. The authors recommended shortening wait times, improving information accessibility, and aligning services for younger and first-time patients to enhance satisfaction.

The findings of Ren et al. (2021) emphasized the critical role of facilities in shaping patient satisfaction, particularly in large OPDs. In the present study, the expectations and actual experiences of patients regarding OPD facilities, such as waiting areas, accessibility features, and the provision of

treatment information, are examined. Aligning these facilities with patient needs can address gaps in satisfaction by improving convenience, reducing waiting time, and enhancing the overall patient experience in hospital settings.

Zhou et al. (2022) evaluated outpatient satisfaction using China's national standard questionnaire at a tertiary hospital in Shenyang. Based on 6,012 valid responses, the study found out that doctor communication positively influenced satisfaction (standardized regression weight: 0.46), while environmental factors negatively impacted it (0.42). Although satisfaction levels were high, a notable gap existed between patient expectations and actual experiences. Key areas for improvement included enhancing clinical staff communication, simplifying hospital layouts for new visitors, and managing patient volume to reduce overload.

Zhou et al. (2022) highlight how facility-related factors, such as environmental design and patient volume, significantly affect outpatient satisfaction. In the present study, the alignment of expectations and experiences regarding OPD facilities, such as exploration ease, waiting areas, and capacity management, is important. Addressing these aspects ensures that the hospital environment is user-friendly, particularly for first-time visitors, and adequately supports efficient service delivery, enhancing overall patient satisfaction.

Han et al. (2022) examined the influence of price transparency and competition on hospital costs in the context of all-payer claims databases (APCDs) in the United States. Using a fixed-effects regression on data from nonprofit and for-profit acute care hospitals between 2011 and 2017, the study found out that states with APCDs often incurred higher operating expenses, suggesting these states are more focused on price transparency initiatives. Weak market competition was associated with higher costs, while market consolidation in non-APCD states sometimes reduced operating expenses through economies of scale and improved care coordination. However, the combined effects of APCDs and competition were not significant, highlighting that transparency alone may be insufficient to control hospital costs without complementary policy measures addressing competition and market dynamics.

The findings of Han et al. (2022) highlight the complexity of cost management in healthcare, including outpatient services. In the context of the present study, expectations about the affordability of OPD services can significantly influence patient satisfaction. Outpatients may anticipate cost-efficient services, but disparities between expectations and actual costs could result in dissatisfaction. Aligning service costs with patient expectations through improved transparency and strategic pricing mechanisms can help bridge these gaps, ensuring that OPD services remain accessible and meet patients' financial expectations.

Liu et al. (2024) investigated the discrepancies between patients perceived and expected values of outpatient services in a tertiary hospital in China. Analyzing responses from 572 outpatients, the study found out significant gaps across all 29 items and 8 dimensions of service quality, with the largest gap in "short waiting time" (−1.52) and the smallest in "hospital reputation and popularity" (−0.24). Price and efficiency, identified as areas of high expectation but low perception, emerged as critical dimensions needing improvement. The study recommended strategic allocation of resources to enhance service efficiency and affordability to bridge these gaps.

The findings of Liu et al. (2024) emphasize the importance of aligning outpatient expectations with their actual experiences regarding service costs. In the present study, the cost of OPD services plays a pivotal role in shaping patient satisfaction. Addressing gaps between expected affordability and perceived value is important to ensuring equitable access and enhancing trust in healthcare services. By improving pricing transparency and offering cost-effective solutions, hospitals can better meet patient expectations, promoting a more positive outpatient experience.

Barnes et al. (2024) investigated the impact of a state-wide medical charge transparency tool in outpatient provider markets in New York State through a randomized controlled trial.

The study analyzed the effects of publicly releasing providers' billed charges by procedure and zip code using a commercial claims database. Results showed a modest increase in overall billed charges

ISSN: 3116-3475
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(+0.75%), particularly among low-priced providers in markets with limited out-of-network spending, suggesting that price transparency improved provider knowledge of competitors' pricing. However, the tool had minimal impact on consumer price shopping or service quantities, with no significant variations across specialties, market dynamics, or service frequencies.

The findings of Barnes et al. (2024) highlight the impact of price transparency on healthcare costs, emphasizing its limited role in influencing consumer behaviors but with a modest effect on provider pricing strategies. In the context of outpatient services, patients may expect transparent and reasonable pricing in alignment with their financial capacities. However, if OPD service charges deviate from patients' cost expectations due to limited transparency or price adjustments among providers, dissatisfaction may arise. Aligning service costs with patient expectations through enhanced transparency tools can help promote trust and improve patient satisfaction with OPD services.

METHODS

Research Design

The researcher employed a quantitative descriptive design, which allows for a systematic investigation of the perceptions and experiences of outpatients in Level II hospitals in Quezon Province. The study utilized a descriptive-survey approach to address the profile of the outpatients, such as age, sex, highest educational attainment, total monthly income, frequency of hospital visits, and type of outpatient services utilized.

Additionally, the study also used a descriptive-evaluative approach where the expectations and actual experiences of outpatients regarding the OPD services were evaluated across five key factors such as quality of care, timeliness of service, patient-provider interaction, facilities, and cost. Moreover, a descriptive-comparative approach was utilized to examine whether there are significant differences between the perceived expectations and actual experiences of the outpatients, grouped according to their profiles.

Lastly, a descriptive-correlational approach was utilized to examine if there is a significant difference between the perceived expectations and actual experiences of outpatients when grouped according to their profile. Findings of this study will provide a basis for developing a handbook entitled "Patient Experience Service Guide for Employees" to enhance the alignment of patient expectations and experiences in the OPD setting.

Research Locale

The researcher conducted the study in two (2) Level II private hospitals in Quezon Province, Philippines. Quezon Province is part of the CALABARZON Region. Initially, four hospitals were chosen as the study's locale. Upon requesting permission to conduct the study from these hospitals, only two hospitals approved the permission. The province has several Level II hospitals that provide important healthcare services, including outpatient care, basic surgeries, and specialized medical services. These hospitals were chosen because they serve a wide range of patients who visit the Outpatient Department (OPD) for consultations, treatments, diagnostic tests, and follow-up care. Level II hospitals are also ideal for the study as they cater to patients from different backgrounds, making it easier to assess their expectations and actual experiences with the services provided. Quezon Province is a suitable location because it reflects the healthcare needs and challenges faced by both urban and rural communities. The findings from this study will help improve the quality of outpatient services in similar healthcare setting.

Research Population and Sample

The research population consisted of outpatients from the two-Level II hospitals in Quezon Province, with a total of 100 respondents. Using quota sampling, fifty (50) respondents were selected from each of the two hospitals within a one-to-two-day timeframe for data collection, ensuring for an equal representation of participants across the hospitals. This sampling approach allows for a manageable sample size while providing insights to the perceived expectations and perceived experiences in these specific

ISSN: 3116-3475
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healthcare settings. The sample is limited to these two hospitals, and the selection of respondents was based on their availability during the designated data collection period.

Research Instrument

Self-made questionnaire was organized and formulated by the researcher to gather needed data, as it will determine the profile, perceived expectations, and actual experiences of the outpatients of the Level II hospitals in Quezon Province, which is pertinent to the purpose of the study.

The research instrument consists of three parts: The first part of the questionnaire collected data of the profile of the respondents, including their age, sex, highest educational attainment, total monthly income, frequency of hospital visits, and types of outpatient services utilized. This information was essential for categorizing the respondents based on their backgrounds. The second part of the questionnaire gathered data on the patients' perceived expectations regarding various aspects of the outpatient department (OPD) services. The third part of the questionnaire sought to assess whether the outpatient services met the respondents' expectations. The questions reflected to the questions in the second and third part for it has the same variables including quality of care, timeliness of service, patient-provider interaction, facilities, and cost of the services. Likert's scale was used as basis of the responses with the following scale and interval range:

Table 1. *4-Point Likert's Scale in Measuring Perceived Expectations and Actual Experiences*

Scale	Continuum	Qualitative Index
4	3.26 - 4.00	Strongly Agree
3	2.51 - 3.25	Agree
2	1.76 - 2.50	Disagree
1	1.0 - 1.75	Strongly Disagree

The questionnaire is designed to assess the outpatients' profile, perceived expectations, and actual experiences on the outpatient services provided by hospitals. The first part helps categorize the respondents, while the second and third parts allow for a comparison of what patients expect and what they experienced. This data will be valuable in assessing gaps between expectations and experiences and can provide improvements in the hospital's outpatient services.

The researcher had the instrument validated by experts and consulted one hospital administrator and two nurse supervisors to validate the content of the instrument. The validators were chosen because they have experiences in managing and handling the Outpatient Department. The researcher also had the instrument validated by a language expert to check on the use of language in the instrument and to ensure that the respondents understand the questions and that there will be no problem with the wordings. After validating the research instrument, the researcher advanced to pilot testing among thirty (30) respondents. The respondents in the pilot testing were different from the respondents of the actual data gathering.

Furthermore, to assess the reliability of the survey questionnaire, Cronbach's Alpha was used. This is an appropriate method since the study employed a questionnaire to measure factors like quality of care, timeliness of service, patient-provider interaction, facilities, and cost of services. The result of the Cronbach's Alpha is 0.893 which indicates that the tool used is reliable. The Cronbach's Alpha evaluated the internal consistency of these items, helping to ensure that multiple items intended to measure the same concept to produce consistent results. Finally, the validated data-gathering instrument was checked by the research adviser and presented to the Oral Examination Committee for the approval to conduct the study.

Data Gathering Procedure

After the approval of the Oral Examination Committee to conduct data gathering by utilizing the validated questionnaire, the researcher personally forwarded an approval letter to perform the research on the selected research locale and obtain permission from the medical directors with the endorsement letter

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from the thesis adviser signed by the dean. Upon approval of the data gathering, the researcher conducted a face-to-face distribution of the survey questionnaires on the two level II private hospitals which served as the locale of the study.

A part of the survey is an informed consent which was obtained from the respondents before the researcher conducted the data gathering. The instructions and purpose of the study was explained to the respondents. The first part, which is the profile, and the perceived expectations were to be answered first. Once the OPD services was facilitated, the researcher then instructed them to answer the second part, which is the actual experience. The actual experiences were also answered based on the questionnaire formulated by the researcher. The researcher gathered data on the last week of March up to the first week of April of 2025. After retrieving the questionnaires, the data was collated, tabulated, and was subjected for statistical treatment.

Statistical Treatment of Data

The researcher applied statistical treatment specifically the use of percentage, frequency rating, and weighted mean to determine the measure of profile, perceived expectations, and actual experiences on outpatient services.

Below are the formulas that were used:

1. Frequency and Percentage Distribution

$$Formula: P = \frac{f}{n}\ x\ 100\%$$

Where:
P = the percentage
f = the frequency
n = sum of all respondents

2. Weighted Arithmetic Mean

$$Formula: WAM = \frac{4f + 3f + 2f + f}{N}$$

Where:
WAM = Weighted Mean
F = Frequency
N = Total Number of Respondents

3. Shapiro-Wilk's Test

$$W = \frac{\sum_{i=1}^{n} a_i y_i^2}{\sum_{i=1}^{n} (y_i - \bar{y})^2}$$

Where:
yi = sample data, sorted by size
ai = constants to be evaluated

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4. Kruskal-Wallis Test

$$H = \frac{12}{n(n+1)} \sum \frac{R_i^2}{n_i} - 3(n+1)$$

Where:
n = total number of values
Ri = sum of the ranks for each sample
ni = number in each sample

5. Mann-Whitney U Test

$$U_1 = n_1 n_2 + \frac{n_1(n_1+1)}{2} - R_1$$

$$U_2 = n_1 n_2 + \frac{n_2(n_2+1)}{2} - R_2$$

Where:
η1 and η2 = sample sizes
R1 and R2 = sum of ranks for observations from samples 1 and 2

6. Bonferroni Post Hoc Test

$$\alpha_{\text{ajust}} = \frac{\alpha\text{original}}{m}$$

Where:
αoriginal = the original significance level (e.g., 0.05).
m = the total number of comparisons being made.
αadjusted = the new, stricter significance threshold.

7. Pearson Correlation Coefficient

$$r = \frac{\sum (x_i - \bar{x})(y_i - \bar{y})}{\sqrt{\sum (x_i - \bar{x})^2 \sum (y_i - \bar{y})^2}}$$

Where:
r = correlation coefficient
Xi = values of the x-variable in a sample
X = mean of the values of the x-variable
Yi = values of the y-variable in a sample
Y = mean of the values of the y-variable

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8. Shapiro-Wilk Test

$$W = \frac{\left(\sum_{i=1}^{n} a_i x_{(i)}\right)^2}{\sum_{i=1}^{n}(x_i - \bar{x})^2}$$

Where:
W = Shapiro-Wilk test statistic
x (i) = i-th smallest value in the sample (ordered data)
x = sample mean
ai = constants based on sample size and expected values from a normal distribution
n = sample size

Ethical Considerations

The researcher strictly adheres with the Data Privacy Act of 2012 in the data gathering procedure. Furthermore, the researcher ensured the voluntary participation of the respondents. Anonymity, confidentiality, and privacy of all gathered information was maintained until the completion of the study. The study completely adhered to all ethical standards throughout the conduct of the study.

A cover letter was attached to the questionnaire to explain the details of the study including the nature and purpose, the potential subjects, and the proposed outcome of the research. Informed consent was attached on the questionnaire, stating that the respondents do not have obligation to accomplish the questionnaire and will not have negative consequences for it. All potential identifiers were eliminated in the questionnaire, hence, the confidentiality of the research participants was ensured and protected. The data gathered were stored in a secured physical locations or lockers with keys, which is only accessible to the researcher and authorized persons who are involved in the study. This ensured that the data gathered were protected against unauthorized access and disclosure.

After the completion of the study, the researcher will keep the research tool for 3-5 years, which is an enough time to allow for publication, audit or reviews, future references, or follow-up studies if applicable. Once the specific timeline for the tool storage is reached, the researcher will secure shredding methods to ensure that data is irretrievable and helps uphold promises of confidentiality.

RESULTS AND DISCUSSION

Part I. Demographic Profile of the Respondents

The profile of the outpatients is presented in terms of age, sex, highest educational attainment, total monthly income, frequency of hospital visits in a year, and type of outpatient services utilized.

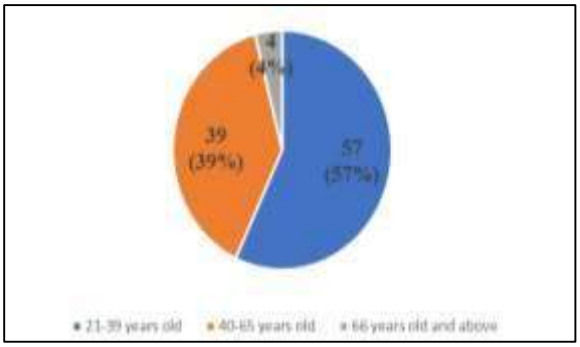


Figure 2. *Frequency- Percentage Distribution of the Respondents According to Age*

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Figure 2 presents the frequency and percentage distribution of the 100 respondents according to age. Majority of the respondents are in the age range of 21-39 years old with 57 respondents, equal to 57%. The least respondents are in the age range of 40-65 years old with 4 respondents, equal to 4%.

Age plays a significant role in shaping patients' perceived expectations and actual experiences with OPD services. Older adults often prioritize the quality of care, valuing thoroughness, empathy, and personalized interactions from healthcare providers. They may have heightened expectations for clear communication and consistent follow-up, as they frequently manage chronic conditions requiring ongoing care. On the other hand, younger patients tend to focus on efficiency and innovation, expecting timely services and access to digital tools for scheduling and follow-ups (Australian Government – Productivity Commission, 2024). Differences in these age-related preferences can impact how patients perceive the timeliness of services, with younger individuals being more sensitive to delays and older patients being more forgiving if they feel adequately cared for.

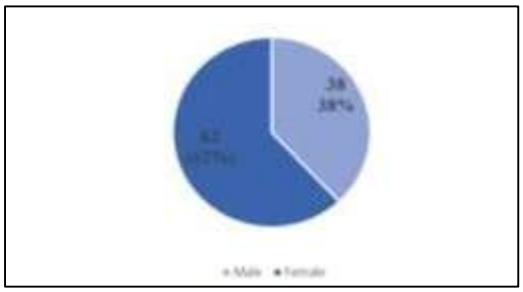


Figure 3. *Frequency- Percentage Distribution of the Respondents According to Sex*

Figure 3 shows the frequency and percentage distribution of the 100 respondents according to sex. Majority of the respondents are females, which represent 62 respondents or 62% of the total number of respondents.

The WHO provides extensive reports on global health disparities, and its focus on gender and health is a key part of understanding health inequities. According to WHO, women often experience more health challenges than men, primarily due to biological and social factors. They tend to live longer but also face greater health burdens as they age, resulting in more hospital visits and long-term care needs. The reproductive health needs (e.g., pregnancy, childbirth, menopause) also contribute to this. While men tend to have higher mortality rates at younger ages due to risky behaviors (e.g., smoking, alcohol use, workplace injuries), their healthcare utilization tends to be lower than that of women. Men are also less likely to seek medical help until their conditions become more severe (WHO, 2021).

Understanding these gender-based differences is vital for aligning OPD services to provide equitable, patient-centered care that meets the expectations of male and female patients (World Economic Forum, 2023).

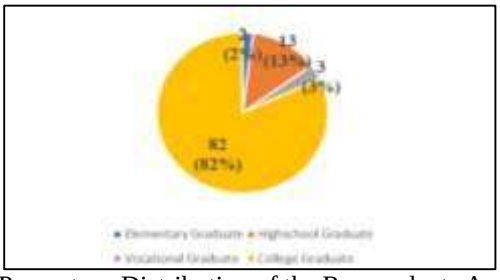


Figure 4. Frequency- Percentage Distribution of the Respondents According to Highest Educational Attainment

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Figure 4 highlights the frequency and percentage distribution of the 100 respondents according to the highest educational attainment of the outpatients. Majority of the respondents are college graduates, with 82 respondents or 82% of the total number of respondents. The least are elementary graduates, with 2 respondents or 2%. There are no respondents who have post-graduate studies.

As a marker of socioeconomic status, educational attainment has certain advantages over other measures such as income, occupation, and social support. Education is established early in life and is not subject to the same fluctuations over the life course, particularly for middle-aged and older adults (Ponce et al., 2021).

Patients with higher education levels often have a better understanding of medical procedures, healthcare systems, and their rights as patients, leading to higher expectations regarding the quality of care (Gagnon, 2024). They may seek evidence-based treatments, thorough explanations of their conditions, and active involvement in decision-making. Such patients also tend to value timeliness of service, as they are more likely to have professional or personal obligations that necessitate efficient healthcare delivery. On the other hand, individuals with lower educational attainment may prioritize basic accessibility and affordability, as their focus is often on immediate, practical healthcare needs rather than comprehensive care details.

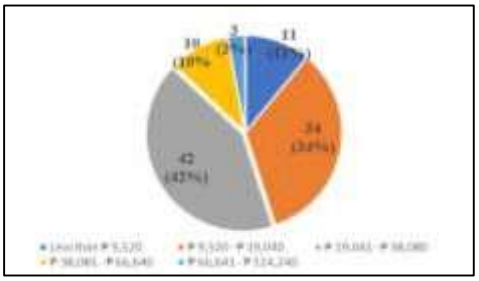


Figure 5. *Frequency- Percentage Distribution of the Respondents According to the Total Monthly Income*

Figure 5 depicts the frequency and percentage distribution of the 100 respondents according to the total monthly income. Majority of the respondents' total monthly income are in the range of ₱ 19,041 - ₱ 38,080 with 42 respondents or 42% of the total number of respondents. The least are in the income range of ₱ 66,641 - ₱ 114,240, with 3 respondents or the 3% of the total number of respondents.

Majority of the respondents belong to income group of lower middle income, wherein per capita incomes between twice the poverty line and four times the poverty line. The least respondents belong to income group of upper middle income, wherein per capita incomes between seven times the poverty line and 12 times the poverty line (PSA, 2018).

According to Watson (2024), income also impacts how patients perceive and prioritize cost, timeliness, and facilities. Higher-income patients are generally less sensitive to costs and are more likely to choose for private consultations or additional diagnostics to save time and ensure quality. They may also demand state-of-the-art facilities and comfortable waiting areas. On the other hand, lower-income patients are more sensitive to pricing and may compromise on advanced services or endure longer wait times if it means reducing expenses. They might prioritize facilities that offer affordability programs or government-subsidized care. Recognizing these differences is essential for aligning services to meet the varied expectations and needs of patients across income brackets.

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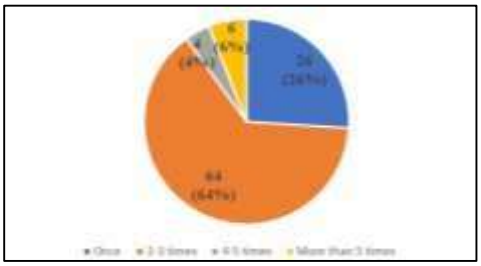


Figure 6. *Frequency- Percentage Distribution of the Respondents According to Frequency of Hospital Visits in a Year*

Figure 6 represents the frequency and percentage distribution of the 100 respondents according to the frequency of hospital visits in a year. Majority of the respondents have hospital visits for 2-3 times per year, or the 55% of the total number of respondents. Least respondents visit 4-5 times per year, with a total of 5 respondents or the 5% of the total number of respondents.

Frequent hospital visits also impact patients' expectations regarding cost and facilities. Regular visitors may seek value-for-money services, often expecting discounts, loyalty benefits, or more personalized care. They might also have higher expectations for well-maintained facilities, such as clean waiting areas and efficient systems, as they interact with these aspects more often (Raty, 2024). On the other hand, infrequent visitors may focus primarily on addressing immediate health concerns and could be less concerned with facility aesthetics or incremental costs. By understanding these variations, healthcare providers can enhance service delivery to meet the specific needs of both frequent and occasional visitors effectively.

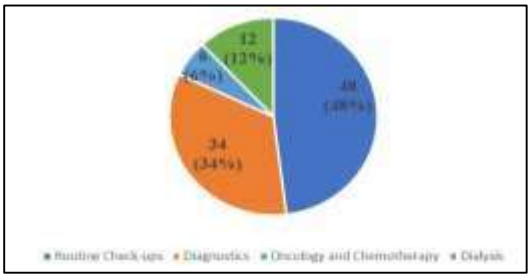


Figure 7. *Frequency- Percentage Distribution of the Respondents According to the Type of Outpatient Services Utilized*

Figure 7 shows the frequency and percentage distribution of the 100 respondents according to the type of outpatient services utilized. Majority of the respondents visited the hospital for routine check-ups, with 44 respondents or 44% of the total number of respondents. The least respondents visited the hospital for oncology and chemotherapy services, with 6 respondents or 6% of the total number of respondents.

According to DeParle et al. (2024), they often anticipate precise diagnostics, treatment plans, and specialized equipment, aligning their experiences with the hospital's capability to deliver such care. On the other hand, those utilizing general consultation or preventive services might prioritize timeliness and ease of access over the technical complexity of care. These variations highlight the importance of aligning service delivery to meet the specific needs of different outpatient categories.

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Table 2.*Summary of the Demographic Profile of the Respondents*

Demographic Variables	Category	Frequency	Percentage
Age	21-39 Years Old	57	57 percent
Sex	Female	62	62 percent
Highest Educational Attainment	College Graduates	82	82 percent
Total Monthly Income	₱ 19,041 - ₱ 38,080	42	42 percent
Frequency of Hospital Visits in a Year	2-3 Times	64	64 percent
Type of Outpatient Services Utilized	Routine Check-Ups	48	48 percent

The summary presented in Table 2 consolidates the key demographic characteristics of the 100 outpatient respondents. Most patients were aged 21–39 years (57%), female (62%), and college graduates (82%). These characteristics suggest that the outpatient population in the
study is predominantly composed of young to middle-aged adults with higher educational attainment and active participation in the healthcare system. The higher proportion of educated individuals likely correlates with greater awareness and expectations regarding healthcare quality, responsiveness, and communication, as suggested by Gagnon (2024). The predominance of female respondents aligns with WHO (2021) data, which shows women generally utilize healthcare services more frequently than men due to both biological and social factors, including reproductive health needs and longer life expectancy.

Additionally, the majority of respondents fall within the ₱19,041–₱38,080 monthly income range (42%), visit the hospital 2–3 times a year (64%), and primarily utilize routine check-up services (48%). This income range places most respondents within the lower-middle-income bracket, where patients tend to prioritize both affordability and service efficiency (Watson, 2024). The frequency of visits and the emphasis on routine check-ups suggest a population that engages in preventive care and general consultations rather than specialized services. This pattern is reflective of healthcare-seeking behaviors where affordability, accessibility, and convenience are highly valued, reinforcing the need for patient-centered outpatient services aligned to meet the expectations of both economically and demographically diverse populations (Raty, 2024).

Part II. Perceived Expectations of the Outpatients to the OPD Services

The perceived expectations on the outpatient services are presented in terms of quality of care (reliability, accuracy, responsiveness, and competency), timeliness of service, patient-provider interaction, physical elements of the services (facilities, staff appearance), and cost of services.

Table 3.*Perceived Expectations as to Reliability*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	I expect to receive the same quality of services during my visit at the OPD healthcare services.	1	4	20	75	3.69	Strongly Agree
2	I expect that there will be no delays in the healthcare services offered in the OPD.	1	0	28	71	3.69	Strongly Agree
3	I expect that my health concerns will be addressed with care and attention in the OPD.	1	1	13	85	3.74	Strongly Agree
Overall WAM						3.71	**Strongly Agree**

Legend:			
	3.26 – 4.00	Strongly Agree	Highest Weighted Arithmetic Mean
	2.51 – 3.25	Agree	
	1.76 – 2.50	Disagree	Lowest Weighted Arithmetic Mean
	1.00 – 1.75	Strongly Disagree	

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This table presents data on the perceived expectations of patients regarding the reliability of OPD healthcare services. The overall WAM is 3.71, which falls under the qualitative index of "Strongly Agree." This suggests that patients generally have high expectations when it comes to the reliability of services provided by the OPD. Such rating indicates confidence in the department's capacity to deliver consistent and dependable care. As highlighted by Gandolf (2024), reliability is one of the five key dimensions of service quality and plays a crucial role in forming patient expectations in healthcare settings.

A high overall WAM also implies that patients entering the OPD anticipate efficient, prompt, and consistent care. This aligns with the article of Ambula Health (2024) and Jenkins (2022) emphasizing that patients' perceived service reliability significantly affects their satisfaction and trust in healthcare institutions. The strong agreement reflected in the data may indicate previous positive encounters or the presence of institutional reputation and trust that shape patients' expectations even before service delivery.

Among the indicators, Item 3, *"I expect that my health concerns will be addressed with care and attention in the OPD,"* received the highest WAM of 3.74, interpreted as "Strongly Agree." This indicates that patients place the greatest importance on being heard and cared for attentively during their visits. In healthcare, the perception of attentiveness often correlates with feelings of empathy, compassion, and patient-centeredness (Tulane University, 2021). High expectations in this area highlight how crucial the interpersonal aspect of care is to patients' perception of reliability.

Furthermore, the highest WAM score implies that emotional reassurance and personalized attention are viewed as core elements of reliable service. When patients feel that their concerns are genuinely heard, it promotes a sense of safety and satisfaction, thus reinforcing their expectations for reliable care. This is consistent with Oster et al. (2024) and assertion of Raty (2024) that the manner in which healthcare providers interact with patients has a direct impact on perceived quality.

The lowest WAM in the table, shared by Item 1 and Item 2 (both with a WAM of 3.69), still falls within the "Strongly Agree" category. Item 1 refers to expectations of receiving the *same quality of services*, while Item 2 is about expectations that there will be *no delays* in service. While slightly lower, these scores suggest minor variations in emphasis, with patients perhaps being slightly less concerned about uniformity and timeliness compared to personalized attention.

Although these items have the lowest WAMs, they are still significantly high, reflecting that patients also strongly expect prompt and consistent services. This aligns with the SERVQUAL model, where reliability is defined not just by attentiveness, but also by dependability and timeliness of service (A'aqoulah et al., 2022). It is important for OPD administrators to recognize that even small deviations from expectations in these areas could negatively impact the overall perception of reliability.

Table 4 .*Perceived Expectations as to Accuracy*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	I expect that the staffs will ask for my personal data (name, birthdate, etc.) before proceeding with the laboratory tests and treatment.	85	13	1	1	3.82	Strongly Agree
2	I expect that the staffs and doctors will provide accurate information about my condition and treatment.	87	12	0	1	3.85	Strongly Agree
3	I expect that the overall quality of care will meet my expectations.	87	10	2	1	3.83	Strongly Agree
4	I expect the laboratory test results and treatment will be free from any lapses.	83	16	0	1	3.81	Strongly Agree
Overall WAM						**3.83**	**Strongly Agree**

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Legend:	3.26 – 4.00	Strongly Agree	Highest Weighted Arithmetic Mean
	2.51 – 3.25	Agree	
	1.76 – 2.50	Disagree	Lowest Weighted Arithmetic Mean
	1.00 – 1.75	Strongly Disagree	

This table presents patients' expectations regarding the accuracy of healthcare services in the Outpatient Department (OPD). The overall Weighted Arithmetic Mean (WAM) is 3.83, which corresponds to the qualitative index of "Strongly Agree." This indicates that patients have very high expectations concerning the accuracy of services they receive in the OPD, including proper identification, communication of information, and error-free procedures. Accuracy in healthcare is directly tied to patient safety and satisfaction, and the data suggest that patients perceive the OPD as a place where they can expect careful and precise care. According to St. George's University (2021) and PeaceHealth (2024), technical accuracy in the diagnosis and treatment process is a foundational component of healthcare quality.

A strong overall agreement further implies that patients rely heavily on the competence of healthcare professionals to provide exact and trustworthy service. Inaccuracies or lapses in service delivery could negatively affect the level of trust patients place in the healthcare system. Lopes et al. (2024) emphasized that perceived service quality, particularly in terms of reliability and accuracy, is a strong determinant of customer satisfaction in service settings, including healthcare. Therefore, this high WAM highlights the importance for OPD administrators and staff to consistently uphold standards that meet patient expectations for accuracy in all aspects of care.

Among the four indicators, Item 2, *"I expect that the staff and doctors will provide accurate information about my condition and treatment,"* recorded the highest WAM of 3.85, interpreted as "Strongly Agree." This result reflects that patients highly value the role of healthcare providers in offering correct, clear, and complete information about their medical
condition and management options. Effective communication not only enhances understanding but also empowers patients to participate in shared decision-making (Australian Government – Productivity Commission, 2024). This is essential in promoting trust and satisfaction within the patient-provider relationship.

Furthermore, high expectations for accurate information also signify a desire for transparency and clarity in healthcare delivery. Patients depend on providers not only for medical interventions but also for guidance that shapes their perception of care quality. When information is communicated correctly and comprehensively, patients feel more secure and respected, which is aligned with the principle of patient-centered care. Ensuring this accuracy in communication supports a key dimension of healthcare quality as defined by the Center on Society and Health (2015), emphasizing safety, effectiveness, and responsiveness.

The lowest WAM in the table is observed in Item 4, *"I expect the laboratory test results and treatment will be free from any lapses,"* with a score of 3.81, yet it still falls under the "Strongly Agree" category. This slightly lower score may suggest that while patients still have very high expectations regarding error-free results, there may be minor concerns or variability in perceived consistency in this area. Even though the difference is marginal, it may reflect underlying anxieties about laboratory accuracy and the potential consequences of diagnostic or procedural errors.

Despite being the lowest, this indicator remains critical. Laboratory results and treatment accuracy are essential for the effectiveness of medical care. According to Oster et al. (2024), patients' satisfaction is significantly affected by the accuracy of services, especially when outcomes directly impact their diagnosis or treatment plan. The expectation for error-free services highlights the need for continuous quality control and staff training in laboratory and clinical procedures, reinforcing the role of system reliability in shaping patients' trust in healthcare institutions.

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Table 5.*Perceived Expectations as to Responsiveness*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	I expect the staffs to be approachable and willing to assist whenever needed.	1	1	17	81	3.78	Strongly Agree
2	I expect that the staffs will respond quickly to emergencies or urgent concerns.	1	0	19	80	3.78	Strongly Agree
3	I expect that the staffs will address and entertain the questions and concerns without delays.	1	0	18	81	3.79	Strongly Agree
4	I expect that the staffs will be attentive of my needs during my visit.	1	1	13	85	3.82	Strongly Agree
Overall WAM						**3.79**	**Strongly Agree**

Legend:			
	3.26 – 4.00	Strongly Agree	Highest Weighted Arithmetic Mean
	2.51 – 3.25	Agree	
	1.76 – 2.50	Disagree	Lowest Weighted Arithmetic Mean
	1.00 – 1.75	Strongly Disagree	

This table presents data on patients' expectations concerning the promptness and willingness of OPD staff to assist and respond to their needs. The overall Weighted Arithmetic Mean (WAM) is 3.79, which corresponds to the qualitative index "Strongly Agree." This suggests that patients hold high expectations for the OPD staff's ability to respond promptly and attentively to their concerns. Responsiveness, as The Commonwealth Fund (2024) refers to the willingness to help customers and provide prompt service, making it a core component of perceived service quality. The high WAM underlines the belief that OPD staff should not only be capable but also quick to act in the face of patients' needs, emergencies, or inquiries.

This strong level of agreement emphasizes the value patients place on being acknowledged and helped in a timely manner during their healthcare interactions. In healthcare settings, responsiveness contributes to a sense of safety and care continuity. According to Zun et al. (2018), responsiveness, along with empathy and respect, is a fundamental element of patient-centered care. Hence, the high WAM reinforces the importance for healthcare institutions to uphold responsive practices, as these significantly shape positive patient experiences and perceptions of quality care.

The indicator with the highest WAM is Item 4, *"I expect that the staffs will be attentive of my needs during my visit,"* scoring 3.82, which is interpreted as "Strongly Agree." This suggests that attentiveness, being observant and proactive without requiring prompts from the patient, is a top expectation among OPD visitors. Such attentiveness reflects emotional intelligence and genuine concern, both of which promote trust and comfort. It also implies that patients expect healthcare workers to monitor their condition and respond even before concerns are verbalized.

Moreover, this finding aligns with Bhatt et al. (2024) and Sagar & Kumar (2022), where interpersonal aspects of care such as attention and respect are seen as central to quality. When healthcare providers demonstrate attentiveness, it creates a perception of personalized service, making patients feel valued and secure. High expectations in this area indicate that patients consider attentiveness not merely as a bonus but as an essential element of responsive care.

The lowest WAM is shared by Items 1 and 2, *"I expect the staffs to be approachable and willing to assist whenever needed"* and *"I expect that the staffs will respond quickly to emergencies or urgent concerns,"* both at 3.78, which still falls under "Strongly Agree." While these are marginally lower, they still reflect a strong consensus that approachability and rapid emergency response are expected in the OPD. These expectations are critical, especially in outpatient settings where immediate needs can arise unexpectedly and require swift action.

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Although slightly lower than the highest score, the expectations in Items 1 and 2 are significant, particularly as approachability contributes to the overall perception of accessibility and openness of staff. Quick emergency response, on the other hand, directly impacts patient safety and outcomes. As noted by Alnasser & Alotaibi's (2024), the timely response of healthcare providers significantly affects patient trust and satisfaction. Hence, despite their slightly lower WAM, these indicators remain vital and should be prioritized to maintain and exceed patient expectations for responsive care.

Table 6. *Perceived Expectations as to Competency*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	I expect that the staffs are confident with their knowledge and expertise.	1	0	15	84	3.82	Strongly Agree
2	I expect that the staffs are confident with their knowledge and expertise.	1	1	10	88	3.85	Strongly Agree
3	I expect that the staff is capable of providing high-quality care.	1	0	18	54	3.82	Strongly Agree
4	I believe the staff will work skillfully to provide timely services.	1	0	13	86	3.84	Strongly Agree
Overall WAM						**3.83**	**Strongly Agree**

Legend:			
	3.26 – 4.00	Strongly Agree	Highest Weighted Arithmetic Mean
	2.51 – 3.25	Agree	
	1.76 – 2.50	Disagree	Lowest Weighted Arithmetic Mean
	1.00 – 1.75	Strongly Disagree	

This table presents the data on patients' expectations regarding the knowledge, skills, and expertise of OPD staff in delivering quality care and services. The overall Weighted Arithmetic Mean (WAM) is 3.83, with a qualitative interpretation of "Strongly Agree." This result suggests that patients have very high expectations concerning the competency of healthcare staff. Competency, as a key domain of healthcare quality identified by the Ambula Health (2024), encompasses both technical expertise and interpersonal skills essential for effective and safe care. The high WAM reflects patients' confidence in the staff's ability to meet these standards and deliver appropriate, timely, and knowledgeable service. This strong agreement indicates that for most patients, staff competency is not just expected, it is a critical foundation for trusting the healthcare system.

Moreover, the consistent scores across all four indicators reinforce the idea that perceived competency is from technical proficiency and knowledge to confidence and skilled service delivery. As emphasized by Tine Health (2022), perceived clinical competence significantly affects how patients engage in and respond to healthcare interactions. The overall high rating calls for continued staff training and quality improvement programs to align with patient expectations and maintain trust in healthcare delivery.

The highest WAM is 3.85, recorded in Item 2: *"I expect that the staffs are confident with their knowledge and expertise,"* categorized as "Strongly Agree." This suggests that patients not only value competence itself but are especially attentive to the confidence with which staff demonstrate their expertise. Confidence, as perceived by patients, enhances credibility and assurance in care delivery. It plays a vital role in how patients judge professionalism and the reliability of the service provided.

This finding is consistent with studies by Kwon & Lee (2020), which found out that patients often equate clinical confidence with competence and are more likely to adhere to treatment plans when providers appear self-assured. When staff project confidence in their decisions and procedures, it helps patients feel more secure, reducing anxiety and improving the overall healthcare experience.

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The lowest WAM is shared by Items 1 and 3, both with a score of 3.82, still interpreted as "Strongly Agree." Item 1 refers to the staff's confidence in their knowledge and expertise, while Item 3 focuses on the staff's capability to provide high-quality care. Despite being slightly lower than the highest WAM, the difference is negligible, and the qualitative interpretation remains consistent. This reinforces that all dimensions of competency, whether confidence, skill, or quality of care, are regarded as essential and highly expected by patients.

These findings reflect the findings of Sagar & Kumar (2022) on nursing competence, which emphasizes that proficiency and expert-level care are developed through both experience and education. The fact that even the lowest-rated indicators remain strongly agreed
upon implies a consistently high standard expected across various competency aspects. OPD staff are thus expected not only to be knowledgeable but to apply that knowledge effectively, consistently, and confidently in every patient encounter.

Table 7. *Perceived Experiences as to Timeliness of Service*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	I believe that I will receive prompt assistance during my registration and initial check-in.	1	0	18	81	3.79	Strongly Agree
2	I expect to be attended to by a healthcare provider within a reasonable waiting time.	1	0	20	79	3.77	Strongly Agree
3	I trust that my scheduled appointment will be convenient and efficient.	1	0	19	80	3.78	Strongly Agree
4	I anticipate having experience of reasonable delays during my visit to the OPD.	2	1	21	76	3.71	Strongly Agree
5	I expect to finish my treatment or check-up within the expected timeframe.	1	0	11	88	3.86	Strongly Agree
Overall WAM						**3.78**	**Strongly Agree**

Legend:			
	3.26 – 4.00	Strongly Agree	Highest Weighted Arithmetic Mean
	2.51 – 3.25	Agree	
	1.76 – 2.50	Disagree	Lowest Weighted Arithmetic Mean
	1.00 – 1.75	Strongly Disagree	

This table highlights data on patients' expectations regarding how quickly and efficiently outpatient department (OPD) services are delivered during their visit. The overall Weighted Arithmetic Mean (WAM) of 3.78, interpreted as "Strongly Agree," reflects that patients generally hold high expectations regarding the timeliness of service in the OPD. This indicates that patients expect healthcare providers to deliver services promptly, from registration to consultation and treatment. Olejarczyk & Young (2024) and Saxena et al. (2024) emphasize the importance of reducing waits and potentially harmful delays. The high WAM suggests that the OPD is meeting this expectation or that patients perceive the system as efficient and responsive.

In line with this, timely service enhances patient satisfaction and influences treatment adherence. According to Shahzadi & Annayat (2024), long wait times are one of the most commonly cited causes of dissatisfaction in healthcare facilities. Hence, the strong agreement across indicators in this table underscores how crucial prompt service is to the overall patient experience and how it contributes to perceptions of organizational competence and respect for patient time.

The highest WAM is 3.86, found in Item 5: *"I expect to finish my treatment or check-up within the expected timeframe,"* with a qualitative index of "Strongly Agree." This indicates that patients prioritize the completion of their medical encounter within a reasonable and expected duration. The strong agreement

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reflects the value patients place on efficient service flow, from consultation to treatment, without unnecessary delays. It implies that prolonged service durations could lead to negative patient experiences, even if the care quality remains high.

This expectation is consistent with findings from Mesfin & Gintamo (2019), which highlight that the duration of care, not just the wait before it begins, significantly influences patient satisfaction. Efficient service completion suggests good coordination, proper scheduling, and effective staff performance, all of which enhance the perceived quality of care. Thus, facilities should ensure smooth transitions between service points to meet this key expectation.

The lowest WAM is 3.71, recorded in Item 4: *"I anticipate having experience of reasonable delays during my visit to the OPD,"* though still within the range of "Strongly Agree." This indicator reflects a realistic patient perspective: while delays are anticipated, they are expected to be reasonable and not excessive. Despite being the lowest, the strong agreement suggests that patients accept some degree of waiting time, provided it is justifiable and not disruptive to their schedules.

This aligns with the findings of Shahzadi & Annayat (2024), who noted that patients are more tolerant of wait times when they perceive communication to be clear and service flow to be fair. Hence, while timeliness is important, managing expectations through transparency and updates during delays can maintain high satisfaction levels. The relatively lower WAM in this case may serve as a prompt for continuous improvement in streamlining OPD processes.

Table 8. *Perceived Expectations as to Patient-Provider Interaction*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	I expect the staffs to introduce themselves before proceeding with the tests or treatment.	1	0	31	68	3.66	Strongly Agree
2	I believe that the healthcare provider will listen carefully to my concerns and questions.	1	0	18	81	3.79	Strongly Agree
3	I expect that the healthcare provider will explain my diagnosis and treatment plan clearly.	1	0	10	89	3.87	Strongly Agree
4	I believe that I will be treated with kindness and empathy by the healthcare provider.	1	0	13	86	3.84	Strongly Agree
5	I feel comfortable that I can discuss my health concerns with the healthcare provider.	1	0	13	86	3.84	Strongly Agree
Overall WAM						**3.80**	**Strongly Agree**

Legend:			
	3.26 – 4.00	Strongly Agree	Highest Weighted Arithmetic Mean
	2.51 – 3.25	Agree	
	1.76 – 2.50	Disagree	Lowest Weighted Arithmetic Mean
	1.00 – 1.75	Strongly Disagree	

This table presents the respondents' level of agreement with statements reflecting their expectations of how healthcare staff and providers interact with them during their visit. The overall Weighted Arithmetic Mean (WAM) of 3.80, interpreted as "Strongly Agree," indicates that patients hold high expectations for effective, respectful, and empathetic communication during patient-provider interactions. Strong communication is central to patient satisfaction and has been linked to improved health outcomes (Yakubu et al., 2023). The findings reflect a belief among patients that they will be treated with dignity, that their

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concerns will be heard, and that healthcare professionals will explain procedures and treatments thoroughly, thus promoting trust and shared decision-making.

These results also underscore the importance of relational aspects of care, not just technical competency. Patient-provider interaction goes beyond diagnosis and treatment; it involves building rapport, showing empathy, and offering reassurance, all of which significantly influence how patients perceive the quality of care. As Jackson (2024) emphasized, communication is not only a clinical skill but also a foundation for patient-centered care, making the high overall WAM an affirmation of patients' trust in these interpersonal aspects.

The highest WAM is 3.87, found in Item 3: *"I expect that the healthcare provider will explain my diagnosis and treatment plan clearly,"* with a qualitative index of "Strongly Agree." This reveals the importance patients place on understanding their health conditions and the steps involved in treatment. It highlights that patients are not passive recipients of care but active participants who value clear and understandable information. According to Bocchetti (2023), effective explanation by healthcare providers reduces patient anxiety and increases treatment adherence.

Clear communication regarding diagnosis and treatment helps set accurate expectations and improves patient engagement in decision-making. This expectation aligns with the principles of informed consent and autonomy, which are ethical pillars in clinical care. It also demonstrates that patients are looking for transparency, which contributes to both satisfaction and trust in the healthcare provider.

The lowest WAM is 3.66, seen in Item 1: *"I expect the staffs to introduce themselves before proceeding with the tests or treatment,"* though still interpreted as "Strongly Agree." While it remains a positive rating, the relatively lower mean suggests that this basic courtesy, staff introductions, might be less emphasized or inconsistently practiced. Yet, this aspect is vital in establishing rapport and setting the tone for respectful interaction. According to WHO (2017), the simple act of name introduction promotes trust and reduces patient anxiety, particularly in unfamiliar clinical settings.

This result serves as a reminder that even seemingly minor elements of interaction can impact the overall patient experience. Healthcare providers should be mindful that introductions are not merely formalities, they are foundational steps in initiating respectful and person-centered care. Therefore, facilities should reinforce this practice as part of standard communication protocols.

Table 9. *Perceived Expectations as to Facilities*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	I expect the waiting areas are cleaned, comfortable, and well-maintained.	1	0	16	83	3.81	Strongly Agree
2	I believe the medical equipment and tools that will be used during my visit will be modern and reliable.	1	0	13	86	3.84	Strongly Agree
3	I expect the OPD facilities will be accessible and user-friendly.	1	0	15	84	3.82	Strongly Agree
4	I feel certain that the overall environment of the OPD will promote comfort and safety.	1	0	11	88	3.86	Strongly Agree
5	I expect the adequate amenities (e.g., water, restrooms, signage) will be available in the OPD.	1	0	16	83	3.81	Strongly Agree
Overall WAM						**3.82**	**Strongly Agree**

Legend:			
	3.26 – 4.00	Strongly Agree	Highest Weighted Arithmetic Mean
	2.51 – 3.25	Agree	
	1.76 – 2.50	Disagree	Lowest Weighted Arithmetic Mean
	1.00 – 1.75	Strongly Disagree	

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This table reveals the respondents' perceptions of the outpatient department (OPD) environment, with emphasis on its cleanliness, accessibility, comfort, safety, and adequacy of equipment and amenities. The overall Weighted Arithmetic Mean (WAM) is 3.82, which corresponds to the qualitative index of "Strongly Agree." This result implies that patients have high expectations regarding the physical environment of the healthcare facility. They anticipate clean, well-maintained, and comfortable waiting areas, accessible facilities, and the availability of basic amenities such as water, restrooms, and clear signage. This expectation is consistent with the findings of Zhou et al. (2022), who emphasized that the tangibility of a healthcare environment significantly influences patient satisfaction and their perception of quality. A facility's environment serves as a visible indicator of care standards, and patients often interpret a clean, organized, and modern space as reflective of the quality of services provided.

In addition, the strong overall WAM highlights the increasing value that patients place not just on clinical care, but also on the holistic healthcare experience. The setting in which care is delivered plays a crucial role in reducing patient anxiety, enhancing comfort, and promoting healing. According to Sharma (2024), a well-designed healthcare environment contributes positively to patient outcomes by minimizing stress and facilitating smoother navigation and service delivery. As such, maintaining high-quality facilities should be a continuous priority for hospital administrators to meet and exceed patient expectations.

The highest WAM is 3.86, found in Item 4: *"I feel certain that the overall environment of the OPD will promote comfort and safety,"* which was rated "Strongly Agree." This suggests that among all facility-related indicators, patients are most concerned with the general sense of
comfort and safety within the OPD environment. This expectation highlights the importance of both physical and psychological aspects of care. A safe and comfortable environment can help alleviate fears, especially in vulnerable patients, and promote a sense of trust in the healthcare system. As noted by Edris et al. (2024), the physical surroundings, when designed to be patient-centered, can influence how patients perceive care quality, even before they interact with a healthcare provider.

Moreover, the emphasis on safety and comfort reflects patients' desire for an environment that supports their well-being throughout the healthcare journey. This includes features such as adequate ventilation, noise reduction, privacy, temperature control, and comfortable seating, all of which contribute to a more positive care experience. Ensuring these elements are consistently in place demonstrates the institution's commitment to high standards of care and its responsiveness to the needs of its patients.

On the other hand, the lowest WAM of 3.81 is observed in Items 1 and 5, namely: *"I expect the waiting areas are cleaned, comfortable, and well-maintained"* and *"I expect the adequate amenities (e.g., water, restrooms, signage) will be available in the OPD,"* both still interpreted as "Strongly Agree." While these values remain high, their slightly lower ratings may indicate that some patients have either experienced inconsistencies in these areas or have heard of lapses that affect their perceptions. Cleanliness and the availability of basic amenities are considered baseline expectations in any healthcare facility, and even minor deficiencies can negatively impact the patient experience.

The slight dip in rating for these items could be viewed as a call for regular maintenance and monitoring of facility standards. Simple yet essential aspects like having accessible water fountains, clean restrooms, and well-placed signage significantly contribute to a positive healthcare journey. As Mesfin & Gintamo (2019) asserts, the structure of care can directly influence the process and outcomes of care. Thus, healthcare institutions should prioritize continuous improvements in these areas, ensuring they meet not only functional but also emotional needs of patients through thoughtful facility design and maintenance.

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Table 10. *Perceived Expectations as to Staff Appearance*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	I expect that the staffs are wearing ID and appropriate uniform.	1	0	12	87	3.85	Strongly Agree
2	I expect that the staffs have well-groomed appearance.	1	0	13	86	3.84	Strongly Agree
3	I expect the staffs to look and behave professionally.	1	0	9	90	3.88	Strongly Agree
Overall WAM						**3.86**	**Strongly Agree**

Legend:			
	3.26 – 4.00	Strongly Agree	Highest Weighted Arithmetic Mean
	2.51 – 3.25	Agree	
	1.76 – 2.50	Disagree	Lowest Weighted Arithmetic Mean
	1.00 – 1.75	Strongly Disagree	

This table shows the perceptions of patients regarding their expectations on how healthcare staff should present themselves in terms of grooming, dress, and professional demeanor. The overall Weighted Arithmetic Mean (WAM) is 3.86, which falls under the qualitative index of "Strongly Agree", indicating that patients place high importance on the appearance of healthcare staff. This rating reflects a shared belief among patients that proper attire and personal grooming play a key role in establishing a professional image and maintaining hygiene in clinical settings. In healthcare, appearance is not merely about aesthetics; it influences perceptions of competence and can impact the patient's sense of safety and trust (Sharma, 2024; WHO, 2024).

A professional appearance serves as a non-verbal form of communication, signaling to patients that the staff are capable, responsible, and trustworthy. Uniforms, IDs, and grooming help distinguish roles and build organizational identity, contributing to patients' feelings of comfort and reassurance (Edris et al., 2024). Therefore, it is crucial for healthcare organizations to maintain strict dress code standards, as appearance forms a significant component of patients' expectations regarding quality care and safety.

The item with the highest WAM is 3.88, rated as "Strongly Agree", which corresponds to the indicator: *"I expect the staffs to look and behave professionally."* This highlights the dual emphasis patients place not only on visual presentation but also on behavior and demeanor. Professional behavior, such as respectful communication, active listening, and ethical conduct, combined with an appropriate appearance enhances the credibility and trustworthiness of healthcare workers (Sagar & Kumar, 2024).

Patients often interpret professional appearance and behavior as indicative of the staff's competence and the quality of the institution's services. When patients perceive staff as well-composed and courteous, their confidence in the healthcare process increases, leading to higher satisfaction and perceived quality of care (Alnasser & Alotaibi, 2024). Thus, maintaining both a professional look and conduct should be a core value embedded in healthcare training and institutional policies.

The lowest WAM is 3.84, still within the "Strongly Agree" category, and is associated with the indicator: *"I expect that the staffs have well-groomed appearance."* Although slightly lower than the other items, this result still confirms that patients hold strong expectations about the personal grooming of staff. Grooming standards, such as neat hair, clean uniforms, and good hygiene, directly affect perceptions of cleanliness and infection control practices (Kwon & Lee, 2020).

While professional grooming may seem like a basic expectation, its slightly lower rating compared to other indicators might suggest that patients prioritize broader professional conduct, like behavior and communication, more than appearance alone. Nonetheless, a well-groomed appearance remains an essential

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component of patient-centered care, reflecting the overall professionalism and respect for patients that institutions aim to uphold.

Table 11. *Perceived Experiences as to Cost of Services*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	I that the cost of the healthcare services provided will be reasonable and affordable.	1	0	27	79	3.77	Strongly Agree
2	I expect that there will be a transparency in the pricing and billing process.	1	1	16	82	3.79	Strongly Agree
3	I believe that the charges for my visit will be explained clearly before receiving the healthcare services.	1	1	14	84	3.81	Strongly Agree
4	I expect that the cost of the services will be equal to the quality of care I will receive.	1	1	18	80	3.77	Strongly Agree
5	I believe that there will be options available to reduce financial burdens, such as insurances, HMOs, help from social works or other payment option plans.	1	1	17	81	3.78	Strongly Agree
Overall WAM						**3.78**	**Strongly Agree**

Legend:			
	3.26 – 4.00	Strongly Agree	Highest Weighted Arithmetic Mean
	2.51 – 3.25	Agree	
	1.76 – 2.50	Disagree	Lowest Weighted Arithmetic Mean
	1.00 – 1.75	Strongly Disagree	

This table explores the patients' expectations regarding the affordability, transparency, and value-for-money of the healthcare services they anticipate receiving. The overall Weighted Arithmetic Mean (WAM) is 3.78, categorized as "Strongly Agree", which indicates that patients have a strong and unified expectation that healthcare costs will be fair, justified, and accompanied by clear financial information. This suggests a high level of concern and awareness among patients about healthcare affordability and their financial preparedness. According to the World Economic Forum (2023), financial accessibility is a key component of universal health coverage and contributes to positive patient experiences and health outcomes.

The patients' high expectations also reflect a growing demand for consumer-friendly healthcare systems where services are not only accessible but also economically manageable. When patients perceive costs to be transparent and aligned with service quality, their trust in the healthcare system increases, and they are more likely to seek timely care without fear of unexpected expenses (Bocchetti, 2023). This affirms the necessity for healthcare providers to communicate costs clearly and offer support mechanisms to ease financial burdens.

The item with the highest WAM is 3.81, with the qualitative index "Strongly Agree", relating to the statement: *"I believe that the charges for my visit will be explained clearly before receiving the healthcare services."* This implies that among the various cost-related aspects, clarity and communication of billing details prior to service delivery are the most valued by patients. This reinforces the principle of informed consent and financial transparency, which are essential in protecting patients' rights and preventing surprise billing issues (The Commonwealth Fund, 2024).

When patients are informed about expected costs beforehand, it does not only reduce anxiety but also helps them make informed decisions regarding their care. Clear financial communication promotes trust and enhances the perception of fairness, which is critical to overall satisfaction with healthcare services

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(Jackson, 2024). Thus, hospitals and outpatient departments must prioritize upfront billing explanations as part of patient-centered care.

The items with the lowest WAMs are 3.77, still classified under "Strongly Agree", corresponding to two indicators: *"I believe that the cost of the healthcare services provided will be reasonable and affordable"* and *"I expect that the cost of the services will be equal to the quality of care I will receive."* While these ratings remain very high, they reveal subtle concerns regarding the balance between cost and quality and the overall affordability of care.

This may reflect varying patient experiences or uncertainties about pricing consistency and value perception. Even though expectations remain optimistic, healthcare providers must ensure that service fees are justifiable and in alignment with perceived benefits. Affordability and perceived value are both essential to long-term patient satisfaction and healthcare system sustainability (Barnes et al., 2024).

Part III. Actual Experiences

The actual experiences on the outpatient services are presented in terms of quality of care (reliability, accuracy, responsiveness, and competency), timeliness of service, patient-provider interaction, physical elements of the services (facilities, staff appearance), and cost of services.

Table 12. *Actual Experiences as to Reliability*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	I received the same quality of services during my visit at the OPD healthcare services.	1	0	24	75	3.73	Strongly Agree
2	I experienced no delays in the healthcare services offered in the OPD.	1	2	34	63	3.59	Strongly Agree
3	My health concerns were addressed with care and attention in the OPD.	1	0	22	77	3.75	Strongly Agree
Overall WAM						**3.69**	**Strongly Agree**

Legend:			
	3.26 – 4.00	Strongly Agree	Highest Weighted Arithmetic Mean
	2.51 – 3.25	Agree	
	1.76 – 2.50	Disagree	Lowest Weighted Arithmetic Mean
	1.00 – 1.75	Strongly Disagree	

This table presents the patients' feedback regarding the consistency, promptness, and attentiveness of services provided at the Outpatient Department (OPD). The overall Weighted Arithmetic Mean (WAM) is 3.69, falling under the "Strongly Agree" category. This indicates that respondents were generally satisfied with the reliability of healthcare services they received. Patients perceived that services were consistently delivered with quality, and that their health concerns were addressed reliably. This aligns with the importance of reliability in healthcare settings, which emphasizes the ability of providers to perform the promised service dependably and accurately (Oster et al., 2024). A high perception of reliability strengthens patients' trust and loyalty, making them more likely to return and recommend the facility to others.

The strong agreement from respondents further suggests that the OPD staff managed to uphold professional standards and performance consistency, despite challenges often associated with outpatient services such as high patient volume and time constraints. Consistency in healthcare quality not only affects patient satisfaction but also contributes to better health outcomes and enhanced institutional reputation (A'aqoulah et al., 2022). Maintaining this level of reliability is crucial, particularly in primary and preventive care services where timely attention and follow-through are essential.

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The indicator with the highest WAM is 3.75, which states: *"My health concerns were addressed with care and attention in the OPD,"* and is categorized as "Strongly Agree." This result highlights that attentiveness and patient-centered care were notably appreciated by the respondents. Patients are highly valued being listened to and receiving services aligned to their individual health needs. When providers show genuine concern and attentiveness, patients are more likely to feel respected and valued, which enhances their overall experience (Raty, 2024).

This finding supports the view that interpersonal aspects of care, such as attentiveness, play a vital role in how patients perceive service reliability. Even in the presence of systemic limitations, showing care and ensuring patients are heard can compensate for minor operational lapses. It underscores the importance of maintaining compassion and personalized care in all patient interactions, reinforcing patient trust and confidence in the healthcare system.

The indicator with the lowest WAM is 3.59, which pertains to the statement: *"I experienced no delays in the healthcare services offered in the OPD."* Though it still falls under "Strongly Agree," it reveals the most concern among the respondents. This suggests that, relative to other aspects of reliability, timely service delivery remains an area needing improvement. Delays in healthcare provision, especially in outpatient settings, can negatively affect patient satisfaction and even compromise treatment efficacy in urgent cases (Alnasser & Alotaibi, 2024).

Patients place high expectations on prompt service, especially in OPD settings where time is a critical factor. Although the delays mentioned may not be severe, their presence can impact the perceived smoothness and efficiency of care. Healthcare facilities must consider workflow optimization, appropriate staffing, and patient scheduling systems to mitigate wait times and enhance this aspect of reliability. By addressing these concerns, OPDs can further elevate their service performance and responsiveness.

Table 13. *Actual Experiences as to Accuracy*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	The staffs asked for my personal data (name, birthdate, etc.) before proceeding with the laboratory tests and treatment.	1	2	19	78	3.74	Strongly Agree
2	The staffs and doctors provided accurate information about my condition and treatment.	1	0	26	73	3.71	Strongly Agree
3	The overall quality of care met my expectations.	1	0	28	71	3.69	Strongly Agree
4	The laboratory test results, and treatment was free from lapses.	1	3	23	73	3.68	Strongly Agree
Overall WAM						**3.71**	**Strongly Agree**

Legend:		
	3.26 – 4.00	Strongly Agree
	2.51 – 3.25	Agree
	1.76 – 2.50	Disagree
	1.00 – 1.75	Strongly Disagree

Highest Weighted Arithmetic Mean
Lowest Weighted Arithmetic Mean

This table presents the patients' actual experiences regarding the accuracy of personal data collection, communication of health information, quality of care, and the reliability of laboratory test results and treatment. The overall Weighted Arithmetic Mean (WAM) is 3.71, which falls under the "Strongly Agree" category. This suggests that respondents were generally satisfied with the accuracy of the services they received at the OPD. The fact that patients felt their personal data was accurately gathered before tests and treatments, and that information about their condition was conveyed clearly and accurately, speaks to

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the level of professionalism and attention to detail provided by the staff. Accuracy in healthcare is essential for ensuring proper treatment, and this result demonstrates that patients largely trusted the system in place to collect data and communicate important health information (Oster et al., 2024; Cox et al., 2024).

Moreover, the consistency of accurate information across different aspects of the patient experience, from data collection to treatment explanation, reinforces the trust patients place in the healthcare system. Such trust in the accuracy of processes is crucial, as errors in data or information can lead to incorrect diagnoses or treatment plans, which could have serious consequences for patient outcomes (Gagnon, 2024). Therefore, maintaining high accuracy standards in all aspects of care is vital to ensure patient safety and satisfaction.

The indicator with the highest WAM is 3.78, which states *"The staffs asked for my personal data (name, birthdate, etc.) before proceeding with the laboratory tests and treatment."* This finding suggests that the patients appreciated the diligence in ensuring correct personal data was collected before initiating medical procedures. This is a critical step in preventing errors related to patient identification, which is one of the leading causes of medical mistakes (Ren et al., 2021). Proper identification procedures help ensure that patients receive the correct treatment and tests, thus mitigating risks of adverse events.

The positive response to this indicator highlights the importance of accurate data collection in maintaining patient safety. The practice of confirming and verifying patient details is a foundational element of quality healthcare systems, and its consistent application helps prevent confusion or mishandling of patient information (Jenkins, 2022). By prioritizing this aspect, healthcare providers can improve patient confidence and satisfaction.

On the other hand, the indicator with the lowest WAM is 3.68, which refers to the statement *"The laboratory test results, and treatment was free from lapses."* While still categorized as "Strongly Agree," this suggests a slight concern about the potential for lapses in the accuracy of laboratory results or treatment delivery. Although respondents generally reported satisfaction with the accuracy of the services, the presence of minor lapses indicates room for improvement in ensuring that all healthcare procedures are carried out without errors. This might be related to factors such as human error, equipment malfunction, or communication breakdowns during the test or treatment phases (Chico et al., 2022).

Despite the high satisfaction with accuracy, healthcare facilities should remain vigilant in addressing any potential issues regarding the accuracy of laboratory tests and treatment. Continued staff training, regular equipment calibration, and clear communication among the healthcare team are critical in reducing errors and maintaining high levels of service accuracy (Francis et al., 2021). By focusing on these areas, healthcare providers can improve the overall reliability of their services and ensure that patients receive the highest quality care.

Table 14. *Actual Experiences as to Responsiveness*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	The staffs were approachable and assisted me whenever needed.	1	5	18	76	3.69	Strongly Agree
2	The staff responded quickly to emergencies or urgent concerns.	3	7	18	72	3.59	Strongly Agree
3	The staffs addressed my questions and concerns without delays.	1	2	19	78	3.74	Strongly Agree
4	The staffs were attentive to my needs during my visit.	1	4	17	78	3.72	Strongly Agree
Overall WAM						**3.69**	**Highly Satisfied**

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Legend:	3.26 – 4.00	Strongly Agree	Highest Weighted Arithmetic Mean
	2.51 – 3.25	Agree	
	1.76 – 2.50	Disagree	Lowest Weighted Arithmetic Mean
	1.00 – 1.75	Strongly Disagree	

This table presents the patients' actual experiences regarding the responsiveness of healthcare staff, focusing on their approachability, speed of response to emergencies, and attentiveness to patient needs. The overall Weighted Arithmetic Mean (WAM) is 3.69, which falls under the "Highly Satisfied" category. This indicates that patients were generally satisfied with the responsiveness of the healthcare staff. The responsiveness of healthcare providers is a key factor in ensuring positive patient experiences, as quick and effective responses to patient needs can significantly enhance patient satisfaction (Leonard & Needham, 2020). Patients who feel that their concerns are promptly addressed are more likely to trust the healthcare system and return for future care, which underscores the importance of efficient communication and quick action by staff members.

Moreover, the responsiveness of healthcare providers can be particularly crucial in emergency situations, where timely interventions can have significant implications for patient outcomes. By responding swiftly to patient needs, healthcare providers not only improve patient satisfaction but also contribute to better clinical outcomes and lower the likelihood of adverse events (Li et al., 2015). This highlights the importance of staff training and preparation to handle urgent situations effectively, ensuring that all patients receive the care they need when they need it.

The indicator with the highest WAM is 3.74, which refers to the statement *"The staff addressed my questions and concerns without delays."* This result suggests that patients generally felt that their inquiries were handled in a timely and efficient manner. Addressing patient concerns promptly is vital to promoting a sense of trust and ensuring that patients are fully informed about their care plans (Mesfin & Gintamo, 2019). The positive response to this indicator reflects the healthcare provider's success in managing patient communication, which is essential for maintaining high levels of patient satisfaction.

Timely responses to questions and concerns also reduce patient anxiety and ensure a smoother healthcare experience. Patients are more likely to feel confident in their care when they receive answers to their questions without unnecessary delays, indicating that the staff were well-trained and responsive to the patients' informational needs (Sreedhar et al., 2022). This finding suggests that the healthcare setting is successful in prioritizing patient communication and addressing concerns in a manner that reinforces patient trust and confidence.

On the other hand, the indicator with the lowest WAM is 3.59, which refers to the statement *"The staff responded quickly to emergencies or urgent concerns."* While still categorized as "Strongly Agree," this suggests that there may be some minor delays in addressing emergency or urgent concerns. Although patients generally reported that staff were responsive, the slightly lower score for this indicator indicates that there could be occasional lapses in handling urgent situations. Quick responses to emergencies are critical, as delays can lead to adverse outcomes, especially in cases of severe health crises (Alrasheedi et al., 2019).

While the overall feedback remains positive, the healthcare facility should focus on refining emergency response protocols and ensuring that staff are always prepared to handle urgent situations with the utmost efficiency. This might involve additional training, revising communication strategies, or enhancing resource availability to reduce response times in critical situations. Improving in this area can further elevate the healthcare experience for patients, ensuring both satisfaction and better clinical outcomes.

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Table 15. *Actual Experiences as to Competency*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	The staffs were confident with their knowledge and expertise.	2	4	20	74	3.66	Strongly Agree
2	The staffs were well-trained in their area of expertise.	1	2	21	76	3.72	Strongly Agree
3	The staffs were capable of providing high-quality care.	1	5	21	73	3.66	Strongly Agree
4	The staffs worked skillfully and provided timely services.	2	4	14	80	3.72	Strongly Agree
Overall WAM						**3.69**	**Strongly Agree**

Legend:			
	3.26 – 4.00	Strongly Agree	Highest Weighted Arithmetic Mean
	2.51 – 3.25	Agree	
	1.76 – 2.50	Disagree	Lowest Weighted Arithmetic Mean
	1.00 – 1.75	Strongly Disagree	

This table highlights the perceptions of patients regarding the competency of healthcare staff, particularly in terms of their expertise, training, skills, and ability to deliver quality and timely care. The overall Weighted Arithmetic Mean (WAM) is 3.69, which corresponds to the "Strongly Agree" category in the qualitative index. This indicates a generally favorable perception among respondents about the competency of the healthcare personnel. Competency is a critical factor in the delivery of effective healthcare services, encompassing knowledge, technical proficiency, and the ability to apply clinical judgment in diverse situations (Tine Health, 2022). The strong agreement shown in this rating suggests that the respondents observed a high level of professionalism and competence from the staff, enhancing their trust in the care they received.

Furthermore, competency in healthcare professionals plays a vital role not only in ensuring safe and accurate interventions but also in reinforcing patient satisfaction and confidence in the healthcare system. When patients perceive that healthcare staff are knowledgeable and skilled, they are more likely to adhere to medical advice and return for follow-up care (Tennant et al, 2023). The overall positive evaluation of staff competency reflects the facility's emphasis on employing well-qualified professionals and providing adequate training to maintain high standards of service delivery. The highest WAMs of 3.72 are found in two indicators *"The staffs were well-trained in their area of expertise"* and *"The staffs worked skillfully and provided timely services."*

This suggests that patients perceived staff to be both technically trained and able to deliver care in a timely and efficient manner. These findings underscore the importance of continuous professional development and skills training in maintaining a competent healthcare workforce (WHO, 2017). The ability to deliver care both skillfully and promptly is central to quality healthcare, which not only addresses clinical needs but also minimizes patient stress and wait times.

These high ratings also indicate that the healthcare facility has likely invested in training programs and maintained service delivery protocols to uphold the competence of their staff. Ensuring that staff are trained in evidence-based practices and time management can improve both patient outcomes and satisfaction (Francis et al., 2021). The dual focus on technical ability and timeliness reflects a balanced approach to healthcare that values both expertise and patient-centered efficiency.

The lowest WAMs, at 3.66, are shared by two indicators *"The staffs were confident with their knowledge and expertise"* and *"The staffs were capable of providing high-quality care."* While still falling under the "Strongly Agree" category, these slightly lower ratings suggest opportunities for growth in terms

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of staff self-assurance and consistency in delivering high-quality care. Confidence in one's professional capabilities is essential in healthcare, as it affects communication, decision-making, and patient interactions (Ambula Health, 2021). A lack of perceived confidence, even if minor, can influence how patients interpret the quality of care they receive.

This suggests that while patients generally view the staff as competent, there may be instances where staff members appear unsure or hesitant, which could affect patient perceptions. Addressing this may involve mentorship programs, reflective practice, or simulations that boost healthcare workers' confidence and reinforce their capacity to consistently deliver excellent care (Tulane University, 2021). Enhancing these dimensions of competency can help achieve a more consistently positive experience across all patient interactions.

Table 16. *Actual Experiences as to Timeliness of Service*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	I received prompt assistance during my registration and initial check-in.	1	3	18	78	3.73	Strongly Agree
2	I was attended to by the healthcare provider within a reasonable waiting time.	1	1	24	74	3.71	Strongly Agree
3	The scheduled appointment was convenient and efficient.	1	0	17	82	3.80	Strongly Agree
4	I anticipated reasonable delays during my visit to the OPD.	1	7	23	69	3.60	Strongly Agree
5	The treatment or check-up was finished within the expected timeframe.	1	4	29	66	3.60	Strongly Agree
Overall WAM						**3.69**	**Strongly Agree**

Legend:			
	3.26 – 4.00	Strongly Agree	Highest Weighted Arithmetic Mean
	2.51 – 3.25	Agree	
	1.76 – 2.50	Disagree	Lowest Weighted Arithmetic Mean
	1.00 – 1.75	Strongly Disagree	

This table presents respondents' perceptions on the promptness and efficiency of services they received in the Outpatient Department (OPD), covering aspects such as waiting time, appointment scheduling, and timeliness of treatment. The overall Weighted Arithmetic Mean (WAM) is 3.69, interpreted as "Strongly Agree" based on the qualitative index. This result reflects a high level of satisfaction among respondents concerning the timeliness of services provided. Timeliness is a critical component of healthcare quality, as recognized by the WHO (2021), which identifies timely care as essential to avoid harmful delays for both those who receive and those who give care. The data indicate that respondents generally felt that processes such as registration, consultations, and procedures occurred within an acceptable timeframe, contributing to a positive patient experience.

Moreover, this result suggests the facility has implemented systems or workflows that effectively manage patient flow, minimizing waiting time and promoting smooth service delivery. A timely response to healthcare needs is often associated with greater patient satisfaction, reduced anxiety, and improved treatment adherence (Olejarczyk & Young, 2024). The respondents' strong agreement implies that the OPD staff demonstrated efficiency in managing patient appointments and attending to medical concerns without excessive delays.

The highest WAM of 3.80 corresponds to the indicator *"The scheduled appointment was convenient and efficient."* This means patients found the appointment system to be user-friendly and well-organized. Convenience in scheduling is an important part of healthcare accessibility and is a growing

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concern in modern health systems aiming to be more patient-centered (PeaceHealth, 2024). Efficient scheduling helps ensure that patients are seen at their appointed times, which not only reduces wait times but also minimizes patient fatigue and frustration during visits.

Such a high score demonstrates that the healthcare facility may have optimized its appointment systems to reduce bottlenecks and improve coordination between administrative and clinical functions. In turn, this creates a perception of respect for patients' time and enhances their trust in the facility's operational competence. With the increasing importance of service quality in outpatient care, streamlined appointment systems are a vital component of perceived responsiveness and professionalism (WHO, 2024).

The lowest WAMs of 3.60 were recorded in two indicators: *"I anticipated reasonable delays during my visit to the OPD"* and *"The treatment or check-up was finished within the expected timeframe."* While still categorized as "Strongly Agree," these scores suggest a slight dip in patient experience regarding the predictability and duration of services. It may reflect that while patients acknowledged potential delays, there were still instances where services took longer than expected, possibly due to high patient volume or resource constraints.

This slight gap indicates an opportunity for improvement in aligning patient expectations with service delivery timeframes. As noted by Watson (2024), reducing perceived and actual wait times through strategies like time-slot appointments or digital queue systems can enhance patient satisfaction. While the results are still favorable, refining processes to reduce the occurrence of delays, even anticipated ones, can contribute to maintaining and improving the facility's performance in timeliness.

Table 17. *Actual Experiences as to Patient-Provider Interaction*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	The staffs introduced themselves first before proceeding with the tests or treatment.	1	4	24	71	3.65	Strongly Agree
2	I felt that the provider listened carefully to my concerns and questions.	1	2	25	72	3.68	Strongly Agree
3	The provider explained my diagnosis and treatment plan clearly.	1	3	14	82	3.77	Strongly Agree
4	I was treated with kindness and empathy by the healthcare provider.	1	2	13	84	3.80	Strongly Agree
5	I felt comfortable discussing my health concerns with the healthcare provider.	1	3	16	80	3.75	Strongly Agree
Overall WAM						**3.73**	**Strongly Agree**

Legend:			
	3.26 – 4.00	Strongly Agree	Highest Weighted Arithmetic Mean
	2.51 – 3.25	Agree	
	1.76 – 2.50	Disagree	Lowest Weighted Arithmetic Mean
	1.00 – 1.75	Strongly Disagree	

This table presents the respondents' perceptions regarding their interpersonal engagement with healthcare providers during their outpatient department (OPD) visits. The overall Weighted Arithmetic Mean (WAM) is 3.73, interpreted as "Strongly Agree", which indicates a high level of satisfaction with how patients were treated during their interactions with healthcare professionals. This suggests that patients felt listened to, respected, and cared for throughout their OPD experience. Strong patient-provider interaction is known to contribute to better patient satisfaction and improved health outcomes, as it builds trust and promotes open communication (The Health Foundation, 2024).

Such results reflect that healthcare providers in the OPD were consistently able to deliver person-centered care, which is a vital component of quality health services. Effective communication and

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professional rapport can encourage patients to share more accurate health information, adhere to treatment plans, and return for follow-up care (Sreedhar et al., 2022).

The strong rating in this area highlights a culture of professionalism and empathy in the facility's healthcare delivery system.

The highest WAM is 3.80, corresponding to the statement *"I was treated with kindness and empathy by the healthcare provider,"* which falls under the "Strongly Agree" category. This result indicates that respondents overwhelmingly felt emotionally supported during their clinical visit. Empathy in healthcare is essential, as it helps to alleviate patient anxiety and promotes a therapeutic alliance between patients and providers (Weissberg, 2016).

This finding suggests that healthcare professionals are not only clinically competent but are also able to deliver care in a compassionate and humanized manner. Demonstrating empathy enhances the overall patient experience, especially in outpatient settings where provider-patient interactions are typically brief. When patients feel cared for as individuals, it strengthens their confidence in the healthcare system and encourages better health-seeking behaviors (Barnes et al., 2024).

The lowest WAM, though still high at 3.65, is associated with the indicator *"The staffs introduced themselves first before proceeding with the tests or treatment,"* which also falls under the "Strongly Agree" category. While this score reflects general agreement, it may indicate a slight gap in consistency when it comes to professional introductions. Introducing oneself is a fundamental step in establishing trust and comfort, especially in first-time or brief encounters (Harun et al., 2017).

This slight dip suggests an area for minor improvement. Encouraging all OPD staff to introduce themselves as part of standard protocol could enhance the patient experience even further. A simple act such as stating one's name and role can promote a sense of respect and partnership, making patients feel acknowledged and involved in their care.

Table 18. *Actual Experiences as to Facilities*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	The waiting areas were clean, comfortable, and well-maintained.	1	4	19	76	3.70	Strongly Agree
2	The medical equipment and tools used during my visit were modern and reliable.	1	3	15	81	3.76	Strongly Agree
3	The OPD facilities were accessible and user-friendly.	1	3	16	80	3.75	Strongly Agree
4	The overall environment of the OPD promoted comfort and safety.	2	5	16	77	3.68	Strongly Agree
5	Adequate amenities (e.g., water, restrooms, signage) were available in the OPD.	1	6	11	82	3.74	Strongly Agree
Overall WAM						**3.73**	**Strongly Agree**

Legend:			
	3.26 – 4.00	Strongly Agree	Highest Weighted Arithmetic Mean
	2.51 – 3.25	Agree	
	1.76 – 2.50	Disagree	Lowest Weighted Arithmetic Mean
	1.00 – 1.75	Strongly Disagree	

This table illustrates the respondents' perceptions regarding the physical environment, equipment, and amenities provided by the Outpatient Department (OPD) during their visit. The overall Weighted Arithmetic Mean (WAM) is 3.73, with a qualitative index of "Strongly Agree," indicating a high level of patient satisfaction with the OPD facilities. This suggests that patients generally perceived the hospital environment as clean, safe, accessible, and conducive to comfort and recovery. A well-maintained

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healthcare setting contributes significantly to patient satisfaction, trust, and perceived quality of care, particularly in outpatient services where first impressions often shape the overall experience (WHO, 2024). In this context, the strong agreement across all facility-related indicators reflects positively on the institution's infrastructure management and attention to patient needs.

Moreover, the consistently high ratings imply that the OPD facilities supported patient care effectively, with minimal barriers to access or comfort. The availability of essential amenities such as clean restrooms, signage, and waiting areas enhances the patient experience by reducing stress, disorientation, and inconvenience (Sharma, 2024). These results underscore the hospital's success in creating a patient-centered environment, where the physical setting aligns with patients' expectations for quality and dignity in care delivery. Given that the environment of care can affect outcomes and satisfaction, it is essential that healthcare institutions maintain and continuously improve facility standards to match the growing demands of patient-centered care.

The highest WAM is 3.76, which corresponds to the indicator *"The medical equipment and tools used during my visit were modern and reliable,"* with a qualitative index of "Strongly Agree." This result implies that patients recognized and appreciated the use of updated, efficient, and trustworthy medical technologies during their treatment. Modern equipment not only enhances diagnostic accuracy and treatment efficacy but also assures patients of the institution's commitment to delivering high-quality care. When patients perceive that advanced tools are used in their care, it increases their confidence in the healthcare system and reduces anxiety related to outdated or malfunctioning technologies (Tine Health, 2022).

This finding reinforces the idea that the quality of medical equipment is a crucial component of patient satisfaction in outpatient services. Reliable and up-to-date tools help streamline procedures, reduce waiting time, and minimize diagnostic or therapeutic errors. Patients equate modern technology with safety and competence, making it an influential factor in their overall healthcare experience. The hospital's investment in technological infrastructure appears to be effectively recognized by patients, suggesting that this area is a strength worth maintaining and further enhancing.

The lowest WAM is 3.68, linked to the indicator *"The overall environment of the OPD promoted comfort and safety,"* which still falls under the "Strongly Agree" qualitative index. Despite being the lowest, this rating remains significantly high, indicating that the OPD is generally perceived as a safe and welcoming space, although there might be slight room for improvement in this domain. Factors such as lighting, noise levels, ventilation, and spatial arrangement may subtly influence a patient's perception of comfort and security, even if not always immediately articulated (Yakubu et al., 2023). Hence, although satisfaction is high, attention to small environmental details could further elevate this perception.

The slightly lower score may suggest that while major facility standards are being met, elements of ambient comfort or safety protocols could be enhanced for an optimal experience. For instance, ensuring consistent cleanliness, minimizing overcrowding, improving signage, or adding calming design elements could further strengthen patients' sense of ease and safety. As healthcare environments significantly affect patients' physical and emotional responses to care, continuous evaluation and feedback from users can help refine the design and operation
of OPD spaces (Bhatt et al., 2024). This result indicates that the hospital is already on the right path but should remain attentive to subtle environmental enhancements that support holistic patient care.

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Table 19. *Actual Experiences as to Staff Appearance*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	The staffs were wearing ID and appropriate uniform.	1	5	24	70	3.63	Strongly Agree
2	The staffs have well-groomed appearance.	2	5	18	75	3.66	Strongly Agree
3	The staffs looked and behaved professionally.	1	3	14	82	3.77	Strongly Agree
Overall WAM							**Strongly Agree**

Legend:			
	3.26 – 4.00	Strongly Agree	Highest Weighted Arithmetic Mean
	2.51 – 3.25	Agree	
	1.76 – 2.50	Disagree	Lowest Weighted Arithmetic Mean
	1.00 – 1.75	Strongly Disagree	

This table presents the respondents' perceptions regarding the professional appearance, grooming, and proper identification of healthcare staff during their OPD visit. The overall Weighted Arithmetic Mean (WAM) is 3.69, with a corresponding qualitative index of "Strongly Agree." This indicates that patients were generally satisfied with how the staff presented themselves in terms of attire, grooming, and professionalism. A clean, uniformed, and identifiable appearance is essential in healthcare settings as it reflects discipline, promotes trust, and reassures patients of the institution's professionalism (Sharma, 2024). The positive evaluation shows that staff members maintained a standard of appearance that aligned with patient expectations and institutional protocols.

Moreover, appropriate appearance contributes not only to visual appeal but also to patient comfort and perceptions of safety. When patients see that the staff are well-groomed and in proper uniform, it sends a message of preparedness, organization, and credibility. This favorable impression reinforces a positive healthcare experience and may even influence patient compliance and cooperation during their treatment (Tennant et al, 2023). The overall "Strongly Agree" rating is therefore a good indicator that the facility maintains a professional culture that values appearance as part of holistic care delivery.

The highest WAM is 3.77, which corresponds to the indicator *"The staffs looked and behaved professionally."* This reflects a strong agreement among patients that the healthcare staff demonstrated professionalism not only through their appearance but also through their behavior. Professionalism encompasses demeanor, body language, and communication, and plays a key role in establishing rapport and confidence with patients (WHO, 2021). When patients perceive staff to be professional, they are more likely to feel respected, valued, and safe, which positively affects their overall satisfaction with care.

Additionally, professional conduct combined with appropriate appearance promotes an environment of trust and competence. The high score suggests that patients encountered staff who were courteous, respectful, and efficient, qualities that reinforce the ethical standards of healthcare practice (Center on Society and Health, 2015). Maintaining this level of professionalism should be a continued priority, as it is essential in creating a healing environment and promoting strong patient-provider relationships.

The lowest WAM is 3.63, attributed to the indicator *"The staffs were wearing ID and appropriate uniform."* Although it is the lowest among the three, it still falls under "Strongly Agree," indicating generally positive feedback. This slight dip may suggest that while most staff adhered to dress code policies, there might have been occasional lapses or inconsistencies in ID visibility or uniform standards. Wearing identification badges and standard uniforms is a basic yet vital aspect of healthcare service as it helps patients easily recognize healthcare personnel and feel more secure during interactions (WHO, 2024; Ambula Health, 2024).

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While the rating remains favorable, institutions should ensure continuous monitoring and reinforcement of uniform and ID compliance to avoid any potential confusion or discomfort among patients. Consistency in visual identification is particularly important in busy outpatient settings where multiple staff interact with patients. A clear, standardized appearance policy can further enhance the sense of structure, authority, and approachability expected in professional healthcare environments.

Table 20. *Actual Experiences as to Cost of Services*

No.	Indicators	Frequency				WAM	Qualitative Index
		1	2	3	4		
1	The cost of the services provided were reasonable and affordable.	1	5	25	69	3.62	Strongly Agree
2	There was a transparency in the pricing and billing process.	1	5	22	72	3.65	Strongly Agree
3	The charges for my visit were explained clearly before receiving the services.	1	5	18	76	3.69	Strongly Agree
4	The cost of the services was equal the quality of care I received.	1	5	21	73	3.66	Strongly Agree
5	There were options available to reduce financial burdens, such as insurances, HMOs, help from social works, or other payment plans.	1	4	24	71	3.65	Strongly Agree
Overall WAM						**3.65**	**Strongly Agree**

Legend:			
	3.26 – 4.00	Strongly Agree	Highest Weighted Arithmetic Mean
	2.51 – 3.25	Agree	
	1.76 – 2.50	Disagree	Lowest Weighted Arithmetic Mean
	1.00 – 1.75	Strongly Disagree	

This table outlines the respondents' perceptions regarding the affordability, transparency, and fairness of healthcare service costs during their Outpatient Department (OPD) visits. The overall Weighted Arithmetic Mean (WAM) is 3.65, which is interpreted as "Strongly Agree." This indicates that patients generally perceived the cost of healthcare services to be fair, transparent, and commensurate with the quality of care they received. Cost is a significant determinant of patient satisfaction and access to healthcare services, especially in public and semi-public healthcare institutions (Lopes et al., 2024). The strong agreement reflects positively on the institution's efforts to make healthcare financially accessible and ensure that charges are properly explained and justified.

Moreover, this finding supports the notion that financial aspects of healthcare, when managed transparently and with affordability in mind, contribute significantly to overall patient satisfaction. The provision of cost-effective services, supported by insurance or government assistance programs, can reduce patient anxiety and increase the likelihood of seeking future care (Watson, 2024). By achieving a high WAM, the facility demonstrates a commitment to equitable care and responsiveness to the economic constraints of patients, thereby promoting trust and long-term patient engagement.

The highest WAM is 3.69, which corresponds to the indicator *"The charges for my visit were explained clearly before receiving the services."* This suggests that respondents strongly agreed on the importance and practice of upfront communication about fees. Providing patients with a clear understanding of service costs before treatment begins is a critical component of financial transparency, helping them make informed decisions and avoid unexpected financial strain (Bocchetti, 2023). This also reflects well on staff training and administrative practices related to patient communication.

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This clarity in financial communication promotes a more respectful and collaborative relationship between providers and patients. When patients are made aware of the exact costs, they are more likely to feel respected and empowered. Furthermore, this practice may reduce dissatisfaction and complaints related to billing, which can often sour the overall healthcare experience even when clinical care is satisfactory (The Commonwealth Fund, 2024). The institution's ability to clearly explain charges thus directly enhances the perception of professionalism and ethical responsibility in healthcare delivery.

The lowest WAM is 3.62, linked to the indicator *"The cost of the services provided were reasonable and affordable."* Although this is the lowest among the five indicators, it still falls within the "Strongly Agree" range. This slight dip may suggest that while most patients found the costs manageable, a few may have felt burdened, possibly due to the variability in personal financial situations or lack of access to financial assistance programs. Cost remains a common barrier to healthcare access, especially in lower-income populations (Jackson, 2024).

Nevertheless, achieving a high score in this area suggests that the facility has generally succeeded in offering services at rates that most patients perceive as fair. Maintaining affordability while ensuring quality care is a challenging but essential goal in healthcare systems, particularly in public or government-subsidized settings. The institution may consider expanding financial support programs or promoting awareness about existing options like insurance and payment plans to bridge the gap for those who may still feel the economic strain.

Part IV. Significant Differences in the Perceived Expectations of the Outpatients on the OPD Services When Grouped According to Profile

Table 21. *Test of Normality and Test of Homogeneity of Variances Results on the perceived expectations of the outpatients to the OPD services when grouped according to Age.*

Perceived Expectations	Test of Normality	Test of Homogeneity	Statistical Tool
Reliability	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Accuracy	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Responsiveness	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Competency	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Timeliness of Service	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Patient-Provider Communication	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Facilities	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Staff Appearance	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Cost of Services	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Overall	**Not normal**	**Homogenous**	**Non- Parametric (Kruskal-Wallis)**

This table shows the Test of Normality results, indicating that the perceived expectations are not normally distributed. This suggests that a parametric approach may not be suitable for analysis. Additionally, the Test of Homogeneity of Variances confirms that variance levels across age groups are homogeneous, meaning there is consistency in variance across the different categories. Given the non-normal distribution of data, a non-parametric test, specifically the Kruskal-Wallis test has been utilized to ensure appropriate evaluation of differences among age groups without relying on assumptions of normality.

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Table 22. *Significant Difference on Perceived Experiences When Grouped According to Age*

Variables Being Compared		df	Mean	H- value	p- value	Decision	Impression at 0.05 level of significance
Reliability	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.70 $x_{2=}$ 3.74 $x_{3=}$ 3.50	5.317	0.150	Failed to reject Ho	Not Significant
Accuracy	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.82 $x_{2=}$ 3.81 $x_{3=}$ 4.00	1.817	0.611	Failed to reject Ho	Not Significant
Responsiveness	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.82 $x_{2=}$ 3.72 $x_{3=}$ 4.00	1.881	0.597	Failed to reject Ho	Not Significant
Competency	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.88 $x_{2=}$ 3.74 $x_{3=}$ 4.00	1.334	0.721	Failed to reject Ho	Not Significant
Timeliness of Service	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.82 $x_{2=}$ 3.71 $x_{3=}$ 3.95	3.659	0.301	Failed to reject Ho	Not Significant
Patient-Provider Communication	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.83 $x_{2=}$ 3.74 $x_{3=}$ 4.00	0.915	0.822	Failed to reject Ho	Not Significant
Facilities	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.85 $x_{2=}$ 3.77 $x_{3=}$ 4.00	2.883	0.410	Failed to reject Ho	Not Significant
Staff Appearance	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.89 $x_{2=}$ 3.79 $x_{3=}$ 4.00	3.916	0.271	Failed to reject Ho	Not Significant
Cost of Services	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.81 $x_{2=}$ 3.74 $x_{3=}$ 3.90	3.874	0.275	Failed to reject Ho	Not Significant
Overall	**$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above**	**2**	**$x_{1=}$ 3.82 $x_{2=}$ 3.75 $x_{3=}$ 3.93**	**2.665**	**0.446**	**Failed to reject Ho**	**Not Significant**

This table presents the significant difference in patients' perceived experiences when grouped according to age categories, 21–39 years old, 40–65 years old, and 66 years old and above, across various service quality indicators. Statistical analysis using the Kruskal-Wallis H test revealed that all variables have p-values greater than 0.05, indicating no significant difference in patient perceptions based on age. For example, Reliability with p = 0.150 (M= x1: 3.70, x2: 3.74, x3: 3.50; H= 5.317), Accuracy with p = 0.611 (M= x1: 3.82 , x2: 3.81, x3: 4.00 ; H= 1.817), and Responsiveness with p = 0.597 (M= x1: 3.82 , x2:

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3.72, x3: 4.00; H= 1.881) all led to the decision to fail to reject the null hypothesis (Ho), suggesting that the level of agreement on these variables is consistent across age groups.

The results for Competency with p = 0.721 (M= x1: 3.88, x2: 3.74, x3: 4.00; H= 1.334) and Timeliness of Service with p = 0.301 (M= x1: 3.82, x2: 3.71, x3: 3.95; H= 3.659) further affirm this uniformity, indicating that the perceived skills and promptness of care providers are similarly appreciated across different age demographics. Likewise, Patient-Provider Communication with p = 0.822 (M= x1: 3.83, x2: 3.74, x3: 4.00; H= 0.915) showed no significant variation, reflecting a standard of communication that effectively meets the needs of both younger and older patients. These findings align with literature stating that when healthcare services are patient-centered and standardized, age-related differences in perception tend to diminish (Tulane University, 2021).

Additional indicators such as Facilities with p = 0.410 (M= x1: 3.85, x2: 3.77, x3: 4.00; H= 2.883, Staff Appearance with p = 0.271 (M= x1: 3.89, x2: 3.79, x3: 4.00; H= 3.916), and Cost of Services with p = 0.275 (M= x1: 3.81, x2: 3.74, x3: 3.90; H= 3.874) also failed to yield statistically significant differences. This suggests that the healthcare institution provides a uniformly maintained physical environment, consistent professional appearance among staff, and fair, transparent pricing strategies that are positively viewed by all age groups. Research supports that perceived fairness and consistency in healthcare delivery contribute to higher patient satisfaction across diverse populations (The Commonwealth Fund, 2024).

Finally, the overall comparison of patient experience by age yielded a p-value of 0.446 (M= x1: 3.82, x2: 3.75, x3: 3.93; H= 2.665), again supporting the decision to fail to reject Ho, confirming that no significant differences exist in overall patient satisfaction by age. This implies that the institution's healthcare delivery system is effective in providing equitable, high-quality services to patients regardless of age. Such findings underscore the value of adopting inclusive healthcare practices that meet the universal expectations of patients across all demographics (Zun et al., 2018; Li et al., 2015). The absence of significant difference highlights a well-implemented patient experience framework that ensures consistency and quality in service delivery.

Table 23.*Test of Normality and Test of Homogeneity of Variances Results on the perceived expectations of the outpatients to the OPD services when grouped according to sex.*

Perceived Expectations	Test of Normality	Test of Homogeneity	Statistical Tool
Reliability	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Accuracy	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Responsiveness	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Competency	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Timeliness of Service	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Patient-Provider Communication	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Facilities	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Staff Appearance	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Cost of Services	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Overall	**Not normal**	**Homogenous**	**Non- Parametric (Mann-Whiney)**

This table shows the Test of Normality and Test of Homogeneity of Variances Results on the perceived expectations of outpatients regarding OPD services when grouped according to sex. The Test of Normality indicates that all perceived expectations, Reliability, Accuracy, Responsiveness, Competency, Timeliness of Service, Patient-Provider Communication, Facilities, Staff Appearance, and Cost of Services, are not normally distributed, suggesting that a parametric approach may not be suitable for analysis. The Test of Homogeneity of Variances confirms that variances across male and female respondents are homogeneous, meaning that variance levels remain consistent between the two groups. Given the non-

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normal distribution of data, a non-parametric test, specifically the Mann-Whitney U test, has been chosen for further analysis of differences between male and female respondents' perceptions of OPD services.

Table 24. *Significant Differences on Perceived Expectations When Grouped According to Sex*

Variables Being Compared		Mean	U- value	p- value	Decision	Impression at 0.05 level of significance
Reliability	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.78 $x_{2=}$ 3.66	890.5	0.016	Failed to reject Ho	Not Significant
Accuracy	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.80 $x_{2=}$ 3.85	1146	0.749	Failed to reject Ho	Not Significant
Responsiveness	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.78 $x_{2=}$ 3.79	1151	0.791	Failed to reject Ho	Not Significant
Competency	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.85 $x_{2=}$ 3.83	1085.5	0.326	Failed to reject Ho	Not Significant
Timeliness of Service	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.84 $x_{2=}$ 3.75	973	0.069	Failed to reject Ho	Not Significant
Patient-Provider Communication	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.79 $x_{2=}$ 3.80	1085	0.425	Failed to reject Ho	Not Significant
Facilities	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.79 $x_{2=}$ 3.85	1102	0.471	Failed to reject Ho	Not Significant
Staff Appearance	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.84 $x_{2=}$ 3.87	1098.5	0.399	Failed to reject Ho	Not Significant
Cost of Services	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.79 $x_{2=}$ 3.78	1075.5	0.330	Failed to reject Ho	Not Significant
Overall	**$x_{1=}$ Male $x_{2=}$ Female**	**$x_{1=}$ 3.81 $x_{2=}$ 3.80**	**980.5**	**0.144**	**Failed to reject Ho**	**Not Significant**

This table presents the results of testing for significant differences in perceived expectations between male and female respondents across various service quality indicators, such as Reliability, Accuracy, Responsiveness, Competency, Timeliness of Service, Patient-Provider Communication, Facilities, Staff Appearance, Cost of Services, and the Overall perception. In this case, none of the variables showed statistically significant differences at the 0.05 significance level, as all p-values exceeded 0.05. For example, while Reliability with p = 0.016 (M= x1: 3.78, x2: 3.66; U= 890.5) was close to the level, it failed to reach significance, indicating no substantial difference in the way males and females perceive the reliability of the services provided.

Similarly, Accuracy with p = 0.749 (M= x1: 3.80, x2: 3.85; U= 1146), Responsiveness with p = 0.791 (M= x1: 3.78, x2: 3.79; U= 1151), and Competency with p = 0.326 (M= x1: 3.85, x2: 3.83; U= 1085.5) demonstrated no significant differences in how males and females rated these aspects of healthcare services. Despite the minor differences in mean scores, the p-values indicated that these differences were not statistically significant. This suggests that both sexes share similar expectations regarding the accuracy,

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responsiveness, and competence of healthcare providers, which aligns with previous studies suggesting minimal gender-based differences in these aspects of healthcare quality (Bowers et al., 2018).

Indicators such as Timeliness of Service with p = 0.069 of (M= x1: 3.84, x2: 3.75; U= 973) and Patient-Provider Communication with p = 0.425 (M= x1: 3.79, x2: 3.80; U= 1084) also showed no significant differences between males and females. Even though males reported a slightly higher mean score for Timeliness of Service (3.84) compared to females (3.75), the difference was not statistically significant. The results for Patient-Provider Communication were also close, with both sexes reporting very similar expectations for communication quality, supporting the notion that effective communication is equally valued by both sexes in healthcare settings (Ambula Health, 2024; Tennant et al, 2023).

Finally, the Facilities with p = 0.471 (M= x1: 3.79, x2: 3.85; U= 1102), Staff Appearance with p = 0.399 (M= x1: 3.84, x2: 3.87; U= 1098.5), and Cost of Services with p = 0.330 (M= x1: 3.79, x2: 3.78; U= 1075.5) also showed no significant differences, with mean scores that were nearly identical between males and females. The lack of significant differences in these areas suggests that both male and female respondents have similar expectations regarding the physical environment, staff professionalism, and the affordability of services. These findings underscore that, at least in this context, sex does not appear to be a significant factor in shaping patient expectations of healthcare services.

Table 25. *Test of Normality and Test of Homogeneity of Variances Results on the perceived expectations of the outpatients to the OPD services when grouped according to highest educational attainment.*

Perceived Expectations	Test of Normality	Test of Homogeneity	Statistical Tool
Reliability	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Accuracy	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Responsiveness	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Competency	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Timeliness of Service	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Patient-Provider Communication	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Facilities	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Staff Appearance	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Cost of Services	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Overall	**Not normal**	**Homogenous**	**Non- Parametric (Kruskal-Wallis)**

This table shows the Test of Normality and Test of Homogeneity of Variances Results on the perceived expectations of outpatients regarding OPD services when grouped according to highest educational attainment. The Test of Normality results indicate that all perceived expectations, Reliability, Accuracy, Responsiveness, Competency, Timeliness of Service, Patient-Provider Communication, Facilities, Staff Appearance, and Cost of Services, are not normally distributed, meaning a parametric approach is not suitable for analysis. The Test of Homogeneity of Variances confirms that variances among different educational attainment groups are homogeneous, indicating consistent variance levels across categories. Since the data do not follow a normal distribution but maintains homogeneity, a non-parametric test, specifically the Kruskal-Wallis test, was chosen to analyze differences in perceived expectations across educational attainment groups.

This table presents the analysis of significant differences in perceived expectations across four groups based on educational attainment such as Elementary, Highschool, Vocational, and College. For each variable, a Kruskal-Wallis H-test was performed, and all p-values were greater than the 0.05 level, indicating that there were no statistically significant differences in expectations across the educational groups. For instance, when comparing Reliability with p = 0.150 (M= x1: 3.67, x2: 3.85, x3: 3.33, x4: 3.71; H= 5.317), Accuracy with p = 0.611 (M= x1: 4.00, x2: 3.90,x3: 4.00, x4: 3.80; H= 1.817), and Responsiveness with p = 0.597 (M= x1:4.00 , x2: 3.85, x3: 4.00, x4: 3.77; H= 1.881), the results show no

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significant variation in how individuals with different levels of education perceive these aspects of healthcare services. Despite varying mean scores across the groups, these differences were not substantial enough to reject the null hypothesis.

The same trend is observed for Competency with p = 0.721 (M= x1: 4.00, x2: 3.90, x3: 4.00, x4: 3.81; H= 1.334), Timeliness of Service with p = 0.301 (M= x1: 4.00, x2: 3.94, x3: 3.67, x4: 3.76; H= 3.659), and Patient-Provider Communication with p = 0.822 (M= x1: 4.00, x2: 3.82, x3: 3.87, x4: 3.79; H= 0.915). In each of these variables, the educational groups had similar expectations regarding the competency of healthcare providers, the timeliness of service, and the quality of communication. These results suggest that individuals, regardless of their educational background, maintain similar expectations for these aspects of healthcare services. Previous studies also support the idea that factors like education may not strongly influence expectations for fundamental healthcare service qualities, such as communication and service efficiency (Gagnon, 2024; Australian Government – Productivity Commission, 2024).

For other indicators such as Facilities with p = 0.410 (M= x1: 4.00, x2: 4.95, x3: 3.87, x4: 3.80; H= 2.883), Staff Appearance with p = 0.271 (M= x1: 4.00, x2: 4.00, x3: 3.89, x4: 3.83; H= 3.916), and Cost of Services with p = 0.275 (M= x1: 4.00, x2: 3.91, x3: 3.53, x4: 3.77; H= 3.874), no significant differences were found across educational groups. While the Cost of Services variable showed some differences in mean scores, the variation was not statistically significant, suggesting that educational attainment does not substantially affect individuals' expectations regarding the physical environment, staff appearance, or the affordability of healthcare services. This is consistent with findings that socioeconomic status, rather than education per se, might play a more significant role in shaping perceptions of service costs and quality (World Economic Forum, 2023).

The Overall perception of healthcare services with p = 0.446 (M= x1: 3.96, x2: 3.90, x3: 3.80, x4: 3.78; H= 2.665), also showed no significant difference across the educational groups. The mean scores for overall perception were relatively close among all groups, indicating that people, regardless of their education level, tended to rate the overall quality of healthcare services similarly. These results suggest that, at least in this study, education does not appear to be a significant factor influencing general expectations of healthcare quality, aligning with previous research that emphasized other variables may have more influence.

Table 27. *Test of Normality and Test of Homogeneity of Variances Results on the perceived expectations of the outpatients to the OPD services when grouped according to total monthly income.*

Perceived Expectations	Test of Normality	Test of Homogeneity	Statistical Tool
Reliability	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Accuracy	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Responsiveness	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Competency	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Timeliness of Service	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Patient-Provider Communication	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Facilities	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Staff Appearance	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Cost of Services	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Overall	**Not normal**	**Homogenous**	**Non- Parametric (Kruskal-Wallis)**

This table presents the Test of Normality and Test of Homogeneity of Variances Results on the perceived expectations of outpatients regarding OPD services when grouped according to total monthly income. The Test of Normality results indicate that all perceived expectations, Reliability, Accuracy,

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Responsiveness, Competency, Timeliness of Service, Patient-Provider Communication, Facilities, Staff Appearance, and Cost of Services, are not normally distributed, suggesting that a parametric approach may not be suitable for analysis. Meanwhile, the Test of Homogeneity of Variances confirms that variances across different income levels are homogeneous, meaning variance levels remain consistent among the income groups. Since the data do not follow a normal distribution, but maintains homogeneity, a non-parametric test, specifically the Kruskal-Wallis test, was chosen to further analyze differences in perceived expectations across total monthly income categories.

This table presents the results of the Kruskal-Wallis H-test, which was conducted to assess significant differences in perceived expectations across five groups based on Total Monthly Income, less than ₱9,520, ₱9,520 - ₱19,040, ₱19,041 - ₱38,080, ₱38,081 - ₱66,640, and ₱66,641 - ₱114,240. For each variable, such as Reliability, Accuracy, Responsiveness, Competency, Timeliness of Service, Patient-Provider Communication, Facilities, Staff Appearance, Cost of Services, and the Overall perception of services, the results indicated no statistically significant differences, with p-values exceeding the 0.05 level. This suggests that individuals across different income groups tend to perceive these elements of healthcare services in a similar manner, regardless of their income level.

For instance, in the case of Reliability with p = 0.052 (M= x1: 3.39, x2: 3.87, x3: 3.71, x4: 3.53, x5: 3.44; H= 9.378), Accuracy with p = 0.215 (M= x1: 3.64, x2: 3.93, x3: 3.82, x4: 3.80, x5: 3.58; H= 5.797), and Responsiveness with p = 0.105 (M= x1: 3.66, x2: 3.91, x3: 3.77, x4: 3.80, x5: 3.25; H= 7.657), although there were slight differences in the mean scores, these variations were not large enough to suggest a significant impact of income level on expectations for these factors. Similarly, Competency with p = 0.052 (M= x1: 3.70, x2: 3.94, x3: 3.81, x4: 3.85, x5: 3.33; H= 9.394), Timeliness of Service with p = 0.436 (M= x1: 3.67, x2: 3.85, x3: 3.75, x4: 3.86, x5: 3.53; H= 3.788), and Patient-Provider Communication with p = 0.318 (M= x1: 3.51, x2: 3.90, x3: 3.77, x4: 3.86, x5: 3.93; H= 4.710) also showed no significant differences, reinforcing the idea that people's expectations for healthcare quality remain consistent across income groups.

Furthermore, for variables like Facilities with p = 0.223 (M= x1: 3.64, x2: 3.96, x3: 3.80, x4: 3.74, x5: 3.67; H= 5.694), Staff Appearance with p = 0.437 (M= x1: 3.67, x2: 3.96, x3: 3.83, x4: 3.87, x5: 3.78; H= 3.780), and Cost of Services with p = 0.331 (M= x1: 3.58, x2: 3.88, x3: 3.75, x4: 3.82, x5: 3.73; H= 4.595), no significant differences were found, indicating that people from various income backgrounds have similar expectations regarding the physical environment, the appearance of healthcare staff, and the costs associated with healthcare services. The Overall perception with p = 0.241 (M= x1: 3.61, x2: 3.91, x3: 3.78, x4: 3.79, x5: 3.58; H= 9.581) of healthcare services also did not show significant differences, suggesting that despite variations in income, individuals tend to rate the overall quality of healthcare services similarly. These results highlight that income level does not appear to significantly shape general expectations of healthcare, and it may not be as influential a factor in shaping patients' perceptions as other elements like type of outpatient services utilized.

These findings suggest that people, irrespective of their monthly income, hold comparable expectations for various aspects of healthcare, indicating a general consensus on the importance of quality service, communication, and facilities (Sharma, 2024; WHO, 2017). It could imply that, for the most part, patients prioritize service attributes similarly, regardless of financial status. This insight could be valuable for healthcare providers seeking to improve service delivery across different socioeconomic groups.

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Table 29. *Test of Normality and Test of Homogeneity of Variances Results on the perceived expectations of the outpatients to the OPD services when grouped according to frequency of hospital visits in a year.*

Perceived Expectations	Test of Normality	Test of Homogeneity	Statistical Tool
Reliability	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Accuracy	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Responsiveness	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Competency	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Timeliness of Service	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Patient-Provider Communication	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Facilities	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Staff Appearance	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Cost of Services	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Overall	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)

This table presents the Test of Normality and Test of Homogeneity of Variances Results on the perceived expectations of outpatients regarding OPD services when grouped according to frequency of hospital visits in a year. The Test of Normality results indicate that all perceived expectations, Reliability, Accuracy, Responsiveness, Competency, Timeliness of Service, Patient-Provider Communication, Facilities, Staff Appearance, and Cost of Services, are not normally distributed, meaning a parametric approach is not suitable for analysis. Meanwhile, the Test of Homogeneity of Variances confirms that variances among respondents grouped by hospital visit frequency are homogeneous, indicating consistent variance levels across categories. Since the data do not follow a normal distribution but maintain homogeneity, a non-parametric test, specifically the Kruskal-Wallis test, was chosen to analyze differences in perceived expectations across hospital visit frequency groups.

This table reveals that the perceived expectations related to Reliability, Accuracy, Responsiveness, Competency, Patient-Provider Communication, Facilities, Staff Appearance, Cost of Services, and the Overall healthcare experience did not show significant differences when grouped according to the frequency of hospital visits in a year. For most variables, the p-values exceeded the 0.05 level, indicating that the frequency of hospital visits (once, 2–3 times, 4–5 times, and more than 5 times per year) does not significantly influence patients' expectations in these areas. This suggests that, regardless of how often individuals visit healthcare facilities, their perceptions of essential service qualities like reliability, accuracy, and communication remain relatively constant (Dayrit et al., 2018). In other words, the number of visits patients make to the hospital does not seem to alter their expectations regarding the fundamental aspects of care they receive.

For example, both Reliability with p = 0.086 (M= x1: 3.80, x2: 3.71, x3: 3.53, x4: 3.67; H= 6.591) and Accuracy with p = 0.058 (M= x1: 3.82, x2: 3.87, x3: 3.85, x4: 3.72; H= 7.464) showed slight differences in mean scores but failed to reach statistical significance. Similarly, Responsiveness with p = 0.126 (M= x1: 3.82, x2: 3.84, x3: 3.55, x4: 3.71; H= 5.715) and Competency with p = 0.125 (M= x1: 3.82, x2: 3.89, x3: 3.70, x4: 3.74; H= 5.747) were also not significantly affected by visit frequency, indicating that patients who visit the hospital occasionally or frequently share similar expectations regarding how promptly and competently they expect to be treated. Other factors such as Facilities with p = 0.250 (M= x1: 3.81, x2: 3.88, x3: 3.84, x4: 3.71; H= 4.106), Staff Appearance with p = 0.267 (M= x1: 3.82, x2: 3.89, x3: 3.93, x4: 3.78; H= 3.953), and Cost of Services with p = 0.771 (M= x1: 3.80, x2: 3.80, x3: 3.73, x4: 3.78; H= 1.126)

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showed no significant variation, reinforcing the idea that repeated exposure to healthcare environments does not significantly impact the way patients assess these aspects of service delivery. Overall, with p = 0.20 (M= x1: 3.81, x2: 3.84, x3: 3.73, x4: 3.72; H= 10.927) these results suggest that patients, irrespective of their frequency of hospital visits, maintain similar expectations across these dimensions of healthcare services (Lopes et al., 2024).

In contrast, Timeliness of Service with p = 0.028 (M= x1: 3.80, x2: 3.83, x3: 3.56, x4: 3.70; H= 9.109) was the only variable to show a significant difference based on the frequency of hospital visits. This finding indicates that the number of times a patient visits a healthcare
facility within a year does influence their expectations regarding how timely the services are. Those who visit more frequently might have a more refined understanding of how healthcare services are provided, possibly leading to more heightened expectations for timely care (Oster et al., 2024; Raty, 2024). The lower mean scores for individuals visiting the hospital 4-5 times or more than 5 times suggest that frequent visitors might be more critical of delays in service, reflecting their more consistent experiences with the healthcare system.

Furthermore, while Timeliness of Service stands out as the only variable with a statistically significant difference, it underscores a crucial element of healthcare delivery. For patients who visit healthcare facilities more regularly, their expectation for quicker services may be more developed compared to those who visit less often. This could be linked to their familiarity with the system, and the greater frequency of encounters may raise their awareness of delays or inefficiencies. It may also suggest that hospitals should focus on improving efficiency and reducing waiting times for frequent visitors, as these individuals likely place a higher value on prompt service (Olejarczyk & Young, 2024). The findings from this significant result could serve as a guide for healthcare facilities aiming to meet the evolving expectations of patients who are repeat visitors.

Table 31. *Dunn Bonferroni Test Results in finding the Significant Difference on the perceived expectations of the outpatients to the OPD services across Frequency of Hospital Visits*

Variables	Mean	p – value	Decision	Impression at 0.05 level of significance
4-5 times-More than 5 times	$X_{3=}$ 3.73 $X_{4=}$ 3.72	.737	Failed to reject Ho	Not significant
4-5 times-2-3 times	$X_{3=}$ 3.73 $X_{2=}$ 3.84	.214	Failed to reject Ho	Not significant
4-5 times-Once	$X_{3=}$ 3.73 $X_{1=}$ 3.81	.032	Reject Ho	Significant
More than 5 times-2-3 times	$X_{4=}$ 3.72 $X_{2=}$ 3.84	1.000	Failed to reject Ho	Not significant
More than 5 times-Once	$X_{4=}$ 3.72 $X_{1=}$ 3.81	.240	Failed to reject Ho	Not significant
2-3 times-Once	$X_{2=}$ 3.84 $X_{1=}$ 3.81	.693	Failed to reject Ho	Not significant

The Dunn Bonferroni test results in this table reveal that, except for one comparison, there were no significant differences in perceived expectations regarding outpatient department (OPD) services across the frequency of hospital visits. Specifically, the comparisons between 4-5 times and more than 5 times, 4-5 times and 2-3 times, and more than 5 times and 2-3 times showed p-values greater than 0.05, indicating that patients' expectations of OPD services were consistent regardless of the frequency of their visits. The p-values of 0.737, 0.214, and 1.000, respectively, suggest that the differences in perceived expectations across these groups were not statistically significant. This suggests that for individuals who visit the hospital either

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occasionally or frequently, their expectations regarding the quality of services provided in the OPD remained relatively similar.

However, the comparison between 4-5 times and once (p = 0.032) stands out as statistically significant. This indicates that patients who visit the hospital 4-5 times a year had significantly different perceptions of OPD services compared to those who visit only once a year. The mean score for the group visiting 4-5 times was 3.73, while the group visiting once had a slightly higher mean of 3.81, revealing a statistically significant difference in their expectations. This finding suggests that frequent visitors to the OPD may have heightened expectations or a more critical view of the services, potentially due to their recurring experiences with the healthcare system (Zhou et al., 2022). It implies that hospitals could benefit from addressing the concerns of frequent visitors by enhancing service quality or streamlining processes to better meet their needs.

Table 32. *Test of Normality and Test of Homogeneity of Variances Results on the perceived expectations of the outpatients to the OPD services when grouped according to type of outpatient utilized*

Perceived Expectations	Test of Normality	Test of Homogeneity	Statistical Tool
Reliability	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Accuracy	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Responsiveness	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Competency	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Timeliness of Service	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Patient-Provider Communication	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Facilities	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Staff Appearance	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Cost of Services	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Overall	**Not normal**	**Homogenous**	**Non- Parametric (Kruskal-Wallis)**

This table presents the Test of Normality and Test of Homogeneity of Variances Results on the perceived expectations of outpatients regarding OPD services when grouped according to the type of outpatient utilized. The Test of Normality results indicate that all perceived expectations, Reliability, Accuracy, Responsiveness, Competency, Timeliness of Service, Patient-Provider Communication, Facilities, Staff Appearance, and Cost of Services, are not normally distributed, meaning that a parametric approach is not suitable for analysis. Meanwhile, the Test of Homogeneity of Variances confirms that variances among different types of outpatients are homogeneous, suggesting that variance levels remain consistent across outpatient categories. Since the data do not follow a normal distribution but maintains homogeneity, a non-parametric test, specifically the Kruskal-Wallis test, was chosen to analyze differences in perceived expectations across outpatient types.

The results in this table indicate that there were no statistically significant differences in perceived expectations across different types of outpatient services for the variables Accuracy with p = 0.151 (M= x1: 3.85, x2: 3.74, x3: 3.96, x4: 3.93; H= 5.301), Patient-Provider Communication with p = 0.283 (M= x1: 3.81, x2: 3.74, x3: 3.83, x4: 3.91; H= 3.807), and Cost of Services with p = 0.051 (M= x1: 3.80, x2: 3.65, x3: 4.00, x4: 3.97; H= 7.751). These p-values exceeded the 0.05 level of significance, suggesting that regardless of whether patients received routine check-ups, diagnostic services, oncology treatments, or dialysis, their expectations in terms of accuracy of services, communication with healthcare providers, and the cost of services remained generally uniform (Gandolf, 2024; Berkman et al., 2021). This consistency may be attributed to standardized hospital protocols in these areas or common patient experiences across departments. It implies that patients tend to have similarly moderate to high expectations for clear

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information, accurate service delivery, and reasonable pricing, regardless of the type of outpatient care they receive.

In contrast, significant differences in patient expectations were found across various outpatient service types for several key service dimensions, including Reliability with p = 0.004 (M= x1: 3.74, x2: 3.56, x3: 4.00, x4: 3.86; H= 13.206), Responsiveness with p = 0.005 (M= x1: 3.85, x2: 3.64, x3: 3.83, x4: 3.98; H= 12.804), Competency with p = 0.005 (M= x1: 3.88, x2: 3.71, x3: 3.83, x4: 4.00; H= 12.702), and Timeliness of Service with p < 0.001 (M= x1: 3.82, x2: 3.61, x3: 4.00, x4: 4.00; H= 17.219). Patients receiving Oncology and Chemotherapy or Dialysis services reported higher expectations than those undergoing Routine Check-ups or Diagnostics. For instance, in terms of *reliability*, oncology patients had the highest mean score (4.00), indicating heightened expectations for consistent, dependable care, likely due to the critical nature of their treatment. Similarly, the high responsiveness score among dialysis patients (3.98) suggests they expect swift attention, possibly due to the urgency and frequency of their treatment schedules (Alrasheedi et al., 2019).

Competency and Timeliness of Service also stood out, with dialysis patients again assigning top scores (4.00) in both areas. This reflects a high demand for well-trained personnel and strict adherence to schedules, which are essential in chronic care management. The same pattern was evident among oncology patients, who rely on timely and expertly delivered interventions to manage complex health conditions. These significant differences imply that as patients engage with more specialized or life-sustaining outpatient services, their expectations rise especially concerning the technical competence of healthcare workers and the promptness of care (Ambula Health, 2024; Center on Society and Health, 2015).

Additionally, Facilities with p = 0.013 (M= x1: 3.84, x2: 3.73, x3: 4.00, x4: 3.97; H= 10.699), Staff Appearance with p = 0.015 (M= x1: 3.86, x2: 3.73, x3: 4.00, x4: 3.97; H= 10.462), and Overall Expectations with p = 0.004 (M= x1: 3.83, x2: 3.68, x3: 3.94, x4: 3.96; H= 13.249) also showed significant variation. Oncology and dialysis patients again expressed the highest levels of expectation, likely due to their extended and frequent interactions with the healthcare system. A clean, professional environment and well-presented staff are likely associated with higher perceived quality and safety, which these patients prioritize (DeParle et al., 2024; Ambula Health, 2024). The overall expectation score being highest among oncology (3.94) and dialysis (3.96) patients underscores the need for hospitals to ensure that all outpatient departments, especially those serving critical cases, maintain exceptional standards in both clinical and support services.

Table 34. *Dunn Bonferroni Test Results in finding the Significant Difference on the perceived expectations of the outpatients in terms of Reliability to the OPD services across types of services utilized.*

Variables	Mean	p – value	Decision	Impression at 0.05 level of significance
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Routine Check-ups	$X_{2=}$ 3.56 $X_{1=}$ 3.74	.049	Reject Ho	Significant
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Dialysis	$X_{2=}$ 3.56 $X_{4=}$ 3.86	.051	Failed to reject Ho	Not significant
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Oncology and Chemotherapy	$X_{2=}$ 3.56 $X_{3=}$ 4.00	.052	Failed to reject Ho	Not significant
Routine Check-ups-Dialysis	$X_{1=}$ 3.74 $X_{4=}$ 3.86	1.000	Failed to reject Ho	Not significant
Routine Check-ups-Oncology and Chemotherapy	$X_{1=}$ 3.74 $X_{3=}$ 4.00	1.000	Failed to reject Ho	Not significant
Dialysis-Oncology and Chemotherapy	$X_{4=}$ 3.86 $X_{3=}$ 4.00	1.000	Failed to reject Ho	Not significant

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The non-significant findings from the Dunn Bonferroni test suggest that, overall, there were no substantial differences in the perceived expectations of reliability among outpatients utilizing Dialysis, Oncology and Chemotherapy, or Routine Check-up services when compared to each other. For instance, comparisons between Dialysis and Oncology (p = 1.000), Routine Check-ups and Dialysis (p = 1.000), and even Diagnostics compared to Dialysis (p = 0.051) and Oncology (p = 0.052) did not yield statistically significant results. These results imply that patients seeking care in these more specialized or routine areas have relatively consistent expectations regarding the dependability and consistency of services. This may reflect uniform hospital protocols and staff reliability across departments, especially for critical and regular services like dialysis and oncology treatment.

However, the significant result emerged specifically in the comparison between Diagnostics and Routine Check-ups, with a p-value of 0.049, indicating a statistically significant difference at the 0.05 level. This suggests that patients undergoing routine check-ups (mean = 3.74) had higher expectations of reliability compared to those availing of diagnostic services (mean = 3.56). This difference could stem from the direct interaction patients have with healthcare providers during check-ups, where consistent and attentive service is expected, versus the more technical and equipment-driven nature of diagnostics, which may feel less personalized (Berkman et al., 2021). The finding emphasizes the need for improvement in the perceived reliability of diagnostic services, possibly by enhancing coordination, patient guidance, and timely communication of results.

Table 35. *Dunn Bonferroni Test Results in finding the Significant Difference on the perceived expectations of the outpatients in terms of Responsiveness to the OPD services across types of services utilized*

Variables	Mean	p – value	Decision	Impression at 0.05 level of significance
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Routine Check-ups	$X_{2=}$ 3.64 $X_{1=}$ 3.85	1.000	Failed to reject Ho	Not significant
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Dialysis	$X_{2=}$ 3.64 $X_{4=}$ 3.98	.008	Reject Ho	Significant
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Oncology and Chemotherapy	$X_{2=}$ 3.64 $X_{3=}$ 3.83	.039	Reject Ho	Significant
Routine Check-ups-Dialysis	$X_{1=}$ 3.85 $X_{4=}$ 3.98	1.000	Failed to reject Ho	Not significant
Routine Check-ups-Oncology and Chemotherapy	$X_{1=}$ 3.85 $X_{3=}$ 3.83	1.000	Failed to reject Ho	Not significant
Dialysis-Oncology and Chemotherapy	$X_{4=}$ 3.98 $X_{3=}$ 3.83	1.000	Failed to reject Ho	Not significant

The comparison results show no significant difference in the perceived expectations of outpatients regarding responsiveness when utilizing services such as routine check-ups versus diagnostics (p = 1.000), routine check-ups versus dialysis (p = 1.000), routine check-ups versus oncology and chemotherapy (p = 1.000), and dialysis versus oncology and chemotherapy (p = 1.000). These findings suggest that outpatients generally hold similar expectations in terms of responsiveness regardless of whether they are availing routine consultations or more intensive treatments like dialysis and chemotherapy. This consistent level of expectation may be attributed to a shared standard of patient-centered communication and promptness across outpatient services.

However, a significant difference in perceived responsiveness was found between patients utilizing diagnostic services and those undergoing dialysis (p = 0.008), as well as between diagnostic services and oncology and chemotherapy (p = 0.039). These results indicate that patients undergoing more complex or prolonged treatments like dialysis and chemotherapy tend to expect higher levels of responsiveness from

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healthcare providers compared to those availing diagnostic services (Leonard & Needham, 2020). The elevated expectations in these groups may stem from the critical nature of their conditions and the necessity for timely, attentive, and continuous care. This underscores the need for aligned communication strategies and service improvements in diagnostic units to meet the elevated expectations observed in more vulnerable patient groups.

Table 36. *Dunn Bonferroni Test Results in finding the Significant Difference on the perceived expectations of the outpatients in terms of Competency to the OPD services across types of services utilized*

Variables	Mean	p – value	Decision	Impression at 0.05 level of significance
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Routine Check-ups	$X_{2=}$ 3.71 $X_{1=}$ 3.88	1.000	Failed to reject Ho	Not significant
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Dialysis	$X_{2=}$ 3.71 $X_{4=}$ 4.00	.015	Reject Ho	Significant
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Oncology and Chemotherapy	$X_{2=}$ 3.71 $X_{3=}$ 3.83	.021	Reject Ho	Significant
Routine Check-ups-Dialysis	$X_{1=}$ 3.88 $X_{4=}$ 4.00	1.000	Failed to reject Ho	Not significant
Routine Check-ups-Oncology and Chemotherapy	$X_{1=}$ 3.88 $X_{3=}$ 3.83	1.000	Failed to reject Ho	Not significant
Dialysis-Oncology and Chemotherapy	$X_{4=}$ 4.00 $X_{3=}$ 3.83	1.000	Failed to reject Ho	Not significant

The comparison shows no significant difference in perceived expectations regarding competency between several outpatient service types. Specifically, expectations did not significantly differ between diagnostics and routine check-ups ($p = 1.000$), routine check-ups and dialysis ($p = 1.000$), routine check-ups and oncology and chemotherapy ($p = 1.000$), and dialysis versus oncology and chemotherapy ($p = 1.000$). These results suggest that outpatients generally expect a consistent level of healthcare provider competency regardless of the type or complexity of service they utilize. This uniform expectation may reflect a general confidence in the training and professional standards maintained across various outpatient departments (Tine Health, 2022).Significant differences in perceived competency were observed between patients utilizing diagnostic services and those undergoing dialysis ($p = 0.015$), as well as between diagnostic services and oncology and chemotherapy ($p = 0.021$). These findings imply that patients receiving more intensive or specialized treatments such as dialysis or chemotherapy expect a higher degree of provider competency compared to those availing diagnostic services.

This heightened expectation may arise from the perceived complexity and risk associated with managing chronic and life-threatening conditions, underscoring the importance of ensuring that healthcare providers in diagnostic units visibly demonstrate professional expertise to align with patients' expectations (St. George’s University, 2021).

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Table 37. *Dunn Bonferroni Test Results in finding the Significant Difference on the perceived expectations of the outpatients in terms of Timeliness to service to the OPD services across types of services utilized*

Variables	Mean	p – value	Decision	Impression at 0.05 level of significance
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Routine Check-ups	$X_{2=}$ 3.61 $X_{1=}$ 3.82	.038	Reject Ho	Significant
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Dialysis	$X_{2=}$ 3.61 $X_{4=}$ 4.00	.067	Failed to reject Ho	Not significant
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Oncology and Chemotherapy	$X_{2=}$ 3.61 $X_{3=}$ 4.00	.002	Reject Ho	Significant
Routine Check-ups-Dialysis	$X_{1=}$ 3.82 $X_{4=}$ 4.00	1.000	Failed to reject Ho	Not significant
Routine Check-ups-Oncology and Chemotherapy	$X_{1=}$ 3.82 $X_{3=}$ 4.00	.603	Failed to reject Ho	Not significant
Dialysis-Oncology and Chemotherapy	$X_{4=}$ 4.00 $X_{3=}$ 4.00	1.000	Failed to reject Ho	Not significant

The Dunn Bonferroni test results indicate no significant difference in perceived expectations related to timeliness among most outpatient services. These include comparisons between diagnostics and dialysis ($p = 0.067$), routine check-ups and dialysis ($p = 1.000$), routine check-ups and oncology/chemotherapy ($p = 0.603$), and dialysis versus oncology/chemotherapy ($p = 1.000$). These findings suggest that outpatients generally maintain consistent expectations regarding the promptness of services for these types of care. It may imply that patients perceive similar levels of urgency or scheduling efficiency across these departments, possibly due to standard hospital protocols on appointment setting and time management (Alrasheedi et al., 2019).

Significant differences were noted between diagnostics and routine check-ups ($p = 0.038$), and between diagnostics and oncology/chemotherapy services ($p = 0.002$). This indicates that outpatients who avail of diagnostic services have lower expectations regarding timeliness compared to those undergoing routine check-ups or oncology treatments. Patients receiving oncology or routine care may place greater importance on timely service delivery, particularly due to the critical or scheduled nature of their health concerns (Alnasser & Alotaibi, 2024). These results highlight the need to improve the timeliness of diagnostic procedures to align better with the expectations of patients receiving other types of care.

Table 38. *Dunn Bonferroni Test Results in finding the Significant Difference on the perceived expectations of the outpatients in terms of Facilities to the OPD services across types of services utilized*

Variables	Mean	p – value	Decision	Impression at 0.05 level of significance
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Routine Check-ups	$X_{2=}$ 3.73 $X_{1=}$ 3.84	.108	Failed to reject Ho	Not significant
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Dialysis	$X_{2=}$ 3.73 $X_{4=}$3.97	.062	Failed to reject Ho	Not significant
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Oncology and Chemotherapy	$X_{2=}$ 3.73 $X_{3=}$ 3.83	.180	Failed to reject Ho	Not significant
Routine Check-ups-Dialysis	$X_{1=}$ 3.84 $X_{4=}$3.97	1.000	Failed to reject Ho	Not significant
Routine Check-ups-Oncology and Chemotherapy	$X_{1=}$ 3.84 $X_{3=}$ 3.83	1.000	Failed to reject Ho	Not significant
Dialysis-Oncology and Chemotherapy	$X_{4=}$3.97 $X_{3=}$ 3.83	1.000	Failed to reject Ho	Not significant

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The Dunn Bonferroni post hoc test revealed no statistically significant differences in the perceived expectations of outpatients regarding OPD facilities across the various types of services utilized. This includes all pairwise comparisons, such as diagnostics versus routine check-ups (p = .108), diagnostics versus dialysis (p = .062), diagnostics versus oncology/chemotherapy (p = .180), and the remaining combinations with p-values of 1.000. These results suggest that patients across all outpatient services perceive the availability, adequacy, and quality of facilities to be relatively similar. However, it is noteworthy that although these results are not statistically significant at the .05 level, the p-value of .062 for the comparison between diagnostics and dialysis approaches significance.

Interestingly, the overall Kruskal-Wallis test for this variable indicated a significant difference in perceived expectations regarding facilities across the types of services utilized. This discrepancy suggests that while the post hoc Dunn Bonferroni test did not yield statistically significant pairwise differences, the overall variation among groups was enough to register significance. The relatively low p-value of .062 in the diagnostics-dialysis comparison most likely contributed to the significant result in the Kruskal-Wallis test, indicating a trend toward a meaningful difference that might not have been captured by the conservative Bonferroni adjustment.

Table 39. *Dunn Bonferroni Test Results in finding the Significant Difference on the perceived expectations of the outpatients in terms of Staff Appearance to the OPD services across types of services utilized*

Variables	Mean	p – value	Decision	Impression at 0.05 level of significance
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Routine Check-ups	$X_{2=}$ 3.77 $X_{1=}$ 3.86	.144	Failed to reject Ho	Not significant
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Dialysis	$X_{2=}$ 3.77 $X_{4=}$4.00	.310	Failed to reject Ho	Not significant
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Oncology and Chemotherapy	$X_{2=}$ 3.77 $X_{3=}$ 4.00	.039	Reject Ho	Significant
Routine Check-ups-Dialysis	$X_{1=}$ 3.86 $X_{4=}$4.00	1.000	Failed to reject Ho	Not significant
Routine Check-ups-Oncology and Chemotherapy	$X_{1=}$ 3.86 $X_{3=}$ 4.00	1.000	Failed to reject Ho	Not significant
Dialysis-Oncology and Chemotherapy	$X_{4=}$4.00 $X_{3=}$ 4.00	1.000	Failed to reject Ho	Not significant

Most of the pairwise comparisons in terms of staff appearance across different outpatient services showed no significant difference. Specifically, comparisons between diagnostics and routine check-ups (p = .144), diagnostics and dialysis (p = .310), routine check-ups and dialysis (p = 1.000), routine check-ups and oncology/chemotherapy (p = 1.000), and dialysis and oncology/chemotherapy (p = 1.000) all failed to reject the null hypothesis. These results suggest a general consistency in how outpatients perceive the grooming, cleanliness, and professional presentation of staff regardless of the type of OPD service utilized.

However, a significant difference was noted between the perceptions of outpatients utilizing diagnostics services and those undergoing oncology and chemotherapy, with a p-value of .039. This result indicates that patients receiving oncology and chemotherapy services perceived the staff appearance more positively (mean = 4.00) compared to those availing diagnostics services (mean = 3.77). The significance of this difference may reflect heightened patient sensitivity or expectations in more intensive or prolonged treatment settings like oncology, where staff professionalism and presentation can contribute meaningfully to the therapeutic experience (Olejarczyk & Young, 2024; Ren et al., 2021).

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Part V: Significant Differences on the Actual Experiences of the Outpatients on the OPD Services When Grouped According to Profile

Table 40. *Test of Normality and Test of Homogeneity of Variances Results on the actual experiences of the outpatients to the OPD services when grouped according to Age.*

Perceived Expectations	Test of Normality	Test of Homogeneity	Statistical Tool
Reliability	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Accuracy	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Responsiveness	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Competency	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Timeliness of Service	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Patient-Provider Communication	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Facilities	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Staff Appearance	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Cost of Services	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Overall	**Not normal**	**Homogenous**	**Non- Parametric (Kruskal-Wallis)**

This table presents the Test of Normality and Test of Homogeneity of Variances Results on the actual experiences of outpatients regarding OPD services when grouped according to age. The Test of Normality results indicate that all actual experiences, Reliability, Accuracy, Responsiveness, Competency, Timeliness of Service, Patient-Provider Communication, Facilities, Staff Appearance, Cost of Services, and Overall Evaluation, are not normally distributed, meaning that a parametric approach is not suitable for analysis. Meanwhile, the Test of Homogeneity of Variances confirms that variances among different age groups are homogeneous, suggesting that variance levels remain consistent across age categories. Since the data do not follow a normal distribution but maintains homogeneity, a non-parametric test, specifically the Kruskal-Wallis test, was chosen to analyze differences in perceived expectations across age groups.

Table 41. *Significant Difference on Actual Experiences When Grouped According to Age*

Variables Being Compared		df	Mean	H-value	p-value	Decision	Impression at 0.05 level of significance
Reliability	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.70 $x_{2=}$ 3.68 $x_{3=}$ 3.67	0.292	0.864	Failed to reject Ho	Not Significant
Accuracy	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.71 $x_{2=}$ 3.69 $x_{3=}$ 3.75	0.054	0.973	Failed to reject Ho	Not Significant
Responsiveness	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.67 $x_{2=}$ 3.68 $x_{3=}$ 3.94	0.655	0.721	Failed to reject Ho	Not Significant

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Competency	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.68 $x_{2=}$ 3.68 $x_{3=}$ 4.00	1.943	0.378	Failed to reject Ho	Not Significant
Timeliness of Service	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.75 $x_{2=}$ 3.60 $x_{3=}$ 3.65	2.423	0.298	Failed to reject Ho	Not Significant
Patient-Provider Communication	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.73 $x_{2=}$ 3.71 $x_{3=}$ 3.90	0.718	0.698	Failed to reject Ho	Not Significant
Facilities	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.74 $x_{2=}$ 3.67 $x_{3=}$ 4.00	1.903	0.386	Failed to reject Ho	Not Significant
Staff Appearance	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.70 $x_{2=}$ 3.64 $x_{3=}$ 4.00	2.600	0.272	Failed to reject Ho	Not Significant
Cost of Services	$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above	2	$x_{1=}$ 3.68 $x_{2=}$ 3.61 $x_{3=}$ 3.70	0.645	0.724	Failed to reject Ho	Not Significant
Overall	**$x_{1=}$ 21 – 39 yrs old $x_{2=}$ 40 – 65 yrs old $x_{3=}$ 66 yrs old and above**	**2**	**$x_{1=}$ 3.71 $x_{2=}$ 3.68 $x_{3=}$ 3.86**	**0.355**	**0.837**	**Failed to reject Ho**	**Not Significant**

The findings presented in this table indicate that there is no significant difference in the actual experiences of outpatients when grouped according to age across all assessed variables. The p-values for each of the nine service dimensions, including reliability with p = 0.864 (M= x1: 3.70, x2: 3.68, x3: 3.67 ; H= 0.292), accuracy with p = 0.973 (M= x1: 3.71, x2: 3.69, x3: 3.75; H= 0.054), responsiveness with p = 0.721 (M= x1: 3.67, x2: 3.68, x3: 3.94; H= 0.655), competency with p = 0.378 (M= x1: 3.68, x2: 3.68, x3: 4.00; H= 1.943), timeliness with p = 0.298 (M= x1: 3.75, x2: 3.60, x3: 3.65; H= 2.423), patient-provider communication with p = 0.698 (M= x1: 3.73, x2: 3.71, x3: 3.90; H= 0.718), facilities with p = 0.386 (M= x1: 3.74, x2: 3.67, x3: 4.00; H= 1.903), staff appearance with p = 0.272 (M= x1: 3.70, x2: 3.64, x3: 4.00; H= 2.600), and cost of services with p = 0.724 (M= x1: 0.68, x2: 0.61, x3: 3.70; H= 0.645), were all well above the 0.05 level of significance. This means that, statistically, the different age groups (21–39, 40–65, and 66 years and above) perceived their actual experiences, similarly, suggesting a consistent level of service delivery across age brackets.

Notably, even though the older age group (66 years and above) consistently reported slightly higher mean scores in certain areas like responsiveness (3.94), competency (4.00), facilities (4.00), and staff appearance (4.00), these differences were not statistically significant. This could imply that while older patients may subjectively feel more satisfied with certain aspects of the care they receive, these perceptions do not differ enough from younger groups to suggest a meaningful variance. Their possibly higher expectations being met or a sense of appreciation for attentive care may contribute to this subtle trend (Lopes et al., 2024).

Moreover, the overall experience ratings for each age group were close in value: 3.71 for ages 21–39, 3.68 for ages 40–65, and 3.86 for 66 and above, with a p-value of 0.837, confirming no significant

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difference. This consistency highlights that health care providers may be successfully maintaining an equitable standard of service quality, regardless of the age of the patient. Such results reflect positively on the system's inclusivity and ability to meet diverse patient needs.

The uniformity in patients' actual experiences across age groups suggests that outpatient departments deliver consistent service quality to all age demographics. This could be attributed to standardized care protocols, age-neutral treatment practices, and staff training that supports fair treatment for all (Gagnon, 2024). Nevertheless, the slightly higher mean scores from the oldest age group in some categories might merit qualitative follow-up to understand the challenges of older patients' satisfaction and how this insight can be leveraged to enhance service delivery even further.

Table 42. *Test of Normality and Test of Homogeneity of Variances Results on the actual experiences of the outpatients to the OPD services when grouped according to sex.*

Perceived Expectations	**Test of Normality**	**Test of Homogeneity**	**Statistical Tool**
Reliability	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Accuracy	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Responsiveness	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Competency	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Timeliness of Service	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Patient-Provider Communication	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Facilities	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Staff Appearance	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Cost of Services	Not normal	Homogenous	Non- Parametric (Mann-Whiney)
Overall	**Not normal**	**Homogenous**	**Non- Parametric (Mann-Whiney)**

This table presents the Test of Normality and Test of Homogeneity of Variances Results on the actual experiences of outpatients regarding OPD services when grouped according to sex. The Test of Normality results indicate that all actual experiences, Reliability, Accuracy, Responsiveness, Competency, Timeliness of Service, Patient-Provider Communication, Facilities, Staff Appearance, Cost of Services, and Overall Evaluation, are not normally distributed, meaning that a parametric approach is not suitable for analysis. Meanwhile, the Test of Homogeneity of Variances confirms that variances across male and female respondents are homogeneous, suggesting that variance levels remain consistent between the two groups. Since the data do not follow a normal distribution but maintains homogeneity, a non-parametric test, specifically the Mann-Whitney U Test, was chosen to analyze differences in perceived expectations across sex.

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Table 43.*Significant Difference on Actual Experiences When Grouped According to Sex*

Variables Being Compared		Mean	U- value	p- value	Decision	Impression at 0.05 level of significance
Reliability	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.71 $x_{2=}$ 3.68	890.5	0.016	Failed to reject Ho	Not Significant
Accuracy	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.73 $x_{2=}$ 3.69	1146	0.749	Failed to reject Ho	Not Significant
Responsiveness	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.72 $x_{2=}$ 3.67	1151	0.791	Failed to reject Ho	Not Significant
Competency	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.74 $x_{2=}$ 3.66	1085.5	0.326	Failed to reject Ho	Not Significant
Timeliness of Service	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.75 $x_{2=}$ 3.65	973	0.069	Failed to reject Ho	Not Significant
Patient-Provider Communication	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.74 $x_{2=}$ 3.72	1085	0.425	Failed to reject Ho	Not Significant
Facilities	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.75 $x_{2=}$ 3.71	1102	0.471	Failed to reject Ho	Not Significant
Staff Appearance	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.74 $x_{2=}$ 3.66	1098.5	0.399	Failed to reject Ho	Not Significant
Cost of Services	$x_{1=}$ Male $x_{2=}$ Female	$x_{1=}$ 3.72 $x_{2=}$ 3.62	1075.5	.330	Failed to reject Ho	Not Significant
Overall	**$x_{1=}$ Male $x_{2=}$ Female**	**$x_{1=}$ 3.73 $x_{2=}$ 3.68**	**980.5**	**0.144**	**Failed to reject Ho**	**Not Significant**

The results in this table demonstrate that there is no significant difference in the actual experiences of outpatients when grouped according to sex across all evaluated service dimensions. The computed p-values for each variable, including reliability with p = 0.016 (M= x1: 3.71, x2: 3.68; U= 890.5), accuracy with p = 0.749 (M= x1: 3.73, x2: 3.69; U= 1146), responsiveness with p = 0.791 (M= x1: 3.72, x2: 3.67; U= 1151), competency with p = 0.326 (M= x1: 3.74, x2: 3.66; U= 1085.5), timeliness with p = 0.069 (M= x1: 3.75, x2: 3.65; U= 973), patient-provider communication with p = 0.425 (M= x1: 3.74, x2: 3.72; U= 1085), facilities with p = 0.471 (M= x1: 3.75, x2: 3.71; U= 1102), staff appearance with p = 0.399 (M= x1: 3.74, x2: 3.66; U= 1098.5), and cost of services with p = 0.330 (M= x1: 3.72, x2: 3.62; U= 1075.5), all exceed the 0.05 level of significance, indicating no statistically significant difference. As a result, the decision in every case is to fail to reject the null hypothesis, supporting the conclusion that male and female patients had comparable experiences.

While the mean ratings were slightly higher among male respondents across all service dimensions, these differences were minimal and did not reach statistical significance. For example, males rated the reliability of services at 3.71 compared to 3.68 for females (p = 0.016), and the cost of services at 3.72 compared to 3.62 for females (p = 0.330). Although males consistently had marginally higher ratings, the p-values indicate that these observed differences could have occurred by chance and are not enough to conclude a true disparity based on sex.

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The overall mean scores for male and female respondents were 3.73 and 3.68, respectively, with a p-value of 0.144. This suggests that both male and female outpatients perceived their experiences in outpatient services similarly, affirming an equitable approach to service delivery (Alnasser & Alotaibi, 2024; Tulane University, 2021). The absence of sex-based disparity in satisfaction or perception underscores the success of healthcare providers in maintaining a sex-neutral standard of care, which is critical in supporting inclusive and unbiased healthcare practices.

The uniformity of patient experiences across sexes suggests that outpatient healthcare services are perceived consistently by both male and female patients. These findings imply that staff and systems may be effectively trained to treat all patients equally, regardless of sex. However, the slightly higher satisfaction scores among males across variables, although not significant, might still warrant further exploration through qualitative means to identify if there are subtle sex-based preferences or expectations that could help refine service approaches further.

Table 44. *Test of Normality and Test of Homogeneity of Variances Results on the actual experiences of the outpatients to the OPD services when grouped according to highest educational attainment.*

Perceived Expectations	Test of Normality	Test of Homogeneity	Statistical Tool
Reliability	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Accuracy	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Responsiveness	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Competency	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Timeliness of Service	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Patient-Provider Communication	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Facilities	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Staff Appearance	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Cost of Services	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Overall	**Not normal**	**Homogenous**	**Non- Parametric (Kruskal-Wallis)**

Table 44 presents the Test of Normality and Test of Homogeneity of Variances Results on the actual experiences of outpatients regarding OPD services when grouped according to highest educational attainment. The Test of Normality results indicate that all actual experiences, Reliability, Accuracy, Responsiveness, Competency, Timeliness of Service, Patient-Provider Communication, Facilities, Staff Appearance, Cost of Services, and Overall
Evaluation, are not normally distributed, meaning a parametric approach is not suitable for analysis. Meanwhile, the Test of Homogeneity of Variances confirms that variances among different educational attainment groups are homogeneous, suggesting that variance levels remain consistent across education categories. Since the data do not follow a normal distribution but maintains homogeneity, a non-parametric test, specifically the Kruskal-Wallis test, was chosen to analyze differences in perceived expectations across educational attainment levels.

This table presents the analysis of whether actual healthcare-related experiences significantly differ based on respondents' highest educational attainment across several dimensions, including reliability, accuracy, responsiveness, and more. The results show that for all measured service quality variables such as reliability p = 0.150 (M= x1: 3.83, x2: 3.77, x3: 3.33, x4: 3.69; H= 5.317), accuracy with p = 0.611 (M= x1: 3.75, x2: 3.71, x3: 3.75, x4: 3.70; H= 1.817), and responsiveness p = 0.597 (M= x1: 4.00, x2: 3.77, x3:

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3.67, x4: 3.66; H= 1.881), the *p*-values are all above the 0.05 level of significance. This leads to the conclusion that the null hypothesis is not rejected in all instances, indicating no statistically significant difference in actual experiences among respondents from different educational backgrounds. This implies a relatively consistent perception of service delivery, regardless of the respondents' educational attainment.

Specifically, even though mean scores slightly differ for instance, those with elementary education consistently rate their experiences higher (mean ranging from 3.75 to 4.00) compared to those with college education (means ranging from 3.63 to 3.70), the test results suggest that these variations are not statistically significant. This is aligned with the idea that in certain community or public service settings, perceptions of service quality may be shaped more by personal experiences and expectations than by formal education levels (Dayrit et al., 2018). The lack of significant differences could also reflect standardization in healthcare delivery where services are designed to meet baseline expectations of all patients, irrespective of their education.

Furthermore, the uniformity in perceptions across groups may suggest that service attributes such as patient-provider communication p = 0.822 (M= x1: 4.00, x2: 3.85, x3: 3.73, x4: 3.70; H= 0.915) and staff appearance p = 0.271 (M= x1: 4.00, x2: 3.82, x3: 3.67, x4: 3.66; H= 3.916) are being delivered in a way that is accessible and acceptable across different literacy or comprehension levels. Healthcare communication strategies aligned to general populations, especially in primary care, are often designed to minimize educational barriers (Center on Society and Health, 2015). The findings in this table are consistent with that approach, where equitable service delivery leads to relatively homogeneous patient feedback across diverse educational groups.

The data indicate that educational attainment does not significantly affect perceptions of actual experiences with healthcare services across dimensions such as competency p = 0.721 (M= x1: 4.00, x2: 3.79, x3: 3.75, x4: 3.66; H= 1.334), timeliness p = 0.301 (M= x1: 4.00, x2: 3.71, x3: 3.45, x4: 3.69; H= 3.659), and cost of services p = 0.275 (M= x1: 4.00, x2: 3.75, x3: 3.67, x4: 3.63; H= 3.874). These findings suggest that in the examined context, healthcare delivery may have achieved a level of inclusivity and standardization that transcends educational disparities. This reinforces the importance of universal patient-centered care practices and highlights the success of existing service frameworks in meeting the expectations of a demographically diverse population (Zun et al., 2018).

Table 46. *Test of Normality and Test of Homogeneity of Variances Results on the actual experiences of the outpatients to the OPD services when grouped according to total monthly income.*

Perceived Expectations	Test of Normality	Test of Homogeneity	Statistical Tool
Reliability	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Accuracy	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Responsiveness	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Competency	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Timeliness of Service	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Patient-Provider Communication	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Facilities	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Staff Appearance	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Cost of Services	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Overall	**Not normal**	**Homogenous**	**Non- Parametric (Kruskal-Wallis)**

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This table presents the Test of Normality and Test of Homogeneity of Variances Results on the actual experiences of outpatients regarding OPD services when grouped according to total monthly income. The Test of Normality results indicate that all actual experiences, Reliability, Accuracy, Responsiveness, Competency, Timeliness of Service, Patient-Provider Communication, Facilities, Staff Appearance, Cost of Services, and Overall Evaluation, are not normally distributed, meaning that a parametric approach is not suitable for analysis. Meanwhile, the Test of Homogeneity of Variances confirms that variances among different income groups are homogeneous, suggesting that variance levels remain consistent across financial categories. Since the data do not follow a normal distribution but maintains homogeneity, a non-parametric test, specifically the Kruskal-Wallis test, was chosen to analyze differences in perceived expectations across total monthly income levels.

This table presents the analysis of significant differences in actual experiences of respondents when grouped according to their total monthly income across various healthcare service dimensions. The findings indicate that there is no statistically significant difference among income groups for all variables examined, as all p-values were greater than the 0.05 level of significance. For instance, in terms of reliability (M= x1: 3.42, x2: 3.80, x3: 3.67, x4: 3.73, x5: 3.44; H= 9.378), respondents from different income levels reported comparable experiences, as indicated by the p-value of 0.052, which exceeds the level required to establish a significant difference.

Similarly, for the variables of accuracy with p = 0.215 (M= x1: 3.45, x2: 3.87, x3: 3.64, x4: 3.70, x5: 3.75; H= 5.797) and responsiveness with p = 0.105 (M= x1: 3.55, x2: 3.68, x3: 3.68, x4: 3.85, x5: 3.75; H= 7.657), results showed no significant differences in perception across income brackets. This suggests that regardless of financial standing, individuals perceived the healthcare services as generally consistent in these areas. According to A'aqoulah et al. (2022), perceived service quality can be influenced by a variety of contextual factors, but this data imply that income level did not notably affect the users' evaluation of service accuracy and responsiveness within the healthcare setting assessed.

Further analysis reveals the same trend for dimensions such as competency with p = 0.052 (M= x1: 3.61, x2: 6.73, x3: 3.63, x4: 3.88, x5: 3.83; H= 9.394), timeliness of service with p = 0.436 (M= x1: 3.58, x2: 3.79, x3: 3.60, x4: 3.88, x5: 3.60; H= 3.788), and patient-provider communication with p = 0.318 (M= x1: 3.51, x2: 3.79, x3: 3.70, x4: 3.88, x5: 3.87; H= 4.710). Although some differences in mean ratings were observed across income categories, these were not statistically significant. This finding aligns with Manulik et al. (2024), emphasizing that service outcomes may be universally perceived in similar ways by diverse populations when standards and practices are consistently applied.

Moreover, the variables facilities with p = 0.223 (M= x1: 3.69, x2: 3.75, x3: 3.65, x4: 3.92, x5: 4.00; H= 5.694), staff appearance with p = 0.437 (M= x1: 3.73, x2: 3.71, x3: 3.60, x4: 3.87, x5: 3.89; H= 3.780), cost of services with p = 0.331 (M= x1: 3.55, x2: 3.69, x3: 3.60, x4: 3.82; x5: 3.87; H= 4.595). The overall actual experiences when grouped according to total monthly income with p = 0.241(M= x1: 3.57, x2: 3.76, x3: 3.65, x4: 3.84, x5: 3.77; H= 9.581) all failed to show significant variation across different income groups. These results highlight that in the context of the study; socioeconomic disparities did not translate into markedly different service perceptions. As Shahzadi & Annayat (2024) noted, equitable access and service delivery are foundational to patient satisfaction, and the findings suggest that the healthcare institution being evaluated is effectively delivering services perceived as equitable across income levels.

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Table 48. *Test of Normality and Test of Homogeneity of Variances Results on the actual experiences of the outpatients to the OPD services when grouped according to frequency of hospital visits in a year.*

Perceived Expectations	Test of Normality	Test of Homogeneity	Statistical Tool
Reliability	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Accuracy	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Responsiveness	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Competency	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Timeliness of Service	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Patient-Provider Communication	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Facilities	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Staff Appearance	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Cost of Services	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Overall	**Not normal**	**Homogenous**	**Non- Parametric (Kruskal-Wallis)**

Table 48 presents the Test of Normality and Test of Homogeneity of Variances Results on the actual experiences of outpatients regarding OPD services when grouped according to frequency of hospital visits in a year. The Test of Normality results indicate that all actual experiences, Reliability, Accuracy, Responsiveness, Competency, Timeliness of Service, Patient-Provider Communication, Facilities, Staff Appearance, Cost of Services, and Overall, are not normally distributed, meaning that a parametric approach is not suitable for analysis. Meanwhile, the Test of Homogeneity of Variances confirms that variances among different hospital visit frequency groups are homogeneous, suggesting that variance levels remain consistent across categories. Since the data do not follow a normal distribution but maintains homogeneity, a non-parametric test, specifically the Kruskal-Wallis test, was chosen to analyze differences in perceived expectations across hospital visit frequency groups.

The findings presented in this table indicate that there is no significant difference in the actual experiences of patients across various domains, namely reliability, accuracy, responsiveness, competency, patient-provider communication, facilities, staff appearance, and cost of services, when grouped according to their frequency of hospital visits. The p-values for these variables, wherein reliability with $p = 0.086$ (M= x1: 3.67, x2: 3.74, x3: 3.53, x4: 3.62; H= 6.591), accuracy with $p = 0.058$ (M= x1: 3.63, x2: 3.75, x3: 3.85, x4: 3.62; H= 7.464), and responsiveness with $p = 0.126$ (M= x1: 3.68, x2: 3.75, x3: 3.85, x4: 3.49; H= 5.715) all exceed the 0.05 level for statistical significance. This suggests that regardless of how often a patient visits the hospital, their perceptions of these specific service dimensions remain relatively consistent. These findings support the notion that the healthcare services delivered maintain a baseline standard that is not influenced by visit frequency, which may reflect systematic implementation of service protocols (Alnasser & Alotaibi, 2024).

Furthermore, the consistency in perceived expectation in terms of staff appearance with $p = 0.267$ (M= x1: 3.71, x2: 3.76, x3: 3.80, x4: 3.48; H= 3.953) and quality of facilities across visit frequencies with $p = 0.250$ (M= x1: 3.72, x2: 3.77, x3: 3.88, x4: 3.59; H= 4.106) implies that visible elements of care, such as environment and professional demeanor, are uniformly maintained. Similarly, the lack of variation in cost of services with $p = 0.771$ (M= x1: 3.71, x2: 3.69, x3: 3.56, x4: 3.54; H= 1.126) highlights that the financial aspect of care is perceived similarly by patients, whether they are frequent or infrequent visitors. This could be attributed to transparent and standardized pricing systems in place, reinforcing the principles of equity in healthcare access and cost fairness (Bocchetti, 2023).

The absence of significant differences in these variables also suggests that interpersonal and technical competencies, such as responsiveness and communication, are not notably affected by the frequency of interaction. Despite minor fluctuations in mean scores, these variations do not translate into

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statistically significant disparities. This could indicate that healthcare providers maintain a consistent level of performance regardless of patient familiarity or repetition of service encounters.

In contrast, the analysis reveals a statistically significant difference in the Timeliness of Service with p = 0.028 and Overall Experience with p = 0.012 among patients when grouped according to the frequency of their hospital visits. Patients who visited the hospital 2–3 times reported slightly higher ratings in timeliness (M = 3.70) compared to those who visited only once (M = 3.73) or more than five times (M = 3.65). This suggests that moderate hospital usage may be associated with more favorable experiences regarding service promptness. It may also imply that patients who visit excessively might begin to notice delays or inefficiencies not apparent during occasional visits, possibly due to increased exposure to varied operational workflows (Alrasheedi et al., 2019).

Similarly, the significant difference in overall experience indicates that the frequency of hospital visits can influence general satisfaction with healthcare services. The slightly lower overall mean score among those who visited more than five times (M = 3.59) could suggest that repeated interactions increase patient sensitivity to inconsistencies or diminish satisfaction over time. This highlights the need for healthcare facilities to monitor service quality closely for frequent users, who might have more comprehensive and discerning perspectives on hospital performance. Addressing such challenges in service delivery can help improve patient-centered care and long-term satisfaction (A'aqoulah et al., 2022).

Table 50. *Dunn Bonferroni Test Results in finding the Significant Difference on the actual experiences of the outpatients in terms of Timeliness of Service to the OPD services across frequency of visits.*

Variables	Mean	p – value	Decision	Impression at 0.05 level of significance
More than 5 times-2-3 times	$X_{4=}$ 3.65 $X_{2=}$ 3.70	.149	Failed to reject Ho	Not significant
More than 5 times-Once	$X_{4=}$ 3.65 $X_{1=}$3.73	.082	Failed to reject Ho	Not significant
More than 5 times-4-5 times	$X_{4=}$ 3.65 $X_{3=}$ 3.56	.526	Failed to reject Ho	Not significant
2-3 times-Once	$X_{2=}$ 3.70 $X_{1=}$3.73	1.000	Failed to reject Ho	Not significant
2-3 times-4-5 times	$X_{2=}$ 3.70 $X_{3=}$ 3.56	.028	Reject Ho	Significant
Once-4-5 times	$X_{1=}$3.73 $X_{3=}$ 3.56	.028	Reject Ho	Significant

The Dunn-Bonferroni post hoc test in this table reveals a significant difference in the actual experiences of outpatients in terms of Timeliness of Service based on the frequency of outpatient department (OPD) visits, particularly between those who visited 2–3 times and 4–5 times (p = 0.028), and between those who visited once and 4–5 times (p = 0.028). These findings suggest that patients who visited the OPD less frequently, either once or 2–3 times, perceived timeliness of service more positively than those with 4–5 visits. This may indicate that repeat patients begin to notice inefficiencies or delays that are less obvious to first-time or infrequent visitors. Frequent interaction with the healthcare system may sharpen patients' expectations and critical evaluation of time management in care delivery, as supported by Zun et al. (2018) and Li et al. (2015), which posits that repeated encounters increase awareness of service quality dimensions.

This difference could also reflect the cumulative impact of system limitations, such as increased patient load, staff fatigue, or scheduling inefficiencies, which may become more apparent to patients with multiple visits in a short time frame. DeParle et al. (2024) emphasized that timeliness is a critical component of perceived service quality, and even minor delays can significantly influence satisfaction when

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experienced repeatedly. These findings suggest a need for outpatient departments to monitor and improve workflow processes, especially for returning patients, to ensure consistent timeliness across visit frequencies. Addressing such issues can enhance patient trust and continuity of care, particularly for those requiring repeated consultations.

Table 51. *Test of Normality and Test of Homogeneity of Variances Results on the actual experiences of the outpatients to the OPD services when grouped according to type of outpatient utilized.*

Perceived Expectations	Test of Normality	Test of Homogeneity	Statistical Tool
Reliability	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Accuracy	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Responsiveness	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Competency	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Timeliness of Service	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Patient-Provider Communication	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Facilities	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Staff Appearance	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Cost of Services	Not normal	Homogenous	Non- Parametric (Kruskal-Wallis)
Overall	**Not normal**	**Homogenous**	**Non- Parametric (Kruskal-Wallis)**

Table 51 presents the Test of Normality and Test of Homogeneity of Variances Results on the actual experiences of outpatient services when grouped according to the type of outpatient utilized. The Test of Normality results indicate that all actual experiences, Reliability, Accuracy, Responsiveness, Competency, Timeliness of Service, Patient-Provider Communication, Facilities, Staff Appearance, Cost of Services, and Overall Evaluation, are not normally distributed, meaning that a parametric approach is not suitable for analysis. Meanwhile, the Test of Homogeneity of Variances confirms that variances across different outpatient types are homogeneous, suggesting that variance levels remain consistent across categories. Since the data do not follow a normal distribution but maintains homogeneity, a non-parametric test, specifically the Kruskal-Wallis test, was chosen to analyze differences in perceived expectations across outpatient types.

Table 52 shows the significant difference on actual experiences when grouped according to type of outpatient services utilized. A significant difference was observed in the actual experiences of outpatients across different service types in the overall category, specifically under the variable actual experience with a p-value of 0.025. This indicates that the type of outpatient service (routine check-ups, diagnostics, oncology and chemotherapy, dialysis) influences the overall patient experience significantly. The rejection of the null hypothesis implies that at least one service group had a notably different experience from the others. This could be attributed to the varying levels of interaction, service protocols, or patient support systems unique to specialized services such as oncology or dialysis (Oster et al., 2024).

This finding is critical as it highlights how patient experience is not uniform across all outpatient departments. Services involving long-term care like oncology and dialysis may offer more personalized interactions and consistent provider communication, leading to higher
patient satisfaction (Gandolf, 2024). The significance of the p-value (0.025) calls attention to the need for enhancing the experiences of those in less interactive services, like routine check-ups or diagnostics, to align with the more favorable experiences observed in chronic care settings.

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For the rest of the variables, including reliability with p = 0.025 (M= x1: 3.70, x2: 3.57, x3: 3.89, x4: 3.88; H= 9.317), accuracy with p = 0.830 (M= x1: 3.70, x2: 3.68, x3: 3.83, x4: 3.71; H= 0.880), responsiveness with p = 0.873 (M= x1: 3.66, x2: 3.74, x3: 3.83, x4: 3.55; H= 0.702), competency with p = 0.725 (M= x1: 3.62, x2: 3.73, x3: 3.96, x4: 3.70; H= 1.319), timeliness of service with p = 0.135 (M= x1: 3.66, x2: 3.62, x3: 3.87, x4: 3.87; H= 5.564), patient-provider communication with p = 0.696 (M= x1: 3.70, x2: 3.75, x3: 3.83, x4: 3.73; H= 1.441), facilities with p = 0.398 (M= x1:3.68, x2: 3.77, x3: 4.00, x4: 3.63; H= 2.960), staff appearance with p = 0.228 (M= x1: 3.67, x2: 3.70, x3: 4.00, x4: 3.57; H= 4.325), cost of services with p = 0.084 (M= x1: 3.66, x2: 3.61, x3: 4.00, x4: 3.60; H= 6.658), and overall perception with p = 0.619 (M= x1: 3.67, x2: 3.70, x3: 3.90, x4: 3.71; H= 1.781), the results indicate no significant difference in patient experiences across the various outpatient service types. All p-values were greater than the 0.05 level, suggesting that patients generally perceived these aspects of service delivery similarly, regardless of whether they underwent routine consultations, diagnostic tests, or more intensive treatments like dialysis or chemotherapy.

The consistency in these findings suggests that the hospital or outpatient department may have implemented standardized protocols and training across all units, contributing to equitable service delivery (Tulane University, 2021). The absence of statistically significant differences also reflects that patients did not report noticeably better or worse experiences in these areas based on the type of care they received. However, while uniformity is a strength, the results also signal an opportunity to explore whether patient needs are being equally met, particularly in high-touch services that may require even more aligned care strategies.

Table 53. *Dunn Bonferroni Test Results in finding the Significant Difference on the actual experiences of the outpatients in terms of Reliability to the OPD services across types of service utilized.*

Variables	Mean	p – value	Decision	Impression at 0.05 level of significance
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Routine Check-ups	X_2= 3.57 X_1= 3.70	.299	Failed to reject Ho	Not significant
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Dialysis	X_2= 3.57 X_4=3.88	.061	Failed to reject Ho	Not significant
Diagnostics (Laboratory, Radiology, Heart Station, Eye Center)-Oncology and Chemotherapy	X_2= 3.57 X_3= 3.89	.300	Failed to reject Ho	Not significant
Routine Check-ups-Dialysis	X_1= 3.70 X_4=3.88	1.000	Failed to reject Ho	Not significant
Routine Check-ups-Oncology and Chemotherapy	X_1= 3.70 X_3= 3.89	1.000	Failed to reject Ho	Not significant
Dialysis-Oncology and Chemotherapy	X_4=3.88 X_3= 3.89	1.000	Failed to reject Ho	Not significant

The Dunn-Bonferroni post hoc test in Table 53 was conducted to further investigate the significant result found in the Kruskal-Wallis test on actual outpatient experiences in terms of reliability. While the Kruskal-Wallis test yielded a significant p-value of 0.025, indicating that there was a significant difference

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among the groups, the pairwise comparisons using Dunn-Bonferroni did not show any significant differences, as all p-values were above 0.05. The comparison between Diagnostics and Dialysis yielded a p-value of 0.061, which is the closest to the significance level and likely contributed the most to the overall significance detected in the Kruskal-Wallis test. This suggests a possible trend or marginal difference that, while not statistically significant on its own after correction, is still meaningful in the context of group comparison.

This outcome highlights a common scenario in statistical analysis where an omnibus test (like Kruskal-Wallis) detects a significant overall difference, but the post hoc test fails to identify exactly which groups differ significantly due to the stricter alpha level used to control for Type I error. In this case, although no specific pairwise difference was statistically confirmed, the relatively low p-value (0.061) between Diagnostics and Dialysis suggests this pair may have had the largest discrepancy in perceived reliability. This insight is important for further clinical or administrative investigation to determine why patients in dialysis services may perceive reliability differently from those in diagnostic services.

The correlation analysis between perceived and actual experiences of outpatients regarding OPD services shows statistically significant positive relationships across all service attributes. This indicates that patients' expectations are strongly aligned with their actual experiences, although the strength of the correlation varies. Reliability exhibits a moderate positive correlation ($r = 0.598$, $p < 0.01$), suggesting that patients' expectations of dependable service closely match their real experiences. Accuracy follows a similar pattern with a moderate positive correlation ($r = 0.588$, $p < 0.01$), reinforcing that expectations of service precision are met effectively. Responsiveness and competency show low positive correlations ($r = 0.378$ and $r = 0.362$, respectively, $p < 0.01$), meaning that while patients' expectations influence actual experiences, there is still variability, signaling potential areas for service enhancements.

Timeliness of service demonstrates the strongest correlation in the dataset, with a moderate positive correlation ($r = 0.693$, $p < 0.01$), indicating that expectations regarding swift service delivery closely reflect actual experiences. Patient-provider communication similarly exhibits a moderate positive correlation ($r = 0.634$, $p < 0.01$), signifying strong alignment between patients' expectations and real interactions with healthcare providers. Facilities and staff appearance show low positive correlations ($r = 0.543$ and $r = 0.566$, respectively, $p < 0.01$), suggesting that patients' expectations regarding hospital infrastructure and staff professionalism are somewhat aligned with their experiences, though improvements in these areas could enhance overall patient satisfaction. Cost of services also presents a low positive correlation ($r = 0.560$, $p < 0.01$), indicating a general match between affordability expectations and actual financial experiences within outpatient services.

The fundamental nature of health care involves people taking care of other people in unique times of distress. Thus, the human experience is at the very core of understanding what the patient experience is (Francis et al., 2021; Kwon & Lee, 2020). The overall perception correlation ($r = 0.701$, $p < 0.01$) reinforces that perceived and actual experiences are consistently linked, highlighting the effectiveness of healthcare service delivery. These findings suggest that while patients' expectations generally align with their real experiences, areas such as responsiveness, competency, facilities, and staff appearance may benefit from service enhancements to bridge remaining gaps (Bhatt et al., 2024). Healthcare providers can leverage this insight to further refine their service approach, ensuring that all aspects of outpatient care meet and even exceed patient expectations.

Furthermore, the development and implementation of the *Employee Handbook: Outpatient Service Guide* serve as a strategic output that directly addresses these gaps. By standardizing protocols, communication guidelines, and quality benchmarks, the handbook enables both frontline staff and administrators to deliver consistent, patient-centered care. It also serves as a feedback-based framework for improving service dimensions with lower correlations, such as responsiveness and competency, ensuring that patient expectations are increasingly met in future encounters. As a dynamic tool, the handbook can be

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regularly updated based on future assessments, positioning it as a sustainable mechanism for continuous quality improvement in outpatient services.

Summary of Findings

Based on the gathered data, the researcher came up with the following findings.

1. The majority of the outpatient respondents were female (62%), aged 21–39 years old (57%), and college graduates (82%), with most earning a monthly income between ₱19,041 and ₱38,080 (42%). Most respondents visited the hospital 2–3 times a year (64%) and primarily availed of routine check-ups (48%).
2. The overall Weighted Average Mean (WAM) across all dimensions of perceived expectations and experiences in outpatient healthcare services ranged from 3.71 to 3.86. All dimensions—including reliability (3.71), accuracy (3.83), responsiveness (3.79), competency (3.83), timeliness of service (3.78), patient-provider interaction (3.80), facilities (3.82), staff appearance (3.86), and cost of services (3.78)—were rated with the qualitative index of "Strongly Agree."
3. The overall Weighted Average Mean (WAM) across all dimensions of actual experiences in outpatient healthcare services ranged from 3.65 to 3.73. All dimensions—including reliability (3.69), accuracy (3.71), responsiveness (3.69), competency (3.69), timeliness of service (3.69), patient-provider interaction (3.73), facilities (3.73), staff appearance (3.69), and cost of services (3.65)—were rated with the qualitative index of "Strongly Agree." This indicates that respondents were highly satisfied with the consistency, attentiveness, and professionalism of the outpatient healthcare services they received. Overall, the consistent "Strongly Agree" ratings reflect a high level of fulfillment and confidence in the quality of care delivered at the OPD.
4. There is no significant difference in the perceived expectations in terms of quality of care when grouped according to profile as to age, sex, educational attainment, and total monthly income. On the other hand, there is a significant difference on frequency of hospital visits in a year as to timeliness of service (p value = 0.028), and type of outpatient services utilized as to reliability (p value = 0.004), responsiveness (p value = 0.005), competency (p value = 0.005), timeliness of service (p value = <0.001), facilities (p value = 0.013), staff appearance (p value = 0.015) and overall (p value = 0.004).
5. There is no significant difference in the actual experiences in terms of quality of care when grouped according to profile as to age, sex, educational attainment, and total monthly income. On the other hand, there is a significant difference on frequency of hospital visits in a year as to timeliness of service (p value = 0.028) and overall (p value = 0.012), and type of outpatient services utilized as to reliability (p value = 0.025).
6. The analysis revealed significant relationships between perceived expectations and actual experiences across all variables, with p-values less than 0.01. The degree of relationships varied, ranging from low positive correlations (responsiveness, competency, facilities, staff appearance, and cost of services with r-values from 0.362 to 0.693) to moderate positive correlations (reliability, accuracy, timeliness of service, and patient-provider communication with r-values from 0.588 to 0.701).
7. The Employee Handbook: Outpatient Service Guide, developed from Mendoza's (2025) study, provides healthcare providers with practical guidelines to improve outpatient services based on reliability, responsiveness, accuracy, timeliness, and staff competency. By focusing on patient-centered care, continuous staff development, and feedback mechanisms, the handbook aims to enhance patient satisfaction, safety, and service quality in outpatient healthcare settings.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

CONCLUSIONS

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

1. The majority of outpatient respondents were female, young adults, well-educated, and had a moderate income, with frequent visits for routine check-ups.
2. Respondents expressed strong agreement with the quality of outpatient services across all dimensions, with high WAMs in perceived expectations and experiences.
3. Respondents were highly satisfied with their actual experiences in outpatient healthcare services, with all dimensions showing "Strongly Agree" ratings.
4. Demographic factors such as age, sex, educational attainment, and income did not significantly influence perceived expectations, while frequency of visits and type of service utilized showed significant differences.
5. Similar to perceived expectations, demographic factors did not significantly affect actual experiences, but visit frequency and type of service did.
6. Significant relationships were found between perceived expectations and actual experiences, with moderate to low positive correlations across all service dimensions.
7. The Employee Handbook: Outpatient Service Guide, derived from Mendoza's (2025) study, offers practical guidance to improve outpatient services, focusing on reliability, responsiveness, accuracy, and staff competency.

Recommendations

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

1. **Outpatients.** Outpatients are encouraged to use the findings of this study to reflect on and communicate their healthcare expectations more clearly, ensuring continued satisfaction with outpatient services. Familiarity with the *Employee Handbook: Outpatient Service Guide* can empower them to understand care standards, engage in their healthcare journey, and provide meaningful feedback for continuous improvement.
2. **Healthcare providers.** Healthcare providers should leverage the study's insights to enhance their responsiveness, communication, and professional competencies through continuous training and patient-centered care. The *Employee Handbook* should be used as a daily reference to align service delivery with best practices, promoting consistency, empathy, and efficiency in outpatient interactions.
3. **Hospital Administrators and Policymakers (Senior Management Committee, Board of Directors, Unit Heads/Managers, and Quality Assurance Officers).** Hospital administrators and decision-makers should use the findings to address key service areas—such as timeliness, staff appearance, and facility conditions—especially where patient expectations exceeded actual experiences. By institutionalizing the *Employee Handbook* into staff training, performance evaluation, and policy development, they can create a unified framework for quality assurance across all hospital units.
4. **Future Researchers.** Future researchers may use this study as a foundational reference to explore gaps between perceived expectations and actual experiences in outpatient care. The *Employee Handbook* can serve as a practical intervention and assessment tool for future studies tracking improvements and evolving patient needs over time.

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