SOUTHEAST ASIAN INTERDISCIPINARY RESEARCH JOURNAL
Volume 5 Number 1

AT YOUR SERVICE: QUALITY AND ACCESSIBLE HEALTHCARE SERVICES AND PATIENT OUTCOMES IN THE FULFILLMENT CENTERS OF METRO PACIFIC HEALTH HOSPITALS

Neil Bryan E. Serapio

ABSTRACT

This study investigated the relationship between service quality, accessibility, and patient outcomes in primary healthcare settings operated by Metro Pacific Health Hospitals in South Cotabato and Sarangani Province, utilizing a quantitative predictive correlational design and the SERVQUAL model alongside Patient-Reported Outcome Measures (PROMs) to evaluate 460 patients aged 18–59. Findings revealed that while patients held high expectations across all service dimensions, actual experiences consistently fell short, particularly in wait times, record accuracy, scheduling flexibility, and perceived equitable treatment. Correlation and regression analyses demonstrated a significant positive relationship between patient expectations ($r = .733$) and experiences ($r = .932$) with health outcomes, with regression results ($R^2 = 0.874$, $p = .000$) underscoring that actual service experiences ($B = 0.908$) exerted a markedly stronger influence on outcomes than expectations ($B = 0.138$). The study concluded that enhancing service quality and accessibility---through equitable resource distribution, staff training, and patient-centered communication---was critical for improving health outcomes, though multifactorial influences such as socioeconomic status necessitated consideration, and it called for longitudinal research to validate causal relationships between service improvements and sustained patient gains.

Keywords: *Fulfillment centers, quality and accessibility, healthcare services, expectations, experiences, patient satisfaction, health outcomes.*

INTRODUCTION

Over recent decades, global healthcare access and quality have demonstrated substantial improvement, as reflected by the increase in the Healthcare Access and Quality (HAQ) Index from 37.6 in 1990 to 54.4 in 2016 (Fullman et. al., 2018). Nevertheless, pronounced disparities persist between high-income and low-income countries, underscoring ongoing inequities in health outcomes (George et. al., 2020; Jacobs et.al., 2012). Within the Asia-Pacific region, healthcare expenditure has been increasing at a rate exceeding economic growth, prompting the World Health Organization to advocate for comprehensive Primary Health Care reforms aimed at achieving universal health coverage and promoting equity (WHO, 2008; DOH, 2011).

The enhancement of patient experience and satisfaction, increasingly assessed through patient- reported experience measures, constitutes a critical dimension of healthcare quality, facilitating the delivery of patient-centered care and contributing to improved health outcomes and operational efficiency (Agency for Healthcare Research and Quality 2023; Marcinow et. al., 2022). In the Philippine context, the Universal Health Care program endeavors to secure equitable access to quality healthcare services through expanded primary care benefits and augmented funding via the Philippine Health Insurance Corporation; however, challenges remain in ensuring the uniform distribution of healthcare benefits across diverse population sectors (WHO, 2008).

This study sought to elucidate the principal factors influencing patient outcomes within Metro Pacific Health Hospitals, thereby generating insights to inform strategic initiatives aimed at strengthening quality assurance and operational performance. Ultimately, these efforts align with the objectives of the Sustainable Development Goals by advancing equitable access to healthcare and fostering improved health outcomes for all populations (Brito et. al., 2019).

Statement of the Problem

This study aimed to determine the relationship between the quality and accessible primary healthcare services and patient outcomes in the fulfillment centers of Metro Pacific Health Hospitals in South Cotabato and Sarangani Province. Hence, it sought answers to the following questions:

1. What is the primary demographic profile of the respondents regarding:
   1.1 Age
   1.2 Gender
   1.3 Civil Status
   1.4 Monthly Income
   1.5 Area of Residence
   1.6 Type of Client
   1.7 Healthcare Provider
   1.8 Frequency of Healthcare Visit
   1.9 Length of Healthcare Visit
   1.10 Types of Healthcare Services Availed
   1.11 Healthcare Spending
2. What is the extent of quality and accessible primary healthcare services in terms of:
   a. Reliability
   b. Assurance
   c. Tangibles
   d. Empathy
   e. Responsiveness
3. What is the status of the patient's healthcare outcomes?
4. Is there a significant relationship between quality and accessible primary healthcare services and patient outcomes?
5. Which domain of quality and accessible primary healthcare services best predicts patient outcomes?

FRAMEWORK

This study adopted Donabedian's Structure-Process-Outcome (SPO) Model as the theoretical framework for evaluating healthcare quality. Introduced in 1966 in his seminal article "Evaluating the Quality of Medical Care," Donabedian's model remains a foundational and widely accepted approach in the field.

It highlighted the interconnectedness of structural attributes, care processes, and health outcomes, drawing parallels with industrial manufacturing concepts of input, process, and output (Panteli et. al., 2019). The model is composed of three key components: structure, process, and outcome.

Structure refers to the attributes of the healthcare setting, including material resources such as facilities, equipment, and drugs; intellectual resources like medical knowledge and information systems; and human resources comprising healthcare professionals. Process encompasses the actual delivery of care, involving patient-related actions and organizational workflows. Outcome reflects the effects of healthcare on patients, categorized into outcomes such as mortality, morbidity, and quality of life, as well as intermediate outcomes like changes in health indicators or patient satisfaction.

METHOD

Research Design

This study utilized a quantitative predictive correlational design to assess healthcare outcomes of patients availing primary healthcare services at Metro Pacific Health Hospitals in South Cotabato and Sarangani Province. By employing statistical methods such as calculating mean scores, correlation coefficients, and assessing statistical significance, the study examined relationships between influencing factors and patient outcomes. The analysis aimed to identify variables that predict healthcare outcomes, using descriptive statistics and correlation analysis to uncover trends. This approach provided valuable insights into improving healthcare quality, accessibility, and operational efficiency.

Participants

The study involved patients aged 18 to 59 years with sound mental health, randomly sampled as they availed outpatient services at Metro Pacific Hospitals' fulfillment centers in South Cotabato and Sarangani Province. Participants were required to independently understand and follow instructions in English or Filipino, excluding minors, high-risk patients, and emergency cases. Using the Raosoft Sample Calculator, a sample size of 383 patients was determined based on a 95% confidence level and a 5% error margin from a total population of 92,731 patients in 2023. An additional 20% buffer increased the sample size to 460 participants. Simple random sampling ensured equal selection opportunities and a representative sample, allowing the generalization of findings to the broader population (Hassan, 2022).

Research Instrument

This study used a structured survey questionnaire to collect data on healthcare outcomes of patients availing primary healthcare services at Metro Pacific Health hospitals in South Cotabato and Sarangani Province. The questionnaire is divided into three sections:

Section 1. This section gathered demographic information and healthcare data from participants to understand the primary demographics served by the fulfillment centers and how client dynamics influence independent and dependent variables;

Section 2. This section focuses on independent variables related to the quality and accessibility of healthcare services. It utilized the SERVQUAL model developed by Parasuraman, Zeithaml, and Berry in 1988 (Mishra, 2020) to assess service quality across dimensions like reliability, assurance, tangibles, empathy, and responsiveness.

Section 3. The final section assessed patient outcomes, focusing on health status, access to healthcare services, and satisfaction. It employed Patient-Reported Outcome Measures (PROMs) to capture patients' reported health status and overall well-being. The questionnaire was validated by a panel of experts and underwent pilot testing to ensure reliability.

The study's questionnaire demonstrated strong reliability across all scales, assessing the quality and accessibility of primary healthcare services. The Reliability and Empathy subscales each showed good internal consistency with Cronbach's alpha values of 0.871. The Assurance subscale had a slightly lower but still acceptable value of 0.736, indicating moderate consistency among its items. In contrast, the Tangibles and Responsiveness subscales exhibited excellent reliability with alpha values of 0.895 and 0.953, respectively. Notably, the overall reliability of the combined scales was exceptionally strong, with an alpha of 0.953, confirming that the instrument collectively provides a highly consistent measure of healthcare quality and accessibility. Additionally, the Patient-Reported Care Outcomes scale demonstrated good reliability with an alpha of 0.897, exceeding the 0.7 threshold for dependability. This validated the instrument's robustness for assessing care outcomes and supports its use in both research and practice.

Statistical Tools

This study aimed to analyze healthcare outcomes based on the quality and accessibility of primary healthcare services provided at Metro Pacific Health hospitals in South Cotabato and Sarangani Province. Data analysis involved frequency and percentage for demographic profiles, mean and standard deviation for assessing service quality and patient outcomes, and Pearson r correlation to examine relationships between variables. Stepwise regression identified specific domains of service quality that best predict patient outcomes. The use of JASP software ensured a comprehensive review, enabling accurate interpretation of findings to address the research objectives effectively.

RESULTS AND DISCUSSION

Demographic Characteristics of the Participants

The Table 1 presents a demographic breakdown of 460 clients across several key variables. The majority of clients (74.3%) are walk-ins, indicating that most customers arrive without prior appointments, while only 18.5% schedule visits in advance. Referrals and other types of clients make up a small fraction, at 4.8% and 2.4%, respectively. In terms of age distribution, clients are predominantly young to middle-aged adults. The largest group is 26–35 years old (36.5%), followed closely by those aged 36–45 (32.2%). Younger clients (18–25) account for 17.2%, while older adults (46–59) make up 14.1%. Gender distribution shows a significant skew, with female clients (70%) far outnumbering males (30%). Regarding civil status, nearly half (48.9%) are married, while 44.3% are single. Widowed, separated, and common-law partnerships collectively represent a small portion (6.7%). Income levels reveal that most clients earn between ₱5,000–₱14,999 (66.5%), with the largest segments being ₱5,000–₱9,999 (33.5%) and ₱10,000–₱14,999 (33.0%). A smaller proportion (12.0%) earn below ₱4,999, while higher-income groups (₱15,000 and above) account for 21.5%. Geographically, most clients reside in General Santos City (49.3%), followed by South Cotabato (31.5%) and Sarangani Province (17.2%). Only 2% come from other unspecified areas.

Table 1 Demographic Profile

	Frequency	%
Type of Client		
Walk-in	342	74.3
With Appointment	85	18.5
Referral	22	4.8
Others	11	2.4
Age		
18-25 years old	79	17.2
26-35 years old	168	36.5
36-45 years old	148	32.2
46-59 years old	65	14.1
Sex		
Male	138	30.0
Female	322	70.0
Civil Status		
Single	204	44.3
Married	225	48.9
Widowed	25	5.4
Separated	2	.4
Common Law	4	.9
Estimated Monthly Income		
Below P4,999	55	12.0
P5,000-P9,999	154	33.5
P10,000-P14,999	152	33.0
P15,000-P19,999	56	12.2
P20,000 and above	43	9.3
Area of Residence		
General Santos City	227	49.3
South Cotabato	145	31.5
Sarangani Province	79	17.2
Others	9	2.0
Total	460	100.0

In Table 2, the majority of clients (32.8%) utilize services at SEHI UCC, followed closely by SEHI JCVMAT (27.0%). HHMH UCC accounts for 23.0%, while SEHI ECC (7.2%) and SEHI ASC (10.0%) serve smaller proportions. This suggests that SEHI UCC and JCVMAT are the most frequently accessed facilities, possibly due to location, reputation, or service availability. Most clients (40.9%) visit healthcare providers "as needed," indicating flexible or episodic healthcare-seeking behavior rather than scheduled care.

A significant portion (30.2%) visits once a month, while 23.9% come twice a month or more, suggesting regular healthcare needs. Only a small fraction visit daily (1.3%) or weekly (3.7%), likely representing patients with chronic conditions or frequent medical supervision. Visits are relatively short for many clients, with 30.9% staying no more than an hour and 22.2% staying up to 1.5 hours.

However, a notable 22.0% spend more than two hours, which could indicate complex consultations, diagnostic procedures, or waiting times. About 10.2% complete visits in under 30 minutes, possibly for minor concerns or quick follow-ups. Slightly more than half of clients (52.2%) have HMO or insurance coverage, while 47.8% do not, suggesting a near-even split between insured and uninsured patients. This may influence affordability and access to certain healthcare services. Most clients (42.8%) spend ₱501–₱1,499 per visit, while 27.4% spend ₱1,500–₱2,999, reflecting moderate healthcare expenses. A smaller segment (12.6%) spends less than ₱500, possibly on basic consultations or subsidized care. Meanwhile, 10.2% spend over ₱5,000, likely due to specialized treatments, diagnostics, or hospitalization costs.

Table 2 Patient Healthcare Data

	Frequency	%
Healthcare Provider		
SEHI UCC	151	32.8
SEHI JCVMAT	124	27.0
SEHI ECC	33	7.2
SEHI ASC	46	10.0
HHMH UCC	106	23.0
Frequency of Visit		
Everyday	6	1.3
Once a week	17	3.7
Once a month	139	30.2
Twice a month or more	110	23.9
Others (as needed)	188	40.9
Length of Visit		
Less than 30 minutes	47	10.2
Not more than 1 hour	142	30.9
Not more than 1 hour and 30 minutes	102	22.2
Not more than 2 hours	68	14.8
More than 2 hours	101	22.0
HMO or Insurance Coverage		
No	220	47.8
Yes	240	52.2
Healthcare Spending		
Less than P500.00	58	12.6
P501.00-P1,499.00	197	42.8
P1,500.00-P2,999.00	126	27.4
P3,000.00-P4,499.00	32	7.0
More than P5,000.00	47	10.2
Total	460	100.0

Quality and Accessibility of Healthcare Services

The study assessed the quality and accessibility of healthcare services in fulfillment centers across five key dimensions: Reliability, Assurance, Tangibility, Empathy, and Responsiveness. It highlighted the importance of investing in high-quality primary healthcare, which not only improved health outcomes but also enhanced access to preventive services, reduced medical expenses, and addressed health inequities. This is aligned with the recommendations from researchers like Taglione and Brown, who emphasized the benefits of robust primary care systems (Taglione & Brown, 2023). However, as shown in Table 3, the study found that patient expectations consistently exceeded their actual experiences across all dimensions, indicating areas for improvement.

The significance of patient experience as a measure of healthcare quality is underscored by studies such as those by Marcinow et al., which link patient experiences to patient safety and clinical effectiveness (Marcinow et al., 2022). Understanding and addressing patient needs is crucial for delivering patient-centered care within fulfillment centers, as emphasized by the Agency for Healthcare Research and Quality (Agency for Healthcare Research and Quality, 2023). By focusing on these aspects, healthcare providers can enhance the overall quality of care and better meet patient expectations.

Table 3 Quality and Accessibility Healthcare Services

Quality and Accessible Healthcare Services	*Expectation*		*Experience*	
	Mean	SD	Mean	SD
Reliability				
The healthcare services are provided promptly	4.57	.584	4.39	.666
The quality of care I receive from healthcare providers meets my expectations	4.54	.584	4.41	.678
The healthcare services are well-organized to meet my needs	4.56	.586	4.43	.690
The wait times for the services including my appointment are reasonable	4.45	.702	4.26	.789
My health records are accurate and are kept accordingly	4.63	.563	4.26	.789
Reliability	4.55	.521	4.35	.648
Assurance				
The healthcare personnel are trustworthy	4.71	.483	4.59	.607
All patients receive equal treatment regardless of their background.	4.67	.527	4.52	.621
The healthcare environment feels secure and promotes safety	4.66	.510	4.56	.601
The healthcare facility efficiently uses its resources (personnel, facility, etc.)	4.63	.538	4.53	.595
The healthcare personnel provide demonstrated knowledge and professionalism	4.64	.537	4.52	.642
Assurance	4.66	.446	4.54	.538
Tangibility				
The facilities and equipment are up to date	4.62	.541	4.52	.566

The healthcare facility is well-maintained and comfortable	4.64	.518	4.54	.587
The healthcare personnel are tidy, presentable, and wear appropriate attire	4.60	.545	4.51	.610
The healthcare services are complete for my healthcare needs	4.63	.550	4.54	.613
Tangibility	4.63	.477	4.53	.526
Empathy				
The healthcare services provided are suitable and appropriate for my needs	4.63	.531	4.51	.589
Services are sensitive and respectful of my cultural needs and background	4.62	.533	4.52	.603
The healthcare providers demonstrate a positive attitude towards patients	4.64	.539	4.54	.610
The healthcare providers are culturally competent and sensitive to the patient's needs	4.64	.544	4.51	.632
The facility offers flexible operating hours that accommodate my schedule	4.66	.542	4.49	.665
Empathy	4.64	.480	4.51	.558
Responsiveness				
I am well-informed about the accessibility of healthcare services offered	4.61	.562	4.48	.635
There are enough healthcare providers available when I need them	4.60	.584	4.46	.680
The healthcare personnel are willing to help/assist	4.63	.567	4.53	.638
The healthcare personnel are well-organized and respond to my needs	4.62	.577	4.51	.649
The waiting time for services is reasonable	4.58	.647	4.42	.745
Responsiveness	4.61	.515	4.48	.596
Quality and Accessible Healthcare Services	4.62	.432	4.48	.500

Further, in Table 3, it also underscored the growing importance of measuring patient experience as a key indicator of healthcare quality, focusing on dimensions such as Reliability, Assurance, Tangibility, Empathy, and Responsiveness. Among these, Reliability showed the largest gap, particularly in maintaining accurate health records, while Assurance highlighted the need for improved trustworthiness and equitable treatment by healthcare personnel. Tangibility scores were relatively strong but revealed minor issues related to staff presentation. Empathy scores pointed to the need for more flexible operating hours to accommodate patient schedules, and Responsiveness scores reflected dissatisfaction with waiting times. These findings align with Mosadeghrad's 2014 study, which emphasized that internal and external factors—such as resource availability, patient engagement, and provider collaboration significantly influence healthcare service quality and outcomes. The study reinforces the notion that understanding and addressing patient experiences is essential for improving healthcare

systems and meeting patient expectations effectively (Mosadeghrad, 2014).

An article by Pechansky and Thomas (1981) emphasized that access in healthcare policy reflects the alignment between providers' and clients' characteristics and expectations, making positive patient experiences critical for high-quality primary care. Patient experience encompasses various aspects of healthcare delivery valued by patients, such as timely appointment scheduling, convenient access to information (including electronic medical records), and effective communication with healthcare providers. These elements are essential for patient- centered care, as highlighted by the Agency for Healthcare Research and Quality (2023). Furthermore, improving patient experience not only enhances care quality but also addresses systemic issues like communication gaps and delays, ultimately fostering trust and satisfaction in healthcare interactions.

Patient-Reported Care Outcomes

Patient-reported outcomes were notably positive across dimensions such as understanding illness, coping strategies, maintaining health, managing life challenges, and confidence in health management, with self-assessment scores ranging from 4.53 to 4.60 on a 5-point scale. This conforms with the study of Rose et al. (2019) demonstrated that high-quality primary care significantly enhances health outcomes, reduces disparities, and lowers healthcare costs. Key factors contributing to these improvements included the regularity of visits, the breadth of services offered, and the roles of healthcare professionals.

Table 4 Patient-Reported Care Outcomes

	Mean	SD	Description
Able to understand your illness	4.60	.553	Very High
Able to cope with your illness	4.53	.580	Very High
Able to keep yourself healthy	4.60	.557	Very High
Able to cope with life	4.55	.590	Very High
Confident about your health	4.55	.559	Very High
Able to help yourself	4.58	.563	Very High
Overall	4.48	.576	Very High

Relationship and Correlation between Quality and Accessibility of Healthcare Services and Patient Outcomes

The study found statistically significant positive correlations between all dimensions of healthcare quality and patient-reported outcomes, as shown in Table 5. The reliability expectations among patients were consistently higher than their actual experiences, with notable gaps in prompt service, waiting times, and record accuracy. The findings corroborate with Mosadeghrad (2014), noting that variations in internal factors such as resource availability and staff collaboration can directly impact the reliability of healthcare services, suggesting that targeted improvements in these areas may help close the experience-expectation gap and enhance overall service quality. Assurance (provider competence) and tangibles (facility quality) were moderately strong predictors of better outcomes, highlighting the importance of trust in providers and well-equipped facilities. Empathy and responsiveness also showed meaningful links to

improved outcomes by emphasizing compassionate care and timely assistance. These findings underscored the critical role of healthcare professionals in primary care settings in fostering patient satisfaction and achieving better health outcomes as also highlighted in the studies by Rose et. al in 2019 and Lukewich et.al in 2022 (Rose et al., 2019; Lukewich et al., 2022).

Table 5 Relationship between Quality and Accessibility of Primary Healthcare Services and Patient Health Outcomes

Quality and Accessibility of Healthcare Services	Patient-reported Care Outcomes		Decision
	Pearson Correlation (*r*)	p-value (p)	
Reliability	.327	.000	Reject Ho1
Assurance	.403	.000	Reject Ho1
Tangibles	.385	.000	Reject Ho1
Empathy	.368	.000	Reject Ho1
Responsiveness	.384	.000	Reject Ho1
Overall	.400	.000	Reject Ho1

Moreover, the correlation analysis in Table 6 revealed strong, statistically significant positive relationships between both Expectation-Outcome ($r = 0.733$, $p = 0.000$) and Experience- Outcome ($r = 0.932$, $p = 0.000$), with Experience demonstrating a notably stronger influence on improved patient outcomes. These findings confirm that while both factors positively impact outcomes, actual service experiences exert a substantially greater effect than patient expectations.

Table 6 Correlation between Quality and Accessibility of Primary Healthcare Services and Patient Health Outcomes

Variables Paired	*r*	p-value	Remarks
Expectations & Outcome	.733	.000	Significant
Experience & Outcome	.932	.000	Significant

The study highlighted the multifactorial nature of healthcare outcomes, emphasizing the interplay of socioeconomic factors, individual behaviors, provider competence, and system-wide quality improvements in shaping patient experiences and results. Patient interactions with various aspects of the healthcare system—including health plans, practitioners, and staff across hospitals and clinics—are central to evaluating patient experience (How Patient Experience Affects Healthcare Quality and Reimbursement, 2023). Tailored strategies informed by geodemographic insights can address the specific needs of the predominant patient demographic while enhancing accessibility for the broader community. Efforts to reduce waiting times, improve record-keeping accuracy, and ensure equitable treatment are critical for fostering trust between patients and providers. Additionally, empowering patients through education and resources can sustain their high self-reported care capabilities while encouraging active engagement in managing their health (Ferreira et al., 2023; Bhatt et al., 2024). These findings underscore the importance of addressing social determinants of health, such as economic stability and access to healthcare services, to achieve better health outcomes

(Medical News Today, 2025).

Predictors of Patient Health Outcomes

The regression analysis in Table 7 examined whether patient expectations and experiences, as key domains of healthcare quality, predicted patient outcomes by testing the null hypothesis that neither domain significantly influences outcomes. The results indicate that both predictors are statistically significant: patient expectations had a coefficient of 0.138 ($p < .001$), while patient experiences showed a much larger unstandardized coefficient of 0.908 ($p < .001$) and a standardized Beta of 0.850, establishing experiences as the dominant predictor. The model demonstrated strong explanatory power with an R^2 of 0.874, meaning that these two domains account for 87.4% of the variance in patient outcomes. This means that 12.6% variation of patient outcomes can be attributed to other factors aside from expectation and experiences.

Table 7 Regression Analysis on the Domain of Quality and Accessible Primary Healthcare Services that best predicts Patient Health Outcomes

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Remarks	Decision
		B	Std. Error	Beta (β)				
	(Constant)	-.199	-.096		-2.061	0.40		
1	Expectation	.138	.030	.111	4.579	.000	Significant	Reject Ho2
	Experience	.908	.026	.850	34.959	.000	Significant	Reject Ho2

Note: R=935, R-square=.874, F=1584.137, p=.000

CONCLUSIONS

The study identified that the primary patient population served by the hospitals comprises predominantly women aged 26 to 35 with moderate incomes, primarily residing in General Santos City, underscoring the necessity of tailoring healthcare services to address their specific needs, particularly in reproductive health and preventive care. Consultations emerged as the most frequently utilized service, indicating a substantial demand for primary care and diagnostic services. The near-equal distribution of insured and uninsured patients highlights the importance of implementing flexible payment mechanisms to enhance both access and affordability.

While the overall quality of healthcare services was deemed satisfactory, notable gaps were observed between patient expectations and actual experiences, specifically concerning medical record accuracy, waiting times, and scheduling flexibility, which adversely affect patient satisfaction. Addressing these deficiencies necessitates targeted investments in infrastructure and comprehensive staff development programs aimed at enhancing provider competence and empathy, alongside the adoption of strategies to improve record accuracy, reduce waiting times, and increase scheduling flexibility.

Furthermore, the study demonstrated a positive association between healthcare service quality and patient-reported outcomes, with patients consistently reporting high self-assessment scores across various health domains. These findings emphasize the critical importance of adopting a patient-centered approach that aligns healthcare delivery with the needs of the primary patient population, addresses identified service gaps, and promotes equitable access to high-quality care, thereby fostering improved

patient outcomes.

Building upon the findings regarding healthcare service utilization patterns and the discrepancies between patient expectations and experiences within fulfillment centers, this study proposes a comprehensive, patient-centered framework to enhance quality, accessibility, and outcomes. This framework emphasizes a tripartite approach encompassing People, Process, and Design. For People, it advocates the implementation of structured cultural competency and empathy training for all clinical and non-clinical personnel, establishment of patient advocacy programs, leadership development focused on patient-centered care, interdisciplinary training for administrators, and ongoing professional development. Process improvements include the deployment of patient journey mapping initiatives, adoption of evidence-based clinical pathways, enhancement of medication safety protocols, application of Lean management principles, and integration of advanced health information technologies. Design recommendations prioritize facility upgrades addressing cleanliness, comfort, accessibility, and optimized patient flow, guided by continuous patient feedback mechanisms. Furthermore, to strengthen the Master of Arts in Hospital Administration curriculum, the integration of interdisciplinary coursework, case-based learning, leadership and management modules, cultural competency training, and quality improvement methodologies is essential. To empirically validate and refine these strategies, a prospective, multi-center longitudinal study employing advanced statistical methods is recommended. Collectively, these recommendations aim to establish a sustainable, continuous improvement cycle that advances patient outcomes, operational efficiency, and healthcare equity within fulfillment centers.

REFERENCES

Agency for Healthcare Research and Quality. (2023, September). What Is Patient Experience?

Bhatt, L. D., Ghimire, S., & Khanal, K. (2024). Patient satisfaction and their determinants in outpatient department of a tertiary public hospital in Nepal: a cross□sectional study. Journal of Patient-Reported Outcomes, 8(1), 26.

Brito Fernandes, Ó., Baji, P., Kringos, D., Klazinga, N., Gulácsi, L., Lucevic, A., Boncz, I., & Péntek, M. (2019). Patient experiences with outpatient care in Hungary: results of an online population survey. The European Journal of Health Economics, 20(S1), 79–90.

Department of Health. "Universal Health Care | Department of Health Website." Doh.gov.ph, 2011, doh.gov.ph/kalusugang-pangkalahatan.

Ferreira, D. C., Vieira, I., Pedro, M. I., Caldas, P., & Varela, M. (2023). Patient Satisfaction with Healthcare Services and the Techniques Used for Its Assessment: a Systematic Literature Review and a Bibliometric Analysis. Healthcare, 11(5), 639.

Fullman, N., Yearwood, J., Abay, S. M., Abbafati, C., Abd-Allah, F., Abdela, J., Abdelalim, A., Abebe, Z., Abebo, T. A., Aboyans, V., Abraha, H. N., Abreu, D. M. X., Abu-Raddad, L. J., Adane, A. A., Adedoyin, R. A., Adetokunboh, O., Adhikari, T. B., Afarideh, M., Afshin, A., & Agarwal, G. (2018). Measuring performance on the Healthcare Access and Quality Index for 195 countries and territories and selected subnational locations: a systematic analysis from the Global Burden of Disease Study 2016. The Lancet, 391(10136), 2236–2271.

George, M. S., Davey, R., Mohanty, I., & Upton, P. (2020). "Everything is provided free, but they are still hesitant to access healthcare services": why does the At Your Service… 48 indigenous community in Attapadi, Kerala continue to experience poor access to healthcare? International Journal for Equity in Health, 19(1).

Gizaw, Z., Astale, T., & Kassie, G. M. (2022). What improves access to primary healthcare services in rural communities? A systematic review. BMC Primary Care, 23(1).

Hassan, M. (2022, September 22). Simple Random Sampling - Types, Method and Examples. Research Method. https://researchmethod.net/simple-random□sampling/

How Patient Experience Affects Healthcare Quality and Reimbursement. (2023, September).

Jacobs B, Ir P, Bigdeli M, Annear PL, Van Damme W. Addressing access barriers to health services: an analytical framework for selecting appropriate interventions in low-income Asian countries. Health Policy Plan. 2012;27(4):288–300.

Liu, S. W., Singer, S. J., Sun, B. C., & Camargo, C. A. (2011). A Conceptual Model for Assessing Quality of Care for Patients Boarding in the Emergency Department: At Your Service… 53 Structure-Process-Outcome. Academic Emergency Medicine, 18(4), 430–435.

Lukewich, J., Martin-Misener, R., Norful, A. A., Poitras, M.-E., Bryant-Lukosius, D., Asghari, S., Marshall, E. G., Mathews, M., Swab, M., Ryan, D., & Tranmer, J. (2022). Effectiveness of registered nurses on patient outcomes in primary care: A systematic review. BMC Health Services Research, 22(1).

Marcinow, M., Health, T., Harprit, P., Trillium, S., Partners, H., & Kuluski, K. (2022). Patient Experience Journal Patient Experience Journal the Use of Patient Experience Data for Quality Improvement in the Use of Patient Experience Data for Quality Improvement in hospitals: a Scoping Review hospitals: a Scoping Review Lauren Cadel Trillium Health Partners Follow This and Additional Works at: https://pxjournal.org/journal Part of the Quality Improvement Commons Recommended Citation Recommended Citation the Use of Patient Experience Data for Quality Improvement in hospitals: a Scoping review. Patient Experience. Journal, 9(1), 174–188.

Mishra, A. (2020, October 11). Servqual Questionnaire with FREE template. Management Weekly.

Mosadeghrad, A. M. (2014). Factors Affecting Medical Service Quality. Iranian Journal of Public Health, 43(2), 210–220.

Rose, A. J., Timbie, J. W., Setodji, C., Friedberg, M. W., Malsberger, R., & Kahn, K. L. (2019). Primary Care Visit Regularity and Patient Outcomes: an Observational Study. Journal of General Internal Medicine, 34(1), 82–89.

Taglione, M. S., & Brown, J. B. (2023). Primary care engagement in health system change: a scoping review of common barriers and effective strategies. BMC Primary Care, 24(1).

Panteli, D., Quentin, W., & Busse, R. (2019). Understanding healthcare quality strategies: a five- lens framework. In www.ncbi.nlm.nih.gov. European Observatory on Health Systems and Policies.

World Health Organization (2008). The world health report. Primary Healthcare - Now