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Total Quality Management, Safety and Stakeholders Satisfaction: Model for Healthcare Administration

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ABSTRACT

The health care industry has undergone turbulent change over the past decades. The industry and political leaders have grappled with several issues that impact access to care, quality of care, and the cost of care. The COVID-19 pandemic highlighted these challenges even more, as hospitals struggled to treat the overwhelming influx of patients and worked to prevent the spread of disease. For private hospitals, the challenge is even more overwhelming with a transition towards the VUCA (Volatile, Uncertain, Complex, Ambiguous) world of the healthcare landscape.

The increasing rivalry of players in the private hospital industry demand that administrators drive the optimal performance of hospitals as well as the provision of high-quality, safe, effective, and efficient services amidst the high rivalry of players in the industry. For optimum medical services to be provided, managers and planners must have some knowledge of the hospital performance based on the relevant index. Therefore, it is important to identify the factors affecting the overall performance of the hospital.

Today's patients, like any other customers, are well informed, discerning, and demanding. This is not only because of the availability of extensive information about the variety of similar products and services available to them but also from the improved marketing capabilities of the hospital to introduce their best services by promoting their respective state-of-the art medical equipment and excellent hospital experience they can offer to patients. This situation necessitates the service provider strive to provide their customers with products and services of greater value. To effectively do this, hospitals must be consistent with what their patients need and want and are willing to pay for. Health care providers in turn, must be willing to provide service with quality and safety to ensure customer satisfaction (Medina, 2016).

The study explored Total Quailty Management, safety, and stakeholder's satisfaction: model for healthcare administration. More specifically, it describes the profile of respondents. For the doctors and employee respondents, the description was in terms of age, gender, civil status, educational level, annual income, job tenure, job position and TQM training. For patients, the description was in terms of age, gender, civil status, educational level, work industry, job position, annual income, length of hospital service experience and hospital services utilized.

It determines Total Quality Management in terms of: policy and strategy documents availability, personnel attributes, protocols, guidelines and procedures, elements of quality and safety management systems, process and outcome evaluation and patient involvement. It determines safety in terms of: hospital's surge capacity, infection control prevention measures, case management, human resources, diagnostic capability, and logistic and supply chain management. It determines customer satisfaction by

considering patients, employees, and doctors in terms of: tangibility, reliability, responsiveness, assurance, empathy, and affordability. It tests the effects of the demographic profile of respondents on the agreement to TQM, Safety and Customer Satisfaction. It tests the relationship and interactions between three variables of interest using PLS-SEM. The structural model was examined to determine the relationships among the three variables that led to a mediation framework for healthcare administrators.

The study employed two research designs - descriptive, and causal/explanatory designs. Participants were patients, employees, and doctors of the selected Level 2 and 3 hospitals based on the classification of the Department of Health in the Philippines with a total of 600 respondents, comprised of 200 patients, 200 doctors and 200 employees as supported by an accredited statistician through random sampling. The respondents came from ten private hospitals, three coming from South Luzon, two from Manila, three from North Luzon, one from Visayas and 1 from Mindanao.

Result shows that there were two stakeholders for the study, the Employee/MD respondents, and the patient respondents. Majority of the respondents are from North Luzon region, operate in a level 2 hospital, work in a hospital that can accommodate 100 to 199 inpatients for full-time healthcare and accommodation in the hospitals, have been working for a hospital that has been operating for at least 10 years, 100 to 199 accredited doctors, work in a hospital that has at least 500 employees, employees are mostly medical doctors, have stayed with the same hospital for at least 10 years, mostly female employees, aged between 30 to 60 years old, married, postgraduate degree, professional or technical occupation, monthly house income of at least 100,000 pesos, have undergone TQM training, got their treatment in the South Luzon region, belong to healthcare industry, regular workers, receive 10,000 to 29,999 pesos for their monthly salary, experienced hospital services for 1 to 3 years, patients avail both inpatient services and outpatient services during their healthcare from the hospital.

Stakeholders agree on all the dimensions and attributes of TQM. Policy and strategy documentation had the highest agreement score while elements of quality and safety management and process and outcome evaluation were given the lowest agreement score. More so they agree on all the dimensions of safety. Infection control and prevention and case management had the highest agreement scores while surge capacity got the lowest agreement score. Furthermore, they agree on all the dimensions of customer satisfaction. Assurance and empathy were given the highest agreement score while affordability was given the lowest agreement score.TQM and safety have a significant and direct effect on customer satisfaction. TQM has a moderate mediation between safety and customer satisfaction. The proposed mediation framework of total quality management between safety and customer satisfaction with multigroup analysis illustrates how each variable affects another variable. More so, safety has a significant effect on the TQM.

The researcher recommends that the management may focus on a more intensive stratification and profiling of stakeholder and patients considering comparative analysis across the different levels of hospitals besides the regions. The hospital management staff may establish key results areas that are shared by departments that will enhance various discipline to work together for the improvement of the services rendered by the hospitals through an unbaissed quality audit department for a more efficient and effective management that will ultimately lead to the delight of stakeholders.

The management staff may further promote awareness and visibility of quality promoters in the hospitals by creating a process and work teams to improve collaboration between healthcare workers and management for an integrated development policy through a more effective and efficient IT systems and the use of data to improve hospital policies. The hospitals under study may draw up facility plans and

processes to ensure capacity to address surges of future pandemics by ensuring more competent since the hospitals within the study are valued for their ability to admit inpatients and prioritization depending on the situation at hand in the hospital.

The researcher posited that the hospitals under study may invest more mechanisms, stations and graphics relating to infection control in the hospital to improve general sentiment for this attribute. Generate improvement for presence of psychosocial teams and availability of minimum number of personnel within the hospitals. The hospitals may include in their future provisions; adequate and convenient parking spaces, information brochures, improvement of appointed time, records retrieval, quality and affordable health care, competent health care practitioners with experiences and trainings, improved facilties, better safety culture, accurate billing charges, good feedback mechanism to ensure continuous improvement.

Future researchers may review the dimensions of the variables under study and include other demographics not utilized in this study for a more comparative analysis.

Keywords: Total Quality Management, Safety, Stakeholder's Satisfaction, healthcare administration

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DEDICATION

This is dedicated to our Lord God Almighty above all with the intercession of our mother Mary Mediatrix of All Grace. All glory and honor belong to Him.

This paper is also dedicated to my family. This is for my dada in heaven Francisco, my mother Dionisia, siblings Sheila, Bong, Stella and Rico. Dedications also to my children John, Matt, Mika, Cheska, Anika and Luke and most of all to my husband Jay who supported me all throughout this journey. I could have not done this without all of you. You are my strength and the wind beneath my wings.

INTRODUCTION

The clinical benefits industry has gone through stormy shift all through the direction of ongoing numerous years, even more so in the past three (3) years. The clinical benefits industry pioneers have grappled with a couple of issues that impact permission to mind, nature of care, and the cost of care on a full-scale perspective. The Covid pandemic of 2020 highlighted these troubles essentially more, as crisis centers combat to treat the amazing surge of patients and endeavored to supply thwart the spread of sickness amidst the lack of arrangements and work. For private clinical facilities, the test is fundamentally more overwhelming with a change towards the VUCA (Flighty, Questionable, Confounding, Dubious) universe of the clinical benefits scene due to the rising rivalry of players in the secret center industry. The interest is for heads to drive the best show of clinical facilities through plans of unrivaled grade, safeguarded, convincing, and capable organizations to resolve the high dispute of players in the business.

For ideal clinical advantages to be given, bosses and coordinators ought to conclude the critical crisis center record for execution as per the client. The current patients are a lot of instructed, knowing, and mentioning. This is a consequence of the openness of expansive information about the scope of similar things and organizations available to them yet likewise considering the prevalent advancing limits of the centers. This current situation extends the prerequisite for expert associations to try to outfit their clients with things and organizations of more vital worth. Among the many perceived regard isolating contribution is quality making it as the fundamental capacity of various affiliations (Almaamari et al., 2017). The overall example toward Hard and fast Quality Organization (TQM) execution plans to reliably chip away at the idea of clinical consideration organizations to fulfill patients' presumptions and lift the use of open resources for additional foster consideration results (Hidaya 2022). Alongside quality elements, for instance, patient security culture and patient satisfaction are solidly associated with the crisis center execution (Stock GN 2017). Security and convincing thought require various parts of a clinical benefits system to be especially consolidated and worked with (Nie Y 2013). Since patient prosperity society impacts execution, it makes experts center around staying aware of and propelling patient security while giving clinical benefits organizations by influencing the hardheaded approaches to acting of clinical consideration providers (Arshadi 2017).

Clinical benefits affiliations ought to have the choice to arrange the patient security points of view that need brief thought, perceive characteristics and weaknesses of their prosperity society, assist clinical benefits units with recognizing their patient prosperity, and benchmark their interests and scores against various centers (El-Jardali 2011). Utilizing the TQM processes in the clinical benefits region can augment patient prosperity in this note (Stock GN 2017). TQM has emerged as a promising method for supporting the suitability and capability of clinical consideration interest in such manner (Ishfaq 2016).

TQM similarly highlights people and cycles. Its goals are progressive accomplishment and shopper reliability (Sadikoglu 2014). As calm suspicions and accomplices' presumptions in clinical benefits continue to climb close by the different macroenvironmental factors impacting this change. These suspicions ought to be administered and passed on to additionally foster outcomes, decline commitment, and brace patients and accomplices' steadfastness. Understanding suspicions can additionally foster satisfaction level. Patients and accomplices in this season of clinical benefits, due to the fear and apprehension accomplished by the pandemic, interest for quality and security are responsible for the patients, subject matter experts, and other brought together clinical benefits staff's activity for the choice of crisis center providers of care. Regulating and plan of the suppositions on quality and prosperity transforms into a value isolating suggestions for every clinical center.

Hard and fast Quality Organization thusly is an organization thinking that achieves Significance on Business using estimations adjacent to quality, to satisfy the rising suppositions undeniably including the parts of patient security as consideration.When watching out for satisfaction issues, matters associated with medication errors, falls, and fall shield, ideal exploration community results review and procedural affirmation (which are immovably associated with patient prosperity as well) are without a doubt very relevant.Added to these security presumptions are the plans of frameworks to hinder and control sicknesses and cross contaminations. In general quality and security in clinical benefits has two perspectives: the objective and concentrated aspect as well as the close to home and emotional part. Much as the past is huge, as we continue to encourage the top tier clinical consideration structure and establishment, the last choice is much the same way as essential. Patients' manner of thinking of their contribution in the clinical benefits system ought to have an effect on the clinical consideration coordinators, chiefs, and methodology makers since this experience, whatever amount of the particular idea of care, will conclude how people use the structure and how they benefit from it provoking satisfaction.Patient satisfaction is a patient's (loaded with feeling or significant) response to their (psychological or data based) evaluation of the clinical consideration provider's show (saw quality) during a clinical consideration use insight.

The chief characteristic of significant worth and security in clinical consideration organization is by assessing the client's wisdom (O'Connor et al., 2021). Patient wisdom has been portrayed as a huge extent of seen quality in clinical consideration organizations. Honestly, it has been depicted by (O'Connor et al., 2021) that "the patient perspective is logically being viewed as a huge sign of prosperity organization quality and may indeed address the central matter of view". Extraordinary assistance experienced by the patients in a particular center means patients' satisfaction. Observational confirmation support the causal association between the impression of clinical consideration quality and patients' satisfaction (Singh. et al., 2014). Various clinical benefits providers fathom that giving purchaser dependability is an imperative determinant of long stretch sensibility and accomplishment (Andaleeb, 2011). Nevertheless, studying the perspective of the clinical benefits providers relative with their view on how clinical consideration organizations are passed on to patients would be additional determinants for the crisis center to look at the whole point of view on its structure and further evaluate where to target key overhauls. Even more subsequently, choosing the profile of the respondents, for instance, individual and prosperity related profile like availability of medical care, different sickness characterizations and repeat of availment of organizations and how this fluctuate generally from the clear idea of clients can be appropriate to all the more promptly work with understanding that would engage the clinical facility to all the more promptly rival other abutting clinical consideration workplaces.

As calls are made for an additional calm centered clinical benefits structure, it becomes fundamental to describe and measure patient impression of clinical consideration quality and to see even more totally what drives those bits of knowledge that lead to satisfaction. Confirmation of how TQM affects security practices and customer devotion as well as the opposite way around not permanently set up to make an administrative model that will coordinate crisis facility pioneers in spreading out records to help crisis centers as well as solidify patient associations.

Objectives of the Study

The study explored Total Quailty Management, safety, and stakeholder’s satisfaction: model for healthcare administration. More specifically, it describes the profile of respondents. For the doctors and

employee respondents, the description was in terms of age, gender, civil status, educational level, annual income, job tenure, job position and TQM training. For patients, the description was in terms of age, gender, civil status, educational level, work industry, job position, annual income, length of hospital service experience and hospital services utilized.

It determines Total Quality Management in terms of: policy and strategy documents availability, personnel attributes, protocols, guidelines and procedures, elements of quality and safety management systems, process and outcome evaluation and patient involvement. It determines safety in terms of: hospital's surge capacity, infection control prevention measures, case management, human resources, diagnostic capability, and logistic and supply chain management. It determines customer satisfaction by considering patients, employees, and doctors in terms of: tangibility, reliability, responsiveness, assurance, empathy, and affordability. It tests the effects of the demographic profile of respondents on the agreement to TQM, Safety and Customer Satisfaction. It tests the relationship and interactions between three variables of interest using PLS-SEM. The structural model was examined to determine the relationships among the three variables that led to a mediation framework for healthcare administrators.

REVIEW OF LITERATURE

Total Quality Management in the Healthcare Industry

Quality might be depicted as an apparent norm for everything, whether it is a thing, a material, or an individual. Due to the intricacies of the ongoing industry climate and results, safeguard and client centered procedures should make association or a genuine quality thing from a complete arrangement of framework (Abbas 2020). The way of thinking of complete quality association (TQM) finds out about the associations and frameworks of the enormous number of people expected in the new turn of events and utilization of associations by affiliations, representatives, and providers, requiring the board and clients to keep on fulfilling the assumptions of the clients (Abukhader 2021). Complete quality association in this way recommends an affiliation's association and laborers' tireless endeavors to remain mindful of extended length client constancy and steadfastness.

Regard for Complete Quality Association (TQM) has changed into a general flightiness; affiliations and communicates from one side of the world to the other are taking a gander at it (Al-Shdaifat, 2015). Without a doubt, one might say that quality has changed into the essential limit of different affiliations and the viewpoint of affiliation and way of life empowers it to make due and continue to consider the moderate and rapid ecological changes and expanded discernment of clients of the degree of critical worth in the work and things accommodated them (Almaamari et al., 2017). The general model toward Inside and out Quality Association (TQM) execution plans to dependably work on the possibility of clinical thought associations to satisfy patients' doubts and expand the use of open assets for extra cultivate thought results (Hidaya 2022). Using TQM processes in the clinical thought area can expand patient security.

Hence, TQM has arisen as a promising procedure for supporting the reasonableness and capacity of clinical advantages interest in such way (Ishfaq 2016). TQM underlines individuals and cycles. Its objectives are genuine achievement and purchaser steadfastness (Sadikoglu 2014). Expansions in clinical thought uses, dependence on improvement, and the need to fulfill overall principles and licenses are a piece of the essential burdens resisting current success affiliations (Aiken 2012), and satisfying the necessities of patients, which requires emergency offices to save a raised suspicion for service.TQM further makes emergency focus execution (Schakaki 2017, Baidoun SD 2017, Aburayya 2020). Several appraisals have been coordinated to investigate the impacts that solidifying TQM standards has on an

association's general sensibility and execution. Since "quality specialists" like Walter Shewhart, Edwards Deming, Joseph Juran, Philip Crosby, Armand Feigenbaum, Kaoru Ishikawa, and others underlined the basic control of Immovable Quality Association and its significance in getting different evened out benefits. Two or three scientists have granted an interest recorded as a printed form about it and its suggestions. Several specialists think about TQM a point of convergence for extra making execution (García-Bernal and Ramírez-Alesón, 2015; Anil and Satish, 2019). TQM is seen as a wellspring of key position (Ferdousi et al., 2018). It is in addition seen for of dealing with cash related execution and accomplishing benefit (Milovanovic, 2014). It besides filled in as a wellspring of buyer loyalty (Sheikholeslam and Emamian, 2016). An exceptional number of studies have revealed fundamental and extraordinary affiliations (Zehir 2012). In helping emergency office quality, the whimsy of lacking execution of clearing quality association is a tremendous concern for focus supervisors and faculty in standard clinical offices. Notwithstanding having a middle debacle plan and driving drills and duplications, it has been seen that public clinical offices are ill-equipped and weak against man-made disasters. These variables can affect the office's ability to equip patients with quality and safe idea (Austin 2020).

As clinical thought costs keep on rising, clinical thought purchasers surmise that help quality should move along. The review made by (Nguyen et al 2019) examined the impact of Immovable Quality Association by a clinical thought office on saw association quality and patient fulfillment. Complete Quality Association and saw association quality was utilized to energize a model appearance that the two factors obviously impacted patient fulfillment. Complete Quality Association fundamentally influenced clear help quality and patient fulfillment; saw association quality impacted patient's fulfillment .(Nguyen et al 2019). Additionally, the developments in climate, society, and political methods basically impact the forerunners in emergency communities too. There are different challenges in managing clinical thought relationship in an unfeeling business place with a little help from certified bodies particularly in a non-current country. The improvement of contemplations, for example, TQM and Six Sigma has essentially added to the combination of the word. TQM 'Full scale Quality Association' is rehearsed overall at various affiliations and Clinical offices are no outstanding case for this. (Balasubramanian 2016). These days, clinical thought is an inconceivably amazing locale and development of association is isolated thought. Quality can be a normal point of view to address the need of all friendly events in clinical advantages. Quality improvement is the cycle strategy for dealing with the association's down to earth inconveniences. The drive to address the quality in clinical thought has changed into a general unconventionality. A quality upheaval for transport of association with patient at the middle and associations around it is the interest of the time (Aggarwal et.al,2019).

Complete quality association in this way is a design that genuinely commits to quality the responsibility of all clinicians and pioneers commonly through the clinical advantages connection. In TQM, structures are spread determined to prevent clinical and regulatory issues, increment patient fulfillment, dependably work on the connection's cycles, and give clinical thought associations as remarkable, or better, than those of the contenders. Client center, mess up avoidance, expert interest, joint exertion, systemization, drive and consistent quality improvement are TQM all over association contemplations that can be moved to any business setting. TQM incorporates quality as the huge evaluation metric, unsurprising improvement as the point of view and worker responsibility as the approach.TQM programs in clinical advantages can be surveyed, without the essential for a critical information on the business earth shattering conditions (Balasubramanian 2016).

To this end quality association has changed into a basic issue in clinical advantages affiliations (offices) during the most recent few decades. The drawn-out thought concerning quality is an immediate consequence of administrative principles, the impact of clients, and clinical office the board drives. Thusly, the control of government as the first supplier of clinical thought (HC) associations has changed. Plus, the clinical thought market is transforming from a maker organized to a client organized market because of the rising impact of clients and public strains. Along these lines, the patient changes into a client for the clinical thought affiliations, or more probable a quick basic collaborator who participates in a choice - making process. (Balasubramanian 2016).

Complete Quality Association (TQM) is comparably a piece of Feasible Turn of events (SD) and spotlights on really taking care of human and material assets of relationship to accomplish set forth targets. Counting the help business as a pertinent assessment, the objective of TQM is buyer commitment through quality development of associations, utilitarian execution, and reasonableness (Nassar et al 2015). Complete quality association (TQM) is also viewed as an association system that underlines a ceaseless, connection wide work to remain mindful of worth client support and fulfillment. Once more the objective of TQM is to foster client unwaveringness by conveying association levels that keep clients returning. The way of thinking requires predictable examination from representatives and clients to close how associations and things can be worked on across the connection and is supposed to assist relationship with finding a technique for supporting their situation keeping watch, increment capability, further encourage client steadfastness and fulfillment, lift expert sureness level, and further cultivate processes.Whereas different quality association methodologies base on unambiguous working environments, TQM reviews each division for ceaselessly managing an affiliation's things and associations.

The more you encourage cycles in each office, the simpler it will be to give more important things and associations to clients. With TQM, everybody in the affiliation ought to be founded on quality improvement with the typical objective of helping client trustworthiness and fulfillment. (White 2022). In this note, TQM application is fundamental to warrant legitimate adequacy (Al-Ali, 2014).

Since the point of view of TQM depends upon the anticipated improvement of interior and outside activities of association and present-day affiliations, it is fundamental that affiliations endeavor to offer quality sorts of help to their clients that beat their necessities and wants (Al-Shdaifat, 2015). If all else fails, applying the viewpoint of TQM prompts improvement in the possibility of association, which in this way prompts broadened patients' (buyers') fulfillment which is viewed as one of the focal devices for surveying the possibility of organizational setting Seen organization quality (PSQ) improvement raises client fulfillment. It has transformed into a requirement for general prosperity associations to zero in on dealing with the idea of prosperity organizations provided for their patients by understanding the parts impacting the extended satisfaction of their clients (Agyapong and Kwateng, 2018). No matter what the rising thought for TQM and its association with clinical consideration quality, most of the past assessments focused in on TQM and its effect on PSQ, patient satisfaction (PS) and lead objectives (BIs) overall stressed on gathering industry, ignoring various ventures like clinical consideration (Agyapong and Kwateng, 2018). In addition, barely any observational assessments focused in on the assessment of PSQ and, shockingly, by far most of them focused in on made countries, little care in regards to this kind of study was paid in Bedouin countries (Baidoun et al., 2018). Also, the previous assessments focused in on the direct causal association among TQM and patient satisfaction without complement on possible parts through which TQM could decide lead assumptions (Alzoubi et.al. 2019).

With the given intensifying overall monetary competition and other external pressures, affiliations have been obliged to pursue continuing on through quality and quality organization which will, in this way, overhaul their high ground (Alzoubi et.al. 2019). Quality as a thought has changed all through the long haul, and it remembers objective quality coming close to for the characteristics and nature of work and items that meet certain and express client demands. It in like manner consolidates close to home quality which connotes the ability to convey work and items in the best, fruitful and successful way. TQM has transformed into a critical organization approach for impelling practicality in the clinical benefits region. Accomplices in the prosperity region should present and do TQM in centers and offices. (Alzoubi et.al. 2019).

At the clinical consideration setting view, quality has everlastingly been centered around since the hour of Florence Warbler (Vituri 2015). Taking into account that quality affirmation is a basic for monetary perseverance (Antunes 2000) and that it is a moral, legal and social opportunities matter, the prosperity region has been worried about it for north of 10 years (Adami 2000). Quality affirmation is gigantic as it concerns customer devotion and the lessening of risks related with clinical benefits to a base. In the present moment, clinical benefits have transformed into a making calling with a method for managing care quality through the assessment and rule of development, cycle, and care result parts. (Alzoubi 2019).

Furthermore, research has shown that the clinical benefits structure is facing a store of challenges which consolidate high thought cost, rapidly growing dependence on development, financial stress on prosperity affiliations, decline in clinical benefits quality,(Aiken 2012, McClellan 2014) fulfillment of patients' necessities (Chang 2013), expanded amounts of patients who are encountering different sicknesses, extended interest for first rate care, extended clinical consideration costs and cost-guideline pressures (WHO 2000). A couple of assessments have shown that a working way to deal with vanquishing clinical consideration challenges is through an intervention program that will come close to quality organization (Cummings 2014). TQM is a system done by the organization of a relationship to achieve the satisfaction of clients/patients (Srima 2015). The meaning of TQM as a framework to additionally foster various leveled execution has occupied in this season of globalization (Hietschold 2014). Different investigation has revealed the impact of TQM in the progression of system quality and improvement of both agent and various leveled execution. TQM is known for consistent quality improvement, quality organization and complete quality control (McClellan 2014). TQM is held to be an imaginative method for managing the organization of affiliations. In the clinical region, TQM facilitates quality heading in all cycles and systems in clinical benefits movement (MoHSW 2013). It is as of now being extensively taken on in the clinical region of various countries.

TQM recollects everyone to improve cycles, product, organizations, and culture to satisfy purchasers and various accomplices (Yeng 2018). TQM emphasizes client solicitations and presumptions to further develop thing/organization/process quality and business execution (Sadikoglu 2014). Dynamically, TQM is becoming seen as a fundamental piece of additional moral vital strategies and the somewhat long improvement of HR. TQM-based organization, especially concerning chipping away at the idea of the association. Collaboration is expected for all people from the affiliation. The progress of business the board, creation the leaders, promoting the chiefs, client care and the board, HR, and money related resources are dependent upon it. In a TQM system, progressive trailblazers fathom that the affiliation is a structure, help delegates with creating, set up various ways for different levels of the relationship to chat with each other, and use the information to utilize good instinct. Trailblazers should

similarly encourage delegates to partake in essentially choosing and provide laborers some control over their positions. The level of dedication and interest shown by upper organization is among the principal factors that can be pondered while analyzing the capability of TQM methodologies. To extend's cognizance delegates could decipher quality practices in TQM gathering and practices, overseers should show more authority than customary organization approaches to acting (Sadikoglu 2014, Goetsch 2010).

TQM's guiding principles are consistent improvement, the board commitment to client euphoria, specialist reinforcing, and client focus. Different new improvement projects are laid out on TQM thoughts, regardless of the conviction that TQM is a dated thought. For instance, the striking Six Sigma thought for achieving zero bungles is surely impossible as opposed to in everyday quality organization yet rather a technique that is associated with it. The TQM is to make it serviceable for a relationship to offer work and results of the best possible quality. This will allow the relationship to be more serious and perform better (Khan 2011). Additionally, research has shown that an extension in quality productively influences the overall show of an affiliation. TQM might potentially lessen goofs and work on figuring out satisfaction. Specifically, TQM will work with the improvement of a patient-engaged, secured and fruitful system, in this way updating patient satisfaction (Aburayya 2020, Jaiswal 2019, Talib 2019). With TQM, the goal is to attract and convince all levels of the affiliation's workforce to get a sense of ownership with association's thriving. It is crucial that everyone in the affiliation coordinate to continually chip away at the assigned plan, specifically, the idea of care provided for patients to resolve their issues and suppositions (Talib 2019).

TQM is major for a relationship to update organization quality and resource use (Ishfaq 2016). In overall challenge, affiliations work on their overall reality by giving great things and organizations (Aldaweesh 2012). The primary country to execute the strategy was Japan. Anyway, the application's speculative thoughts were made in the US. During the focal point of the 1980's, TQM procured reputation. Most of the contemplations that structure the reason of the TQM principles were made in the 1950 and 1970's (Aburayya 2020, Oakland 2014).

The consistent progress of science and development, close by a determined focus on dealing with grasping thought, are the focal properties of the cycles used to evaluate clinical facility quality (Busari 2012). Quality has become logically fundamental to associations like crisis facilities and various regions with enormous client bases (Aburayya 2020, Punnakitikashem 2012). The patient's suppositions before they pick can influence the idea of the assist, they with getting, as can the quality that is given and the idea of the outcome that is gotten. While surveying the idea of care provided for a patient, one ought to start with the patient's necessities and keep on evaluating the patient's level of satisfaction. Both the patients' presumptions and their certifiable experiences shape the idea of the assist they with getting. Expecting the clear assistance matches the typical help, the quality will be sensational or positive. When diverged from what was generally anticipated, the certified level of organization gave is chosen to be preferable over the ideal. If the genuine idea of the clear assistance is lower than what was generally anticipated, then the overall idea of the obvious help is negative or poor (Kotler 2012).

Energy among clients is straightforwardly connected with the degree of administration they get, which not entirely set in stone by their emotional suppositions about how well they believe they were dealt with and how well they believe they accepted their ideal outcomes (Filiz 2010). Great consideration is characterized as addressing the necessities of patients while additionally fulfilling the prerequisites of medical care suppliers by complying with the norms and rules that have recently been laid out in the clinical setting (Mosadeghrad 2014). Clients are bound to stay faithful to an organization on the off chance

that they experience elevated degrees of fulfillment with the brand and the items or administrations they get (Hussain 2014).

A coordinated exertion with respect to medical care staff and partners to address framework wide issues is expected for there to be enhancements in the general nature of emergency clinics. The primary thing that should be done is to assembled an upkeep group that is fit for giving significant level issue care, successful initiative, and versatile change the board (Silver 2016). A few viewpoints go into deciding the nature of the help gave, First, following through on guarantees, offering exact support beginning to end, and taking care of issues with constancy are instances of fantastic client support. Besides, administration that is conveyed rapidly and properly, prepared reaction, and all-around customer assist with estimating responsiveness. Third, trust, security, and amicability are everything ensured and Actual structure is assessed utilizing standard measurements. The consequence of this is that medical clinic-based quality pointers, which are habitually connected to the medical clinic's construction, interaction, or results, consistently assess the quantitative as well as subjective consideration gave. The pointers give a portrayal of features of medical services that are used for the motivations behind checking, benchmarking, and focusing on exercises to achieve constant quality improvement (World Wellbeing Association 2013, Vega 2017).

While deciding the nature of an item or administration, TQM thinks about both inward and outside client input. Accordingly, for medical clinic partnered gatherings to fathom and esteem how it affects quality to be available, they should initially acquire a comprehension of both the cycle and the client.

In TQM, everyone of an organization's administration exercises is designed for accomplishing one essential objective: consumer loyalty. No matter what the moves initiated by the executives, they will be ineffectual on the off chance that they don't decisively build the degree of consumer loyalty. With regards to the inexorably merciless contest that exists between the administrators of medical care benefits, the quest for quality is at the front line of the discussion. As an outcome of this, the TQM system puts a high need on precisely deciding the prerequisites of clients as a part of the most common way of concocting another item or service.With the assistance of TQM, directors can offer vital arrangements that emphasis on counteraction as opposed to review; consequently, it can likewise be utilized as a nitty gritty technique to foster hierarchical viability that includes everybody engaged with the interaction (Aburayya, 2020). It is important to look at the policymakers or partners who were engaged with the underlying and utilitarian planning of the vision and mission construction and capability to help the assessment of the execution of wellbeing administrations considering the current vision and mission.

This will assist with guaranteeing that the assessment is exact. One of the signs of a decent administration framework is how much the execution depends on the vision and mission. As a rule, medical clinics will comply to a quality strategy, which is likewise once in a while alluded to as a help obligation to patients, to pursue the target of accomplishing elevated degrees of patient fulfillment. It is guessed that quality approaches in medical clinics will incorporate not just the frameworks that help administrations to clients/patients yet in addition the frameworks that execute wellbeing and work security in medical clinics and other social frameworks. This will be the case since quality arrangements in emergency clinics will incorporate the frameworks that help administrations to clients/patients (Hidaya, 2022).

A far-reaching framework that distinguishes and checks all perspectives and components that work with execution as per principles is expected to help the nature of a medical clinic's consideration as it is given to patients. This is important to keep up with the elevated degree of care that the emergency clinic

gives. Emergency clinics are expected to design out a work program in a way that is intelligent of the quality objectives that the emergency clinic has set for itself. TQM is likewise viewed as a compelling and very much coordinated method for creating, improve, and keep quality high. This empowers all divisions to perform at the most noteworthy conceivable level for the least conceivable expense to satisfy the necessities of clients (Irfan 2012).

TQM rehearses are required for effective execution and further developed execution, as indicated by studies (Irfan 2012, Sila 2000). TQM is an administration approach that is broadly viewed as being ground breaking and imaginative among the two organizations and different sorts of associations. TQM is a framework that, when applied to the clinical business, guarantees that a quality center is kept up with all through each step of the medical services conveyance process. This guarantees that patients get the most noteworthy conceivable norm of care the slightest bit (Alzoubi 2019).

There is a relationship between's quiet fulfillment evaluations and specialized proportions of care, which demonstrates that these measurements can be utilized to assess the nature of care given by an emergency clinic (Isaac 2010). Assuming it is carried out, TQM will prompt expanded degrees of medical caretaker execution at each level (Alzoubi 2019, El-Tohamy 2015). Likewise, both hypothetical exploration and information gathered from this present reality have shown that executing TQM in an authoritative cycle constantly prompts upgrades in that association's degree of execution. This has been demonstrated to be the situation in a manner that is genuinely critical. This is the case whether or not the examination is done in a controlled climate or in the genuine climate (Hidaya 2022). The TQM system puts an accentuation on understanding fulfillment, the distinguishing proof of association wide issues, the turn of events and advancement of open decision-production among staff individuals, and the turn of events and advancement of open decision-production among patients. Likewise, the system puts an accentuation on the distinguishing proof of association wide issues. Every representative is liable for the nature of the work they produce, and done as such in a way makes this conceivable. This approach permits every representative to take on a portion of the responsibility for the aggregate sum of work finished (Hidaya 2022).

The concentrate by (Hidaya et al 2022) reasoned that the TQM can be applied to emergency clinic associations, and that assuming it is accurately carried out, it can possibly add to an improvement in emergency clinic care. Moreover, it should give guidance for the execution of TQM, which tends to mistakes, supports quality, and increments patient fulfillment on account of standing out the ongoing execution from that of the earlier year. This is finished to guarantee that patients get the most ideal consideration. Since it works on the exhibition of medical services experts, TQM is gainful to the medical care industry since it prompts better expectations of direct and more complete commitment to the consideration of patients. This will, throughout the span of time, bring about an improvement in the general nature of general emergency clinics on the grounds that the nature of clinic programs is reliant upon the advancement of departmental practices toward the foundation of principles (Hidaya 2022). TQM is valuable to wellbeing administrations since it works on the presentation of wellbeing laborers, which brings about more excellent way of behaving and an all out obligation to working with patients. TQM is likewise gainful in light of the fact that it works on the exhibition of patients. A procedure in light of complete quality administration is used to effectively accomplish this objective. Thus, the spotlight that is put on subsystems inside clinic quality control serves to both bring and try TQM. One technique that can be utilized to achieve this goal is the formation of a thorough TQM scientific classification. This scientific

categorization would portray the manner in which TQM rehearses are coordinated into frameworks that work with more elevated levels of execution, as well as the purposes behind doing so (Hidaya 2022).

The examination by Vituri and Évora demonstrates that the writing on TQM in wellbeing areas uncovers that TQM has been completely taken on in some wellbeing organizations (Vituri et al 2015). The execution of TQM, whereupon the outcome of TQM pivots, is mind boggling and complex; it relies upon a decent blend of specific indicators (Mosadegh 2016), and its advantages are challenging to achieve. Various method for coordinating indicators of TQM, albeit conflicting, have arisen in the writing. A few indicators have been viewed as significant to TQM achievement (Kumar 2011) and hence the uncommon indicators which can be taken on by associations, independent of their industry, type, size or area (Zairi 2011) These indicators are viewed as the determinants of firm execution through powerful execution of TQM. By the by, synergistic reconciliation of indicators and components, also called CSFs and which decide the progress of TQM execution, has been the most despicable aspect of hypothetical advancement in the TQM research region. A portion of these indicators have been accounted for, by surviving examinations to emphatically affect execution (Sadikoglu 2014).

The concentrate by (Zaid et al 2020) targets looking at the linkage between full scale quality organization (TQM), saw organization quality (PSQ), as well as their impact on the patient satisfaction (PS) and direct points (BIs) among Palestinian clinical consideration affiliations. Drawing on an outline, results doubtlessly showed that TQM in a general sense impacts PSQ and PS; PSQ determinedly influence PS and BIs and BIs are affected quite by PS. Moreover, the positive association between PSQ and BIs is intervened by PS.

A last model was cultivated that shows that both TQM and PSQ clearly influence PS and BIs. Considering the eventual outcomes of this survey, facility bosses are proposed to design the chiefs' frameworks that are more persevering centered and underline around particular as well as down to earth capacities of the expert associations to fulfill the client's suspicions. The audit spread out the quick effect of PSQ on BIs of clients and the assertion of the mediating effect of PS on the positive association among PSQ and BIs. These revelations are viewed as basic in fundamental organizing provoking better buyer reliability. (Zaid et al 2020).

Likewise, significant issues exist and can hamper speculative improvement in the investigation district. The composing needs foundation and plan on which the investigation on TQM in the clinical benefits setting is based, and relationship between focuses on TQM in the clinical consideration setting can scarcely be drawn. The current status of enduring assessment on TQM in the clinical benefits setting exhibits that there is a prerequisite for more investigation close by (Aquilani 2017). New data headway concerning ID of fitting pointers for productive TQM that overhaul suitability in the clinical consideration region should be made and where further investigation ought to be done should be recognized (Alzoubi 2019).

In a calculated composing overview, the middle markers (ie, tutoring and planning, constant quality improvement, patient focus/satisfaction, top organization obligation and coordinated effort) perceived in the survey were among the elements seen as central and as frequently as conceivable involved CSFs in the past deliberate review-based assessments (Hietschold 2014, Aquilani 2017).

This endorses and attests to the disclosures of the past assessments. Moreover, it is found that the most taken on research procedure in TQM in the clinical consideration setting is cross-sectional investigation; 56% of the examined explored articles (Alaraki 2014, Sweis 2013) used a cross-sectional investigation plan, but 32% of the assessments used a semi exploratory assessment approach. This exhibits

that there is at this point a necessity for more investigation on TQM in the clinical benefits setting which will take on a semi exploratory assessment approach, because semi preliminary examination design can be very useful in seeing general examples from the results and diminishes the difficulty and moral worries that may be related with the pre-decision and sporadic undertaking of guineas pigs. On the geographical region perspective, the result of this assessment showed that 28% of the surveyed examinations were coordinated in Iran while 20% of the assessed examinations were driven in Jordan; 12% and 8% of the reviewed examinations were driven in Saudi Arabia and Pakistan, independently. Various assessments, 4% each, came from India, Namibia, Turkey, the US, France, and Mauritius (Aldoubi 2019).

Regarding the effect of pointers on execution in the investigated assessments, it is found that all the picked articles that reviewed the effects of the middle markers (constant quality improvement, tutoring and planning, patient fixation/satisfaction, top organization obligation and cooperation) of TQM show a useful result of TQM in the clinical benefits region (Aldoubi 2019). Likewise, the composition and correct evidence have shown that TQM in a legitimate cycle for the most part achieves better execution of the affiliation. TQM bases on industrious satisfaction, affiliation issue ID, building and progression of open choice creation among laborers. It embraces a widely inclusive methodology that gives space for every expert to share responsibility in regards to the idea of the work done. It uses legitimate parts, similar to stream and quantifiable layouts and checksheets, to gather information about practices in an affiliation. In the clinical region, TQM targets embedding bearing of significant worth in all cycles and philosophy in the movement of prosperity organizations (MoHSW 2013).

The recognized focus TQM markers presented confirmation that centers' organization should contemplate entrenchment of steady quality improvement, tutoring and getting ready, patient fixation/satisfaction top organization obligation and collaboration in the execution of TQM, which will hence redesign facility execution. Considering that TQM markers are various and some of them have been seen as focus in a couple of unequivocal settings, organizations, perspectives, etc, it is held that accomplices in different regions/undertakings should begin to perceive the most vital TQM practices that suit their conditions, goals, techniques and expected displays (Alzoubi 2019).

Chiarini et. al., (2019) acquainted a paper with widening the conversation on complete quality organization (TQM) execution in the clinical consideration region and to evaluate how and whether authority can impact TQM execution. The paper relied upon revelations from a composing overview of TQM and drive. The makers separated the revelations to sort the purposes behind a shortfall of drive in TQM program executions. The makers propose three groupings of explanations behind a shortfall of organization in TQM program execution. The chief reason is prominent: a shortfall of positioning chiefs' consideration and obligation. The ensuing grouping is the "joined power" that occurs in colossal clinical consideration affiliations; and the third characterization is the effect of an external "political organization" on open clinical consideration. The paper gives examiners three classes of purposes behind dissatisfaction of organization in TQM execution that can be explored. It similarly upholds reflections from experts concerning TQM organization in the clinical consideration region. The makers request that experts contemplate approaches to making or backing a "strong" organization, especially in colossal relationship, to ensure a run of the mill vision, values, and mindset for unitary TQM organization. The paper by (Chiarini et al 2017) moreover separates and proposes three groupings of causes associated with a shortfall of TQM drive in clinical benefits.

Safety

Patient security is a fundamental piece of clinical thought and is viewed as a significant part for extra making success results. The arrangement of defended and quality thriving association that is available to the necessities of the individuals is an urgent assist with pointing in accomplishing Clinical advantages for all (DOH AO 2020). Patient Success is a clinical advantages discipline that arose with the making eccentricism in clinical thought structures and the subsequent move of patient mischievousness in clinical advantages work environments. It desires to forestall and decrease dangers, bungles and deviousness that happen to patients during plan of clinical advantages. A supporting of discipline is unending improvement thinking about gaining from bungles and unsavory occasions (WHO 2019). Patient flourishing is basic to conveying quality fundamental thriving associations. For certain, there is a reasonable comprehension that quality thriving associations across the world ought to be persuading, safe and individuals focused. Moreover, to appreciate the potential gains of huge worth clinical thought, flourishing associations should be favorable, fair, solidified, and valuable. To guarantee useful execution of patient security techniques; clear systems, authority limit, information to drive success upgrades, gifted clinical advantages subject matter experts and viable relationship of patients in their idea, are undeniably required (WHO 2019). In the Philippines, the Patient Security Program will be regulated in all wellbeing offices at all degrees of care. Key components of the program incorporate Administration and Administration, Hierarchical Turn of events, Hazard The board, Cooperation and Correspondence, Human Asset Improvement, Documentation and Detailing, Wellbeing Laborer Security, and Patient-focused Care and Empowerment.The commitment and arrangement of different partners will be finished for compelling Patient Wellbeing Project execution and fulfillment of wellbeing framework objective. (DOH AO 2020).

To guarantee security in the emergency clinicsmedicalll wellbeing offices will execute techniques, for example, the romotion of culture of wellbeing through functional and administrative procedures that help quality and productivity to diminish gambles, appraisal of the nature and size of antagonistic occasions through responsive and proactive components, preparing and limit working of wellbeing labor force delicate to patient wellbeing through staff proficient advancement projects and preparing that increment proficient skill, patient wellbeing mindfulness, and capacity of medical services groups for compelling system execution, anticipation and control of Medical care Related Disease through consistence with the Contamination Counteraction and Control norms set in A.O. 2016:0002 or the Public Arrangement on Disease Anticipation and Control in Medical care Offices. The execution of key need regions such Quiet ID Conventions, Viable Correspondence, Fall Avoidance, Prescription Security, Safe Careful Attention, Blood Wellbeing, Safe Labor, and Safe Infusions are likewise remembered for the procedures with the expansion of prioritization, advancement, and assistance of patient wellbeing research and the ability to direct it inside the wellbeing office (DOH AO 2020)

Security of patients over the span of activity of flourishing associations that are defended and of unimaginable is an essential for developing clinical thought designs and gaining ground towards viable wide success joining (UHC) under Genuine Improvement Objective 3 Confirmation sound lives and advance thriving and flourishing for all at all ages. Target 3.8 of the SDGs depends on accomplishing UHC "counting cash related bet security, consent to quality head clinical advantages associations, and enlistment to shielded, doable, quality, and reasonable essential drugs and immunizations for all."

In seeking after the objective, WHO seeks after the chance areas of strength for of trusting UHC to be a strategy for overseeing accomplishing better success and guaranteeing that quality associations are given to patients securely. It is likewise fundamental to see the effect of patient success in reducing costs

related with patient damage and further making proficiency in clinical thought frameworks. The blueprint of safe associations will correspondingly assist with supporting and reestablish associations' confidence in their clinical thought structures (World Thriving Connection, 2019). Also, Patient security culture is recognized to be the most basic push toward progress in the nature of clinical thought development which will impact patient fulfillment (Momodou 2012).

Clinical mistakes are inescapable miserable truth of clinical practice. In that capacity, foundation of patient security culture in medical care association has been displayed to have a potential for working on persistent wellbeing (Momodou 2012). These clinical mistakes, as per the concentrate by Gadd and Collins (Gadd 2016), don't begin from simply human blunder, possibility, ecological elements, or innovative disappointments alone, rather it is the imbued authoritative arrangements and norms which have more than once been displayed to originate before the fiasco. Subsequently, advancing society of security in working environment, which ought to zero in on mistake as a wellspring of progress and not for accusing representatives included, is required (Elosus 2016).

Security culture is how wellbeing is overseen in the working environment. It frequently mirrors the perspectives, convictions, discernments, and values that representatives share according to somewhere safe and secure (Arabloo 2016). The World Wellbeing Association characterized patient security as a decrease of hazard of superfluous mischief related with medical services to a satisfactory level (WHO 2019). Associations that guzzle great patient wellbeing society are portrayed by cooperation, common trust, correspondence, shared discernment around security, and certainty of viability of preventive measures (Elosus 2016). The estimation of security culture in medical services is by and large viewed as the most vital move toward progress in medical services conveyance (Hoffman 2014). Thusly, it is viewed as a part of medical services conveyance that is non-debatable, medical care suppliers have in this manner been urged to focus on it in their training (Obinna 2015).

Further, Patient security which emerged from the medical care quality development is characterized as "the anticipation of harm because of mistakes came about because of carelessness in obligations."(Stavrianopoulos 2012). Considering this review, security and successful consideration require all different components of a medical services framework to be very much incorporated and facilitated (Nie 2013). As indicated by measurements, one-fifth of the number of inhabitants in each public is presented to clinical blunders and this rate might depend on 35%-42%.

Accordingly, a huge number of individuals might bite into the dust or be harmed inferable from preventable clinical errors. Accordingly, patient wellbeing has drawn in the consideration of numerous specialists in the field of wellbeing lately (Keykaleh 2018). Since patient security culture influences execution, it makes specialists focus on keeping up with and advancing patient wellbeing while giving medical care administrations by impacting the intentional ways of behaving of medical care suppliers (Arshadi 2013). Evaluating the association's current wellbeing society is the most important phase in fostering the security culture. Surveying patient security culture, expected by legitimate global associations, permits medical services associations to acquire an unmistakable perspective on persistent wellbeing viewpoints that need quick consideration, recognize qualities and shortcomings of their security culture, help medical care units distinguish their patient security, and benchmark their concerns and scores against different emergency clinics (El-Jardali 2011)

In the examinations that were led, it was distinguished that two expansive conceptualizations are related with patient security rehearses in medical services offices, including the need to stay away from damage to patients and accentuate the nature of care delivered to patients and families. These two

conceptualizations underscore wellbeing laborers' liability to the patient and the consideration cycle (Aveling 2015).

The properties that were distinguished to be related with patient wellbeing were hours worked each week, support in a patient security program, revealing of unfavorable occasions, correspondence receptiveness, collaboration inside the medical clinic, hierarchical learning, and trade of criticism about the mistake (Kumbi 2020). In an overview of specialists, emergency clinic obtained disease (64.0%) was viewed as a significant issue connected with patient wellbeing. In correlation, others (34.0%) distinguished the abuse of blood bonding administrations as a significant issue in tolerant wellbeing (Nwosu 2019).

In Ethiopia, people group drug specialists showed a high sure reaction rate exhibited in the areas of cooperation (90.2%) trailed by actual space and climate (83.1%) (Yismaw 2020). In Jimma emergency clinic in Ethiopia, cooperation inside the unit is the main region with above 75.0% positive reaction score (79.4%). Different regions with a composite level of positive reaction underneath half were recurrence of occasion report (28.3%), clinic the board support for patient security (34.8%), emergency clinics handoffs and change (41.4%), non-corrective reaction to blunder (44.8%), cooperation across the unit (47.4%) and correspondence transparency (48.8%) (Belay 2018). There were five spaces where the outcomes were critical: generally, obligation to quality aspect ($p = 0.031$); researching patient wellbeing episodes ($p = 0.028$); hierarchical getting the hang of following a patient security occurrence ($p < 0.001$); correspondence about wellbeing issues ($p = 0.046$); and group working around wellbeing issues ($p = 0.019$) (Mayeng 2015).

In Ghana's upper east district, two elements of patient wellbeing society recorded the most elevated scores and included cooperation inside units (81.5%) and authoritative learning (73.1%) (Akologo 2019). Specialists were reliably bad pretty much each of the nine patient security aspects, while medical caretakers were tepid in their reactions on eight of the aspects. The outcomes demonstrated that the local area administration staff had unfortunate assessments on practically every one of the nine aspects. The correspondence about security issues scored especially ineffectively at 74.2% ($p = 0.001$) (Mayeng 2015).

On the inescapability of patient prosperity rate, a pack in South Africa showed that the level of significance of patient security was represented as 18.0% unimportant, 35.0% minor, 25.0% moderate, 12.0% major, and 10.0% terrible (Gqaleni 2020), as the overall level of patient security culture was represented as 44.0% in Ethiopia (Kumbi 2020). In a multi-country examination of patient security in clinical consideration associations following an episode of Covid pandemic, expert prosperity obligation inside the clinical consideration workplaces was quantifiably basically higher than the leader’s security need, obligation, and capacity (Moda 2021).

The request for Patient Prosperity Event (PSI) in South Africa considering workplaces showed that PSIs were assembled into six classes: crisis facility related episodes (42.0%); patient thought related episodes (30.0%); passing (12.0%); medication related events (7.0%); blood thing related episodes (5.0%) and Technique related episodes (4.0%) (Ggaleni 2020). In Nigeria and Uganda, 30.0% of the individuals said botches consistently occur, while simply 3.3% were dubious how regularly bungles occur in their clinical centers (Ente 2010).

The overall degree of positive responses was generally raised for repeat of event reporting (68.8%), chief/boss suppositions and exercises propelling security (68.1%), and least for facility the board support for patient prosperity (32.7%) (Cheikh 2016). Incredible patient security culture was positively associated with fundamental crisis centers (AOR = 2.56, 95% CI = 1.56-4.21) (Mohammed 2021). To the extent that

how regularly these mix-ups occur, 18 (30.0%) of them a significant part of the time (23.3%) it just so happens, and a comparable number rarely said (Ente 2010).

The repercussions of patient prosperity society were either certain or negative. The positive where those things that will require a respectable comprehension prosperity society are adhered to, and the unfavorable results are when there is sad patient security culture (Konlan 2022). One of the unpleasant effects of sad patient security practices was the bet of having some unsuitable operation performed on a patient [24]. Blood-related episodes (5.0%) and medication related events (7.0%) were more minor or insignificant, as a general rule, the cure measures were productive (Nwosu 2019). It was similarly seen that Ventilator-Related Pneumonia (VAP) was the fundamental driver of death in neonatal Coronary Thought Units (CCUs) (30.0%). Multi-drug resistance (80.0%) and the progression of bedsores (78.0%) were the most reported PSIs in multidisciplinary CCUs (Gqaleni 2020). Among social class drug experts in Ethiopia, there is no documentation in 59.0% of circumstances when a mistake that could have harmed the patient is corrected before the solution leaves the pharmacy (Yismaw 2020).

Positive repercussions of good calm prosperity society showed one delayed consequence of patient security inside the clinical consideration associations was the presence of specialists zeroed in on their positions in help movement (Labat 2016). In Ghana, security culture responsibility showed that intercessions on a very basic level superior organization cycles and obligation (Alhassan 2015). The clinical overseers scored just impressively certain progressive getting the hang of following a patient security event (62.9%). Experts scored the most raised on staff tutoring and getting ready inside their social affair about prosperity issues, the least insufficiently (58.3%)
(Mayeng 2015). In Ghana, interventions to chip away at tenacious security in clinical consideration workplaces showed extending patient prosperity and lessening bet in a general sense updated in intercession workplaces basically in the space of organization/obligation (Coef. = 10.4, $p < 0.050$) and staff capacities (Coef. = 7.1, $p < 0.050$) (Alhassan 2015).

The Patient prosperity issues are basic for additional creating prosperity results, reducing chance, and restricting the risks related with patient thought. Patient prosperity society, since its start, has gotten some thought assessment. It will in general be depicted as preventing clinical goofs, avoidable ominous events, protecting patients from harm or injury, and ensuring a helpful effort for individual clinical benefits providers and composed solid clinical consideration gatherings (WHO 2015, Kim 2015, Aveling 2015). These factors associated with patient prosperity in lower-focus pay countries may be individual or master openings or remissness, primary elements or the shortfall of reasonable data, old stuff, mechanical dissatisfaction or misapplication, or the hard and fast shortfall of the fundamental resources. Patient security because of prosperity can be achieved by ensuring having a positive itemizing society, restricting slip-up, making care, giving guidance, ensuring the use of reasonable clinical consideration specialists and equipment, embracing a non-rebuffing society, and propelling participation (WHO 2011, Kim 2015, Montoya 2013).

Essentially, the possibility of patient prosperity is to ensure a safeguarded environment for the thought of patients and clinical consideration specialists and assurance that the bet of injury is least. Patient prosperity rehearses should be seen as a culture and become piece of clinical consideration associations' standard assistance movement practices (Kim 2015). The world prosperity affiliation requests that the discipline of patient prosperity ensures worked with tries to prevent hurt, lessen risk, secure clinical consideration cycles, and produce an immaterial risk to the patients (WHO 2011, WHO 2015, Montoya 2013).

Assortment of factors related with practicing patient security in clinical benefits foundations. These factors are associated with correspondence, botch recognizing confirmation, information dispersal, preparing, coordinated effort, mind boggling expertise, structures, patients, the board culture, and drive. In a purposeful study showing interventions focuses on focused in on chipping away at lenient security, five themes related to patient prosperity society, which are screw up, correspondence, cooperation and drive, structures, and situational care (Konlan 2022, Gordon 2012).

The scope of the connected components displays the total thought of patient security, and clinical benefits foundations ought to perceive these factors as care creation and guidance stay a tenacious activity. This shows that in-organization staff planning on lenient prosperity viewpoints ought to be a consistent cycle that handles, evaluates, and progresses each component of the security perspective. The course of action of patient prosperity perspectives ought to be clearly depicted to propel tutoring and getting ready while simultaneously considering appropriate evaluation of the thought including objective devices in clinical benefits associations (Konlan 2022, Gordon 2012). Moreover, enrolling the genuine number of capable staff is major as staff burnout was recognized as a critical component influencing patient prosperity practices (Panagioti 2018).

It was recognized that a couple of various factors influence the patient prosperity society in clinical benefits establishments. These factors range from the individual, structure, master, clinical center or institutional, and external components. The responsibilities of these factors are moved and different. These revelations look like those that represented that a couple of fundamental factors that seem to impact this culture are thriving, burnout, distress, anxiety, bad quality of life, and stress (Entryway 2016).

These components were noted to relate to self-declaring bumble, organization process, botch correspondence, human factors associated with clinical consideration providers, and human components associated with patients (nonattendance of thought, stress, shock, and shortcoming), the clinical consideration environment, specific components, and awful objective extents of goofs (Hall 2016, Chaneliere 2018).

It has been seen that there is assortment in the acumen and use of patient security culture inside clinical consideration workplaces in Africa. Growing data and enabling patient security culture stay cardinal to positive patient outcomes. The wide assortment in the practices and data on patients' security culture can be attributable to the assortment connecting with structures, monetary, social, master, and impression of prosperity and clinical consideration inside various African areas. These separating viewpoints on impression of patient security culture inside clinical benefits workplaces were in like manner reported in another purposeful review (Okuyama 2018).

Synchrony in contemplations by all clinical expert centers will help the conceivable aftereffect of patient security social measures. Standardization of procedures and methodologies is central as those all stay a benchmark for propelling positive patient outcomes and restricting the bet related with sad thought (Konlan 2022). The fundamental assessments didn't recognize the effect of clinical center sort, workforce, sort of organizations, and patient security culture in clinical consideration establishments. Patient security practices ought to be disengaged inside these limits to clearly depict interventions that will be specially crafted to chip away at figuring out prosperity and advance patient security inside clinical benefits foundations. Subsequently, future assessments should in like manner zero in on account of facility type, workforce, sort of organizations and patient security culture in clinical benefits establishments (Konlan 2022).

A couple of factors related with patient security are individual, gathering, office, and exact components that unfavorably influence the patient prosperity society ought to be reduced to propel better comprehension results while enabling positive forces to be reckoned with. Individual data can be dealt with through guidance, and getting ready, while exact hindrances to patient prosperity society are discarded through worked with, conscious approaches combining multi-factorial points of view. To achieve a positive patient prosperity society inside clinical benefits workplaces, clinical consideration chiefs ought to know about this need and establishment measures to progress recommended systems. Non-restorative movement by subject matter experts, assessment of slip-ups, tutoring, correspondence, and further created data will be valuable. Solidifying patient security exercises in prosperity headway by showing staff will be essential in propelling the lifestyle in clinical consideration associations. In like manner, using intercession research systems to raise best practices imperative to help movement will be essential in propelling patients' security culture. Intervention assessment could propel patient prosperity society, botch uncovering, and regard for the thought, especially among clinical benefits providers (Konlan 2022).

Factors, for instance, patient prosperity society and patient satisfaction are unequivocally associated with the crisis facility execution (Stock GN 2017). Similarly, patient prosperity which arose out of the clinical benefits quality advancement is described as "the evasion of mischief in light of bumbles came about on account of heedlessness in commitments (Stavrianopoulos T.2012).

Taking into account to this survey, security and strong thought require various parts of a clinical benefits structure to be particularly consolidated and created (Nie Y 2013).Patient prosperity has attracted the thought of various experts in the field of prosperity in continuous years(Keykaleh MS 2018) Since patient security culture impacts execution, it makes experts center around staying aware of and propelling patient prosperity while giving clinical consideration organizations by influencing the purposeful approaches to acting of clinical benefits providers (Arshadi 2017).

Studying patient prosperity society, expected by genuine worldwide affiliations, grants clinical benefits relationship to procure an undeniable viewpoint on determined security perspectives that need speedy thought, recognize characteristics and deficiencies of their security culture, assist clinical consideration units with perceiving their patient prosperity, and benchmark their interests and scores against various facilities (El-Jardali 2011). Results exhibited a positive and basic association between understanding security culture and center execution (Stock GN, 2017).

Security culture is the aftereffect of individual and social event values, viewpoints, perceptions, abilities, and individual direct guidelines managing the working environment of clinical core interests. Subsequently, it includes the obligations, methods, and capacities of an affiliation in regards to prosperity the board and spotlights on open minded security as the principal objective of the affiliation. More capacities address more focus on achieving the natural goals of the affiliation and in this manner better execution (Thomas 2012).

Patient prosperity and patient satisfaction remains firmly associated (Weingart 2016) examined inpatients' reports of organization episodes and needs assistance quality like stops/delays, sad correspondence, sad thought coordination, nonattendance of respect for individual tendencies, or biological issues. They saw that as by and large 40% of patients reported something like 1 event and that specifying of episodes was connected with diminished patient satisfaction. A concentrate by Meade et al (Meade 2016) assumed that security and satisfaction answer similarly to redesign nursing works out. A quick appraisal of the association between's broad continuous satisfaction scores and overall delegate

assessments of patient prosperity from comparable plan of crisis facilities found a critical relationship (Wolosin 2015). Clinical centers assessed by delegates as having acceptable staffing levels produce elevated degrees of patient satisfaction.

The concentrate by (Wolosin 2015) found a connection between a demeanor of shortcoming and lower levels of patient satisfaction, moreover. Another audit, upheld by Association for Prosperity Investigation and Quality (AHRQ) to focus on the association between diligent security culture and satisfaction as reviewed by patients was finished by Larson (Larson 2012). They found that an association exists between crisis center patient prosperity society and patients' positive assessments of the thought they get in those facilities (Larson 2012).

The specialist side of the quality condition was examined, they observed that a demonstration of culture that highlights quality downfalls specialists' assessments of both their likelihood of making bungles and their movement of unsatisfactory patient thought. This integrates failure to resolve patient issues for information which is a huge driver of patient satisfaction. Along these lines, there is evidence that there is an association between lenient security and patient satisfaction. (Williams et al 2017).

The ascent of the Covid pandemic in mid 20201 immediately impacted everyday presence. Clinical consideration organizations didn't move away from the remarkable changes constrained by the Covid pandemic. In the early months of the pandemic, the symptoms of the affliction and experiences concerning the state of affairs conveyed were dark. As the amounts of cases the country over began to flood, clinical benefits providers, because of authentic need, diminished up close and personal consideration and shielded resources by changing to telemedicine2 and postponing various elective procedures.3 The item was twofold: to reduce the load on destroyed clinical benefits structures through extended patient flood, lacks of individual guarded gear (PPE) and ventilators, and to decrease transparency of patients at higher bet of Covid related ominous outcomes to high-bet with conditions. Seeing the troubles of this unique disease and the possible threats to patient security, research in 2020 has focused in on how normal thought is being disturbed, how very front providers are being affected, and the potential mix-ups that could occur (Stacking 2021).

The Covid pandemic has phenomenally impacted how clinical benefits are conveyed. Providers and patients are investigating the usage of eliminating strategies and other expectation approaches highlighted restricting bet. On the provider side, state of the art staff is updating the movement of care, pondering the clinical benefits needs of the patient while similarly perceiving the strains that the pandemic has put on the structure (Rosenbaum 2020). Healthcare establishments are stood up to with the inconvenient task of achieving a concordance between the necessity for elective methods and the need to safeguard patients and staff from Covid (Rosenbaum 2020). Besides, facilities ought to zero in on squeezing prerequisites, similar to those incorporating patients with dangerous development, to ensure that they reasonably manage their stores of PPE, and simultaneously ease the risks of conceding finding and treatment, while moreover measuring the bet of contamination receptiveness to these immunocompromised patients (Stacking 2021). Healthcare providers and centers have seen a lessening in patients searching for emergency care for serious diseases. A sensation of fear toward sickness has held patients back from searching for routine clinical thought and screenings (Berstein 2020, Czeisler 2020) and data has kept a reduction in hospitalizations and a decreasing in emergency division visits, for specific states seeing whatever amount of a 45% diminishing in the mean number of emergency division visits every week. Further, the World Prosperity Affiliation surveys that in excess of 20 million routine preventive vaccinations will be recalled affectionately in light of the pandemic. The pandemic has

moreover been credited to delays in preventive harmful development screenings, and at last end and treatment, as well as advancing treatment of individuals with an ebb and flow sickness assurance (Rosenbaum 2020, Abdelmalek 2020, Stone 2021).

Delaying or surrendering care can unfavorably influence patients by potentially destroying long stretch outcomes coming about because of diseases and conditions that are currently dissected and conceding finding and following thought for unseen conditions (Williams 2020, Sud 2020). For a bigger piece of patients with steady conditions or experiencing an extreme event, delaying treatment could address a more important prosperity risk to them than does Covid. An accomplice focus on conveyed in September 2020 found that while patients may be stressed over contracting Covid in a center setting, it is outstandingly remarkable for patients to cultivate crisis facility got Covid when exhaustive illness contravention and control measures are set up.

As crisis centers return their elective philosophy and organizations, they need to pass and show on to patients their commitment to some place safe. For example, when facilities outfit patients with clinical covers, anticipate that providers should in like manner wear cloak reliably, limit the number of seats in sitting regions, and execute physical isolating and usage of plexiglass allocations, they are showing to illness patients, who are among the most at risk for hostile outcomes, their commitment to patient prosperity (Weintraub 2020)

Exceptional lacks of express supplies have made another surprising interference to typical thought. While inadequacies have not been for the most part competent the country over, where lacks of solutions and equipment do occur, they escalate threats to patient thought and clinical benefits work force security. In the early months of the Covid pandemic, countries searched for imaginative elective courses of action when standard PPE was confined, strikingly growing the usage of reusable PPE and reusing PPE not made arrangements for use with different patients e.g., N95 covers (Jessop 2020). In like manner, as metered segment inhalers diminished the spread of Covid when differentiated and remedy conveyed through nebulization, centers went up against lacks of prescriptions like asthma drugs and sedatives and injectable opiates for ventilated patients.In development to affecting their standard thought, the Covid pandemic has exacerbated patients' mental prosperity challenges, particularly among young adults, racial and ethnic minority social events, basic subject matter experts, and ignored adult parental figures (Czeisler 2020).

More than ever, patient responsibility by clinical benefits providers is fundamental to ensure that patient’s approach, and understand, the most reliable information available and have trust in the clinical consideration system. In that limit, the pandemic has upheld the necessity for extended patient and family responsibility and further developed usage of shared route (SDM). Changes in the way care is conveyed, through extended use of telehealth, offer providers the important opportunity to consider how to additionally foster patient organization strategies, associate directly with their patients, and combine far away SDM (Abrams 2020).

The presence of Covid locally may assemble the bet of scientific mix-ups. Sorts of bungles can recall missed not set in stone for patients to have respiratory issues, missed or conceded decision of a non-Covid condition because of the suspicion that the patient has contracted Covid, or a missed or delayed assurance considering an overwhelmed prosperity structure and staff (Khanna 2020). Mental and getting inclinations in choice creation during Covid are unsafe and address a bet to patient prosperity. Other than the way that they cause can providers to disregard other likely conclusions (Brown 2020), but the hankering to treat could really hurt more than perfect, particularly when decisions rely upon verbose

information, rather than careful verification-based study, like the case in the underlying relatively few months following the ascent of the disease (Stacking 2021).

Human factors guidelines address the collaborations among individuals and their working structures and can be helpful while endeavoring to sort out the explanations behind botches that result from human conditions like tension and exhaustion. Covid might potentially bring new comprehension harm events into clinical benefits structures and human components point of convergence can be particularly important for perceiving expected botch during a pandemic that has taken such a physical and significant expense for prosperity workers (Tejos 2020).

One gathering of experts coordinated a review of cases paid all due respects to the Pennsylvania Patient Security Enumerating System to recognize Covid related patient security events and saw that many related to human factors (Taylor 2020). Experts battle that taking on this human variable perspective can help with perceiving and prevent anticipated human missteps (Stacking 2021).

Experts perceived every step of the way in the pandemic that an extreme front-line staff have lacking readiness to precisely wear and doff PPE while truly zeroing in on a patient with a compelling disorder, and this deficiency can phenomenally construct the bet of pollution transmission. Tainting neutralization and control practices are fundamental pieces of the overall strategy to hold the spread of Covid inside clinical benefits workplaces and decline the bet of sickness among clinical consideration work force. Regardless, adherence to these guidelines can be truly hard for workers, particularly during floods in the number of patients requiring treatment. It is hard for prosperity workers to dependably pursue course that is frustrated, sketchy, or possibly developing in many cases. Additionally, a shortfall of help from the chiefs for workers trying to go along to the standards and a shortfall of open PPE can moreover limit the limit of laid-back workers to assent. Clear correspondence, sufficient supplies, planning in the use of PPE and pollution control principles and practices, and a consistent workplace prosperity society all add to productive adherence (Stacking 2021).

Work process update has been fundamental to help the ampleness of pandemic response. Not simply have acclimations to the work cycle, particularly for progressing settings, been instrumental in ensuring that fundamentally wiped-out patients get care as safely and capably as could be anticipated, but they have furthermore helped with restricting receptiveness past allocated hot zones for the two patients and state of the art staff. The School of California, San Diego used clinical eliminating to help with ensuring the security of their staff. This procedure not simply diminishes unnecessary patient visits and futile patient checking and socially isolates providers, but it similarly moves gear into the crisis center passages to limit room visits and uses "helpfully eliminated" genuine tests that are planned to decrease the number of staff that have direct contact with the patient. Despite the extended use of telemedicine and ways of managing limit room entry, another example among center medicine bundles at academic clinical centers is the quick improvement of respiratory disconnection units that are committed to patients with known or thought Covid. The School of Wisconsin conveyed a chart of how they remade their Part of an operation, focusing in on changes to correspondence ways of managing ensure typical dispersal of dependable information, redoing and redeploying clinical staff, and making "strike gatherings" with expertise in intubation and flight course the load up (Stacking 2021).

Fundamental thought specialists have had the choice to immensely deal with the prosperity of their work processes by moving select organizations from the working environment into the home by developing the use of telehealth and distant comprehension actually taking a look at progresses. The necessities of LTC workplaces contrast somewhat from other long-haul workplaces given the wide

shortcomings of their inhabitant peoples. In this manner, experts have hoped to perceive express ideas unique to these workplaces that will help with ensuring the security of their tenants. These integrate ideas for spreading out spaces for tenant disengagement, testing of occupants and staff for Covid illness, and occupant admission to extreme thought crisis facilities (Stacking 2021).

On Flood Orchestrating, the Covid pandemic has placed incredible demands on the restriction of the prosperity system. Flood organizing has become fundamentally more critical for crisis facility undertakings to ponder and remain mindful of the effects of floods on staff, PPE, and various components that choose the general furthest reaches of systems (DiSilvio 2020). Workplaces have been faced with essential utilitarian decisions to change and address the special emergency conditions reachable. Beginning from the outset of the pandemic, researchers have hoped to study flood limit strategies at centers to enlighten exact recommendations for future readiness, should the necessity for flood limit continue (Capolongo 2020, Chopra 2019). Pushing ahead, coordination of counter acting agent assignment, limit, association, and following will be key pieces of facility preparation, close by managing the openness of ventilators and other fundamental stuff (Stacking 2021).

Telehealth emerged as a fundamental response for stay aware of lucidness of some clinical consideration organizations during Covid, easing up concedes in care while preventing pointless receptiveness to Covid for the two patients and providers. As of late appropriated Perspectives on Security pieces have analyzed the critical improvement of organizations passed on through telehealth across all specialties and subspecialties, the moved experiences with telehealth across different establishments, and the connected patient prosperity concerns. Despite telehealth, extreme front-line bunches are contemplating how electronic clinical decision help mechanical assemblies can all the more probable position their clinical gatherings for care for Covid patients. For example, a gathering from the School of California, San Francisco made a modernized instrument to integrate thought shows for emergency specialists (Particular 2020) The need to completely test instruments immediately created for Covid and other new or emerging disorders should be counterbalanced with the centrality to recognize and promptly convey care game plans that are horrendously required. For example, man-made cognizance (PC based insight) could be a useful instrument to help clinical heading. Anyway, there are stresses that the sincerity to make PC based knowledge models could achieve the quick dissipating of juvenile models that don't maintain ideal thought and that needy individual been totally supported or surveyed. If there is inclination in the data enlightening the computerized reasoning model, the likelihood to just so happen to proliferate inclination against minority packs is in like manner a bet. Before man-made insight models can be effectively relied on to coordinate treatment decisions, fashioners need to proactively cultivate broad lightening philosophies to address possibly regrettable aftereffects (Röösli 2021). Additionally, with these creative plans, it is indispensable to observe that little centers and practices could miss the mark on money related and genuine resources central for execution (Stacking 2021).

With the approaching of Covid, patient prosperity records have advanced to the capacity of facilities to answer pandemics. Crisis centers expect an essential part in giving key prosperity organizations to people in the clinical consideration system. Clinical consideration structures all around the planet have faced a couple of issues in noting patients with various disorder earnestness levels. Nowadays, the world has battled a pandemic called Covid. This pandemic causes a development in the ailment spread with swayed patient interest that could impact the crisis centers' capacity and by and large working and risks ascending considering facility site, clinical staff, patient, and clinical benefits process. To deal with the

hardships of the Covid pandemic, clinical centers likely completed their courses of action before these events occur (Gul 2021).

A plan itemized by the World Prosperity Affiliation (WHO) is changed in a survey to conform to Covid pandemic organization. Engaging against the pandemic is finished with the genuine organization of HR, equipment, materials, and information. One of the major limits in doing combating pandemics is orchestrating resources in conditions where resources and time are confined. Facility status is a major piece of an emergency and security plan that can significantly decrease the impact of gigantic extension epidemics.Therefore, evaluating various leveled readiness is a key stage in this organizing framework to ensure prosperity (Gul 2021).

STAKEHOLDER SATISFACTION

Patient fulfillment is a demeanor coming about because of an individual's overall direction towards an all-out encounter of medical services. It is a critical determinant and a real measure for nature of care. In non-industrial nations, fulfillment studies were directed for the most part on nursing care and short-term administration (Woldeyohanes 2015). Patient fulfillment is a significant proportion of medical care quality as it offers data on the supplier's prosperity at living up to clients' assumptions and is a vital determinant of patients' viewpoint conduct expectation (Xesfingi 2017). Patient fulfillment is turning into an arising wellbeing strategy from one side of the planet to the other. It is a vital determinant of nature of care and a significant part of pay-for-execution measurements. Moreover, patient fulfillment is basic to guarantee how well patients do; many examinations obviously distinguished a connection between understanding results and patient fulfillment scores (Woldeyohanes 2015).

Patient fulfillment is the degree to which patients feel that their necessities and assumptions are being met by administration gave (Iliyasu 2010). Patient fulfillment has been a vital issue for specialists engaged with medical services frameworks throughout the previous few decades. This is on the grounds that the patient is the main individual in the whole emergency clinic arrangement (Nwobi 2014). Interest in surveying patient fulfillment with medical care emerged with the customer development of the 1960s (Hussain 2013). Such social results connected with fulfillment could influence the result of care and wellbeing looking for conduct (Iliyasu 2010).

In any case, it is the obligation of the wellbeing faculty to concentrate entirely on the administration of a patient to upgrade successful help conveyance (Nwobi 2014) and hence satisfactory patient fulfillment. Patients' perspective-based results are the essential method for evaluating the adequacy and nature of medical care benefits nowadays. Sadly, by and large, patient reports were not thought about when evaluation of value administration was done (Hussain 2013).

As indicated by (Segoro 2014), fulfillment is a mentality, evaluation or profound reaction shown by the shopper subsequent to profiting an item or a help. It means that being satisfied with an item or a help. Consumer loyalty has stayed a vital concentration in showcasing and the executives writing (Anabila, 2019; Asnawi, Awang, Afthanorhan, Mohamad, and Karim, 2019). The idea of consumer loyalty is by and large in view of the thought that a business should fulfill its clients to be maintainable and productive (Fatima et al., 2018; Paul et al., 2016).

Rather than investigating mental results, consumer loyalty is a compelling proportion of the helpfulness of an item or administration profited by clients (Khan and Fasih, 2014). Additionally, purchaser's fulfillment might be a device for inspecting the current and likely exhibition of organizations since it prompts client's steadfastness, suggestion, and rehash buys (Meesala and Paul, 2018). Moreover,

one more ongoing concentrate by Anabila (2019) likewise detailed a positive connection between consumer loyalty, devotion and rehash buy expectations. Subsequently, in the medical clinic industry, consumer loyalty is an extremely basic component for guaranteeing a feasible business and long-haul relationship with clients (Aftab and Razzaq, 2016; Anabila, 2019; Chotivanich, 2014).

Consumer loyalty is the critical goal of any firm looking for long haul relationship and maintenance of new clients. In medical care setting where the contacts with clients are one of the most center business processes, consumer loyalty is basic for supportability and productivity (Tenkorang, 2016; Xesfingi and Vozikis, 2017). One of the fundamental components deciding consumer loyalty is the client's impression of administration quality (Asnawi et al., 2019). Consumer loyalty is depicted as the consequence of a correlation of the clients' assumptions and their resulting apparent execution of administration quality (Jiang and Zhang, 2016). There is more than adequate proof in the writing to help joins between administration quality and consumer loyalty (Kasiri, Guan Cheng, Sambasivan, and Sidin, 2017; Lien, Cao, and Zhou, 2017; Meesala and Paul, 2018; Paul et al., 2016; Priporas, Stylos, Vedanthachari, and Santiwatana, 2017). In any case, there are a couple of studies that look at this relationship in emerging nations (Meesala and Paul, 2018; Anabila, 2019; Tenkorang, 2016).

Consumer loyalty and administration quality are viewed as urgent viewpoints in business, for the improvement of an organization exceptionally really relies on how great they keep up with their client through help. Great assistance quality is supposed to bring about consumer loyalty, expanding client maintenance and reliability. As per Ngo and Nguyen (2016), there is a positive connection between administration quality and consumer loyalty. The review gathered information from 261 substantial respondents and confirmed that there is a complicated connection between administration quality and consumer loyalty, with great help quality being a critical consider deciding consumer loyalty. Subsequently, recognizing and fulfilling clients' necessities could further develop network administrations since what is offered can be utilized to isolate the organization's administrations from rivals.

Albeit, the specialist organization can't straightforwardly impact what its clients may be talking about however they can impact it. Assumptions may likewise be shaped in light of the client's very own need. Certainly, the requirements of each and every client differ independently which they anticipate that the assistance should address. Specialist organizations ought to know about this individual need and the longings of their clients. In view of this particular need, assumptions for the client could fluctuate relying upon the conditions that need was required. For the instance of crisis cases in the trauma center, assumption for patients ought to be prompt help when contrasted with the patients hanging tight for their chance in the specialist's facility hanging tight for their chance for conference.

Previous encounters of being a client will to some extent, impact the assumptions for the client for future help. Their assumptions in profiting themselves of the assistance will be affected in view of how they encountered a similar help previously. A client, for example, who got an unfortunate help before, will have low assumptions in his succeeding assistance availment. One more element that impacts experience is the consciousness of other help choices or contenders. This situation presents more prominent assumptions for administration quality.

In conclusion, outside correspondences can be partitioned into two classes, unequivocal and implied outer correspondences. Unequivocal correspondence is connected with the assertions about the actual assistance. This might come from the supplier or from the advertising materials, exposure that the supplier is asserting like the licenses and grants got. Assumptions for clients will be impacted by everything that they are said (Shi, et al., 2016). Then again, verifiable interchanges are the hints connected

with the likely nature of administration since administrations are elusive. This might incorporate actual proof like completely outfitted entryway, foyers, and cost. Since there is an inferred cost quality relationship, more exorbitant cost suggests better caliber.

Consumer loyalty as per Ojo (2010) is the aftereffect of mental and emotional assessment, where some correlation guidelines are contrasted with the genuine saw execution.

As a general rule, expanded consumer loyalty prompts higher client consistency standards, expanded client repurchase conduct, and drives higher organization benefit. Better comprehension of the clients' requirements and needs and placing this into thought through methodology definition are being underscored by client focused firms. As per Ojo (2010) this is many times considered to be the way into an organization's prosperity and long haul seriousness.

As expressed in the writing, patient fulfillment decidedly affects patient maintenance and client devotion. In deciding consumer loyalty in Pennsylvania, Andaleeb (2011) proposed and tried five-factor model. This element was directed by two worries what means quite a bit to clients in making sense of their fulfillment and which of the different factors are authoritatively significant and is functional. These variables incorporate correspondence with patients, ability of the specialist organization, nature of offices, attitude of clinic staff and medical clinic cost. In view of the example of 130 respondents in Pennsylvania, a multistage likelihood examining approach was chosen. The survey utilized included perceptual measures that were evaluated in a five-point Likert scale. Predictable with the writing, scale things utilized for subordinate factors were immediate proportions of individuals' general fulfillment with administrations got from emergency clinics. The outcome depended on different relapse examination. The review proposes that apparent capability of the clinic staff and their attitude greatestly affect consumer loyalty. These are followed intently in significance by saw emergency clinic costs. The nature of correspondence and the general state of offices were additionally huge however less significant in making sense of consumer loyalty with clinic administration.

Administration quality is the spirit pith of administrations advertising since administrations are elusive, heterogeneous and their utilization and creation happen at the same time which makes it hard to quantify, in this manner making consumer loyalty more emotional as opposed to objective. Medical care administrations contrast in unambiguous ways with some other help areas. Obviously, the most significant of those distinctions is that clients are taking part in administrations wherein their life is in question.

Research on the nature of clinical benefits, given by long term medical services included, bury alia, inside medication, medical procedure, gynecology, and emergency clinic crisis divisions. The studied patients underscored the skill and thoughtfulness of medical clinic staff, their capacity to rouse trust and self-assurance, and their incredible skill (Nadi 2016). In 2012, the consequences of studies, led at a careful division, were distributed. The examination covered five regions, normal for medical care and such components as capabilities and compensation of staff, clinic gear, and the expenses of patient hospitalization (Szyc 2012).

The overviewed patients demonstrated that the elements, connected with costs, particularly connected with the premises, as well as compassion of the staff, their capabilities, and correspondence with patients, altogether affected the size of the concentrated-on hole, i.e., hole 5. At last, it was found that materiality-related factors fundamentally affected patient fulfillment, from clinical benefit gave. Concerning refered to gathering of patients, the clinic premises assumed a significant part, trailed by factors connected with sympathy, staff abilities, and correspondence with the patient (Szyc 2012). A 2016

report by Nadi et al. from a review directed, among others, at a careful clinic, showed that the most noteworthy need was sympathy, trailed by materiality (Nadi 2016).

As per Szyc et al., addressing of the patient's requirements, taking into account the practical quality, expands their solace and, thusly, converts into fulfillment with hospitalization (Szyc 2012). The meta-investigation of Rezaei et al. showed that patient assumptions for the medical care level, as given by Iranian emergency clinics, were not met, while the assumptions for those patients surpassed their suspicions of the nature of administrations given by the office (Rezaei 2018). The most elevated and least upsides of the hole in the subjective score were connected with the components of unwavering quality and responsiveness, separately (Rezaei 2018).

Research, utilizing the hole model and directed in 2016 among crisis division patients, showed that the main component, affecting patient fulfillment, was the material element. That gathering of respondents believed sympathy to be the most un-significant in evaluating clinical benefit quality, while affirmation, dependability, and responsiveness were more significant (Mohammadi-Sardo 2018). Moreover, the examination of the reasons for disappointment of crisis division patients, distributed in 2015 by Rahymati et al., demonstrated that around 25% of patients unambiguously surveyed the staff's activities in offering clinical types of assistance (Rahmati 2015).

Survey results, distributed in 2016 in "Clinical Files", permitted the Nadi group to recognize the needs that decided the nature of medical clinic clinical benefits for concentrated on patients, with compassion being on top (Nadi 2016). In that positioning rundown, the second, the third, and the fourth needs were relegated to materiality, responsiveness, and confirmation level, separately, while dependability ended up being the most un-significant component (Nadi 2016). A few creators dissected the variables impacting the evaluation of clinical benefit quality by hospitalized patients at private organizations and the public area. As of now toward the finish of the 1990s, administration quality pointers were recognized, showing that private clinics were then expected to offer more excellent types of assistance, particularly in the area of lodging conditions. By the by, it was the public area that far surpassed patients' assumptions (Rahmati F 2015).

All over the planet emergency clinics appear to zero in on their systems of administration quality step by step. With a developing rivalry administration quality has a basic impact openly and confidential clinics of Pakistan. Presently a-days, patients' fulfillment is one of the vital quality viewpoints in medical care areas (Aftab et al., 2016). In their review assessment of patient fulfillment in general society and confidential medical clinics was finished utilizing the SERVQUAL model in Pakistan. Self-regulated poll was utilized to gauge the fulfillment level of the patients in which patient fulfillment was estimated based on five aspects like compassion, responsiveness, substantial quality, dependability and affirmation. Five-point Likert scale were inferred to gather information from respondents (N=550). More information was gathered from private clinics. Females made bigger extent of study's respondents. Between thing unwavering quality was found to continue with the measurements of the information. Moderate consistency was found. Utilizing SPSS programming, information was broken down and track down relapse, graphic insights, and unwavering quality investigations. The discoveries of this study connote, all the element of SERVQUAL model is fundamentally related with the Patient fulfillment, furthermore our concentrate likewise implied that there is a massive distinction among public and confidential area clinics regarding patient fulfillment. In this way, to further develop administration nature of medical clinics, all the help quality aspects should have been gotten to the next level. The more improved and sterile actual extras will work on patients' fulfillment. Dependable assistance will improve patient's fulfillment and they

will contact same emergency clinic each time they face medical problem. More consideration and compassion will upgrade patient's fulfillment and trust. The review finishes up with administrative ramifications and future bearings. SERVQUAL model additionally appears to be good for estimating patient's fulfillment out in the open and confidential medical clinics of Pakistan (Aftab et al., 2016). Service quality is one of the critical traits of value in medical services area. Speculation testing and information investigations inferred that help nature of private medical clinics and public clinics have massive contrast (p=0.75).

In Lahore, Individuals are happy with administration nature of private medical clinics than the public clinics. Confidential clinics satisfy the necessities of the patients as per their administration quality interest, conversely, public medical clinics are neglected to satisfy patients request as a result of absence of assets accessibility. Confidential clinics charge large number of charges with respect to support quality offices, these offices are fulfilled however every individual can't manage the cost of that therapy while in open clinic each individual can undoubtedly profit clinical offices. The patients are restless with the state of public medical clinics since climate isn't sound and clean. The patients are disappointed with conduct of specialists in open emergency clinics. In synopsis, the circumstance of public emergency clinics is exceptionally terrible than the confidential emergency clinics. The general population and confidential clinics the executives should make moves to alter their clinical framework and offer great types of assistance to patients. In open clinics greatest enhancements are expected than the confidential clinics because of less fulfillment of patients (Aftab et al., 2016).

The outcomes, acquired by Javed and Ilyas (2018), showed that patient fulfillment with clinical benefit was generally unequivocally connected with compassion in the public area and responsiveness in the confidential area. Consequently, as per the analysts, fulfillment with crafted by medical clinic staff and sensible expenses were the main determinants of administration quality at public long-term care (Javed S.A 2018).

Al-Borie et al., (2013), distributed the consequences of an overview of almost 1000 patients' impression of the nature of administrations gave at medical clinics (private and public). The creators brought up that the material status of the patient as well as his/her occupation affected the degree of fulfillment with the nature of administration. On the other hand, the patient's age was not significant in-administration quality evaluation gave. As per the Saudi specialists, the SQ model is a solid instrument in clinical promoting (Al-Borie H 2013).Some scientists likewise affirm that the distinctions in gathering of administration gave rely upon the respondent's sex, age, and training level (Al-Borie H 2013). As indicated by Papanikolaou and Zygiaris, more seasoned respondents will quite often see administration quality as higher versus more youthful respondents, particularly with respect to the areas of responsiveness, certainty, and sympathy. This is doubtlessly on the grounds that more established individuals might have had more contacts with the general wellbeing area and, subsequently, more experience from those periods (Papanikolaou 2014). Then again, youthful patients are more requesting towards the medical services supplier. It would intrigue, as indicated by these scientists, to investigate how past encounters and their recurrence impact the apparent nature of clinical benefits. Patients with advanced education in the refered to concentrate on anticipated better expectations of value level from the supplier. Additionally, instructed individuals might appear to be more ready to survey the nature of administrations, while uninformed individuals might have lower assumptions regarding the nature of clinical benefits given by clinical staff. In the examination of (Fraihi et al. from 2016), the assumptions for ladies were higher concerning dependability and materiality than those of men (Al Fraihi, 2016). Moreover, there was a huge connection

between age gatherings and the elements of unwavering quality, responsiveness, and sympathy: Patients > 73 years exhibited better standards in every one of the aspects, while a massive contrast was seen in the components of dependability, responsiveness, and compassion when contrasted with other age gatherings (Al Fraihi, 2016).

Research did in 2020 at a public office, which was the School Clinical Crisis center, achieved critical pieces of information on the degree of basic updates by noticing and unraveling the level of perceived gaps (Došen, 2020). Perera and Dabney, separating five components of the idea of clinical advantages, using the SQ model, isolated them into "significant" and "slippery". The "subtle angles" included unflinching quality, responsiveness, conviction, and compassion. According to the recently referenced makers, the "unimportant" perspectives apply an enormous impact on both the impression of significant worth and patient satisfaction with offered clinical advantages. The size of the opening in trustworthiness basically influences both the overall idea of the assistance and patient satisfaction, while blunders in compassion by and large influence satisfaction yet not on the overall idea of the help gave (Perera 2020).

Interesting discernments were presented by Ramirez, alongside Pineda, on the impression of clinical advantage quality gave, saw through the design of the clinical benefits provider's establishment (Ramirez 2014). Such a significant/material opening dissuades patients from using it. In this manner, Zarei et al., (2015), showed that the idea of undeniable/material components basically impacted the assessment of organization quality gave, thusly showing a substitute appraisal in their choices (Zarei et al., 2015).

The SQ instrument was in like manner used to overview the level of patient satisfaction with obstetric organizations. The results, circulated in 2014, showed that women's satisfaction with the clinical advantages outfitted to them extended with the hour of respondents, the number of children they recently had, and the amount of visits. It was moreover certified everything thought about that the lower was the enlightening status, the higher was the evaluation of the idea of clinical advantages gave. The most exceptional sign of satisfaction of the outlined women with organization quality outfitted was correspondence with the expert association, i.e., clinical staff, and the speed of their exercises. In this way, according to Ali M et al., assigned planning of organization giving staff, honing them to the necessities of patients, adds to chipped away at nature of offered clinical advantages (Ali M 2014).

In a cross-sectional concentrate by Frsihi et al. in Saud Arabia, concerning transient consideration, the results showed that patients' suppositions outperformed their wisdom in all of the components of organization quality, featuring quantifiably basic openings (Al Fraihi 2016). Besides, a meta-assessment, dispersed by Teshnizi et al., showed that patient wisdom imparted dissatisfaction in all of the parts of organization quality reviewed by the SERVQUAL gadget. Out of the five perspectives, commitment and steadfastness showed the greatest openings (Teshnizi 2018). The investigation results, presented in the composition, show that it is an effective and stable gadget, expected to evaluate the idea of organizations in various regions, including the clinical one (Javed 2018, Al Fraihi 2016, Urbaniak 2013).

The Servqual system is in like manner an important instrument to assess the idea of clinical advantages for their improvement in longer perspectives. It is used to recognize quality factors and measure patient satisfaction of various clinical advantage giving components, both in-and present moment. Additionally, checking the idea of clinical advantages can be really used. According to Papanikolaou and Zygiaris, it enables surveying the level of satisfaction yet also allows describing the angle where experience outperforms suppositions and the viewpoint in which experience doesn't compare presumptions (Papanikolaou 2014). It is acknowledged that the idea of clinical benefits should be reconsidered, considering its multidimensionality. Despite the standard mistake in the assessment of

organization gave, patients could have and convey different understandings of clinical consideration. This on a very basic level influences their perspective on the idea of clinical advantages. The assessment of the patient's satisfaction level by the clinical benefits provider is an inconvenient task because each understanding sees the quality unmistakably and has different suppositions towards clinical advantages offered (Papanikolaou 2014).

A couple of experts feature a couple of limitations of the Servqual procedure and underline that it doesn't show solid results concerning within cheerful of the scales (Ćwiklicki 2010). Futhermore this model doesn't work, among others, for the organizations associated with a thing. The maker underlines that the idea of organizations, gave in individual angles, can be accumulated by the models of the degree of meeting client presumptions. The scale (high, medium and low) looks at to the size of the opening (Ćwiklicki 2010)

Entrancing enough are the encounters of Mauri et al., who inspected very nearly 30 years of investigation of an opening model in overall educational informational indexes. In any case, no matter what a couple of fundamental speculative determined and foundational utilitarian perspectives, the opening model and the SERVQUAL scale are at this point the most frequently elaborate instruments for organization quality assessments, met in exhibiting composing (Mauri 2013) The clinical advantage market is particularly unambiguous, being, according to one viewpoint, the subject of market rules (supply/remain), and of the market rules of challenge for patients, on the other. The fundamental part of clinical advantage is its pointlessness, as shown by the SQ model, alongside the ID of a couple of implications for the organization of clinical workplaces. It is fundamental to consider that this is a real procedure to consider in surveying organization quality taking into account clients' wisdom that would eventually provoke satisfaction. Resulting to choosing the evident assistance quality/organization quality openings, the relationship of these openings was stood out from in everyday satisfaction. The viewpoint which had the principal effect on patients'/providers not totally permanently established and filled in as a fair justification behind choosing the necessities of the patients/providers and a reason in framework itemizing. At last, saw organization quality on every perspectives were inspected via independent elements of individual related factors, for instance, age, direction, normal status, educational accomplishment, work position, family size, family pay, and prosperity related profile like kind of lenient (long haul/present moment), organization arrangement (private/honorable goal), clinical service, repeat of availment on facility organizations and torment order for patients and individual related variable, for instance, position, age, direction, normal status and extensive stretches of organization for the occurrence of the clinical consideration provider (Mauri 2013) .

In the concentrate by Rezaei et al. (2018) in securing the position of presumptions in calm evaluations of crisis center consideration, SERVQUAL scale was utilized to survey facility organizations. The survey included 550 randomly picked patients who got progressing or momentary organizations from part clinical center in school clinical facility of Turkey. From the beginning, SERVQUAL scale was used to survey crisis facility organizations and to lead a starter assessment of patient viewpoints with respect to the critical pieces of organization perspective. The outcome was that the obvious scores of the patients were through and through lower than the patient's suspicions. Synchronous with the refered to past composing this study used the SERVQUAL scale in assessing the help idea of the Private Center. But, drawn with a couple of responses it appreciates embraced the advantages of SERVQUAL communicated Asogwa (2014): "it licenses expert associations with equivalent outcome to offer more noticeable advantage, reality, important entryways for improvement in organizations, and development in customer dedication."

Like the quick movements in the serious business environment, the client suppositions and solicitations are similarly extending, provoking what's going on where most associations find it trying to hold their clients (Farooq, Salam, Fayolle, Jaafar, and Ayupp, 2018; Fatima, Malik, and Shabbir, 2018). Clinical centers are enthused about perceiving essential components in facilities to ensure perseverance and result later on. For this to happen, there is a need to separate these fundamental factors first (Kim et al., 2017). Several, scientists agree that quality is essential pleasing to client (Demirci Orel and Kara, 2014; Izogo and Ogba, 2015; Woldeyohanes, Woldehaimanot, Kerie, Mengistie, and Yesuf, 2015). In like manner, a couple of business affiliations ought to focus in on addressing organization quality issues to beat their opponents and assurance buyer reliability (Meesala and Paul, 2018; Paul, Mittal, and Srivastav, 2016).

Better assistance quality is an essential part which can be important for perceiving and dealing with affiliation's display during a period of phenomenal contention (Farooq et al., 2018; Jamaluddin and Ruswanti, 2017). Connecting with the profound thought of organization quality, its perspectives and assessment issues have been investigated by various continuous assessments (B and M, 2018; Farooq et al., 2018; Gohain, Thambiah, and Hong, 2018; Meesala and Paul, 2018), with sensible and observational associations between organization quality and shopper dependability certainly stand sufficiently apart to be seen from researchers, changing it into a middle advancing instrument (Farooq et al., 2018).

Comprehensive induction to extraordinary quality thought and ideal patient satisfaction are the targets of prosperity structures and state-run organizations all over (Ampofo et al 2017). In any case, numerous rural countries are falling quite far behind appeared differently in relation to the made ones on account of financial, material and human resource impediments (Meesala and Paul, 2018). Yet the assessment of organization quality has gotten a ton of thought, the assistance idea of the center ventures in non-modern countries really requires a comprehensive assessment (Paul et al., 2016; Tenkorang, 2016; Woldeyohanes et al., 2015). Numerous assessments have been coordinated in open clinical centers; in any case, the enduring composing doesn't address this relationship there of brain of private clinical facilities in agrarian countries as portrayed as follows. (Boadi 2019)

The concentrate by Boadi analyzed the impact of organization quality perspectives on customer dedication in Ghana private crisis centers. The survey coordinated using the data from 562 purchasers who got organizations from four (4) different private facilities in Ghana. For the inspirations driving this audit, affirmation, empathy, steadfastness, responsiveness, significant quality, and buyer unwaveringness were the elements considered for this survey. Disclosures of this study uncovered that every one of the five parts of SERVQUAL scale, but affirmation have a positive, direct, and basic impact on buyer dependability. (Boadi et al 2019)

Organization quality is portrayed as a connection of client suspicions with organization execution. Incredible assist quality prompts shopper dependability which, accordingly, prompts associations going out to with being more serious keeping watch, making the need to achieve high help quality a never-ending monetary weapons challenge. The request then, becomes "how might we measure high assistance quality?" (Borgave 2016).

According to Bhatt (2016), organization quality can be portrayed by checking out at the differentiations between expected help and saw organization. An opening between the idea of the assistance the clients expected and the level of organization that the clients saw they got offers a short investigate likely issues and changes that can be made to meet those ordinary help qualities.

Organization quality in the organization and promoting composing is portrayed as how much clients' perspective on organization meet and furthermore outperform their suspicion (Shi, Prentice, and He, 2014). Of late, organization quality has gotten a great deal of thought from experts in the field of organization advancing and the leaders (Jiang and Zhang, 2016; Kim et al., 2017; Li et al., 2015; Tamwatin, Trimetsoontorn, and Fongsuwan, 2016). Critical thought has in like manner been given to its conceptualization and assessment scales, with various organizations like versatile banking, prosperity the board, media transmission, preparing, hoteling, the movement business, etc getting most of the examination (Demirci Orel and Kara, 2014; Kitapci, Akdogan, and Dortyol, 2014; Shi et al., 2014).

All through the numerous assessments concerning the parts of organization quality, it has been settled that help quality is most certainly not a strong thought anyway rather lays on a couple of viewpoints, all of which shifts in importance and impact on help quality and patient's satisfaction (Paul et al., 2016). The examination of Afthanorhan, Awang, Rashid, Foziah, and Gazali (2019) saw organization quality was found to influence customer dependability basically. Regardless, there is the shortfall of understanding about the conceptualization of the assistance quality satisfaction relationship, organization quality is a trailblazer to purchaser unwaveringness is considered as predominant circumstance in late assessment, especially in assist setting industry with preferring clinical consideration (Woldeyohanes et al., 2015).

Quality assistance has emerged as a critical determinant of buyer steadfastness and casual trade correspondence making it basic to cultivate a method for assessing client impression of organization quality. The SERVQUAL model is one such strategy. The SERVQUAL model recommends that purchaser perspective on esteem is impacted by five openings achieving the plan of five angles in within course of organization transport: trustworthiness, impacts, responsiveness, attestation, and empathy (Datta and Vardhan, 2017).

Constancy turns around calling a sensation of trust in the client, as well as adherence to Standard of Working Frameworks (Sop's) and unsurprising thought transport. Impacts assesses the real environment of the center. The possibility of the equipment used at the clinical center which integrates real workplaces, stuff, and presence of work force. Responsiveness suggests the staff's ability to show status to help clients and deal brief help while certification appraises the limit of staff to convey benefits dependably and definitively. Empathy deals with the careful thought of the staff, or how staff can give a careful and redid organization for the clients. The SERVQUAL framework has been used to overview organization quality in a collection of organization regions like banking, neighborliness, transport, clinical consideration, etc (Hussain et al 2015; Izogo and Ogba, 2015; Krishnamurthy et al 2014; Li et al., 2015; Paul et al., 2016).

In like manner, according to Kasiri et al., (2017) all of the parts of SERVQUAL model is essentially related with patient satisfaction. But, patient satisfaction among private and public region facilities changes basically. Also, according to its protector, these angles are customary and should be revamped considering the specific necessities of the client. Thusly, unique composed works in help quality revealed different angles used depending upon the circumstance of the client.

For example, a survey coordinated by Mohammadi-Sardo and Salehi separated data assembled from 373 patients that were taken ownership of the Imam Khomeini Crisis center for no less than 24 hours in 2016 using an extraordinarily planned 24-thing review considering the SERVQUAL model, composing overviews, and direction with experts in the field. In this survey, it was found that the respondents put a basic complement on impacts stood out from various parts of the SERVQUAL Model, with respondents conveying that undeniable being the most relevant perspective that affected their satisfaction, followed by affirmation, reliability, responsiveness, and a while later compassion.

Rather than these disclosures, regardless, is a survey driven by (Nadi, et al 2016). which applied the SERVQUAL Model to four particular Iranian crisis facilities that integrate the Imam Khomeini, Vali-Asr, Ghaemshahr, and Shafa Crisis centers. The survey has 600 aimlessly analyzed respondents who were totally surrendered for no less than 24 hours in the centers. The data created from this examination found that the respondents for their survey evaluated compassion as their most memorable concern, followed by impacts, responsiveness, insistence, and subsequently constancy.

Another audit drove by Ali, Qazi, and Seuc concerning client satisfaction in obstetric thought organizations in Pakistan (2014). Right after get-together data from 1011 respondents, they found that the respondents put the most emphasis on provider correspondence, followed by responsiveness and discipline.

The audit drove by Nguyen presents the four components of organization quality were feeling, capacity, social effect, and trust. An enormous piece of these perspectives essentially influence client saw worth and satisfaction. Nevertheless, feeling doesn't essentially affect client saw worth, and ability doesn't widely impact buyer unwaveringness. In addition, social effect is an underrepresented variable in the help quality composition, yet it fundamentally influences client saw worth and buyer faithfulness. The quantitative results moreover confirm that buyer reliability and client saw regard by and large impact client commitment (verbal trade and return to assumption); anyway, client saw regard doesn't basically influence shopper unwaveringness. (Nguyen 2021).

This study got on the expectation disconfirmation perspective of how organization quality saw by the client was differentiated against client's made supposition before with organization transport. Patients, like a few different clients, have its own suppositions to the crisis facility where they helped themselves of clinical consideration organizations or family members even before they entered the clinical center as well as the clinical consideration providers who had his solitary presumption and wisdom on the idea of organizations that they by and by were giving. Rather than what the expectation disconfirmation perspective stands, this study didn't use organization quality and satisfaction conversely, but rather followed the applied design of organization quality as the antecedent of satisfaction wherein the relationship of the obvious assistance quality and not totally firmly established. (Nguyen 2021).

There is vagueness in the arrangement on the meaning of the "client". Now and again the client incorporates a buying social event of various individuals with various qualities and perspectives. In the clinical advantages district, it is a blend of patients, carers (e.g., relatives), guides (for example master expecting that they assume that a solitary requirement an emergency place association), and the monetary power. Each party has the requirements and doubts that the master community should understand and match when they are exceptional. This obviously is just conceivable in the event that the master affiliation has a decent relationship with every one of them. For a clinical thought supplier, the patient and his/her family ought to be viewed as purchasers in a truly lengthy significance of the client during the cycle where he/she drops by the finished results of the business. A careful enthusiasm for their necessities and speculations is key to work on new things and associations. Client heading guarantees much more safely that the substance of the help offered settle their issues and assumptions. The significance of the client thought has moved from the unmistakable beneficiary of the help given by a maker, to the one attracted with making respect in the experience of the assistance (Latunji 2018).

In clinical advantages industry patients' necessities contrast in light adequately mature, course, typical status and the success related factors, for example, torture game plan, as necessary the clinical advantages looking for lead of changed patient get-togethers could go with various quality decisions,

likewise impact clear help quality and fulfillment unequivocally or horribly. In an overview drove by Faderogaya (2010) on the client fulfillment on clinical benefits in picked private clinical focuses in the Philippines it was uncovered that critical was viewed as essentially huge for course section. For age segment variable, huge was in this way considered fundamental; for cozy status, effects and responsiveness were thought of as colossal; for occupation area, obvious was basically made sure to be gigantic. Also, for direction area, genuine assets, responsiveness, accreditation, and sympathy were viewed as fundamental. This evaluation depended upon an outline of 400 respondents which utilizes inferential assessments of free model t-test and appraisal of progress in surveying client fulfillment utilizing the SERVQUAL viewpoints Faderogaya (2010).

Thusly, taking into account this audit of creating plainly unambiguous segment factors, for example, individual and success related impact clear help quality. Subsequently, in this study the individual and flourishing related profile of both the patients and clinical thought suppliers of the Mysterious Emergency office was assessed in the event that it by and large affected clear help quality. The SERVQUAL model and its application can help the clinical thought office in accomplishing fulfillment on the two terminations - workers' fulfillment and buyer dedication (Abu-Rumman 2021).

In clinical advantages affiliations, the standard Indian culture, association style, and the disposition of the clinical experts are some ways or another the blocks to the get-together of the TQM. The proposed made structure model out of the TQM can be of astonishing assistance to the clinical thought relationship to move out of the cutoff points and effectively do TQM considerations and practices. (Balasubramanian 2016).

The appraisal investigated the opening or SERVQUAL scale among the exposures of the past assessments for missing evaluations and the impression to apply for generally standard quality association of three components like free part (Association quality), go between factor (Patients' Fulfillment) and ward variable (Patients' Steadiness) in Jordanian clinical thought locale. Besides, the nonstop study means to figure out the impacts of the Full-scale Quality Association (TQM) watched out for by and large by a particular structure, drive association, human asset place data, client center, method the pioneers, and assessment procedure the board on client perseverance (Balasubramanian 2016). An eccentric model size containing 800 public and overall patient's assumptions from the private and public clinical focuses in the focal locale of Jordan was collected. Different getting through quality outcomes showed that the pieces of each exploratory variable were viewed as dependable and satisfactory. Taking into account the result, this study ensured that purchaser devotion conveys a frail interceding impact. In addition, the outcomes showed that TQM endlessly out affected both client commitment and buyer devotion (Abu-Rumman 2021).

METHODS

Research Design

The study employed two research designs - descriptive, and causal/explanatory types of research designs. Descriptive design wasl used to describe the profile of the respondents, customer satisfaction based on six service quality dimensions, degree of service safety and level of total quality management process performance. Causal/explanatory design was used when the researcher identifies the relationship of satisfaction to the demographic profile, safety and total quality management and whose attributes possess a significant effect on each identified variable.

Participants of the Study

This study focused on the patients, employees and doctors of the selected Level 2 and 3 hospitals in the Philippines.

There are three group of participants in this study. First are patients coming from both In-patient and Out-patient services. Second are employees, from rank and file to managerial from the various departments of the hospital. Third are the doctors, The sampling size was a total of 600 respondents, comprised of 200 patients, 200 doctors and 200 employees as supported by an accredited statistician. The respondents came from ten private hospitals, three coming from South Luzon, two from Manila, three from North Luzon, one from Visayas and 1 from Mindanao. These hospitals belong to the Level 2-3 hospital group classification of the Department of Health.

The participants were gathered through a random sampling, where the participants should be pick randomly by the customer service department for patients, medical director's office for doctors and human resource's office for employees.

Data Gathering Instrument

The data gathering instruments used is the survey questionnaire, which contain the following:

Part 1: Self-made questionnaire on the social demographic profile.

Part 2: SERVQUAL model is a widely used multidimensional questionnaire, for inspecting and measuring the service quality of businesses by recording and comparing the expectations and perception of customers/respondents. The ServQual questionnaire tool has been widely applied to measure performance in the service industries, including medical services at hospitals worldwide (Sajjadi 2013, Mohammadi 2012, Butt 2010). The ServQual tool asks for respondents' perceptions of service quality with multiple questions under five headings (dimensions) as follows: tangibility, reliability, responsiveness, assurance and Empathy (Sajjadi 2013, Mohammadi 2012, Butt 2010). The questionnaire typically consists of 5 dimensions was modified with the integration of affordability for this study ending with 6 dimensions. The respondents answered a total of 26 questions, each with a score on a four-point scale.

Part 3: SERVSAFE standardized but modified questionnaire on safety. Developed by (Muhammed Gul and Melih Yucesan 2021). The paper has adapted and used the ninety-nine subcomponents under ten components in themodel initially reported by the WHO in 2020. These components were concerned with the patient surge, infectionmonitoring and control, human resource, case management, communication, supply chain management, laboratory services, surveillance, and essential services. There were six dimensions of safety identified for hospitals through a mathematical modelling technique. These dimensions were surge capacity, infection control and prevention, case management, human resource, diagnostic capability and logistics and supply chain (Gul et al 2021). The respondents answered a total of 26 questions, each with a score on a four-point scale.

Part 4: TQM standardize audit questionnaire

The study used a standardize TQM audit checklist consist of six dimensions which are policy and strategy documents, personnel, protocols guidelines and procedures, elements of quality and safety management systems, process and outcome evaluation and patient involvement. The respondents answered a total of 26 questions, each with a score on a four-point scale.

The materials of the questionnaire were through Microsoft Office Forms, an online Microsoft Office application which can be accessed by participants of the survey through the internet. The

questionnaire followed a rating scale, specifically a 4-point Likert scale, for questions aiming to address the objectives on satisfaction, safety and total quality management systems. The survey questionnaire was self-reported, meaning, the questionnaires did not adopt any standard way of gathering information from prior studies. Due to limitations in different studies, the use of self-report questionnaires can be an appropriate and convenient method for collecting study data (Weigold et al., 2013).

Before the questionnaire was distributed for survey, the questionnaire was tested for reliability through computation of multiple reliability statistics. Some reliability tests included the interpretation of item loadings, Average Variances Extracted (AVE), Composite Reliability (CR), and Cronbach's Alpha (CA). For item loadings, only values above 0.5 with a corresponding p-value of 0.05 indicate an acceptable degree of reliability of an item (Hair et al., 1987, as cited in Kock, 2019). Hair et al. (2017) also stated that the threshold for the AVE values of a variable to be considered reliable is to have a coefficient of at least 0.5. Lastly, Hair et al. (2017) and Kock (2019) mentioned that the Composite reliability and Cronbach's alpha should be at least 0.700 or higher. The table below contains the reliability results.

Table 1.5
Item Loading, AVE, and Reliability of the Variables

Construct	Item Loading	AVE	CR	CA
Safety				
Surge Capacity	(0.890)			
Infection Control and Prevention	(0.913)			
Case Management	(0.909)	0.824	0.966	0.957
Human Resources	(0.911)			
Diagnostic Capability	(0.923)			
Logistic and Supply Chain	(0.961)			
Total Quality Management				
Policy and Strategy Documents	(0.884)			
Personnel	(0.937)			
Protocols, Guidance and Procedures	(0.938)			
Elements of Quality and Safety Management System	(0.927)	0.848	0.971	0.964
Process and Outcome Evaluation	(0.930)			
Patient Involvement	(0.908)			
Customer Satisfaction				
Tangibility Attributes	(0.871)			
Reliability Attributes	(0.909)			
Responsiveness Attributes	(0.916)	0.766	0.951	0.938
Assurance Attributes	(0.892)			
Empathy Attributes	(0.879)			
Affordability Attributes	(0.775)			

Note: Item Loading - >0.5 or >0.6 – Acceptable; Average variances extracted (AVE) - >0.5 – Acceptable; Composite Reliability(CR) & Cronbach's Alpha (CA) - >0.7 – Acceptable (Fornell & Larcker, & Kock)

Table 1.5 depicts Item Loading, the AVE, and reliability statistics of the variables calculated for the study. There are four main categories with their own sub-items. The "Safety" and "Customer Satisfaction" categories both contain six sub-items, and the TQM category contains four sub-items. The "Management System" category has the least number of sub-items with its total of two.

As can be seen in the table, all items have loadings that fall into acceptable regions, so no dimensions in the survey instrument were considered unreliable. Furthermore, safety had an AVE of 0.824; total quality management had an AVE of 0.848; and, customer satisfaction had an AVE of 0.766. All these average variances extracted are within the range of acceptable values as all AVE values are above 0.5, so the variable constructs explain more than the items, which proves discriminant validity. Meanwhile, the reliability statistics of the variables are the following: safety had a CR of 0.966 and a CA of 0.957; total quality management had a CR of 0.971 and a CA of 0.964; and, customer satisfaction had a CR of 0.951 and a CA of 0.938. All CR and CA values were also noted to be acceptable. This proves that all items are reliable as these statistics measure internal consistency for scale items, such as the Likert scale.

Data Gathering Procedure

The data gathering was done through an online survey questionnaire in Office 365 which was answered by the participants. The distribution was online wherein a link was provided to the participants. The online questionnaire was used to ensure that there is less contact between the people involved in the data gathering procedure. The online method is an alternative way of gathering data which is equivalent to pen and pencil method (Weigold et al., 2013). Before the researcher distributed the questionnaire, there was a pilot test of the questionnaire intended to validate its reliability for use through the help of a trained statistician. The pilot testing took a week to complete from the initial distribution to the gathering of the results of the reliability test. After the reliability result was obtained with desirable results, distribution, and retrieval of the of the online questionnaire took four weeks to complete.

Data Analysis

The data analysis conducted in the study included the usage of descriptive statistics to characterize the variables of interest and Partial Least Square Structural Equation Modeling (PLS-SEM) to identify the relationships and presence of mediating effects between variables.

The descriptive statistics used in the study varied depending on the characteristic being described. For the demographic profile of respondents, pie graphs were constructed to determine the distribution of respondents per trait. For the variables of interest used in constructing the model, the weighted mean for each dimension of the latent variables were obtained to determine the overall sentiment of the respondents towards these dimensions and the variable they belong to. The 4-point Likert scale will have the following assigned values:

Score	Range	Verbal Interpretation
4	3.50 – 4.00	Strongly Agree
3	2.50 – 3.49	Agree
2	1.50 – 2.49	Disagree
1	1.00 – 1.49	Strongly Disagree

Supplementary analysis through parameter estimation of direct and indirect relationships is done using the PLS-SEM model. Hair et al. (2021) mentioned that PLS-SEM has become the standard method for the analysis of complex inter-relationships among latent variables and observed variables while having lax data requirements for implementation. In order to evaluate model performance, validity and reliability tests for discriminant validity are assessed in the measurement model. Meanwhile, Hair et al. (2017) mentions that collinearity, coefficient of determination, predictive relevance, significance of path coefficients, variable effect size, and sample validation are evaluated to determine viability of the structural model. All analyses relating to the model were conducted with a 5% level of significance (industry standard for statistical analyses) using WarpPLS 6.0 as the software.

PLS-SEM Model

Model fitness evaluations are primarily done with fit statistics and quality indices. For this study, the Average Path Coefficient (APC), Average R-Squared (ARS), Average Adjusted R-Squared (AARS), Average Block VIF (AVIF), Average Full Collinearity VIF (AFVIF) and Tenehaus GoF (GoF) are the fit statistics and quality indices used.

Kock (2019) mentioned that for the APC, ARS and AARS, the corresponding p-values of the indices must all have at most a value of 0.05 (this is subject to change depending on the level of significance, e.g., 0.01 for 1% level of significance) for these to be considered acceptable. This indicates that the general model is fit to be considered a predictive model for a structural model. AVIF and AFVIF are indices denoting multicollinearity where the higher the value is, the greater the presence of multicollinearity. The threshold for these values to be considered acceptable or significant is for these to be at most 5 (Hair et al, 2017; Kock, 2019). Lastly, Kock (2019) stated that the GoF is the communality index, which tackles the explanatory power of a model. For its interpretations, having a value of equal to or greater than 0.1 merits the model a small explanatory power; having a value of equal to or greater than 0.25 merits the model a medium explanatory power; and, having a value of equal to or greater than 0.36 merits the model a large explanatory power.

Measurement Model (Outer Model)

Discriminant validity is evaluated in the measurement model of the PLS-SEM predictive model. For this study, two methods of discriminant validity assessment were conducted: square roots of the AVE, and the Heterotrait-monotrait Ratio (HTMT).

Kock (2019) mentioned that there is convergent validity in the outer model if the roots of the AVE (the diagonals in the table) are all greater than 0.5, and there is discriminant validity if all roots of the AVE are greater than the correlations (non-diagonal elements in the table) involved with the latent variable. Meanwhile, Hair et al. (2017) stated that the HTMT ratio represents the correlation of indicators in the measurement models of the PLS-SEM model. Higher HTMT ratio values implicate discriminant validity issues, so the threshold for these ratios is at most 0.90 and at best smaller than 0.85 for these ratios to be considered acceptable and significant (Henseler et al., 2015, as cited in Hair et al., 2017).

Structural Model (Inner Model)

For the structural model, this study aimed to focus on the evaluation of the PLS-SEM predictive model through the following criteria: significance of path coefficients, variable effect size, multicollinearity, coefficient of determination, and predictive relevance.

For the path coefficients, Hair et al. (2021) mentioned that the path coefficients, represented by β, typically indicate predictory relationships between model constructs and range from -1 to +1 where negative values indicate an inverse direction of effect between the two constructs. It was also mentioned that having a p-value lesser than the level of significance (often 0.05) implies the statistical significance of the path coefficient.

For variable effect size, Hair et al. (2021) stated it can be interpreted in two ways: magnitude and significance. With regards to the magnitude, the threshold for variable effect sizes can be interpreted as small (if it has a value of at least 0.02), medium (if it has a value of at least 0.15), and large (if it has a value of at least 0.35) (Cohen, 1988, as cited by Hair et al., 2021). For the statistical significance, Hair et al. (2021) reported that the effect size is considered statistically significant if the corresponding p-value for the effect size is smaller than the level of significance (usually 0.05 as it is the industry standard).

For multicollinearity presence in the structural model, the statistic used in this study is the Full Collinearity VIF (FCVIF). The statistics allow testing of both vertical and lateral collinearity among all latent variables in the model (Kock, 2015, as stated by Kock, 2019). The threshold for the FCVIF to suggest no multicollinearity and no common method bias is having a value of at most 3.3, but a more conservative threshold asks that the FCVIF value is at most 5 (Kock, 2019).

For coefficient of determination, R^2 is the statistic used in most if not all models for this criterion. Kock (2019) mentioned that this statistic reflects the explained variation of the model of the dependent variable of each latent variable where a higher value indicates a better explanatory power. Lacap et al. (2021) mentions that this can be interpreted according to the magnitude of the statistics. A construct or structural model having an R^2 value of at least 0.25 can be classified as a model with a weak explanatory power. A construct or structural model having an R^2 value of at least 0.50 can be classified as a model with a moderate explanatory power. Lastly, a construct or structural model having an R^2 value of at least 0.75 can be classified as a model with a strong explanatory power.

Lastly, on the model's predictive relevance, Q^2 would be the statistic used in this study. Kock (2019) mentions that this statistic is also known as the Stone-Geisser Q^2 statistic, which assesses the predictive validity of each latent variable group in the PLS-SEM model. The greater the value that the statistic has, the better the predictive accurace and relevance that the model or variable block possesses. The Q^2 statistic should have a value of more than 0 so that the latent variable group could have statistically significant predictive relevance (Hair et al., 2017; Kock, 2019).

Ethical Consideration

This paper adheres to the ethical standards of the University. This also includes the right of the respondents for their identities to be anonymous for their privacy, yet this will not undermine the data that will be collected from the respondents of the participating hospitals and be presented in this study. Respondents are assured of the confidentiality of the data gathered and it will be solely for the purpose of research.

RESULTS AND DISCUSSION

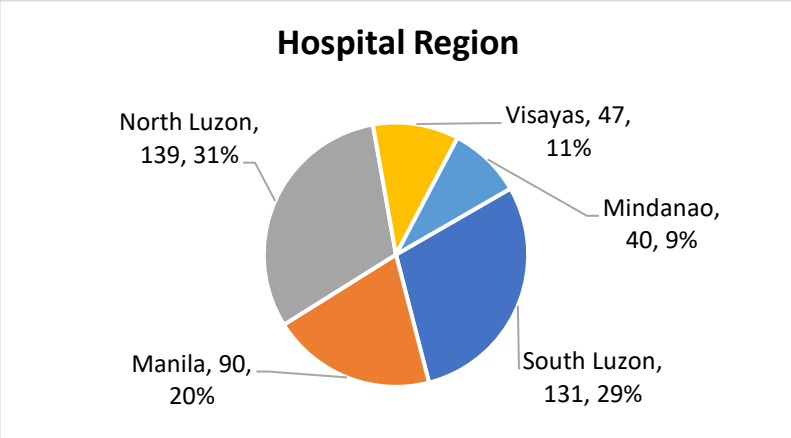

Figure 1. Hospital Region

The distribution of employee/MD respondents across the regions in the country can be seen in Figure 1. As observed in the figure, employees/MDs (29%) were within the Luzon area of the Philippines. North Luzon region had the most (31%) hospitals, followed by South Luzon (29%), and Manila had the least (20%) in the Luzon area. Mindanao had the least percentage of respondents among the major regions with Visayas only having a larger percentage of respondents by a narrow margin. This was not a surprise given the number of hospitals of interest present in Luzon compared to those belonging in the other major regions of the country.

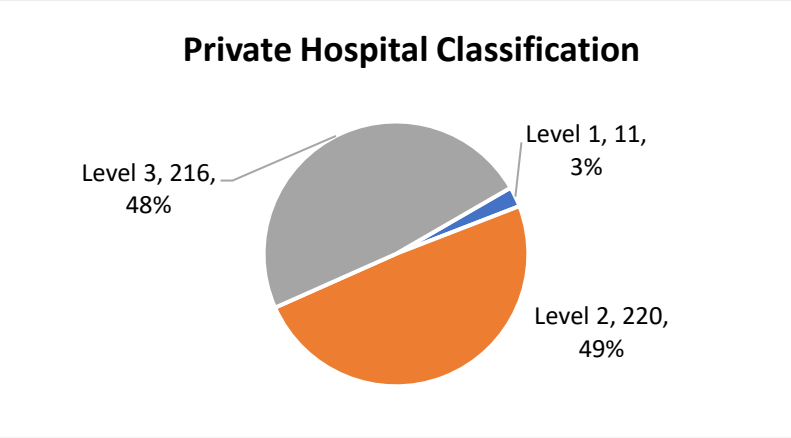

Figure 2. Private Hospital Classification

The distribution of the classification of the hospitals that these employees/MDs are working in can be found in Figure 2. 48% of the employee/MD respondents work under a level 3 hospital. This implies that nearly half of the employees/MDs work under a hospital that provides tertiary hospital services, accompanied with training and teaching programs or research functions. Meanwhile, 49% of the employee respondents operate in a level 2 hospital, and the remaining 3% employee respondents belong to a level 1 hospital. From these numbers, there are few employees that work for a hospital that meets the basic requirements for an operating license from the Department of Health (DOH) while most respondents are employed in a hospital with better facilities than the basic requirements but lack resources to offer the complete tertiary services mandated by DOH in either clinical healthcare for inpatients or an ancillary services for outpatients before the hospital is considered a level 3 hospital. Most hospitals that have TQM and safety process in placed are secondary and tertiary hospitals.

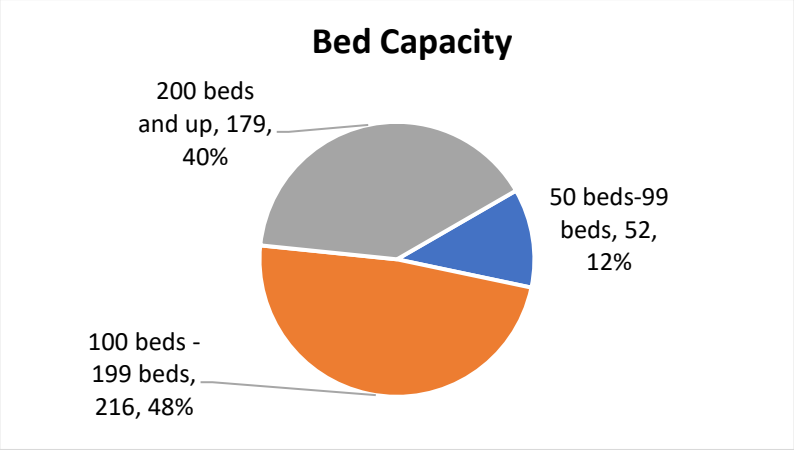

Figure 3. Bed Capacity

The distribution of the hospitals' bed capacity can be seen in Figure 3. 40% of respondents belong in a hospital that has at least 200 beds for in-patient care. 48% of the employee/MD respondents work in a hospital that can accommodate 100 to 199 inpatients for full-time healthcare and accomodation in the hospitals. Lastly, 12% of the responding employees/MDs belong to a hospital that only has 50 to 99 beds. Hospitals in the study services high volume of patients from 100-200 patients a day making them good sources of respondents for the study.

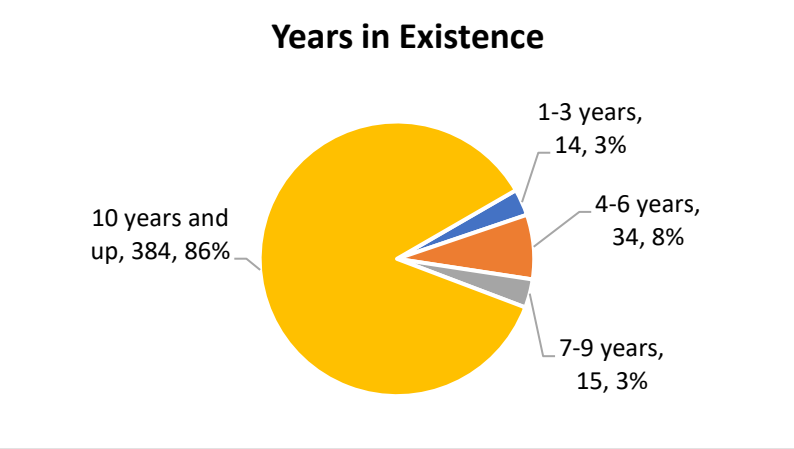

Figure 4. Years in Existence

The years of existence of the hospitals where the respondents worked in can be seen in Figure 4. The majority (86%) of employee/MD respondents have been working for a hospital that has been operating for at least 10 years. 3% of employee/MD respondents have been operating under a hospital that has been licensed for 7 to 9 years. Meanwhile, 8% of employee/MD respondents have been working in a hospital that has been operating for 4 to 6 years. Lastly, only 3% of employee/MD respondents have been working in a hospital licensed for 1 to 3 years. With 86% of employees /Mds working in the hospitals from 10 years and up, the are good cources for evaluating TQM processes and safety protocols in the selected hospitals.Most of the respondent have the ability to assess presence of indicated parameters under the dimensions of TQM, safety and customer satisfactory since the respondents have been working for more than a year or more in the hospital.

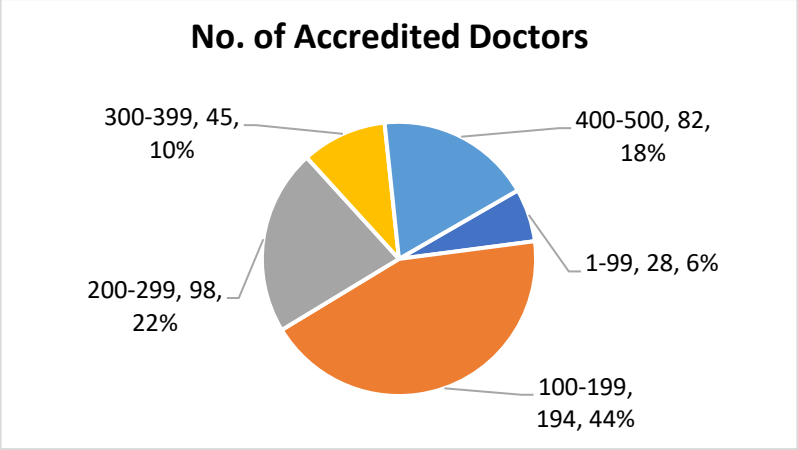

Figure 5. No. of Accredited Doctors

The number of accredited doctors in the hospital where the employee respondents work can be seen in Figure 5. 18% of responding employees work in a hospital that has 400 to 500 accredited doctors in their roster. 10% of employee respondents work in a hospital with 300 to 399 accredited doctors among their staff. 22% of responding employees work in a hospital employing 200 to 299 accredited doctors. Most (44%) employee respondents work in a hospital that employs 100 to 199 accredited doctors. Lastly, only 6% of responding employees work in a hospital with less than 100 accredited doctors. It can also be mentioned that at least half of the employees work in a hospital currently employing 200 accredited doctors at the minimum.

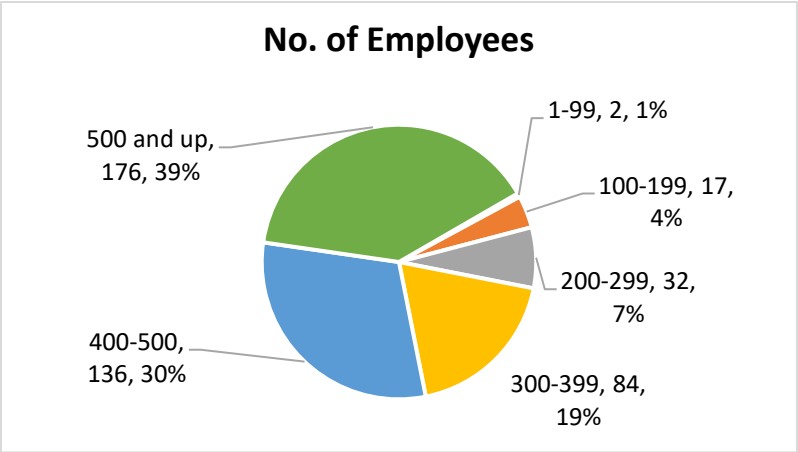

Figure 6. No. of Employees

The number of employees in the hospital where the employee respondents are employed can be seen in Figure 6. Most (39%) employee respondents work in a hospital that has at least 500 employees. 30% of respondents are employed in a hospital operating with 400 to 500 employees. 19% of employee respondents are working in a hospital that has 300 to 399 employees. 7% of employee respondents work in a hospital that has 200 to 299 employees. 4% of employee respondents are employed in a hospital that has 100 to 199 employees. 1% of employee respondents are operating in a hospital with less than 100 employees. The results are expected as the number of employee respondents per hospital were based on the hospital's number of employees.

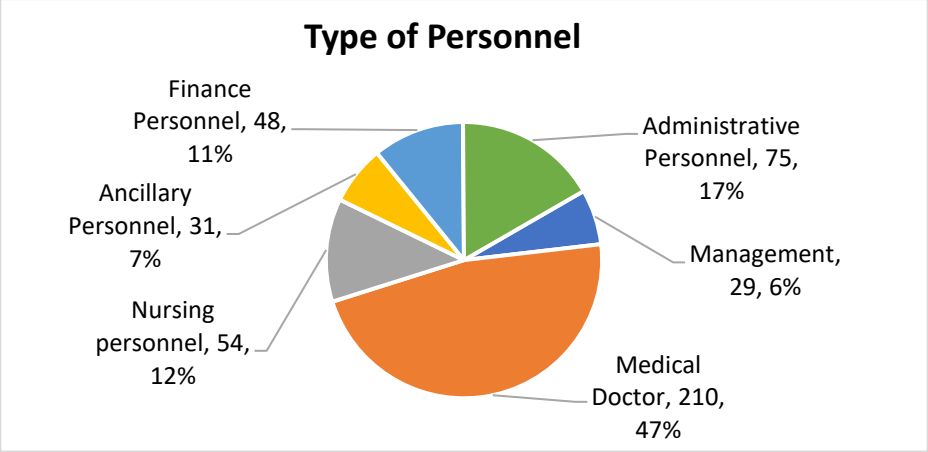

Figure 7. Type of Personnel

The type of personnel of the employee/MD respondents can be seen in Figure 7. Most (47%) respondents from the hospital employees are medical doctors. This was followed with a large margin by administrative personnel comprising 17% of the employee respondents. 12% of the respondents are nursing personnel while 11% of the respondents are finance personnel. In the lower percentages, only 7% of employee respondents came from ancillary personnel and 6% of employee respondents came from the management staff in the hospital.

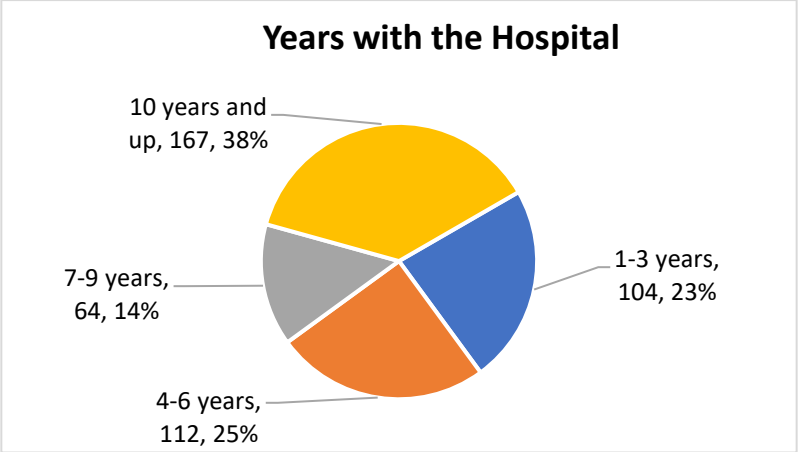

Figure 8. Years with the Hospital

The duration of a respondent's career with the hospital can be seen in Figure 8. Most (38%) employee respondents have stayed with the same hospital for at least 10 years. Only 14% of the respondents were employed with the same hospital for 7 to 9 years. 25% of the employee respondents have maintained their career with the same hospital for 4 to 6 years. Lastly, respondents employed for 1 to 3 years in the same hospital comprise 23% of the total count. It can be observed that the majority (52%) of the responding employees have stayed in the same hospital for at least 7 years. These respondents are good sources for evaluation of the hospital's safety and quality processes.

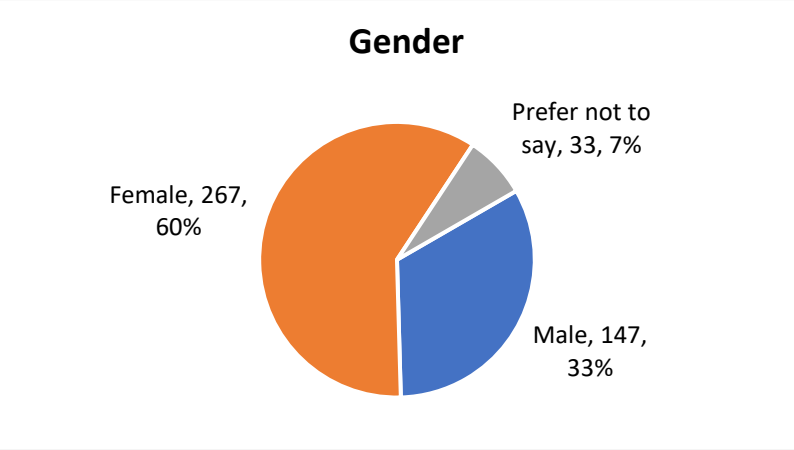

Figure 9. Gender

The gender of the employee/MD respondents can be observed in Figure 9. Most (60%) respondents are female employees while 33% of employee respondents identify as a male. Only 7% of the employee/MD respondents specified their preference to refuse disclosure of this information. These results are within expectations given that majority (approximately 66%) of employee/MD respondents belong to health professionals, and Newman (2022) mentioned that 75% of an estimated 500,000 health professionals in the Philippines are accounted by women.

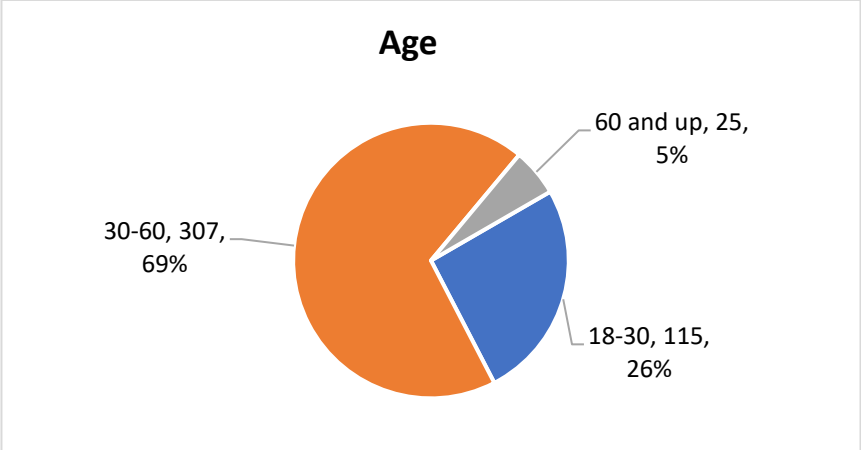

Figure 10. Age

The age of the employee/MD respondents can be seen in Figure 10. Most (69%) respondents are aged between 30 to 60 years old. Meanwhile, 26% of employee/MD respondents are aged between 18 to 30 years old. Lastly, only 5% of employee/MD respondents are aged at least 60 years old.

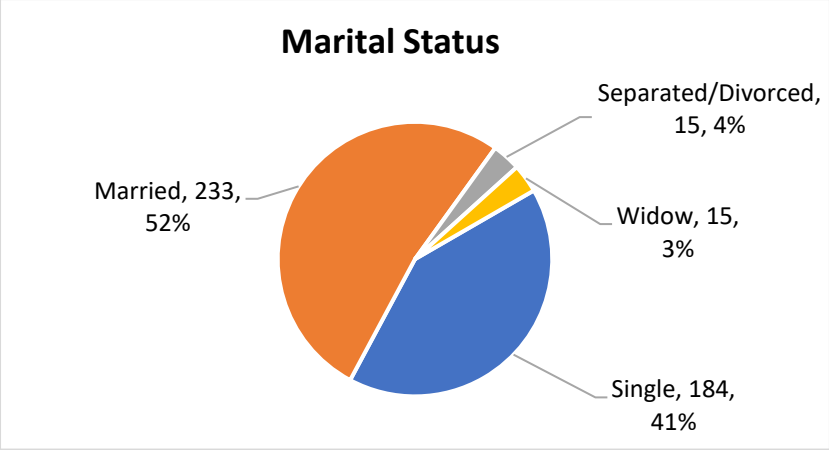

Figure 11. Marital Status

The marital status of employee/MD respondents can be viewed in Figure 11. The majority (52%) of employee/MD respondents are married. This marital status was closely followed by Singles (41%). Few employees/MDs are separated or divorced (4%) and widowed (3%).

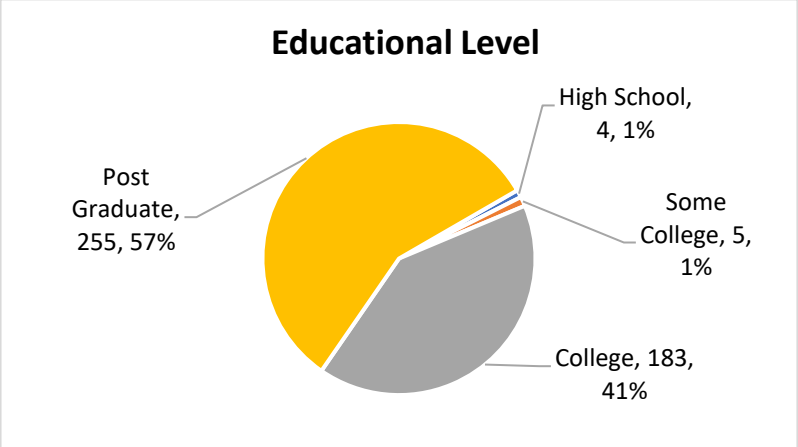

Figure 12. Educational Level

The educational level attained by the employees/MD can be seen in Figure 12. The majority (57%) of the respondents managed to obtain a postgraduate degree. 41% of the employee/MD respondents graduated from college. Lastly, only 1% of the employees/MD managed to finish high school and obtain some credits from college courses while 1% of the respondents only received a highschool diploma for their educational level.

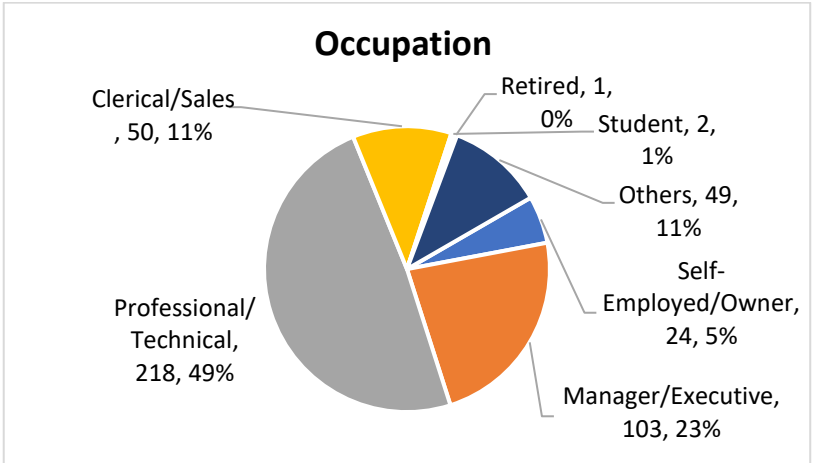

Figure 13. Occupation

The occupation of these employee/MD respondents can be seen in Figure 13. Most (49%) of respondents belong to a professional or technical occupation. 23% of the respondents are managers or executives. 11% of employee respondents belong to the clerical or sales department in the hospital. Meanwhile, 5% are self-employed or the owner of a hospital. Only 1% are students working in the hospital and 1 respondent is retired. 11% of the respondents do not belong to any of the occupations.

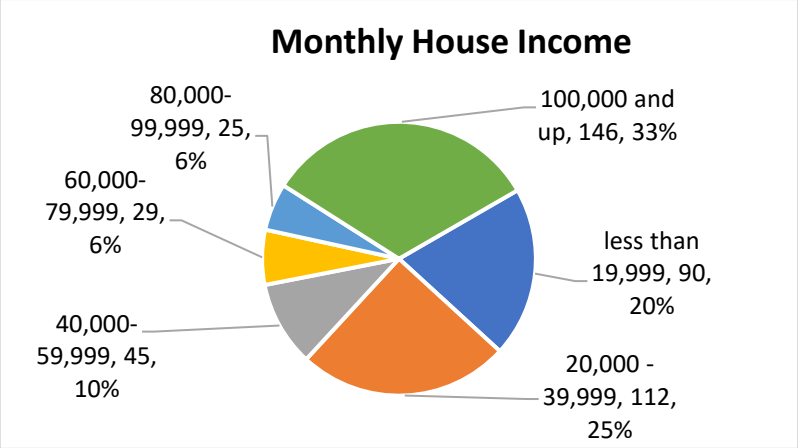

Figure 14. Monthly House Income

The monthly house income of the employee/MD respondents can be observed in Figure 14. Most (33%) have a monthly house income of at least 100,000 pesos. Only 6% of respondents have a monthly house income between 80,000 pesos to 99,999 pesos. 6% of employee respondents have a monthly house income between 60,000 pesos to 79,999 pesos. Employees having a monthly house income of 40,000 peso to 59,999 peso comprise 10% of the respondents. Employees with monthly income in their household of 20,000 peo to 39,999-peso account for 25% of the respondent count. Lastly, 20% of employee respondents have at most 19,999 peso for their monthly house income.

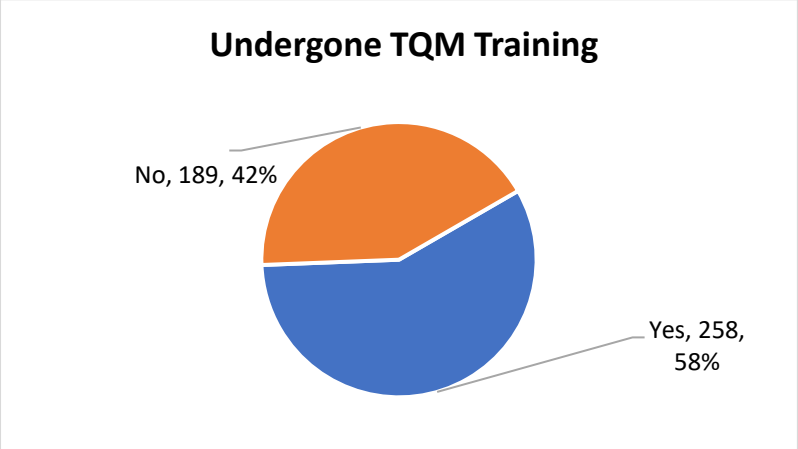

Figure 15. Undergone TQM Training

The employees/MD that have undergone Total Quality Management (TQM) training can be viewed in Figure 15. The majority (58%) of respondents have undergone TQM training. Meanwhile, 42% of respondents have not undergone TQM training. This implies that the majority of the respondents have background, knowledge, or skills in assuring quality and achieving long-term success with customer satisfaction as the foundation. However, there is an opportunity to improve by ensuring that 100% of

employyees and MDs are trained in quality management to futher improve the quality of delivering services to the patients.

Demographic Profile of Patients

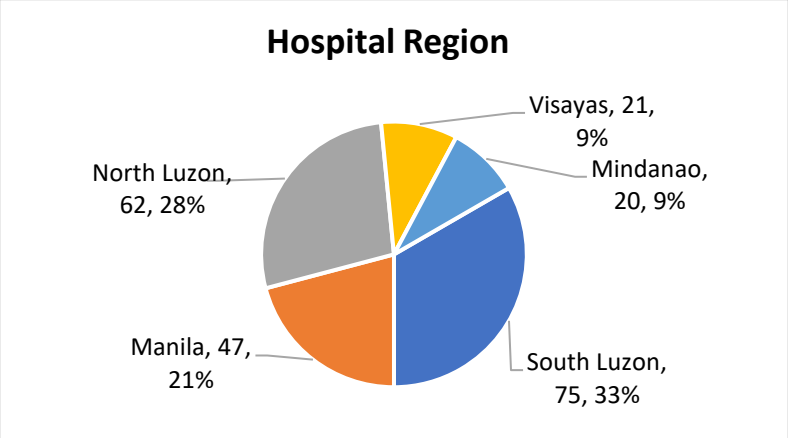

Figure 16. Hospital Region

The hospital regions of the patients can be seen in Figure 16. Among the major regions in the Philippines, majority (33%) of patient respondents got their treatment in the South Luzon region. 28% of patient respondents came from hospitals located in North Luzon, 21% of patients responded came from hospitals in Manila. Visayas and Mindanao each acquired 9% of the patient respondent count.

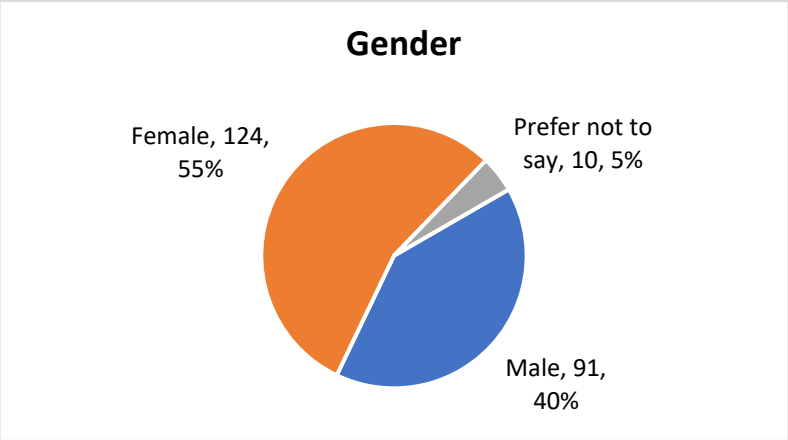

Figure 17. Gender

The genders of these patients can be observed in Figure 17. Majority (55%) of patient respondents are female, and 40% of the patient respondents are male. Among the patients, only 5% of these respondents preferred not to disclose their gender.

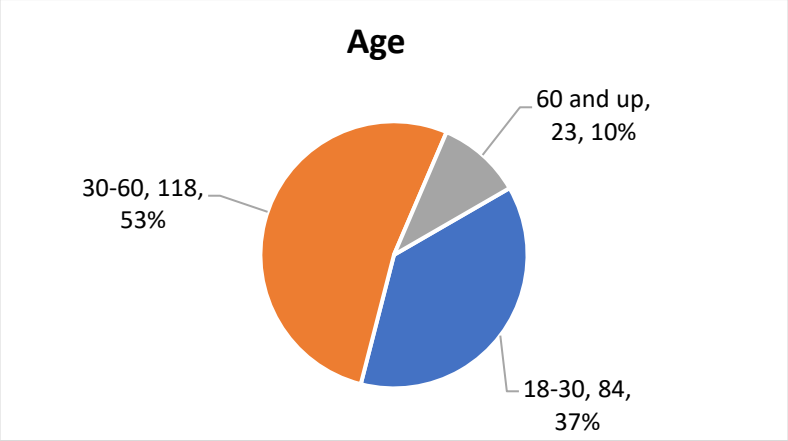

Figure 18. Age

The age of the patient respondents can be seen in Figure 18. The majority (53%) of the patient respondents were aged 30 to 60 years old. This was followed by the age bracket of 18 to 30 years old, which garnered 37% of the total patient respondent count. Lastly, the senior age group of being at least 60 years old comprised 10% of the total patient respondent count. This finding implies that half of the patient population are in the working group and the middle aged bracket. These patient segments usually demand high acuity of care and are very particular with the quality and safety of care delivered.

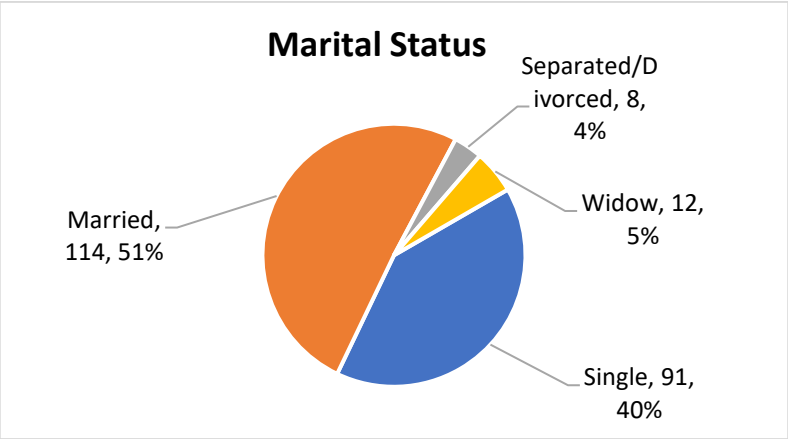

Figure 19. Marital Status

The patient respondents' marital status can be observed in Figure 19. The majority (51%) of the patient respondents are married. 40% of the patient respondents are single. Only 5% of the patients are widowed while separated or divorced patients comprised 4% of the patient respondents. The findings for this demographic may be tied to the age of the patients and the conservative nature of Philippine society, where each age group have natural occurences or societal expectations leading to their current marital status.

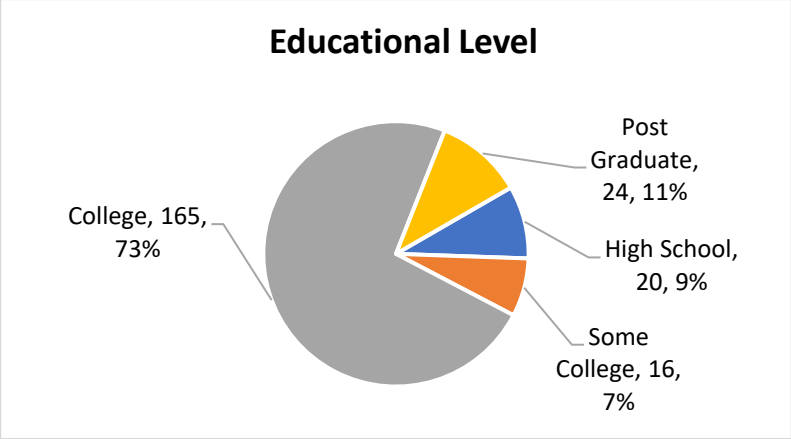

Figure 20. Educational Level

The educational level of the patients from the hospitals of interest can be seen in Figure 20. The majority (73%) of the patients managed to finish college. Postgraduate patients comprise 11% of the total respondent count. 9% of the patients only finished high school and was unable to take any college course or units. Lastly, only 7% of the patients graduated from high school with college units but have not yet graduated college. With most patients managing to finish college, this indicates a higher set of expectations to quality and safety from these types of patients.

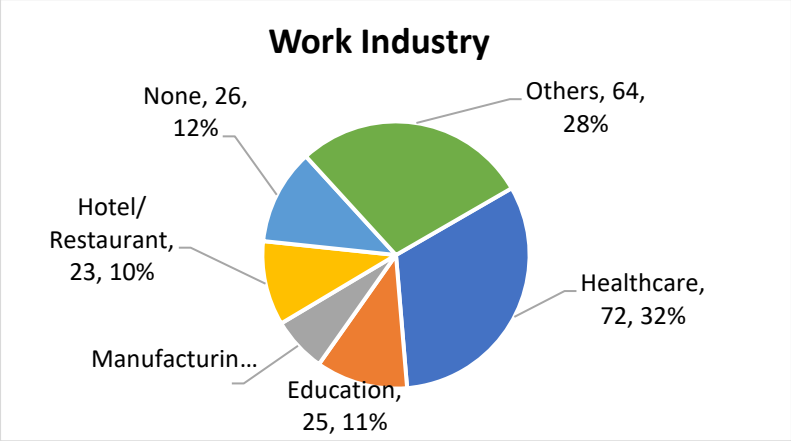

Figure 21. Work Industry

The work industry of the patient respondents can be viewed in Figure 21. Most (32%) of the patients that responded belong in the healthcare industry. People who do not belong to any industry comprised 12% of the patient respondents. Employees rooted in the educational sector formed 11% of the patient respondents while professionals working in the hotel or restaurant industry built 10% of the patient respondents. Among the named industries, the manufacturing sector obtained the lowest percentage (7%). Meanwhile, 28% of the patient respondents belong to other industries.

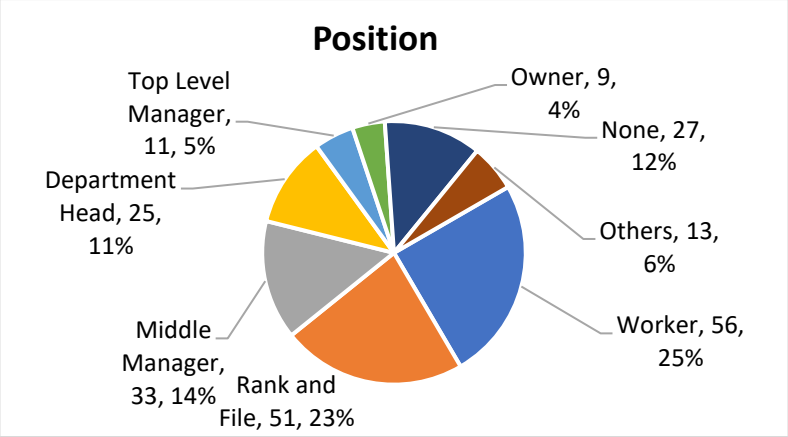

Figure 22. Position

The positions of the patient respondents within their respective industries can be observed in Figure 22. Only 4% of the patient respondents are owners of their own companies or businesses while top-level managers form 5% of the patient respondents. Department heads comprise 11% of the patient respondents, and middle managers amount to 14% of the patient respondents. Rank and file employees constitute 23% of the patient respondents while most of the patients were regular workers. 6% of the patients did not fall into any categories. However, 12% of the patients are unemployed. The distribution of the positions is expected given the natural system of labor where there are less available positions on the higher levels of the corporate ladder. Half of the respondents belong to the managerial position, the patients have higher expectations in terms of processes and efficiency in the delivery of care.

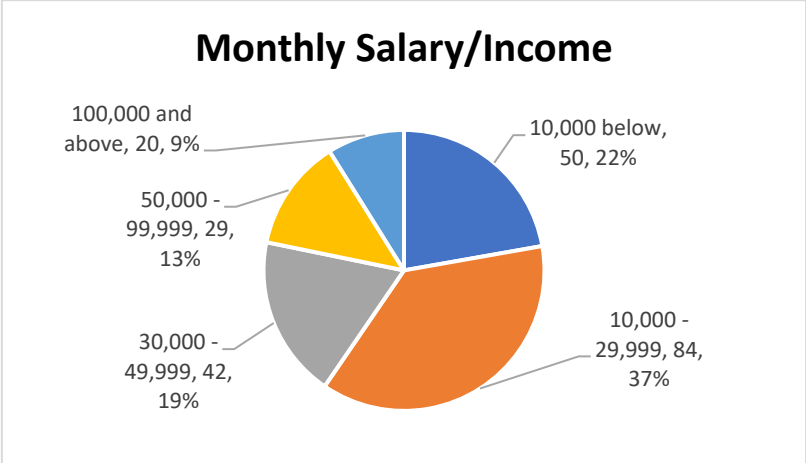

Figure 23. Monthly Salary/Income

The monthly salary or income of the patient respondents can be observed in Figure 23. 9% of patient respondents have at least 100,000 pesos for their monthly salary. 13% of patient respondents have 50,000 to 99,999 pesos for their monthly salary. Meanwhile, patients having 30,000 to 49,999 pesos for their monthly salary comprise 19% of the patient respondents. Most (37%) patients receive 10,000 to 29,999 pesos for their monthly salary. Lastly, patients that have at most 10,000 pesos form 22% of the total patient respondents. The respondents higher capacity to pay enable them to expect and demand quality in the delivery of care where price is not an issue.

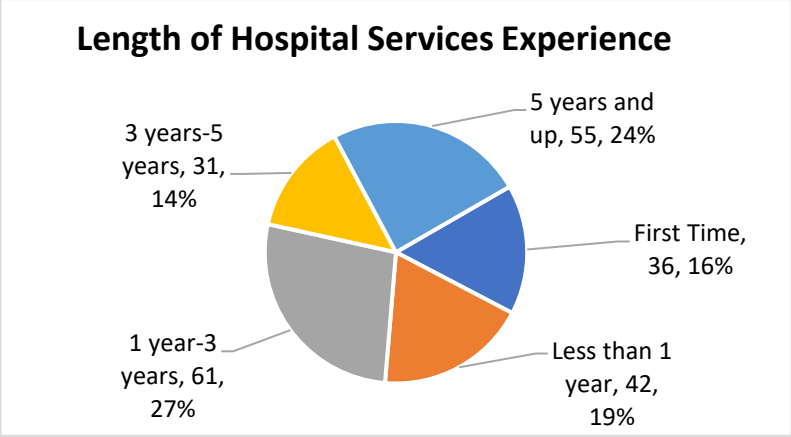

Figure 24. Length of Hospital Services Experience

Figure 24 shows the length of hospital services experience by the patient respondents. 24% of patient respondents have been experiencing hospital services for at least 5 years. Meanwhile, 14% of patient respondents have been availing hospital services for 3 to 5 years. Most (27%) patient respondents have experienced hospital services for 1 to 3 years. Patients that have at most one-year experience of hospital services form 19% of the patient respondent count. Lastly, 16% of patient respondents experienced hospital service for the first time. The majority of the patients are repeat customers with 24% being loyal to the hospital for almost 5 years. This can be a gauge for quality measures and satisfaction of most of the hospitals included in the study.

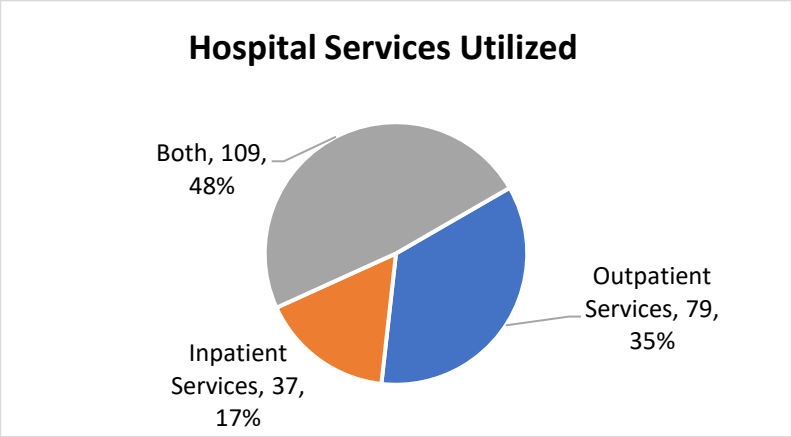

Figure 25. Hospital Services Utilized

The hospital services utilized by the patients during their healthcare can be seen in Figure 25. Most (48%) patients avail both inpatient services and outpatient services during their healthcare from the hospital. Meanwhile, 35% of patients make use of outpatient services only like consultations, ancillary services, and other facilities that do not require the patient to be hospitalized for treatment. Lastly, exclusive avail of inpatient services comprises the lowest percentage (17%) of hospital services utilized by the patients. With most of the patients availing both the In- patient and Out- patient services, hospitals must institute quality and safety measure on tw iffering method of deliveries where expectation differ.

Table 2.1
Total Quality Management in terms of Policy and Strategy Documents

	Questions	WM	VI	Rank
1	There is a visible description of the hospital's vision and mission.	3.51	Strongly Agree	1
2	There is a visible quality policy.	3.39	Agree	4
3	Documents exist in the hospital such as quality and safety policy manual.	3.39	Agree	3
4	Hospital has quality and safety officers/coordinators appointed as ' promoters of quality and safety improvement in the hospital.	3.35	Agree	5
5	The hospital has provisions for quality and safety improvement.	3.41	Agree	2
	Composite Mean	**3.41**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

The sentiment of the respondents when it comes to total quality management in terms of policy and strategy can be seen in Table 2.1. All items for this attribute lie within the positive sentiment, which then forms the general sentiment of the existence of total quality management in terms of policy and strategy documents (CM=3.41). Among the five items, respondents strongly agreed with the hospitals' visible description of their vision and mission (WM=3.51). This was followed by the existence of provisions for quality and safety improvement (WM=3.41). The respondents agreed with the existence of documents to ensure the quality and safety of the hospitals (WM=3.39) and the visibility of quality policy among the hospitals' (WM=3.39). For this attribute, the respondents least agreed with the existence of quality and safety promoters within the hospital (WM=3.35). However, it can be of note that this item does not fall far from the other items relating to this attribute.

Table 2.2
Total Quality Management in terms of Personnel

	Questions	WM	VI	Rank
1	The hospital staff/professionals show motivation to further develop their professional expertise.	3.33	Agree	2
2	The hospital staff/professionals show evidence that they are trained in quality improvement methods and patient safety procedures.	3.36	Agree	1
3	The hospital staff/professionals are provided with mechanism to receive systematic feedback on the results of the treatment of patients.	3.30	Agree	4

4	The staff/professionals are encouraged to report adverse events in a blame-free reporting system.	3.28	Agree	5
5	The staff/ professionals are given working hours for a multi-disciplinary patient-health status discussion.	3.27	Agree	6
6	The hospital management assess whether the staff/professionals adhere to the Quality and Safety policy of the hospital.	3.32	Agree	3
	Composite Mean	**3.31**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

Table 2.2 shows the respondent evaluation towards total quality management in terms of personnel. The respondents generally agreed with all the items, so there was a overall positive sentiment towards that relating to personnel (CM=3.31). Among the aspects for this attribute, respondents agreed most with the visibility of training in quality improvement methods and safety procedures among hospital staff (WM=3.36). This was closely followed by the staff's motivation for development in professional expertise (WM=3.33), and mangament's assessment of healthcare professionals towards the adherence to the quality and safety policy of the hospital (WM=3.32). The respondents also agreed to the presence of a feedback system for hospital staff to improve the treatment of patients (WM=3.30). The respondents least agreed with providing working hours for multi-disciplinary patient-health status discussions to staff (WM=3.27), and encouragement of staff to report major events in a blame-free environment (WM=3.28). However, these two are still within the positive sentiment, and their value difference is minimal from the overall sentiment.

Table 2.3
Total Quality Management in terms of Protocols, Guidance, and Procedures

	Questions	**WM**	**VI**	**Rank**
1	Hospital management and medical specialists collaborate in the development of an integrated quality policy.	3.32	Agree	4
2	Hospital has protocols or guidelines used for the routing of patients from admission to discharge.	3.37	Agree	1
3	Hospital has protocols for clinical procedures for:	3.36	Agree	2
4	Patient complaint protocols are established as evidenced by reception of complaints, arbitration of complaints, handling of complaints, legal liability procedure (i.e., hospital liability / profes...	3.33	Agree	3
	Composite Mean	**3.35**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

Total quality management in terms of protocols, guidance, and procedures can be observed in Table 2.3. For this attribute in total quality management, the items formed a composite mean of 3.35, which implies that the respondents generally agree that there is total quality management in terms of protocols, guidance, and procedure. Among the items for this attribute, people agreed most that there guides for routing of patients from admission to discharge with a WM of 3.37. This was closely followed with a small margin by the hospitals having protocols for various clinical procedures with a WM of 3.36. After this, it was also agreed that patient complaint protocols are properly established with fair legal procedures having a WM of 3.33. Lastly, the people least agreed with the presence of collaboration between healthcare workers and management for an integrated development policy with a WM of 3.32. However, there is a small differential among all items relative to each other that can be considered neglibile as there would be no changes in interpretation.

Table 2.4
Total Quality Management in terms of Elements of Quality and Safety Management System

	Questions	WM	VI	Rank
1	The hospital has a medical audit where various disciplines work together to assess and improve the services of the hospital.	3.29	Agree	3
2	The hospital uses care/treatment plans and is recorded and periodically evaluated on the basis of pre-determined objectives.	3.31	Agree	2
3	The hospital has a management information system that provides periodic overviews of the care provided and the care outcomes as the basis for the (quality) policy adjustment.	3.28	Agree	4
4	The hospital has an adverse event reporting system to report all matters relating to patient care where there has been an unexpected problem with harm to the patient, such as infections, complicati..	3.32	Agree	1
	Composite Mean	**3.30**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

Total quality management in terms of elements of quality and safety management systems is shown in Table 2.4. For this aspect of total quality management, it can be observed that all items managed to obtain a positive sentiment, which contributed to the overall agreement of respondents towards safety with regards to total quality management in terms of elements of quality and safety management systems with a composite mean of 3.29. There is a small variation in values across items for this dimension of total quality management. The respondents agree mostly that there is an adverse event reporting system within the hospital with a WM of 3.32. This was closely followed by the usage and regular evaluation of care

plan within the hospitals with a WM of 3.31. After, the respondents agreed most with the existence of a medical audit for assessment and deduction by different departments within the hospital to improve healthcare and service towards patients with a WM of 3.29. The respondents least agreed with the presence of a management information system on patient care overviews and outcomes with a WM of 3.28.

Table 2.5
Total Quality Management in terms of Process and Outcome Evaluation

	Questions	WM	VI	Rank
1	The hospital data are used by the medical staff and by the managers to evaluate and adjust the policy of your hospital.	3.29	Agree	4
2	The hospital is sensitive to and uses outcome indicators to monitor quality such as patient health status.	3.30	Agree	2
3	The hospital is sensitive to and uses outcome indicators to monitor efficiency such as turnaround time, unit production and access time.	3.29	Agree	3
4	The hospital has internal and external audit process to monitor process outcomes.	3.34	Agree	1
	Composite Mean	**3.30**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

Table 2.5 shows the respondents' evaluation of the hospital's total quality management in terms of their process and outcome evaluation. As can be seen in Table 2.5, the responses resulted in a composite mean of 3.30, suggesting that the respondents generally agreed with the given statements.

All four of the questions garnered a WM within the 2.50-3.49 range, with little discrepancies. Among the items, the existence of internal and external audit within the hospital to supervise process outcomes had the best sentiment (WM=3.34). This was followed by usage of outcome indicators for quality monitoring (WM=3.30). It was also agreed that hospitals use outcome indicators to monitor efficiency (WM=3.29). The item with the least sentiment, albeit having an agreement with the statement, was the usage of hospital data by medical staff and managers to improve hospital policies (WM=3.29).

Table 2.6
Total Quality Management in terms of Patient Involvement

	Questions	WM	VI	Rank
1	Hospital provides patients with standard written information about their legal rights.	3.31	Agree	2
2	Hospital values patient feedback as a source of improvement.	3.39	Agree	1
3	Hospital involves individual patients and/or patient organizations in quality standards and protocol designs.	3.29	Agree	3

	Composite Mean	**3.33**	**Agree**

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

The respondents' assessment of the hospital's TQM in terms of patient involvement can be seen in Table 2.6. The WM of the three items resulted in a composite mean of 3.33, suggesting the respondents generally agreed with the given statements. However, this was heavily skewed to a higher value by the item with the highest evaluation. The hospitals' high valuation of patient feedback for improvement received the highest sentiment (WM=3.39). This was followed by the hospitals' provision of legal information to patients (WM=3.31). The respondents least agreed that there is patient involvement in design of quality standards and protocol designs (WM=3.29).

Table 2.7
Summary Table of Total Quality Management

	Dimension	**WM**	**VI**	**Rank**
1	Policy and Strategy Documents	3.41	Agree	1
2	Personnel	3.31	Agree	4
3	Protocols, Guidance and Procedures	3.35	Agree	2
4	Elements of Quality and Safety Management System	3.30	Agree	6
5	Process and Outcome Evaluation	3.30	Agree	5
6	Patient Involvement	3.33	Agree	3
	Over-all Mean	**3.33**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

Table 2.7 shows the respondents' overall rating of the hospital's total quality management. The latent variable had an overall mean of 3.33, suggesting that the respondents generally agreed with the statements presented in each of the six dimensions. Among the different dimensions, policy and strategy documents received the highest score of 3.41. This is followed by protocols, guidance, and procedures with a WM of 3.35 and patient involvement, with a WM of 3.33. Personnel is ranked 4th, with a WM of 3.31.

The dimensions with the least sentiment are process and outcome evaluation, and elements of quality and safety management system with both items receiving a WM of 3.30.The consensus for total quality management implies that there is a good implementation of total quality management in the hospitals given the positive sentiment across the board in all dimensions. However, the generalized value for total quality management is skewed higher by the relatively high value of policy and strategy documents. While it does not change the interpretation greatly, this simply implies that to obtain a higher overall value for this variable, most dimensions for this variable should be improved to see a noticeable effect in the overall sentiment.

A quality management system (QMS) is a formalized system that ensure policy management of the organization. The primary purpose of policy management is to safeguard the future of the organization by establishing and efficiently achieving long-term and mid-term business goals while ensuring near-term

objectives based on the basic philosophy of the organization. Included in the management system are documents processes, procedures, and responsibilities for achieving quality policies and objectives and thus consistently delivering a quality product or service to the customer.

A QMS helps to coordinate and direct an organization's activities to meet customer and regulatory requirements and continually improve its effectiveness and efficiency. The QMS documentation must accurately and succinctly document the organisation's structure, procedures, processes and resources (Sachdev 2023).With a relatively high value of policy and strategy documents in the study, most of the hospitals possessed a well designed policy management and documented system. These ensured quality standards were routinely met, which minimized the potential for error, reduced downtime when deviations occurred due to being able to quickly access relevant data, and allowed for easy monitoring of the processes where outputs were analyzed, and appropriate adjustments were made. QMS documentation fulfills many functions such as communication of information, providing evidence of conformity and sharing knowledge and as such many different types and levels of documents are needed. Examples are quality manual, quality policy, documented procedures, and work instructions. We can conclude that the respondent hospitals have well documented procedures and work instructions where outputs were monitored and analyzed against to ensure quality of services and appropriate adjustment were made in cases of deviations.

TQM as a management system for a customer-focused organization that involves all employees in continual improvement. TQM can have an important and beneficial effect on employee and organizational development. By having all employees focus on quality management and continuous improvement, companies can establish and uphold cultural values that create long-term success to both customers and the organization itself. TQM's focus on quality helps identify skills deficiencies in employees, along with the necessary training, education or mentoring to address those deficiencies. With a focus on teamwork, TQM leads to the creation of cross-functional teams and knowledge sharing. The increased communication and coordination across disparate groups deepens institutional knowledge and gives companies more flexibility in deploying personnel (Pratt 2022).

A fundamental part of TQM is a focus on process thinking. A process is a series of steps that take inputs from suppliers (internal or external) and transforms them into outputs that are delivered to customers (internal or external). The steps required to carry out the process are defined, and performance measures are continuously monitored to detect unexpected variation. These activities will facilitate process improvement leading to service enhancement and customer satisfaction (García-Bernal, Javier, Ramírez-Alesón, Marisa 2015).

Patient participation means involvement of the patient in decision making or expressing opinions about different treatment methods, which includes sharing information, feelings and signs and accepting health team instructions (Shaghayegh et al 2014). A review of the literature reveals that participation of patients in health care has been associated with improved treatment outcomes. Emphasizing the importance of participation in decision making process motivates the service provider and the health care team to promote participation of patients in treatment decision making. These efforts include enhancement of patient access to multifaceted information providing systems and tools that help patients in decision making. With enhanced patient participation and considering patients as equal partners in healthcare decision making patients are encouraged to actively participate in their own treatment process and follow their treatment plan and thus a better health maintenance service would be provided.

Safety

Table 3.1
Safety in terms of Surge Capacity

	Questions	WM	VI	Rank
1	Availability of maximum patient admission capacity in terms of facilities (bed and equipment).	3.33	Agree	2
2	The hospital has the needed number and competence of staff to handle large volume of patients.	3.17	Agree	5
3	The hospital has the ability to expand inpatient capacity in terms of physical area, staff, equipment, and processes.	3.26	Agree	4
4	The hospital has the ability to identify potential gaps in providing health care by giving importance to intensive care (in cooperation with senior managers and neighboring hospitals).	3.31	Agree	3
5	The hospital has the flexibility in adapting admission and discharge criteria and prioritization of patients and clinical interventions according to available treatment capacity and demand.	3.33	Agree	1
	Composite Mean	**3.28**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

The sentiment of the respondents when it comes to safety in terms of surge capacity can be seen in Table 3.1. Overall, the hospitals employ safety during surge capacities (CM=3.28). Among the five items, respondents agreed with the hospital's flexibility and resilience to sudden changes in circumstances when it comes to admissions and prioritization for available treatments (WM=3.33) and the availability of the maximum capacity of a hospital in patient admission (WM=3.33) were the highest in scores. The respondents agreed with the hospital's ability to prioritize intensive care (WM=3.31) and capability to improve inpatient services (WM=3.26). For this attribute, the respondents least agreed with the competence and number of staff in case of admission surges (WM=3.17). However, this is still within the positive end of the sentiment. It was only relatively lower in comparison to the other facets for this attribute.

In general, all situations related in this attribute are rated with a positive sentiment given that the respondents are satisfied in the given scenarios pertaining to surge capacity. Despite the overall good sentiment of the respondents when it comes to hospital services, there is still room for improvement especially with regards to number of employees and their competence in occurrences of sudden surges of patients. The number of employees were affected by the fear and anxiety due to the pandemic, only a few

remain committed to care for patients despite the risk on their health and families. However contingent actions to improve the staffing and scheduling of staff among the different wards of the hospitals and further training to improve the employee's ability to function and work under these strenuous situations can be instituted. It can also be noted that the hospitals within the study are valued for their ability to admit inpatients and ability to prioritize patients accordingly depending on the situation at hand in the hospital.

Table 3.2
Safety in terms of Infection Control and Prevention

	Questions	WM	VI	Rank
1	There are available verbal instructions, informational posters, cards, hand hygiene stations (water, soap, paper towel, and alcohol hand rub), and waste bins at strategic locations across the hosp...	3.35	Agree	6
2	Hospital has strict compliance status on the application of standard measures of infection control and prevention for all patients by healthcare professionals.	3.40	Agree	3
3	Facilities are equipped with infection control prevention mechanism such as negative pressure and disinfection equipment, applying a one-meter distance rule between chairs and beds regardless of w...	3.36	Agree	5
4	Hospital does routine cleaning and disinfection of the surfaces that the patient and personnel touches (compliance with the standards and guidelines recommended for COVID-19, routine cleaning, and...	3.42	Agree	2
5	Easy access to adequate personal protective equipment (PPE) (i.e., medical/surgical masks, N95/FFP2 respirators, gloves, gowns, and eye protection) for staff.	3.39	Agree	4
6	Compliance with the rule of limiting visitors to only those crucial for patient support.	3.43	Agree	1
	Composite Mean	**3.39**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

Table 3.2 shows the respondent evaluation towards safety in terms of infection control and prevention. The respondents generally agreed with all the items, so there was an overall positive sentiment with regards to infection control and prevention. Among the aspects for this attribute, respondents agreed most with the hospital being strict for visitor limit to that necessitating crucial patient support (WM=3.43). This was closely followed by the hospital's maintenance of cleanliness and disinfection for surfaces patients or medical employees have touched (WM=3.42), and the hospital's strict compliance on measure reinforcement towards infection control and prevention (WM=3.40). The respondents also agreed that the hospital staff had adequate access to personal protective equipment (WM=3.39). The respondents least agreed with hospitals having infection control and prevention graphics and hand hygiene (WM=3.35), and hospitals having facilities that equipped with infection control and prevention (WM=3.36). However, these two are still within the higher end of the range for values to have a positive sentiment.

From this, it can be inferred that the hospitals are performing well in safety in terms of infection control and prevention. However, the hospitals of interest in the study may opt to invest into more mechanisms, stations and graphics relating to infection control in the hospital to improve general sentiment for this attribute. Although, the sentiment behind these issues are not largely behind relative to the overall sentiment.

Table 3.3
Safety in terms of Case Management

	Questions	WM	VI	Rank
1	Availability of mechanisms to implement triage, early recognition, and source control (isolating patients with suspected COVID-19).	3.39	Agree	2
2	Availability of a well-equipped triage station at the entrance of the hospital, supported by trained staff.	3.36	Agree	4
3	Ability to designate a special waiting and examination area for individuals applying with COVID-19 symptoms.	3.38	Agree	3
4	Has designated different personnel to handle possible infectious patients separate from the non-infectious.	3.41	Agree	1
	Composite Mean	**3.39**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

The respondents' sentiment for safety in case of case management can be observed in Table 3.3. For this attribute, the items formed a composite mean of 3.39, which indicates that the respondents generally agree that there is safety in terms of case management. Among the items for this attribute, people agreed most that there are different personnel handling possible infection patients from the non-infectious patients with a WM of 3.41. This was followed by the hospitals having mechanisms to execute different systems to isolate cases depending on severity, progression, and infectivity with a WM of 3.39.

After this, the patients also agreed that the hospitals have a special waiting and examination area for patients with COVID-19 symptoms with a WM of 3.38. Lastly, the people least agreed with the hospital

having a triage system with competent staff with a WM of 3.36. However, the difference of this is value is not large compared to the other items, and rather, there is a small differential among all items relative to each other that can be considered neglibile as there would be no changes in interpretation.

Based on the results on safety in terms of case management, it can be said that the hospitals are performing well for this attribute given that all items were on the positive end of the sentiment. Hence, the hospitals are well-equipped with different systems to handle designation and treatment of varying cases from the patients. However, it can be improved by focusing on the triage station be it being more visible or improving the skills of the personnel working there as it had the smallest value among the different facets for this attribute.

Table 3.4
Safety in terms of Human Resources

	Questions	WM	VI	Rank
1	Availability of the minimum number of healthcare professionals and other hospital staff who will ensure the adequate or proper functioning of the treatment unit or service.	3.26	Agree	3
2	The ward staff has the ability to work in high demand areas (e.g., infectious disease department, emergency department, and intensive care unit).	3.30	Agree	2
3	Highly trained competent and motivated healthcare personnel.	3.38	Agree	1
4	Hospital formed psychosocial support teams for staff and patient families.	3.21	Agree	4
	Composite Mean	**3.29**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

Safety in terms of human resources is shown in Table 3.4. For this facet of safety, all items managed to obtain a positive sentiment, which contributed to the overall agreement of respondents towards safety with regards to the staff of the hospitals with a composite mean of 3.29. The respondents agree most that there are highly trained competent and motivated healthcare personnel with a WM of 3.38. This had a large gap with the rest of the items with the same attribute. This was followed by the positive perception of work staff having the ability to operate in high-demand areas with a WM of 3.30. After, the respondents agreed mostly with availability of staff to ensure adequate function of healthcare units or services with a WM of 3.26. The respondents least agreed with the presence of psychosocial support teams for both healthcare staff and patient families with a WM of 3.21.

It can be inferred that the respondents generally agree that there is safety in terms of human resources as all items had a positive value. However, generating improvement for presence of psychosocial teams and availability of minimum number of personnel within the hospitals included within the study should be considered as these two items skewed the attribute to have a lower value, albeit not changing the state of agreement from the respondents entirely.

Table 3.5
Safety in terms of Diagnostic Capability

	Questions	WM	VI	Rank
1	The ability of hospital to make available and maintain the diagnostic services that should be provided at all times and all conditions.	3.34	Agree	2
2	Hospital has the process to prioritize testing for patients with critical conditions.	3.39	Agree	1
3	Availability of mechanisms for the prompt provision of diagnostic data to the physicians and health authorities.	3.34	Agree	3
4	Diagnostic equipments are calibrated all the time.	3.31	Agree	4
	Composite Mean	**3.35**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

Table 3.5 illustrates the degree of sentiment of the respondents for safety in terms of diagnostic capability. For this attribute, there were minimal dispersion in the weighted means of the items where all values indicate a positive sentiment. Overall, the respondents agree that there is safety in terms of diagnostic capability (CM=3.35). Among the items, the respondents agreed most that hospitals have proper procedures that prioritize patients with critical conditions (WM=3.39). After this, respondents agreed most with the ability of the hospital to provide diagnostic services in various times and conditions (WM=3.34). It was also agreed that the hospitals have mechanisms for the swift provision of data to the healthcare professionals necessary for diagnostics (WM=3.34). It was least agreed that equipment used for diagnostics are calibrated every time (WM=3.31), but this value still lies within the range needed to have a positive sentiment, and its difference with the other items in the attribute is minimal. Hence, the hospitals are performing well in terms of diagnostic capability.

Table 3.6
Safety in terms of Logistic and Supply Chain

	Questions	WM	VI	Rank
1	Hospital has developed/maintained an updated inventory of all equipment, supplies, and pharmaceuticals; availability of a shortage alert and reordering mechanism.	3.30	Agree	2
2	Hospital has a mechanism for rapid maintenance and repair of essential equipment for basic services.	3.29	Agree	3
3	Hospital has a system in coordinating an emergency transport strategy to ensure uninterrupted patient transfers.	3.34	Agree	1
	Composite Mean	**3.31**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

Table 3.6 contains the information relating to safety in terms of logistic and supply chain within the hospitals. All items incurred a positive outlook from the respondents. This led to the attribute having a composite mean of 3.31, which indicates that the respondents generally agree that there is safety in terms of logistic and supply chain. Among the items, it was agreed most that the hospitals have systems for proper coordination towards patient transfers in cases where emergency transport are necessary with a WM of 3.34. It was also agreed that the hospitals have an updated inventory for healthcare supplies and a system to handle shortages with a WM of 3.30. The respondents least agreed by a small margin on the mechanism for maintenance and repair for basic services by the hospitals with a WM of 3.29. It can be said that the hospital has a proper logistic and supply chain.

Table 3.7

Summary Table of Safety

Dimension	WM	VI	Rank
Surge Capacity	3.28	Agree	6
Infection Control and Prevention	3.39	Agree	1
Case Management	3.39	Agree	2
Human Resources	3.29	Agree	5
Diagnostic Capability	3.35	Agree	3
Logistic and Supply Chain	3.31	Agree	4
Over-all Mean	**3.33**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

The summary table for safety can be observed in Table 3.7. All dimensions of safety have a positive sentiment. This implies that the respondents agreed that there is safety within surge capacity, infection control and prevention, case management, human resources, diagnostic capability, and logistic and supply chain. This led to the overall agreement that there is safety within the hospitals with an overall mean of 3.33. Among the attributes, respondents agreed most that there is safety within infection control and prevention (WM=3.39). This was followed by case management (WM=3.39), and diagnostic capability (WM=3.35), Meanwhile, the latter values among the safety dimensions were logistic and supply chain (WM=3.31), human resources (WM=3.29) and surge capacity (WM=3.28).

From the results, it can be mentioned that the hospitals generally perform well in terms of safety. However, safety in terms of logistic and supply chain, human resources, and surge capacity are areas that can be considered if the hospitals opt to improve the safety aspect of hospital performance. These could be done through improving the quality of training for personnel and improving systems within the hospital for these dimensions.

Surge planning has become even more important for hospital operations to take into consideration and keep up with the effects of surges on staff, PPE, and other factors that determine the overall capacity of systems (DiSilvio 2020). Facilities have been faced with critical operational decisions to adapt and address the dynamic emergency situations at hand. This situation is not new to the hospitals as the recent COVID 19 pandemic tested this dimension. Since the beginning of the pandemic, researchers have sought

to review surge capacity strategies at hospitals to inform systematic recommendations for future planning, should the need for surge capacity continue (Capolongo 2020, Chopra 2019).

The availability of personnel is also of outmost importance not just in numbers but also in competence. Further improvement in training is needed. According to the related studies at the beginning of the pandemic, a considerable amount of health workers benefits from a poor knowledge of transmission ways of the disease and the initial clinical symptoms (Bhagavathula 2020, Elhadi 2020). According to Fathi et al. (2020), shortage of specialized knowledge, insufficient preparedness, and lack of access to applied skills against managing and controlling the disease were among the healthcare workers`challenges during COVID-19 (Fathi 2020). Lack of knowledge and experience were announced as one of the stressful factors among health workers during COVID-19 pandemic (Fathi 2020). Considering that health workers are providing services on the front line of the health systems against COVID-19, inadequate knowledge and wrong attitudes among them can directly affect their behaviors and lead to delays on disease diagnosis, poor performance of infection control and disease spread (Wahed 2020). Psychologic disorders among healthcare workers were among the other identified challenges in the area of personal challenges. According to the other results, those workers who are directly engaged in COVID-19 wards have experienced many psychological challenges because of unpredictable conditions, high workload, unknown nature of the disease, frequent changes of the protocols and rapid changes in the policies, information and operational roles, great fatigue, high rate of mortality among the patients, fear of being infected, lack of supportive psychological, social and organizational packages and also lack of access to personal protective equipment (PPE) (Rezapour 2021, Pearman 2020, Alizadeh 2020).

Results of a review study shows that during COVID-19 pandemic, negative psychological effects the same as stress, depression, anxiety, insomnia and sense of anger were increased among healthcare workers and other engaged people with COVID-19 significantly (Fathi 2020). Applying mental health experts for enabling healthcare workers during disaster, empowering the personnel`s skills in stress management, applying incentives and physical and spiritual supports along with providing necessary information about the pandemic can help decreasing the mental disorders (Ali 2022).

Logistics firms, which are involved in the movement, storage, and flow of supplies and goods, have been directly affected by the COVID-19 pandemic. As an integral part of value chains, both within and across international borders, logistics firms facilitate trade and commerce and help businesses get their products to customers. Supply chain disruptions to the sector caused by the pandemic could impact patient care responses.

Higher agreement scores are given to Infection Control and Prevention, Case management and Diagnostic Services since these processes are already embedded in the healthcare system even prior to the pandemic. Few adjustments were made in response to the safety and protocols of COVID 19.

Table 4.1
Customer Satisfaction in terms of Tangibility Attributes

	Questions	WM	VI	Rank
1	Hospital has an up-to-date and well-maintained facilities and equipment.	3.46	Agree	2
2	Hospital has a clean and comfortable environment with good directional signs.	3.43	Agree	4

3	There are adequate and convenient parking facilities.	3.20	Agree	6
4	Doctors and staff are neat and professional in appearance.	3.48	Agree	1
5	Availability of informative brochures about hospital services.	3.31	Agree	5
6	The facilities are made to ensure patient's privacy during treatment.	3.44	Agree	3
	Composite Mean	**3.38**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

The results of the survey regarding stakeholder satisfaction in terms of tangibility attributes can be seen in Table 4.1. The survey garnered a composite mean of 3.38, suggesting that the respondents generally agreed with the statements regarding their satisfaction with the hospital's tangible attributes. The neat appearance of healthcare staff received the highest sentiment with a WM of 3.48. This was followed by updated and well-maintained facilities and equipment with a WM of 3.46. Facility design prioritizing patient privacy during treatment had the third highest sentiment with a WM of 3.44 while the respondents agree that the clean environment with proper signs are present in the hospital with a WM of 3.43. The respondents agree least with are the statements of having adequate and convenient parking with a WM of 3.20 and having information brochures for hospital services with a WM of 3.20. It can be noted that these have a fairly noticeable difference from the other items, which skewed the overall sentiment towards tangibility attributes. These two items can be possible foundations for action where hospitals can investigate constructing parking spaces and having more brochures on hospital services as other items for this dimension have near values.

Table 4.2
Stakeholder Satisfaction in terms of Reliability Attributes

	Questions	WM	VI	Rank
1	Hospital services are provided at an appointed time.	3.28	Agree	5
2	Services in the hospital are carried out right the first time.	3.31	Agree	2
3	Doctors and staff are professional and competent.	3.53	Strongly Agree	1
4	Hospital's medical reports are retrieved fast and error free.	3.29	Agree	4
5	Hospital's billing/charge reports are accurate.	3.30	Agree	3
	Composite Mean	**3.34**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

Table 4.2 depicts the results of the survey regarding stakeholder satisfaction in terms of reliability, with a composite mean of 3.34. Among the items, the respondents agree most with the professionalism

and competency of healthcare workers (WM=3.53). This was followed by a large margin by the hospital staffs' ability to perform services correct in the first try (WM=3.31). The respondents also agree with the accurate billing reports (WM=3.30), and accurate and swift preparation of hospital medical reports (WM=3.29). The respondents least agreed with hospital services being provided with appointed times (WM=3.28).

Out of the five items, the professionalism and competency of hospital staff appeared to have a much higher WM compared to the other items, receiving a "Strongly Agree" as opposed to the other four items which had little discrepancy among them. This skews the overall mean of the reliability attribute higher, which may make it less representative of the attribute itself. This also implies that in order to improve perception for this dimension, all other items within the dimension should be targeted to incur a noticeable improvement for this dimension.

Table 4.3
Stakeholder Satisfaction in terms of Responsiveness Attributes

	Questions	WM	VI	Rank
1	Patients are given prompt services.	3.33	Agree	3
2	Doctors and staff are responsive to the needs of the patients.	3.44	Agree	1
3	The attitude of the doctors and staff instills confidence in patients.	3.44	Agree	2
4	Waiting time is not more than an hour.	3.09	Agree	4
	Composite Mean	**3.32**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

Table 4.3 records the responses regarding stakeholder satisfaction in terms of the hospital's responsiveness. The four items received a composite mean of 3.32, placing it firmly in the thresholds for "Agree". Among them, the respondents agreed most on the responsiveness of doctors and staff to patients' needs with a WM of 3.44, and the confidence-instilling attitude of doctors and staff towards patients with a WM of 3.44. The respondents also agreed that patients are given prompt services with a WM of 3.33. The respondents least agreed that waiting time is not more than an hour with a WM 3.09. This was observed to have a notably lower WM compared to the other items. This skews the overall perception of responsiveness into a lower value, but it does not change the interpretation of the value. This also indicates that direct improvement for waiting time would lead to a better notion of responsiveness among the hospitals.

Table 4.4
Stakeholder Satisfaction in terms of Assurance Attributes

	Questions	WM	VI	Rank
1	Doctors and staff are friendly and courteous.	3.47	Agree	2
2	Doctors and staff possess a wide spectrum of knowledge.	3.46	Agree	3
3	Patients are treated with dignity and respect.	3.50	Strongly Agree	1

4	Medical condition of the patients is thoroughly explained.	3.46	Agree	4
	Composite Mean	**3.47**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

The data regarding stakeholder satisfaction in terms of assurance can be seen in Table 4.4. Among Table 4.4's four items, there is little discrepancy in terms of their WM. The respondents strongly agreed that patients are treated with dignity and respect with a WM of 3.5, placing it within the threshold for "Strongly Agree". This was closely followed by the friendliness and courtesy of the healthcare staff with a WM of 3.47. The respondents least agreed with the wide knowledge of the healthcare staff with a WM of 3.46, and the thoroughness of explanation of the healthcare staff to the patients with a WM of 3.46. However, the relative difference of these items with the worst sentiments is negligible as these have a small deviation from the overall sentiment from the assurance dimension.

Overall, the items for this dimension also have relatively high sentiment compared to previous items from other dimensions and variables. This implies that this is one of the hospitals' strong points that do not necessitate as much improvement compared to other variables and dimensions.

Table 4.5

Stakeholder Satisfaction in terms of Empathy Attributes

	Questions	WM	VI	Rank
1	Hospital obtains feedback from patients.	3.40	Agree	4
2	Hospital has 24-hour healthcare services availability.	3.52	Strongly Agree	1
3	Doctors and staff have the patients' best interests at heart.	3.49	Agree	2
4	Doctors and staff understand the specific needs of patients.	3.47	Agree	3
	Composite Mean	**3.47**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

In Table 4.5, the data regarding the stakeholder's satisfaction with the empathy they receive at the hospital. From the table, it can be seen that there is little discrepancy between Items 2, 3, and 4, while Item 1 falls behind in terms of WM, but all items lie within the positive sentiment range. This leads to to the overall positive sentiment for the empathy dimension of customer satisfaction.

Among the items, respondents agree most that the hospitals have 24-hour healthcare services (WM=3.52), putting it within the threshold for "Strongly Agree". The sentiment was closely followed by the agreement towards the healthcare staffs' having the patients' best interests for decisions and procedures (WM=3.49). The respondents also agree that the hospital employees understand the patients' needs (WM=3.47). The respondents least agreed that the hospitals obtain feedback from patients (WM=3.40).

While this may have skewed the overall empathy value downward, this would have not changed the interpretation unless it managed to incur a weighted mean of at least 3.52. Hence, an overall

improvement with this item as a focal point could be considered if the hospitals decide to improve the empathy dimension for customer satisfaction.

Table 4.6

Stakeholder Satisfaction in terms of Affordability Attributes

	Questions	WM	VI	Rank
1	Professional fees (doctor's service charge) are reasonable.	3.25	Agree	1
2	Diagnostic services (lab test, x-ray, ultrasound, ECG, etc.) fees are reasonable.	3.23	Agree	2
3	The charges are affordable for hospital services rendered.	3.16	Agree	3
	Composite Mean	**3.21**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

Table 4.6 depicts stakeholder satisfaction in terms of affordability. The table contains 3 items with a composite mean of 3.21, suggesting that the respondents generally agreed with the statements presented during the survey. This was further supported by the individual sentiments per item where all of it were lying on the positive notion from the respondents. Among the items, the respondents agreed most with professional fees being reasonable with a WM of 3.25. This was closely followed by the sentiment towards diagnostic services fees being reasonable with a WM of 3.23. The respondents least agreed with are the prices being affordable for the hospital services rendered with a WM of 3.16.

It can be noted that this dimension for stakehoder satisfaction had the lowest sentiments by a large margin. This implies that the customers are least satisfied with the price affordability. However, this is a situation that is hard to navigate as price has multiple factors and circumstances that affect the monetary value allocated to each facility and service offered within the hospital.

Table 4.7

Summary Table of Stakeholder Satisfaction

	Dimension	WM	VI	Rank
1	Tangibility Attributes	3.38	Agree	3
2	Reliability Attributes	3.34	Agree	4
3	Responsiveness Attributes	3.32	Agree	5
4	Assurance Attributes	3.47	Agree	1
5	Empathy Attributes	3.47	Agree	2
6	Affordability Attributes	3.21	Agree	6
	Over-all Mean	**3.37**	**Agree**	

Legend: 3.50 – 4.00 - Strongly Agree, 2.50 – 3.49 – Agree, 1.50 – 2.49 – Disagree, 1.0 – 1.49 – Strongly Disagree

Table 4.7 contains the summary of the data gathered from the six dimensions of the stakeholder satisfaction survey. The six dimensions resulted in an overall mean of 3.37 mean, suggesting that the respondents generally agreed with most, if not all, of the statements presented in the survey. The WMs of the assurance and empathy attributes were notably higher than the rest of the items, with both items having a WM of 3.47. This was followed by the tangibility attribute with a WM of 3.38. The respondents also had a good sentiment towards the reliability attribute with a WM of 3.34 and responsiveness attribute 3.32.

The dimension with worst sentiment is affordability with a WM of 3.21. The affordability attribute skewed the overall value of customer satisfaction lower, but it would hardly change the interpretation.

These findings are like research conducted using SERQUAL. Findings of the study conducted by (Boadi et al 2019) revealed that all five dimensions of SERVQUAL scale, but assurance have a positive, direct, and significant impact on customer satisfaction. The SERVQUAL framework has been used to assess service quality in a variety of service sectors such as banking, hospitality, transport, healthcare revealing all dimensions leading to customer satisfaction (Hussain et al 2015; Izogo & Ogba, 2015; Krishnamurthy et al 2014; Li et al., 2015; Paul et al., 2016).

Similarly, according to Kasiri et al., (2017) all the dimensions of SERVQUAL model is significantly related with the patient satisfaction. Although, patient satisfaction among private and public sector hospitals differs significantly. Additionally, according to its proponent, these dimensions are generic and should be customized based on the specific needs of the user. Hence, various literatures in service quality revealed different dimensions used depending on the circumstance of the user. For example, a study conducted by Mohammadi-Sardo and Salehi analyzed data collected from 373 patients that were admitted to the Imam Khomeini Hospital for a minimum of 24 hours in 2016 using a custom-made 24-item questionnaire based on the SERVQUAL model, literature reviews, and consultations with experts in the field. In this study, it was found that the respondents placed a significant emphasis on tangibles compared to the other dimensions of the SERVQUAL Model, with respondents expressing that tangible being the most relevant aspect that affected their satisfaction, followed by assurance, reliability, responsiveness, and then empathy.

Contrary to these findings, however, is a study conducted by (Nadi, et al 2016). which applied the SERVQUAL Model to four different Iranian hospitals that include the Imam Khomeini, Vali-Asr, Ghaemshahr, and Shafa Hospitals. The study has 600 randomly sampled respondents who were all admitted for a minimum of 24 hours in the hospitals. The data generated from this study found that the respondents for their study rated empathy as their top priority, followed by tangibles, responsiveness, assurance, and then reliability. Another study conducted by Ali, Qazi, and Seuc regarding client satisfaction in obstetric care services in Pakistan (2014). After gathering data from 1011 respondents, they found that the respondents placed the most emphasis on provider communication, followed by responsiveness and discipline.

Given the values and sentiments given per dimension, improvement for stakeholder satisfaction would necessitate focus on the affordability attributes, as well as the responsiveness attributes and reliability attributes. For affordability professional fees (doctor's service charge), diagnostic services (lab test, x-ray, ultrasound, ECG, etc.) fees and hospital charges specially for private hospitals must be reasonable and the charges are affordable for hospital services rendered. This may happen via making payment schemes that would make it more affordable for patients or changing the price itself combined with faster response from the healthcare workers and overall development of items with regards to the reliability dimension of customer satisfaction.

Mediation Analysis of Total Quality Management, Safety and Stakeholder's Satisfaction

The relationship and interactions between three variables of interest was analyzed through PLS-SEM. Specifically, total quality management and safety on stakeholders' satisfaction was investigated using the aforementioned methodology. To do so, variable reliability and validity are first assessed to

evaluate the measurement model. Afterwards, the structural model is examined to determine the relationships among the three variables.

Table 5.1
Model Fit and Quality Indices

Indices	Coefficients
Average path coefficient (APC)	0.223, P<0.001
Average R-squared (ARS)	0.766, P<0.001
Average adjusted R-squared (AARS)	0.764, P<0.001
Average block VIF (AVIF)	2.192
Average full collinearity VIF (AFVIF)	2.581
Tenenhaus GoF (GoF)	0.998

Note: p-value < 0.05 - Significant / acceptable; < 5 - Significant / acceptable (Hair et al. & Kock)

From the table, at 5% level of significance, the APC index with a value of 0.223, the ARS index with a value 0.766, and the AARS index with a value of 0.764 all proved to be significant where each model fit index had a p-value of less than 0.001, which is smaller than the level of significance (0.05). The AVIF index having a value of 2.192 and AFVIF index having a value of 2.581 also proved to be significant as their values fall within the acceptable range of being smaller than 5. Lastly, the GOF index had a value of 0.998, which implies that the model has a large goodness of fit. Given the conclusion from the model fitness and quality statistics, the model managed to satisfy all assumptions for an acceptable model.

Measurement Model (Outer Model)

To assess the discriminant validity between the constructs, the square roots of the AVE coefficients and the corresponding correlation coefficients are compared, and the Heterotrait-monotrait ratio is also calculated.

Table 5.2
Square Roots of AVE Coefficients and Correlation Coefficients

Construct	Customer Satisfaction	Safety	TQM
Stakeholder Satisfaction	**(0.875)**		
Safety	0.829	**(0.908)**	
TQM	0.785	0.897	**(0.921)**

Note: Diagonal elements are the square of AVE of constructs & dimensions, while the off-diagonal elements are correlational between constructs.

The calculated AVE coefficients and correlation coefficients for testing discriminant validity can be seen in Table 5.2. The construct with their corresponding calculated square roots of the AVE coefficients is the following: stakeholder satisfaction with 0.875, safety with 0.908, and TQM with 0.921.

As observed in the table, all roots of the AVE coefficients are larger than the correlation coefficients, and all square roots of the AVE coefficients are larger than 0.5. Hence, the variances in the constructs explain more error than each latent variable. Therefore, discriminant validity is established in a construct-level within the model.

Table 5.3
Heterotrait-monotrait Ratio (HTMT)

Construct	Safety	TQM	Customer Satisfaction
Safety			
TQM	0.876		
Stakeholder Satisfaction	0.826	0.834	

Note: Good if < 0.90, Best if < 0.85)

The computed Heterotrait-montrait ratios between each construct can be see in Table 5.3. It can be mentioned that the best HTMT ratios can be found in the safety-customer satisfaction construct and the TQM-stakeholder satisfaction construct as there are no multicollinearity issues within these constructs. Despite the failure of the safety-TQM construct to satisfy the value to have no multicollinearity, its ratio still manages to fall within acceptable regions. Hence, discriminant validity is established between constructs within the model.

Structural Model (Inner Model)

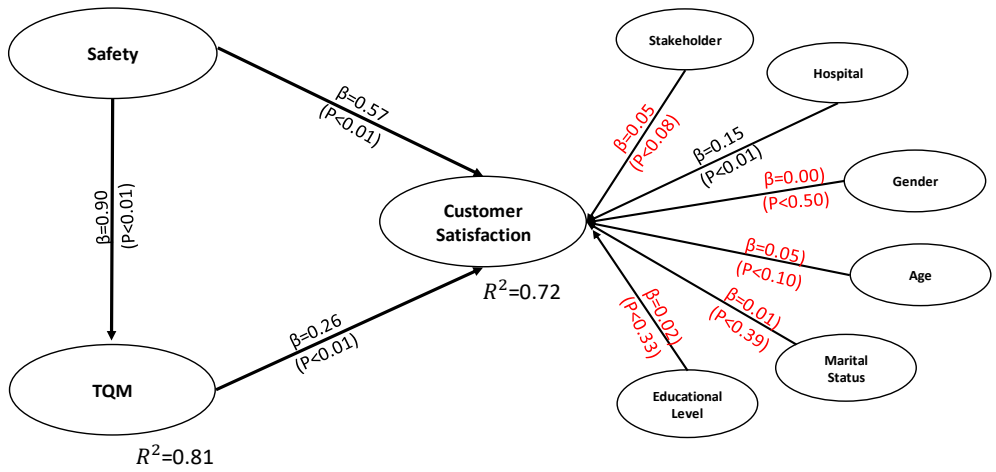

Figure 26. PLS Path Model

The PLS path model can be seen in Figure 26. The path from safety to TQM is a significant path with a β value of 0.90 and a p-value of less than 0.01. This implies that safety has a significant effect on the TQM. Organizations have perceived the importance of organizing their techniques and resources under a Safety Management System with models like other certification systems such as the ISO 9000 family of standards. The research by (Santos et al 2018) was aimed at knowing the conditions that accelerate the adoption of a Safety Management System, either under the principles, beliefs and values of Total Quality

Management or as a consequence of the implementation and application of essential safety management techniques, namely, risk assessment processes, assumption of safety responsibilities and safety training. It has been proven that companies operating in Total Quality Management environments are more likely to adopt a Safety Management System than those which apply key safety management practices in isolation. Results show the potential of Total Quality Management to promote a Safety Management System by itself, even in the absence of proven core practices. The results are robust and suggest maintaining principles of the quality paradigm when pursuing more ambitious models based on total management such as Total Safety Management (Santos et al 2018).

Another significant path from the model is the safety to customer satisfaction with a β value of 0.57 and a p-value of less than 0.01. This implies that safety has a significant effect on stakeholder satisfaction. This similar to Weingart findings that patient safety and patient satisfaction goes hand-in-hand (Weingart 2016) when he examined inpatients' reports of service incidents and deficiencies in service quality such as waits/delays, poor communication, poor care coordination, lack of respect for personal preferences, or environmental issues. They found that roughly 40% of patients reported at least 1 incident and that reporting of incidents was associated with diminished patient satisfaction. A study by Meade et al (Meade 2016) concluded that safety and satisfaction respond similarly to enhance nursing activities. A direct examination of the correlation between overall inpatient satisfaction scores and overall employee ratings of patient safety from the same set of hospitals found a substantial relationship (Wolosin 2015). Hospitals rated by employees as having adequate staffing levels generate high degrees of patient satisfaction.

The study by (Wolosin 2015) found an association between an atmosphere of blame and lower levels of patient satisfaction, as well. A new study, funded by Agency for Health Research and Quality (AHRQ) to study the relationship between patient safety culture and satisfaction as assessed by patients was carried out by Larson (Larson 2012). They found that a correlation exists between hospital patient safety culture and patients' positive assessments of the care they receive in those hospitals (Larson 2012).

The physician side of the quality equation was examined, they found that a practice of culture that emphasizes quality decreases physicians' estimates of both their likelihood of making errors and their delivery of suboptimal patient care. This includes failure to meet patient needs for information which is an important driver of patient satisfaction. Thus, there is evidence that there is a relationship between patient safety and patient satisfaction. (Williams et al 2017). That is why Momodou concluded that patient safety culture is believed to be the first step toward improvement in quality of health-care delivery which will impact patient satisfaction (Momodou 2012)

TQM to stakeholder satisfaction is also a significant path with a β value of 0.26 and a p-value of less than 0.01. This implies that TQM has a significant effect on stakeholder satisfaction. Total Quality Management (TQM) as a component of Sustainable Development (SD) aimed at effectively harnessing human and material resources of organizations in order to achieve set objectives. Using the service industry as a case study, the goal of TQM is customer satisfaction through quality delivery of services, operational performance and sustainability. This is aligned with study by (Chiguvi 2016) where the results obtained in the study suggest that TQM has a significant on customer satisfaction and where it is not implemented customer dissatisfaction lever increases.

This is unlike the findings of Nassar et al 2015 where the regression estimates show a positive but insignificant relationship between TQM and all the independent variables. This implies that there are other factors apart from service quality that impact on customer satisfaction. Al Manhaway (2013) acknowledged that even satisfied customers would leave if a better offer comes along. In conjunction with

this, Juneja, Ahmad and Kumar (2011) stated that in addition to total quality practices and sustainable development, customer satisfaction is dependent on other factors such as proximity of the service provider, availability of alternatives, social influence and status. This is in line with the findings of Chamchong and Ichon (2015) as regards relationship between Customer Satisfaction and TQM in Thailand stores, using simple regression analysis. They found TQM practices to account for only 27% of customer satisfaction.

Lastly, among the demographic profile, only hospital region had a significant path with a β value of 0.90 and a p-value of less than 0.01. This implies that the hospital region has a significant effect on stakeholder satisfaction. Cultural affiliation helps to define psychological situations and create meaningful clusters of behavior according to particular logics (Leung 2011). That is, different cultures (e.g., culturally distinguished ethnic groups) emphasize different values, and differ in their underlying assumptions about what is normative, or rather, what violates the norm (Beugelsdijk 2017).

Therefore, individuals who affiliate with different cultures, can differ in their satisfaction with a given social situation (Leung 2011). We all know that culture influences expectation and the psychographics of an individual is shaped by how he was reared and expose to external factor such as culture, therefore respondents coming from different regions have significant differences in expectations due to cultural influences on their expectation regarding healthcare delivery.

Table 5.4
Direct and Indirect Effects of the PLS Path Model

	β	SE	p-value	f^2
Safety→Customer Satisfaction	0.569	0.036	<0.001	0.473
TQM→Customer Satisfaction	0.261	0.038	<0.001	0.206
Safety→TQM	0.899	0.035	<0.001	0.809
Indirect Effects of the PLS Path Model				
Total effect(c1)	0.670	0.035	<0.001	0.804
Direct Effect (c1'): Safety→Customer Satisfaction	0.569	0.038	<0.001	0.668
Path a: Safety→TQM	0.899	0.035	<0.001	0.809
Path b: TQM→Customer Satisfaction	0.261	0.038	<0.001	0.206
Indirect Effect (a*b): Safety→TQM→Customer Sat.	0.235	0.027	<0.001	0.195

*Note: The effect sizes (f^2) were measured using the following: 0.02 = small, 0.15 = medium, 0.35 = large; SE = standard error (Cohen, 1988), β = standardized path coefficient. Total effect c is equal to the sum of direct effect c' and indirect effects; i.e. c = c' + (a*b)*

The direct and indirect effects of the PLS Path Model is shown in Table 5.4. At 5% level of significance, there are multiple significant direct effects in the PLS Path Model. Safety has a significant direct effect to customer satisfaction having a large effect size of 0.473 and a p-value of less than 0.001, which is smaller than the level of significance (0.05). Under the same reasoning for significance, safety also has a significant direct effect to TQM with a medium effect size of 0.206 and a p-value of less than 0.001. Lastly, TQM directly affects customer satisfaction significantly with a large effect size of 0.821

and a p-value of less than 0.001. Among the direct effects, the effect of safety onto TQM has the largest magnitude. Hence, the greatest relationship and influence among the variables would be safety onto TQM.

At 5% level of significance, there is one significant indirect effect. The path from safety to TQM to customer satisfaction has a large total effect of 0.804 with a p-value less than 0.001, which is lesser than the level of significance (0.05), and it has a medium indirect effect of 0.195 with a p-value less than 0.001, which makes it significant under the same reasoning of the total effect. This implies that TQM has a moderate mediation between safety and customer satisfaction. On the safety attributes expected by patients from hospitals, TQM moderately facilitates provision of safety attributes by enabling optimization of performance and provision of a propitious environment for problem-solving in terms of effectiveness, improvement, and satisfaction of stakeholders on safety expectations in the hospital. In addition, total quality control aims at creating and maintaining standards of the hospital that meet customer safety needs, as well as the continuous improvement of such standards from a strategic view of the business.

Table 5.5
Collinearity, Coefficient of Determination, and Predictive Relevance

Construct	Full collinearity VIF	R^2	Q^2
Safety	4.590		
TQM	4.594	0.809	0.808
Customer Satisfaction	3.506	0.722	0.73

Note:For R^2: 0.19-weak, 0.33-moderate, 0.67-substantial (Lacap, 2021). For Q^2: The values measured must be greater than zero to recommend that the conceptual model can predict the endogenous latent constructs. For FCVIF: <5 is acceptable (Hair et al. & Kock).

The collinearity (full collinearity VIF), coefficient of determination (R^2), and predictive relevance (Q^2) is shown in Table 5.5. With regards to the collinearity, safety with a VIF value of 4.590, TQM with a VIF value of 4.594, and customer satisfaction with a VIF value of 3.506 all fall within acceptable regions, so the model contains acceptable levels of common method bias and no vertical or lateral collinearity.

On the coefficient of determination, TQM had a R^2 substantial value of 0.809, which implies that safety explains 80.9% of the variation of TQM or safety has a 80.9% predictive accuracy on TQM. Meanwhile, customer satisfaction also had a substantial value of 0.722, which means that safety explains 72.2% of the variation of customer satisfaction or safety has a 72.2% predictive accuracy on customer satisfaction.

Safety and quality systems are integrated with governance processes to enable organizations to actively manage and improve safety and quality of healthcare for patients. Effective clinical governance creates a learning environment and a comprehensive program of continuous quality improvement. A new study, funded by Agency for Health Research and Quality (AHRQ) to study the relationship between patient safety culture and satisfaction as assessed by patients (Larson 2015). The study found that a correlation exists between hospital patient safety culture and patients' positive assessments of the care they receive in those hospitals (Larson 2015).

The physician side of the quality equation was examined and found that a practice of culture that emphasizes quality decreases physicians' estimates of both their likelihood of making errors and their delivery of suboptimal patient care. This includes failure to meet patient needs for information which is

an important driver of patient satisfaction. Thus, there is evidence that there is a relationship between patient safety and patient satisfaction (Wolosin 2015).

Lastly, for predictive relevance, TQM had a Q^2 value of 0.808 while customer satisfaction had a Q^2 value of 0.73. Hence, the conceptual model can predict the endogenous latent products.

Framework

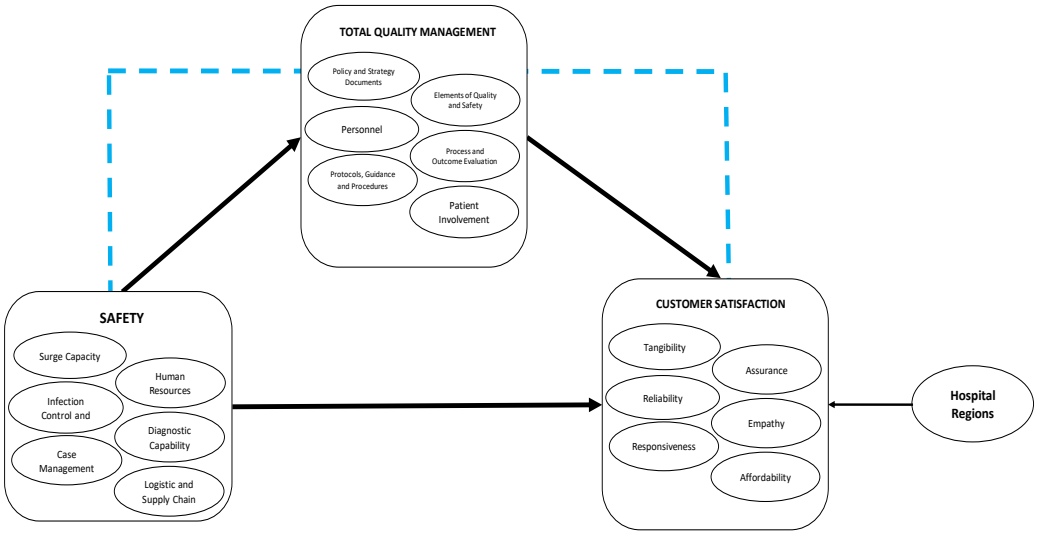

Figure 27. Mediation Framework of Total Quality Management between Safety and Customer Satisfaction with Multigroup Analysis

The proposed mediation framework of total quality management between safety and customer satisfaction with multigroup analysis is shown in Figure 27. The diagram illustrates how each variable affects another variable. One path of effect is the safety to total quality management to customer satisfaction. Safety has a direct effect on total quality management, which then creates an indirect effect from safety towards customer satisfaction. Two effect paths have been observed to only have two components: safety has a direct effect on customer satisfaction; and total quality management has been observed to have a direct effect as well to customer satisfaction. Lastly, hospital regions proved to have a direct effect on customer satisfaction.

The dimensions or attributes of each variable of interest were also demonstrated in the diagram. Safety has six dimensions: surge capacity, infection control and prevention, case management, human resources, diagnostic capability, and logistic and supply chain. Patients will feel safe if the hospitals are prepared to accommodate a high number of patients on a crisis needs, an assurance that at any given time that the community needs urgent and emergent care it can be provided which is how surge capacity is defined.

The ability to prevent coss contamination of infections inside the hospital preventing unnecessary harm to the patients through effective infection control measures and practices is a measure of safety in the hospitals. This is the most important consideration by patients right now in the advent of the Covid 19 pandemic. Most importantly the hospital's ability to triage and cohort patients again to assure them that

they are free from risk of acquiring communicable infections therefore becomes a part of the measure of safety.

The number and capability of health personnel to provide the much-needed care is synonymous to safety since poor skillset and knowledge from healthcare providers is equal to wrong or inappropriate care that can lead to disastrous health outcomes added to that a low number of personnel that will lead to fatigue and non focused personnel is also a risk to safety. Diagnostic capability prevents harm by using the technology to affirm and confirm diagnosis and progression of the disease that will lead to the best treatment for the patients, erroneous diagnostic result will lead to therapies that will not help the patient but has a potential also to harm them. The supplies and resources must also be available through a well-managed suppy chain so that appropriate interventions can be delivered at the right time.

Meanwhile, total quality management is also composed of 6 attributes: policy and strategy documents; personnel; protocols, guidance, and procedures; elements of quality and safety management system; process and outcome evaluation; and patient involvement. Lastly, customer satisfaction also had six attributes: tangibility, reliability, responsiveness, assurance, empathy, and affordability. All of these contribute significantly to the relationships or interactions between each macrovariable. Policy and strategy documents are essential to set direction for the hospital in terms of how care will be provided and delivered.

Organizations have perceived the importance of organizing their techniques and resources under a Safety Management System with models like other certification systems such as the ISO 9000 family of standards. The research by (Santos et al 2018) was aimed at knowing the conditions that accelerate the adoption of a Safety Management System, either under the principles, beliefs and values of Total Quality Management or as a consequence of the implementation and application of essential safety management techniques, namely, risk assessment processes, assumption of safety responsibilities and safety training. It has been proven that companies operating in Total Quality Management environments are more likely to adopt a Safety Management System than those which apply key safety management practices in isolation. Results show the potential of Total Quality Management to promote a Safety Management System by itself, even in the absence of proven core practices.

The results are robust and suggest maintaining principles of the quality paradigm when pursuing more ambitious models based on total management such as Total Safety Management (Santos et al 2018). effective clinical governance creates a learning environment and an comprehensive program of continuous quality improvement. The organization's safety and quality systems should ensure that patient safety and quality incidents are recognized, reported, and analyzed, and used to improve the care provided. It is important that these systems are integrated with governance processes to enable health service organizations to actively manage risk, and to improve the safety and quality of care. The similarity between quality management and safety management has been well articulated and in a total safety culture, safety is a value rather than a priority (Sheikholeslam 2016, Schakaki 2017).

Patient safety culture is believed to be the first step toward improvement in quality of health-care delivery which will impact patient satisfaction (Okafor 2018, Nie 2013). The study found that a correlation exists between hospital patient safety culture and patients' satisfaction scores. Thus, there is evidence that there is a relationship between patient safety and patient satisfaction (Okafor 2018, Nie 2013).

TQM directly affects customer satisfaction significantly. When systems management are in place and controlled, it will lead to better performance and delivery of healthcare leading to met expectations or

even beyond expectations. TQM is widely perceived as a performance enhancing program. A properly implemented TQM program will improve organizational performance (Nguyen 2019, Ngo 2016).

Among the direct effects, the effect of safety onto TQM has the largest magnitude. Hence, the greatest relationship and influence among the variables would be safety onto TQM. Safety has a direct effect on total quality management, which then creates an indirect effect from safety towards customer satisfaction. Safety has a direct effect to the customer satisfaction; and, total quality management has been observed to have a direct effect as well to customer satisfaction.

Lastly, among the demographic profile, only the hospital region had a significant path. This implies that the hospital region has a significant effect on customer satisfaction. The hospital region has a significant effect on customer satisfaction. Cultural affiliation helps to define psychological situations and create meaningful clusters of behavior according to particular logics (Leung 2011). That is, different cultures (e.g., culturally distinguished ethnic groups) emphasize different values, and differ in their underlying assumptions about what is normative, or rather, what violates the norm (Beugelsdijk 2017). Therefore, individuals who affiliate with different cultures, can differ in their satisfaction with a given social situation (Leung 2011).

We all know that culture influences expectation and the psychographics of an individual is shaped by how he was reared and expose to external factor such as culture, therefore respondents coming from different regions have significant differences in expectations due to cultural influences on their expectation regarding healthcare delivery.

CONCLUSIONS

1. There were two stakeholders for the study, the Employee/MD respondents, and the Patient respondents. Majority of the respondents are from North Luzon region, operate in a level 2 hospital, work in a hospital that can accommodate 100 to 199 inpatients for full-time healthcare and accommodation in the hospitals, have been working for a hospital that has been operating for at least 10 years, 100 to 199 accredited doctors, work in a hospital that has at least 500 employees, employees are mostly medical doctors, have stayed with the same hospital for at least 10 years, mostly female employees, aged between 30 to 60 years old, married, postgraduate degree, professional or technical occupation, monthly house income of at least 100,000 pesos, have undergone TQM training, got their treatment in the South Luzon region, belong to healthcare industry, regular workers, receive 10,000 to 29,999 pesos for their monthly salary, experienced hospital services for 1 to 3 years, patients avail both inpatient services and outpatient services during their healthcare from the hospital.
2. Stakeholders agree on all the dimensions and attributes of TQM. Policy and strategy documentation had the highest agreement score while elements of quality and safety management and process and outcome evaluation were given the lowest agreement score.
3. Stakeholders agree on all the dimensions of safety. Infection control and prevention and case management had the highest agreement scores while surge capacity got the lowest agreement score.
4. Stakeholders agree on all the dimensions of customer satisfaction. Assurance and empathy were given the highest agreement score while affordability was given the lowest agreement score.
5. TQM and safety have a significant and direct effect on customer satisfaction. TQM has a moderate mediation between safety and customer satisfaction.

6. The proposed mediation framework of total quality management between safety and customer satisfaction with multigroup analysis illustrates how each variable affects another variable. More so, safety has a significant effect on the TQM.

RECOMMENDATIONS

1. The researcher recommends that the management may focus on a more intensive stratification and profiling of stakeholder and patients considering comparative analysis across the different levels of hospitals besides the regions.
2. The hospital management staff may establish key results areas that are shared by departments that will enhance various discipline to work together for the improvement of the services rendered by the hospitals through an unbaissed quality audit department for a more efficient and effective management that will ultimately lead to the delight of stakeholders.
3. The management staff may further promote awareness and visibility of quality promoters in the hospitals by creating a process and work teams to improve collaboration between healthcare workers and management for an integrated development policy through a more effective and efficient IT systems and the use of data to improve hospital policies.
4. The hospitals under study may draw up facility plans and processes to ensure capacity to address surges of future pandemics by ensuring more competent since the hospitals within the study are valued for their ability to admit inpatients and prioritization depending on the situation at hand in the hospital.
5. The hospitals under study may invest more mechanisms, stations and graphics relating to infection control in the hospital to improve general sentiment for this attribute. Generate improvement for presence of psychosocial teams and availability of minimum number of personnel within the hospitals.
6. The hospitals may include in their future provisions; adequate and convenient parking spaces, information brochures, improvement of appointed time, records retrieval, quality and affordable health care, competent health care practitioners with experiences and trainings, improved facilties, better safety culture, accurate billing charges, good feedback mechanism to ensure continuous improvement.
7. Future researchers may review the dimensions of the variables under study and include other demographics not utilized in this study for a more comparative analysis.

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APPENDIX A


Total Quality Management, Safety and Stakeholders Satisfaction: Model for Healthcare Administration

ORIGINALITY REPORT

17%	12%	9%	6%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

MATCH ALL SOURCES (ONLY SELECTED SOURCE PRINTED)

6%
★ www.ncbi.nlm.nih.gov
Internet Source

Survey Questionnaires

Total Quality Management, Safety and Stakeholders Satisfaction: Model for Healthcare Administration

I am a student of Lyceum of the Philippines University taking Doctor of Philosophy in Management and currently working on research entitled **"Total Quality Management, Safety and Stakeholders Satisfaction: Model for Healthcare Administration"** You have been chosen as one of my research participants. Kindly answer the questions below with full sincerity and rest assured that the personal information voluntarily provided will be treated with utmost confidentiality. Your willingness to cooperate on this matter is truly appreciated.

Thank you and God bless.

PRIVACY POLICY

The researcher is committed to protect your privacy. This Privacy Policy was developed to give you full understanding of terms and conditions relating to the handling of certain personal information, which may be collected by the researcher.

WHAT THE RESEARCHER COLLECTS FROM YOU

With your consent, we collect your personal data and profile which may include:
a. Location, Age, Marital Status, Gender, Job Status, Nature of Work
b. Length of Services, Position, Salary, Awareness Level, Educational Attainment

WHY WE COLLECT YOUR PERSONAL DATA

a. To make a research study on the possible correlation of profile variables to occupational safety and health management, organizational culture and business performance which is the topic of this study.

SECURITY

All information provided will be kept in utmost confidentiality and would be used only for academic purposes. The names of the respondents and the name of the company will not appear in any thesis or publications resulting from this study unless agreed to.

Please be assured that writing the complete name and signing this privacy policy is just for the act of giving consent only as stated above. No names will be included in the research paper as indicated in the Privacy Policy.

Profile of Respondents

Gender	
Male	
Female	
Age	
18-30	
30-60	
60 and up	
Marital Status	
Single	
Married	
Separated/Divorced	
Widow	
Educational Level	
High School	
Some College	
College	
Post Graduate	

Work Industry	
Healthcare	
Education	

Manufacturing	
Hotel/ Restaurant	
Others: (Kindly state)	

Position	
Worker	
Rank and File	
Middle Manager	
Department Head	
Top Level Manager	
Owner	
Others: (Kindly state)	

Salary/ Income	
10,000 below	
>10,000 < 30,000	
>30,000 < 50,000	
>50,000 < 100,000	
100,000 and above	
Others: (Kindly state)	

Length of Hospital Services Experience	
First time	
Less than 1 year	
1 year-3 years	
>3 years-5 years	
>5 years and up	

Hospital Services Utilized	
Out Patient Services	
In Patient Services	
Both	

Rate the following attributes accordingly

4- Strongly agree

3- Agree

2- Disagree
1-Strongly Disagree

TOTAL QUALITY MANAGEMENT

#	POLICY AND STRATEGY DOCUMENTS	4	3	2	1
1	**There is a visible description of the hospital's vision and mission.** May nakikitang Vision and Mission ng ospital.				
2	**There is a visible quality policy.** May nakikitang quality policy ng ospital				
3	**Documents exist in the hospital such as quality and safety policy manual.** May quality and safety policy manual ang ospital				
4	**Hospital has quality and safety officers/coordinators appointed as ' promoters of quality and safety improvement in the hospital.** May mga opisyal para sa quality at safety and ospital para isulong ang pagbabago para sa quality at safety sa ospital				
5	**The hospital has provisions for quality and safety improvement.** Ang ospital ay may probisyon para sa pagbubuti ngquality at safety				
#	**PERSONNEL**	**4**	**3**	**2**	**1**
6	**The hospital staff/professionals show motivation to further develop their professional expertise.** Ang mga staff ng ospital ay nagpapakita ng pagganyak sa patuloy ng pagpapahusay ng kanilang mga kakayahan				
7	**The hospital staff/professionals show evidences that they are trained in quality improvement methods and patient safety procedures.**Ang mga staff ng ospital ay nagpapakita ng ebidensya na sila ay pinahusay sa mga pamamaraan ng quality improvement				
8	**The hospital staff/professionals are provided with mechanism to receive systematic feedback on the results of the treatment of patients.** Ang mga staff ng ospital ay may ginagamit na meknismo upang makakuha ng feedback ukol sa resulta ng treatment ng mga pasyente				
9	**The staff/professionals are encouraged to report adverse events in a blame-free reporting system.** Ang mga staff ng ospital ay hinihikayat na sabihin ang mga adverse event sa isang "blame free" na organisasyon				

10	**The staff/ professionals are given working hours for a multi-disciplinary patient-health status discussions.** Ang staff ng ospital ay bnibigyan ng kaukulang oras sa trabaho upang magkaroon ng multi-disciplinary na diskusyon ukol sa estado ng kalusugan ng pasyente				
11	**The hospital management assess whether the staff/professionals adhere to the Quality and Safety policy of the hospital.** Ang tagapamahal ng ospital ay inaalam kung ang mga staff ay sumusunod sa polisiya ng quality at safety ng ospital				
	PROTOCOLS, GUIDELINES AND PROCEDURES	**4**	**3**	**2**	**1**
12	**Hospital management and medical specialists collaborate in the development of an integrated quality policy.** Nagtutulungan ang tagapamahala ng ospital at mga medikal na espesyalista upang bumuo ng isang integrated na quality policy				
13	**Hospital has protocols or guidelines used for the routing of patients from admission to discharge.** May alitutunin ginagamit ang ospital para sa admission at discharge ng pasyente				
14	**Hospital has protocols for clinical procedures for**:(May mga alitutunin and ospital para sa mga sumusunod) **- registration of patient status/medical records** **- use of prophylactic antibiotics** **- pre-operative screening** **- medication policy** **- blood transfusion policy**				
15	**Patient complaint protocols are established as evidenced by reception of complaints, arbitration of complaints, handling of complaints , legal liability procedure (i.e., hospital liability / professional liability for damage or injury.** May alituntunin para sa mga complaints ng pasyente katulad ng lugar sa pagtanggap nito, sa pamamahala ng mga complaints at mga panangutang legal				
	ELEMENTS OF QUALITY AND SAFETY MANAGEMENT SYSTEMS	**4**	**3**	**2**	**1**
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17	**The hospital uses care/treatment plans and is recorded and periodically evaluated on the basis of pre-determined objectives.** Ang ospital ay gumagamit ng care/treatment plans at nirerecord ito at sinusuri base sa napagkasunduang objectives				
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19	**The hospital has an adverse event reporting system to report all matters relating to patient care where there has been an unexpected problem with harm to the patient, such as infections, complications and other adverse event.** Ang ospital ay may Sistema ng pagrereport ng adverse event para malaman ang mga hindi inaasahang problemang hindi maganda para sa mga pasyente katulad ng impeksyon, complikasyon at iba pang adverse event.				
	PROCESS AND OUTCOME EVALUATION	**4**	**3**	**2**	**1**
20	**The hospital data are used by the medical staff and by the managers to evaluate and adjust the policy of your hospital.** Ang data ng ospital are ginagamit ng mga medikal staff at tagapamahala para suriin at baguhin and polisiya ng ospital.				
21	**The hospital is sensitive to and uses outcome indicators to monitor quality such as patient health status.** Ang ospital ay sensitibo sa mga "outcome indicators" bilang basehan ng quality tulad ng estado ng kalusugan ng pasyente				
22	**The hospital is sensitive to and uses outcome indicators to monitor efficiency such as turnaround time, unit production and access time.** Ang ospital ay sensitibo sa mga "outcome indicators" bilang basehan ng efficieny tulad ng turn around time, produksyon ng unit at access time				
23	**The hospital has internal and external audit process to monitor process outcomes.** May internal at external na pagsusuri ng proceso ang ospital				
	PATIENT INVOLVEMENT	**4**	**3**	**2**	**1**
24	**Hospital provides patients with standard written information about their legal rights.** Ang ospital ay nagbibigay ng nakasulat na impormasyon sa patient ukol sa kanilang karapatang legal				

25	**Hospital values patient feedback as a source of improvement.** Pinapahalagahan ng ospital ang komento ng pasyente upang maging batayan para sa pagpapabuti ng serbisyo				
26	**Hospital involves individual patients and/or patient organizations in quality standards and protocol designs.** Isinasali ng ospital ang mga pasyente sa pag buo ng quality standards at protocol nito				

SAFETY

		SA	A	D	SD
#	**SURGE CAPACITY**	**4**	**3**	**2**	**1**
1	**Availability of maximum patient admission capacity in terms of facilities (bed and equipment).** May sapat na pasilidad at equipment para tumanggap ng malaking bilang ngpasyente				
2	**The hospital has the needed number and competence of staff to handle large volume of patients.** May sapat na bilang at kakayahan ng doktor at staff para sa malaking bilang ng pasyente				
3	**The hospital has the ability to expand inpatient capacity in terms of physical area, staff, equipment, and processes.** Kung kinakailangan may kakayahan pang magdagdag ng pasilidad, personnel, gamit at proceso				
4	**The hospital has the ability to identify potential gaps in providing health care by giving importance to intensive care (in cooperation with senior managers and neighboring hospitals).** May kakayahang idetermina ang mga kakulangan sa probisyon ng healthcare sa pamamagitan ng pagbibigay importansya sa intensibong pangangalaga sa pamamagitan ng pagtututlungan ng mga pamunuan nito at kalapit na mga hospital				
5	**The hospital has the flexibility in adapting admission and discharge criteria and prioritization of patients and clinical interventions according to available treatment capacity and demand.** May kakayahang iayon ang mga proseso at kriteria ng admission at discharge upang maiayon sa kinakailangang paggamot				
	INFECTION CONTROL AND PREVENTION	**4**	**3**	**2**	**1**
6	**There are available verbal instructions, informational posters, cards, hand hygiene stations (water, soap, paper**				

	towel, and alcohol hand rub), and waste bins at strategic locations across the hospital provided to healthcare workers, patients, and visitors. May mga verbal na instruksyon, poster na inpormasyunal ,pasilidad para sa paghuhugas ng kamay at tapunan na nasa mga estratehiyang lokasyon sa hospital para sa kaalman ng mga healthcare workers, pasyente at bisita.				
7	**Hospital has strict compliance status on the application of standard measures of infection control and prevention for all patients by healthcare professionals**. Mahigpit na sinusunod ang mga standard na measure ng infection control at prevention para sa mga pasyente ng mga healthcare professionals				
8	**Facilities are equipped with infection control prevention mechanism such as negative pressure and disinfection equipment, applying a one-meter distance rule between chairs and beds regardless of whether patients are suspected of having COVID-19.** Ang pasilidad ay may mga gamit para sa infection prevention katulad ng negative pressure, gamit na pangdisinfect, 1m layo ng mga silya at kama kahit pa di siguro kung may COVID-19 ang mga pasyente.				
9	**Hospital does routine cleaning and disinfection of the surfaces that the patient and personnel touches (compliance with the standards and guidelines recommended for COVID-19, routine cleaning, and disinfection of the ambulance).** Ang nakagawiang paglilinis at disipeksyon ng mga nahawakan ng pasyente at personnel naayon sa standard at panuntunan na pinatutupad para sa COVID-19 ay mahigpit na sinusunod				
10	**Easy access to adequate personal protective equipment (PPE) (i.e., medical/surgical masks, N95/FFP2 respirators, gloves, gowns, and eye protection) for staff.** Ang mga staff ay may sapat na PPEs				
11	**Compliance with the rule of limiting visitors to only those crucial for patient support**. Mahigpit na pinatutupad ang paglimita ng bisita naayon sa pangangailangan ng pasyente				
	CASE MANAGEMENT	**4**	**3**	**2**	**1**
12	**Availability of mechanisms to implement triage, early recognition, and source control (isolating patients with suspected COVID-19).** May kakayahang magpatupad ng mekanismo ng triage, maagap na pagkilala sa posibleng source				

	ng impeksyon at pagsasagwa ng paraan para maiwasan ang pagkalat nito				
13	**Availability of a well-equipped triage station at the entrance of the hospital, supported by trained staff.** Ang triage station sa hospital ay may sapat na equipment and pasilidad				
14	**Ability to designate a special waiting and examination area for individuals applying with COVID-19 symptoms.** May itinalagang lugar para sa mga pasyenteng may sintomas ng COVID-19				
15	**Has designated different personnel to handle possible infectious patients separate from the non-infectious.** May itinalagang personnel na mangangalaga sa mga nakakahawang pasyente				
	HUMAN RESOURCES	**4**	**3**	**2**	**1**
16	**Availability of the minimum number of healthcare professionals and other hospital staff who will ensure the adequate or proper functioning of the treatment unit or service.** May sapat na dami ng healthcare propesyunal at ibang pang staff para maseguro na maibigay ang serbisyo sa pasyente				
17	**The ward staff has the ability to work in high demand areas (e.g., infectious disease department, emergency department, and intensive care unit).** May kakayahang magserbisyo sa high demand areas katulad ng ER at ICU ang mga staff na naka-assign sa ward kung kinakailangan				
18	**Highly trained competent and motivated healthcare personnel.** Ang mga healthcare personnel ay sinanay, mahusay at mataas ang motibasyon				
19	**Hospital formed psychosocial support teams for staff and patient families.** May psychosocial support team para sa mga pasyente, pamilya nito at staff				
	DIAGNOSTIC CAPABILITY	**4**	**3**	**2**	**1**
20	**The ability of hospital to make available and maintain the diagnostic services that should be provided at all times and all conditions.** Ang hospital ay may kakayahang magbigay ng angkop na serbisyong diagnostiko sa lahat ng kondisyon kung kinakailangan				
21	**Hospital has the process to prioritize testing for patients with critical conditions.** May proceso inilaan upang unahin sa testing ang mga pasyenteng nasa critikal na condition				

22	**Availability of mechanisms for the prompt provision of diagnostic data to the physicians and health authorities.** May mekanismo o proceso upang maipabatid agad sa doktor at helath authorities and mga impormasyong diagnostiko ng pasyente				
23	**Diagnostic equipments are calibrated all the time.** Ang mga makinang diagnostiko ay kinakalibrate palagi				
	LOGISTICS AND SUPPLY CHAIN	**4**	**3**	**2**	**1**
24	**Hospital has developed/maintained an updated inventory of all equipment, supplies, and pharmaceuticals, availability of a shortage alert and reordering mechanism.** Palaging updated ang imbertaryo ng lahat ng kagamitan, supplies at gamot; mayroong shortage alert at mekanismo ng re -ordering				
25	**Hospital has a mechanism for rapid maintenance and repair of essential equipment for basic services.** May mekanismo para sa madaliang paggawa ng mga essensyal na mga equipment para sa mga basic na serbisyo				
26	**Hospital has a system in coordinating an emergency transport strategy to ensure uninterrupted patient transfers.** May nakahandang transportasyon kung kinakailangan para maseguro ang pag transfer ng pasyente pagkinakailangan				

STAKEHOLDER SATISFACTION

#	**TANGIBILITY (PHYSICAL) ATTRIBUTES**	**SA**	**A**	**D**	**SD**
		4	**3**	**2**	**1**
1	**Hospital has up-to-date and well-maintained facilities and equipment.** (Ang ospital ay mayroong makabago at maayos na pasilidad at mga kagamitan).				
2	**Hospital has a clean and comfortable environment with good directional signs.** (Ang ospital ay mayroong malinis at komportable ng paligid na may maayos na gabay-direksyon sa bawat lokasyon ng ospital).				
3	**There are adequate and convenient parking facilities.** (Mayroong sapat at kumbinye na pasilidad para sa paradahan ng mga sasakyan).				
4	**Doctors and staff are neat and professional in appearance.** (Ang mga doktor at empleyado ng ospital ay dapat maayos at propesyonal ang itsura).				

5	**Availability of informative brochures about hospital services.** (Pagkakaroon ng brochures para sa gabay-kaalaman sa mga serbisyo ng ospital).				
6	**The facilities are made to ensure patient's privacy during treatment.** (Ang pasilidad ay ginawa sa pamamaraan na napapangalagaan ang privacy ng pasyente habang ginagamot o nagpapa check-up).				
	RELIABILITY ATTRIBUTES	**SA 4**	**A 3**	**D 2**	**SD 1**
7	**Hospital services are provided at an appointed time.** (Ang serbisyo ng ospital ay naiibigay batay sa ipinangakong oras).				
8	**Services in the hospital are carried out right the first time.** (Ang mga serbisyo ng ospital ay tama sa unang pagkakagawa upang maiwasan and pagulit-ulit na proseso).				
9	**Doctors and staff are professional and competent.** (Ang mga doktor at empleyado ay propesyonal at mayroong tamang kaalaman na naaayon sa kanilang tungkulin).				
10	**Hospital's medical reports are retrieved fast and error free.** (Ang mga dokumentong medical ay nakuha ng mabilis at walang mali).				
11	**Hospital's billing/charge reports are accurate.** (Ang listahan ng babayran sa ospital ay eksakto at walang mali).				
	RESPONSIVENESS ATTRIBUTES	**SA 4**	**A 3**	**D 2**	**SD 1**
12	**Patients are given prompt services.** (Ang mga pasyente ay binibigyan ng mabilis na serbisyo).				
13	**Doctors and staff are responsive to the needs of the patients.** (Ang mga doktor at empleyado ay maagap sa mga pangangailangan ng pasyente).				
14	**The attitude of the doctors and staff instills confidence in patients.** (Ang pakikitungo ng mga doktor at empleyado ay nagdudulot ng kapanatagan sa mga pasyente).				
15	**Waiting time is not more than an hour.** (Ang pag-aantay sa serbisyo ng ospital ay hindi hihigit sa isang oras).				
	ASSURANCE ATTRIBUTES	**SA 4**	**A 3**	**D 2**	**SD 1**
16	**Doctors and staff are friendly and courteous.** (Ang mga doktor at empleyado ay magiliw at magalang).				

Survey	17	**Doctors and staff possess a wide spectrum of knowledge.** (Ang mga doktor at empleyado ay mayroong malawak na kaalaman).				
	18	**Patients are treated with dignity and respect.** (Ang mga pasyente ay pinakikitunguhan na may dignidad at respeto).				
	19	**Medical condition of the patients is thoroughly explained.** (Ang kondisyong medikal ng pasyente ay ipaliwanag ng mabuti).				
		EMPATHY ATTRIBUTES	**SA 4**	**A 3**	**D 2**	**SD 1**
	20	**Hospital obtains feedback from patients.** (Kinukuha ng ospital ang opinyon at komento ng mga pasyente).				
	21	**Hospital has 24-hour healthcare services availability.** (Mahalaga sa ospital ang pagkakaroon ng 24-oras serbisyong medikal).				
	22	**Doctors and staff have the patients best interests at heart.** (Kapakanan ng bawat pasyente ang unang isinsasaalang-alang ng mga doktor at empleyado ng ospital).				
	23	**Doctors and staff understand the specific needs of patients.** (Naiintindihan ng mga doktor at empleyado ang iba't-ibang pangangailangan ng mga pasyente).				
		AFFORDABILITY ATTRIBUTES	**SA 4**	**A 3**	**D 2**	**SD 1**
	24	**Professional fees (doctor's service charge) are reasonbale.** (Ang bayad sa doktor ay may batayan (resonable), naayon sa serbisyong kayang ibinigay).				
	25	**Diagnostic services (lab test, x-ray, ultrasound, ECG, etc.) fees are reasonable.** (Ang presyo ng diagnostic services kagaya ng lab test, x-ray, ultrasound, ECG at iba pa ay nasa naayong presyo ng serbisyong ibinigay).				
	26	**The charges are affordable for hospital services rendered.** (Abot-kayang halaga ang mga serbisyong medikal ng ospital).				

Questionnaires

Total Quality Management, Safety and Stakeholders Satisfaction: Model for Healthcare Administration

I am a student of Lyceum of the Philippines University taking Doctor of Philosophy in Management and currently working on research entitled “Total Quality Management, Safety and Stakeholders Satisfaction: Model for Healthcare Administration” You have been chosen as one of my research participants. Kindly answer the questions below with full sincerity and rest assured that the personal information voluntarily

provided will be treated with utmost confidentiality. Your willingness to cooperate on this matter is truly appreciated.

Thank you and God bless.

PRIVACY POLICY

The researcher is committed to protect your privacy. This Privacy Policy was developed to give you full understanding of terms and conditions relating to the handling of certain personal information, which may be collected by the researcher.

WHAT THE RESEARCHER COLLECTS FROM YOU

With your consent, we collect your personal data and profile which may include:

a. Location, Age, Marital Status, Gender, Job Status, Nature of Work

b. Length of Services, Position, Salary, Awareness Level, Educational Attainment

WHY WE COLLECT YOUR PERSONAL DATA

a. To make a research study on the possible correlation of profile variables to occupational safety and health management, organizational culture and business performance which is the topic of this study.

SECURITY

All information provided will be kept in utmost confidentiality and would be used only for academic purposes. The names of the respondents and the name of the company will not appear in any thesis or publications resulting from this study unless agreed to.

Please be assured that writing the complete name and signing this privacy policy is just for the act of giving consent only as stated above. No names will be included in the research paper as indicated in the Privacy Policy.

Profile of the Respondents

Direction: For questions 1 – 11, please the choose right that corresponds to your answer.

Name of Hospital: _____

1.Private Hospital Classification	
level 1	
level 2	
level 3	
2.Bed Capacity	
50 beds-99 beds	
100 beds - 199 beds	

200 beds and up	
3.Years in Existence	
1-3 years	
4-6 years	
7-9 years	
10 years and up	
4.Number of Accredited Doctors	
1-99	
100-199	
200-299	
300-399	
400-500	
500 and up	
5.Number of Employees	
1-99	
100-199	
200-299	
300-399	
400-500	
500 and up	
6.Please indicate who has completed this questionnaire	
Management	
Medical Doctor	
Nursing personnel	
Ancillary Personnel	
Finance Personnel	
Administrative Personnel	
7.Years with The Hospital	
1-3 years	

4-6 years	
7-9 years	
10 years and up	
8.Gender	
Male	
Female	
9.Age	
18-30	
30-60	
60 and up	
10.Marital Status	
Single	
Married	
Separated/Divorced	
Widow	
11.Educational Level	
High School	
Some College	
College	
Post Graduate	
12.Occupation	
No job/ Dependent	
Self-Employed/Owner	
Manager/Executive	
Professional/Technical	
Clerical/Sales	
Student	
Retired	
Others (please indicate	

13.Annual Household Income	
less than 19,999	
20,000 -39,999	
40,000-59,999	
60,000-79,999	
80,000-99,999	
100,000 and up	

14.TQM Training	
Yes	
No	

Rate the following attributes accordingly

4- Strongly agree
3- Agree
2- Disagree
1-Strongly Disagree

TOTAL QUALITY MANAGEMENT

#	POLICY AND STRATEGY DOCUMENTS	4	3	2	1
1	**There is a visible description of the hospital's vision and mission.** May nakikitang Vision and Mission ng ospital.				
2	**There is a visible quality policy.** May nakikitang quality policy ng ospital				
3	**Documents exist in the hospital such as quality and safety policy manual.** May quality and safety policy manual ang ospital				
4	**Hospital has quality and safety officers/coordinators appointed as promoters of quality and safety improvement in the hospital.** May mga opisyal para sa quality at safety and ospital para isulong ang pagbabago para sa quality at safety sa ospital				
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	ay nagpapakita ng pagganyak sa patuloy ng pagpapahusay ng kanilang mga kakayahan				
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SAFETY

		SA	**A**	**D**	**SD**
#	**SURGE CAPACITY**	**4**	**3**	**2**	**1**
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3	**The hospital has the ability to expand inpatient capacity in terms of physical area, staff, equipment, and processes.** Kung kinakailangan may kakayahan pang magdagdag ng pasilidad, personnel, gamit at proceso				

4	**The hospital has the ability to identify potential gaps in providing health care by giving importance to intensive care (in cooperation with senior managers and neighboring hospitals).** May kakayahang idetermina ang mga kakulangan sa probisyon ng healthcare sa pamamagitan ng pagbibigay importansya sa intensibong pangangalaga sa pamamagitan ng pagtututlungan ng mga pamunuan nito at kalapit na mga hospital				
5	**The hospital has the flexibility in adapting admission and discharge criteria and prioritization of patients and clinical interventions according to available treatment capacity and demand.** May kakayahang iayon ang mga proseso at kriteria ng admission at discharge upang maiayon sa kinakailangang paggamot				
	INFECTION CONTROL AND PREVENTION	**4**	**3**	**2**	**1**
6	**There are available verbal instructions, informational posters, cards, hand hygiene stations (water, soap, paper towel, and alcohol hand rub), and waste bins at strategic locations across the hospital provided to healthcare workers, patients, and visitors.** May mga verbal na instruksyon, poster na inpormasyunal ,pasilidad para sa paghuhugas ng kamay at tapunan na nasa mga estratehiyang lokasyon sa hospital para sa kaalman ng mga healthcare workers, pasyente at bisita.				
7	**Hospital has strict compliance status on the application of standard measures of infection control and prevention for all patients by healthcare professionals**. Mahigpit na sinusunod ang mga standard na measure ng infection control at prevention para sa mga pasyente ng mga healthcare professionals				
8	**Facilities are equipped with infection control prevention mechanism such as negative pressure and disinfection equipment, applying a one-meter distance rule between chairs and beds regardless of whether patients are suspected of having COVID-19.** Ang pasilidad ay may mga gamit para sa infection prevention katulad ng negative pressure, gamit na pangdisinfect, 1m layo ng mga silya at kama kahit pa di siguro kung may COVID-19 ang mga pasyente.				
9	**Hospital does routine cleaning and disinfection of the surfaces that the patient and personnel touches (compliance with the standards and guidelines recommended for**				

	COVID-19, routine cleaning, and disinfection of the ambulance). Ang nakagawiang paglilinis at disipeksyon ng mga nahawakan ng pasyente at personnel naayon sa standard at panuntunan na pinatutupad para sa COVID-19 ay mahigpit na sinusunod				
10	**Easy access to adequate personal protective equipment (PPE) (i.e., medical/surgical masks, N95/FFP2 respirators, gloves, gowns, and eye protection) for staff.** Ang mga staff ay may sapat na PPEs				
11	**Compliance with the rule of limiting visitors to only those crucial for patient support**. Mahigpit na pinatutupad ang paglimita ng bisita naayon sa pangangailangan ng pasyente				
	CASE MANAGEMENT	**4**	**3**	**2**	**1**
12	**Availability of mechanisms to implement triage, early recognition, and source control (isolating patients with suspected COVID-19).** May kakayahang magpatupad ng mekanismo ng triage, maagap na pagkilala sa posibleng source ng impeksyon at pagsasagwa ng paraan para maiwasan ang pagkalat nito				
13	**Availability of a well-equipped triage station at the entrance of the hospital, supported by trained staff.** Ang triage station sa hospital ay may sapat na equipment and pasilidad				
14	**Ability to designate a special waiting and examination area for individuals applying with COVID-19 symptoms.** May itinalagang lugar para sa mga pasyenteng may sintomas ng COVID-19				
15	**Has designated different personnel to handle possible infectious patients separate from the non-infectious.** May itinalagang personnel na mangangalaga sa mga nakakahawang pasyente				
	HUMAN RESOURCES	**4**	**3**	**2**	**1**
16	**Availability of the minimum number of healthcare professionals and other hospital staff who will ensure the adequate or proper functioning of the treatment unit or service.** May sapat na dami ng healthcare propesyunal at ibang pang staff para maseguro na maibigay ang serbisyo sa pasyente				
17	**The ward staff has the ability to work in high demand areas (e.g., infectious disease department, emergency department, and intensive care unit).** May kakayahang magserbisyo sa				

	high demand areas katulad ng ER at ICU ang mga staff na naka-assign sa ward kung kinakailangan				
18	**Highly trained competent and motivated healthcare personnel.** Ang mga healthcare personnel ay sinanay, mahusay at mataas ang motibasyon				
19	**Hospital formed psychosocial support teams for staff and patient families.** May psychosocial support team para sa mga pasyente, pamilya nito at staff				
	DIAGNOSTIC CAPABILITY	**4**	**3**	**2**	**1**
20	**The ability of hospital to make available and maintain the diagnostic services that should be provided at all times and all conditions.** Ang hospital ay may kakayahang magbigay ng angkop na serbisyong diagnostiko sa lahat ng kondisyon kung kinakailangan				
21	**Hospital has the process to prioritize testing for patients with critical conditions.** May proceso inilaan upang unahin sa testing ang mga pasyenteng nasa critikal na condition				
22	**Availability of mechanisms for the prompt provision of diagnostic data to the physicians and health authorities.** May mekanismo o proceso upang maipabatid agad sa doktor at helath authorities and mga impormasyong diagnostiko ng pasyente				
23	**Diagnostic equipments are calibrated all the time.** Ang mga makinang diagnostiko ay kinakalibrate palagi				
	LOGISTICS AND SUPPLY CHAIN	**4**	**3**	**2**	**1**
24	**Hospital has developed/maintained an updated inventory of all equipment, supplies, and pharmaceuticals; availability of a shortage alert and reordering mechanism.** Palaging updated ang imbertaryo ng lahat ng kagamitan, supplies at gamot; mayroong shortage alert at mekanismo ng re -ordering				
25	**Hospital has a mechanism for rapid maintenance and repair of essential equipment for basic services.** May mekanismo para sa madaliang paggawa ng mga essensyal na mga equipment para sa mga basic na serbisyo				
26	**Hospital has a system in coordinating an emergency transport strategy to ensure uninterrupted patient transfers.** May nakahandang transportasyon kung kinakailangan para maseguro ang pag transfer ng pasyente pagkinakailangan				

STAKEHOLDER SATISFACTION

#	TANGIBILITY (PHYSICAL) ATTRIBUTES	SA 4	A 3	D 2	SD 1
1	**Hospital has up-to-date and well-maintained facilities and equipment.** (Ang ospital ay mayroong makabago at maayos na pasilidad at mga kagamitan).				
2	**Hospital has a clean and comfortable environment with good directional signs.** (Ang ospital ay mayroong malinis at komportable ng paligid na may maayos na gabay-direksyon sa bawat lokasyon ng ospital).				
3	**There are adequate and convenient parking facilities.** (Mayroong sapat at kumbinye na pasilidad para sa paradahan ng mga sasakyan).				
4	**Doctors and staff are neat and professional in appearance.** (Ang mga doktor at empleyado ng ospital ay dapat maayos at propesyonal ang itsura).				
5	**Availability of informative brochures about hospital services.** (Pagkakaroon ng brochures para sa gabay-kaalaman sa mga serbisyo ng ospital).				
6	**The facilities are made to ensure patient's privacy during treatment.** (Ang pasilidad ay ginawa sa pamamaraan na napapangalagaan ang privacy ng pasyente habang ginagamot o nagpapa check-up).				
	RELIABILITY ATTRIBUTES	**SA 4**	**A 3**	**D 2**	**SD 1**
7	**Hospital services are provided at an appointed time.** (Ang serbisyo ng ospital ay naiibigay batay sa ipinangakong oras).				
8	**Services in the hospital are carried out right the first time.** (Ang mga serbisyo ng ospital ay tama sa unang pagkakagawa upang maiwasan and pagulit-ulit na proseso).				
9	**Doctors and staff are professional and competent.** (Ang mga doktor at empleyado ay propesyonal at mayroong tamang kaalaman na naaayon sa kanilang tungkulin).				
10	**Hospital's medical reports are retrieved fast and error free.** (Ang mga dokumentong medical ay nakuha ng mabilis at walang mali).				
11	**Hospital's billing/charge reports are accurate.** (Ang listahan ng babayran sa ospital ay eksakto at walang mali).				

	RESPONSIVENESS ATTRIBUTES	SA 4	A 3	D 2	SD 1
12	**Patients are given prompt services.** (Ang mga pasyente ay binibigyan ng mabilis na serbisyo).				
13	**Doctors and staff are responsive to the needs of the patients.** (Ang mga doktor at empleyado ay maagap sa mga pangangailangan ng pasyente).				
14	**The attitude of the doctors and staff instills confidence in patients.** (Ang pakikitungo ng mga doktor at empleyado ay nagdudulot ng kapanatagan sa mga pasyente).				
15	**Waiting time is not more than an hour.** (Ang pag-aantay sa serbisyo ng ospital ay hindi hihigit sa isang oras).				
	ASSURANCE ATTRIBUTES	**SA 4**	**A 3**	**D 2**	**SD 1**
16	**Doctors and staff are friendly and courteous.** (Ang mga doktor at empleyado ay magiliw at magalang).				
17	**Doctors and staff possess a wide spectrum of knowledge.** (Ang mga doktor at empleyado ay mayroong malawak na kaalaman).				
18	**Patients are treated with dignity and respect.** (Ang mga pasyente ay pinakikitunguhan na may dignidad at respeto).				
19	**Medical condition of the patients is thoroughly explained.** (Ang kondisyong medikal ng pasyente ay ipaliwanag ng mabuti).				
	EMPATHY ATTRIBUTES	**SA 4**	**A 3**	**D 2**	**SD 1**
20	**Hospital obtains feedback from patients.** (Kinukuha ng ospital ang opinyon at komento ng mga pasyente).				
21	**Hospital has 24-hour healthcare services availability.** (Mahalaga sa ospital ang pagkakaroon ng 24-oras serbisyong medikal).				
22	**Doctors and staff have the patients' best interests at heart.** (Kapakanan ng bawat pasyente ang unang isinsasaalang-alang ng mga doktor at empleyado ng ospital).				
23	**Doctors and staff understand the specific needs of patients.** (Naiintindihan ng mga doktor at empleyado ang iba't-ibang pangangailangan ng mga pasyente).				
	AFFORDABILITY ATTRIBUTES	**SA 4**	**A 3**	**D 2**	**SD 1**

24	**Professional fees (doctor's service charge) are reasonbale.** (Ang bayad sa doktor ay may batayan (resonable), naayon sa serbisyong kayang ibinigay).				
25	**Diagnostic services (lab test, x-ray, ultrasound, ECG, etc.) fees are reasonable.** (Ang presyo ng diagnostic services kagaya ng lab test, x-ray, ultrasound, ECG at iba pa ay nasa naayong presyo ng serbisyong ibinigay).				
26	**The charges are affordable for hospital services rendered.** (Abot-kayang halaga ang mga serbisyong medikal ng ospital).				

Appendix B
Demographic Profile of Employees
Hospital

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	South Luzon	131	29.3	29.3	29.3
	Manila	90	20.1	20.1	49.4
	North Luzon	139	31.1	31.1	80.5
	Visayas	47	10.5	10.5	91.1
	Mindanao	40	8.9	8.9	100.0
	Total	447	100.0	100.0	

Private_Hospital_Classification

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Level 1	11	2.5	2.5	2.5
	Level 2	220	49.2	49.2	51.7
	Level 3	216	48.3	48.3	100.0
	Total	447	100.0	100.0	

Bed_Capacity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	50 beds-99 beds	52	11.6	11.6	11.6
	100 beds - 199 beds	216	48.3	48.3	60.0
	200 beds and up	179	40.0	40.0	100.0
	Total	447	100.0	100.0	

Years_in_Existence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-3 years	14	3.1	3.1	3.1
	4-6 years	34	7.6	7.6	10.7
	7-9 years	15	3.4	3.4	14.1
	10 years and up	384	85.9	85.9	100.0
	Total	447	100.0	100.0	

No._of_Accredited_Doctors

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-99	28	6.3	6.3	6.3
	100-199	194	43.4	43.4	49.7
	200-299	98	21.9	21.9	71.6
	300-399	45	10.1	10.1	81.7
	400-500	82	18.3	18.3	100.0
	Total	447	100.0	100.0	

No._of_Employees

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-99	2	.4	.4	.4
	100-199	17	3.8	3.8	4.3
	200-299	32	7.2	7.2	11.4
	300-399	84	18.8	18.8	30.2
	400-500	136	30.4	30.4	60.6
	500 and up	176	39.4	39.4	100.0
	Total	447	100.0	100.0	

Type_of_Personnel

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Management	29	6.5	6.5	6.5
	Medical Doctor	210	47.0	47.0	53.5
	Nursing personnel	54	12.1	12.1	65.5
	Ancillary Personnel	31	6.9	6.9	72.5
	Finance Personnel	48	10.7	10.7	83.2
	Administrative Personnel	75	16.8	16.8	100.0
	Total	447	100.0	100.0	

Years_with_the_Hospital

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-3 years	104	23.3	23.3	23.3
	4-6 years	112	25.1	25.1	48.3
	7-9 years	64	14.3	14.3	62.6
	10 years and up	167	37.4	37.4	100.0
	Total	447	100.0	100.0	

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	147	32.9	32.9	32.9
	Female	267	59.7	59.7	92.6
	Prefer not to say	33	7.4	7.4	100.0
	Total	447	100.0	100.0	

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-30	115	25.7	25.7	25.7
	30-60	307	68.7	68.7	94.4
	60 and up	25	5.6	5.6	100.0
	Total	447	100.0	100.0	

Marital_Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	184	41.2	41.2	41.2
	Married	233	52.1	52.1	93.3
	Separated/Divorced	15	3.4	3.4	96.6
	Widow	15	3.4	3.4	100.0
	Total	447	100.0	100.0	

Educational_Level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High School	4	.9	.9	.9
	Some College	5	1.1	1.1	2.0

	College	183	40.9	40.9	43.0
	Post Graduate	255	57.0	57.0	100.0
	Total	447	100.0	100.0	

Occupation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Self-Employed/Owner	24	5.4	5.4	5.4
	Manager/Executive	103	23.0	23.0	28.4
	Professional/Technical	218	48.8	48.8	77.2
	Clerical/Sales	50	11.2	11.2	88.4
	Student	2	.4	.4	88.8
	Retired	1	.2	.2	89.0
	Others	49	11.0	11.0	100.0
	Total	447	100.0	100.0	

Annual_House_Income

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	less than 19,999	90	20.1	20.1	20.1
	20,000 -39,999	112	25.1	25.1	45.2
	40,000-59,999	45	10.1	10.1	55.3
	60,000-79,999	29	6.5	6.5	61.7
	80,000-99,999	25	5.6	5.6	67.3
	100,000 and up	146	32.7	32.7	100.0
	Total	447	100.0	100.0	

TQM_training

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	258	57.7	57.7	57.7
	No	189	42.3	42.3	100.0
	Total	447	100.0	100.0	

Demographic Profile of Patients

Hospital

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	South Luzon	75	33.3	33.3	33.3

	Manila	47	20.9	20.9	54.2
	North Luzon	62	27.6	27.6	81.8
	Visayas	21	9.3	9.3	91.1
	Mindanao	20	8.9	8.9	100.0
	Total	225	100.0	100.0	

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	91	40.4	40.4	40.4
	Female	124	55.1	55.1	95.6
	Prefer not to say	10	4.4	4.4	100.0
	Total	225	100.0	100.0	

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-30	84	37.3	37.3	37.3
	30-60	118	52.4	52.4	89.8
	60 and up	23	10.2	10.2	100.0
	Total	225	100.0	100.0	

Marital_Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	91	40.4	40.4	40.4
	Married	114	50.7	50.7	91.1
	Separated/Divorced	8	3.6	3.6	94.7
	Widow	12	5.3	5.3	100.0
	Total	225	100.0	100.0	

Educational_Level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High School	20	8.9	8.9	8.9
	Some College	16	7.1	7.1	16.0
	College	165	73.3	73.3	89.3

	Post Graduate	24	10.7	10.7	100.0
	Total	225	100.0	100.0	

Work_Industry

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Healthcare	72	32.0	32.0	32.0
	Education	25	11.1	11.1	43.1
	Manufacturing	15	6.7	6.7	49.8
	Hotel/ Restaurant	23	10.2	10.2	60.0
	None	26	11.6	11.6	71.6
	Others	64	28.4	28.4	100.0
	Total	225	100.0	100.0	

Position

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Worker	56	24.9	24.9	24.9
	Rank and File	51	22.7	22.7	47.6
	Middle Manager	33	14.7	14.7	62.2
	Department Head	25	11.1	11.1	73.3
	Top Level Manager	11	4.9	4.9	78.2
	Owner	9	4.0	4.0	82.2
	None	27	12.0	12.0	94.2
	Others	13	5.8	5.8	100.0
	Total	225	100.0	100.0	

Annual_House_Income

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	10,000 below	50	22.2	22.2	22.2
	10,000-29,999	84	37.3	37.3	59.6
	30,000-49,999	42	18.7	18.7	78.2
	50,000-99,999	29	12.9	12.9	91.1
	100,000 and above	20	8.9	8.9	100.0
	Total	225	100.0	100.0	

Length_of_Hospital_Sercice_Exp

	Frequency	Percent	Valid Percent	Cumulative Percent

Valid	First Time	36	16.0	16.0	16.0
	Less than 1 year	42	18.7	18.7	34.7
	1 year-3 years	61	27.1	27.1	61.8
	3 years-5 years	31	13.8	13.8	75.6
	5 years and up	55	24.4	24.4	100.0
	Total	225	100.0	100.0	

Hospital_Service_Utilized

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Out Patient Services	79	35.1	35.1	35.1
	In Patient Services	37	16.4	16.4	51.6
	Both	109	48.4	48.4	100.0
	Total	225	100.0	100.0	

Appendix C
Structural Equation Modeling Result

General project information

Version of WarpPLS used: 8.0
License holder: Trial license (3 months)
Type of license: Trial license (3 months)
License start date: 11-Apr-2022
License end date: 11-Apr-2023
Project path (directory): C:\Users\User\OneDrive - Manuel S. Enverga University\Desktop\STATISTICIAN WORKS\Mam Roselle\
Project file: SEM Analysis V4.prj
Last changed: 16-Oct-2022 12:39:11
Last saved: 16-Oct-2022 13:44:25
Raw data path (directory): C:\Users\User\OneDrive - Manuel S. Enverga University\Desktop\STATISTICIAN WORKS\Mam Roselle\
Raw data file: Survey Result Compilation.xlsx

Model fit and quality indices

Average path coefficient (APC)=0.223, P<0.001
Average R-squared (ARS)=0.766, P<0.001

Average adjusted R-squared (AARS)=0.764, P<0.001
Average block VIF (AVIF)=2.192, acceptable if <= 5, ideally <= 3.3
Average full collinearity VIF (AFVIF)=2.581, acceptable if <= 5, ideally <= 3.3
Tenenhaus GoF (GoF)=0.847, small >= 0.1, medium >= 0.25, large >= 0.36
Simpson's paradox ratio (SPR)=0.667, acceptable if >= 0.7, ideally = 1
R-squared contribution ratio (RSCR)=0.998, acceptable if >= 0.9, ideally = 1
Statistical suppression ratio (SSR)=1.000, acceptable if >= 0.7
Nonlinear bivariate causality direction ratio (NLBCDR)=1.000, acceptable if >= 0.7

General model elements

Outer model analysis algorithm: PLS Regression
Default inner model analysis algorithm: Warp3
Multiple inner model analysis algorithms used? No
Resampling method used in the analysis: Stable3
Number of data resamples used: 100
Moderating effects calculation option: Two Stages
Missing data imputation algorithm: Arithmetic Mean Imputation
Number of cases (rows) in model data: 672
Number of latent variables in model: 9
Number of indicators used in model: 24
Number of iterations to obtain estimates: 5
Range restriction variable type: None
Range restriction variable: None
Range restriction variable min value: 0.000
Range restriction variable max value: 0.000
Only ranked data used in analysis? No

	Customer Satisfaction	Safety	TQM	StHolder	Hospital	Gender	Age	MarStat	EducLev	Type	SE	P Value
Safety												
Surge Capacity	0.1	-0.9	0.08	0.07	0.05	0.04	-0.1	0.03	0.09	Formative	0.04	<0.001
Infection Control and Prevention	0.06	-0.9	-0.1	-0	-0	0.01	0.03	0	-0	Formative	0.04	<0.001
Case Management	-0	-0.9	-0.2	-0	-0	0	0.06	0.02	-0.1	Formative	0.04	<0.001
Human Resources	0.04	-0.9	-0	0.03	-0	-0	-0	0.01	-0	Formative	0.04	<0.001
Diagnostic Capability	-0	-0.9	0.11	-0	-0	-0	0.04	-0	0.03	Formative	0.04	<0.001
Logistic and Supply Chain	-0.1	-0.9	0.14	-0	-0	-0	-0	-0	0.01	Formative	0.04	<0.001
Total Quality Management												
Policy and Strategy Documents	0.03	0.08	-0.9	-0.1	0.02	0.02	0.01	0.03	-0.1	Formative	0.04	<0.001
Personnel	0.02	0.17	-0.9	0.04	0.01	0.01	-0	0.01	0.02	Formative	0.04	<0.001
Protocols, Guidance and Procedures	-0	0.11	-0.9	-0	-0	-0	0.03	-0	-0	Formative	0.04	<0.001
Elements of Quality and Safety Management System	-0	-0	-0.9	0.03	-0	-0	-0	0.02	0.03	Formative	0.04	<0.001
Process and Outcome Evaluation	-0	-0.1	-0.9	0.01	0	0	-0	-0	0.01	Formative	0.04	<0.001
Patient Involvement	0.01	-0.3	-0.9	0.05	0.01	0	-0	-0	0.04	Formative	0.04	<0.001
Customer Satisfaction												
Tangibility Attributes	-0.9	0.04	0.03	-0	-0	0.04	-0	0.07	-0.1	Formative	0.04	<0.001

Reliability Attributes	-0.9	0.16	-0.1	-0	0.02	-0	-0	0.04	-0.1	Formative	0.04	<0.001
Responsiveness Attributes	-0.9	-0	-0	0.03	-0	-0	0.02	-0	0.01	Formative	0.04	<0.001
Assurance Attributes	-0.9	-0.2	-0	0.03	-0.1	0.02	0.08	-0.1	0.03	Formative	0.04	<0.001
Empathy Attributes	-0.9	0.01	-0	-0.1	-0.1	0.01	0.03	-0	-0	Formative	0.04	<0.001
Affordability Attributes	-0.8	-0	0.15	0.07	0.17	-0	-0.1	0.08	0.16	Formative	0.04	<0.001
Stakeholder	0	0	0	-1	0	0	0	0	0	Reflective	0.04	<0.001
Hospital	0	0	0	0	-1	0	0	0	0	Reflective	0.04	<0.001
Gender	0	0	0	0	0	-1	0	0	0	Reflective	0.04	<0.001
Age	0	0	0	0	0	0	-1	0	0	Reflective	0.04	<0.001
Marital Status	0	0	0	0	0	0	0	-1	0	Reflective	0.04	<0.001
Educational Level	0	0	0	0	0	0	0	0	-1	Reflective	0.04	<0.001

Indirect and Total Effects

Number of paths with 2 segments

	CusSat	Safety	TQM	StHolder	Hospital	Gender	Age	MarStat	EducLev
CusSat	1								
Safety									
TQM									
StHolder									
Hospital									
Gender									
Age									
MarStat									
EducLev									

P values of indirect effects for paths with 2 segments

	CusSat	Safety	TQM	StHolder	Hospital	Gender	Age	MarStat	EducLev
CusSat		<0.001							
Safety									
TQM									
StHolder									
Hospital									
Gender									
Age									
MarStat									
EducLev									

Standard errors of indirect effects for paths with 2 segments

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	CusSat	Safety	TQM	StHolder	Hospital	Gender	Age	MarStat	EducLev
CusSat		0.027							
Safety									
TQM									
StHolder									
Hospital									
Gender									
Age									
MarStat									
EducLev									

Effect sizes of indirect effects for paths with 2 segments

	CusSat	Safety	TQM	StHolder	Hospital	Gender	Age	MarStat	EducLev
CusSat		0.195							
Safety									
TQM									
StHolder									
Hospital									
Gender									
Age									
MarStat									
EducLev									

Sums of indirect effects

	CusSat	Safety	TQM	StHolder	Hospital	Gender	Age	MarStat	EducLev
CusSat	0.235								
Safety									
TQM									
StHolder									
Hospital									
Gender									
Age									
MarStat									
EducLev									

Number of paths for indirect effects

	CusSat	Safety	TQM	StHolder	Hospital	Gender	Age	MarStat	EducLev
CusSat	1								
Safety									
TQM									
StHolder									
Hospital									
Gender									
Age									
MarStat									
EducLev									

Standard errors for sums of indirect effects

	CusSat	Safety	TQM	StHolder	Hospital	Gender	Age	MarStat	EducLev
CusSat	0.027								
Safety									
TQM									
StHolder									
Hospital									
Gender									
Age									
MarStat									
EducLev									

P values for sums of indirect effects

	CusSat	Safety	TQM	StHolder	Hospital	Gender	Age	MarStat	EducLev
CusSat		<0.001							
Safety									
TQM									
StHolder									
Hospital									
Gender									
Age									
MarStat									
EducLev									

Effect sizes for sums of indirect effects

	CusSat	Safety	TQM	StHolder	Hospital	Gender	Age	MarStat	EducLev
CusSat		0.195							
Safety									
TQM									
StHolder									
Hospital									
Gender									
Age									
MarStat									
EducLev									

Total effects

	CusSat	Safety	TQM	StHolder	Hospital	Gender	Age	MarStat	EducLev
CusSat		0.804	0.261	0.053	0.149	-0.000	-0.049	0.011	0.017
Safety									
TQM		0.899							
StHolder									
Hospital									
Gender									
Age									
MarStat									
EducLev									

Number of paths for total effects

	CusSat	Safety	TQM	StHolder	Hospital	Gender	Age	MarStat	EducLev
CusSat		2	1	1	1	1	1	1	1
Safety									
TQM		1							
StHolder									
Hospital									
Gender									
Age									
MarStat									
EducLev									

P values for total effects

	CusSat	Safety	TQM	StHolder	Hospital	Gender	Age	MarStat	EducLev
CusSat		<0.001	<0.001	0.084	<0.001	0.499	0.102	0.393	0.331
Safety									
TQM		<0.001							
StHolder									
Hospital									
Gender									
Age									
MarStat									
EducLev									

Effect sizes for total effects

	CusSat	Safety	TQM	StHolder	Hospital	Gender	Age	MarStat	EducLev
CusSat	0.668	0.206	0.003	0.037	0.000	0.006	0.001	0.002	
Safety									
TQM	0.809								
StHolder									
Hospital									
Gender									
Age									
MarStat									
EducLev									

Standard errors for total effects

	CusSat	Safety	TQM	StHolder	Hospital	Gender	Age	MarStat	EducLev
CusSat	0.035	0.038	0.038	0.038	0.039	0.038	0.039	0.039	
Safety									
TQM	0.035								
StHolder									
Hospital									
Gender									
Age									
MarStat									
EducLev									

PROFILE

ROSELLE MARIE D. AZUCENA, MAN, MBA, CHA
tey1972@yahoo.com

Ms. Roselle Marie D. Azucena is a visiting Professor and part time faculty member of the Ateneo de Manila University Graduate School of Business and the Ateneo School of Medicine and Public Health handling Marketing Management and Strategic Management.

Prof. Azucena obtained her Masters of Arts in Nursing at the University of Santo Tomas 2009 and her Masters in Business Administration- Regis Program at the Ateneo Graduate School of Business in 2012 where she graduated as a GOLD AWARDEE. She is currently on dissertation for her PhD Management degree at Lyceum Philippines University Calamba and pursuing her Doctor of Philosophy in Business Administration (BA) degree from De La Salle University-Dasmarinas.

Prof. Azucena is currently the Vice President for Corporate Affairs and Strategic Planning for Mary Mediatrix Medical Center in Lipa City handling Marketing and Sales, Customer Care and Business Development. She has developed various program for the hospital most in particular is the Dashboard for the Balanced Scorecard of Mediatrix and Business Analytics for Decision Making. She also has extensive experience in the areas of Total Quality Management, Operations Management, Safety and Strategic management. She has also acquired her Certification as a Hospital Administrator from the Philippine College of Hospital Administrators year 2016.

ORGANIZATION:
PSQUA: BOD, TREASURER
Facilitator for STRAT PLANNING:HEALTHCARE ORGANIZATIONS AND INDUSTRY ORGANIZATIONS: PFPA, HEALTHCARE SOCIETY, PSQUA

ROSELLE MARIE D. AZUCENA, BSN, RN, MAN, MBA, FPCHA, FPSQUA

EDUCATION:
Dela Salle University Dasmarinas PhD in Business Administration student

Lyceum Philippines Laguna PhD in Management – on dissertation status

Ateneo Graduate School of Business, Rockwell, Makati City. Has completed program leading to **MBA Regis program** August 5, 2012. Graduated with a Gold Medal Award.

University Of Santo Tomas, Manila, **MA Nursing major in Nursing Administration** April 5, 2009.

University Of Santo Tomas, Manila, **Bachelor of Science in Nursing**, March 24, 1993.

CERTIFICATIONS:
Fellow Philippine College of Hospital Administrators
Fellow Philippine Society for Quality in the Healthcare
Certificate of Accreditation OSH Practitioner in Occupational Health Nursing DOLE
Association of Nursing Service Administrators of the Philippines: IV Therapy Trainor

PROFESSIONAL EXPERIENCE:
VP FOR CORPORATE AFFAIRS AND STRATEGIC PLANNING, Mary Mediatrix Medical Center, April 1, 2015 to current
Responsible for ensuring that the organization is well positioned in a rapidly evolving competitive environment. Ensures that strategies are created communicated, understood, accepted and implemented.

In conjunction with President and VP Admin provides leadership to and directs Finance and Administration, Information and Technology and other department heads to set goals, monitors and evaluates results to ensure that departmental and organizational objectives and operating requirements are met and are in ;line with the needs of the organization

FACULTY, Ateneo Graduate School of Business, Rockwell Makati September 2013 to current– handling Strategic Management , Principles of Management, Management Dynamics and Marketing Management for Standards, Middle Managers and Regis Program at Rockwell Campus, Cebu, Iloilo, Sta Rosa satellite campuses and Ateneo School of Medicine and Public Health

PHILIPPINE SOCIETY FOR QUALITY IN THE HEALTHCARE, BOARD OF DIRECTOR and TREASURER 2021

PRIVATE HOSPITAL ASSOCIATION OF BATANGAS , OFFICER: ASST. SECRETARY

Chairman, Board of Directors, Mary Mediatrix Medical Center Multi Purpose Cooperative 2017 to current

ASSOCIATE DIRECTOR IN PATIENT CASE MANAGEMENT, United Healthcare Group October 2013 to May 18, 2015

RESOURCE FACULTY–Ateneo Graduate School of Business MBAH for DOH-ANSAP-ATENEO Nurse Manager's Program 2012- 2014

FACULTY, Dela Salle Lipa CBEAM and College of Nursing, current

ASSISTANT TO THE PRESIDENT- Mary Mediatrix Medical Center Dec 2012- Dec 2013
Assigned to do business plan , business developmental plan and strategic plan for the hospital

AVP NURSING SERVICES, Mary Mediatrix Medical Center Dec 2001-dec 2013
Heads the Nursing Department in planning, organizing, staffing and operationalizing the Department. Over sees all details needed in the operation of the Department

SAFETY OFFICER, Mary Mediatrix Medical Center Oversees and formulates safety programs for the hospital particularly on health of both patients and employees

PROFESSOR, Fatima University,Master of Arts in Nursing Program

PROFESSOR, Lyceum University of the Philippines, Masters of Arts in Nursing

ANSAP –AESCULAP National Trainor IV Therapy

ANSAP National Trainor Strategic Planning for Nurse Managers

CONSULTANCY WORKS:
Consultant and Resource Facilitator/Speaker –Strategic Management and Leadership Skills Training
Lorma Medical Center: September 2018-CURRENT
Business Development AND Strategic Planning, Marketing

Grace General Hospital: June 2019-Current
Strategic Management and Business Development Consultancy

Medical Center Paranaque: 2018-2019
Hospital Re-building and Re Branding
Strategic Management Plan for 2018-2022
Rehabilitating Operations Systems and Processes
Business development Plans Implementation
Financial management

Past Consultancy Works
San Lazaro Hospital (2011)
Capitol Medical Center (March 2013)
Chinese General Hospital (2013)
Mary Mediatrix Medical Center Labor Management Council (2012-2013)
Mary Mediatrix Medical Center Multi-Purpose Cooperative (2012-2014)
Los Banos Health Serve Medical Center: Leadership Training

ACHIEVEMENTS:
Work:
2018 Presidential Awardee Mary Mediatrix Medical Center
2013 Presidential Excellence Awardee Mary Mediatrix Medical Center, July 2013
2012 10 Years Service Awardee Mary Mediatrix Medical Center, July 2012
2007 5 Years Service Awardee Mary Mediatrix Medical Center, July 2007

Academe:
Gold Medal Award in Masters in Business Administration-Regis Program, Ateneo Graduate School of Business August 5, 2012
Certificate of Recognition given by University of Santo Tomas Alumni Association for placing 18th in the May 1993 Licensure Exam for Nurses,Manila, December 1994
Certificate of Appreciation by University of Santo Tomas College of Nursing for being included in the top 20 list of the May 1993 Nurse Licensure Examination, Manila, March 1994

Research
- Certificate of Recognition Mary Mediatrix Medical Center for Winning 2 GOLD awards in the 2013 Most Outstanding Quality Improvement Studies in the Hospital, PSQUA May 24, 2013
- Certificate of Recognition Mary Mediatrix Medical Center for Winning GOLD in the 2012 Most Outstanding Quality Improvement Studies in the Hospital, PSQUA June 4, 2012
- Certificate of Recognition Mary Mediatrix Medical Center for Winning GOLD in the 2011 Most Outstanding Quality Improvement Studies in the Hospital, PSQUA June 2011
- Certificate of Recognition Mary Mediatrix Medical Center for winning Third Place in the 2009 Most Outstanding Quality Improvement Studies in the Hospital, August, 2009
- Certificate of Recognition from Mary Mediatrix Medical Center for Winning Second Place in the 2008 Most Outstanding Quality Improvement Studies in the Hospital, November 10,2008

Community
2010 GAWAD PAGLILINGKOD MOST OUTSTANDING PROFESSIONAL NURSE IN LIPA.
Given by the Rotary Club of Metro Lipa, October 23, 2010

SPEAKERSHIP EXPERIENCE
International:
March 2019: Speaker on Strategic Management and Business Development, Seoul South Korea

August 24, 2012 Resource Speaker on Patient Safety, Hongkong Infection Control Nurses Association, International Convention, HongKong

National:

November 12, 2021. **Philippine College of Hospital Administrators** 46th Virtual Annual Convention of the organization "Navigating Gaps and Growth Opportunities Toward Agility and Resilience Today and Tomorrow

November 5, 2021. La Sallian League of Nurses Webinar Topic: How to ACE the Board Exams

October 28, 2021. University of Batangas Nursing Leadership Seminar attended by all the Batangas Nursing Schools. Topic: " Managing Patients in Acute Biologic Crisis in the Pandemic"

July 27, 2021.Sisters of St Paul of Chartres Healthcare Ministries 30th Assembly. Topic:"Managing the Philippine Hospital's Financial Health Post Pandemic"

November 17, 2019. **Philippine College of Hospital Administrators** 44th Annual Convention of the organization "Skills Hospital Managers Need to Acquire To Be Relevant in the FUTURE"

October 14-15, 2014 Los Banos Health Serve and Medical Center: " Leadership and Management in Today's Healthcare Environment"

- **Aug 23, 2014 " Financial Management Made Easy for Nurse Managers", ANSAP Mid Year Convention Fiesta Pavillion, Manila Hotel**
- **Aug 22, 2013 "Balanced Scorecard" Perla Sanchez lecture Series, ANSAP Manila Hotel**
- June 14,2013 Financial Management for Nurse Managers Resource Speaker , ANSAP Leadership and Management Updates, Tandang Sora Quezon City
- **Ateneo MBAH-DOH-ANSAP resource speaker for Batch 3 and 4 Nurse Managers Development Program** December 2012 and May 2013
- April 25, 2013 Resource Speaker "Fluid and Electrolytes Management in Elderly" Aesculap Academy- ANSAP IVT Updates BBraun Philippines, Bonifacio Global City
- April 16, 2013 Resource Speaker for IVT Nursing Management and Responsibilities, Health and Solution Launching, Magallanes, metro Manila
- March 21-23, 2013 Resource Speaker and Trainor for Strategic Management in the Nursing Service Department and Leadership Training , Capitol Medical Center, Quezon City
- March 17, 2013 Resource Speaker, IVT Update Seminar on" Management of Fluids and Electrolytes for Elderly" Cardinal Santos medical Center, Greenhills ,San Juan
- January 26, 2013 Resource Speaker Aesculap-ANSAP IVT Updates on "Managing Fluids and Electrolytes Imbalances for Burn Patients", BBraun Philippines, Bonifacio Global City
- November 23, 2012 Resource Speaker Aesculap-ANSAP IVT Updates on "Managing Fluids and Electrolytes Imbalances for Burn Patients", BBraun Philippines, Bonifacio Global City

- October 25, 2012 Resource Speaker,13th National Convention DOLE Occupational Safety and Health Congress, Quezon City
- March 28, 2012 Guest Speaker "Safety Summit" BD Philippines Vismin Group, Ayala Center Malls Cebu City
- March 27,2012 Guest Speaker "Safety Summit" BD Philippines Luzon Group, Anabels Restaurant, Tomas Morato, Quezon City
- April 16, 2012 Speaker "Safety Summit" Laguna and Quezon Group, Tagong Paraiso, Lucena City, Laguna
- December 7-9, 2011 Resource Speaker in Leadership and Management Training Course for First Line Nursing Managers of San Lazaro Hospital, SLH Amphitheater
- November 15, 2011 Resource Speaker "Ethico-Legal Aspects of IV Therapy" Victor R. Potentiano Hospital, VRP Conference Hall,EDSA, Mandaluyong City
- July 29, 2011 ANSAP National Speaker for IV Therapy Updates "Complications in IV Therapy and its Nursing Management
- May 25, 2011 AESCULAP-ANSAP Speaker for IV Therapy Updates " Ethico-Legal Considerations in IV Therapy"
- September 24, 2010 "Safety Summit Meeting", El Cielito Inn, Baguio City, BD Philippines
- September 17, 2010 KOL for " Your Role and Functions Towards Best Practice", Gerry's Grill,Burgos St. Tacloban City, BD Philippines
- August, 2010 KOL for " Safety Practice for Infusion Therapy"Max's Restaurant Dasmarinas Cavite, BD Philippines
- August 2010 KOL for " Safety Practice for Infusion Therapy" Max's Restaurant,Los Banos, Laguna, BD Philippines
- August 2010 KOL for " Safety Practice for Infusion Therapy" Max's Restaurant, Lipa City, BD Philippines
- July 29, 2010 Speaker/KOL for "Patient's Safety in Flushing Practices", Party Place San Fernando, Pampanga, BD Philippines
- February 17, 2010 Patient Safety in Intravenous Therapy: Tagaytay Medical Center, BD Philippines

Local:

2022: PCHA CONVENTION SPEAKER MARCH AND SEPTEMBER PACSSM

- April 30, 2013 Keynote Speaker 10th Commencement Exercises St Augustine Lipa City Campus, Anfa Hotel, Lpa City, Batangas
- April 12, 2013 Hospital Emergency Incident Command System/Hospital Emergency Management System, Resource Speaker and Trainor, Mary Mediatrix Medical Center, Lipa City, Batangas
- March 6, 2013 Resource Speaker and Trainor " Fire and EarthquaKe Drill" Mary Mediatrix medical Center, Lipa City, Batangas
- March 2-5, 2013 Resource Person and Trainor " SBAR Training for Ancillary Department", Mary Mediatrix Medical Center, Lipa City Batangas
- March 1, 8,13, 2013 Resource Speaker and Facilitator "Strategic Planning For Labor Management Council", Mary Mediatrix Medical Center, Lipa City Batangas

- February 22, 2013 Resource Person and Trainor " SBAR Training for Ancillary Department", Mary Mediatrix Medical Center, Lipa City Batangas
- February 13, 2013 resource Speaker" Stress Management", Diokno Auditorium, Dela Salle Lipa, Batangas
- January 31, 2013 Resource person IVT Refresher Course "Safety Practice in IV therapy for Healthcare Professionals, Batangas Medical Center
- November 30,2012 , December 1-3 Resopurce Speaker and Facilitator Strategic Planning, Mary Mediatrix Multi-Purpose Cooperative, Ilocos Norte, Philippines
- July 26, 2012 Resource Speaker on "Comprehensive Review of Drug and Solutions" IV therapy Training Updates, Mary Mediatrix Medical Center, Lipa City, Batangas
- June 1, 2012 Guest Speaker,Medication Safety in the Batangas, Hospitals, Philippine Society for Quality Assurance in the Hospital, Midyear Convention
- May 18, 2012 Resource speaker IVT Update: Patient Safety, Batangas Regional Hospital, Batangas City
- March 31, 2012 Speaker, Safety in the Hospitals, Batangas Regional Hospital, Batangas City
- October 20, 2011 Plenary Speaker : "Batangas Nursing Administrators Trusted to Care: Two Sides of the Coin in Healthcare Safety" MMMC Lillian Magsino Hall, Lipa City, Batangas
- September 23, 2011 Speaker " Responsibilities, Liabilities and Protection of Nurses Parallel to Nursing Law" Batangas State University AVR Dev Com Building, Batangas City
- September 21, 2011 Guest Speaker 8th Capping, Pinning, and Candle-Lighting Ceremony :"First Asian Nurses: Responsive to Global Competitiveness" Nuestra Senora dela Soledad Parish Church Darasa, Tanauan City, Batangas
- May 30, 2011 Resource Speaker on "Quantitative Analysis in Managing Hospital Organizations" BD Philippines Discovery Center,Pasig City
- March 17, 2011 Key Note Speaker for BD Evidence Based Practice in preventing Occlusion in Peripherally inserted Vascular Access Device (Regional Event) Shakey's Lipa City

PROFESSIONAL AFFILIATIONS:

-Association of Nursing Service Administrators of the Philippines (life member)

Execom –Asst. Treasurer and **Board of Director** ANSAP National

Chairman ANSAP Breakthrough Goals

Founding President Batangas Chapter

- Lipa Nurses Society,Lipa City (founder and president 2004-present)
- ASPI Batangas,Member, Board of Directors
- Philippine Nurses Association, Manila (member),VP Batangas Chapter
- Philippine Society for Quality in Health Care (member) and core group member