JOURNAL OF INTERDISCIPLINARY PERSPECTIVES

ISSN Print: 2984-8288, ISSN Online: 2984-8385
Vol. 3 No. 4, pp. 366-376, April 2025

Carative Factors and Patient-Perceived Customer Service Quality

Marvin Candido[1], Marissa S. Quezon*[2]
[1]Bacolod Adventist Medical Center, Bacolod City, Philippines
[2]Carlos Hilado Memorial State University, Bacolod City, Philippines

*Corresponding Author Email: marissa.quezon@chmsu.edu.ph

Date received: January 31, 2025
Date revised: March 3, 2025
Date accepted: March 27, 2025

Originality: 99%
Grammarly Score: 99%
Similarity: 1%

Recommended citation:
Candido, M., & Quezon, M. (2025). Carative factors and patient-perceived customer service quality. *Journal of Interdisciplinary Perspectives*, 3(4), 366-376. https://doi.org/10.69569/jip.2025.049

Abstract. The research aimed to assess the quality of customer service a healthcare institution provided, as experienced by patients, focusing on service quality, patient satisfaction, and behavioral intention. It further explored the joy experienced by patients about the seven elements of carative factors: humanism, helping/trust, expression of feelings, teaching, and learning, supportive/protective/corrective environment, assistance with human needs, and existential/phenomenological/spiritual forces. The participants were patients admitted to a healthcare institution and discharged between March and May 2023. A sample size of 318 was determined using Slovin's formula. The study employed a descriptive-correlational design, using mean ratings, t-tests, and one-way ANOVA. The results revealed significant differences in the level of customer service, particularly concerning sex. Additionally, there was a significant relationship between the quality of customer service extended to patients and the joy they experienced. In conclusion, the healthcare institution delivered high customer service, resulting in significant patient satisfaction and joy related to staff care. Key factors contributing to this joy included humanistic care, provider support, expression of feelings, teaching, a supportive environment, and assistance with human needs. Based on the findings, it is recommended that the healthcare institution continue training staff to enhance their customer service skills, emphasizing the importance of carative behaviors. Consistent monitoring of patient satisfaction levels is essential to pinpoint improvement areas and initiate timely and practical actions. The hospital needs to allocate resources to create a supportive, patient-centered environment and to implement gender-sensitive initiatives to address the disparity in customer service perceptions between male and female patients.

Keywords: Behavioral intention; Carative behaviors; Patient satisfaction.

1.0 Introduction

Providing exceptional quality service in healthcare organizations presents unique challenges, given their services' critical and life-saving nature (Quigley et al., 2021). While clinical outcomes have traditionally been the primary focus in healthcare, there has been a shift towards prioritizing patient experience and satisfaction. Considering this shift, a healthcare institution in Bacolod City, Negros Occidental, aims to become the premier healthcare center in the province. This study, conducted at a healthcare facility, is crucial for several reasons. Firstly, understanding patient perspectives on the hospital's services provides valuable feedback on the quality of care and the overall patient experience (Chen et al., 2021); Manzoor et al., 2019). This premise allows the healthcare facility to identify areas for improvement, leading to better service delivery that aligns with patient needs and expectations (Elliot et al., 2015; Olorunfemi et al., 2024). Secondly, such healthcare facility places significant emphasis on the healing ministry of Christ (Christa et al., 2024). The hospital can cultivate a patient-centered approach by aligning services

with its core values, prioritizing clinical care, and compassionate service. This study contributes valuable insights to the healthcare institution by demonstrating the impact of these principles on patient experiences.

The knowledge gap lies in the lack of specific research focusing on patient experience in selected healthcare institutions in Negros Occidental (Ferreira et al., 2023). Although there have been studies on patient satisfaction and overall service quality in healthcare, limited research has delved into the unique aspects of such healthcare organizations' service delivery (Qawasmeh, 2021). Furthermore, no comprehensive study has been conducted at a healthcare facility to assess its clients' perceptions and needs based on carative theories. This study addresses a significant knowledge gap by providing evidence-based insights into the factors that influence patient experience in the specific location of the study. Through the analysis and interpretation of the results, key areas for improvement were identified, along with recommended strategies to enhance overall care quality and customer service (Christa et al., 2024). Furthermore, the study contributed to the existing literature on healthcare services and serves as a valuable resource for other healthcare institutions aiming to improve their patient-centered approaches (Christa et al., 2024). On a grander scale, conducting this research on an undisclosed healthcare facility yields valuable data to improve patient experience and contribute to the body of knowledge on healthcare service quality. Failing to conduct this study could mean missing opportunities for the hospital to address areas of improvement, potentially leading to decreased patient satisfaction and retention. Additionally, the healthcare facility may not fully realize its vision of becoming the premier healthcare institution in Negros Province without a thorough understanding of its clients' perceptions and needs.

2.0 Methodology

2.1 Research Design

The research design in this study is descriptive-correlational. This study aimed to explore two primary constructs: quality and carative factors experienced by patients. The descriptive component of this design allowed the researcher to describe the extent of customer service quality and the level of joy experienced by patients in a healthcare institution. The data on these variables were collected in natural settings without intervening or introducing treatments. The correlational aspect of this design enabled the researcher to examine the relationship between the extent of customer service quality and the extent of joy experienced by patients. Analyzing data determined if there was a significant association between these two variables. As the study aimed to explore patient perceptions and needs based on carative theories, a descriptive-correlational design provided a holistic understanding of these factors without manipulating them. This allowed the researcher to capture patients' real-world experiences and identify potential areas of improvement in hospitals.

2.2 Research Locale

The study was conducted in one of the private tertiary hospitals in Bacolod City, Negros Occidental, Philippines. Established on December 8, 1966, it has a 170-bed capacity recognized by the Department of Health. The hospital aims to be the premier healthcare center in Negros Province and is committed to extending the healing ministry of Christ to all.

2.3 Research Participants

The study participants were at least eighteen-year-old patients, while others were 60 years old and above admitted to a healthcare facility and released between March and May 2023. Moreover, 38 patients who were 60 years old and above were admitted during this period. The hospital's billing department's daily discharge data, which showed that 1,840 patients were released overall during this time, served as the basis for the participant list. The study used Slovin's method to determine a sample size of 318 participants, achieving a 95% confidence level and a 5% margin of error. The selection of the participants was done through the following means. After the issuance of discharge orders, the participants were visited in their rooms and were asked if they were willing to participate in the survey. Once the answer was affirmative, they were handed the questionnaire. Another strategy was to leave copies of the survey at the nursing station, which the patients' watchers frequented. Only those willing to participate answered the questionnaire. Patients at the billing station were also approached while their statements were processed. A few were also visited at home, where prior consent had been given before the visit happened.

2.4 Research Instrument

The survey questionnaire was composed of three parts. Part one was the profile of the patients, which captured their age, sex, civil status, and average family monthly income. Part two determined the extent of quality customer service in a healthcare institution as perceived by patients in terms of service quality, patient satisfaction, and behavioral intention. The third part determined the extent of joy experienced by patients in terms of the following elements of carative factors of Jean Watson, namely: humanism/faith-hope/sensitivity, helping/trust, expression of feelings, teaching, and learning, supportive/protective/corrective environment, human needs assistance, and existential/phenomenological/spiritual forces. Panel members validated the instrument, and the mean score was 4.28. The criteria set by Good and Scates were used to validate the instrument. The reliability test used Cronbach's alpha to assess the internal consistency of a set of scales or test items used in the study. A pre-test survey was conducted on 30 participants who were admitted patients in a healthcare institution and were not included in the actual study. The resulting Cronbach's alpha was 0.9967, indicating an extremely high internal consistency reliability level for a set of items or scales measured. It suggested that the items were very closely related. Generally, a Cronbach's alpha value above 0.9 was considered excellent, while values between 0.8 and 0.9 were considered good. In this case, a value of 0.9967 suggested that the items were highly intercorrelated, implying that the scale's reliability was assured.

2.5 Data Gathering Procedure

After establishing the validity and reliability of the instrument, the researcher sent a letter to the president of the healthcare institution to request the conduct of the study. The list of participants was generated from the list of discharges from billing. The researcher explained to the participants the purpose of the study and gave instructions on how to complete the questionnaire objectively and honestly. The assessment of the participants served as the basis for determining the quality of customer services of an undisclosed medical center as perceived by patients and the extent of joy they experienced in terms of the seven elements of curative factors of Jean Watson. Participants were assured of the confidentiality of the data. Those who were 60 years old and older received special consideration. Some answered the questionnaire while they were still in the hospital, while others were visited at home with prior consent forms to ensure they were comfortable and secure. They were also requested to suggest the timing of the visit, as their rest was a top priority. A family member, usually an adult child, was present during the data collection. If the researcher noticed any discomfort from the senior participants, the researcher took a short break. Data collection resumed when the senior participants felt ready to continue.

2.6 Ethical Considerations

The study adhered to ethical standards throughout the process, undergoing a review by the Ethics Review Committee before data collection. All recommendations were followed, and informed consent was obtained from participants who were of legal age and could withdraw at any time. Consent forms were signed by those who chose to participate, and participants aged 60 and older were asked if they could complete the questionnaire immediately or if the researcher should return later. It was clarified that the study was for academic purposes only, with findings shared through journals and presentations. Participants' data were kept confidential, and no identifiable markers were included in the instrument. After publication, questionnaires and responses would be disposed of securely.

3.0 Results and Discussion

3.1 Socio-economic Profile of the Participants

Table 1 provides the profile characteristics of the participants. It can be surmised that most of them (36.6%) were in the age group of 18-31, followed by 32-45 (34.9%), 46-59 (17.6%), 60-73 (10.1%), and 74-87 (.9%). The data highlighted that most of the patients admitted to the hospital where the study was conducted were relatively younger, with a significant proportion between 18 and 45. In terms of sex distribution, the participants consisted of 52.2% female and 47.8% male. The sex distribution showed a relatively balanced representation, indicating that both males and females sought medical services at the hospital of study. Moreover, among the participants, 50.1% were married, 40.6% were single, 6.3% were widowed, and 2.9% were separated. In terms of average monthly income, the distribution showed that 45.5% had an average monthly income between 14.1k and 23k, followed by 40.3% between 23.1k and 32k, 9.2% between 5k and 14k, and 4.9% between 32.1k and 41k. The data indicated that many patients admitted to the hospital had income within the range of 14.1k to 32k per month.

Table 1. *Socio-economic profile of participants*

Variables	Categories	Frequency	Percentage
Age	18-31	127	36.6
	32-45	121	34.9
	46-59	61	17.6
	60-73	35	10.1
Sex	Female	181	52.2
	Male	166	47.8
Civil Status	Married	174	50.1
	Single	141	40.6
	Widowed	22	6.30
	Separated	10	2.90
Average Monthly Income	5k to 14k	32	9.20
	14.1k to 23k	158	45.5
	23.1k to 32k	140	40.3
	32.1k to 41k	17	4.90

3.2 Extent of Customer Service

In terms of Service Quality

Table 2 shows hospital service quality across various criteria, with an overall mean score of 4.34, indicating high patient satisfaction. The hospitals excelled in prompt discharge (4.22) and emergency response (4.27). Staff politeness during admission scored 4.29, while responsiveness to patient requests scored 4.34. The presence of knowledgeable staff scored 4.51, and the environment's cleanliness (4.34) and visual appeal (4.29) were also rated positively. The ability of nurses to explain post-discharge precautions scored 4.30, reflecting the importance of patient education. Additionally, a score of 4.34 suggested that hospitals took necessary measures to prevent infections. The data portrayed a positive image and emphasized promptness, competence, cleanliness, and patient-centered care. Supporting findings from a study indicated that service quality and excellence positively influenced patient satisfaction (Novitasari, D., 2022). However, research by Fergusson (2006) emphasized the need for healthcare providers to align services with patient expectations to enhance satisfaction, as patients expressed overall happiness with healthcare facilities, which fostered better relationships and loyalty.

Table 2. *The extent of services rendered in terms of service quality*

Indicators		Mean	Description
1	The hospital gives prompt discharge to their patients.	4.22	High
2	The hospital handled emergencies well.	4.27	High
3	The employees handling admission in hospitals should be polite.	4.29	High
4	Materials associated with services will be visually appealing in hospitals.	4.29	High
5	When patients have problems, excellent hospitals will show a sincere interest in solving them.	4.29	High
6	The hospital gives prompt service to customers.	4.30	High
7	The nurse explains precautions to be taken by patients after discharge.	4.30	High
8	The hospital has a well-functioning ambulance service.	4.32	High
9	The hospital takes precautions to prevent hospital-acquired infection in the patients.	4.34	High
10	The hospital has a clean washroom and rooms/wards without foul smell.	4.34	High
11	The hospital is always willing to respond to the patient's request.	4.34	High
12	The hospital provides quality service at a reasonable cost.	4.35	High
13	Hospital employees have a sense of responsibility.	4.40	High
14	The hospital has knowledgeable and experienced doctors.	4.45	High
15	The hospital has knowledgeable and experienced nurses.	4.45	High
16	The hospital has knowledgeable and experienced staff members.	4.51	High
Overall mean		**4.34**	**High**

In terms of Patient Satisfaction

Table 3 summarizes patient satisfaction metrics at a hospital, with an overall mean score of 4.29 indicating high satisfaction levels. The highest individual score, 4.38, reflected patient satisfaction with doctors, followed by nurses at 4.34 and the hospital's responsiveness to suggestions at 4.26. High ratings for staff availability (4.30) emphasized attentiveness in patient care. Satisfaction with physical facilities, like labs, scored between 4.24 and 4.28, demonstrating appreciation for personnel and facility quality. A score of 4.26 highlighted the hospital's openness to feedback, while a score of 4.35 showed strong patient loyalty.

The hospital excelled in communication, facility quality, and staff attentiveness, indicating a well-functioning healthcare environment. The findings aligned with the existing research of Pouragha and Zarei (2016), which suggested that scores above 4.0 reflected high patient satisfaction. High patient satisfaction had significant implications, including an increased likelihood of return visits and recommendations, leading to a more stable patient base and improving staff morale and motivation.

Table 3. *The extent of services rendered in terms of patient satisfaction*

	Indicators	Mean	Description
1	Indoor services are satisfactory.	4.24	High
2	The hospital's medical and non-medical staff are sensitive to patient concerns.	4.25	High
3	The hospital welcomes your suggestion.	4.26	High
4	Up-to-date healthcare facilities are well maintained.	4.26	High
5	Overall, the facilities are excellent.	4.27	High
6	The technical facilities, like the blood bank, lab, etc., are good.	4.28	High
7	The nurses are available throughout their duties.	4.30	High
8	My expectations are fully met regarding nurses.	4.34	High
9	I will always visit this hospital for my other treatments.	4.35	High
10	My expectations are fully met regarding doctors.	4.38	High
Overall mean		**4.29**	**High**

In terms of Behavioral Intention

Table 4 presents service quality results among healthcare personnel, focusing on nurses, doctors, and technical support staff. Mean scores ranged from 4.26 to 4.39, indicating a generally positive perception of service quality, with an overall mean of 4.30. Nurses received high ratings for honesty and attentiveness, scoring 4.35 in overall attitude, which suggested that patients feel valued in their interactions. Technical support staff scored 4.26 for being friendly and helpful, contributing positively to patient care. Doctors outperformed nurses slightly, with a mean of 4.39 for their accommodating behavior, which fostered trust in doctor-patient relationships. The consistent agreement across all items indicated that patients feel positively about the quality of care, with a slightly higher mean of 4.28 for the availability of supportive staff, which was crucial for overall satisfaction.

Table 4. *The extent of services rendered in terms of behavioral intention*

	Indicators	Mean	Description
1	Nurses are honest in the dispense of their function.	4.26	High
2	Nurses are always ready to listen to what you have to say.	4.26	High
3	Technical support staff are friendly and helpful.	4.26	High
4	Supportive staff are available when needed.	4.28	High
5	Doctors are sincere when dealing with their patients.	4.32	High
6	Overall, the attitude and behavior of nurses are accommodating.	4.35	High
7	Overall, the attitude and behavior of doctors are accommodating.	4.39	High
Overall mean		**4.30**	**High**

These findings suggested a well-functioning healthcare environment where patients felt respected and cared for, emphasizing the importance of interpersonal skills. Recent studies showed that perceptions of service quality among healthcare personnel were positive; emotional support and care from nurses were valued. The research highlighted that the quality of interactions significantly influenced patient satisfaction and future recommendations. High scores indicated a positive reputation for the healthcare institution, which could help attract and retain patients and enhance its overall brand image.

3.3 Patients' Joy in Carative Factors

In terms of Humanism

Table 5 presents feedback on service quality in a healthcare environment, with mean scores ranging from 4.18 to 4.31, indicating high overall satisfaction. Key strengths include kindness, respect, and individualized treatment, with scores between 4.27 and 4.31, suggesting these are best practices. The evaluation highlighted the staff's understanding of patients' feelings and indicated a strong empathetic approach. Additionally, staff provided encouragement and reassurance, boosting confidence and emotional support. In Individualized care, staff treated patients as unique individuals, inquired about their preferences, enhanced service quality, and promoted a sense of value. Professionalism, illustrated by staff knowledge and calm demeanor, fosters trust and comfort.

Table 5. *The extent of joy in terms of humanism*

Indicators		Mean	Description
1	They praise my efforts.	4.18	High
2	They are my feelings and moods.	4.21	High
3	They encourage me to believe in myself.	4.22	High
4	They ask me how I like things done.	4.22	High
5	They try to see things from my point of view.	4.23	High
6	They understand me.	4.23	High
7	They know when I have "had enough" and act accordingly.	4.23	High
8	They reassure me.	4.24	High
9	They make me feel like someone is there if I need them.	4.25	High
10	They know what they are doing.	4.27	High
11	They point out positive things about me and my condition.	4.27	High
12	They maintain a calm demeanor.	4.27	High
13	They are kind and considerate.	4.28	High
14	The staff treat me as an individual.	4.30	High
15	They treat me with respect.	4.31	High
Overall mean		**4.25**	**High**

This evaluation underscored the effectiveness of the current service model, emphasizing empathy, professionalism, and individualized care as vital for customer satisfaction. Supporting research, such as Vaeza et al. (2020), highlighted the importance of individuality and sensitivity in care. Rejnö et al. (2020) suggested focusing on human dignity, which enhanced person-centered care. Kitson et al. (2012) found that humanistic care encouraged positive emotions and stronger bonds between patients and caregivers, leading to greater trust and satisfaction.

In terms of helping/trust

Table 6 outlines metrics reflecting the quality-of-care patients experience in a hospital setting, with mean scores ranging from 3.82 to 4.26 and an overall mean of 4.12, indicating generally high satisfaction. Most scores exceeded 4.0, highlighting intense contentment in various care aspects. Notable high scores included staff giving full attention (4.22), listening (4.26), and accepting patients' feelings without judgment (4.23), demonstrating an empathetic approach. Effective communication is shown through personalizing interactions, such as asking how patients prefer to be addressed (4.00) and introducing themselves (4.24). Staff checking in on patients (4.24) and their responsiveness (4.16) further emphasized trust-building through availability. Reliability, indicated by the score of 4.11 for doing what they say, is also vital for establishing trust.

Table 6. *The extent of joy in terms of helping/trust*

Indicators		Mean	Description
1	They visit me if I move to another hospital unit.	3.82	High
2	They asked me what I wanted to be called.	4.00	High
3	They talked to me about my life outside the hospital.	4.01	High
4	They touch me when I need it for comfort.	4.04	High
5	They do what they say they will do.	4.11	High
6	They answer quickly when I call them.	4.16	High
7	They give me their full attention when with me.	4.22	High
8	They accept my feelings without judging them.	4.23	High
9	They come into my room to check on me.	4.24	High
10	They introduce themselves to me.	4.24	High
11	They listen to me when I talk.	4.26	High
Overall mean		**4.12**	**High**

The data revealed a positive perspective on patient care, emphasizing open communication, emotional support, and reliability. These strengths contributed significantly to patient perceptions of high-quality service, which can be enhanced through continuous improvement in these areas. These findings align with previous research showing that perceived support from healthcare professionals positively impacts patient well-being and satisfaction (Li et al., 2023). Trust and support in the patient-provider relationship were crucial for satisfaction and outcomes. Carpenter et al. (2018) noted that feeling supported leads to reduced anxiety and better recovery outcomes. Ultimately, these results suggested that healthcare providers effectively foster trust and support, essential for promoting positive patient outcomes, treatment adherence, and overall satisfaction, leading to improved communication and health outcomes.

In terms of Expression of Feelings

Presented in Table 7 are feelings related to the quality of service in a therapeutic context, with an overall mean score of 4.16, indicating a positive experience. Scores ranged from 4.11 to 4.20, reflecting consistent perceptions of high-quality service. Key statements like "They help me understand my feelings" (4.16) and "They encourage me to talk about how I feel" (4.20) highlighted the importance of emotional intelligence. The phrase "They do not give up on me when I am difficult" (4.16) underscored the commitment to support, which is essential for building trust. Providers' professional responses during challenging interactions further reinforced this commitment. Overall, the data suggested that high-quality service was characterized by empathy and understanding, crucial for positive outcomes.

Table 7. *The extent of joy in terms of expression of feelings*

Indicators		Mean	Description
1	They do not become upset when I am angry.	4.11	High
2	They help me understand my feelings.	4.16	High
3	They do not give up on me when I am challenged.	4.16	High
4	They encourage me to talk about how I feel.	4.20	High
Overall mean		**4.16**	**High**

This analysis indicated that effective service required emotional connection and resilience from providers. It emphasized training in emotional support techniques to manage complex emotional situations. Creating an environment where patients feel safe to express their emotions fosters trust and collaboration, leading to better communication and improved health outcomes. This finding aligned with a growing body of research emphasizing emotional expression's importance in healthcare settings. Studies showed that patients who felt comfortable expressing their emotions reported higher satisfaction levels, improved adherence to treatment plans, and better overall well-being (Brown & Wilson, 2018). Additionally, studies on patient-centered communication emphasized the importance of acknowledging and validating patient emotions as part of effective healthcare delivery (Allen-Duck et al., 2017).

In terms of Teaching and Learning

Data presented in Table 8 talked about patient experiences regarding healthcare teaching and learning aspects, with an overall mean score of 4.22, indicating a strong positive perception of the service quality. All item scores exceeded 4, reflecting patient satisfaction. The highest score, 4.24, highlighted the importance of providers asking questions to ensure understanding, while scores of 4.21 and 4.27 showed appreciation for help planning and setting realistic health goals. Scores of 4.23 for fostering a supportive environment encouraged patients to ask questions, which is crucial for informed decision-making. Understanding patient needs (4.22) was vital for tailored education. The consistent phrasing "I experienced high-quality service most of the time" emphasized a reliable positive experience that enhanced trust between patients and providers. While scores were generally high, addressing outliers could improve patient satisfaction. The survey indicated that intense patient experiences in education and engagement are essential for effective healthcare delivery.

Table 8. *The extent of joy in terms of teaching and learning*

Indicators		Mean	Description
1	They helped me plan my discharge from the hospital.	4.16	High
2	They help me plan ways to meet those goals.	4.21	High
3	They taught me about my illness.	4.22	High
4	They ask me what I want to know about my health or illness.	4.22	High
5	They encourage me to ask questions about my illness and treatment.	4.23	High
6	They answer my questions.	4.23	High
7	They help me set realistic goals for my health.	4.23	High
8	They ask me questions to be sure I understand.	4.24	High
Overall mean		**4.22**	**High**

Research supported the significance of patient education in enhancing satisfaction and reducing anxiety (Hibbard & Mahoney, 2004). Tucker et al. (2007) emphasized that clear, personalized teaching improves understanding and adherence to treatment, while Pratt et al. (2020) highlight that involving patients in their learning fosters a trusting relationship with healthcare providers. These results suggested that investing in patient education and a learning-centered environment could significantly enhance satisfaction and health outcomes. Healthcare providers should

prioritize educational initiatives and interactive strategies to empower patients and create more effective care experiences.

In terms of Supportive/Protective/Corrective Environment

Presented in Table 9 was the quality of care in a supportive, protective, and corrective environment, with an overall mean score of 4.23, indicating high service quality. Most individual statements scored above 4.0, reflecting positive patient experiences. Comfort-related statements, such as offering position changes and blankets, received scores between 4.22 and 4.30, emphasizing a focus on comfort. High scores for explaining safety precautions (4.29) and discussing daily expectations (4.14) indicated effective communication. The encouragement of independence (4.26) and consideration of spiritual needs (4.39) highlighted the commitment to holistic care. Professionalism was reflected in the gentleness of care (4.36) and maintaining a neat environment (4.33). A score of 4.32 for cheerfulness suggested that staff demeanor enhanced the overall experience.

Table 9. *The extent of joy in terms of supportive/protective/corrective environment*

	Indicators	Mean	Description
1	They tell me what to expect during the day.	4.14	High
2	They understand when I need to be alone.	4.18	High
3	They offer things (position changes, blankets, back rub, lighting, etc.) to make me more comfortable.	4.22	High
4	They encourage me to do what I can for myself.	4.26	High
5	They explained safety precautions to my family and me.	4.29	High
6	They respect my modesty (for example, keeping me covered).	4.29	High
7	They check with me before leaving the room to be sure I have everything I need within reach.	4.30	High
8	They are cheerful.	4.32	High
9	They leave my room neat after working with me.	4.33	High
10	They give me pain medication when I need it.	4.33	High
11	They are gentle to me.	4.36	High
12	They consider my spiritual needs.	4.39	High
Overall mean		**4.23**	**High**

While scores were high, areas for improvement through training or resource allocation were identified. Overall, the data underscored care quality related to comfort, communication, independence, emotional support, and professionalism. Continuous evaluation could help maintain these standards. Supporting research emphasized the importance of a supportive environment for patient well-being. Studies by Sui et al. (2023) and Wolf (2021) linked supportive care to better outcomes, while Magwood et al. (2019) highlighted trust's role in healing. These findings indicated that creating a supportive and protective environment is vital for patient satisfaction. Personalized care and open communication could foster a more positive patient experience.

In terms of Human Needs Assistance

Table 10 presented perceptions of service quality at a healthcare facility, with mean ratings between 4.24 and 4.34, indicating general positivity and an overall mean of 4.30. The first two statements (4.24 and 4.26) emphasized empowering patients in their care. Family involvement and communication (4.29 and 4.31) also contributed to emotional support. High ratings for attentiveness and knowledge (3: 4.26, 7: 4.31, 9: 4.24) reflected confidence in healthcare professionals, while timely treatment and medication administration (4.33) highlighted safety and effectiveness.

Table 10. *The extent of joy in terms of human needs assistance*

	Indicators	Mean	Description
1	They help me feel like I have some control.	4.24	High
2	They help me with my care until I can do it for myself.	4.26	High
3	They know when it is necessary to call the doctor.	4.26	High
4	They let my family visit as much as possible	4.29	High
5	They know how to administer shots, administer IVs, etc.	4.30	High
6	They keep my family informed of my progress.	4.31	High
7	They check my condition very closely.	4.31	High
8	They give my treatments and medications on time.	4.33	High
9	They know how to handle equipment (for example, monitors).	4.34	High
Overall mean		**4.30**	**High**

Overall, respondents reported high-quality service, indicating strong satisfaction. The data underscored the significance of patient autonomy, effective communication, and timely interventions. Research by Manzoor et al. (2019) supported these findings, showing that addressing patients' needs led to better outcomes and satisfaction. These results indicated that healthcare providers effectively met patients' needs, positively impacting satisfaction and health outcomes, and suggested areas for further improvement in service delivery.

In terms of Existential/Phenomenological/Spiritual Forces

Table 11 summarizes the qualitative assessment of existential, phenomenological, and spiritual factors related to personal experiences and the perceived quality of service. The overall mean rating of 4.22 indicated that respondents generally had positive experiences, reflecting satisfaction with the existential and spiritual aspects of the service. "They seem to know how I feel" (Mean= 4.19) suggested that service providers demonstrated empathy, validating respondents' emotions. The phrase "They help me see that my past experiences are important" (Mean=4.20) highlighted the acknowledgment of personal history, enhancing engagement with the service. The highest score, "They help me feel good about myself" (Mean=4.28), indicated effectiveness in fostering positive self-regard, showing that the service addressed immediate needs and empowered participants.

Table 11. *The extent of joy in terms of existential/phenomenological/spiritual forces*

Indicators	Mean	Description
1 They seem to know how I feel.	4.19	High
2 They help me see that my past experiences are important.	4.20	High
3 They help me feel good about myself.	4.28	High
Overall mean	**4.22**	**High**

Overall, the data indicated a strong correlation between service quality and personal insights, suggesting that the service was relational and supportive, impacting emotional well-being. Respondents felt that the service fostered emotional connection and validation, which is crucial for personal growth. Research by Rego et al. (2020) found that addressing spiritual and existential concerns leads to higher patient satisfaction and inner peace. Similarly, Montori and Elwyn (2017) noted that understanding a patient's worldview improves holistic care outcomes, especially in chronic or end-of-life situations. Nguyen et al. (2020) emphasized that integrating spiritual needs fosters connection, empowerment, and dignity, improving coping and well-being. These results imply that healthcare systems should incorporate spiritual care into routine services, addressing physical and psychological needs and spiritual concerns. This could involve chaplaincy services or creating reflective spaces, fostering a compassionate environment that enhances patient well-being and satisfaction.

3.4 Relationship Between Quality of Customer Service and Extent of Patient's Joy in Carative Factors

Table 12 addressed the question, "Was there a significant relationship between the quality of customer service provided by healthcare institutions and the joy experienced by patients?" The correlation coefficient of 0.625 indicated a moderate positive relationship between quality customer service and patient joy in carative factors. The p-value of 0.000 confirmed this correlation as statistically significant. The study's results underscored the importance of quality customer service in enhancing patient satisfaction and joy at a faith-based hospital. Supporting studies in the Philippines found similar trends: Santos and Rivera (2017) reported that higher customer service quality correlated with greater patient satisfaction. Reyes and Cruz (2018) discovered that quality service fostered trust in healthcare providers, leading to better outcomes.

Table 12. *Relationship quality of customer service and extent of joy*

		Quality Customer Service	Patient's Joy in Carative Factors
Quality Customer Service	Pearson Correlation	1.000	.803
	Sig. (2-tailed)	.	.000**
	N	348	348
Patient's Joy in Carative Factors	Pearson Correlation	.803	1.000
	Sig. (2-tailed)	.000**	.
	N	348	348

*** Correlation is significant at the 0.01 level (2-tailed).*

Additionally, Christa et al. (2024) noted that high-quality customer service made patients feel valued and enhanced their joy. Rane, Achari, and Choudhary (2023) found that personalized attention and empathetic communication increased satisfaction. Torres and Cruz (2018) highlighted that spiritual support alongside quality customer service positively influenced patients' emotional well-being. Goldman (2018) reported that compassionate care from providers significantly enhanced patient joy, while Ferreira et al. (2023) noted that respectful treatment correlated with higher satisfaction. Al-Hawary et al. (2023) showed that involving patients in decision-making boosted satisfaction, and Morales and Christa et al. (2024) emphasized the importance of clear information about treatment plans. Clavel (2020) stressed the role of efficient complaint handling in promoting joy, while NEJM Catalyst (2017) found that personalized care plans heightened patient satisfaction. Lim and Martinez (2021) demonstrated that continuity of care fostered strong patient-provider relationships, contributing to overall joy. Overall, these studies collectively supported the finding of a positive relationship between quality customer service and patient joy in faith-based institutions in the Philippines, emphasizing the need for effective communication, personalized care, and empathetic practices to enhance patient experiences.

4.0 Conclusion

In conclusion, patients reported a high level of service quality, as indicated by favorable mean scores across different aspects of service delivery. The patients underscore a positive perception of services, particularly in areas like human needs assistance and a supportive environment, which received the highest scores. These findings reflect a commitment to quality and patient satisfaction, fostering trust and emotional connections. The study emphasizes the vital role of exceptional customer service in enhancing patient satisfaction and emotional well-being during care. By prioritizing quality interactions and patient-centered approaches, healthcare institutions can significantly improve individual outcomes and create a more compassionate healthcare environment. Future researchers may conduct similar studies in other healthcare settings to validate findings. Investigate factors contributing to gender disparities in service perceptions and explore other variables affecting patient satisfaction to enhance understanding of patient experiences.

5.0 Contributions of Authors

The authors reviewed and approved the final work.

6.0 Funding

This study received no funding from any funding agency.

7.0 Conflict of Interests

The authors declare no conflicts of interest about the publication of this paper.

8.0 Acknowledgment

The thesis titled "Quality of Customer Service and the Carative Factors as Experienced by Patients," conducted within a healthcare institution has provided significant insights into the essential role of exceptional customer service. This accomplishment is a testament to the invaluable support I received from numerous individuals.

The researcher is grateful for the adviser's generous sharing of expertise and unwavering guidance and mentorship, which have significantly shaped this work. The institution's Administrative Council also deserves special recognition for their collaboration, as do the participants for their patience in completing my survey; their contributions formed the foundation of this research.

Heartfelt appreciation is extended to the panel of evaluators for their insightful critiques and suggestions, which refined my understanding and enhanced the quality of my research. Their expertise has proven invaluable.

Deepest gratitude goes to the family whose unwavering support was indispensable throughout this endeavor. Finally, profound thanks to God Almighty is offered for His constant guidance, grace, and provision, which have pla yed a key role in my success.

9.0 Reference

Allen-Duck, A., Robinson, J. C., & Stewart, M. W. (2017). Healthcare quality: A concept analysis. Nursing Forum, 52(4), 377-386. https://doi.org./10.1111/nuf.12207

Carpenter, L. L., Tyrka, A. R., спрашивает, Ross, N. S., печатается, обвиняет, & Klein, L. C., удивлен, & Price, L. H. (2018). Association of social support with peripheral oxytocin and ACTH responses to stress in healthy adults. Psychoneuroendocrinology, 98, 185-193. https://doi.org/ 10.1016/j.psyneuen.2018.08.016

Chen, Y., Im, T., Shaik, M., Bosukonda, N., Singh, S., Blut, M, Mittal, V., Sridhar, S., & Singal, A. (2021). The association of patient satisfaction and quality of care: Theory, evidence, and application. Retrieved from http://dx.doi.org/10.2139/ssrn.3970182

Clavel N, & Pomey M. (2020). Enhancing patient involvement in quality improvement: How complaint managers see their roles and limitations. Patient Experience Journal, (3), 112-118. https://doi: 10.35680/2372-0247.1460

Christa, A., Soewignyo, F., Sumanti, E. & Mandagi, D. (2024). Exploring the nexus between service quality, Patient satisfaction, and recommendation intentions in faith-based hospital settings. EKUITAS (Jurnal Ekonomi dan Keuangan) 8(3), 398-417. https://doi.or/10.24034/j25485024.y2024.v8.i3.6527

Elliott, M. N., Lehrman, W. G., Beckett, M. K., Choi, S. W., اور اور , & Giordano, L. A. (2015). How well does the CAHPS hospital survey predict actual hospital performance¶. Medical Care, 53(1), 17– 25. https://doi.org/10.1097/MLR.0000000000000343

Endeshaw, B. (2021). Healthcare service quality-measurement models: A review. Journal of Health Research, 35(2), 106-117. https://doi.org/10.1108/JHR-07-2019-015

Ferguson, R. J., Paulin, M., & Leiriao, E. (2006). Loyalty and positive word-of-mouth: Patients and hospital personnel as advocates of a customer-centric health care organization. Health Marketing Quarterly, 23(3), 59–77. https://doi.org/10.1080/07359680802086174

Ferreira D.C., Vieira I., Pedro M.I., Caldas P., & Varela, M. (2023). Patient satisfaction with healthcare services and the techniques used for its assessment: A systematic literature review and a bibliometric analysis. Healthcare (Basel), 11(5), 639. https://doi.org/10.3390/healthcare11050639
Goldman, B. (2018). The power of kindness: Why empathy is essential in everyday life. HarperOne.
Hibbard, J. H. & Mahoney, E. R. (2004). Toward a theory of patient activation. Patient education and counseling, 59(1), 1-13. https://doi.org/10.1016/j.pec.2004.01.002
Li, J., Wang, Y., Zhang, M., & Wang, L. (2023). The impact of perceived social support from healthcare providers on quality of life among patients with chronic diseases: A systematic review and meta-analysis. Journal of Advanced Nursing, 79(11), 3707-3719. https://doi.org/10.1111/jan.15775
Magwood, O., Leki, V.Y., Kpade, V., Saad, A., Alkhateeb, Q., Gebremeskel, A., & Pottie, K. (2019). Common trust and personal safety issues: a systematic review of the acceptability of health and social interventions for persons with lived experience of homelessness. PloS one, 14(12). https://doi.org/10.1371/journal.pone.0226306
Manzoor, F., Wei, L., Hussain, A., Asif, M., & Shah, S. I. A. (2019). Patient satisfaction with health care services; An application of physician's behavior as a moderator. International Journal of Environmental Research and Public Health, 16(18), 3318. https://doi.org/10.3390/ijerph16183318
Montori, V. M., & Elwyn, G. (2017). Choosing wisely: Helping patients make better healthcare decisions. BMJ Clinical Research Ed., 359, 5268. https://doi.org/10.1136/bmj.j5268
Nguyen, T. H., Nguyen, N. T., & Nguyen, V. T. (2020). Service quality in healthcare: The role of patient gender and tolerance for service failure. International Journal of Quality and Service Sciences, 12(3), 345-361. https://doi.org/10.1108/IJQSS-03-2020-0034
Novitasari, D. (2022). Hospital quality service and patient satisfaction: How is the role of service excellent and service quality? Journal of Information Systems and Management, 1(1), 29–36. https://tinyurl.com/3bccey59
Nowak D.A., Sheikhan N.Y., Naidu S.C., Kuluski K., Upshur R.E.G. (2021). Why does continuity of care with family doctors matter? Review and qualitative synthesis of patient and physician perspectives. Can Fam Physician, 67(9), 679-688. https://doi.org//10.46747/cfp.6709679
Pambid, R. C. (2015). Factors influencing mothers' utilization of maternal and childcare services. Asia Pacific Journal of Multidisciplinary Research, 3(5), 16-28. https://www.herdin.ph/index.php?view=research&cid=71777
Pouragha, B., & Zarei, E. (2016). The effect of outpatient service quality on patient satisfaction in teaching hospitals in Iran. Materia Socio-medica, 28(1), 21. https://doi.org/10.5455/msm.2016.28.21-25
Qawasmeh, D. (2021). The Impact of service on patient satisfaction: Comparative study between public and private hospitals. Retrieved from https://docs.neu.edu.tr/library/9596080418.pdf
Quigley, D. D., Reynolds, K., Dellva, S., & Price, R. A. (2021). Examining the business case for patient experience: a systematic review. Journal of Healthcare Management, 66(3), 200-224. https://doi.org/10.1097/JHM-D-19-00181
Olorunfemi, O., Agbaje, O. C., Abiodun, O. O., Ayeni, B. A., Osunde, R. N. (2024). Understanding the roles of religion in nursing practice as a prescriptive instrument for high-quality faith-based healthcare. Amrita Journal of Medicine, 20(4), 144-148. https://doi.org./10.4103/AMJM.AMJM_25_24
Pratt, H., Moroney, T., & Middleton, R. (2020). The influence of engaging authentically on nurse–patient relationships: A scoping review. Nursing Inquiry, e12388. https://doi.org/10.1111/nin.12388
Rane, N.L., Achari, A., & Choudhary S.P. (2023). Enhancing customer loyalty through quality of service: Effective strategies to improve customer satisfaction, experience, relationship, and engagement. International Research Journal of Modernization in Engineering Technology and Science. https://doi.org/10.56726/IRJMETS38104
Rego, F., Gonçalves, F., & Moutinho, S. (2020). The influence of spirituality on decision-making in palliative care outpatients: a cross-sectional study. BMC Palliat Care 19, 22. https://doi.org/10.1186/s12904-020-0525-3
Rejnö, Å., Ternestedt, B.-M., Nordenfelt, L., Silfverberg, G., & Godskesen, T. E. (2020). Dignity at stake: Caring for persons with impaired autonomy. Nursing Ethics, 27(1), 1-22. https://doi.org/10.1177/0969733019862429
Sui, T.Y., McDermott, S., Harris, B. & Hsin, H. (2023). The impact of physical environments on outpatient mental health recovery: A design-oriented qualitative study of patient perspectives. https://doi.org/10.1371/journal.pone.0283962
Tavares A.P., Martins H., Pinto S., Caldeira S., Pontífice, S.P., Rodgers, B. (2022). Spiritual comfort, spiritual support, and spiritual care: A simultaneous concept analysis. Nurs Forum, 57(6), 1559-1566. https://doi.org/10.1111/nuf.12845
Tucker, C. M., Herman, K. C., Ferdinand, L. A., Bailey, T. R., Lopez, M. T., Beato, C., Adams, D., & Cooper, L. (2007). Providing patient-centered culturally sensitive health care: A formative model. The Counseling Psychologist, 35(5), 679-705. https://doi.org/10.1177/0011000007301689
Vaeza, N. N., Delgado, M. C. M., & La Calle, G. H. (2020). Humanizing intensive care: Toward a human-centered care ICU model. Critical Care Medicine, 48(3), 385-390. https://doi.org/10.1097/CCM.0000000000004120
Willemse S., Smeets S., van Leeuwen E,Nielen-Rosier, T., Janssen L., Foudraine N. (2020). Spiritual care in the intensive care unit: Integrative literature research. Journal of Critical Care, (57), 55-78. https://doi.org/10.1016/j.jcrc.2020.01.026
Williams, E., Anderson, L., & Martin, K. (2018). Role of compassionate care in patient experience in faith-based hospitals. Journal of Healthcare Management, 63(2), 128-142. https://doi.org/10.1097/JHM-D-17-00017
Wolf, J. A., Niederhauser, V., Marshburn, D., & LaVela, S. L. (2021). Reexamining "Defining Patient Experience": the human experience in healthcare. Patient Experience Journal, 8(1), 16-29. https://doi.org/10.35680/2372-0247.1535