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**Assessment on the Programs and Implementation of Health Services in the University**

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Edmelyn B. Cacayan<sup>1(CA)</sup>, Angelito B. Alvarado<sup>2</sup>, Kennedy M. Pelico<sup>3</sup>, Ruby Joy Matias<sup>4</sup>, Trisha Mae B. Ocampo<sup>5</sup>, Rushel F. Samut<sup>6</sup>, Maureen May B. Pascual<sup>7</sup>

<sup>1(CA)</sup>Dean, Isabela State University, College of Nursing, Echague, Isabela, Philippines, kenedypelico15@gmail.com (Corresponding Author)

<sup>2</sup>Research Coordinator, Isabela State University, College of Nursing, Echague, Isabela, Philippines, angelito.e.alvarado@isu.edu.ph

<sup>3</sup>Nursing Student, Isabela State University, College of Nursing, Echague, Isabela, Philippines, kenedypelico15@gmail.com

<sup>4</sup>Nursing Student, Isabela State University, College of Nursing, Echague, Isabela, Philippines, rubyjoymatias@gmail.com

<sup>5</sup>Nursing Student, Isabela State University, College of Nursing, Echague, Isabela, Philippines, ocampotrizha@gmail.com

<sup>6</sup>Nursing Student, Isabela State University, College of Nursing, Echague, Isabela, Philippines, rushelle.samut@gmail.com

<sup>7</sup>Nursing Student, Isabela State University, College of Nursing, Echague, Isabela, Philippines, pmaumau9@gmail.com

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ABSTRACT

The highly provision of good and quality health care services is indeed a highly difficult challenge to take. The density of implementation of health service entails a mass involvement to alleviate the development it needs to sustain quality and effectivity to various phenomenal issues or situations. However, to coagulate a health care services it needs some improvements especially that the situation is being modernize and develop by various innovations and researches that therefore be inoculated to the system and be applied to the environment for better implementation and utilization. Nevertheless, the catalytic changes would be much better need today's situations and that would be input thru comprehensively decisions and assessments. This study aimed to assess the programs and health services, and implementation of health services in terms of accessibility, provider, and quality of the University Health Services. Qualitative descriptive survey was conducted on 111 respondents to assess the level of attainment on the programs and health services, and level of satisfaction on the implementation of health services in terms of accessibility, provider and quality. For the respondent probability sampling and purposive sampling were used in because not all the population will be the respondents. Data were collected and analysed by frequency count and weighted mean. The result were the programs and health services were marked as attained which being rated by the respondents, while in terms of the dimension variable it is enlightening that the satisfaction level on the accessibility, provider and quality of health services marked as satisfy as evidence on the average weighted mean. The study concluded that in order to fully attain the programs and health services it needs to be intensify comprehensively and more strengthen regarding on the implementation of the health services and its programs. The action would augment the effectiveness of the health programs by putting it into more comprehensive health services and programs for long term implementation. Moreover, it will guarantee the health of the university at the same time to the faculty and staff including the students within the university. The dimension variable of satisfaction level on the accessibility, provider and quality of health services marked as satisfy as evidence on the average weighted mean. The implication is that health services and programs needs to heighten and be more utilize in the university exclusively to the individual to attain its optimum satisfaction level. Moreover, to alleviate the access to quality care and strengthen health care provider's ability to plan, coordinate and manage services. This intervention would sustain its functionality and purpose for continuum of care.

**Keywords:** assessment; programs; implementation; health services; satisfaction

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INTRODUCTION

**Background**

Reliability, efficiency and sustainability of health care process enables achieving the goal of improving health care delivery and enhancing patient outcomes. The Philippines population is rapidly growing because of increasing birth rate every year. The strain of the economy and industry is additionally increasing, moreover, voluminous people also are in demand of health care services with the presence of various diseases which is very rampant nowadays.

<sup>(1)</sup>As per Manila Times, within the last 20 years the Philippine health care system has experienced dramatic changes for by the government has instituted various reforms and policies in order to implement easy accessibility

to health benefits for every Filipino. Additionally, the government continues to progress towards developing a universal health care system ensuring the accessibility for all sorts of procedure for all the Filipinos.

Health could be a basic right guaranteed by the Philippine Constitution of 1987<sup>(2)</sup>. That provided the Philippines with dual health delivery system composed of the public sector and private sector. The government shall provide medical care, including preventive and promotive health services and other public health programs. The administration should aim to produce financial risk protection for the Filipino people.

In addition, <sup>(3)</sup> monitoring and improving the qualities of health care be observed as key component in achieving feedback. <sup>(4)</sup> Patient satisfaction is the most actors in appraising and assessing the standard. It is a big parameter for judging the standard of service being provided by a service provider to the client. Moreover, it also observed because the determinant of the viability and sustainability of healthcare services, effective, use of healthcare resources, likelihood of continuously using health care services leading to better outcomes.

The Department of Health (DOH) <sup>(5)</sup> provides national policy direction and strategic plans, regulatory services, standards, and guidelines for health. It also provides leadership, technical assistance, capacity building, linkages and coordination with other national government agencies, Local Government Units (LGU's) and personal entities in implementing health policies.

Under the enactment of the regime Code of 1991<sup>(6)</sup>, LGU's were fully granted autonomy and responsibility for managing and implementing their own health programs and services, with the DOH providing technical support. This consists of hospitals, barangay health stations, health units and health centers, including the private sectors which are the clinics, infirmaries, laboratories, pharmaceuticals, health companies, academic and research institutions.

Furthermore, under Commission on Higher Education (CHED) Memorandum Order No. 21 Series of 2000 and Memorandum order No. 09 Series of 2013<sup>(7)</sup>, which stipulate that student health services be included among the Scholar Welfare Programs and Services of HEI's. Guidelines which apply to both public and private Higher Education Institution. It is stated in Section 27, Health services refers to the supply of primary healthcare and wellness program. In Section 27.1, the Upper Education Institute shall provide primary health-care services administered by licensed medical, dental, and allied professionals to any or all student. In Section 27.2, there shall be adequate facilities for health care and updated health records, including disability records for college kids with disabilities that are kept and maintained as required by the Department of Health and Other Related agencies. In Section 27.3, there shall be mechanisms to push a healthy lifestyle like, but not limited to, healthy diet, physical activities, and no smoking and drinking of alcoholic beverages and misuse, and to produce a healthy environment not only inside the campus but also outside the college premises. And under Section 27.4, the varsity shall provide policies, and an environment which will enable the practice of healthy lifestyle.

The University is one among the Higher Education Institutions within the Philippines, composed of thousands of student and employees. As matter of fact, the University is one of the most important within the province. And one among the Universities which features a functional university clinic or infirmary being manned by health personnel and other allied professionals.

The highly provision of good and quality health care services is indeed a highly difficult challenge to take. The density of implementation of health service requires a mass involvement to alleviate the development it needs to sustain quality and effectivity to various phenomenal issues or situations. However, to coagulate a health care services it needs some improvements especially that the situation is being modernize and develop by various innovations and researches that therefore be inoculated to the system and be applied to the environment for better implementation and utilization. Furthermore, the improvement that could take would make progress and difference from what it is being utilize from current to future happenings. Nevertheless, the catalytic changes would be much better need today's situations and that would be input thru comprehensively decisions and assessments.

Hence, the researchers were driven to assess the programs and implementation of the health services delivered by the University, the way it is attained and utilized by the employees and staff of the University, and also to assess the satisfaction of the delivery of health services being rendered by the provider and institution.

## METHODS

The researchers utilized a descriptive research design for the conduct of the study for it will assess the programs and health services of the University, moreover, on the perceived client's satisfaction using the three dimension: accessibility, provider, and quality of the implementation of the health services.

The respondent who participated in this study were 111 faculty and staff of the University from different colleges.

In gathering of the data, the researchers followed these processes in the conduct of the study. The researchers proposed a title and submitted it to the research professor after was approved. Secured a letter in the conduct of the study and sought permission from the University Administrator for its conduct. After approval, the researchers prepared the instrument to be used in the conduct of the study. Afterwhich, administered and retrieved

the questionnaire from the respondents. The sampling procedure, non-probability will be used in the manner of the selection of the respondents. After retrieval, the tabulation, analysis, and interpretation of the data followed.

Furthermore, a structured self-made questionnaire was used. The questions under the programs and health services were collected from the University clinic/health services, while the dimension was adapt to the European Patient’s Forum Book, Access to healthcare European Patient Forum survey-final report<sup>(8)</sup>. The questionnaire checklist was designed by the researchers. It contains the following: Part I – Profile of the Respondents’, Part II – Programs and Health Services, and Dimension of Level of Satisfaction<sup>(9)</sup> on the Implementation of Health Services as to; Accessibility, Provider, and Quality.

In the data analysis and qualitative interpretation, profile variables were analyzed using frequency count and percentage while on the dimension of the level of satisfaction weighted mean was used. A 4-point Likert scale<sup>(10)</sup> was used with the corresponding qualitative description as follows:

To the level of attainment of the programs and objectives of the health services.

- a) Scale 1: Not Attained (range= 1.00 – 1.75)
- b) Scale 2: Partially Attained (range= 1.76 – 2.50)
- c) Scale 3: Attained (range= 2.51 – 3.25)
- d) Scale 4: Fully Attained (range= 3.26 – 4.00)

To the level of satisfaction on the implementation of health services.

- a) Scale 1: Not at All Satisfied (range= 1.00 – 1.75)
- b) Scale 2: Not Too Satisfied (range= 1.76 – 2.50)
- c) Scale 3; Somewhat Satisfied (range= 2.51 – 3.25)
- d) Scale 4: Very Satisfied (range= 3.26 – 4.00)

**RESULTS**

This presents the analysis and interpretation of the data gathered through the use of the questionnaire in response to the problem of this study.

**Profile of Respondents**

Table 1. Frequency and percentage distribution of the respondent according to sex

Sex	Frequency	Percentage
Male	37	33
Female	74	67

On the frequency and percentage distribution of the respondents according to sex. It shows that from the 111 respondents there are 33% or 37 males and 67% or 74 females. This represent that female is the utmost numbered faculty and staff in the University than males.

Table 2. Frequency and percentage distribution of the respondent according to age

Age	Frequency	Percentage
20 - 30 years old	52	47
31 - 40 years old	28	25
41 - 50 years old	19	17
51 - 60 years old	11	10
61 years old and above	1	1

This shows the frequency and percentage distribution of the respondent according to age. It illustrate that majority from the respondent age are from 20-30 years old which has 52 or 47 %, followed by the age of 31-40 years old which has 28 or 25 % and the least numbered respondents is from 61years old and above which has only 1 or 1 %. This implies that the most numbered age from the respondents are young’s and latter adulthood.

Table 3. Frequency and percentage distribution of the respondent according to marital status

Marital status	Frequency	Percentage
Single	47	42
Married	61	55
Widowed	3	3

This illustrate the frequency and percentage distribution of the respondent according to marital status. It reveals that from the marital status of the respondent majority are married which has 61 or 55 %, followed by single which has 46 or 41 % and the least numbered is from widowed with 3%. This implies that the most of the respondent are married which indicates that they have a family to take care of.

Table 4. Frequency and percentage distribution of the respondent according to ethnicity

Ethnicity	Frequency	Percentage
Ilocano	68	61
Tagalog	16	14
Yogad	7	6
Igorot	3	3
Others	17	15

This could be gleaned that the frequency and percentage distribution of the respondents as to ethnicity. Of the 111 respondents, 68 or 61% are Ilocano, followed by others with 17 or 15% and Tagalog with 16 or 14% and the least numbered respondent are from Igorot with 3 or 3%. This means that most of the respondent's ethnicity are from Ilocano. This signifies that the University is influenced by the culture of Ilocano's.

Table 5. Frequency and percentage distribution of the respondent according to department

Department	Frequency	Percentage
College of Agriculture	20	18
College of Arts and Sciences	24	22
College of Engineering	7	6
College of Education	3	3
College of Business, Accountancy and Public Administration	16	14
College of Criminal Justice Education	1	1
College of Nursing	17	15
College of Computer Science and Information Technology	14	13
School of Veterinary Medicine	2	2
Institute of Fisheries	2	2
Others	5	4

This presents the frequency and percentage distribution of the respondents according to department. It shows that majority of the respondent are from the College of Arts and Sciences (CAS) which has 24 or 22%, next are from the College of Agriculture (CA) with 20 or 18% and then from the College of Nursing with 17 or 15%, and the least numbered respondent is from College of Criminal Justice Education with only 1 or 1% respondent. This interprets that mostly of the respondent are from College of Arts and Sciences (CAS).

### Perceived Programs on the Implementation of Health Services

Table 6. Weighted mean and qualitative description of the respondent's perception according to the program and health services

Program	Mean	Description
1. Compulsory or mandatory Physical and laboratory Examination to screen and determine, identify illnesses of hiring new employees and as requested by Civil Service for regular employees.	2.86	Attained
2. Prevention Program * This program is done in the form of administration of vaccines to immunize the employees to some identifiable seasonal diseases thus giving them protection while performing their duties in their work areas. *Laboratory procedures done such as blood sugar monitoring among employees.	2.39	Partially attained
3. Physical/ Mental Fitness Program * This is done by online link of Zumba via facebook account of ISUE Medical/Dental Services post and shared to employees and students.	2.45	Partially attained
4. Blood Pressure Monitoring to Administration building employees (daily).	2.77	Attained
5. Blood Sugar Counting	2.33	Partially attained
Mean	2.56	Attained

The table shows the weighted mean and qualitative description of the respondent's perception according to the programs implemented by the University reveals that the program which stated that "Compulsory or mandatory Physical and laboratory Examination to screen and determine, identify illnesses of hiring new employees and as requested by Civil Service for regular employees." and "Blood Pressure Monitoring to

Administration building employees (daily).” marked as *attained*, while the programs such as “Prevention Program \* This program is done in the form of administration of vaccines to immunize the employees to some identifiable seasonal diseases thus giving them protection while performing their duties in their work areas. \*Laboratory procedures done such as blood sugar monitoring among employees”, “Physical/ Mental Fitness Program. \* This is done by online link of Zumba via facebook account of ISUE Medical/Dental Services post and shared to employees and students”, and “Blood Sugar Counting” are marked as *partially attained*. This implies that some of the programs are not well being implemented and utilized by the University.

**Perceived Level of Satisfaction on the Implementation of Health Services**

Table 7. Weighted mean and qualitative description of the respondent’s perception according to the level of satisfaction in terms of accessibility

1. Accessibility <i>To the Health Services/Care</i>	Mean	Description
1. Access to medicines	3.07	Satisfied
2. Treatment intervention	2.86	Satisfied
3. Appointment with the nurse	3.08	Satisfied
4. Medical equipment	2.94	Satisfied
5. Diagnostic test	2.52	Satisfied
6. Results of tests	2.64	Satisfied
7. Overall medical care at physician’s office/ health services.	2.92	Satisfied
8. The office’s appearance/health services.	3.08	Satisfied
9. The office’s/health services convenience (location, parking, hours, and office layout)	3.14	Satisfied
10. The way they teach you about improving your health.	2.89	Satisfied
11. Access on the infirmary during office hours.	3.26	Very satisfied
Mean	2.95	Satisfied

This shows the weighted mean and description of the respondent’s perception according to the level of satisfaction in terms of accessibility. It could be gleaned from the table above that all of the statement from the access to health care services such as “Access to medicines”, “Treatment intervention”, “Appointment with the nurse”, “Medical Equipment”, “Diagnostic test”, “Result of test”, “Overall physician’s office/ health services”, “The office appearance/health services”, “The office/ health service’s convenience (location, parking hours, and office layout)”, “The way they teach about improving your health”, are marked as *satisfied* except the statement “Access on the infirmary during office hours” which is marked as *very satisfied* which means that dominantly from the respondent are satisfied as to the accessibility of the health services. This implies that the statement from the accessibility to the health services are well approach thru the implementation.

Table 8. Weighted mean and qualitative description of the respondent’s perception according to the level of satisfaction in terms of provider

2. Provider <i>Professional staff. (Physician, Physician Assistant, Nurse Practitioner)</i>	Mean	Description
1. Willingness to listen carefully to you	3.38	Very satisfied
2. Taking time to answer your questions	3.32	Very satisfied
3. Amount of time spent with you	3.25	Satisfied
4. Explaining things in a way you could understand	3.27	Very satisfied
5. Instructions regarding medication/follow-up care	3.24	Satisfied
6. The thoroughness of the examination	3.09	Satisfied
7. Advice given to you about your condition	3.21	Satisfied
Mean	3.25	Satisfied

This illustrates the weighted mean and description of the respondent’s perception according to the level of satisfaction in terms of provider. It could be seen from the table above that the statement which is “Willingness to listen carefully to you”, “Taking time to answer your questions”, and “Explaining things in a way you could understand” marked as *very satisfied* while the statement was “Instructions regarding medication/follow-up care”, “the thoroughness of the examination”, “Advice given to you about your condition” marked as *satisfied* which means that there are some respondents who are satisfied in terms of satisfaction on the providers. This infers that the provision of health care of the provider’s is being rendered to the University.

The result of the weighted mean and description of the respondent’s perceptions according to the level of satisfaction in terms of quality of care obtained that all of the statement perception on the quality of care marked as *satisfied*. As a result, the level of patient/client satisfaction to the quality of care of the health services shows a

remarkable of satisfied which stipulate as a good health services. This indicates that the quality of care of the health services shows good implementation.

Table 9. Weighted Mean and Qualitative Description of the Respondent’s Perception According to the Level of Satisfaction in terms of Quality.

3. Quality <i>Quality of care.</i>	Mean	Description
1. Receive good quality care according to the standard/ guidelines or best practices available for their condition	3.05	Satisfied
2. Adequately informed by their healthcare providers about treatment options	3.01	Satisfied
3. Medical explanation about the diagnosis.	3.05	Satisfied
4. Medical explanation on the disease course and treatment.	3.07	Satisfied
5. Advice from the medical staff	3.16	Satisfied
6. Attitude of health care staff	3.23	Satisfied
Mean	3.09	Satisfied

### DISCUSSION

The conduct of this study is concluded to assess the programs and health services in the University and also to assess the level of satisfaction of the health services in terms of accessibility, provider and quality. The data were collected from the respondents specifically to the faculty and staff of the University.

The data facts shows on the profile of the respondents that the most dominant respondent in the study are females, age in 20-30 years old, status as married, ethnically from the Ilocano’s, and college of arts and sciences.

On the perceived programs and health services implemented by the university, it is confirmed by the respondent that there are attained programs and health services as evidence by its overall average weighted mean while there are also programs which revealed as partially attained. This means that the programs and health services are being implemented, however, needs to be improve and utilize to attain it’s highly ratio. The implementation must be intensively and comprehensively applied to highly attain all the programs and health services which being implemented by the university. To have an effective program it should be comprehensive, be integrated into a broader health program within the existing district or school structure, and include the key health promotion in order to attain the optimum health system<sup>11</sup>.

In terms to the dimension on the level of satisfaction of the health services, the respondents confirmed that they are satisfied in terms accessibility. Significantly, it is seen that school health center services on access to care and client satisfaction should be examined through evaluation<sup>12</sup>. Moreover, the perceived perception is an important step towards improvement of the quality of care to ensure client needs<sup>13</sup>. And improving access can increase the provider’s awareness through cause of challenges<sup>14</sup>. In terms of provider, it also marked as satisfied.<sup>14</sup>Increasing the provider’s consciousness should be improved to monitor the cause of coordination of the health services. Also measuring patient experiences with access and care coordination is vital because it is an initiative to increase care across healthcare setting. And in terms of quality of care which marked also as satisfied on the implementation of health services by the University. This implies that the respondents were satisfied on the health services being implemented by university. Patient satisfaction signifies patient fulfillment regarding cost, accessibility to services and resources, and patient well-being<sup>15</sup>. Further, measuring quality health care service embodies an important attitude for advancing one’s health care system<sup>16</sup>. However, the implementation needs to be escalate due to the complexity of various factors nowadays.

### CONCLUSION

From the findings of the study, the conclusions are deduced; this study concluded that in the programs and health services in order to fully attain, it needs to be intensify comprehensively and more strengthen regarding on the implementation of the health services. This action would guarantee the health of the University at the same time the faculty and staff including the students within the University. Moreover, it will enhance the effectiveness of the health programs by putting it into more comprehensive health services for long term implementation. While on the satisfaction level of the implementation of health services needs to escalate and be more utilize in the university especially to the individual to attain its optimum satisfaction level. Furthermore, to increase access to quality care and strengthen health care provider’s ability to plan, coordinate and manage services. This intervention would sustain its functionality and purpose for continuum of care.

In the light of the need for improvement of this study, the following recommendations are made; the university administrator should develop health care quality approach, organize supporting policies and that should agree for which to be held accountable for progress. Moreover, should collaborate with other related health agencies to create health strategies that embedded digital technology as an integral part of the health services and address university health needs. Moreover, the health services administrator should develop current health

standard practices, carrying out monitoring and evaluation, and client satisfaction survey to generate data for which can be used as baseline on continuously improving quality care. And, further and deeper study should be conducted along this line.

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