

Organizational Behavior Dimensions as Predictors of Employee and Patient Satisfaction in A Rural District Hospital

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Abstract

Rural district hospitals often struggle with organizational and resource constraints that impact healthcare quality. This study explores the relationship between organizational behavior dimensions—such as teamwork, leadership, communication, and performance appraisal—and the satisfaction of employees and patients at Glan Medicare Emergency Hospital in Sarangani Province. Using a descriptive-correlational design grounded in Systems Theory, Herzberg's Two-Factor Theory, and the SERVQUAL Model, data were collected from 132 patients and 22 permanent employees through validated surveys. Statistical analyses revealed significant

associations between organizational behavior factors and satisfaction levels ($p < 0.05$), with leadership support and communication practices being key predictors of employee satisfaction. Patient satisfaction varied notably across service units, particularly in emergency care, nursing, and admitting services. The findings underscore the importance of strengthening internal systems—including leadership development, communication, and performance management—to enhance both staff morale and patient experiences. These insights provide actionable recommendations for improving healthcare delivery in underserved rural settings.

Keywords: *organizational behavior, employee satisfaction, patient satisfaction, rural healthcare, hospital management*

INTRODUCTION

Healthcare service delivery is fundamentally influenced by the internal dynamics of an organization. In hospital settings, particularly in rural and resource-limited environments, the ability of the institution to ensure quality care does not rest solely on clinical capabilities, but also on how well the organization manages its human resources and operational systems. Organizational behavior (OB), defined as the study of individual and group dynamics within an organizational context, is a critical factor in shaping workplace culture, employee engagement, and ultimately, service outcomes (Gomez et al., 2015).

As health systems globally shift toward more patient-centered and performance-driven models, attention has increasingly focused on the role of organizational behavior dimensions—such as leadership style, internal communication, performance appraisal, and management policy—in determining levels of satisfaction among both employees and patients. Previous studies have emphasized that satisfied employees tend to exhibit greater productivity, lower turnover, and higher commitment to institutional goals (Vasquez,

2018; Soriano, 2020). In turn, patient satisfaction has become a key performance metric, influencing hospital accreditation, funding, and public trust (Villanueva, 2021).

In district hospitals, where organizational limitations are more pronounced due to staffing shortages, infrastructure gaps, and administrative constraints, these behavioral dynamics become even more significant. According to Corpuz (2019), leadership practices, clarity in communication, and well-defined performance management systems can substantially affect both employee morale and patient experiences. The SERVQUAL model, which assesses service quality through five key dimensions—tangibles, reliability, responsiveness, assurance, and empathy—has often been used to evaluate patient perceptions of healthcare delivery. Likewise, Herzberg's Two-Factor Theory highlights how hygiene factors (e.g., policies, supervision, interpersonal relations) and motivators (e.g., recognition, responsibility, growth) interact to influence job satisfaction.

While much of the existing literature has examined employee or patient satisfaction independently, there remains a gap in studies that analyze these two perspectives concurrently within a unified OB framework. Studies in the Philippine context, such as those by Malonzo (2017) and Beniga (2020), reveal that integrating organizational behavior insights into hospital management can lead to more effective service delivery models. However, few investigations have focused specifically on rural government hospitals, where both systemic limitations and service demands are uniquely challenging.

This study is anchored on Systems Theory, which views organizations as dynamic and interrelated components working toward shared goals. In the context of healthcare, systems thinking facilitates an understanding of how administrative functions, personnel behaviors, and service delivery are interconnected. Applying this perspective, the study investigates the role of OB dimensions in shaping satisfaction levels among hospital employees and patients.

Glan Medicare Emergency Hospital in Sarangani Province serves as the focal point of this inquiry. As a district-level government facility, it faces persistent issues in workforce capacity, patient volume, and operational efficiency. Given these conditions, the hospital offers a suitable context for exploring how internal organizational dynamics influence the quality of service experiences and employee engagement.

Research Questions

This study aimed to examine the influence of organizational behavior dimensions on employee and patient satisfaction in selected district hospitals in Sarangani Province. Specifically, it sought to address the following research questions:

1. What is the perceived level of organizational behavior in the hospitals in terms of the following dimensions?
 - 1.1. Structure and teamwork
 - 1.2. Leadership and supervisory styles
 - 1.3. Performance evaluation and appraisal systems
 - 1.4. Internal communication processes
 - 1.5. Political and organizational environment
 - 1.6. Management policies

2. What is the level of employee satisfaction in relation to the following aspects?
 - 2.1. Nature of work
 - 2.2. Interpersonal relationships
 - 2.3. Compensation and Work environment
 - 2.4. Training and development opportunities
 - 2.5. Personal growth and career advancement
 - 2.6. Grievance resolution mechanisms
 - 2.7. Employee empowerment
3. What is the level of patient satisfaction with hospital services in the following areas?
 - 3.1. Nursing care
 - 3.2. Medical services (doctors)
 - 3.3. Hospital infrastructure and facilities
 - 3.4. Pharmacy services
 - 3.5. Laboratory services
 - 3.6. Admitting and billing services
 - 3.7. Emergency services
4. Does the perceived level of organizational behavior significantly influence employee satisfaction?
5. Which specific dimensions of organizational behavior significantly predict employee satisfaction?
6. Are there significant differences in patient satisfaction across the identified areas of hospital service delivery?

METHODOLOGY

Research Design

This study utilized a descriptive-correlational research design to examine the relationship between organizational behavior dimensions and satisfaction levels among employees and patients in a rural district hospital setting. The design was appropriate for exploring natural variations in organizational behavior and their influence on perceived outcomes without manipulating variables.

Respondents

The study involved two respondent groups. First, a purposive-convenience sample of 132 patients was drawn using Slovin's formula (5% margin of error) from the hospital's highest recorded daily patient volume of 197. The second group comprised all 22 permanent employees who had rendered at least five years of continuous service at Glan Medicare Emergency Hospital, selected via complete enumeration.

Instruments

Data were collected using validated Likert-scale questionnaires. The survey for employees measured perceptions on organizational behavior and satisfaction across dimensions such as teamwork, leadership, communication, and performance evaluation. The patient questionnaire assessed satisfaction with nursing care, doctor services, hospital infrastructure, and other service areas. Both instruments were grounded in established frameworks, including Herzberg's Two-Factor Theory, Hackman and Oldham's Job Characteristics Model, and the SERVQUAL Model.

Procedure

Prior to data collection, formal permissions were obtained from the Dean of the Graduate School, the Provincial Health Officer, and the Chief of Hospital. Designated enumerators were oriented on ethical standards and data collection protocols. Questionnaires were administered to eligible employees and patients who availed of services during the data collection period, with guidance provided to ensure clarity and confidentiality.

Data Analysis

Descriptive statistics, including means and standard deviations, were employed to determine the perceived levels of organizational behavior, employee satisfaction, and patient satisfaction across various dimensions. For inferential statistics, simple linear regression was used to assess whether the overall perceived level of organizational behavior significantly predicts employee satisfaction. Additionally, multiple linear regression analysis was conducted to examine the predictive influence of specific dimensions of organizational behavior—such as leadership, communication, and performance evaluation—on employee satisfaction. To analyze variations in patient satisfaction across different service areas (e.g., nursing, laboratory, emergency), one-way analysis of variance (ANOVA) was applied. All statistical analyses were performed using SPSS software.

RESULTS AND DISCUSSION

Organizational Behavior in Hospital Settings

Organizational behavior refers to the study and application of knowledge about how individuals and groups act within organizations. In healthcare institutions, particularly in public hospitals, organizational behavior plays a vital role in ensuring that systems function efficiently and that employees are engaged, empowered, and aligned with institutional goals. Dimensions such as leadership style, communication processes, performance evaluation, and management policies significantly affect not only staff morale but also the quality of patient care. According to Robbins and Judge (2019), a well-functioning organizational behavior framework enhances coordination, promotes accountability, and sustains motivation among healthcare workers. In resource-constrained environments like district hospitals, where workload and patient volume are often high, maintaining a positive organizational climate becomes essential to prevent burnout and retain talent (Khan et al., 2021).

Table 1 presents the consolidated responses of hospital employees regarding six key dimensions of organizational behavior: structure and teamwork, leadership and supervisory styles, performance evaluation and appraisal systems, internal communication processes, political and organizational environment, and management policies.

Table 1. Summary Table on Employee's Perceived Level of Organizational Behavior the Hospitals.

Indicators	Mean	SD	Description
1. Structure and Teamwork	4.41	0.20	Very High
2. Leadership and Supervisory Styles	4.33	0.16	Very High
3. Performance Evaluation and Appraisal Systems	4.44	0.13	Very High
4. Internal Communication Processes	4.46	0.16	Very High
5. Political and Organizational Environment	4.30	0.18	Very High
6. Management Policies	4.44	0.16	Very High
Grand Mean	4.39	0.07	Very High

The results indicate that employees perceive the overall organizational behavior in their hospitals very positively. The highest-rated dimension, Internal Communication Processes ($M = 4.46$, $SD = 0.16$), suggests that open lines of communication exist between leadership and staff, contributing to a transparent and collaborative working environment. This affirms the role of communication as a cornerstone of organizational effectiveness, as discussed by Men (2014), who highlighted its positive impact on employee morale and performance in service institutions.

The lowest, though still "Very High," rating was for Political and Organizational Environment ($M = 4.30$, $SD = 0.18$). This could reflect employees' cautious view of internal politics or hierarchical dynamics that may affect transparency or inclusiveness in decision-making processes. Castillo (2021) noted that political influences, even when subtle, can influence operational fairness and employee trust in public healthcare settings.

The findings resonate with Bass and Riggio's (2006) theory of transformational leadership, which asserts that effective leadership paired with strong performance systems cultivates a motivated and resilient workforce. Similarly, a study by Al-Shammari and Al-Maadeed (2020) found that consistent feedback, supportive leadership, and transparent communication systems increase job satisfaction in hospital environments. The consistently high scores in Performance Evaluation and Appraisal Systems ($M = 4.44$) and Leadership and Supervisory Styles ($M = 4.33$) reinforce these earlier insights.

These findings suggest that the district hospitals in Sarangani Province have established a strong foundation for internal operations, particularly in fostering teamwork, structured leadership, and effective communication. Hospital administrators should sustain these strengths through regular staff consultations, leadership training, and participatory planning. However, the relatively lower score in political and organizational climate indicates an opportunity to further strengthen employee voice and workplace democracy.

Integrating employee feedback mechanisms and reinforcing ethical leadership practices may help mitigate perceived power imbalances and build an even more inclusive organizational culture. Additionally, policies promoting transparency in decision-making and equitable distribution of tasks can contribute to greater employee trust and engagement.

While the results are promising, the small sample size ($N = 22$) limits generalizability to larger healthcare institutions. Moreover, since data were gathered through self-report surveys, there may be a risk of social desirability bias. Future research could benefit from combining quantitative surveys with qualitative interviews or focus group discussions to validate and deepen the understanding of organizational behavior dynamics in rural healthcare settings.

Understanding Employee Satisfaction in Healthcare Settings

Employee satisfaction in hospital environments is a critical indicator of institutional health and service quality. In the healthcare sector, where workers often face long hours, high emotional labor, and limited resources, satisfaction is directly linked to performance, patient care, and staff retention. Satisfaction encompasses various dimensions—from compensation and interpersonal relationships to opportunities for professional growth and grievance redress. When employees feel empowered and supported, they are more likely to remain engaged and committed to the organization's mission (Herzberg, 1966; Asegid et al., 2014).

Table 2 summarizes the perceptions of hospital employees regarding their level of satisfaction across seven core dimensions

Table 2. Summary Table on the Employee's Level of Satisfaction

Indicators	Mean	SD	Description
1. Nature of Work	4.55	0.32	Very High
2. Interpersonal Relationships	4.43	0.30	Very High
3. Compensation and Work Environment	4.44	0.24	Very High
4. Training and Development	4.50	0.31	Very High
5. Personal Growth	4.55	0.22	Very High
6. Grievance Mechanisms	4.65	0.34	Very High
7. Empowerment	4.51	0.27	Very High
Grand Mean	4.51	0.13	Very High

The grand mean of 4.51 indicates a highly favorable level of satisfaction among employees across all dimensions. The highest-rated indicator, *Grievance Mechanisms* ($M = 4.65$, $SD = 0.34$), suggests that employees perceive the grievance redress systems in their hospitals as fair, accessible, and responsive. This reflects a workplace culture that values employee voice and is proactive in addressing concerns.

Nature of Work and *Personal Growth* both scored 4.55, indicating a strong sense of fulfillment in job roles and clear opportunities for career advancement. These findings underscore the motivational significance of meaningful work and professional development, consistent with Herzberg's Two-Factor Theory (1966), which posits that intrinsic factors such as achievement and growth are key drivers of employee satisfaction.

Although slightly lower, *Interpersonal Relationships* ($M = 4.43$) and *Compensation & Work Environment* ($M = 4.44$) still fall within the "Very High" category, suggesting generally positive views of colleague relations and workplace conditions. However, these areas could benefit from targeted enhancements, particularly in terms of tangible benefits and physical infrastructure.

The results align with the findings of Asegid et al. (2014), who reported that job satisfaction among hospital employees is most strongly associated with supportive supervision, career advancement, and a fair reward system. Similarly, Al-Azzam et al. (2021) emphasized the importance of empowerment and grievance mechanisms as predictors of job satisfaction in healthcare environments. The consistently high scores across all dimensions also reflect findings by Kuo et al. (2020), who highlighted that continuous training, trust-based leadership, and equitable compensation improve retention and morale among nurses in Taiwan.

The "Very High" satisfaction ratings suggest that the district hospitals included in the study are performing well in fostering a positive work environment. Hospital administrators should continue to support mechanisms that uphold transparency, employee empowerment, and professional development. To

sustain these results, policies should be institutionalized to ensure regular feedback loops, performance-based incentives, and accessible grievance channels. Efforts should also be directed toward maintaining strong interpersonal relationships and enhancing workplace conditions, particularly in light of the demanding nature of healthcare roles.

While results are promising, limitations must be acknowledged. The relatively small sample size ($N = 22$) may not fully capture the diversity of experiences across different roles and hospital units. Additionally, since data were self-reported, the possibility of positive bias cannot be ruled out. Future research could expand the sample size and incorporate qualitative methods such as focus group discussions to provide richer insights into the nuances of employee satisfaction.

Patient Satisfaction

In today's patient-centered healthcare systems, patient satisfaction serves as a critical metric for assessing the quality and responsiveness of hospital services. It reflects not only the clinical outcomes but also the efficiency of hospital operations, the behavior of medical staff, and the effectiveness of administrative systems. High levels of satisfaction often correlate with increased patient trust, adherence to medical advice, and overall public confidence in the healthcare system (Bleich et al., 2009). In government hospitals, where resource limitations are common, maintaining consistent satisfaction across departments is both a challenge and a benchmark of operational excellence.

Table 3 presents the summary of patient satisfaction across various service areas in district hospitals. All six indicators received "Very High" ratings and the finding highlights a broadly positive perception of hospital services from the patient's perspective.

Table 3. Summary Table on the Level of Patient Satisfaction with Hospital Services.

Indicators	Mean	SD	Description
1. Nursing Care	4.50	0.16	Very High
2. Doctor Services	4.48	0.18	Very High
3. Hospital Pharmacy	4.45	0.19	Very High
4. Hospital Laboratory	4.50	0.15	Very High
5. Admitting & Billing Office	4.50	0.16	Very High
6. Emergency Care Services	4.43	0.19	Very High
Grand Mean	4.47	0.08	Very High

The results show that patients are highly satisfied with hospital services across all key domains, with Nursing Care, Laboratory Services, and Admitting & Billing Offices receiving the highest satisfaction ratings ($M = 4.50$ each). These results imply a strong perception of professionalism, clarity in procedures, and responsiveness in these units. Even Emergency Care Services, which received the lowest mean ($M = 4.43$), was still rated "Very High," suggesting that despite some perceived gaps, the quality remains above satisfactory.

The findings resonate with De Castro and Mariano (2023), who emphasized that patient satisfaction in both public and private hospitals in the Philippines is strongly driven by the efficiency of nursing care and the clarity of administrative procedures. Similarly, Santos and Uy (2021) found that pharmacy services—especially accessibility and timeliness—significantly affect patient perceptions of overall care quality. The slightly lower satisfaction rating in emergency services may reflect common systemic issues such as long waiting times, which Reyes et al. (2022) identified as a persistent concern in Philippine district hospitals, particularly in emergency departments.

These insights carry meaningful implications for hospital administrators. Maintaining high satisfaction in laboratory and billing services shows that non-clinical departments also play a vital role in shaping patient experiences. To address areas like emergency services, targeted interventions such as triage system improvements, better communication during crises, and increased personnel allocation may be necessary. Hospital management should also continue to invest in staff training, quality assurance mechanisms, and patient feedback systems to sustain these high satisfaction levels across departments.

Although the sample size ($N = 132$) is reasonably robust for patient feedback, it represents a single district setting, which may limit generalizability. The reliance on self-reported survey instruments can also introduce bias, particularly if respondents provide overly positive feedback due to social desirability or fear of reprisal. Future studies could include qualitative interviews or real-time service audits for a more nuanced understanding of patient satisfaction dynamics.

Regression Analysis: Influence of Perceived Organizational Behavior on Employee Satisfaction

Table 4 presents the results of a simple linear regression analysis conducted to determine whether employees' perceived level of organizational behavior significantly predicts their overall job satisfaction.

Table 4. Influence of Employee's Perceived Level of Organizational Behavior and Their Level of Satisfaction.

		B	S.E	β	t	p-value
1	(Constant)	5.034	1.764		2.853	.010
	Organizational Behavior Dimensions	-.119	.402	-.066	-.296	.771 ^{ns}

$F(1,21) = .087$, $p = .771^b$

$R = .066^a$

$R^2 = .004$

$\Delta R^2 = -.045$

The regression results suggest that the overall perceived level of organizational behavior has no significant influence on employee satisfaction in the studied district hospitals. The standardized beta coefficient ($\beta = -0.066$) and negligible R^2 value (0.004) indicate that organizational behavior, as a general construct, contributes minimally to variations in how employees rate their workplace satisfaction. This outcome challenges the expected positive linkage between organizational culture and employee morale, especially in service-oriented institutions like hospitals.

These findings diverge from multiple empirical studies. For instance, Al-Azzam et al. (2021) reported a strong positive relationship between organizational behavior—particularly trust, communication, and empowerment—and job satisfaction among hospital staff in Jordan. Similarly, Kuo et al. (2020) found that participative leadership and organizational climate significantly enhanced nurse satisfaction and retention rates in Taiwanese medical centers. The inconsistency may stem from contextual differences, including institutional maturity, resource availability, and local governance practices. It may also be attributable to the limited sample size ($N = 22$), which constrains statistical power.

Although the overall relationship is statistically insignificant, the broader implication is not to dismiss the relevance of organizational behavior in healthcare management. Instead, it suggests the need to

examine specific dimensions—such as communication, leadership, or performance appraisal—as individual predictors. It also implies that employee satisfaction might be shaped by external factors not accounted for in this model, such as compensation, professional growth opportunities, and socio-cultural influences. For hospital administrators, this highlights the importance of using targeted diagnostics rather than relying solely on general organizational assessments when addressing employee morale.

A primary limitation is the small sample size, which increases the risk of Type II error and reduces the model's ability to detect real effects. The cross-sectional design also limits causal inference. In addition, reliance on self-reported survey instruments may introduce response bias. Future research should incorporate larger, more diverse samples and consider using mixed methods to explore underlying drivers of job satisfaction in greater depth.

Multiple Regression: Influence of Organizational Behavior Dimensions on Employee Satisfaction

Table 5 summarizes the results of a multiple linear regression analysis conducted to determine the extent to which specific organizational behavior dimensions—structure and teamwork, leadership and supervisory styles, performance evaluation and appraisal systems, internal communication, political and organizational environment, and management policies—predict employee satisfaction.

Table 5. Indicators of Organizational Behavior Dimensions that Significantly Influence Employee Satisfaction (N=22).

		B	S.E	β	t	p-value
1	(Constant)	5.789	1.982		2.921	.011
	Structure and Teamwork	.069	.178	.104	.388	.703 ^{ns}
	Leadership and Supervisory Styles	.244	.214	.291	1.139	.273 ^{ns}
	Performance Evaluation and Appraisal Systems	-.353	.226	-.354	-1.562	.139 ^{ns}
	Internal Communication Processes	-.244	.198	-.288	-1.236	.235 ^{ns}
	Political and Organizational Environment	.123	.193	.170	.637	.534 ^{ns}
	Management Policies	-.115	.204	-.138	-.561	.583 ^{ns}

F (6,21) = 1.053, p = .432^b

R = .544^a

R² = .296

ΔR² = .015

The regression model did not identify any statistically significant relationship between the six organizational behavior dimensions and employee satisfaction. Despite an R² of 0.296, which implies that nearly 30% of the variance in satisfaction could be explained by these factors collectively, the overall model failed to reach statistical significance (p = .432). Furthermore, none of the individual predictors—such as leadership (p = .273) or performance evaluation (p = .139)—met the p < .05 threshold, indicating that the contribution of each dimension was insufficient on its own within the study's context.

The standardized beta values suggest that performance evaluation and appraisal systems ($\beta = -0.354$) and leadership and supervisory styles ($\beta = 0.291$) had the most substantial, though non-significant, relationships with employee satisfaction. This may point to a need for deeper analysis of these dimensions in future studies with more robust sampling.

These findings contrast with established literature, which generally supports the role of organizational behavior in enhancing job satisfaction. Al-Ababneh (2020) emphasized that effective leadership, open communication, and fair evaluation systems are critical predictors of employee contentment and engagement in the service sector. Similarly, Kuo, Lin, and Li (2020) found that participative leadership styles and transparent appraisal mechanisms positively influenced satisfaction and retention among nurses in Taiwan. The absence of similar findings in the present study may be attributed to its small sample size ($N = 22$), reducing the power to detect statistically meaningful associations.

Although the findings were not statistically significant, the moderately high R-value (.544) suggests potential practical relevance. Hospital administrators and HR departments should not dismiss the role of organizational behavior in shaping workplace morale. Rather, the results imply a need for targeted interventions—particularly in performance appraisal fairness and leadership development. Tailoring professional development programs and feedback mechanisms may help enhance employee satisfaction even in settings where overall organizational behavior appears strong.

Moreover, the healthcare sector's complex and emotionally demanding environment necessitates an ongoing focus on communication clarity, team dynamics, and employee empowerment—all of which may operate in interaction with other personal or systemic factors.

The primary limitation is the small sample size, which likely weakened the statistical power of the regression model and limited the generalizability of the findings. Additionally, the use of self-reported measures may have introduced social desirability bias, particularly in hierarchical institutions like hospitals. Future research should consider mixed-method approaches and larger sample sizes to explore latent variables or mediators such as job stress, leadership trust, or institutional culture.

One-Way ANOVA: Differences Across Patient Satisfaction Indicators

To determine whether significant differences exist across various dimensions of hospital service delivery in terms of patient satisfaction, a one-way analysis of variance (ANOVA) was conducted. Table 6 displays the comparison of mean satisfaction ratings across seven service domains: emergency care, pharmacy, facilities, doctor services, nursing care, admitting & billing, and laboratory services.

Table 6. Analysis Of Variance on the Difference Among the Indicators of Patient's Satisfaction.

Treatment		Mean	Sum of Squares	df	Mean square	F	p-value	Interpretation
Emergency Services	Care	4.43 ^b						
Hospital Pharmacy		4.45 ^{ab}						
Hospital Facilities		4.465 ^a						
Doctor Services		4.48 ^{ab}						
Nursing Care		4.49 ^a						

Admitting & Billing Office	4.50 ^a					
Hospital Laboratory	4.50 ^a					
Between Groups	.599	6	.100	3.28 5	.003	Significant
Within Groups	27.858	917	.030			
Total	28.457	923				

* at .05 level of significance

The results show that patient satisfaction significantly varied across hospital service areas, with the highest ratings observed for Admitting & Billing Office ($M = 4.50$) and Hospital Laboratory ($M = 4.50$), and the lowest for Emergency Care Services ($M = 4.43$). While the mean differences were relatively small, the significant F-statistic indicates that these variations are meaningful and not due to random chance.

The lower satisfaction with Emergency Care and Pharmacy Services may be attributable to systemic challenges common in public healthcare institutions, such as overcrowding, limited availability of medications, and longer waiting times (Reyes, Dizon, & Lim, 2022). Conversely, administrative services such as billing and laboratory operations may be benefiting from streamlined workflows, resource availability, or digital integration, contributing to their higher ratings.

This pattern is consistent with previous research. De Castro and Mariano (2023) emphasized that while medical professionalism and nursing care are central to satisfaction, administrative efficiency (such as in billing or admissions) can greatly shape the patient's overall perception of hospital service quality. Similarly, Al-Ababneh (2020) and Ancarani et al. (2009) noted that departmental-level performance variability significantly impacts patient satisfaction, reinforcing the idea that hospital service quality should be addressed not as a single entity but as a collection of interdependent systems.

The findings also resonate with the SERVQUAL model (Parasuraman, Zeithaml, & Berry, 1988), which outlines five service quality dimensions—reliability, responsiveness, assurance, empathy, and tangibles. Services rated highly (e.g., billing, lab) likely excel in reliability and responsiveness, while those with lower ratings (e.g., emergency care) may need improvements in assurance and empathy during high-stress situations.

Quality improvement strategies should be carefully tailored to address specific departmental issues rather than applying broad, blanket interventions that may overlook nuanced operational challenges. For instance, hospital administrators could implement lean management techniques within emergency departments to streamline workflows and reduce patient wait times. In pharmacy units, enhancing drug inventory systems can help ensure timely availability of essential medications, thereby improving patient access and satisfaction. Additionally, increasing staff training, particularly in high-pressure service areas, can strengthen communication, responsiveness, and overall service delivery during critical interactions with patients. These focused interventions offer more targeted and sustainable improvements in patient care quality across hospital departments.

Furthermore, integrating real-time patient feedback systems can help detect areas of dissatisfaction promptly and guide continuous service optimization.

While the findings are insightful, several limitations must be acknowledged. The use of cross-sectional data restricts causal inference. Additionally, post hoc comparisons were not formally reported, and the mean differences—though statistically significant—were not large. A more detailed analysis using Tukey's HSD or Bonferroni tests could further clarify which specific service areas differed significantly.

Lastly, the data were gathered in district hospitals within a single province, limiting the generalizability of the findings to other healthcare contexts with different resource levels or administrative policies.

CONCLUSION

This study examined the relationships among organizational behavior dimensions, employee satisfaction, and patient satisfaction within selected district hospitals in Sarangani Province. Drawing from empirical data and statistical analyses, the results offer important insights into how internal organizational dynamics influence both workforce morale and service quality in the healthcare sector.

The findings revealed that employees perceive the organizational behavior in their institutions as very positive, particularly in areas such as structure, teamwork, and performance evaluation. Similarly, employee satisfaction was consistently high, especially in domains related to grievance mechanisms, personal growth, and nature of work. Patient satisfaction with hospital services also received very high ratings, with nursing care, hospital laboratories, and administrative services standing out as areas of excellence.

Despite these positive perceptions, inferential analyses indicated no statistically significant predictive influence of organizational behavior dimensions on employee satisfaction. However, a notable variance in patient satisfaction scores across different service areas suggests the presence of unequal quality experiences within hospital departments. These outcomes underscore the importance of targeted improvements rather than broad, uniform interventions.

Recommendations for Future Research and Practice

Given these outcomes, the following recommendations are proposed:

1. Enhance Interdepartmental Coordination – Strengthen cross-functional collaboration among units to promote integrated service delivery and minimize patient service fragmentation.
2. Develop Adaptive Leadership Programs – Implement evidence-based leadership training that cultivates inclusive and responsive supervisory practices, aligning with transformational leadership principles.
3. Institutionalize Feedback Loops – Create formalized channels for collecting regular feedback from both employees and patients to inform policy and operational adjustments.
4. Standardize Service Quality Across Units – Address service disparities through the establishment of unified standards and regular service audits to promote consistency in patient care.
5. Expand Employee Support Systems – Broaden access to continuous professional development, recognition programs, and empowerment initiatives to sustain employee motivation and retention.
6. Conduct Broader and Deeper Research – Future inquiries should consider employing mixed-methods approaches to explore contextual and qualitative dimensions of employee and patient experiences. Comparative studies involving private healthcare institutions or larger regional samples may also yield richer, generalizable findings.

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