

Multidimensional Analysis of Perceived Quality and User Satisfaction in Community Mental Health Care: Evidence from a SERVQUAL-Based Assessment in Peru

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Abstract – The World Health Organization emphasizes that patients have the right to receive high-quality health care, which includes satisfactory levels of service delivery. In light of this context, the study examines the relationship between perceived quality of care and user satisfaction in a community mental health center in Peru. A quantitative, descriptive-correlational, and cross-sectional design was applied, using the SERVQUAL model. Data were collected through a structured questionnaire administered to 229 users aged 18 and over, and processed with SPSS v.25. Results indicated that perceived quality of care was high, while user satisfaction was moderate. Statistically significant but weak positive correlations were found between satisfaction and tangibles ($r = 0.381$), responsiveness ($r = 0.313$), reliability ($r = 0.162$), and empathy ($r = 0.193$). No significant correlation was found with safety ($r = -0.005$). These findings suggest that quality of care partially explains user satisfaction and highlight the importance of strengthening interpersonal and infrastructural components to improve service outcomes in community mental health settings.

Keywords – Quality, user satisfaction, health center, SERVQUAL, Peru.

1. Introduction

The American National Standards Institute (ANSI) defines quality as the ability to produce goods or provide services that meet the needs of consumers [1]. In developed countries, healthcare evaluation has transitioned from a provider-centered to a user-centered approach, emphasizing perceived quality. Assessing only cost-effectiveness is insufficient; current models incorporate user perception as a key dimension of quality. Quality improvement, in this context, is understood as the effort to close the gap between the care that institutions provide and the care they could optimally provide [2], [3], [4].

In contrast, health systems in South America are characterized by fragmentation and instability, which generates important differences in organizational and management processes [5], [6], [7].

Despite these challenges, fragmented systems offer opportunities for targeted improvement strategies. In the case of Peru, the Ministry of Health (MINSA) emphasizes that assessing service quality should be a key priority for the management of the sector. Quality, in this sense, is defined as the balance between user expectations and the services offered, a concept that is constantly developing [8], [9].

Within the framework of Law No. 30947 and its Regulation approved by D.S. No. 033-2015-SA, Peru initiated a reform in mental health care [10]. This reform prioritizes the continuous training of basic health teams in community facilities, with the purpose of studying the mental health problems of the assigned population [10].

Scientific literature defines quality as a distinguishing attribute of services that must meet user expectations. According to the American Society for Quality Control (ASQC), quality implies the capacity of a product, process or service to meet customer expectations [11], [12], [13], [14].

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In this context, the provision of high-quality services is critical to organizational success. Previous research has highlighted that the quality of a service is linked to aspects such as speed of service, availability and courtesy, which directly impact on users' perceptions [15], [16].

Services are described as intangible and identifiable activities designed to satisfy specific customer needs and wants [17]. This perspective emphasizes that a user's assessment of service quality is shaped not only by the technical features of the product or service, but also by the interactions experienced with the provider. This perspective is further extended by highlighting that quality functions as a key tool for measuring processes, evaluating products, and establishing organizational standards that prioritize customer satisfaction [18].

Poor healthcare quality has major global economic implications. In the United States, for example, deficiencies in quality of care generated losses of approximately USD 6 trillion in 2015, reflecting its negative impact on the economy and user experience [19], [20]. This fact underscores that quality not only influences organizational performance, but also the customer's perception of value, as indicated by [21], who state that quality transcends the mere absence of defects to include the creation of added value.

The absence of a universal definition reflects the inherently subjective nature of quality. Factors such as users' expectations and previous experiences play a crucial role in how quality is perceived [22], [23].

Quality can be understood as a set of characteristics that determine whether a good or service is classified as inferior, mediocre, or excellent [24], [25]. In this sense, it is widely recognized that quality should address the needs of both internal and external users, adapting to their expectations and requirements [26], [27].

On the other hand, deficiencies in public service quality not only generate dissatisfaction but also reveal operational inefficiencies, increased costs, and limited availability. In this context, quality is often defined as the balance between what users expect and what they actually receive [28]. Achieving this balance requires effective strategic management that considers the specific attributes of the service and ensures alignment with user expectations [24], [29]. Furthermore, it has been emphasized that the quality of a product or service depends on its ability to meet explicit needs, which highlights the importance of aligning organizational objectives with market demands [30].

User satisfaction constitutes a fundamental component in the evaluation of service quality. It has been observed that users' perceptions do not always align with their initial expectations, which highlights the importance of effectively managing customer interactions [31].

Moreover, user satisfaction is widely recognized as a multidimensional construct influenced by factors such as environmental conditions and situational circumstances [32], [33]. In this context, understanding user expectations and adapting available resources accordingly becomes a strategic priority. In addition, the adoption of innovative technologies has been identified as a relevant factor in enhancing service quality by aligning it with users' specific needs [34].

The relationship between service quality and user satisfaction has been widely examined in previous studies. Evidence suggests that the quality of care provided by nursing professionals, particularly in terms of humane treatment and level of attention, has a positive effect on patient satisfaction levels [35]. For instance, research conducted in Cuba reported favorable evaluations of both perceived quality and user satisfaction in oncology care services.

Furthermore, the importance of implementing effective management policies has been emphasized, including actions such as hiring specialized medical personnel, reducing hospital infections, and monitoring prescriptions [36]. Similarly, positive user perceptions have been reported in educational contexts, where the treatment received during academic activities was evaluated favorably [37]. These findings are consistent with other studies that report perceptions close to excellence in terms of service quality [38]. However, some research has also identified important shortcomings in tangible aspects, highlighting the need for modernization and improved communication strategies [39]. Although these findings originate from the educational sector, they remain relevant because they demonstrate how users respond positively to personalized and respectful treatment, a principle that is equally applicable in healthcare settings.

In Colombia, users' perceptions of health services have been examined, revealing positive evaluations in terms of infrastructure, care, and technical quality [40]. In addition, trust and the perceived reliability of health services during the COVID 19 pandemic have been identified as key factors influencing user satisfaction [41]. It has also been highlighted that organizations must adapt to economic and social transformations in order to maintain service quality [42].

In the field of maternal health, research has explored mothers' perceptions of postnatal care in Iran, recommending staff training as a strategy to improve service quality [43]. Similarly, findings from Ecuador indicate that the quality of care provided in health centers is perceived as fair, with identified opportunities for improvement in infrastructure and staff empathy [44].

The COVID 19 pandemic further reinforced the importance of maintaining high standards of quality in healthcare services. Studies have shown that the implementation of security protocols during this period positively influenced both perceived quality and user satisfaction [45]. In this context, healthcare institutions are encouraged to design and implement specific measures aimed at protecting users, while strengthening trust as a fundamental component of service quality [46].

In summary, quality and satisfaction are interdependent variables that shape healthcare effectiveness. The studies reviewed underscore the relevance of employing tools such as the SERVQUAL model and staff training to improve the perception of quality. In addition, the capacity to adapt effectively to evolving contexts, such as the pandemic, is essential to ensure service quality aligned with users' expectations.

Based on the theoretical framework and empirical evidence, the objective of this study is to analyze the relationship between perceived quality of care and user satisfaction in a community mental health center. In accordance with this objective, the following research hypotheses are proposed:

H1: *There is a positive relationship between tangible aspects and user satisfaction at the community mental health center.*

H2: *There is a positive relationship between responsiveness and user satisfaction at the community mental health center.*

H3: *There is a positive relationship between safety and user satisfaction at the community mental health center.*

H4: *There is a positive relationship between empathy and user satisfaction at the community mental health center.*

H5: *There is a positive relationship between quality of care and user satisfaction at the mental health center.*

2. Methodology

The study was conducted under a quantitative framework, adopting a non-experimental and correlational design with a cross-sectional orientation, based on data gathered at a single point in time. The research was conducted in a community mental health center located in La Libertad, a region on the northern coast of Peru.

The community mental health center represents the most specialized level in the national mental health service network and is responsible for improving the quality of life of its target population.

This encompasses individuals with mental disorders and psychosocial difficulties, as well as their families and the wider community, through timely access to mental health services and actions. Its organization is structured in care units for children, adolescents, adults, older adults, and people with addiction problems. It also implements community participation strategies and ensures continuity of care in coordination with primary health centers.

The sample consisted of 229 users aged over 18 years who attended the community mental health center between September and December 2023. Inclusion criteria included being an active user of the center, being aged over 18 years and providing voluntary consent to participate in the study. Exclusion criteria involved companions of users, minors, and individuals who did not provide informed consent. A non-probability sampling method was used, based on availability and voluntary participation.

Data collection was conducted using the SERVQUAL model [47], which assesses service quality through five dimensions: reliability, responsiveness, safety, empathy, and tangibles. The instrument comprised 25 items structured across these dimensions. The response options were organized using a five-category Likert format, with scores extending from 1, indicating complete disagreement, to 5, reflecting complete agreement. The internal consistency of the instrument was evaluated using Cronbach's alpha coefficient to determine its reliability. Content validity was established through expert judgment to ensure consistency between the items, variables, and corresponding indicators.

Data were analyzed using the statistical software SPSS, version 25, while graphs were generated using Microsoft Excel. Descriptive and correlational statistical methods were applied, employing Spearman's Rho coefficient to assess the strength and direction of the relationship between quality dimensions and user satisfaction. Prior to gathering the data, all participants gave their voluntary informed consent, and their anonymity and privacy were safeguarded in line with established ethical research principles.

3. Results

This section presents the empirical findings derived from the statistical analysis. The reliability assessment of the measurement instrument yielded a Cronbach's alpha coefficient of 0.81, indicating satisfactory internal consistency. Detailed reliability results are provided in Table 1.

Table 1. Reliability analysis of the measurement instrument using Cronbach's Alpha

Cronbach's Alpha	Cronbach's Alpha	Number of items
0.810	0.792	25
0.797 (Independent variable)	0.777	15
0.605 (Dependent variable)	0.569	10

3.1. Descriptive Analysis

Descriptive analysis was conducted to assess perceived levels of quality of care and user satisfaction.

Table 2 shows that 47.2% of respondents perceived quality of care as high, 41.5% rated it as fair, and 11.4% as low.

Table 2. Distribution of perceived quality of care among users

Level of quality	Frequency	Percentage	Cumulative Percentage
Valid Low	26	11.4	11.4
Fair	95	41.5	52.8
High	108	47.2	100.0
Total	229	100.0	

In terms of user satisfaction, the data in Table 3 indicate that 54.6% of respondents were satisfied, 30.6% had a fair perception, and 14.8% were dissatisfied.

Table 3. Distribution of user satisfaction levels

Level of satisfaction	Frequency	Percentage	Cumulative Percentage
Valid Dissatisfied	34	14.8	14.8
Fair	70	30.6	45.4
Satisfied	125	54.6	100.0
Total	229	100.0	

3.2. Correlational Analysis

A correlational analysis was conducted employing Spearman's coefficient to evaluate the association between the dimensions of the quality of care variable and user satisfaction.

Table 4 indicates a weak positive correlation between tangible aspects and user satisfaction ($r = 0.381$, $p < 0.05$).

Table 4. Correlation between tangible aspects and user satisfaction

Items	Tangible aspects	User satisfaction
Tangible aspects		
Correlation coefficient	1.000	0.381**
Sig. (bilateral)	.	0.000
N	229	229
User satisfaction		
Correlation coefficient	0.381	1.000
Sig. (bilateral)	0.000	.
N	229	229

As indicated in Table 5, a very weak yet statistically significant positive correlation was identified between reliability and user satisfaction ($r = 0.162$, $p < 0.05$).

Table 5. Correlation between reliability and user satisfaction

Items		Reliability	User satisfaction
Reliability	Correlation coefficient	1.000	0.162*
	Sig. (bilateral)	.	0.014
	N	229	229
User satisfaction	Correlation coefficient	0.162*	1.000
	Sig. (bilateral)	0.014	.
	N	229	229

As shown in Table 6, a weak positive association was observed between responsiveness and user satisfaction ($r = 0.313$, $p < 0.05$).

Table 6. Correlation between responsiveness and user satisfaction

Items		Responsiveness	User satisfaction
Responsiveness	Correlation coefficient	1.000	0.313**
	Sig. (bilateral)	.	0.000
	N	229	229
User satisfaction	Correlation coefficient	0.313**	1.000
	Sig. (bilateral)	0.000	.
	N	229	229

As shown in Table 7, no statistically significant correlation was identified between safety and user satisfaction ($r = -0.005$, $p > 0.05$).

Table 7. Correlation between safety and user satisfaction

Items		Safety	User satisfaction
Safety	Correlation coefficient	1.000	-0.005
	Sig. (bilateral)	.	0.934
	N	229	229
User satisfaction	Correlation coefficient	-0.005	1.000
	Sig. (bilateral)	0.934	.
	N	229	229

According to Table 8, a weak positive correlation ($r = 0.193$, $p < 0.05$) is observed between empathy and user satisfaction, indicating a significant relationship.

Table 8. Correlation between empathy and user satisfaction

Items		Empathy	User satisfaction
Empathy	Correlation coefficient	1.000	0.193**
	Sig. (bilateral)	.	0.003
	N	229	229
User satisfaction	Correlation coefficient	0.193**	1.000
	Sig. (bilateral)	0.003	.
	N	229	229

Table 9 displays a weak yet statistically significant positive correlation between overall quality of care and user satisfaction ($r = 0.337$, $p < 0.05$).

Table 9. Overall correlation between the quality of care and user satisfaction

Items		Quality of care	User satisfaction
Quality of care	Correlation coefficient	1.000	0.337**
	Sig. (bilateral)	.	0.000
	N	229	229
User satisfaction	Correlation coefficient	0.337**	1.000
	Sig. (bilateral)	0.000	.
	N	229	229

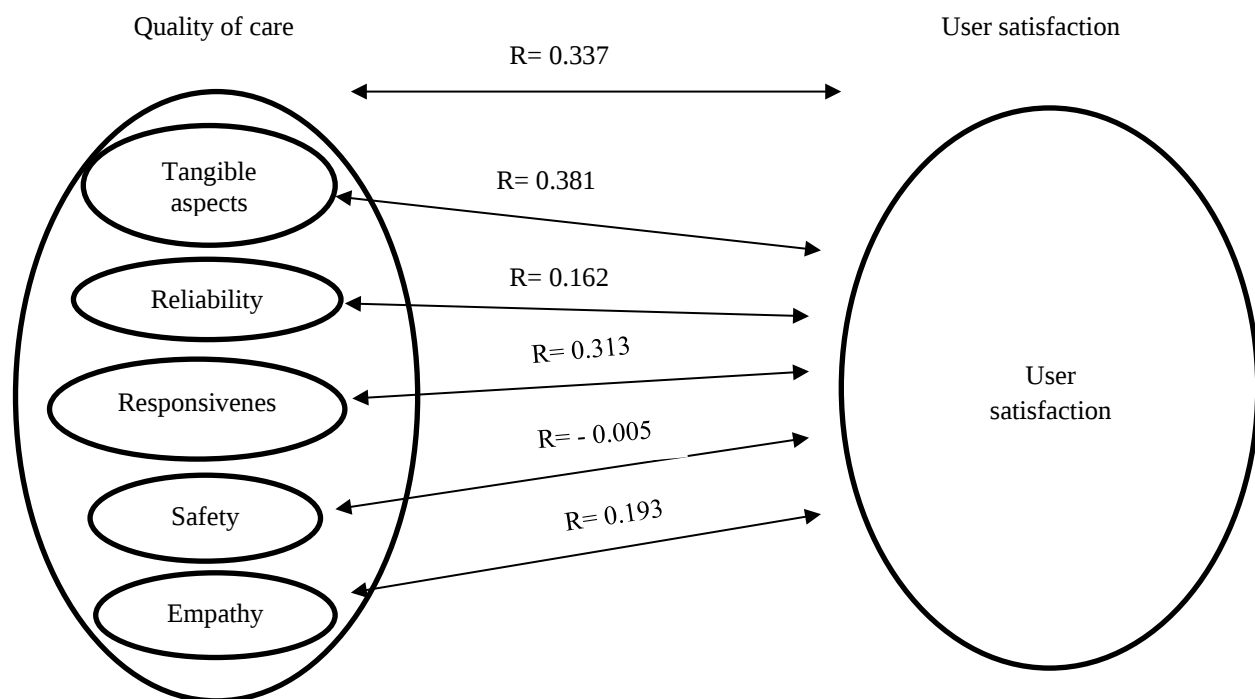


Figure 1. Summary of Spearman's correlations between quality dimensions and user satisfaction

Figure 1 presents a summary of the correlations observed, highlighting that quality of care is related to user satisfaction, albeit with variations across dimensions. The exception is the safety dimension, where no significant positive relationship was evident.

4. Discussion

User-perceived quality is a key component in evaluating healthcare services, the analysis of which is influenced by the particular features of the service offered and the surrounding context in which it takes place [48]. This study adopted a quantitative, non-experimental design and identified a statistically significant, albeit weak, positive relationship between quality of care and user satisfaction ($r = 0.337$, $p < 0.05$). The results suggest that quality, conceptualized mainly on the basis of user perception, is highly dependent on individual and subjective factors, such as previous experiences and the circumstances surrounding service provision. The heterogeneity of user perceptions limits the generalizability of results and underscores the need for context-specific strategies.

The findings of this study substantiate the presence of a positive association between perceived quality of care and user satisfaction in a community mental health center. This finding aligns with [35], who reported that humane treatment and quality nursing care were positively associated with satisfaction among oncology patients. Similarly, [40] reported that users' perception of health services was positive in terms of technical quality, infrastructure and care.

These results underline the importance of raising awareness and training health staff, fostering a client-oriented approach that ensures user satisfaction in every interaction.

In relation to tangible aspects, the results of this study show widespread user acceptance, indicating a positive association between this dimension and user satisfaction. This finding is consistent with [49], who concluded that tangible elements, such as physical facilities and equipment, represent the dimension with the highest perceived satisfaction across various contexts. Likewise, [50] found favorable perceptions in dimensions related to accessibility, communication, competence, and tangibility, evidencing a positive correlation with regard to the tangibility dimension, in line with the findings of this study. Recent research, such as [51], [52], also reinforces the importance of improving tangible aspects as a means to optimize the overall perception of service quality.

Regarding the reliability dimension, users reported high levels, which indicates a positive association between this dimension and user satisfaction in the mental health center. These results align with the findings of [53], who showed that reliability directly influences the perception of quality. Therefore, [54] also found an overall positive perception associated with conditions such as reasonable waiting times, respect for privacy and orderliness of care. Furthermore, [45], using structural models (SEM), identified a direct and positive effect of trust in the security protocols implemented during the impact of the COVID 19 pandemic on user satisfaction, reinforcing the relevance of trustworthiness in service quality.

These findings are supported by additional research by [55], [56], who highlight the importance of building trust through continuous improvement in service delivery.

Empathy was another dimension analyzed, in which users reported fair levels, although a positive relationship with user satisfaction was observed. This result is consistent with the studies by [35], [43], [57], [58], who proposed multilevel strategies to ensure empathy as a key element in healthcare quality. Such strategies aim to embed empathy in service interactions to enhance user perceptions of care. Similarly, [34], [44], [59] highlighted the need to prioritize empathy in health service delivery, considering its significant impact on user satisfaction. However, the findings of this study indicate that there are areas for improvement in this dimension, which poses a challenge for health staff in terms of strengthening interpersonal skills and sensitivity to patients' needs.

Importantly, the safety dimension did not exhibit a statistically significant positive relationship with user satisfaction. This result differs from previous findings, such as those of [45], who identified safety as a key determinant in shaping perceptions of quality during the pandemic. The lack of positive correlation in this study could be due to limitations in the infrastructure or safety protocols of the mental health facility, highlighting the need to address this dimension more effectively to align with users' expectations.

Notwithstanding these constraints, the results obtained provide relevant evidence regarding the link between service quality and user satisfaction within a community mental health center context. The quality dimensions analyzed, particularly reliability, empathy and tangibles, present clear opportunities for continuous improvement in service delivery. The implementation of strategies aimed at strengthening these dimensions could result in a more satisfactory user experience and improved organizational performance.

Finally, it is important to note that different analytical approaches may provide complementary perspectives for evaluating service quality in mental health settings. The consideration of alternative measurement frameworks could contribute to a more comprehensive understanding of how quality dimensions interact with user satisfaction. This perspective highlights the potential value of methodological diversification when assessing service performance in complex healthcare environments.

5. Conclusion

This study explored the relationship between perceived quality of care and user satisfaction in a community mental health center.

The findings indicate a statistically significant positive association between these variables, suggesting that improvements in perceived service quality are linked to higher levels of user satisfaction.

Among the dimensions analyzed, tangibles, responsiveness, reliability, and empathy showed positive relationships with satisfaction, whereas the safety dimension did not present a significant effect.

From a theoretical perspective, these results contribute to the literature on service quality assessment in community-based mental health settings, particularly within developing country contexts where empirical evidence remains limited. The study highlights the relevance of multidimensional approaches to understanding user perceptions and emphasizes the role of subjective experiences in shaping satisfaction outcomes. From a practical standpoint, the findings underscore the need to strengthen interpersonal skills among healthcare staff, improve physical infrastructure, and enhance responsiveness in service delivery to better meet users' expectations.

Despite these contributions, certain limitations should be considered when interpreting the results. The study was conducted in a single community mental health center and employed a non-probabilistic sampling approach, which may restrict the generalizability of the findings. Additionally, the reliance on self-reported data could introduce potential response biases. These aspects suggest the need for caution when extending the results to other contexts.

Future research could broaden the scope of analysis by including different healthcare settings and more diverse populations. Longitudinal approaches may also provide a deeper understanding of how user perceptions evolve over time. Moreover, the use of alternative measurement models, such as SERVPERF, could offer complementary perspectives on the relationship between perceived quality and user satisfaction across various service environments.

References:

- [1]. Ghahramanian, A., et al. (2017). Quality of healthcare services and its relationship with patient safety culture and nurse-physician professional communication. *Health promotion perspectives*, 7(3), 168. Doi: 10.15171/hpp.2017.30
- [2]. Organización Panamericana de la Salud (OPS). (2017). *Salud en las Américas+, edición del 2017: Panorama regional y perfiles de país*. OPS.
- [3]. Fondahn, E., et al. (2017). *Manual Washington de calidad en la atención y seguridad del paciente*. Wolters Kluwer.
- [4]. Ayimbillah Atinga, R., Abekah-Nkrumah, G., & Ameyaw Domfeh, K. (2011). Managing healthcare quality in Ghana: a necessity of patient satisfaction. *International journal of health care quality assurance*, 24(7), 548-563. Doi: 10.1108/09526861111160580

- [5]. Ruano, A. L., et al. (2021). Understanding inequities in health and health systems in Latin America and the Caribbean: a thematic series. *International journal for equity in health*, 20(1), 94. Doi: 10.1186/s12939-021-01426-1
- [6]. Pan American Health Organization. (2017). *Agenda de salud sostenible para las Américas 2018–2030: Un llamado a la acción para la salud y el bienestar en la Región* (CSP29/6, Rev. 3). PAHO. Retrieved from: <https://iris.paho.org/handle/10665.2/49169> [accessed: 18 January 2026].
- [7]. Alcalde-Rabanal, J. E., Lazo-González, O., & Nigenda, G. (2011). Sistema de salud de Perú. *Salud pública de México*, 53(2), 243-254.
- [8]. Ministerio de Salud. (2006). *Sistema de gestión de la calidad en salud: Documento técnico RM 519-2006-MINSA*. Gob.pe.
- [9]. Babakus, E., & Mangold, W. G. (1992). Adapting the SERVQUAL scale to hospital services: an empirical investigation. *Health services research*, 26(6), 767.
- [10]. Ministerio de Salud del Perú. (n.d.). *Norma técnica de salud: Centros de salud mental comunitarios*. Gob.pe. Retrieved from: <https://www.gob.pe/institucion/minsa/informes-publicaciones/279706-norma-tecnica-de-salud-centros-de-salud-mental-comunitarios> [accessed: 20 January 2026].
- [11]. Chandia Vidal, Y. (2006). *Introducción a la calidad en salud*. [Documento interno, Clínica Sanatorio Alemán de Concepción]. Retrieved from: <http://www.enfermeraspaellonyesterilizacion.cl/calidad/Historia.pdf> [accessed: 24 January 2026].
- [12]. Khashe, Y., Tabibzadeh, M., & Meshkati, N. (2023). Improving quality of care for patients receiving care through telehealth in the time of COVID-19 global pandemic and beyond: HCI-based leading indicators for virtual visits. *Human Factors in Healthcare*, 4, 100050. Doi: 10.1016/j.hfh.2023.100050
- [13]. Allpoc-Flores, L.A., et al. (2024). Factors that Influence the Quality of Customer Service in Telecommunications Companies. *Lecture Notes in Networks and Systems*, 774, 49-59. Doi: 10.1007/978-3-031-43733-5_5
- [14]. Gamage, M. W. K., et al. (2024). Quality of care as perceived by caregivers and residents in aged care homes in Sri Lanka: A qualitative study. *BMC Geriatrics*, 24, 103. Doi: 10.1186/s12877-024-04721-y
- [15]. Zygiaris, S., et al. (2022). Service quality and customer satisfaction in the post pandemic world: A study of Saudi auto care industry. *Frontiers in psychology*, 13, 842141. Doi: 10.3389/fpsyg.2022.842141
- [16]. Reddy, P. V. K., Reddy, B. B. S. N., & Teja, G. S. (2023). A study on the impact of quality of service on customer satisfaction at reliance store. *AIP Conference Proceedings*, 2821(1), 040037. Doi: 10.1063/5.0169400
- [17]. Grönroos, C. (1984). A service quality model and its marketing implications. *European Journal of marketing*, 18(4), 36-44. Doi: 10.1108/EUM0000000004784
- [18]. Sumardi, & Fernandes, A. A. R. (2020). The influence of quality management on organization performance: service quality and product characteristics as a medium. *Property Management*, 38(3), 383-403. Doi: 10.1108/PM-10-2019-0060
- [19]. Mehta, R., et al. (2020). Is Patient Satisfaction Dictated by Quality of Care Among Patients Undergoing Complex Surgical Procedures for a Malignant Indication? R. Mehta et al. *Annals of Surgical Oncology*, 27(9), 3126-3135. Doi: 10.1245/s10434-020-08788-w
- [20]. Shuv-Ami, A., & Shalom, T. (2020). A new service quality scale for hospital emergency rooms. *International Journal of Organizational Analysis*, 28(6), 1133-1147. Doi: 10.1108/IJOA-11-2019-1930
- [21]. Kotler, P., et al. (2017). *Fundamentos de marketing*. Pearson.
- [22]. Yopez-Garcia, J. L., et al. (2023). Women's clothing microenterprises: A qualitative analysis of consumer perception. *International Conference on Gender Research*, 257-263. Doi: 10.34190/icgr.6.1.1162
- [23]. Balbin-Romero, G., et al. (2022). Relationship between e-banking service quality based on the e-SERVQUAL model and customer satisfaction: A study in a peruvian bank. *Banks and Bank Systems*, 17(4), 180-188. Doi: 10.21511/bbs.17(4).2022.15
- [24]. Biscaia, R., Yoshida, M., & Kim, Y. (2023). Service quality and its effects on consumer outcomes: a meta-analytic review in spectator sport. *European Sport Management Quarterly*, 23(3), 897-921. Doi: 10.1080/16184742.2021.1938630
- [25]. Sun, S., et al. (2023). Is the relationship between the perceived service quality and passenger loyalty linear or non-linear? A novel model-independent interpretation method is applied. *Transport Policy*, 144, 65-79. Doi: 10.1016/j.tranpol.2023.10.003
- [26]. Colunga Dávila, C. (1995). *Administración para la calidad*. Panorama Editorial.
- [27]. Fathya, V. N., et al. (2023). Customer satisfaction with electronic public services: An 18 years of systematic literature review. *International Review on Public and Nonprofit Marketing*, 20(4), 759-812. Doi: 10.1007/s12208-022-00350-6
- [28]. Han, T., et al. (2024). Service quality and patient satisfaction of internet hospitals in China: cross-sectional evaluation with the service quality questionnaire. *Journal of medical Internet research*, 26, e55140. Doi: 10.2196/55140
- [29]. Dadasović, B. (2023). Vrednovanje zadovoljstva korisnika usluga upravnih odjela za komunalne poslove u gradovima Sisačko-moslavačke županije. *Hrvatska i komparativna javna uprava: časopis za teoriju i praksu javne uprave*, 23(3), 433-450. Doi: 10.31297/hkju.23.3.3
- [30]. Kotler, P., & Keller, K. L. (2006). *Marketing management* (12th ed.). Pearson Prentice Hall.
- [31]. Zhong, J., Lin, Z., Jia, F., & Schoenherr, T. (2025). Smooth or sticky? An analysis of service variability. *Humanities and Social Sciences Communications*, 12(1), 113. Doi: 10.1057/s41599-024-04185-w
- [32]. Kekana, M. D., & Kheswa, S. E. (2022). Library Use and User Satisfaction of Students on the Service Quality of the University of KwaZulu-Natal Pietermaritzburg Campus Main Library. *Mousaion*, 40(2). Doi: 10.25159/2663-659X/10054

- [33]. A'aqoulah, A., Kuyini, A. B., & Albalas, S. (2022). Exploring the gap between patients' expectations and perceptions of healthcare service quality. *Patient preference and adherence*, 1295-1305. Doi: 10.2147/PPA.S360852
- [34]. Alcas Zapata, N., et al. (2019). Teaching Technostress and Perception of the Quality of Service in a Private University in Lima. *Journal of Educational Psychology-Propositos y Representaciones*, 7(3), 240-248. Doi: 10.20511/pyr2019.v7n3.388
- [35]. Font Difour, M. V., et al. (2014). Evaluación de la calidad de la atención de enfermería en pacientes oncológicos tratados con quimioterapia. *Medisan*, 18(11), 1560-1566.
- [36]. Ejeta, E., et al. (2015). Health care providers satisfaction with the clinical laboratory service of Nekemte Referral Hospital, Western Ethiopia. *International Journal of Medicine and Medical Sciences*, 7(5), 91-97. Doi: 10.5897/IJMMS2014.1108
- [37]. Duclos-Bastías, D., et al. (2023). Changes in the perceived quality by undergraduate students of a university sports service: A comparison of two measures. *Journal of Human Sport and Exercise*, 19(1), 92-101.
- [38]. Kurek, M., et al. (2025). Quality of nursing care as perceived by patients treated for multiple myeloma in polish oncology units: a cross-sectional study. *Cancers*, 17(1), 153. Doi: 10.3390/cancers17010153
- [39]. Maslikhan, A., & Singgih, M. L. (2024). Integration of Servqual and quality function deployment as an effort to increase the services of minimarket. *International Conference on Advanced Technology and Multidiscipline (ICATAM 2024)*, 251-276. Doi: 10.56499/jppres21.1023_9.6.859
- [40]. Pabon, M. (2020). *Percepción de la Calidad De Los Servicios De Salud Desde La satisfacción de los usuarios en el hospital local de Sitio Nuevo Magdalena, periodo 2017-2019*. [Tesis de Maestría, Universidad de la Costa].
- [41]. Gómez-Carmona, D., et al. (2022). Impact of COVID-19 prevention measures on health service quality, perceived value and user satisfaction. A structural equation modelling (SEM) approach. *Atencion primaria*, 54(2), 102178. Doi: 10.1016/j.aprim.2021.102178
- [42]. Carhuancho-Mendoza, I. M., et al. (2021). Calidad de servicio en hospitales de nivel III de la ciudad de Lima, Perú. *Revista Venezolana de Gerencia*, 26(5), 693-707. Doi: 10.52080/rvgluz.26.e5.44
- [43]. Ahmadinezhad, M., Vizeshfah, F., & Pakniat, A. (2022). Mothers' perceptions of the quality of postnatal care provided in health centers and the associated factors: A cross-sectional study. *International journal of community based nursing and midwifery*, 10(2), 110. Doi: 10.30476/IJCBNM.2021.90057.1663
- [44]. Mosadeghrad, A. M. (2014). Factors influencing healthcare service quality. *International Journal of Health Policy and Management*, 3(2), 77-89. Doi: 10.15171/ijhpm.2014.65
- [45]. Liu, S., et al. (2020). Online mental health services in China during the COVID-19 outbreak. *The lancet psychiatry*, 7(4), e17-e18.
- [46]. Laos-Choy, K., et al. (2023). Validation of an instrument to measure satisfaction of kidney patients treated by telemedicine during the Covid-19 pandemic. *Acta Médica Peruana*, 40(3).
- [47]. Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, 64(1), 12-40.
- [48]. Malik, S. U. (2012). Customer satisfaction, perceived service quality and mediating role of perceived value. *International Journal of Marketing Studies*, 4(1), 68-76. Doi: 10.5539/ijms.v4n1p68
- [49]. Pedraja-Reja, L., et al. (2019). Percepción de la calidad de servicio de salud en la ciudad de Arica, Chile: Hacia un plan de mejora. *Interciencia*, 44(9), 514-520.
- [50]. Felix, R. (2017). Service quality and customer satisfaction in selected banks in Rwanda. *Journal of business & financial affairs*, 6(1), 246-256. Doi: 10.4172/2167-0234.1000246
- [51]. Ratner, Y., et al. (2018). Patients' satisfaction with hospital health care: Identifying indicators for people with severe mental disorder. *Psychiatry research*, 270, 503-509. Doi: 10.1016/j.psychres.2018.10.027
- [52]. Yunus, N. A. M., et al. (2024). The impact of healthcare service quality on patient satisfaction at university health center. *Information Management and Business Review*, 16(3S), 440-451. Doi: 10.22610/imbr.v16i3(I)S.4072
- [53]. Ganga Contreras, F., Alarcón Henríquez, N., & Pedraja Rejas, L. (2019). Medición de calidad de servicio mediante el modelo SERVQUAL: el caso del Juzgado de Garantía de la ciudad de Puerto Montt-Chile. *Ingeniare. Revista chilena de ingeniería*, 27(4), 668-681. Doi: 10.4067/S0718-33052019000400668
- [54]. Farías, M. E. (2021). Calidad de atención y cuidado de enfermería en servicio de emergencia visto desde la perspectiva del paciente. *Salud, Ciencia y Tecnología*, 1, 39-39. Doi: 10.56294/saludcyt202139
- [55]. Gün, İ., & Söyük, S. (2025). The serial mediation effect of perceived quality and customer satisfaction on the relationship between trust and repurchase intention: a research on private health insurance owners. *BMC Health Services Research*, 25(1), 257. Doi: 10.1186/s12913-025-12269-9
- [56]. Manzoor, F., et al. (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. Doi: 10.3390/ijerph16183318
- [57]. Lopes Queiroz Ferreira, N. C., et al. (2019). Evaluation Of Nursing Care Quality Standards Using Process Indicators. *Cogitare Enfermagem*, 24. Doi: 10.5380/ce.v24i0.62411
- [58]. Zamroni, Z., et al. (2023). The effect of total quality service with E-Bekal on customer satisfaction. *TEM Journal*, 12(1), 351. Doi: 10.18421/TEM121-44
- [59]. Umoke, M., et al. (2020). Patients' satisfaction with quality of care in general hospitals in Ebonyi State, Nigeria, using SERVQUAL theory. *SAGE open medicine*, 8. Doi: 10.1177/2050312120945129