Client Satisfaction of Home Healthcare Services of a Private Healthcare Company in the United States of America

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Connie C. Balida-Gory
Optimum Healthcare, Arizona, United States of America

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ABSTRACT. This study assessed patient satisfaction with home healthcare services provided by a private company in the southwestern United States during Q3 2025, utilizing the 7Ps marketing mix framework. Employing a quantitative, descriptive-comparative design, researchers analyzed data from 297 predominantly female, elderly, and college-educated respondents. Results indicated high overall satisfaction (M=3.60), with the "product" dimension receiving the highest rating (M=3.75) and "physical evidence" the lowest (M=3.51). Non-parametric analyses revealed no significant differences in satisfaction across most demographic variables, including sex and civil status. However, significant differences emerged in promotion regarding age, physical evidence regarding service frequency, and overall satisfaction regarding educational attainment. These findings suggest that the company's standardized protocols effectively mitigate demographic bias and align with patient values, supporting Locke's Value-Percept Disparity Theory. The study concludes by proposing a marketing plan to refine communication and tangible touchpoints.

1.0. Introduction

Growing in importance within the world's healthcare systems, home-based health services cater to the increased demand arising from aging and chronic disease conditions (Fong et al., 2022; Fornazari et al., 2024). They contribute to the achievement of the SDG 3 goals through improved accessibility, availability, and sustainability (WHO, 2021; Fong et al., 2023). Home-based primary care has shown great potential in terms of benefits to clients and cost savings but is still underutilized (Zimbroff et al., 2021). For older patients returning from hospitals, educational interventions are especially useful. Although AI may be helpful in improving health care provision, as well as in achieving SDG 3, some critical issues regarding data biases should be taken into account (Nair et al., 2024). According to economic studies, such an investment would probably have a positive effect on people's well-being, providing outcomes similar to those of hospital intervention (Curioni et al., 2023). Different regions, time frames, and personal factors determine the use of home- and community-based services (Yu et al., 2024).

Delivery of healthcare in the ASEAN region is facing major challenges owing to the growing elderly population and increasing prevalence of non-communicable diseases, resulting in the development of community-oriented health initiatives and long-term care systems (Tejativaddhana et al., 2022; Bloom, 2019). The focus on enhancing primary health care delivery by providing home-based care is continually growing via combining hospital and primary care delivery (Tan & Lee, 2019; Noda et al., 2021). Nevertheless, there are still persistent challenges such as staffing issues, especially in rural areas, and problems with coordinating care that continue to prevent success (Kassai et al., 2020). The use of telehealth represents an excellent way to improve health care access, with practical examples found in the Philippines (Macariola et al., 2021). Additionally, the provision of health care access for elderly people in Southeast Asia relies on several factors, including accessibility, acceptability, financial matters, transportation, and social support. Proper handling of those obstacles and use of solutions like telehealth are

***Correspondence:** cgoryoptimum@gmail.com
Connie C. Balida-Gory, *Optimum Healthcare, Arizona, United States of America*

essential to achieving health care coverage for all elderly people (Mohd Rosnu et al., 2022).

There are many advantages associated with home healthcare services, ranging from low rehospitalization rates to better control of chronic diseases as well as client comfort (de Sousa Vale et al., 2019). Being usually more cost-effective compared to standard hospital care (Curioni et al., 2023), this type of care could lead not only to better client health but also to higher client satisfaction (Patel & West, 2021). At the same time, there are some barriers to providing home healthcare services. The adoption of telehealth is likely to offer immense opportunities for improving the effectiveness of service provision and client experience, especially when it comes to managing chronic diseases (Heratanti et al., 2021). However, the problem of varying levels of technological proficiency and access to technology remains an obstacle to the realization of the full benefits. It is important to ensure that home health care professionals are culturally competent in order to minimize health inequalities (Narayan, 2020).

Current research highlights the existence of inequalities in access to and use of home healthcare in the southwestern United States that negatively affect rural, Hispanic, and Native American populations. Rural areas struggle with offering high-quality home healthcare, leading to reduced rates of utilization, fewer therapy visits, and higher rates of hospitalization due to visits to the emergency room compared to urban locations (Quigley et al., 2022). The issue of delay in initiating home healthcare after hospital discharge is prevalent among racial and ethnic minorities, particularly those living in urban areas (Karmarkar et al., 2023; Kumar, 2022). The problem of inequality is aggravated by the existing digital divide limiting the access to necessary technology in many rural and minority homes (Curtis et al., 2021). Telemedicine provides one opportunity for increasing satisfaction among clients in rural regions (Harkey et al., 2020). Overcoming these inequalities requires the implementation of culturally sensitive care services (Narayan, 2020) along with addressing the heterogeneity of Latino subgroups (Figueroa et al., 2021).

As mentioned above, recent studies emphasize the significance of the home health care system in relation to the aging population and patients suffering from chronic diseases as a step towards Sustainable Development Goal 3 (Fong et al., 2022; Fornazari et al., 2024). At the same time, access disparities and barriers continue to be a problem despite the advantages of home health care services and technological developments like telehealth systems and artificial intelligence. The lack of access to these technologies and services disproportionately affects individuals living in rural and marginalized areas such as the ASEAN region and the southwestern US (Mohd Rosnu et al., 2022; Quigley et al., 2022; Curtis et al., 2021).

Hence, this study assessed the client company during the third quarter of 2025, utilizing the 7Ps marketing mix (Product, People, Place, Price, Promotion, Process, and Physical Evidence) as a framework. Specifically, it seeks to determine if significant differences in satisfaction levels exist when respondents are categorized by demographic and service variables, including sex, age, civil status, educational attainment, and frequency of services availed. By analyzing the client population both as a whole and through these specific segments, the research aims to identify key drivers of satisfaction across diverse user groups. The findings of the study served as baseline data for the proposed Home Healthcare Services Marketing Plan of a private healthcare company.

2.0. Framework of the Study

This study proposes that how satisfied home care clients are with their home health services in terms of product, price, place, people, promotion, process, and physical evidence varies depending on their sex, age, civil status, highest level of education, and how often they avail themselves of services.

Based on the Value-Percept Disparity Theory developed by Locke (1967), the hypothesis for this research is that the level of satisfaction of clients in receiving home health care services is a feeling emanating from a cognitive assessment. The clients evaluate their experiences regarding the different components of the services offered against what they value, need, or want, and when there is high similarity, they are satisfied; otherwise, they are dissatisfied.

In relation to this research, the concept of client satisfaction with regard to home health care will be examined using the following elements of the "marketing mix" of seven "Ps": product (services), price (affordable pricing), place (location of the services), people (employees), promotion (communication), process (delivery process of the service), and physical evidence (concrete aspect). This paper attempts to examine how well this private health care firm satisfies the values of its clients with respect to the various "Ps." The smaller the gap between the values that the clients expect from the private health care firm with regard to each of these "Ps" and what they actually perceive will suggest greater satisfaction. On the other hand, the bigger the gap between the values expected by the clients and their actual perceptions, the less satisfied they will become.

Thus, according to the Theory of the Disparity Between Value Perceptions and the Value Perception Disparity Theory, there is the necessity to know the different values of patients. It emphasizes that apart from

the objective assessment of the health care services provided to the patient, what counts also is how these services are subjectively valued by the client depending on his/her sex, age, marital status, educational background, and service frequency.

3.0. Methodology

3.1. Research Design. Employing a quantitative, descriptive-comparative research design, this study assessed client satisfaction with a private home healthcare company in the southwestern United States during the second quarter of 2025. Researchers described satisfaction levels across seven key dimensions: product, people, place, price, promotion, process, and physical evidence, and subsequently compared these results across client subgroups categorized by sex, age, civil status, educational attainment, and service frequency.

3.2. Respondents. The respondents in this study included 297 clients of a privately owned healthcare company providing home care services in the southwest region of the US in the third quarter of 2025. The respondents were chosen using the purposive and quota sampling techniques.

3.3. Research Instrument. For this research, a questionnaire survey instrument was developed based on the 7 Ps marketing mix framework: product, people, place, price, promotion, process, and physical evidence, to assess the clients' level of satisfaction with the service provided by the home healthcare agency. The subject matter experts in business and hospital administration were consulted to check the instrument's validity based on the criterion developed by Good and Scates, with an average score of 4.23. This was followed by a pilot test in which a sample from a similar population was used to detect any ambiguities in the instrument administration. The instrument was found to be reliable with a Cronbach's alpha of 0.89.

Degree of Client Satisfaction Scale

Scale	Mean Range	Description	Interpretation
4	3.25-4.00	Very satisfied	The home healthcare services across all seven dimensions exceed client expectations.
3	2.51-3.25	Satisfied	The home healthcare services across all seven dimensions meet client expectations.
2	1.76-2.50	Dissatisfied	The home healthcare services across all seven dimensions did not meet client expectations.
1	1.00-1.75	Very dissatisfied	The home healthcare services across all seven dimensions indicate significant concerns or problems.

3.5 Data Collection Procedure. In the process prior to the gathering of data, the researcher sought formal permission from the home health care firm's administrators, highlighting the objectives, methodology, and ethics of the study, after which extensive training was conducted to make sure that all enumerators were consistent. In the third quarter of 2025, the questionnaire was distributed both physically and electronically, with all answers recorded according to ethical standards. Upon completion of the data gathering, the researcher proceeded to record and input all gathered data into computer software for analysis.

3.6. Data Analysis Procedure. The study made use of descriptive and comparative techniques in assessing the level of client satisfaction in a private home healthcare firm in the Southwestern part of the United States. Descriptive analysis involved the use of means, standard deviations, frequencies, and percentages to describe the demographic composition and level of satisfaction in seven variables. Because Shapiro–Wilk tests revealed that all variables—Product (W=0.859, p=0.000), People (W=0.869, p=0.000), Place (W=0.874, p=0.000), Price (W=0.748, p=0.000), Promotion (W=0.697, p=0.000), Process (W=0.793, p=0.000), Physical Evidence (W=0.845, p=0.000), and Satisfaction (W=0.931, p=0.000)—significantly deviated from normality, the study employed non-parametric Mann–Whitney U and Kruskal–Wallis H tests. These comparative analyses identified significant differences in satisfaction levels among client subgroups categorized by sex, age, civil status, education, and frequency of service (Drisko, 2025; Stahl et al., 2020; Eryilmaz, 2022).

3.7. Ethical considerations. Adhering to the ethical guidelines of the Philippine Health Research Ethics Board (PHREB) and the Data Privacy Act, this study upheld autonomy, beneficence, and justice to protect participant rights and ensure procedural integrity. It demonstrated social value by analyzing client satisfaction across seven service aspects, identifying weaknesses, increasing provider accountability, and informing policies to reduce regional healthcare disparities. To manage participant vulnerability, risks, and benefits, researchers minimized cognitive and physical burden through flexible data gathering, used alphanumeric codes to ensure strict anonymity and prevent retaliation, and secured informed consent using accessible language that detailed all study parameters alongside the right to withdraw. Ultimately, minimal risks like potential emotional upset were offset by direct benefits, including service improvement, personal empowerment through expressing grievances, and equitable access to supportive healthcare services.

4.0. Results and Discussion

4.1. Profile of the Respondents

As summarized in Table 1, the predominantly female (88.6%, n=263) and married (95.6%, n=284) cohort had a mean age of 73.1$ years and was highly educated (97.3% college-degreed, n=289). They utilized weekly home care (92.9%, n=276) primarily for ancillary services (90.0%) and procedures (89.7%). Because this well-educated elderly demographic demands highly professional standards, maintaining

Table 1

Demographic Profile of the Respondents

Variable	n	%
Sex		
Male	34	11.4
Female	263	88.6
Age (M=73.1 years old)		
73 years old and below	175	58.9
Over 73 years old	122	41.1
Civil Status		
Single	6	2.0
Married	284	95.6
Widowed	7	2.4
Highest Educational Attainment		
High School	8	2.7
College	289	97.3
Frequency of Availment		
Weekly	276	92.9
Monthly	21	7.1
Homecare Services Availed		
Consultation	184	61.3
Procedure	269	89.7
Ancillary	270	90.0
Whole	***297***	***100.0***

high client satisfaction at this private facility requires streamlined operational efficiency and a sophisticated approach to care. Furthermore, their preference for tangible, home-based treatments highlights the importance of delivering reliable, high-quality clinical interventions that seamlessly integrate with and support existing family-based spousal caregiving structures. Ultimately, client satisfaction in home healthcare hinges on matching these high patient expectations through superior service quality, strong interpersonal communication, and the psychological security of aging at home (Jones et al., 2019; Koru, 2021; Ponsignon et al., 2023; Sirait & Houghty, 2024; Al-Hamad et al., 2025).

4.2. Degree of client satisfaction with home health services of a private healthcare company

Clients reported high overall satisfaction with the company's home health services across all seven dimensions of the marketing mix (M = 3.60, SD = 0.06), led by product (M = 3.75, SD = 0.20) and trailing slightly in physical evidence (M = 3.51, SD = 0.19; Table 2A). This consistent, high satisfaction across all demographics reflects a successful, standardized, and holistic approach to quality, client-focused care. While the lower physical evidence scores point to a need to improve tangible assets like brand materials and equipment, the company's strong performance in the core product dimension signals a commitment to excellence that drives consumer loyalty. This aligns with broader research showing that the 7Ps marketing mix positively correlates with healthcare client satisfaction and loyalty (Situmorang et al., 2025). Ultimately, prioritizing relationship-driven human experiences and efficient processes over mere transactions—alongside key service quality traits like reliability and responsiveness—is essential for securing long-term client loyalty through sustained satisfaction (Ghabban, 2025; Islamiyah & Wuisan, 2024; Mrabet et al., 2022; Sousa & Sulistiadi, 2024).

Product. The private health care firm's standardized home health care program achieves high, well-rounded client satisfaction ($M = 3.75, SD = 0.20$), demonstrating that its core product effectively meets the diverse needs of a heterogeneous clientele across all ages, genders, and education levels. This consistent quality persists regardless of visit frequency—whether weekly ($M = 3.76) or monthly ($M = 3.68)—confirming the universal value of the firm's clinical protocols and fostering long-term client loyalty. These findings align with literature showing that service quality dimensions significantly drive satisfaction, even though specific cultural and situational impacts vary (Ponsignon et al., 2023; Mrabet et al., 2022; Nguyen et al., 2021). Ultimately, optimizing these quality dimensions directly secures client loyalty (Anabila, 2019), a conclusion supported by highly valid, scientifically rigorous satisfaction metrics (Anufriyeva et al., 2020).

People. The organization's "people dimension" achieved high customer satisfaction (M = 3.57, SD = 0.16), demonstrating a positive culture of clinical and interpersonal skillfulness that fosters customer loyalty and trust uniformly across client demographics. This

Table 2A

Degree of Patient Satisfaction with Home Health Services

Variable	Satisfaction			Product			People			Place		
	M	SD	Int	M	SD	Int	M	SD	Int	M	SD	Int
Sex												
Male	3.61	0.07	VS	3.70	0.22	VS	3.59	0.16	VS	3.67	0.19	VS
Female	3.60	0.05	VS	3.76	0.19	VS	3.57	0.16	VS	3.63	0.14	VS
Age												
≤73 years old	3.59	0.06	VS	3.76	0.20	VS	3.58	0.16	VS	3.63	0.15	VS
>73 years old	3.60	0.06	VS	3.75	0.19	VS	3.57	0.16	VS	3.64	0.15	VS
Civil Status												
Single	3.63	0.09	VS	3.72	0.17	VS	3.64	0.27	VS	3.69	0.16	VS
Married	3.60	0.06	VS	3.76	0.20	VS	3.57	0.16	VS	3.63	0.15	VS
Widowed	3.64	0.06	VS	3.74	0.13	VS	3.57	0.09	VS	3.64	0.18	VS
Highest Educational Attainment												
High School	3.63	0.04	VS	3.71	0.25	VS	3.67	0.13	VS	3.65	0.14	VS
College	3.60	0.06	VS	3.76	0.19	VS	3.57	0.16	VS	3.63	0.15	VS
Frequency of Availment												
Weekly	3.60	0.06	VS	3.76	0.19	VS	3.58	0.15	VS	3.63	0.14	VS
Monthly	3.61	0.06	VS	3.68	0.23	VS	3.53	0.22	VS	3.69	0.21	VS
Whole	***3.60***	***0.06***	***VS***	***3.75***	***0.20***	***VS***	***3.57***	***0.16***	***VS***	***3.63***	***0.15***	***VS***

Mean Range: 1.00-1.75=Very Dissatisfied (VD), 1.76-2.50=Dissatisfied (Di), 2.51-3.25=Satisfied (Sa), 3.26-4.00=Very Satisfied (VS)

consistent, highly satisfied assessment of staff professionalism is evident across sex (males: M = 3.59, SD = 0.16 vs. females: M = 3.57, SD = 0.16), education (high school: M = 3.67, SD = 0.13 vs. college: M = 3.57, SD = 0.16), and service frequency (weekly: M = 3.58 vs. monthly: M = 3.53). This underscores how healthcare quality relies heavily on employee competency and behavior, mirroring Bahar et al. (2025), who noted highly recognized customer-centered competency in home care assurance. However, context matters: while Nguyen et al. (2021) found that satisfaction in private healthcare is heavily influenced by social pressure, Setyawan et al. (2020) highlighted that the strong correlation between customer satisfaction and loyalty found in private settings does not necessarily translate to public healthcare environments.

Place. The consistently high satisfaction scores in the "place" category indicate that the organization has optimized its home health services, ensuring robust, inclusive, and highly accessible care across diverse demographics and frequencies of need. Specifically, the high overall score (M = 3.63, SD = 0.15) remained stable regardless of gender (males: M = 3.67, SD = 0.19; females: M = 3.63, SD = 0.14), age (under or above 73 years), civil status (single: M = 3.69, SD = 0.16; married: M = 3.63, SD = 0.15; widowed: M = 3.64, SD = 0.18), educational background (High School: M = 3.65; College: M = 3.63), or service frequency (weekly: M = 3.63, SD = 0.14; monthly: M = 3.69, SD = 0.21$). These findings align with broader literature showing that home-based healthcare eliminates traditional access barriers to deliver safe, efficient, and consistent high-quality care that improves quality of life independent of patient demographics (Albahar et al., 2023; Küçük & Şahin, 2024; Nguyen et al., 2021; Wang et al., 2023). While machine learning analysis of client feedback further validates this effectiveness, additional research remains necessary.

Price. The consistently high, uniform satisfaction ratings across all demographic and usage variables—indicated by a total mean score of M=3.58 (SD=0.11) with negligible variance between genders, age groups, and visit frequencies—demonstrate that the company's value-based pricing strategy effectively resonates with a diverse clientele and acts as an incentive for service reuse rather than a barrier to care. While value-based pricing is known to balance financial success with favorable patient outcomes (Mittal et al., 2025), literature highlights that healthcare costs heavily influence patient satisfaction and perceived value (Jannah, 2025; Khan et al., 2025). Furthermore, while elements of the marketing mix often correlate positively with satisfaction (Bhuyan, 2024), empirical relationships can be mixed, with value perception occasionally failing to drive satisfaction (Nguyen et al., 2021) and poor private healthcare experiences leading to dissatisfaction (Narangoda et al., 2021). Ultimately, the uniform satisfaction observed in this study confirms that the company's current business model successfully mitigates these risks by aligning cost with expected service quality across all client segments.

Promotion. The private healthcare company's standardized and inclusive care model achieved high, uniform client satisfaction across all demographics, particularly for its health promotion strategies (M=3.61, SD=0.16). This consistent satisfaction spanned genders (Male: M=3.65; Female: M=3.60), age groups (≤73: M=3.59; >73: M=3.64), visit frequencies (Weekly: M=3.60; Monthly: M=3.65), and educational backgrounds (High School: M=3.67; College: M=3.61), with widowed respondents reporting the highest ratings (M=3.74, SD=0.16). Literature highlights that Patient-Centered Communication (PCC) and standardized care approaches are key drivers of this satisfaction and trust. While gender and education can inherently skew satisfaction—with women and less-educated individuals often reporting higher levels—effective communication successfully bridges these gaps to yield uniform satisfaction across all groups (Mason et al., 2022; Islam & Muhamad, 2021; Çakmak & Biçer, 2024). Ultimately, the synergy between robust communication and standardized care fosters institutional openness, client loyalty, and self-assessed health gains (Omuya et al., 2025).

Process. The private healthcare organization achieved high, uniform client satisfaction across all demographic groups (M = 3.53, SD = 0.16), indicating that its internal protocols successfully minimized operational disparities related to age, gender, and marital status—including singles (M = 3.58), married clients (M = 3.52), and widows (M = 3.57). Furthermore, satisfaction remained resilient regardless of care frequency, whether weekly (M = 3.53) or monthly (M = 3.48), demonstrating a highly systematic, institutionalized approach to diverse care delivery. While existing literature notes that client satisfaction heavily depends on service delivery models, quality of care, and efficient provider-patient communication (Raikhola, 2025; Verma et al., 2020), it also indicates that older patients are typically more satisfied than younger ones, with gender playing a negligible role (Harp et al., 2024; Mason et al., 2022). Additionally, home-based services and Joint Commission-accredited organizations generally yield higher ratings (Yaraşır & Bulut, 2025; Schmaltz et al., 2024; Longo et al., 2023), underscoring the significance of this organization's ability to maintain uniform excellence across its entire clientele.

Physical Evidence. Analysis of physical evidence shows that the private healthcare organization delivers a consistently high-quality environment that ensures a superior client experience regardless of demographic characteristics. Clients reported high overall satisfaction (M=3.51, SD=0.19), with "very satisfied" ratings persisting across genders (male: M=3.54, SD=0.21; female: M=3.50, SD=0.19), age groups (under 73: M=3.49, SD=0.19; above 73: M=3.52, SD=0.19), civil statuses (Single: M=3.67; Married: M=3.50; Widowed: M=3.62), and education levels (High School: M=3.54; College: M=3.50). Furthermore, consistent satisfaction across both weekly (M=3.4) and monthly (M=3.67) visit frequencies confirms strong client loyalty, justifying the organization's strategic focus on tangible service elements. These concrete features establish institutional credibility, professional trust, and long-term loyalty, aligning with research showing that environmental quality—such as cleanliness and infrastructure—is a primary determinant of satisfaction and trust in healthcare (Ai et al., 2022). Beyond boosting social media reviews, these physical factors mediate psychological constructs like client empowerment and dignity (Bellio & Buccoliero, 2021), ultimately driving customer retention and premium pricing capabilities even within healthcare settings prone to satisfaction-loyalty paradoxes (Hasan et al., 2025; Mrabet et al., 2022).

Table 2B

Degree of Patient Satisfaction with Home Health Services

Variable	Price			Promotion			Process			Physical Evidence		
	M	SD	Int	M	SD	Int	M	SD	Int	M	SD	Int
Sex												
Male	3.60	0.18	VS	3.65	0.16	VS	3.52	0.16	VS	3.54	0.21	VS
Female	3.58	0.10	VS	3.60	0.16	VS	3.53	0.16	VS	3.50	0.19	VS
Age												
≤73 years old	3.58	0.12	VS	3.59	0.14	VS	3.53	0.16	VS	3.49	0.19	VS
>73 years old	3.58	0.11	VS	3.64	0.17	VS	3.52	0.16	VS	3.52	0.19	VS
Civil Status												
Single	3.50	0.26	VS	3.64	0.13	VS	3.58	0.14	VS	3.67	0.21	VS
Married	3.58	0.11	VS	3.60	0.16	VS	3.52	0.16	VS	3.50	0.19	VS
Widowed	3.62	0.08	VS	3.74	0.16	VS	3.57	0.13	VS	3.62	0.21	VS
Highest educational attainment												
High School	3.60	0.09	VS	3.60	0.18	VS	3.56	0.12	VS	3.54	0.19	VS
College	3.58	0.11	VS	3.58	0.16	VS	3.52	0.16	VS	3.50	0.19	VS
Frequency of Availment												
Weekly	3.58	0.11	VS	3.58	0.16	VS	3.53	0.16	VS	3.49	0.19	VS
Monthly	3.59	0.12	VS	3.59	0.17	VS	3.48	0.15	VS	3.67	0.19	VS
Whole	***3.58***	***0.11***	***VS***	***3.58***	***0.16***	***VS***	***3.53***	***0.16***	***VS***	***3.51***	***0.19***	***VS***

Mean Range: 1.00-1.75=Very Dissatisfied (VD), 1.76-2.50=Dissatisfied (Di), 2.51-3.25=Satisfied (Sa), 3.26-4.00=Very Satisfied (VS)

Across demographics. The private healthcare company achieved high service standardization and equity across all demographic segments and visit frequencies, with an overall mean score of M = 3.60 (SD = 0.06). Traditional barriers showed virtually no variation in client satisfaction across gender (M{male} = 3.61; M{female} = 3.60), age, education, or visit frequency (monthly M = 3.61; weekly M = 3.60). These findings demonstrate reliable branding and consistent value, which are vital for retention and competitive positioning in home healthcare. This equitable performance is particularly notable given that income levels typically dictate private healthcare access (Lee et al., 2024), and industry benchmarks frequently suffer from demographic biases—including a 69% performance disparity in predictive machine learning models (Topaz et al., 2024), as well as age- and gender-based biases in medical coding (Torres et al., 2019) and client satisfaction scores (Compton et al., 2019).

4.3. Difference in the degree of client satisfaction with home health services when grouped according to sex

A Mann–Whitney U test revealed no significant difference in home health service satisfaction between male and female clients across all 7Ps marketing dimensions and overall satisfaction: product (U=3688.50, p=0.080), people (U=4454.50, p=0.970), place (U=3863.00, p=0.167), price (U=3691.00, p=0.063), promotion (U=3788.50, p=0.090), process (U=4362.00, p=0.803), physical evidence (U=3988.00, p=0.282), and overall satisfaction (U=4130.50, p=0.467). These findings align with broader research indicating that gender generally does not influence healthcare or home care satisfaction (López-Rincón et al., 2019; Khawaja et al., 2024). However, some setting-specific exceptions exist; for instance, Ahmed et al. (2024) observed that women reported lower satisfaction with service access and quality, whereas men were more satisfied with the duration of physician interactions.

4.4. Difference in the degree of client satisfaction with home health services when grouped according to age

No statistically significant age differences (comparing those ≤ 73 years old to those > 73) were found regarding overall satisfaction or the product, people, place, price, process, and physical evidence dimensions ($p > 0.05$). However, a significant difference emerged in the promotion dimension [U=9136.500, p=0.013], with respondents over 73 years old reporting higher satisfaction (M=3.64, SD=0.17) than their younger counterparts (M=3.59, SD=0.14). This aligns with broader, though sometimes inconclusive, healthcare

literature suggesting older clients generally exhibit higher satisfaction levels (Harp et al., 2024; Adams et al., 2024). It also underscores that age-based satisfaction dynamics are highly nuanced and dimension-specific (Vasiliadis et al., 2020), validating the utility of the 7Ps marketing model—particularly the promotion dimension—in assessing patient satisfaction (Ghabban, 2025; Bhuyan, 2024).

4.5. Difference in the degree of client satisfaction with home health services when grouped according to civil status

The results of the Kruskal-Wallis test showed no significant differences among single, married, and widowed respondents across all 7Ps marketing dimensions and overall satisfaction (all $p > 0.05$). This aligns with evidence that marital status does not significantly impact client satisfaction in hospital marketing contexts (Mutia & Pujianto, 2022). However, marital status profoundly affects healthcare utilization and physical health. Unmarried individuals—particularly the widowed and elderly—experience worse outcomes than married counterparts, including nearly double the risk of physical frailty (Kojima et al., 2019), higher rates of inpatient service use (Babul Hossain et al., 2020), diminished mental health, and lower physical activity (Park et al., 2023). Consequently, being unmarried is associated with extended hospital stays and a higher likelihood of discharge to institutional care (Konda et al., 2020).

4.6. Difference in the degree of client satisfaction with home health services when grouped according to educational attainment

No significant differences were found between high school and college graduates across individual satisfaction dimensions: product [U=1067.000, p=0.695], people [U=744.000, p=0.065], place [U=1107.000, p=0.827], price [U=1035.500, p=0.572], promotion [U=946.000, p=0.305], process [U=1036.500, p=0.590], and physical evidence [U=1029.500, p=0.579]. However, a slight, consistent pattern of higher individual ratings among high school graduates (M=3.63, SD=0.04) compared to college graduates (M=3.60, SD=0.06) combined to produce a statistically significant difference in overall satisfaction scores [U=633.000, p=0.028]. This cumulative effect highlights that while educational levels often correlate positively with satisfaction (Rosas & Madrigal, 2024; Genovate & Madrigal, 2021), higher educational attainment can yield a near-zero correlation with satisfaction due to competing resources and demands (Solomon et al., 2021). Ultimately, satisfaction variation may stem from specific roles (Olmos-Gómez et al., 2021), suggesting that the interplay between environmental context and individual demands influences satisfaction more heavily than educational background alone.

4.7. Difference in the degree of client satisfaction with home health services when grouped according to frequency of services availed

There were no significant differences in satisfaction between weekly and monthly home healthcare clients across overall satisfaction (U=2226.500, p=0.075) or most service dimensions: product (U=2373.500, p=0.145), people (U=2363.500, p=0.131), place (U=2312.000, p=0.098), price (U=2794.500, p=0.759), promotion (U=2412.500, p=0.134), and process (U=2393.000, p=0.151). However, monthly clients (M=3.67, SD=0.19) reported significantly higher satisfaction with physical evidence U=1483.500, p=0.000) than weekly clients (M=3.49, SD=0.19). This aligns with literature establishing healthcare quality as a strong predictor of client satisfaction (Sirait & Houghty, 2024; Sasarari et al., 2023), with tangible service aspects or physical evidence acting as a vital driver of positive experiences (Salfia et al., 2021). Despite variations in service frequency, both private and public organizations can maintain high satisfaction levels by adhering strictly to quality standards across all dimensions (Orte et al., 2020).

Overall, the results from this study have generally discredited the theoretical model by indicating that satisfaction with respect to all the "seven Ps" greatly depends on demographic variables, while there is a very high consistency in terms of alignment of value with service. This study was guided by Locke's theory of Value-Percept Disparity and based on the outcomes; it is evident that the "value-percept disparity" is rather small since everyone interviewed indicated being "very satisfied" regardless of demographic factors. Analysis based on Mann Whitney U and Kruskal Wallis H statistical tests indicated no significant differences with regard to satisfaction among most of the variables considered. However, despite these minor exceptions with regards to promotion based on age group, satisfaction with respect to education, and physical evidence with respect to the frequency of availment, it appears that in general the services provided by the company satisfy the subjective expectations of their clients, hence the same emotion of satisfaction is achieved.

5.0. Conclusion

The findings of this study demonstrate that the private healthcare company has achieved a remarkable level of service standardization, effectively mitigating demographic biases and ensuring equitable care for a

diverse elderly population. By consistently yielding "very satisfied" ratings across the 7Ps of the marketing mix, the company demonstrates that its operational model aligns with high client expectations, resulting in minimal "value-percept disparity" regardless of a client's sex, age, education, or service frequency. While minor exceptions in satisfaction exist regarding promotion, overall score, and physical evidence, the overall uniformity of the results suggests that the company's standardized protocols and professional staff training provide a compelling foundation for institutional trust and brand reliability. Ultimately, these results imply that for private home health firms, prioritizing clinical excellence (Product) and human interpersonal skills (People) creates a universally positive client experience that fosters long-term loyalty and competitive advantage in the home care sector.

6.0. Limitations of the Findings

There are certain limitations with regards to the findings obtained from this research that need to be considered during the interpretation stage. To begin with, the scope of the study was restricted to the operations of a particular private healthcare organization within the southwestern part of the US during Q3 2025. This will limit the generalization of findings to other places and even public organizations. Moreover, the demographics were very biased, as there was a large concentration of females (88.6%), those who were married (95.6%), and those who had college education (97.3%) among the respondents, which might not have been representative of the larger demographic group involved in home healthcare services. Moreover, the use of the survey, although tested and validated by the researchers, could be influenced by the natural biases present in self-reporting data. Last but not least, the non-normal nature of the data collected called for non-parametric analysis methods.

7.0. Practical Value of the Findings

The practical significance of the study rests with the validation of a reliable standard service package that efficiently meets the demands of a wide array of seniors, offering a strategy plan for private senior care firms to build up their brands and secure their clients' allegiance. Since it was found that consistent implementation of the 7Ps marketing model, especially with a high level of clinical "product" and "people," leads to similar levels of satisfaction irrespective of demographics, healthcare professionals can follow it to avoid service discrepancies and demographic discrimination in patient care. The managers in charge of operations will be able to take advantage of the minor deviations observed in "physical evidence" and "promotion" categories in order to refine their touch points and communication approaches for certain targeted groups, such as monthly users and age groups. The findings will act as standards for the private companies dealing with home health services.

8.0. Direction for Future Research

Future research should aim to expand the scope and diversity of this study to enhance the generalizability and depth of findings within the home healthcare sector. Subsequent studies could explore different geographic regions beyond the southwestern United States or compare satisfaction levels between private and public home care providers. To address the demographic skew in this sample, researchers should target more diverse populations, specifically increasing the representation of male, single, and non-college-educated respondents. Longitudinal research designs could also be employed to track how client satisfaction evolves over time or in response to specific changes in the marketing mix. Additionally, qualitative methods, such as in-depth interviews or focus groups, could provide deeper insights into the specific drivers behind the identified exceptions in satisfaction, such as the "physical evidence" perceptions of monthly users. Future investigations might also examine the impact of emerging technologies, such as telehealth and artificial intelligence, on the "process" and "promotion" dimensions of the 7Ps framework.

9.0. Declaration of Conflict of Interest

The researchers declare that no conflict of interest exists regarding the conduct or publication of this research. All study procedures were performed with full transparency, integrity, and strict adherence to the highest ethical research standards. Furthermore, the study received no material or financial support from any organization or institution that could influence the results. The author confirms there are no personal, professional, or financial relationships that could be perceived as potential sources of bias. All data collection, statistical analyses, and interpretations presented in this paper represent original work conducted solely for academic purposes.

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Additional Author's Information:

CONNIE C. BALIDA-GORY
cgoryoptimum@gmail.com
https://orcid.org/0009-0002-0355-0254