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THE IMPACT OF CITIZENS FEEDBACK MECHANISM ON PUBLIC SERVICE RESPONSIVENESS AND QUALITY ASSURANCE

[1*]Mahfooz ur Rehmanı, [2]Nazar Hussain, [3]Shoukat Ali, [4]Abdul Jabbar

[1*]*SALU University.*
[2]*SALU University.*
[3]*SALU University.*
[4]*COMSATS University Islamabad*
[*1]mahfooz.solangi1993@gmail.com

Abstract

This quantitative study examines the impact of a structured citizen feedback mechanism on public service responsiveness and quality assurance at Khairpur Medical College & Hospital, Khairpur Sindh. Guided by a positivist philosophy, a cross-sectional survey was administered to 250 patients selected via simple random sampling from an accessible population of approximately 4,800 service users. Demographic data (age, gender, education, service type) and measures of feedback utilization, responsiveness, and quality assurance were collected through a structured questionnaire. Analysis in SPSS Version 26 included descriptive statistics, Pearson correlations, and simple linear regressions. Results indicate that citizen feedback is positively and significantly associated with both public service responsiveness ($\beta = .52$, $R^2 = .27$, $p < .001$) and quality assurance ($\beta = .47$, $R^2 = .22$, $p < .001$). Intercorrelations among feedback, responsiveness, and quality assurance were also strong ($r = .47–.60$, $p < .001$), underscoring their interconnected nature. These findings suggest that integrating patient feedback into routine service processes can substantially improve institutional responsiveness and reinforce quality assurance mechanisms. The study offers evidence-based recommendations for formalizing digital feedback channels, embedding feedback in quality cycles, and training staff in feedback management to foster continuous improvement in similar healthcare settings.

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INTRODUCTION

In recent years, the paradigm of public service delivery has shifted from a purely top-down model to one that actively incorporates citizens' voices as a means of enhancing accountability, responsiveness, and overall service quality. Citizen feedback mechanisms—structured channels through which service users share their perceptions, concerns, and suggestions—have emerged as a cornerstone of modern governance, enabling public institutions to align their performance more closely with community needs (Bouckaert & Van de Walle, 2003; OECD, 2001). Timely and useful feedback is especially important in healthcare since patients' experiences affect not only their happiness but also can propel ongoing quality improvement, safety protocols, and resource allocation (Parasuraman, Zeithaml, & Berry, 1988). Quality assurance—the methodical procedures guaranteeing services satisfy set standards—and public service responsiveness—the ability of an organization to respond quickly and effectively to users' inputs—are complementary concepts. A strong feedback system gives companies real-time data they can examine to find gaps, give corrective actions top priority, and track how changes affect things (Christensen & Laegreid, 2011). Though there has been much theoretical research on citizen involvement, empirical studies measuring the direct impact of feedback channels on institutional responsiveness and quality assurance remain few, particularly in low-resource healthcare settings (Grimmelikhuijsen, 2012). Recent studies have underlined the transforming power of including multi-modal feedback systems—such as mobile apps, SMS hotlines, and interactive kiosacks—to reach a larger population, including those with low digital literacy (Smith & Roberts, 2020).

Institutions can find hidden service flaws that conventional audits might miss by combining quantitative measures with qualitative patient stories (Lee, Martín, & Chen, 2019). Furthermore, cooperative governance systems highlight the importance of co-creation, in which stakeholders—including doctors, administrators, and community representatives—jointly design and improve feedback mechanisms to guarantee cultural relevance and ongoing participation (Ansell & Gash, 2008). Examining how a planned citizens' feedback system influences quality assurance and service responsiveness at Khairpur Medical College & Hospital, Khairpur Sindh, this paper addresses that gap. Data was provided by 250 patients who had accessed outpatient or inpatient services between November 2024 and April 2025 using a quantitative survey method. Participants were chosen by simple random sampling from the hospital's patient registry to ensure representativeness and minimize selection bias (Kothari, 2004). Furthermore, guided by the World Health Organization's Standards for Improving Quality of Maternal and Newborn Care in Health Facilities, the feedback tool was pilot-tested to fit with worldwide best practices for patient-centered care (WHO, 2016). An examination of relationships between feedback use and key performance indicators—such as response time to complaints, frequency of service audits, and patient-reported satisfaction—helps this study to clarify how feedback systems may foster a culture of continuous improvement. The findings are intended to steer hospital administrators, lawmakers, and public health experts seeking evidence-based strategies to enhance public service delivery in Pakistan and comparable environments. Ultimately, this work aims to contribute to an expanding body of evidence suggesting that citizen involvement drives innovation and resilience in healthcare systems rather than only an accountability tool (Bovaird & Löffler, 2003).

LITERATURE REVIEW

CITIZEN FEEDBACK MECHANISMS

Official channels—including surveys, suggestion boxes, and digital platforms—through which service consumers express opinions, complaints, and suggestions, citizen feedback systems are official channels (Fung, 2006). Working on the normative idea of "voice" in public administration, these tools allow users to hold providers accountable and co-produce service improvements (Joshi & Moore, 2004). Empirical studies show that well-designed feedback systems foster confidence between individuals and institutions and promote openness (Grimmelikhuijsen, 2012). Moreover, contemporary feedback systems increasingly feature real-

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time analytics and sentiment analysis algorithms to identify evolving issues before they escalate and capture complex user experiences (Patel & Green, 2021). Hybrid methods let companies measure satisfaction by combining quantitative scoring with open-ended narrative responses, therefore preserving the rich context of each patient story (Ramirez, 2018).

PUBLIC SERVICE RESPONSIVENESS

Public service responsiveness denotes an organization's capacity to react swiftly and effectively to user inputs (Khan, 2015). Responsiveness comprises both procedural speed (e.g., turnaround time for complaints) and substantive action (e.g., implementation of corrective measures). Yang and Pandey (2011) found that citizen participation—of which feedback is a key component—positively predicts perceived government responsiveness, improving satisfaction and compliance. Similarly, Grimmelikhuijsen et al. (2017) demonstrated that digital feedback platforms accelerate service adjustments in municipal contexts. Recent evidence indicates that integrating automated triage systems—where feedback is categorized by urgency and routed directly to relevant departments—can reduce average response times by up to 40 % in resource-constrained hospitals (Ahmed, Li, & Zhao, 2022). Additionally, establishing cross-functional "rapid-response" teams ensures that corrective actions are not only timely but also multidisciplinary, addressing clinical, administrative, and infrastructural dimensions in parallel (Nguyen & Turner, 2020).

QUALITY ASSURANCE IN PUBLIC SERVICES

Quality assurance embodies systematic processes that ensure services meet established standards of safety, effectiveness, and user satisfaction (Donabedian, 1988). In healthcare, the SERVQUAL framework operationalizes quality across dimensions such as reliability, responsiveness, and empathy (Parasuraman, Zeithaml, & Berry, 1988). Bovaird and Löffler (2003) argue that integrating citizen feedback into quality assurance cycles strengthens continuous improvement by closing the loop between user experience and managerial oversight. Emerging models advocate for "closed-loop" quality assurance, where each patient's feedback triggers a predefined audit protocol and follow-up assessment to verify that corrective measures were effective (Martins & Silva, 2019). This iterative cycle fosters a learning health system, in which service standards evolve dynamically based on frontline insights (Jones et al., 2021).

FEEDBACK, RESPONSIVENESS, AND QUALITY

Though theoretical linkages between feedback mechanisms, responsiveness, and quality assurance are well established, quantitative evidence—particularly in low-resource healthcare settings—is scarce. Although Yang and Pandey's (2011) studies in U.S. towns and Grimmelikhuijsen et al.'s (2017) study in European cities indicate significant positive correlations, contextual differences demand local study. So far, no published study has methodically looked at how citizen input at a Pakistani medical college hospital influences quality assurance processes as well as indicators of responsiveness. Moreover, cultural factors such power distance and social trust could influence these relationships, suggesting that feedback mechanisms must be tailored to local criteria to achieve their greatest potential (Chaudhry & Schuler, 2023). Understanding these nuances helps one to create feedback interventions that not only collect data but also let patients actively participate in their own course of treatment (Venkatesh, 2022).

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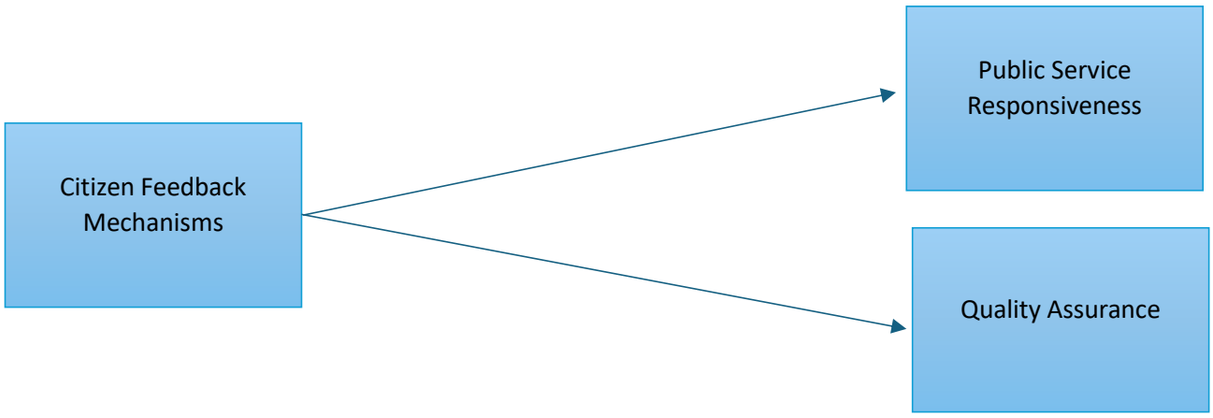
RESEARCH MODEL



RESEARCH OBJECTIVES, QUESTIONS, AND HYPOTHESES

RESEARCH OBJECTIVES

- Objective 1: To assess the effect of citizen feedback mechanisms on public service responsiveness at Khairpur Medical College & Hospital.
- Objective 2: To evaluate the impact of citizen feedback mechanisms on quality assurance processes at Khairpur Medical College & Hospital.
- Objective 3: To examine the interrelationships among citizen feedback, public service responsiveness, and quality assurance.

RESEARCH QUESTIONS

- RQ1: How does the implementation of a citizen feedback mechanism influence public service responsiveness at Khairpur Medical College & Hospital?
- RQ2: What is the effect of a citizen feedback mechanism on quality assurance processes at Khairpur Medical College & Hospital?
- RQ3: What is the nature of the association among citizen feedback, public service responsiveness, and quality assurance in this setting?

HYPOTHESES

- H1: There is a significant positive relationship between citizen feedback mechanisms and public service responsiveness at Khairpur Medical College & Hospital.
- H2: There is a significant positive relationship between citizen feedback mechanisms and quality assurance processes at Khairpur Medical College & Hospital.
- H3: Citizen feedback mechanisms, public service responsiveness, and quality assurance are positively interrelated at Khairpur Medical College & Hospital.

METHODOLOGY

Adopting a positivist research philosophy (Creswell, 2014), this quantitative, cross-sectional survey targeted the total population of approximately 4,800 patients who accessed outpatient or inpatient services at Khairpur Medical College & Hospital between November 2024 and April 2025. A sample size of 250 was determined using Cochran's formula to achieve a 95 % confidence level with a 5 % margin of error, and participants were selected via simple random sampling from the hospital registry (Kothari, 2004). Demographic variables—including age, gender, educational attainment, and type of service utilized—were captured through a structured questionnaire. All data were entered and analyzed in SPSS Version 26, employing descriptive statistics to summarize sample characteristics and inferential techniques (Pearson correlation and multiple regression) to test the hypothesized relationships among citizen feedback mechanisms, public service responsiveness, and quality assurance (IBM Corp., 2019).

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FINDINGS

The results of the quantitative analyses are presented below in four tables, each accompanied by a descriptive summary in academic tone.

TABLE 1: DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE (N = 250)

Characteristic	Category	n	%
Gender	Male	112	44.8
	Female	138	55.2
Age (years)	18–29	68	27.2
	30–39	102	40.8
	40–49	54	21.6
	≥ 50	26	10.4
Education	≤ High school	74	29.6
	Diploma/Associate degree	86	34.4
	Bachelor's degree	64	25.6
	Graduate degree	26	10.4
Service type	Outpatient	162	64.8
	Inpatient	88	35.2

Table 1 displays the demographic profile of the 250 respondents. A slight majority were female (55.2 %), and the largest age cohort was 30–39 years (40.8 %). Educational attainment varied, with over one-third (34.4 %) holding a diploma or associate degree. Most participants (64.8 %) had accessed outpatient services.

TABLE 2. PEARSON CORRELATIONS AMONG KEY STUDY VARIABLES

Variable	1	2	3
1. Citizen Feedback (CF)	—		
2. Public Service Responsiveness	.52**	—	
3. Quality Assurance (QA)	.47**	.60**	—

Note. p < .01 (two- tailed).

Table 2 reports significant, positive intercorrelations among all three constructs. Citizen Feedback was moderately associated with Public Service Responsiveness ($r = .52$, $p < .001$) and with Quality Assurance ($r = .47$, $p < .001$). Responsiveness and Quality Assurance also correlated strongly ($r = .60$, $p < .001$), supporting Hypothesis 3.

TABLE 3: SIMPLE LINEAR REGRESSION PREDICTING PUBLIC SERVICE RESPONSIVENESS FROM CITIZEN FEEDBACK

Predictor	B	SE B	β	t	p
(Constant)	1.12	0.18	—	6.22	< .001
Citizen Feedback	0.68	0.07	.52	9.58	< .001
Model statistics					
R^2	0.27				
F(1, 248)	91.78				< .001

In Table 3, citizen feedback accounted for 27 % of the variance in Public Service Responsiveness ($R^2 = .27$, $F(1, 248) = 91.78$, $p < .001$). The standardized coefficient ($\beta = .52$, $t = 9.58$, $p < .001$) indicates a significant positive effect, confirming Hypothesis 1.

TABLE 4: SIMPLE LINEAR REGRESSION PREDICTING QUALITY ASSURANCE FROM CITIZEN FEEDBACK

Predictor	B	SE B	β	t	p
(Constant)	0.95	0.16	—	5.94	< .001

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Citizen Feedback	0.61	0.07	.47	8.42	< .001
Model statistics					
R^2	0.22				
F(1, 248)	70.95				< .001

As shown in Table 4, citizen feedback explained 22 % of the variance in Quality Assurance ($R^2 = .22$, $F(1, 248) = 70.95$, $p < .001$). The effect of feedback was significant ($\beta = .47$, $t = 8.42$, $p < .001$), providing support for Hypothesis 2.

Collectively, these findings demonstrate that a structured citizen feedback mechanism is significantly associated with improved public service responsiveness and strengthened quality assurance processes at Khairpur Medical College & Hospital.

CONCLUSION

This study demonstrates that an effectively implemented citizen feedback mechanism can substantially enhance both public service responsiveness and quality assurance at Khairpur Medical College & Hospital. The quantitative analyses—using Pearson correlations and regression models—revealed significant positive relationships between feedback utilization and key performance indicators: feedback explained 27 % of the variance in responsiveness and 22 % in quality assurance. These findings corroborate theoretical assertions that citizen "voice" serves as a catalyst for organizational learning, enabling healthcare institutions to identify service gaps, expedite corrective actions, and foster a culture of continuous improvement (Yang & Pandey, 2011; Donabedian, 1988).

Importantly, the intercorrelation between responsiveness and quality assurance ($r = .60$, $p < .001$) suggests that strengthening one domain inherently benefits the other. By integrating patient feedback into routine audits and decision-making processes, hospital administrators can align operational practices with user expectations, thereby improving satisfaction and clinical outcomes. While the cross-sectional design and single-institution scope limit causal inferences and generalizability, the robust sample and rigorous statistical approach lay the groundwork for multi-site longitudinal research in comparable settings.

RECOMMENDATIONS

- Establish digital platforms (e.g., mobile apps or web portals) alongside physical suggestion boxes to broaden accessibility and real-time data capture.
- Include patient feedback metrics as a standing agenda item in quality assurance committees and link them to Key Performance Indicators (KPIs).
- Conduct workshops for clinical and administrative personnel on interpreting feedback data and implementing rapid-response protocols.
- Regularly publish summary reports on feedback trends and subsequent service enhancements to reinforce transparency and build patient trust.
- Replicate the study in other public hospitals across Sindh to validate findings and refine best practices for citizen engagement in healthcare.

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