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Effect of Proactive Customer Services on Patients' Satisfaction in Tanzanian Private Healthcare Facilities: *A Case of JR Hospital in Mwanza City*

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Abstract

Objectives: *To investigate the collective and specific effects of proactive customer service (PCS) dimensions—Anticipation of Patients' Needs (APN), Healthcare Responsiveness (R), and Employees' Empathy (E)—on Patients' Satisfaction (PS) in Tanzanian private healthcare, thereby addressing a crucial knowledge and population gap regarding service recipient perception in healthcare industry.*

Design/methodology/approach: *A quantitative, hospital-based cross-sectional survey utilized systematic random sampling to collect data from 278 outpatient attendees at a private hospital in Mwanza, Tanzania. Data analysis employed descriptive statistics, correlation, and Multiple Linear Regression (MLR) using SPSS v27.*

Results and Discussion: *PCS dimensions collectively explain 66.2% of the variance in PS (Adjusted R2=0.662, p<0.01). All three dimensions significantly and positively affect PS. Employees' Empathy (β=0.414) was the strongest predictor, followed closely by Responsiveness (β=0.393) and APN (β=0.204). A high interdependence (0.866) was discovered between Empathy and Responsiveness, suggesting their synergistic effect on patient experience.*

Practical implications: *Private hospital management should prioritize investment in soft skills, emphasizing employee' empathy and emotional intelligence, as this demonstrates the highest statistical return in PS and subsequently enhances providers' perceived responsiveness. Proactive financial transparency (part of APN) is essential for mitigating risk perception among cost-sensitive patients.*

Originality: *This study applies Social Exchange Theory (SET) to empirically validate the effect of proactive service dimensions from the consumer perspective in a resource-constrained setting, contrasting previous reactive public sector studies in Tanzania. It establishes Empathy as the paramount driver of satisfaction and operational promptness in this context, effectively filling identified methodological and population gaps.*

Keywords *Proactive customer services, Patients' satisfaction, Patients, Empathy, Responsiveness.*

1. INTRODUCTION

1.1 Background and Problem Statement

The modern global economy is fundamentally driven by the services industry, which accounts for up to 70% of economic activity in developed nations (George and Sahadevan, 2023). Sustained competitive advantage requires businesses to differentiate themselves through superior service provision, increasingly emphasizing proactive rather than reactive approaches (Al Karim *et al.*, 2023). Proactive customer service (PCS) is defined as the act of anticipating a customer's needs and providing assistance or solutions before they explicitly ask for it (Brown, 2022). In the healthcare sector, patient satisfaction (PS) is directly determined by the perceived quality of service delivery (Abuelhassan and AlGassim, 2022).

In Tanzania, substantial efforts have been made to improve healthcare delivery infrastructure, evidenced by the addition

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of 142 hospitals between 2019 and 2023, a significant increase compared to the 53 hospitals built between 2012 and 2019 (NBS, 2023). Despite this quantitative expansion, the quality-of-service delivery often remains reactive, particularly in the public sector (Kinyenje *et al*., 2022). Persistent challenges include inadequate anticipation of patient needs and slow service responsiveness (Khamis and Njau, 2014), (Lupondo *et al*., 2024). Operational sluggishness is highlighted by average outpatient department (OPD) waiting times ranging from 2.5 to 6 hours, which substantially exceeds the international standard of 30 minutes to 2 hours (Mwanswila *et al*., 2024).

These operational deficits signal a critical gap in core service principles, including a reported lack of employees' empathy and slow responsiveness (Mwanswila *et al*., 2024). Recognizing the pervasive nature of these issues, the Medical Council of Tanganyika (MCT) recently required medical practitioners to undergo mandatory customer care services training to fulfill continuing professional development (CPD) requirements (MCT, 2024). This regulatory mandate underscores the national recognition that relational and proactive elements of care are paramount to improving healthcare quality.

The research problem stems from the lack of empirical evidence from the service recipient perspective regarding the effect of these proactive service dimensions—namely, Anticipation of Patients' Needs, Health Services Responsiveness, and Employees' Empathy—on patient satisfaction within the Tanzanian private healthcare sector (Charles and Viswanadham, 2022). Private facilities, unlike subsidized public institutions, depend on active cash flow and market reputation for sustainability, providing a necessary environment to assess the true impact of implemented PCS practices. By focusing on this specific context, the study aims to close key knowledge, population, and methodological gaps evident in previous reactive public sector studies in the region.

1.2. Research Objectives

The general objective of this study was to investigate the effect of proactive customer services on patients' satisfaction at JR Hospital, Mwanza city, Tanzania.

The specific objectives guiding this investigation were:

- To determine the effect of anticipating patients' needs on patients' satisfaction at JR Hospital.
- To examine the effect of health services responsiveness on patients' satisfaction at the hospital.
- To determine the effect of employees' empathy on patients' satisfaction at the hospital.

2. THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.1. Theoretical Foundations: Social Exchange Theory (SET)

This research is anchored in the Social Exchange Theory (SET), initially developed by George Caspar Homans (1958) and expanded upon by scholars such as Blau (1964). SET posits that social interaction, and relationships are maintained through a calculated process where individuals implement a cost-benefit analysis to ascertain the risks and rewards of an interaction. The foundational principle is that individuals continue a relationship only when the perceived benefits outweigh the perceived costs, emphasizing the critical role of reciprocity.

In the healthcare industry, patients constantly evaluate this exchange (Alibrandi *et al*., 2023). Costs include financial expenditure, physical effort, and the logistical burden of obtaining care (e.g., long waiting times) (Amporfro *et al*., 2021). Benefits, or rewards, include successful health outcomes, emotional comfort (empathy), and high efficiency (responsiveness). Proactive customer service operates by actively lowering the patient's costs (e.g., reducing waiting time through digitalization or pre-empting administrative hurdles) while simultaneously increasing the relational rewards (e.g., personalized attention, empathetic communication) (Herrera, 2024) . When healthcare providers proactively enhance the benefits of the exchange, patients are compelled by the principles of reciprocity to reward the provider with higher satisfaction, loyalty, and positive word-of-mouth, thereby ensuring the facility's sustainability.

2.2. Proactive Customer Service Dimensions

2.2.1. *Anticipation of Patients' Needs (APN)*

Anticipation of Patients' Needs is the operational core of PCS, moving the service delivery model from reacting to crises to pre-empting patient requirements (Erlenheim *et al*., 2020). This involves proactively understanding and resolving patient needs even before they are explicitly requested. Healthcare facilities utilize internal data regarding disease prevalence, common conditions, seasonal outbreaks, and patient presentation types to forecast requirements for pharmaceuticals, diagnostic equipment, and necessary human resources.

Operationalizing APN involves utilizing systems such as Electronic Medical Records (EMR) to integrate services across departments (OPD, laboratory, pharmacy) to shorten the time required for service acquisition and completion (Kalaja, 2023). Furthermore, APN encompasses the proactive sharing of essential information, particularly financial details, to help patients manage costs and budget for services, addressing a major source of anxiety and dissatisfaction in healthcare industry. In the context of SET, anticipating needs reduces the patient's perceived cost (time and financial risk) by simplifying the administrative structure and preparing for treatment.

2.2.2. *Health Services Responsiveness (R)*

Responsiveness in healthcare extends beyond mere reaction to immediate clinical needs; it fundamentally addresses the non-medical expectations of patients, ensuring the service experience is respectful, dignified, and prompt (Al-hilou and Suifan, 2023). Key aspects include staff promptness in retrieving records, high receptiveness to patient concerns, and

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the provision of realistic and honest service information (Yıldırım *et al.*, 2022).

Effective responsiveness requires the facility to be prepared in advance to meet anticipated demands, thereby maintaining a patient-centered approach that minimizes bureaucratic hurdles (Calabrese *et al*., 2024). By being realistic about service offerings, providers avoid the critical business failure of over-promising and under-delivering, which quickly erodes trust and satisfaction (El Garem *et al*., 2023). Responsiveness, therefore, is a direct operational manifestation of the facility's proactive state, linking operational efficiency to the patient's feeling of being valued and attended to promptly.

2.2.3. *Employees' Empathy (E)*

Employees' Empathy is considered a critical component of proactive care, focusing on the ability of healthcare providers to recognize, share, and address the patient's emotional experience of illness, pain, or anxiety (Ferreira *et al*., 2023). Empathy is demonstrated through staff attention to individual concerns, cooperation, politeness, and comforting behavior (Lupondo *et al*., 2024).

From the perspective of SET, empathy fulfills the psychological contract—the unspoken, non-stated expectations of compassion, trust, and fairness that patients bring to the service exchange (Padamata and Vangapandu, 2023). When these psychological needs are met proactively, the relational reward far exceeds the tangible cost of care, fostering strong trust and enhancing the patient-provider relationship. Previous studies confirm that empathetic service delivery positively influences patient satisfaction (Kalaja, 2023), (Chona *et al*., 2024) and (Ferreira *et al.*, 2023).

2.3. Empirical Literature Gaps

Review of the existing empirical literature reveals several gaps that this study sought to address. Firstly, numerous studies in Tanzania investigating patient satisfaction focused predominantly on public hospitals, utilizing methodologies that may not fully account for the proactive elements inherent in private, cash-flow-dependent facilities (Chona *et al*., 2024), (Khamis and Njau, 2014), (Kinyenje *et al.*, 2022) and (Lupondo *et al*., 2024). Furthermore, these studies often focused on factors determining satisfaction in a reactive way, such as the quality of available drugs or infrastructure deficiencies (Charles and Viswanadham, 2022).

Secondly, much of the globally relevant research on proactive services was conducted in technologically advanced contexts (e.g., Europe, USA, and Asia) or focused on non-healthcare services (e.g., e-government, hospitality), introducing population and contextual gaps regarding the specific socio-cultural dynamics and resource constraints of an African emerging economy (Afaq *et al*., 2022), (Al Karim *et al*., 2023), (Bui *et al*., 2022), (Erlenheim *et al*., 2020) and (Ghorbanzadeh, 2024). By concentrating on the dimensions of Anticipation of Needs, Responsiveness, and Empathy, and gathering data directly from service recipients in a private Tanzanian setting using rigorous systematic sampling, this study provided novel insights into how proactive relational care drives satisfaction, directly addressing the limitations found in the existing literature.

3. Research Methodology

3.1. Research Design and Setting

This study utilized a quantitative, hospital-based cross-sectional design. The research was guided by a positivism philosophy, emphasizing the objective measurement and statistical analysis of variables to determine the quantifiable effect of proactive customer service dimensions on patient satisfaction. A deductive research approach was employed, testing the objectives, derived from the empirical literature review, concerning the relationship between independent variables (APN, R, E) and the dependent variable (PS).

The study was conducted at JR Hospital (JRH), a private, for-profit facility in Mwanza, Tanzania. JRH was selected for its advantageous location and consistent patient flow, estimated at approximately 50 OPD patients per day, which ensured the feasibility of obtaining the required sample size within the study timeline (JR Hospitals Mwanza., 2025). The focus was exclusively on patients and guardians attending the Outpatient Department (OPD), as they represent the majority of daily facility interactions.

3.2. Sampling and Data Collection

3.2.1. *Target Population and Sample Size*

The target population comprised OPD attendees aged 18 years or older, or the parents/guardians' accompanying patients under 18. This age criterion ensured participants possessed the cognitive ability to provide informed consent and accurately assess their perception of service quality (Lupondo *et al*., 2024). Based on the estimated patient flow over the 20 working days of data collection, the total potential population (N) was projected to be 1,000. Using the formula by Krejcie and Morgan (1970), the calculated minimum sample size required was 278.

3.2.2. *Sampling Procedure and Response Rate*

Systematic random sampling was utilized to select participants, minimizing selection bias and ensuring the generalizability of the findings (Mwanswila *et al*., 2024) and (Yıldırım *et al.*, 2022). A sampling interval of n=4 was used initially, followed by n=3 to achieve the target number of respondents. A total of 290 participants consented to participate out of the 300 individuals systematically selected. After excluding 12 questionnaires due to errors or missing essential data points (e.g., age, payment mode, Likert scale items), 278 correctly filled questionnaires remained for analysis, yielding a high response rate of 96%.

3.2.3. *Instrument and Measurement*

A structured questionnaire, translated into Swahili for clarity and higher response integrity, was the primary data collection instrument. A 5-point Likert scale (1=Strongly Disagree to 5=Strongly Agree) was used to capture patient perception.

The instrument contained three dimensions of proactive customer service (independent variables), measured by nine items adapted from previously verified scales (Khamis and Njau, 2014) and (Lupondo *et al*., 2024).

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- *Anticipation of Patients' Needs (APN):* Measured by items such as waiting time relative to expectation and proactive financial information sharing.
- *Responsiveness (R):* Measured by staff promptness in record retrieval, receptiveness, and realism of service information.
- *Employees' Empathy (E):* Measured by staff attention to concerns, cooperation, and politeness/comfort.

The dependent variable, Patients' Satisfaction (PS), was measured using a modified three-item scale focusing on the availability of prescribed medicines, clarity of medicine usage information, and cleanliness/privacy of consultation rooms.

3.3. Data Analysis

Data analysis was conducted using Microsoft Excel and Statistical Package for the Social Sciences (SPSS) version 27. Inferential statistics included reliability testing using Cronbach's Alpha (α), normality testing using Skewness and Kurtosis, Pearson correlation analysis, and Multiple Linear Regression (MLR).

The relationship between the PCS dimensions and Patients' Satisfaction was tested using the following MLR model:
$PS=\beta 0+\beta 1APN+\beta 2R+\beta 3E+\epsilon$

Where PS represents Patients' Satisfaction, $\beta 0$ is the intercept, $\beta 1$ to $\beta 3$ are the regression coefficients for the respective independent variables (Anticipation of Patients' Needs, Responsiveness, and Employees' Empathy), and ϵ is the error term. Model fit was assessed using the Adjusted $R2$, the F-statistic, the Durbin-Watson (DW) test for autocorrelation, and the Variable Inflation Factor (VIF) for multicollinearity.

4. RESULTS AND DISCUSSION

4.1. Respondent Demographics and Descriptive Analysis

The demographic profile of the 278 respondents revealed a slight female majority (55%). The core age demographic (67%) was between 25 and 45 years, representing the most economically active cohort, likely attending for themselves or as guardians. Literacy was high, with 84.9% of respondents having attained secondary level education or higher. A large majority (89.6%) reported completing their services in less than 120 minutes, with the average waiting time falling between 30 and 60 minutes. This demonstrates that JRH operates proactively within the globally accepted standard for waiting times. Financial methods indicated that cash payments dominated (62%), though 38% utilized health insurance, confirming a middle-to-high income clientele suitable for assessing service quality in a competitive private facility.

Table 1

Demographic Profile of Survey Respondents (N=278)

Category	Variable	Frequency (n)	Percentage (%)
Gender	Female	153	55
	Male	125	45
Age (Years)	25-45 (Peak Cohort)	187	67.3
Education Level	Secondary/ College/University	236	84.9
Visits at JRH	More than Once (Loyalty Proxy)	153	55
Waiting Time	Less than 120 min	249	89.6
Payment Modality	Pay Cash	172	62

The analysis also indicated that proactive services were consistently provided, regardless of patient demographic status. For instance, those with international hospital exposure (11%) were 100% satisfied with the services at JRH, suggesting that the private facility's proactive approach is robust enough to meet even the elevated expectations associated with extensive exposure. Furthermore, high satisfaction was observed across various frequencies of visits, implying consistency in the application of quality standards to both first-time and repeat customers.

4.2. Measurement Model Reliability and Validity

The reliability assessment, using Cronbach's Alpha (α), confirmed that all measurement scales demonstrated high internal consistency, with values significantly exceeding the recommended threshold of 0.70 (Tavakol and Dennick, 2011). Empathy exhibited the highest reliability (α=0.896), followed by Responsiveness (α=0.868). All variables achieved a mean score above 4.5 on the 5-point Likert scale, confirming a very strong general agreement among patients regarding the presence and perceived quality of proactive services. Normality testing confirmed that Skewness and Kurtosis values for all variables fell within the acceptable range (Skewness ±2, Kurtosis ±7) (Byrne, 2010) and (Hair *et al*., 2010), validating the suitability of the data for Multiple Linear Regression analysis.

Table 2

Reliability and Descriptive Statistics

Variable	N. Items	Cronbach's α	Mean	Std. Deviation
Anticipation of Patients' Needs (APN)	3	0.705	4.529	0.563
Responsiveness (R)	3	0.868	4.79	0.375
Employees'	3	0.896	4.753	0.439

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Empathy (E)				
Patient Satisfaction (PS)	3	0.834	4.717	0.499

4.3. Correlational Analysis

Pearson correlation analysis confirmed positive and statistically significant relationships (p<0.01) between all three proactive customer service dimensions and Patients' Satisfaction. Employees' Empathy exhibited the strongest correlation with PS (0.780), followed by Responsiveness (0.762) and APN (0.676).

A highly significant finding emerged from the correlation between the independent variables: Employees' Empathy and Responsiveness demonstrated an exceptionally strong positive inter-correlation (0.866, p<0.01). This relationship suggests that these two relational and operational factors are perceived by patients synergistically. When staff exhibit high empathy (e.g., attention, comfort), the patient registers the subsequent action (e.g., prompt record retrieval, clear instructions) as amplified responsiveness. This interdependence means that investment in the relational aspect (Empathy) immediately translates into a perceived operational gain (Responsiveness), confirming the synergistic nature of proactive service delivery.

Table 3

Pearson Correlation Coefficients (IVs and DV)

Variable	APN	R	E	PS
Anticipation of Patients' Needs (APN)	1			
Responsiveness (R)	0.654**	1		
Employees' Empathy (E)	0.691**	**0.866****	1	
Patient Satisfaction (PS)	0.676**	0.762**	**0.780****	1
*Note: *. *Correlation is significant at the 0.01 level (2-tailed).*				

4.4. Multiple Regression Analysis

The results of the MLR confirmed a robust model fit. The Adjusted $R2$ of 0.662 indicates that the three proactive customer service dimensions collectively account for 66.2% of the variance observed in Patients' Satisfaction. The model was statistically significant (F=181.779, p=0.000). The Durbin-Watson statistic (2.009) confirmed the absence of autocorrelation between variables, and all VIF values were well below the threshold of 5 (VIF ≤4.50), confirming the absence of multicollinearity (Kim, 2019) .

All three dimensions of proactive customer service were found to have a significant positive effect on patient satisfaction (p<0.001), confirming all stated research objectives.

Employees' Empathy (E): The strongest positive predictor, with an unstandardized coefficient of β=0.414 (p<0.001). A one-unit increase in empathy leads to a 41.4% increase in patient satisfaction.

Responsiveness (R): The second strongest predictor, with β=0.393 (p<0.001). A one-unit increase in responsiveness leads to a 39.3% increase in patient satisfaction.

Anticipation of Patients' Needs (APN): A significant positive predictor, with β=0.204 (p<0.001). A one-unit increase in APN leads to a 20.4% increase in patient satisfaction.

The resulting regression equation is $PS=-0.059+0.204APN+0.393R+0.414E+\epsilon$

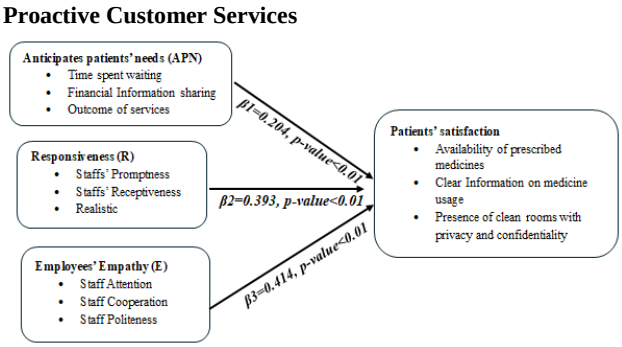
Table 4

Multiple Regression Analysis of Proactive Customer Services on Patient Satisfaction

Predictor	Unstandardized β	t-value	p-value	VIF
Constant	-0.059	-0.27	0.791	N/A
Anticipation of Patients' Needs (APN)	0.204	4.716	0	1.96
Responsiveness (R)	**0.393**	4.18	0	4.11
Employees' Empathy (E)	**0.414**	4.912	0	4.5
Dependent Variable: Patients' Satisfaction (PS). Adjusted R Square = 0.662.				

Figure 1

Summary of the β-coefficient prediction of the study outcome of interest from independent variables



4.5. DISCUSSION

4.5.1. Effect of Employees' Empathy on Patients' Satisfaction: The Dominant Proactive Driver

The analysis unequivocally establishes Employees' Empathy as the most powerful determinant of patient satisfaction

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(β=0.414) in this Tanzanian private healthcare setting. Empathy is a key aspect of proactive service because it is not typically demanded by the patient but rather provided voluntarily by the staff (e.g., being polite, offering comfort, attention to individual concerns). This behavior fulfills the "psychological contract" central to the Social Exchange Theory (Zhang *et al*., 2024). When healthcare providers proactively invest in the patient's emotional well-being, the relational reward is substantial, generating high levels of trust and commitment (Yang *et al*., 2023) and (Yue *et al.*, 2023).

This finding is particularly critical for healthcare management: it implies that patients perceive human connection and relational benefits as more valuable than purely logistical or transactional improvements (Venkatakrishnan *et al.*, 2022) and (Wenninger *et al*., 2022). The consistent positive feedback regarding staff politeness, cooperation, and attentiveness (mean score 4.753) confirms that JRH staff successfully project this compassionate approach, leading directly to higher PS.

4.5.2. Effect of Healthcare Responsiveness on Patients' Satisfaction

Healthcare Responsiveness (β=0.393) was found to be the second strongest predictor, confirming that operational efficiency is vital, provided it is delivered with a relational component. The extremely high correlation observed between Empathy and Responsiveness (0.866) indicates that patients view the promptness of service (responsiveness) as a direct result of the staff's genuine care (empathy) (Tandika, 2023). High empathy compels staff to be attentive and proactive, resulting in quick record retrieval and receptive interaction, which patients then register as high responsiveness (Tiep Le, 2022).

The hospital's operational success, with nearly 90% of patients completing services within the international standard of 120 minutes, validates its operational proactivity. This level of operational standard, coupled with staff receptiveness, positions the facility competitively, allowing it to effectively differentiate itself from the frequently cited slowness and lack of commitment observed in public sector facilities.

4.5.3. Effect of Anticipation of Patients' Needs on Patients' Satisfaction

Anticipation of Patients' Needs (APN) demonstrated a significant, though comparatively lower, effect on PS (β=0.204). The primary driver within this dimension was the proactive sharing of financial information and the perceived shortness of the waiting time (Setyawan *et al.*, 2020). In an emerging economy, where out-of-pocket health expenses represent a substantial household risk, proactive financial transparency is an essential form of proactive customer service (Lee *et al*., 2024).

By sharing expected costs and available payment modalities proactively (mean score 4.6), the hospital mitigates financial anxiety for the patient (Bui *et al*., 2022). This action directly addresses the cost component of the Social Exchange Theory, reducing the non-medical "pain" points of the service encounter (Ciasullo *et al*., 2024). Avoiding reactive, unexpected billing at the end of the treatment process is crucial for preventing conflicts and securing patient satisfaction, an insight highly relevant to the context of accounting and finance in emerging economies (Darzi *et al*., 2022).

4.5.4. Resilience Against Expectation Bias

A key finding related to control variables challenged common assumptions in service literature. Conventional studies suggest that patients with high education and broad exposure (including international hospitals) typically possess high expectations, leading to lower satisfaction scores (Yıldırım *et al*., 2022) and (Dyb and Kvam, 2022). In this study, however, the respondent population was highly educated (84.9% secondary level or higher) and had significant exposure to local hospitals (73%).

Despite this elevated expectation baseline, the data demonstrated no significant negative correlation between high education/exposure and satisfaction. In fact, all patients with international hospital exposure were fully satisfied with the services at JRH. This outcome confirms that the level of proactive service achieved by the facility—especially the high standards of Empathy and Responsiveness (mean scores above 4.7) and the ability to operate within international waiting time standards—is competitively robust enough to meet or exceed the elevated expectations of a highly informed patient base. The consistency and quality of the proactive service mechanism thus acts as an effective stabilizer against expectation bias, ensuring broad customer satisfaction.

4.5.5. Comparison with Existing Literature

The study findings contrast sharply with parallel research conducted in Tanzanian public healthcare settings. Previous studies reported widespread patient dissatisfaction attributed to reactive deficiencies such as negative staff attitudes (Charles and Viswanadham, 2022), long waiting times (3 to 6 hours) (Khamis and Njau, 2014) and (Mwanswila *et al*., 2024), lack of essential prescribed medicines, and inadequate cleanliness (Lupondo *et al.*, 2024) and (Kinyenje *et al*., 2022). The positive results observed at JRH—high Empathy and Responsiveness, availability of prescribed medicines, and clean facilities with privacy (mean PS 4.717)—confirm the hypothesis that private, competitive facilities exhibit and benefit significantly from proactive customer service elements. The research successfully provides the empirical evidence necessary to substantiate the importance of PCS as a critical differentiator and a key driver of PS in the healthcare industry context.

5. CONCLUSIONS AND IMPLICATIONS

5.1. Conclusion

The research conclusively demonstrates that proactive customer service, specifically measured by Employees' Empathy, Health Services Responsiveness, and Anticipation of Patients' Needs, has a robust and statistically significant positive effect on Patients' Satisfaction in the Tanzanian private healthcare sector. Employees' Empathy, which addresses the patient's psychological and emotional needs, is

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identified as the single most impactful dimension, driving both satisfaction directly and boosting the perception of operational responsiveness. The private facility environment provided a suitable context to observe the successful implementation and patient-perceived value of these proactive measures.

5.2. Theoretical Implications

This study offers strong empirical validation for the application of the Social Exchange Theory (SET) within the high-stakes service environment of healthcare industry. It confirms that patients actively conduct a cost-benefit analysis, finding the proactive provision of relational benefits (Empathy) and logistical efficiency (Responsiveness) to constitute a high-value exchange, leading to reciprocal satisfaction, trust, and intentions for future repurchase. Crucially, the discovery of the highly synergistic nexus between Empathy and Responsiveness (0.866) suggests that in health services, relational quality is perceived as the foundation upon which operational quality is built and evaluated.

5.3. Practical Implications and Recommendations

5.3.1. *To Hospital Management*

Hospital management is strongly advised to re-evaluate resource allocation, prioritizing continuous soft-skills training that emphasizes Employees' Empathy and compassionate care. Given Empathy's superior predictive power (β=0.414) and its high correlation with Responsiveness, investment in relational capacity building offers the highest return on investment in securing patient satisfaction and fostering loyalty. Management must also institutionalize proactive financial information sharing (part of APN) to mitigate patient risk perception and anxiety regarding costs, which is crucial for retaining a cash-paying and insurance-using clientele in a competitive market.

5.3.2. *To Policy Makers*

Policy makers, including the Medical Council of Tanganyika, should leverage these findings to shift regulatory requirements beyond basic reactive customer care. The focus should move toward standardizing and mandating key proactive service metrics, emphasizing the core dimensions of Empathy and Responsiveness. Adopting proactive service standards across the national healthcare system is essential for Tanzania to improve overall service quality, sustain private sector contributions to healthcare delivery, and accelerate the country's trajectory toward achieving Universal Health Coverage goals.

5.4. Limitations and Future Research

This study's cross-sectional design limits the ability to infer long-term causality between proactive service initiatives and longitudinal metrics such as patient loyalty or financial performance. Furthermore, the findings are specific to a single private hospital in the Lake Zone, which may not fully represent the diverse operational models across the entire private healthcare sector in Tanzania.

Future research should employ comparative mixed-methods studies (combining quantitative MLR with qualitative insights) to benchmark the implementation and patient perception of proactive customer services across different funding models (private vs. public hospitals). Longitudinal studies are also recommended to track the long-term impact of targeted empathy and responsiveness training programs on staff performance, patient retention, and hospital profitability.

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