



**Journal of Social Transformation, Governance and Public
Administration (JSTGPA)**

Volume 2 Issue 2-2026

e-ISSN 3116-2916

<https://jstgc.minduraresearch.com/journal/index>

Submitted 3-1-2026: | Accepted: 5-5-2026 | Published 6-30-2026

TECHNOLOGY ACCEPTANCE AND USER EXPERIENCE OF A QUICK RESPONSE (QR) CODE FEEDBACK SYSTEM IN THE PROVINCIAL DEPARTMENT OF HEALTH OFFICE APAYAO SETTING

Ryan G. Garrote

ryangarrote782@gmail.com

Apayao State College

San Isidro, Luna, Apayao, Philippines

Abstract

The purpose of this study is to analyze the technological adoption and user experience of the Quick Response (QR) code feedback system at the Provincial Department of Health Office Apayao. In the current study, we will use a mixed-methods survey research approach, focusing primarily on the quantitative dimension. Study population: The study population will consist of health staff and agency clients who have used the QR code feedback system during a three-month period. The researcher will administer a standardized survey questionnaire to investigate perceived usefulness, perceived ease of use, accessibility, convenience, data privacy and security, and overall user experience. Open-ended questions will also reveal the common challenges, worries and suggestions of the responders. The study is based on the input-process-output paradigm, together with the technological acceptance model and user experience principles. The study aims to determine the level of acceptance and usability of the QR code feedback system, compare the views of health staff and agency clients, and identify factors that hinder its adoption. The findings can give useful ideas to improve digital feedback systems in public health offices.

Keywords: *QR code feedback system, technology acceptance, user experience, public health office, data privacy, digital feedback*

Publisher's Note

The *Journal of Social Transformation, Governance, and Public Administration (JSTGPA)* publishes all articles under the terms of the **Creative Commons Attribution-Non Commercial 4.0 International License (CC BY-NC 4.0)**. This license permits any non-commercial use, sharing, adaptation, distribution, and reproduction in any medium or format, provided appropriate credit is given to the original author(s) and the source, a link to the Creative Commons license is provided, and any changes made are indicated. The authors retain copyright and the publisher is granted the right of first publication.



Introduction

Health systems worldwide are increasingly using digital technologies to improve the delivery, monitoring and management of health services. As populations grow, health needs become more complex and public expectations for faster and more responsive services increase, governments and health institutions are turning to digital solutions that can improve efficiency, transparency and accountability. Digital health change doesn't stop with hospitals and clinical care. Today, it includes administrative systems, health information management systems, communication systems, service monitoring systems, and feedback systems to help organizations understand the experiences of the people and institutions they serve (World Health Organization, 2021; World Bank, 2022).

Many countries require public health institutions to deliver health programs and services and to have strong coordination with health workers, local government units, partner agencies and other stakeholders. Such institutions are vital nodes for planning, technical assistance, program delivery, monitoring and administrative support. This has made the feedback of consumers and stakeholders a vital factor in the improvement of the public health services. Feedback allows health offices to gauge if their services are accessible, timely, clear, helpful and attentive to the demands of their clients (OECD, 2022; Civil Service Commission, 2020).

Customer feedback provide essential information for improving service. It helps an organization to learn how its clients regard its procedures, staff, facilities, methods of communication and overall delivery of service. Clients of the public health office can include nurses, doctors, health professionals, representatives of partner agencies, local government health workers and other stakeholders who are involved in coordination, transaction or who require help from the office. Their opinions may help to identify strengths and development possibilities in areas such as waiting time, staff responsiveness, clarity of instructions, availability of information, coordination processes and overall satisfaction with services (OECD, 2017; A025 Inter-Agency Task Force, 2020).

Many public institutions traditionally gather input using manual ways, including printed forms, suggestion boxes, log books, and written assessment sheets. Manual feedback methods are known, easy to use and do not require complex technology, internet access or digital abilities. They can also be useful for clients who find it easier to jot their comments down on paper. But manual feedback systems have their disadvantages. Paper forms are subject to being lost, destroyed or left incomplete. Responses may be challenging to read owing to handwriting. Information also needs to be collected, coded, summarized and analyzed manually. This might take up staff time. Therefore, firms may fail to notice and timely respond to client complaints (Dillman, Smyth, & Christian, 2014; Bogale, 2024).

With the advent of digital technologies, many firms are looking to electronic feedback systems as a substitute or complement to manual systems. A good, basic and practical example is the use of a feedback mechanism, such as a QR code or quick response code. Clients use their phones to



scan a QR code, which directs them to an online feedback form. Instead of writing on paper, clients can comment electronically. Moreover, the system can automatically collect and arrange the data, making it easier for the office to assess, monitor, and analyze the remarks (Halpern, Zhang, and Velarde, 2022; Nichols, 2024).

There can be several possible advantages of QR code feedback systems compared to manual feedback methods. They can cut down on the amount of paper utilized, minimize the need for manual encoding, and enable faster consolidation of responses. They can also assist offices in storing feedback in a more orderly way and in preparing more efficiently summaries. Those clients who are already familiar with smartphones and online forms could find a QR code easier to offer comments. This approach may allow faster and more coordinated communication between public health offices, which serve health professionals, partner agencies, and representatives of local governments, and their clients (World Bank, 2022; Halpern et al., 2022).

But there are other concerns with QR code feedback systems. QR code systems need more than handwritten feedback forms, for example a smartphone, an internet connection and a certain level of digital knowledge. Some clients may not know how to scan a QR code or may have difficulty accessing the web form. There may also be issues of privacy and confidentiality and if feedback given through the system will be reviewed and acted upon. So, QR code systems can be quicker and more effective than traditional methods of feedback, but their effectiveness will depend on the willingness and ability of clients to use them (OECD, 2022; Nichols, 2024).

Data privacy and security is another major problem with employing a cloud-based QR code feedback system. Client feedback can contain names, contact details, office affiliation, concerns, complaints, service experiences or other personal information. Therefore, government institutions have to ensure that the collection and processing of feedback is compliant with legal and ethical norms. The Philippines has the Data Privacy Act of 2012 that protects personal information in government and private information and communications systems. This law makes government offices liable to ensure that personal data are collected for legitimate purposes, processed fairly, and protected from unauthorized access, misuse, or disclosure (Republic Act No. 10173, 2012).

In a cloud-based feedback system, data are not only stored in physical or local office files, but also transported, stored and retrieved via internet platforms or third-party cloud service providers. That means things like easier storage, faster retrieval, automatic consolidation, and better monitoring of feedback. However, there are also issues about unwanted access, weak passwords, data leakage, wrong sharing, system outages and possible leakage of sensitive comments or complaints. Therefore, the cloud-based systems of government offices should be supported by sufficient technical, organizational, and physical measures like access control, encryption, secure authentication, data backup, and explicit guidelines on who can access, download, or administer submitted feedback (National Privacy Commission, 2023; ISO/IEC, 2022).

Data privacy is important in government health offices as feedback provided by customers and stakeholders may address issues related to health programs, staff, coordination processes,



**Journal of Social Transformation, Governance and Public
Administration (JSTGPA)**

Volume 2 Issue 2-2026

e-ISSN 3116-2916

<https://jstgc.minduraresearch.com/journal/index>

Submitted 3-1-2026: | Accepted: 5-5-2026 | Published 6-30-2026

service delays, administrative transactions or experiences in the workplace. Even where the feedback system does not directly collect patient records, information provided by nurses, doctors, local government health professionals, partner agencies and other customers may nevertheless be considered personal or sensitive depending on the nature of the material. Thus, the design of a QR code feedback system should be guided by the principles of transparency, legitimate purpose, and proportionality, which is to say that clients should know why their data are being collected, how their responses are utilized, by whom they can be accessed, and how long the data will be stored (Republic Act No. 10173, 2012; National Privacy Commission, 2023).

The National Privacy Commission encourages public and private institutions to strengthen the security of personal data through the designation of a data protection officer, registration of data processing systems, conducting privacy impact assessments, establishment of a privacy management program, staff training, implementation of access controls, and development of a business continuity plan. These requirements are applicable to a cloud based feedback system as this system entails collecting, storing and retrieving the client replies and perhaps evaluating the same. A Privacy Impact Assessment can assist a government office in identifying potential issues prior to implementation, such as collecting excessive data, unclear consent notices, staff accessing data without authorization, insecure cloud storage, and the absence of plans to address privacy concerns (National Privacy Commission, 2017; National Privacy Commission, 2023).

Security concerns may also affect the technology's acceptability and user experience. If clients aren't sure their replies will be kept secret, or think offensive comments might be tracked back to them, they might be less likely to use a QR code feedback system. Transparency about privacy, clear instructions, secure access, limited data collection, and visual cues indicating that input will be treated responsibly could, on the other hand, build confidence and encourage participation. Privacy and security are not merely technical or legal criteria but are also key features that affect users' trust, their willingness to use the system, and their overall experience with the feedback process (Davis, 1989; Venkatesh et al., 2003; National Privacy Commission, 2023).

Therefore, the deployment of a cloud-based QR code feedback system at a provincial Department of Health office has to be efficient and accountable. Digital feedback can speed up and simplify customer responses, but not at the cost of the privacy, confidentiality and security of the persons and organizations offering input. The QR code feedback mechanism should be convenient, efficient, trustworthy, legally compliant and fit for a government's health setting. Improving the system's data privacy and security features is essential to achieve this (Department of Information and Communications Technology, 2020; National Privacy Commission, 2023).

Here the acceptance of technology becomes vital. Technology acceptance refers to the users' perception and decision to utilize a specific technology. If clients see the QR code feedback system as being beneficial, easy to use, accessible, handy and useful versus the traditional manual approach, they might be more willing to use it. If the clients think that the QR code system is a faster and easier way to provide feedback, they may be more willing to use it. However, if customers find the system



complicated, unnecessary or unpleasant, they can choose to use handwritten feedback forms or not to give feedback at all (Davis, 1989; Venkatesh, Morris, Davis, & Davis, 2003).

User experience is also important in the evaluation of a QR code feedback system. User experience is the experience the user has before, during and after utilizing the system.” The assessment comprises: Can you see QR Code? Do you receive the instructions? Is it straightforward to access to the online form? Are these questions understandable? How is the submitting process? A positive user experience can increase engagement and improve the quality of the feedback you receive. On the other hand, a terrible user experience can hinder consumers from using the system even when the technology is accessible (International Organization for Standardization, 2019; Nichols, 2024).

In the Philippine public health setting, feedback methods are critical given that government health offices serve a wide range of clients and stakeholders. For example, a Department of Health office is not only working with patients but also with nurses, doctors, local government health specialists, representatives of partner agencies, program coordinators, and other public health workers. These clients visit the office for coordination, technical assistance, program implementation, reporting, training, administrative transactions and other health related services. The competence of the office to provide effective, efficient, responsive and client-centered service shall be measured by the experience and feedback of the office (Executive Order No. 102, 1999; Civil Service Commission, 2020).

The transition from manual input to feedback using QR codes is consistent with the wider trend of digital transformation in public service. Manual feedback systems are based on physical forms and manual processing, whereas QR code feedback systems are based on digital access and electronic data collection. Some clients may feel more at ease and used to manual systems, especially those with less digital capacity or internet access. QR code solutions, on the other hand, might offer faster submission, simpler data administration, and improved monitoring. Knowing the difference between the two techniques is important in determining how successful a QR code feedback system might be in promoting service improvement in a DOH office situation (OECD, 2022; World Bank, 2022).

The study named “Technology Acceptance and User Experience of a Quick Response (QR) Code Feedback System in the Provincial Department of Health Office, Apayao Setting.”. The study is to evaluate the acceptance and experience of the clients in use of a QR code based feedback system. The study will be on the clientele of DOH office which are nurses, doctors, health professionals, partner agencies, local government health workers and other stakeholders that transact or coordinate with the office. The system specifically attempts to explore the clients' opinions on the usefulness, ease of use, accessibility, convenience and the overall user experience of the system. Furthermore, the study addresses the contrasts between the QR code feedback system and standard manual feedback procedures (Davis, 1989; Venkatesh et al., 2003; International Organization for Standardization, 2019).



The findings of this study may help evaluate if a QR code feedback system is a viable and effective tool for getting consumer feedback in public health offices. It might also tell us anything about the elements that cause customers to use or avoid digital feedback systems. Understanding technology acceptability and user experience may help public health offices to establish more efficient, inclusive and responsive feedback channels for their clients. Overall, this study calls for improving the delivery of public health services by developing digital innovations that are accessible but also pragmatic, user-friendly and meaningful for the people and the institutions they serve (World Health Organization, 2021; OECD, 2022; International Organization for Standardization, 2019).

RESEARCH METHODOLOGY

This chapter describes the research design, region of study, respondents, sampling technique, research instruments, data collection processes, statistical treatment of data, and ethical considerations employed in the study. The technique is based on the Input-Process-Output architecture and aims to measure the technological adoption and user experience of a Quick Response (QR) Code Feedback System in the Provincial Department of Health Office Apayao setting.

Research Design

This study will adopt a mixed-methods survey research methodology. Specifically, it will employ the descriptive-comparative survey design with a qualitative support component. The design is suitable since the study is mainly to assess and compare the level of technology acceptability and user experience of respondents to the QR code feedback system and, at the same time, capture the qualitative remarks to provide further explanation and context.

The quantitative part will be descriptive-comparative. It is descriptive since it will determine the level of acceptance and experience of the respondents in utilizing the QR code feedback system. It is comparative in that it will determine if health workers and agency clients have different answers.

The qualitative part will be limited to the study of responses to open-ended survey questions. The responses will be used to identify typical issues, complaints, and ideas with respect to the use of



the QR code feedback system. The major mode of inquiry will be the quantitative survey with the qualitative data being used to support the interpretation of the quantitative survey results. In general, the study will use a survey approach to examine the respondents' impressions of the QR code feedback system in terms of its usefulness, ease of use, accessibility, convenience, privacy, security, and overall user experience.

Research Locale

The study will be conducted at the Provincial Department of Health Office in Apayao Province. This locale was selected because of its involvement in public health service delivery and its engagement with various government agencies and health professionals. The presence of inter-agency transactions and digital health-related processes makes it a suitable setting for evaluating the acceptance and user experience of a QR code feedback system.

Respondents of the Study

Two groups will be the responders of the study: Health care workers. These are the doctors, nurses, midwives, and other allied health professionals who are directly associated with public health services who have utilized or interacted with the QR code feedback system.

Agency Clients. This group is composed of members from partner government agencies such as the Department of Social Welfare and Development, PhilHealth, local government units, and other offices that manage the health facility for official transactions or service-related concerns.

The survey will only include respondents who have had personal interactions with the QR code feedback system at least once in a three-month period. Health personnel may dominate the representation of respondents, leading to a highly skewed sample. This discrepancy is due to the fact that health workers are more often in, assigned to, or directly involved in the daily operations and public health activities in the office compared with agency clients who may only interact with the QR code feedback system during planned coordination, transactions, or official visits. Hence, findings of the study may be a more robust indicator of the perspectives, experiences, and issues of health care providers than agency clients.

We shall see this uneven representation as a shortcoming of the study. The study includes both health workers and agency clients, although the smaller number of agency-client respondents may restrict the extent to which comparisons between the two groups may be generalized. Thus, the variations between the groups of respondents will be explained with caution and the results will be interpreted in light of the actual distribution of respondents who could have used or interacted with the QR code feedback system during the defined period.

Sampling Technique and Data Collection Period

Purposive sampling will be used for quantitative and qualitative components of the study. The technique is suitable, as the respondents are required to meet particular criteria relevant to the aims



of the study. The survey will only include those who have used or engaged with the QR code feedback system, as the focus is on technological acceptability and user experience.

For the quantitative component, all eligible health workers and agency customers who meet the inclusion criteria and are available during the three-month data-collecting period will be included as respondents. The quantitative data will be collected using the standardized survey form. Responses will be utilized to determine the level of technological adoption and user experience of the respondents and to compare the perspectives of health staff and agency clients. The inclusion criteria are the following:

1. The respondent must be a health worker or an official representative of a partner agency.
2. The respondent should have used/interacted with the feedback system using the QR code at least once.
3. The responder should be willing to engage in the study voluntarily.

The data collection will be carried out over a period of three months. This time period will give the researcher an opportunity to see user experiences at different times during the functioning of the facility. This will also offer adequate time to incorporate agency clients who do not visit the facility regularly and allow health personnel to become more familiar with the system than the initial stage of use.

The qualitative part will include an analysis of the open-ended replies from the survey questionnaire to uncover common experiences, issues, challenges, and solutions concerning the QR code feedback system. The notion of data saturation will lead the final number of qualitative responses to be evaluated. Data saturation is reached when comments are repetitious and no new themes, concerns, or insights are elicited from the participants' feedback.

In addition, the quantitative sample may be unevenly represented, particularly if the study involves more health workers than agency clients. This will be taken into account in the interpretation of the data, especially when comparing the perceptions of the two groups of respondents.

Research Instrument

The research will be conducted utilizing the main research tool a structured survey questionnaire developed by the researcher and a usability observation guide as a supplement. The researcher will develop the questionnaire based on the study objectives, Technology Acceptance Model, user experience principles, and the characteristics of the QR code feedback system.

The questionnaire consists of four parts: Part I. Respondent Profile. This section will collect information on the respondent's category, age, sex, years in service and level of digital literacy. Part II: Scale of Technology Acceptance Model In this section, the respondents will be asked to indicate the perceived usefulness and perceived ease of use of the QR code feedback system using a



Journal of Social Transformation, Governance and Public Administration (JSTGPA)

Volume 2 Issue 2-2026

e-ISSN 3116-2916

<https://jstgc.minduraresearch.com/journal/index>

Submitted 3-1-2026: | Accepted: 5-5-2026 | Published 6-30-2026

5-point Likert scale.
Part III: User Experience Scale In this section, we will measure the experience of the respondents with the system in terms of visual clarity, speed, efficiency, accessibility, comfort, data privacy and security, and general ease of interaction.
Part IV: Qualitative Feedback This section will feature open-ended questions that will give the respondents an opportunity to express their opinions, concerns, suggestions and specific issues faced while using the system.

The instrument is researcher made and will be validated by experts in research, information technology and public health with respect to its clarity, relevance and applicability to the study. Before the real data gathering, a pilot test may also be made to check out the reliability and consistency of the questionnaire.

Data Collection Procedure

The technique for acquiring data will be executed in the following steps:

1. The researcher will seek approval from the institutional ethics review committee and head of the health facility.
2. The QR code feedback system will be operational and available at strategic sites of the health institution such as staff's areas, service counters and interagency coordination areas.
3. Selected respondents will be told of the goal of the study, that participation is voluntary, and that their responses will be kept confidential.
4. Respondents shall be informed about the study prior to obtaining their consent.
5. The structured survey questionnaire will be sent using QR code which the respondents will scan after interacting with QR code feedback system. Visitors can just scan the QR code and easily input their answers on their phones or other digital devices using the online questionnaire.
6. Selected users will be watched throughout usability sessions to capture their engagement with the system and to provide immediate feedback.
7. The collected data will be coded, processed and available for quantitative and qualitative analysis.

Statistical Treatment of Data

The quantitative data will be analyzed using appropriate statistical tools. Frequency and Percentage will be used to describe the demographic profile of the respondents.

Weighted Mean and Standard Deviation will be used to determine the level of technology acceptance and user experience of the QR code feedback system. The following scale may be used to interpret the weighted mean:

Scale Range	Verbal Interpretation
-------------	-----------------------



Journal of Social Transformation, Governance and Public Administration (JSTGPA)

Volume 2 Issue 2-2026

e-ISSN 3116-2916

<https://jstgc.minduraresearch.com/journal/index>

Submitted 3-1-2026: | Accepted: 5-5-2026 | Published 6-30-2026

4.20–5.00	Strongly Agree / Very High
3.40–4.19	Agree / High
2.60–3.39	Moderately Agree / Moderate
1.80–2.59	Disagree / Low
1.00–1.79	Strongly Disagree / Very Low

For comparative analysis, an independent samples t-test may be used to determine whether there is a significant difference between the technology acceptance and user experience ratings of health workers and agency clients.

Ethical Considerations

The research will be carried out in accordance with the ethical requirements of the research. Participants will be informed of the study's purpose, methods, benefits, and risks, and their participation will be voluntary. They will also be told that they are free to withdraw at any time without penalty or adverse repercussions.

The study will ensure confidentiality and anonymity at all times. The research report will not contain any names or identifiable information. Responses will be coded and saved in password-secured folders available only to the researcher. The study will be in compliance with the Data Privacy Act of 2012 and all obtained data will be utilized only for academic and research purposes. At the end of the study and the defense and approval of the thesis, all raw data will be appropriately discarded, shredded, or disposed of.

The researcher will also ensure that any remarks by respondents, particularly negative comments about the system, will not be used against them or shared with supervisors in a way that could impact their work or professional relationships. The study findings will be used to improve the QR code feedback system and improve the public health service delivery.

RESULTS AND DISCUSSION

This chapter presents the findings of the data gathered from the respondents. It offers an extensive discussion and interpretation of the findings in connection to the aims and research questions of the study. The topic is around the demographic and professional profile of the respondents, the level of technology acceptance, and the user experience of the Quick Response (QR) Code Feedback System in the Provincial Department of Health Office Apayao setting.

The data are also analyzed further to see if there are statistically significant differences in the respondents' assessment based on their demographic and professional attributes. The findings of the study serve as the basis for formulating a proposed enhancement plan or policy guideline to improve the QR Code Feedback System, strengthen the digital feedback mechanism, enhance coordination



with partner agencies, and promote institutional efficiency in the Provincial Department of Health Office Apayao setting.

Table 1: Respondents' Profile

	Frequency	Percentage
1. Professional Category		
a. Health Worker (Nurse, Doctor, Midwife, BHW, etc.)	132	91.67
b. LGU Staff/Official	6	4.17
c. Agency Representative (DSWD, PhilHealth, etc.)	6	4.17
2. Age		
a. 20 - 30 years old	80	55.56
b. 31 - 40 years old	52	36.11
c. 41 - 50 years old	3	2.08
d. 51 years old and above	9	6.25
3. Sex		
a. Male	24	16.67
b. Female	120	83.33
4. Educational Attainment		
a. College Graduate	134	93.06
b. With Master's Units/Degree	10	6.94
c. With Doctorate Units/Degree	0	0.00
5. Years in Government Service		
a. Less than 5 years	97	67.36
b. 6 - 10 years	42	29.17
c. 11 -15 years	5	3.47
d. 16 years and above	0	0.00

The majority of the respondents were health workers, 132 (91.67%) of the total respondents (see Table 1). This means that the QR code feedback system was reviewed primarily by the core users, especially those who are actively involved in the public health services. This is important because digital health systems are most effective when they are developed, implemented and assessed with the input of people who will use them – in particular health workers. World Health Organization (2021) emphasized the significance of combining human, organizational, financial and technical resources in digital health to strengthen health systems.



The least number of replies is from LGU workers or officials and from the agency representatives which is 6 respondent or 4.17% each. The QR code feedback method is also relevant across agencies. The comments are nonetheless highly weighted towards health workers and the results may therefore be reflecting the beliefs and experiences of healthy people rather than the broader viewpoints of partner agencies. This limitation is a drawback of the study, particularly when comparing the perceptions of health staff and agency clients.

Most of the responses were in the age category of 20-30 and 31-40 with regard to age. This means that most of the responses were young folks. This profile can be useful for a feedback system by QR code, because the youthful workers are usually more exposed to smartphones, online forms and digital platforms. The University of the Philippines Population Institute (UPPI) further observed that "the Philippine health profession is dominated by young workers, with 65% of health professionals under the age of 35" (UPPI & DRDF, 2020).

The high rate of youthful responses might potentially influence acceptance of technology. According to the study by Venkatesh et al. (2003), age, gender, experience and voluntariness can affect user intention to adopt and use new information technology. Hence, the youthful age of the respondents could be one of the reasons for more receptiveness towards the QR code feedback system, but the actual adoption is still dependant on the perceived value, ease of use and the help available.

Regarding the gender, most of the respondents were female with 120 (83.33%). This is in line with the overall mix of health work force in the Philippines where women dominate numerous health professions. The health profession in the Philippines is 75% female which is consistent with the present result that women are the majority of respondents in a health-related environment (UPPI & DRDF, 2020).

In terms of educational attainment, majority of the respondents are college graduates which is 134 or 93.06 percent of the total respondents. This would prove that respondents can understand and reply academically to a structured survey questionnaire and are competent to communicate with a digital feedback system. But academic achievement is not readiness for the digital age. As poor engagement with information systems can have an impact on the quality and safety of service delivery (Kuek & Hakkennes, 2020), it is important to assess healthcare professionals' digital literacy, confidence and attitude towards information systems prior to the implementation of digital technologies.

The findings also reveal that most of the respondents were relatively new in the federal service with 97 (67.36 per cent) having served for less than five years. This would imply that a good part of the response is coming from early-career professionals who are more open to changes in the workplace and digital tools. But literature indicates that experience can influence technology use. Experience is one of the primary mediators of technology adoption in Venkatesh et al. (2003), which implies that new and experienced users may differ in their view of and adoption of a system.



The results showed that the level of digital readiness was high. 97% of respondents are comfortable with using cellphones and QR codes, which indicates the viability of utilizing a QR code feedback system. This is further supported by national digital adoption data which states that by late 2025, the Philippines had 98 million internet users and 137 million cellular mobile connections, indicating a strong digital and mobile environment for QR-based solutions (DataReportal, 2026).

This finding is also similar with the study on adoption of QR codes among clinical nurses, where previous experience with QR code was associated with approval of QR code-based solutions. Mollaei et al. (2024) also discovered a need for infrastructure and training for nurses to improve the implementation of QR code technology. This corresponds to the current study that the experience of respondents with smartphones and QR codes may be one element that leads to the success adoption of the QR code feedback system.

The overall responder profile suggests that the group who assessed the QR code feedback system are generally digitally adept. The young age profile, high number of college graduates, relatively short years of government employment, high level of comfort with cellphones and QR codes, and majority of health workers suggest the projected acceptability and usability of the system. This is in line with Davis's Technology Acceptance Model which states that perceived usefulness and perceived ease of use are critical variables for user acceptance of information technology (Davis, 1989).

Technology Acceptance Model (TAM)

Table 2.1 Perceived Usefulness of Technology Acceptance Model (TAM)

Indicator	Mean	Interpretation
Improves feedback process	4.74	Very High
Enhances transparency	4.73	Very High
Identifies issues faster	4.76	Very High
More effective than traditional methods	4.66	Very High
Useful for coordination	4.75	Very High
Overall Mean	4.73	Very High

Table 2.1: Respondents' Assessment of the Perceived Usefulness of the QR Code Feedback System in the Technology Acceptance Model The results indicated all indications interpreted as "Very High" with the overall mean of 4.73. This shows that the respondents had a good opinion of the QR code feedback system in terms of enhancing information collecting, promoting transparency, spotting difficulties faster, facilitating cooperation and being a more effective replacement for traditional feedback methods. This finding supports the premise that users are more likely to adopt a system if they perceive that the system assists them in their work or work-related service obligations. (Davis, 1989)



The indication with the highest mean is “identifies issues faster” with a rating of 4.76, and is considered very high. This implies that the respondents believed that the QR code feedback method may help the office to detect problems, complaints and service-related issues faster than the manual feedback systems. Feedback is sent electronically, which allows concerns to be logged and analyzed more quickly enabling the office to respond more efficiently. Similar research supports this, stating that QR code based systems can improve the speed and convenience of data collection. (Womack et al., 2019)

The item “useful for coordination” was rated on average 4.75 and understood as “very high.” This refers to the respondents’ attitude about the usefulness of the QR code feedback system in improving communication and coordination in the health office and with partner agencies or clients. Health workers and agency clients frequently share information regarding programs, reports, services, and other formal transactions, making effective coordination essential in a public health system. Used properly, digital tools can improve communication, monitoring and decision-making in health systems. (WHO, 2021)

The indicator “improves feedback process” has a mean score of 4.74 which is interpreted as “very high”. This indicates that the respondents considered the QR code feedback system to be an upgrade over the traditional paper-based feedback system, as it allows users to offer feedback more conveniently and helps the office to collect and organize comments more efficiently. With digital feedback solutions, the need to manually code may be eliminated, forms will not be lost and feedback data will be easier to collect and review. It promotes the use of digital technologies to enhance the delivery of public services and administrative efficiency. (OECD, 2022).

The indication “enhances transparency” had a mean of 4.73 which also was judged to be very high. This finding shows that respondents felt that the QR code feedback system can make the feedback process more transparent, coordinated and traceable. If responses are collected and recorded electronically, the office may be able to track responses more systematically, and utilize the knowledge to improve services. “Public service transparency means clients have simple ways to tell us what they think and organisations learn from feedback to get better. (OECD, 2022)

The lowest rated indication was “more effective than traditional methods” with a mean of 4.66 but still regarded as extremely high. This suggests that the QR code feedback system was more preferred by respondents than manual feedback methods, although some respondents still preferred traditional feedback forms, particularly for clients with limited internet access, low digital literacy, or difficulty in using smartphones. Thus, although beneficial, QR code solutions are still dependent on the preparedness, accessibility and ease of participation by users. (Nichols, 2024)

The overall mean of 4.73 suggests that the respondents agree that the feedback technique using QR code is useful. This research confirms a core assumption of the technological Acceptance Model, i.e., that perceived utility is a key factor of technological acceptance. The more people think



that a system enables them to perform things better, faster or more efficiently, the more they will embrace and use it. (Davis, 1989).

The findings are also supported by Unified theory of acceptance and use of technology which states that users' views in performance benefits of a system influence their intention to use technology. The respondents' very high ratings in this study suggest that they see the QR code feedback system as more than just a new digital tool, but as a functional instrument that can improve feedback processing, coordination, transparency and problem identification in the health office setting. (Venkatesh, 2003)

In summary, the results in Table 2.1 show that the QR code feedback system has high acceptance in terms of perceived usefulness. Respondents evaluated the strategy as beneficial in enhancing feedback procedures and supporting the functioning of public health offices. However, as the lowest mean was reached in the comparison with traditional ways, the study may still consider to preserve other feedback choices for clients that may have problems using QR codes or online forms. (Davis, 1989; Nichols, 2024)

Table 2.2 Perceived Ease of Use

Indicator	Mean	Interpretation
Easy to scan	4.75	Very High
Easy navigation	4.76	Very High
Minimal technical effort	4.71	Very High
Clear instructions	4.76	Very High
Independent use	4.72	Very High
Overall Mean	4.74	Very High

Table 2.2 shows the respondent's view on the ease of use of the QR code feedback system. The findings revealed that all the indicators were rated very high. The total mean was 4.74. This suggests that the system was perceived as straightforward to scan, easy to use, and clear in its directions, with very little technological effort required and usable even without much aid. This is in accordance with the Technology Acceptance Model (TAM), which postulates that the probability for customers to accept a system is greater if the system is easy to use and not complex. (Davis 1989)

The highest mean score of 4.76 (Very High) was obtained for the markers "easy navigation" and "clear instructions." This shows that the respondents had no trouble using the QR code feedback system and knew what to do to complete the feedback process. In digital systems clear instructions are required to reduce uncertainty and enable the user to do tasks confidently. This is in conformity with the principles of user experience that systems should be understandable, accessible, and designed in accordance with the needs and abilities of users. ISO (2019).



The mean of the sign “easy to scan” was 4.75, which was likewise interpreted as “very high.” This shows that the respondents did not have any serious issue when scanning the QR code in order to access the feedback form. This is a significant result because the first step in utilizing the system is to scan the QR code, and if this is difficult for users, they will be discouraged from continuing. Research on survey tools with QR codes revealed that the QR code has the potential to be a quick method for users to access an online form, particularly for users who are accustomed to using smartphones. (Nichols 2024)

The indicator “independent use” got a mean of 4.72, which was regarded as extremely high. The QR code feedback approach worked well for most respondents with little or no help. This is an essential result, as a feedback system should be simple enough so that people may access it and fill it on their own. Where users can run a system themselves, this can remove the requirement for human intervention and make the feedback process faster and more practical. This supports the premise that the ease of use increases the intention of users to embrace and continue using a technology. (Venkatesh et al., 2003).

The least rated indicator was “minimal technical effort” with a mean of 4.71, but this was still interpreted as “very high.” This indicates that even though the majority of respondents found the system easy to use, some faced minor technical issues such as access to the internet, device compatibility, unfamiliarity with online forms or scanning under certain situations. This means that a digital system is rated good, but seamless operation still requires technical help, supervision, and stable access. Studies of digital literacy among healthcare personnel indicate that confidence, training, and support are needed for effective engagement with digital systems. (Kuek and Hakkennes, 2020)

The QR code feedback system was rated very good in terms of ease of use, with a very high aggregate mean of 4.74 as demonstrated. The finding demonstrates that the system has a positive degree of usability among respondents and would be feasible to collect feedback in a public health office situation. The finding also suggests that users could be ready to adopt and continue using the QR code feedback system since perceived ease of use is one of the key determinants of technology acceptance. (Davis, 1989)

The results further support the notion that a simple and easy-to-use design could enhance uptake of digital feedback systems. When the system is easy to scan, browse, and complete by themselves, the users are more likely to submit feedback. This is crucial in the context of government health offices, because the system should be useable not just by health workers but also by agency clients and other stakeholders with varied levels of digital skills. (World Health Organization, 2021).

The study results are summarized in Table 2.2. It can be seen that the QR code feedback system received a very high rating for ease of use. The high scores showed that the technique was easy, clear, and convenient for the responders. But the study still faces a number of hurdles, such as internet connectivity, mobile availability, and the need to give clear instructions to first-time users. Nevertheless, there are opportunities to improve the effectiveness of the system by keeping the user



support and ensuring that the QR code is visible, accessible, and quick to scan. (Kuek & Hakkennes, 2020; Nichols, 2024)

User Experience (UX)

Table 3.1. Visual Clarity and Design

Indicator	Mean	Interpretation
Readability	4.76	Very High
Layout	4.78	Very High
Color scheme	4.74	Very High
Overall Mean	4.76	Very High

Table 3.1 shows the respondents' evaluation of the visual clarity and design of the QR code feedback system. As can be seen in the table, all the signs were interpreted as very high, and the overall mean is 4.76. This indicates that the system is visually clear, readable, nicely ordered, and pleasant in terms of color scheme for the respondents. The result shows that the design of the QR code feedback system was supportive of a positive user experience, as users could easily comprehend and interact with the system. (International Organization for Standardization, 2019)

Among the indicators, "layout" got the highest mean of 4.78, read as "Very High." This implies that respondents strongly agreed that the system was arranged in a well-organized and easy-to-follow manner. A good layout is vital since it instructs the user on what to read, where to click, and how to complete the feedback process without misunderstanding. This is aligned with usability concepts that excellent interface design should be straightforward, consistent, and structured to enable users to execute activities efficiently. (Nielsen, 1994).

The "readability" indicator had a mean of 4.76, also defined as "very high." This shows that the text, labels, and instructions of the QR code feedback system were straightforward to read and understand by the respondents. Readability is a significant part of the user experience. If words, queries, or directions aren't clear, consumers can become confused or disheartened. If the material is understandable, consumers will be able to answer more properly and fill in the form with less effort in a feedback system. (Preece, Rogers & Sharp, 2015)

The indication "color scheme" had a mean of 4.74, which was nevertheless considered very high. This implies that the respondents found the colors employed in the system to be adequate and visually pleasing. A decent color scheme can enhance the appearance of the system and make the interface more user-friendly. But colors should not only be attractive but also help readability, contrast, and accessibility so that material is readily understood by different users. (World Wide Web Consortium, 2018).

The very high rating for visual clarity and design overall suggests a positive user experience in terms of the QR code feedback system's look and ease of engagement. This finding is a significant result because even if a system is functional, people may avoid it if it is unclear, congested, or hard to



read. A clear and well-designed visual system can motivate users to finish the feedback process and enhance the willingness of the QR code feedback system's future use. (Norman, 2013).

The results further reinforce the premise that user experience is not just about system function but also about how people feel and react when they interact with the system. Given that respondents rated readability, layout, and color scheme very highly, it can be concluded that the system was able to deliver a seamless and intelligible interaction. This is consistent with the user experience concept, which states that the users' perception and response before, during, and after the use of a system is vital in evaluating its effectiveness. (International Organization for Standardization, 2019)

Table 3.1 reveals that users highly regarded the QR code feedback system for its visual clarity and design. The respondents considered the system understandable, well-organized, and visually appealing. The results showed that the design of the system was a good contributing factor to the overall user experience and may also aid in stimulating involvement in digital feedback gathering. However, continuing improvement should still be considered, especially in terms of keeping clear text, a simple layout, a legible font size and adequate color contrast for all sorts of users. (Nielsen, 1994; World Wide Web Consortium, 2018)

Table 3.2. Speed and Efficiency

Indicator	Mean	Interpretation
Fast loading	4.74	Very High
No lag/crash	4.71	Very High
Quick submission	4.67	Very High
Overall Mean	4.71	Very High

Table 3.2 displays the respondents' perceptions of the speed and efficiency of the QR code feedback system. The results showed that all indications were assessed as very high with the total mean of 4.71. It implies that the respondents perceived the system as fast, fluid, and efficient in loading, sending comments, and working without lagging or crashing. The finding indicates that the system was able to enable a favorable user experience, as users were able to complete the feedback process without major technical delay or interruption. (International Organization for Standardization, 2019)

The indicator "fast loading" scored a mean of 4.74, interpreted as Very High. This reflects respondents' impression that the QR code feedback system was quick to open and access after scanning. Fast loading is critical since people commonly lose interest or grow upset when a digital system takes too long to reply. The system reaction time is a crucial factor for keeping users' attention, confidence, and smooth engagement with a system in usability studies. (Nielsen, 1993)

The mean of the indicator "no lag/crash" was 4.71, which is likewise regarded as very high. This implies that the respondents did not experience severe interruptions in utilizing the system in general. A system that seldom lags, freezes, or crashes makes it easier and more confident for users



to get things done. The finding is crucial since user experience is not just about appearance or design but also about the quality of interaction when using the system. (International Organization for Standardization, 2019).

The indicator "quick submission" scored a mean of 4.67, which was nevertheless regarded as very high. This indicates that the respondents were able to provide their input quickly. In a feedback system, quick submission is vital as clients and health professionals may have limited time during office transactions or service delivery. A system that allows users to easily and swiftly submit feedback might encourage more engagement and lessen the burden of feedback. (Nichols, 2024) "Quick submission" received the lowest mean among the metrics, yet it remained very high. Overall, respondents felt that the submission procedure was efficient, but there may be a few factors that affect the speed of submission, such as the respondent's internet connection, the performance of a mobile device or their familiarity with online forms. It means that the feedback system based on QR codes is effective but effectiveness may also depend on technical conditions and user readiness. (Kuek and Hakkenes, 2020)

The very high overall mean of 4.71 indicates a positive assessment of the QR code feedback system in terms of speed and efficiency. This result supports the hypothesis that users are more likely to adopt and employ a technology that allows them to perform tasks with less effort and less delay. In the Technology Acceptance Model, perceived ease of use is a key aspect of technology acceptance. A fast, smooth, and efficient system helps improve users' sense that technology is easy to use. (Davis 1989)

The findings also suggest that the QR code feedback system may be more practical than traditional manual feedback techniques because it allows users to view and submit input electronically. Digital submission can decrease manual handling, shorten the feedback process and facilitate faster gathering of responses than paper-based forms. Related QR code usability study. QR codes can be a convenient and fast way to access online surveys via smartphones. This supports the usefulness of QR-based systems for collecting feedback. (Nichols 2024)

In short, the results in Table 3.2 suggest that the QR code feedback system was quite effective in terms of speed and efficiency. Users reported that the system loaded fast, was stable, and sent feedback quickly. These findings demonstrate that the system can allow more accessible and timely gathering of feedback in a public health office context. However, the system's efficiency still depends on steady access to the Internet, gadget compatibility, and the convenience of the submission procedures. (Nielsen, 1993; Nichols, 2024).

Table 3.3. Accessibility and Language

Indicator	Mean	Interpretation
Clear language	4.76	Very High
Relevant questions	4.76	Very High
Works with basic data	4.67	Very High
Overall Mean	4.73	Very High



Table 3.3 shows the respondents' perception of the QR code feedback system in terms of accessibility and language. Results indicate that all indications were interpreted as very high with a mean of 4.73 overall. This suggests that the respondents did not face any challenges in understanding the system pertinent to their feedback experience and were able to access it even on basic mobile data. These findings imply that the QR code feedback system was developed in a way that allowed users to engage with little trouble, which is vital in facilitating a pleasant user experience. (International Organization for Standardization, 2019).

Both indicators "clear language" and "relevant questions" received the highest mean of 4.76, which falls under Very High. This shows that the responders could understand the text, instructions, and questions of the feedback form. Clear wording is vital because if the instructions are easy and the questions are directly relevant to the user's experience, the user is more likely to complete the form. This aligns with accessibility ideals that digital content should be usable and understandable by a wide range of people. (World Wide Web Consortium, 2018).

The high grade for "relevant questions" also indicates that the items on the QR code feedback system were relevant to the services and experiences of the respondents. This makes it easier for responders to tie the questions to their transaction or relationship with the office, and this enhances the accuracy and meaningfulness of the feedback. Feedback tools in public service settings should be built based on users' wants and experiences so that the information collected can be beneficial for improving services. (OECD, 2022).

The indicator "works with basic data" had a mean of 4.67, still defined as "Very High," although it was the lowest of the three indicators. This indicates that the system was accessible for participants with little mobile data, although there could have been a subset of users who encountered minor challenges with their internet connection, signal strength, or device performance. This observation is relevant since QR code feedback systems require internet access and their usefulness may be compromised when users have a weak connection or limited data. (Nichols, 2024).

The outcome also illustrates that accessibility is not just about being able to open the system but also about making the system comprehensible, relevant, and easy to finish. There might be an online feedback system, but if the language is hard, the questions are complex or the form doesn't load properly with just basic data, users might be put off giving feedback. This is compatible with user experience concepts, which describe that users' perceptions and responses are impacted by the way they interact with the system before, during, and after use. (International Organization of Standardization, 2019).

The overall mean of 4.73 on the Very High scale reflects positive evaluation of the QR code feedback system in terms of accessibility and language. The respondents found the system to be clear, useful, and generally available over basic mobile data. This means that the system can accept a larger number of people to submit feedback, especially when the users are provided with clear instructions and simple questions to answer. (World Wide Web Consortium, 2018; OECD, 2022).



Conclusively, the results shown in Table 3.3 indicate that the QR code feedback system was functioning well in terms of accessibility and language. The very high scores indicate that the respondents found the system easy to learn and utilize. However, the office should still consider enhancing internet connectivity, keeping the form lightweight, and ensuring that the QR code feedback is easily accessible for those with restricted connectivity, since the mean score for “works with basic data” was the lowest. (Nichols, 2024; World Wide Web Consortium, 2018).

Test of Difference (Profile vs Acceptance & UX)

Table 4: Test of Significance in Level of Acceptance and User Experience

Profile Variable	r	Decision	Interpretation
Professional Category	0.01	Not Significant	Perceptions are consistent across groups
Age	0.10	Not Significant	Very weak relationship
Sex	0.03	Not Significant	No gender-based difference
Education	0.04	Not Significant	Similar perceptions regardless of education
Years of Service	-0.08	Not Significant	Negligible relationship
Digital Literacy	0.45	Significant	Moderate positive correlation

Table 4 presents the test of significance between the respondents' profile characteristics and their level of technological acceptability and user experience. The results revealed that all the profile variables were classed as not significant with very low correlation values ranging from -0.08 to 0.10. This implies that the acceptance and experience of the respondents of the QR code feedback system was not significantly connected with professional category, age, sex, education and years of service. This points to the fact that the different categories of respondents had similar views toward the system in general. This support the idea that technological acceptability is more influenced by perceived usefulness and perceived ease of use rather than demographic profile alone. (Davis, 1989; Venkatesh, Thong, & Xu, 2003).

The calculated value of r for the professional category was 0.01 indicating minimal relationship and the result was considered to be insignificant. This means that health personnel, LGU staff and agency representatives had similar views on the QR code feedback mechanism. Health personnel were well represented in the sample. The outcome suggests that the system will probably be perceived as clear and beneficial by different user categories interacting with the health office. This is consistent with the World Health Organization's stance that digital health systems need to be supported by human, organizational and technological resources in order to be of use to various stakeholders in the health system. World Health Organization. .

The r -value of 0.10 for age indicated a very weak connection and the finding was also NS. This demonstrated that age was not a big factor in the adoption and user experience of the QR code



feedback system among the respondents. Although younger users are often assumed to be more familiar with digital technologies, the result implies that the system might have been seen as useful by both younger and older respondents. This can be explained by the fact that QR code systems are easy and familiar to access quickly with a smartphone. The study is similar to the Unified Theory of Acceptance and Use of Technology that recognizes age as a potential element in technology use but not necessarily as a determining factor when the system is easy and useful. (Venkatesh et al., 2003).

The r-value for sex was .03, indicating a non-significant correlation and was not statistically significant. Therefore, the level of acceptance and the user experience was not significantly different between the female and male respondents. The findings reveals that the QR code feedback system was received in the same way regardless of sex. This is important because a feedback system in a public health office should be designed for all users and should not discriminate against one gender group over another. Related technology acceptance literature suggests that the impact of gender on technology adoption can be large in some situations, but can be minor when the consumers find the system helpful, simple, and easy to operate. (Venkatesh et al. 2003; Davis 1989).

The r-value of 0.04 for schooling indicates a very weak association and rating of “not significant.” This indicates that respondents’ attitude towards the QR code feedback system was the same irrespective of their educational background. Most of the respondents had a college education and may have had enough intellectual preparation and digital familiarity to understand and operate the system. This also suggests, however, that the system may have been sufficiently simple to be utilized without requiring a great deal of training. Related study has highlighted the role of digital literacy, confidence and user support in the adoption of healthcare information systems, which might be more closely associated with system use than education level . (Kuek & Hakkennes, 2020)

Years of service showed a minor, non-significant negative relationship with an r-value of -.08. This signifies that the respondents with less or more years of government employment were not significantly different in their perception of and experience with the QR code feedback system. Contrary to the expectation that newer employees could be more amenable to digital advancements, the finding shows the system was adopted throughout the different service lengths. This may suggest that the QR code feedback system was simple enough for new and more experienced employees to use. (Davis, 1989; Kuek & Hakkennes, 2020)

The findings indicate that the profile factors of the respondents did not have a significant impact on the level of technological adoption and user experience. This indicates that the QR code feedback method may be generally accepted and usable across a range of respondent profiles. The results are consistent with the concept that system acceptability is more likely to be related to system qualities such as utility, simplicity of use, accessibility, clarity and efficiency rather than demographic variables. This is consistent with the Technology Acceptance Model, which indicates that perceived utility and perceived ease of use are important elements of technology acceptance . (Davis, 1989)

To summarize, professional category, age, sex, education and years of service were not substantially connected with the acceptance and user experience of the QR code feedback system among the respondents as shown in Table 4. This points to a similar perception of the system across



the different types of responders. However, the finding has to be taken with caution as the profile of the respondents was heavily skewed towards health personnel. Future research should have a more fair sample of health personnel, LGU staff and agency representatives to further validate if the same findings would be observed across categories. (Venkatesh et al., 2003; World Health Organization, 2021).

Challenges Encountered

Table 5: Challenges Encountered by Respondents

Themes	Description
Connectivity Issues	Poor or no internet access
Device Limitations	Old phones, no QR scanner
Accessibility Barriers	Need for alternative access (links)
Technical Familiarity	Lack of user knowledge

The challenges faced by the respondents in the use of the QR code feedback system are presented in Table 5. The main themes are issues of connectivity, device limits, accessibility barriers and technical familiarity. The results reveal that although the QR code feedback system achieved good scores in terms of technological acceptance and user experience, there may be some practical barriers to its adoption. This supports the idea that digital health systems need to be accessible and supported by appropriate technical, organizational and human resources. (World Health Organization, 2021).

The first impediment was identified as connectivity concerns which was described as poor or no internet access. The QR code feedback mechanism requires access to the internet in order to complete the online form, so users with bad internet connection may not be able to submit feedback. This finding is relevant in government and public health settings especially in places where internet access may not be available all the time. The literature highlights the importance of designing digital public services with accessibility and inclusion to avoid the exclusion of users due to connectivity or access problems. (OECD, 2022).

The second issue was the device limits, such as old phones or phones that don't have a QR scanner. That means the QR code system is convenient for the users who has the latest smartphones but may be difficult for the users who has the older or restricted function phones. A QR code feedback method is beneficial only if users have a smartphone or device that can scan the code and follow the link to the online form. Nichols demonstrated that QR codes can be a fast and easy way to get to online surveys on cellphones, but this assumes respondents are using a working smartphone and can scan the code correctly. (Nichols, 2024)

Third, there were restrictions of accessibility the need for alternate access, including direct links. This also means that some respondents will not be able to access the system solely by scanning a QR



code. Provide staff with assistance or detailed instructions or alternate links for those who cannot scan the QR code or are having trouble opening the form. This finding is consistent with the principles of digital accessibility, which state that public-facing digital services should be understandable, accessible and useable for a broad range of users. (OECD, 2022).

The fourth hurdle was technical familiarity, or user knowledge as they called it. Some responders may not be comfortable with scanning QR codes, filling out online forms or commenting electronically. This means that even the simplest digital device may need a brief introduction, especially if it is being used for the first time. Kuek and Hakkennes pointed out that digital literacy, user confidence and attitudes to information systems were important factors in the introduction of digital systems in healthcare settings. (Kuek & Hakkennes, 2020)

Results also indicate the importance of user assistance to improve the inclusiveness and success of the QR code feedback system. Some simple interventions that can help with the described concerns include posting clear instructions, presenting a shorter link as an alternative to the QR code, making sure there's stable internet access, keeping the website lightweight and having staff available to assist users. Enabling conditions and user support are important in a technology acceptance research since they help users to feel more able to use a system successfully. (Venkatesh et al. 2003).

Generally, the challenges encountered by the respondents indicate that the implementation of the QR code feedback system should not only pay attention to the usefulness and convenience of use of the system but also to the actual conditions of the users. Connectivity, device readiness, accessibility, and technical understanding are just few of the aspects that can influence a user's ability and inclination to engage in collecting digital feedback. So the office may need to provide backup options, user education and technical support to make the feedback system accessible to health workers, LGU personnel, agency reps and other clients. (WHO, 2021; OECD, 2022).

Proposed Enhancement Plan

Table 6. Proposed Enhancement Plan/Policy Guidelines

Area	Issue	Recommendation	Expected Outcome
Connectivity	Weak internet	Develop offline-capable system	Increased accessibility
Access Method	QR-only limitation	Provide direct links (URL/SMS)	Inclusive access
Device Compatibility	Outdated phones	Use low-bandwidth design	Broader usability
Digital Literacy	Limited skills	Conduct training/orientation	Improved efficiency



Infrastructure	Lack of internet	Provide WIFI/load support	Faster response rate
Equipment	No devices	Assign dedicated QR devices	Standardized access

Table 6 presents the proposed enhancement plan or policy guidelines to address the barriers encountered by the respondents in using the QR code feedback system. The proposed actions are improving connectivity, access mechanisms, device compatibility, digital literacy, infrastructure and equipment support. Recommendations The QR code feedback system should be evaluated for its utility and usability, as well as for the ease of getting support for it and the length of its life in genuine government health office operations. The success of digital health initiatives depends on the proper integration of technological, human, organizational and financial resources. (World Health Organization, 2021).

The problem for the connectivity location was a weak internet connection and the advice was to create an offline competent system. This observation is important as the user may not have stable internet access during the QR code scanning process or when sending feedback. Offering an offline-capable or low-connectivity option can assist make sure users are still able to record feedback when internet service is weak. This research supports the view that digital public services should be designed to be accessible and responsive to real conditions of users and should not presume that all users have stable online access. (OECD, 2022) .

The problem found in the access mechanism was the QR-only limitation. And since not every user can scan a QR code successfully, it's a good idea to suggest sharing a direct link via a URL or SMS. Some can have outdated phones, lower quality cameras or issues scanning QR codes. Offering alternative means to access the system can help make it more accessible, since users can still use the feedback form even if they do not scan the QR code. This approach resonates with the values of digital service design which advocate for accessibility, inclusion and user-centred public service delivery . (OECD, 2022) .

The problem was that the devices were ancient cell phones hence the recommendation was to design for limited bandwidth. This advise is realistic because a feedback system should be runnable on simple cellphones and should not need high-speed internet, lots of data, or advanced phone features. QR code surveys can work, but they still rely on the user being able to access the form on a working mobile device. The system usability can be improved by making it simple, lightweight and mobile friendly. (Nichols, 2024)

The difficulty pointed out for the digital literacy was the low skills of the users and the answer was to provide training or orientation. The aim is to cater to those not-so-versed in scanning QR codes, opening online forms, or providing feedback through a digital platform. It's a simple method, however new users will need a little hand holding Research on healthcare professionals and digital systems shows that digital literacy, confidence and positive attitudes towards information systems



are important criteria for successful usage of technology. Problem: No internet . (Kuek & Hakkennes, 2020)

Recommendation: Infrastructure Wi-Fi or load support. This advise can help to increase the response rate as users may be prepared to provide the feedback if access to the internet is provided at point of service. Basic connectivity support in a government health office may reduce barriers for clients and health staff who would like to use the QR code system but are hampered by data availability or poor signal. This study supports the idea that digital transformation is not only about digital technology but also about infrastructure to make these tools usable. (World Health Organization, 2021)

The problem identified was lack of equipment and the solution was to supply essential resources (mobile hotspots and tablets) to increase access to the QR code system. The effort will address these equipment shortages and improve the overall service delivery and customer satisfaction in the health office. to provide dedicated QR devices. This alternative is convenient for some clients who may not have smart phones, or have low battery, or may be struggling to scan the QR code on their own device. Consider giving a dedicated tablet, phone or kiosk for feedback submission to assist standardize access and ensure all clients have an opportunity to participate. This method is related to the concept of facilitating conditions, which is the support and resources that are accessible to facilitate people to perform technology related tasks. (Venkatesh, et al., 2003).

The update plan also enhances user experience, since it directly addresses the barriers that respondents cited. A system could rate high in usefulness and ease of use but if consumers are presented with poor connectivity, insufficient devices, no obvious access or lack of technical knowledge it may not be very effective. Human-centered design is the process of building and enhancing interactive systems based on the needs, constraints, and lived experience of their users. (International Organization for Standardization, 2019)

In conclusion, the suggested improvement plan facilitates the deployment of the QR code feedback system, making it more accessible, inclusive, and practical for the diverse types of users. The recommendations respond to real concerns raised by respondents and suggest specific actions to improve system effectiveness and participation. The health office can make a feedback system more reliable and usable by: boosting connectivity and providing alternative links, supporting low-bandwidth access, orienting users, upgrading infrastructure, and designating specialist QR devices. (World Health Organization, 2021; OECD, 2022)

CONCLUSIONS

The results of the study showed a positive assessment of the QR Code Feedback System by the respondents, which was judged very acceptable and usable in the public health context. In this study, health workers were identified as the major responsible persons for the system assessment. Most of the respondents were digitally ready as they were mostly comfortable with the use of



smartphones and QR codes. This shows the feasibility of using a QR-based feedback system in health-related transactions and public health office operations.

The study indicated that the respondents have a very high level of acceptance towards the QR Code Feedback System with the objective of determining the level of technology acceptability. The strategy was successful in that it improved the feedback process, helped to identify difficulties faster, allowed for cooperation, and was a more efficient alternative to typical feedback techniques. It was also perceived as easy to use, with the respondents considering it easy to scan, explore, grasp and control with minimum technical difficulties.

Regarding the objective to evaluate user experience, the participants showed a very high degree of satisfaction with the system. The QR Code Feedback System offers a clean visual design, readable content, an ordered structure, a fast loading time, a smooth submission process and intelligible language. The findings of this study showed that the system was able to provide a terrific experience to the users and allowed the respondents to submit feedback effortlessly and efficiently.

The result of the study revealed that the professional category, age, sex, educational attainment, and years in government service have no significant relationship with the level of technology acceptance and user experience of the respondents in terms of determining the relationship of the profile of the respondents and acceptance and user experience. This resulted in a generally good acceptance of the system by the diverse users. However, digital literacy was found to be a key component, which suggests that those with better digital abilities tend to have a more positive acceptance and experience when using the system.

The overall QR Code Feedback System is determined to be a helpful, convenient, accessible and efficient digital feedback method for the public health setting. There is great potential for institutional adoption, especially if improvements are made in connectivity support, alternative access options, device availability and digital literacy training. These modifications can help to ensure that the system remains inclusive, reliable and responsive to the needs of health workers, agency clients and other stakeholders.

RECOMMENDATIONS

Based on the study findings and the purpose of the study, the following suggestions have been made:

1. Considering that the same was found to be quite acceptable, beneficial and simple to use, the QR Code Feedback System can be adopted and maintained as an official feedback mechanism by the Provincial Department of Health Office. The office has to ensure the QR code is visible and the feedback form is basic, clear and straightforward to use for health workers and agency clients.

2. A user friendly layout, simple language, fast loading design, mobile compatible format are some of



the elements which will make the system easy to use and will improve the user experience. The system needs to be periodically monitored and updated to make sure that people can get to feedback and send it in without any issues.

3. The office can offer support measures to help solve the problems respondents are having, such as poor internet access, device limits, and challenges in reading QR codes. This can be Wi-Fi or load support, direct links or SMS links. Specific devices like tablets or smartphones to make comments.

4. Future research may do comparable investigations with a better ratio of health workers, LGU staff, and agency representatives. They might also assess the long-term effectiveness of the QR code input system, such as response rates, actual use of input for service improvement, and the effect of digital literacy training on the use of the system.

REFERENCES

- Davis, F. D. (1989). Perceived usefulness, perceived ease of use, and user acceptance of information technology. *MIS Quarterly*, 13(3), 319–340.
- Halpern, L. M., Zhang, D.-A., & Velarde, A. (2022). Survey response rates to a self-initiated longitudinal survey accessed by a quick response code. *Cureus*.
- International Organization for Standardization. (2019). ISO 9241-210:2019 Ergonomics of human-system interaction—Human-centred design for interactive systems.
- Kemp, S. (2024). Digital 2024: The Philippines. DataReportal.
- Kuek, A., & Hakkennes, S. (2020). Healthcare staff digital literacy levels and their attitudes towards information systems. *Health Informatics Journal*, 26(1), 592–612.
- Mollaei, A., Tabari-Khomeiran, R., Maroufizadeh, S., & SedghiSabet, M. (2024). Adoption of quick response codes as a digital microlearning tool among clinical nurses: A quasi-experimental study. *BMC Medical Education*, 24, Article 1266.
- Nichols, E. (2024). Usability of Quick Response (QR) Code as a method to access a survey using a smartphone. U.S. Census Bureau.
- Nielsen, J. (1993). Response time limits. Nielsen Norman Group.
- Nielsen, J. (1994). Usability engineering. Morgan Kaufmann.
- OECD. (2022). Good practice principles for public service design and delivery in the digital age. OECD.
- Preece, J., Rogers, Y., & Sharp, H. (2015). Interaction design: Beyond human-computer interaction (4th ed.). Wiley.
- Venkatesh, V., Morris, M. G., Davis, G. B., & Davis, F. D. (2003). User acceptance of information technology: Toward a unified view. *MIS Quarterly*, 27(3), 425–478.
- Womack, J. J., et al. (2018). Testing Quick Response (QR) codes as an innovation to improve feedback. *Family Medicine*.
- World Health Organization. (2021). Global strategy on digital health 2020–2025. World Health Organization.
- World Wide Web Consortium. (2018). Web Content Accessibility Guidelines (WCAG) 2.1. W3C.