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## Health care unit's services through patient's perception

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### Abstract

This research aims to measure the level of satisfaction and identify the common problems as perceived by the patients in the following services: diagnostic testing, prescriptions, hospitalization, referrals, and doctor-patient relationship as an evaluation to improve the health care unit's delivery of its function. The results showed that the patients are moderately satisfied with the services of the health care unit regardless of age and socio-economic status. In addition, it also laid down the common problems of the health care unit in the delivery of services as well as the recommendations of the patients. The study concluded that, the delivery of the services of the health care unit must be improved to give higher satisfaction to its clientele.

**Keywords:** Health care services, patient's perception, satisfaction

### Introduction

Hospital is a charitable institution for the needy, aged, infirm, or young, as stated in Merriam-Webster's Collegiate Dictionary. Further, it was stated in Oxford Advanced Learner's Dictionary that hospital is a large building where sick or injured people are given medical treatment and care. So, hospitals are very important. In health care, many new needs and necessities are rapidly emerging, and whatever these needs, they have to be catered and satisfied. Health care is in constant flux. Besides changes in medical practice itself, insurance, Medicare regulations change regularly (Jared Lewis). Now, what do hospitals should have in order to cater the needs of the patients?

There are various developments in Medicare facilities and health management today. Many guidelines based on theories were made on how to develop a good health care management particularly in hospitals (Rickert 2012) [12]. One of the theories is Patient-Centered Management Theory. The effectiveness of a hospital or other health care facility is dependent upon the type of health care management theory it subscribes to and how well that theory is implemented.

Hospitals must create a safe environment for patients. It must be conducive for fast recovery of illness. Various programs were launched to improve hospital services to give patients satisfaction. Now, how can patients be satisfied? What are the needs of the patients? What matters most to the patients? Those are just few of the questions that need to be emphasized and answered.

Patients are the reasons why health care exists (Bosch, Marjie C. *et al*:/Planning and Studying Improvement in Patient Care: The Use of Theoretical Perspectives) [1], therefore patients need the highest attention in health care. Like doctors, patients also play major role in the health care. Sometimes, new scientific findings, best practices or clinical guidelines are easily implemented in practice. Most of the time, however, improving patient care is not easy, particularly if an innovation requires complex changes in clinical routines, better collaboration among disciplines, changes in patient's behavior, or changes in the organization of care (Grimshaw *et al*. 2004) [6].

But with all the development in health care, the concern is that, is it beneficial to patients? It is well established now that one can in fact improve the quality of health care and reduce the costs at the same time (Rickert, 2012) [12]. Now, will this satisfy patients?

According to James Rickert 2012 [12] on his study Patient-Centered Care: What it means and how to get there, patient- centered care improve patients' clinical outcomes and satisfaction

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rates by improving the quality of the doctor-patient relationship, while at the same time decreasing the utilization of diagnostic testing, prescriptions, hospitalizations, and referrals. Patient-centered practitioners focus on improving different aspects of the patient-physician interaction by employing measurable skills and behaviors. This type of care can be employed by physicians in any specialty, and it is effective across disease types. Effective care is generally defined by or in consultation with patients rather than by physician dependent tools or standards.

One of the basic tenets of patient-centered care is the idea that patients know best on how well their patient's provider are meeting their needs, and it's the patient's view of his or her health care delivery that correlates with outcome of satisfaction. The second fundamental tenet of patient-centered care concerns the relationship between health providers and their patients. In some cases patient advocates tend to blame the doctor for their treatment and inability to diagnose the problem while physicians and their advocates point to the patient are not following up despite instructions. However, the underlying problem in this tragic example is the lack of a relationship between the patient and her doctor. This patient never felt any personal connection with her doctor; from her point of view, the visit was an expensive waste of time, and, therefore, she did not return for further treatment. This lack of relationship significantly influenced her health decisions in the same way it impacts all patients. In point of fact, the relationship between a patient and his/her doctor greatly determines both treatment outcomes and a patient's satisfaction with his/her care. Patients want a personal relationship with their doctor, good communication and empathy. Little et.al., demonstrated that a personal relationship between patient and doctor and a feeling of partnership led to patients who were more satisfied, more enabled, and had a lower symptom burden and lower rates of referral. Doctors not engaged in patient-centered care often order expensive tests or referrals as a poor substitute for connecting well with their patients.

Tests and prescription medications were not the most common expectations; instead, patients were more interested in information on their diagnosis and prognosis. In fact, failure of physicians to address diagnosis and prognosis was the most common cause of unmet patient expectations, and patients who received adequate information on diagnosis and prognosis experienced better symptom relief and functional outcomes.

In summary, patient-centered care is a method of care that relies upon effective communication, empathy, and a feeling of partnership between doctor and patient to improve patient care outcomes and satisfaction, to lessen patient symptoms, and to reduce unnecessary costs.

A review of the medical literature relating to the term "patient satisfaction" shows little research on the topic in the 1960s and 1970s. However, things began to pick up dramatically in the early 1980s. Between 1980 and 1996, there was a five-fold increase in the number of articles devoted to this topic. It is worth noting that most patient-satisfaction studies are based on patients' experiences at one-time encounters rather than their experiences over time (C. Carolyn Thiedke, MD, 2007) [13]. The ultimate validation of quality care is patient satisfaction (Donabedian, 1997) [5]. In today's health care realm, patient satisfaction is an

important quality outcome indicator of health care particularly in the hospital setting.

One literature that focuses on the patient itself is the Age Differences in Perception and Awareness in Emotion. It states that emotional experiences change as age is increasing (Lawton *et al.*, 1992 [8]; Levenson *et al.*, 1994 [9]; Mroczek and Kolarz, 1998) [11].

Life span theories of emotion characterize old age as a time of positive emotional well-being and enhanced emotional control. Older adults experience less negative affect than younger adults and comparable or higher levels of positive affect (Carstensen *et al.*, 2000 [4]; Mroczek and Kolarz, 1998) [11]. Older adults show a more complex understanding of their emotions, as shown by more vivid descriptions of their emotions in which they integrate their subjective experience within a larger context (Labouvie-Vief *et al.*, 1989) [7].

Another is the Carstensen's Socioemotional Selectivity Theory (SST) which posits that psychological mechanisms account for these age differences in emotional experiences. According to this theory, awareness of endings promotes emotional goals, which in turn accounts for older adults' greater focus on positive affect (Carstensen, 1995 [4]; Carstensen *et al.*, 1999) [3].

Older patients tend to be more satisfied with their health care (Thiedke, 2007) [13]. Emotional perceptions differed in the old and the young so there must be an appropriate way on treating patients in accordance to their age.

Studies on the effect of gender are contradictory, with some studies showing that women tend to be less satisfied and other studies showing the opposite. (Thiedke, 2007) [13].

Most studies have found that individuals of lower socioeconomic status and less education tend to be less satisfied with their health care. However, one study found that frequent visitors to a family with lower educational status, lower perceived quality of life, and higher anxiety and depression were more satisfied with their family physician. Other studies have shown that poorer satisfaction with care is associated with experiencing worry, depression, fear or hopelessness, as is having a psychiatric diagnosis such as schizophrenia, post-traumatic stress disorder or drug abuse. (Thiedke, 2007) [13].

This paper will gather information from patients regarding their perception in the services that they received from the hospital. Perception according to Oxford Advance Learner's Dictionary is the way you notice things, especially with the senses, it is the ability to understand the true nature of something, an idea, a belief or an image you have as a result of how you see or understand something. Patients Perception in this research refers to the opinions of the patients in connection to the services that they received or enjoy in the hospital. This research is conducted to find answers on what hospitals may do and provide in order to cater the needs of the patients, to give them satisfaction and even to improve the services that the hospital is offering. After all, doesn't every patient deserve empathic, trusted doctors who are working hard for no reason other than the care of the patient at hand?

## Methodology

This study used descriptive-quantitative research method to measure the patient's perception of the services offered in GWBVMH. The subjects of this research are the in patients

of Governor William “Billy” Villegas Memorial Hospital (GWBVMH) in the City of Guihulngan Negros Oriental.

Specifically, it will consist of 50 respondents, 25 males and 25 females with the age of 18 years old and above. The research is conducted at Governor William “Billy” Villegas Memorial Hospital (GWBVMH) in the City of Guihulngan Negros Oriental.

The data was collected through a self-made questionnaire with two parts. The first part consists the demographical information of the respondents and the level of satisfaction of the respondents. The five point Likert’s was employed to measure the level of satisfaction with the scaling 4.21- 5.0

(Extremely Satisfied), 3.41- 4.20 (Quite Satisfied), 2.61 – 3.40 (Moderately Satisfied), 1.81 – 2.6 (Slightly Satisfied), 1 – 1.80 (Not Satisfied).

The second part consists of the list of common problems as perceived by the patients in the health care unit, together with a list of recommendations for the improvement of its services.

**Measures**

The researchers created a self-made questionnaire, and were validated through the conduct of a pilot-test.

Level of Satisfaction of Patients

| Services  | Degrees/Levels          |                     |                          |                        |                   |
|---|-------------------------|---------------------|--------------------------|------------------------|-------------------|
|   | Extremely Satisfied (5) | Quite Satisfied (4) | Moderately Satisfied (3) | Slightly Satisfied (2) | Not Satisfied (1) |
| 1. Diagnostic Testing<br>▪ Do Check-ups meet expectations?  |                         |                     |                          |                        |                   |
| 2. Prescriptions<br>▪ Do prescriptions in line with the results of the check-ups?<br>▪ Are there to much prescriptions?<br>▪ Are doctors strict with prescriptions? |                         |                     |                          |                        |                   |

Common problems and recommendations

| Services  | Problems Meet and Recommendations |
|---|-----------------------------------|
| 1. Diagnostic Testing<br>▪ Do Check-ups meet expectations?  |                                   |
| 2. Prescriptions<br>▪ Do prescriptions in line with the results of the check-ups?<br>▪ Are there to much prescriptions?<br>▪ Are doctors strict with prescriptions? |                                   |

**Results**

**Table 1:** The table declares that male and female respondents are moderately satisfied with the services offered in Governor William Billy Villegas Memorial Hospital with the total weighted mean of 2.78 and 2.71 respectively.

| Services                    | W $\bar{x}$ Male | W $\bar{x}$ Female |
|-----------------------------|------------------|--------------------|
| Diagnostic Testing          | 3.16             | 3.16               |
| Prescriptions               | 3.00             | 3.08               |
| Hospitalizations            | 2.36             | 1.96               |
| Referrals                   | 2.60             | 2.12               |
| Doctor-Patient Relationship | 2.76             | 3.24               |
| Total                       | 2.78             | 2.71               |

In this table it shows that male in-patients are moderately satisfied with the Diagnostic Testing having 3.16-weighted mean, Prescriptions with 3 weighted mean and Doctor-Patient Relationship with 2.76 weighted mean. Further, male in-patients are slightly satisfied with the Hospitalization having 2.36 weighted mean, and Referral having 2.6-weighted mean.

Moreover, the table also shows the level of satisfaction of female in-patient of the services offered in Governor

William Billy Villegas Memorial Hospital, wherein, Diagnostic Testing got 3.16 weighted mean which means moderately satisfied, another is the Prescription having 3.08 weighted mean and Doctor-Patient relationships with 3.24 weighted mean. On the other side, there are female in-patients also who are slightly satisfied with the Hospitalization having 1.96 weighted mean and also with the Referrals having 2.12 weighted mean.

**Table 2:** Shows the common problems met by the in-patients of Governor William Billy Villegas Memorial Hospital.

| Services                           | Common Problems Met                                    | F  | %  | Patients Recommendations  | F  | %  |
|------------------------------------|--|----|----|---|----|----|
| Diagnostic Testing or Consultation | Results and information about findings were delayed.   | 12 | 24 | Hospital should have the equipment needed for fast issuing of results to avoid delay.   | 10 | 20 |
|                                    | Findings were inconsistent.                            | 2  | 4  |   |    |    |
|                                    | Lack of Medical Equipment                              | 5  | 10 |   |    |    |
|                                    | No X-Ray Reader and ECG Reader                         | 3  | 6  |   |    |    |
| Prescriptions                      | Expensive Medicines                                    | 6  | 12 | Supply of medicines of the pharmacy inside the hospital must be consistent and sufficient enough to cater the needs of the health care of patients. | 15 | 30 |
|                                    | Not enough medicines available in hospital's pharmacy. | 3  | 6  |   |    |    |
| Hospitalization                    | Dirty and stinky environment.                          | 23 | 46 | To maintain cleanliness, more utility personnel should be hired.  | 30 | 60 |
|                                    | Lack of rooms or wards.                                | 5  | 10 |   |    |    |
|                                    | Poor ventilation.                                      | 15 | 30 | More electric fans.   | 10 | 20 |
|                                    | Poor water supply.                                     | 3  | 6  | Water supply should be abundant.  | 7  | 14 |
|                                    | Beds were not in good condition.                       | 7  | 14 | Beds were old, it should be replaced.   | 11 | 22 |
|                                    | Noisy Environment                                      | 10 | 20 |   |    |    |
|                                    | Only few utility workers.                              | 3  | 6  |   |    |    |
| Referrals                          | They always make referrals.                            | 4  | 8  | Additional specialist should be hired to minimize referrals.  | 9  | 18 |
| Doctor- Patient Relationship       | Delay of Information                                   | 5  | 10 | Good doctor-patient relationship must be practiced and established.   | 14 | 28 |
|                                    | Poor communication/not approachable.                   | 4  | 8  |   |    |    |
|                                    | Doctors only round once a day.                         | 15 | 30 |   |    |    |

Of the 50 respondents, 23 or 46 percent said that the hospital environment was dirty and stinky. Another 15 or 30 percent said that the hospital has poor ventilation, added by a noisy environment. Not far is the Doctor- Patient Relationship showing that there is no good relationship between doctors and patients, especially with the communication process. Poor communication is maybe because according to the survey, 15 or 30 percent of the respondents said that doctors round only once in a day. In diagnostic Testing, patients find it hard to know their status because the results of their check-ups are delayed. Referrals are also rampant, and lastly, patients are facing burdens in buying the prescriptions given by the doctors.

Because of these problems the patients suggest the following ways to minimize those problems they have encountered in the hospital. It is as follows. All information was gathered through interview. 1. Additional specialist should be hired to minimize referrals. 2. To maintain cleanliness, more utility personnel should be hired. 3. Water supply should be abundant. 4. Beds are old, it should be replaced. 5. More electric fans. 6. Good Doctor-patient relationship must be practiced. 7. Supply of medicines of the pharmacy inside the hospital must be consistent. 8. Hospital should have the equipment needed for fast findings to avoid delay of information.

## Discussion

### Level of Satisfaction of Patients

The female and male respondents have the same range or degree of satisfaction. Both male and female respondents are moderately satisfied with the diagnostic testing or consultation that the hospital is offering. In the same manner, both male and female are moderately satisfied with the prescriptions given by the hospital; this is because Phil Health covered some of the prescriptions. They are also moderately satisfied with the relationship they have with the doctors of the hospital. In their hospitalization, the respondents, both male and female, show that they are slightly satisfied. So do with the referrals, the 50

respondents are slightly satisfied. In summary, both male and female respondents are moderately satisfied with all the services offered in Governor William Billy Villegas Memorial Hospital.

The results confirmed the study of Lawton *et al.*, 1992<sup>[8]</sup>; Levenson *et al.*, 1994<sup>[9]</sup>; Mroczek and Kolarz, 1998<sup>[11]</sup> in their Age Differences in Perception and Awareness in Emotion that states, emotional experiences change as age is increasing. Further, the results are in line with the study of Carolyn Thiedke, MD, explaining that older patients tend to be more satisfied with their health care. This is so, for most of our respondents are in the age of 60 years old and above and they are moderately satisfied with the services of the hospital, regardless of their gender.

On the other hand, the result of this study contradicts the study of Carolyn Thiedke, MD with regards to socioeconomic status telling that most individuals of lower socioeconomic status and less education tend to be less satisfied with their health care. This is because most of the respondents have less or lower level of Educational attainment and also less monthly income and yet they are moderately satisfied. This can be explained by the fact that there is no other hospital situated in the place. In addition, most respondents said in the interview that since they have low income then they prefer visiting the hospital than the other expensive hospital, which is also far from Guihulngan City.

### Common problems as perceived by the patients

The most common problem met by the inpatients of the hospital is its dirty and stinky environment. It is followed by poor ventilation and the once-a-day rounding session of the doctors. Patients were also complaining for the delay of necessary information they badly needed. Noisy environment was one of the common complains. Added by the uncomfortable beds, expensive medicines, the lack of medical equipment, lack of rooms and wards, constant referrals, poor communication, the poor water supply, few utility personnel, not enough medicine in the hospitals

pharmacy and the inconsistency of findings among others sum up the common problems met by the in-patients of the hospital.

### Conclusion

Based on the data gathered it is therefore concluded that the results be one of the basis for health care unit regulation with provisions focused on the improvement of the delivery of its services to provide better health care to its clientele.

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