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Satisfaction of Patients towards Nursing Care in selected District Hospitals of Negros Occidental, Philippines

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Abstract

Utilizing a descriptive design in a quantitative approach, the study aimed to determine the level of satisfaction of patients admitted to selected District Hospitals of Negros Occidental, Philippines. Purposive sampling obtained two-hundred twenty-six (226) respondents with at least three (3) days of hospital admission, of legal age, conscious, coherent, and with consent to participate. The study was conducted in five (5) District Hospitals representing each inter-local health zone. Data was collected using an adapted instrument on the "Patient Satisfaction with Nursing Care Quality Questionnaire" by Laschinger (2005) through a face-to-face interview. Findings from three separate visits in the five (5) selected District Hospitals revealed that most of the respondents were middle-aged and old adults, female, married, unemployed, with an elementary level of education, confined for 3-10 days, with PhilHealth Insurance coverage, admitted in the medical ward. Overall, the level of satisfaction of patients towards nursing care was good. There is no significant difference in the variables. Further, satisfaction of patients towards nursing care when grouped into four domains of Cox's International Model of Client Health Behavior (IMCHB) theory, Health Information domain (information given by the nurse) was rated the highest: very good, interpreted as the nurse consistently demonstrated better than average level of performance, while the three domains Affective Support (being able to attend to the emotional needs of the patient), Decisional Control (provides patients opportunity to decide on their own) and Professional-Technical Competency (capacity to provide care according to the standard) were rated as good interpreted as the nurse demonstrated sufficient range of skills for handling the situation and the desired outcome was obtained, some deficiencies existed in the areas assessed but none of significant concern. Hence nurses in the Province of Negros Occidental provide good quality health care services. To sustain or further improve the satisfaction rating, it is recommended for hospital and nursing service administrators to offer seminars, workshops, and in-service training focused on the four domains of Cox's IMCHD theory.

Keywords: Satisfaction of Care, Nursing Care, Quality care

Introduction

In 2013, Merrick wrote: Public health is community health, and healthcare is sometimes vital to all of us, but public health is always essential. Public health can be achieved with quality healthcare services.

Healthcare services have shifted from a process-oriented system to an outcome- and performance-based one (Korniewicz & Duffy, n.d.). These changes have been endorsed to measure quality health care (Oermann & Huber, 1999). Quality is defined as the degree to which health services for individuals

increase the likelihood of desired health outcomes (Lohr, 1990). Quality assessment helps us to understand the measurable outcomes of health services. Hence, it is now a globally important topic (Counte, 2007). In the Philippines, the quality of healthcare services remains inconsistent. According to Cetrángolo et al. (2013), the health of the Philippines has improved but not as much as in other Southeast Asian countries. In a study, "Health and Healthcare Systems in Southeast Asia" by Chongsuvivatwong et al. 2012, some countries in the Association of Southeast Asian Nations (ASEAN) innovated pro-poor financing schemes to help improve their healthcare systems. In Thailand, they created the Health Card and 30-baht Schemes; in Vietnam- the Health Fund for the Poor; in Cambodia and Laos, there were Health Equity Funds; and in Singapore, there was Medifund, a subsidy scheme for indigent patients. Indonesia was also able to create Swadana (self-financing) hospitals.

A systematic literature review by Harrison et al. in 2015 entitled "Patient safety and quality of care in developing countries in Southeast Asia: a systematic literature review" revealed that one of the significant inter-related quality and safety concerns that have been recognized in developing countries in Southeast Asia is the quality of healthcare provision overall. However, they had very limited data, with only two studies about quality healthcare overall conducted in Indonesia and four in the Philippines. Vietnam, Cambodia, Laos, East Timor, and Myanmar had no related literature. They recognized that knowledge of patients' experiences is critical to understanding and improving the quality of care. Patient experiences can be quantified through their level of satisfaction.

Patient satisfaction is the fulfillment of a person's needs or wants. It is a valid indicator of quality health care service (Cuevas, 2008). Measuring patients' satisfaction with nursing is particularly important since nursing service is often a primary determinant of overall satisfaction during a hospital stay (Yellen et al., 2002; Merkouris et al., 2013). According to Wilde Larsson and Larsson (2009), patients' satisfaction with quality of care may affect health outcomes. Patients who are satisfied with their nursing care are more likely to follow treatment and, consequently, to have better health outcomes (Wagner & Bear, 2009). Saaiq and Zaman (2006) recommended conducting patient satisfaction surveys regularly to utilize patients' critical feedback for achieving service excellence and improved quality of care. However, there is no universal method for measuring patient satisfaction (Heuer, 2002).

Initiatives have been formulated and implemented by the Philippine government to improve the quality of the health care delivery system; one example is the Kalusugan Pangkalahatan (KP) program, which aimed to achieve better health outcomes and increase client satisfaction rating from 83.2% in 2010 to 90% by 2016 (World Health Organization & DOH, 2012). However, less attention is given to measuring one vital indicator: patient satisfaction. A recent study showed that measuring patient satisfaction in government hospitals in the Philippines is currently not a major priority since the government has a limited budget (Lavado et al., 2010). By accessing patient satisfaction comparisons among hospitals, patients are empowered to make better choices, employers can identify and adapt to patient preferences, and administrators can improve the services delivered and decrease healthcare costs by improving efficiency (Oz et al., 2001).

Based on a recent study by Peabody et al. in 2005, "Has quality of care improved? Comparing Results from the Baseline and First Quarterly Surveys," patient satisfaction in the Province of Negros Occidental indicated no sign of improvement. Due to its significance and impact on improving healthcare services, the researcher deemed it necessary to conduct such a study. The findings will enable nurses to identify what aspect of nursing care needs to be addressed to achieve a better satisfaction rating; this study may also serve as the basis for reviewing the standardization of patient satisfaction surveys in the country.

Research Objectives

The study aimed to determine the level of satisfaction of patients towards nursing care received in selected district hospitals in Negros Occidental to further improve efforts made by the government sector on patient satisfaction.

Specifically, the study sought to answer the following questions:

1. What is the level of satisfaction of patients in selected district hospitals in Negros Occidental towards nursing care as a whole and when grouped according to the socio-demographic profile?
2. What is the level of satisfaction of patients in selected district hospitals in Negros Occidental towards nursing care in terms of the following four (4) domains by Cox:

a. Health information,
b. Affective support,
c. Decisional control,
d. Professional-technical competency?

3. Is there a significant difference in the level of satisfaction of patients in selected district hospitals in Negros Occidental towards nursing care received when grouped according to the socio-demographic profile?

Theoretical Framework

The theoretical framework used in this study was the Interaction Model of Client Health Behavior (IMCHB) developed by Cox in 1982. Cox developed this model because she observed that old models study client characteristics and their effect on health behavior but do not consider the potential the healthcare professional has to influence the client's health behavior. The IMCHB is organized by three major elements: client singularity (individual characteristics), client–professional interaction, and health outcome (Robinson & Thomas, 2004).

Client singularity emphasizes a patient's unique and holistic components (Cox, 1986). These include the following background variables: the impact of their social community, previous healthcare experience, and environmental resources.

Client-professional interaction is the second category in Cox's model. It has four domains that will influence the patient's health outcomes: health information, affective support, decisional control, and professional-technical competencies.

In the first domain, health information, Cox (1982) assumes that if the information given by the health care provider to the client is helpful and that the client can process the information, application of the information would follow. The second domain is affective support. The healthcare provider must meet the client at the same level of emotional arousal. The third domain is decisional control. A client with decisional control is likelier to participate in health-related behaviors. The fourth domain is professional-technical competencies. This refers to the nursing interventions nurses perform.

Health outcomes include five components: utilization of health care services, clinical health status indicators, severity of health care problem, adherence to the recommended care regimen, and satisfaction with care. The outcome of the IMCHB is health behavior or a health state resulting from that behavior (Cox, 1982). The Patient's satisfaction with nursing care represented the health outcome in this study.

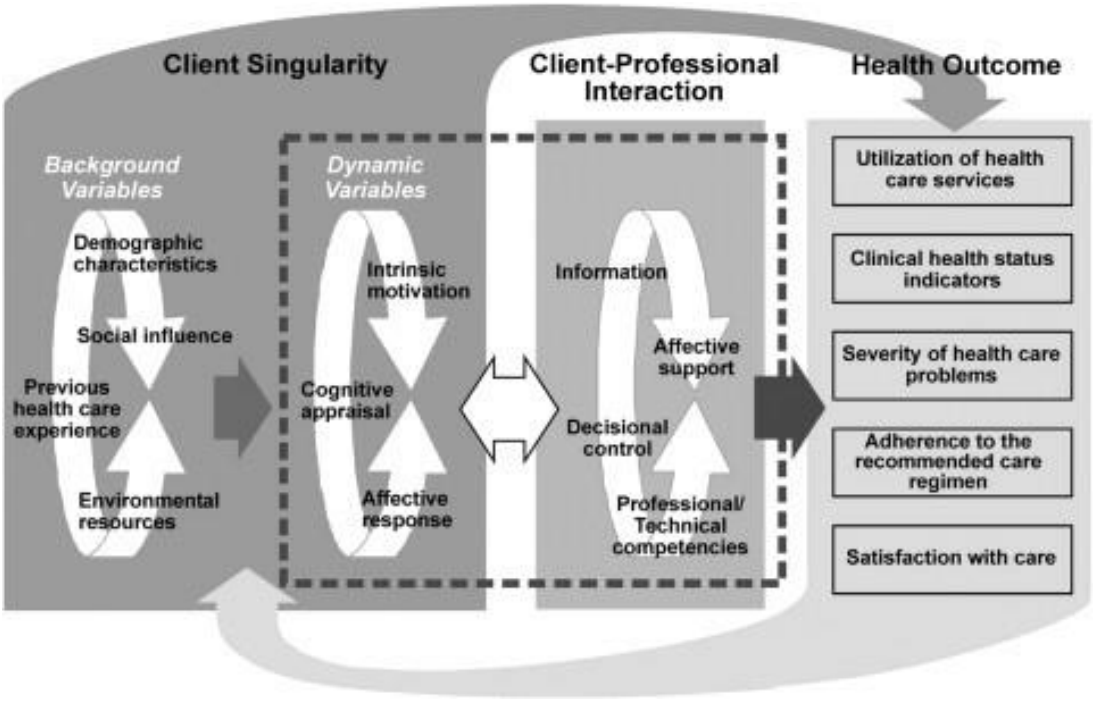

Figure 1. Interaction Model of Client Health Behavior (Cox, 1984)

Conceptual Framework

In this study, the researcher considers the potential of the healthcare provider to influence the client's health behaviors. The study incorporates the components of Cox's Model of patient satisfaction with nursing care, and corresponding variables represent the three major elements.

Client singularity (individual characteristics) represents the client's demographic data (age, sex, and educational level), and social influence is represented by the client's marital status and occupation. Previous healthcare experience was represented by the number of days confined in the hospital. Health insurance coverage and hospital admission represented the environmental resources.

The study focused more on the four domains of Cox's model under the client–professional interaction element. Cox will gauge the level of satisfaction with nursing care in selected district hospitals using the four domains of the IMCHB as the basis for formulating questions.

Regarding the first domain, health information, the researcher stipulates that if the nurses provide essential information to the client and the client understands and perceives it as applicable, they can apply it, helping improve their health outcome. In the second domain, affective support, it is assumed that ignoring affective support can cause the client to become dissatisfied or withdrawn. So, the nurse must attend to the client's emotional needs to gain their cooperation. In the third domain, decisional control, the nurse must allow the client to participate in decision-making regarding their health care. The fourth domain, professional-technical competencies, refers to the nursing interventions the nurses perform. If the nurse addresses these four domains well, patient satisfaction will be achieved, representing the health outcome in Cox's model.

Scope and Limitation

The study focused on the level of satisfaction towards nursing care received by admitted patients, which comprised the different services rendered by the staff nurses. The patients' satisfaction with facilities, the physical environment, and services given by other departments in the different hospitals will not be

measured. The district hospitals that were evaluated in the study were only those owned and funded by the Province of Negros Occidental. Core hospitals within each inter-local health zone (ILHZ) were the selected district hospitals in the study, excluding north-central ILHZ, which has a provincial hospital as its core hospital. Those selected did not represent their respective district but the entire Province. Only those admitted in the wards for at least three days, of legal age, conscious and coherent, who gave consent to the researchers were the respondents.

Methodology

Research Design

A descriptive research design was utilized in this study. According to Bhattacherjee (2012), descriptive research is directed at making careful observations and detailed documentation of a phenomenon of interest. It tries to describe the characteristics of the respondents about a particular practice or culture of importance (Panneerselvam, 2004). In this study, the researcher aimed to describe the socio-demographic profile of patients admitted in selected district hospitals in Negros Occidental in terms of age, sex, marital status, occupation, educational attainment, no. of confinement days, health insurance coverage, hospital admitted and ward. In addition, the study aimed to determine their level of satisfaction as a whole and in relation to their socio-demographic profile and if a significant relationship exists among them.

Respondents of the Study

Negros Occidental is composed of six Inter-Local Health Zones (ILHZ), each having a designated core hospital, and these core hospitals are the main point of referral for inpatient care services referred from the community. The respondents of the study were purposively selected patients admitted from January to March 2015 in the core district hospitals in each ILHZ in Negros Occidental; these are Vicente Gustilo District Hospital (VGDH), Cadiz District Hospital (CDH), Valladolid District Hospital (VDH), Valeriano M. Gustilo Memorial Hospital (VMGMH) and Lorenzo D. Zayco District Hospital (LDZDH). North-central ILHZ core hospital was excluded since they have a Provincial Hospital, not a District Hospital.
All those patients admitted during the date of conduct who passed the criteria set by the researcher and who gave consent were the respondents of this study. The criteria set were: those who have been staying in the hospital for more than three (3) days since the date of admission, are of legal age, and are conscious and coherent. However, only those who agreed to participate in the study were interviewed. The number of cases that refused to participate was considered and is reflected in the final report as the attrition rate.

Sampling Design

Purposive non-probability sampling was utilized in the study. The purposive sampling technique, also called judgment sampling, is the deliberate choice of an informant due to the qualities the informant possesses; it is a nonrandom technique that does not need underlying theories or a set number of informants (Tongco, 2007). All patients admitted during the period of conduct were considered, and a process of elimination was then done based on the set criteria; all those who qualified were requested to participate voluntarily. A total of 266 gave consent and participated in this study.

Research Instrument

The instrument is a two-part standardized Likert scale questionnaire. Part one of the research instruments is a researcher-made questionnaire that contains general information about the patient's socio-demographic profile, namely the patient's age, sex, marital status, occupation, educational attainment, number of confinement days in the hospital, health insurance coverage, the hospital admission, and ward. Part two is an adaptation of the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) developed by Laschinger et al. in 2005 with permission (see appendix). The PSNCQQ is composed of 19 item questions. Each item consists of a phrase to designate the content of the question or "sign-post," followed by a more detailed question or "descriptor." A 5-point Likert is used for each item of the PSNCQQ, with 0 - 1.49 = poor, 1.5 - 2.49 = fair, 2.5 - 3.49 = good, 3.5 - 4.49 = very good and 4.5 - 5.0 = excellent, where excellent is defined as the nurse performs exceptionally, way above the set criteria for successful job performance and surpasses all expectations. Very good is described as the nurse consistently demonstrating a better-than-average level of performance, demonstrating the full range of skills appropriate for handling the situation and obtaining the desired result. Good is when the nurse demonstrates a sufficient range of skills for handling the situation and the desired outcome is obtained; some deficiencies exist in the areas assessed, but none of significant concern. Fair is when the nurse generally does not meet the criteria relative to the quality and quantity of behavior required for successful job performance, does not demonstrate a sufficient range of skills appropriate for handling the situation, and the desired result is not obtained. Poor is defined as the nurse having many deficiencies and demonstrating counter-productive behaviors with adverse outcomes or consequences (the nurse worsens the situation).

Items in the PSNCQQ represent the four domains of the IMCHB by Cox. Items 8-10, 1, 3, and 18 depict the health information domain; items 2, 4, 5, 7, 11, 12, 16, and 19 represent the affective support domain. Item 6 represents the decisional control domain, and items 13-15 and 17 depict the professional-technical competencies domain. The items in the PSNCQQ were organized for daily nursing care activities from admission to patient discharge.

The instrument was translated into two forms, the local vernacular, Cebuano and Ilonggo, for the convenience of the respondents and the data collectors. To ensure congruence of the actual questionnaire with the translated versions, the Cebuano and Ilonggo instruments were translated back to English to double-check for content consistency; this was done three (3) times to ensure that the desired response would be uniform in all languages.

Validity and Reliability of the Instrument

Laschinger and Hall (2005) stated that construct validity was established through exploratory factor analysis (EFA) and confirmatory factor analyses. The results of the EFA revealed a 1-factor solution with factor loadings greater than 0.70 (range was 0.753 to 0.890). A confirmatory factor analysis confirmed the 1- 1-factor model. Various fit indices demonstrated a good fit of this model to the data ($\chi 2 = 14.36$, GFI = 0.944, IFI = 0.958, CFI = 0.958, RMSEA = 0.091). The predictive validity of the PSNCQQ has been examined by testing its ability to predict expected outcomes that are frequently used for validation purposes in health services research. Cronbach α reliability estimate for the PSNCQQ is 0.97. Reliability estimates are similar across hospital categories (teaching, community, small). This suggests that patients in different types of hospital systems interpret the items on the PSNCQQ consistently. The PSNCQQ has

been demonstrated to discriminate between high and low levels of overall patient satisfaction with the care they received during their hospital stay and further supports the instrument's construct validity.

The instrument was subjected to Translation Validity testing. Drost (2011) expounded that translation validity centers on whether the operationalization reflects the true meaning of the construct. Translation validity attempts to assess the degree to which constructs are accurate ―translated into the operationalization, using subjective judgment – face validity – and examining content domain – content validity. Face validity is a subjective judgment on the operationalization of a construct. Meanwhile, content validity is a qualitative means of ensuring that indicators tap the meaning of a concept defined by the researcher (Drost, 2011).

Content validation was done to ensure consistency and congruence with the actual questionnaire. Four experts in research and nursing performed this using the Good and Scates content validity testing. The test revealed a rating of 3.8, equivalent to a verbal interpretation of very good, indicating that the content of the translated instrument can provide valid answers to the study objectives.

Data Gathering Procedure

Approval was first sought from the Province of Negros Occidental Economic Enterprise Development Department (EEDD); once this was obtained, permission to conduct the study was then sought from the respective Chief of each selected District Hospital.

After obtaining the approval of the Chief of the Hospital's respective healthcare facility, the proposed data collection schedule was coordinated with the chief nurse or nurse supervisor available during the visit. The researcher and one data collector visited each hospital once every month for three (3) consecutive months from January to March 2015. During each visit, the researcher sought assistance from the senior nurse or supervisor on duty to identify the respondents who fit the set criteria in the study. The Kardex was used as the basis for the identification of qualified patients. After identifying all the patients in the hospital who passed the criteria, each was approached to obtain consent; all those who agreed to participate after signing the consent form were then interviewed. Proper training and orientation were done beforehand to ensure uniformity, consistency, and accuracy of data collection by all data collectors.

Therapeutic communication and rapport building were observed throughout the data collection process. The nature and the purpose of the study were explained to those identified eligible participants; they were reassured that their participation was voluntary, that they could withdraw from the study at any time, and that their names would not be identified; hence, their privacy, anonymity as well as confidentiality will be protected. They were also assured that whatever response they would provide in the interview would not be divulged to the nurses and would not affect the quality of care they would receive after the interview. The questionnaire was administered face-to-face through a guided interview to allow opportunity for clarification and to obtain complete and accurate data. All the collected data were then consolidated and subjected to statistical treatment.

Statistical Treatment of Data

Descriptive and inferential statistics were performed on the questionnaire and the socio-demographic data section. Frequencies, mean, and standard deviation described the characteristics of participants; the mean was used to determine the patient's level of satisfaction with nursing care. The following Likert scale was used to interpret the results: 0 - 1.49 = poor, 1.5 - 2.49 = fair, 2.5 - 3.49 = good, 3.5 - 4.49 = very good, and 4.5 - 5.0 = excellent.

Meanwhile, the standard deviation determined the participant's homogeneity or heterogeneity regarding their satisfaction with nursing care. Mann-Whitney test was used to assess the degree of significant difference in two-level categories of the variables with alpha level set at .05. Kruskal-Wallis tests determined the significance of differences in three or more level categories of the variables with alpha level set at .05. No significant difference exists if the level of satisfaction when grouped according to the variables will obtain a p-value higher than 0.05.

Findings, Conclusions & Recommendations

The number of respondents depended on the number of patients who qualified the study criteria during the data collection period and those who only gave their consent. Each hospital's respondents represent more than 50% of the respective hospitals' average admission rate (based on the three visits). However, not all consented, and five (5) refused for personal reasons.

Provincial governments are primarily mandated to provide hospital care through provincial and district hospitals and to coordinate health service delivery provided by cities and municipalities of the provinces. Currently, the approved number of beds as per the issued license to operate (authorized) is higher than the actual beds used (implementing beds) in the various district hospitals in the province (Romualdez Jr. et al., 2011). This scenario is true, as evidenced by the number of respondents per district hospital in the study. Hospital A and Hospital B are 25-bed capacity hospitals, Hospital E and Hospital D are 50-bed capacity institutions, and Hospital C is a 75-bed capacity district hospital. Only Hospital C and D no. of respondents did not exceed their allowed bed capacity.

Table 8. Frequency distribution of respondents to hospital-admitted

Hospital admitted	Frequency	Percent
Hospital A	63	23.7
Hospital B	69	25.9
Hospital C	54	20.3
Hospital D	17	6.4
Hospital E	63	23.7
Total	266	100

Level of Satisfaction of Respondents

The study would like to determine the respondents' level of satisfaction with the nursing care they received from the selected district hospitals in general and when grouped according to the variables. The mean score was obtained to determine the level of satisfaction in each variable. Tables 1 to 10 illustrate the findings of the study.

A. Satisfaction Level as a Whole

Out of the 266 respondents to the study, 41.0% or 109 rated their satisfaction with nursing care to be good. In contrast, 92 (34.6%) scored their nursing care as fair, 39 (14.7%) rated very good, 14 (5.3%) gave a poor rating, and 12 (4.5%) evaluated their nursing care received as excellent. In Western Countries, adult immigrant patients using healthcare services have low levels of satisfaction (Mastaki, 2010); in Louisiana, Agosta (2005) identified an overall high level of patient satisfaction with nurse practitioner-delivered healthcare services, in the Philippine setting, specifically in UP-PGH, patients are highly satisfied with their care (Villarruz-Sulit et al., 2009). In the study, patient's satisfaction with nursing care received in selected district hospitals obtained a mean score of 2.79, which was interpreted as good. Respondents claimed that nurses could perform their functions well, and they understand that the nurse-patient ratio in

the hospital is inadequate; thus, they sometimes forgive the nurse's lapses. Other patients who were transferred from higher level hospitals (either government or private) rated the nurses fair and poor due to the fact they were able to experience a better quality of care provided in their previous hospital admission. Those who rated very good and excellent were mainly first-timers in the hospital and had very good interpersonal experience with the nurses; thus, they gave high scores.

Table 1. Frequency distribution of respondents to the level of satisfaction

Age	Frequency	Percentage	Mean	Interpretation
Poor	14	5.3	2.79	Good
Fair	92	34.6		
Good	109	41.0		
Very good	39	14.7		
Excellent	12	4.5		

B. Satisfaction level by Socio-demographic profile

B.1. Age

As you will see in Table 2, most of the respondents who rated their nursing care as good came from the old adult age group, with 53 out of the 266 total number representing 19.9%. Meanwhile, most of those who rated fair were middle-aged adults, representing 48 (18%) of 92 who rated fair. No young adult gave a rating of excellent, while more old-aged adults gave a positive rating of excellent than middle-aged adults. Older adults have lower satisfaction standards; they adjust their expectations considering their strengths and resources (Schafer et al., 2013). Thus, older patients give higher scores than young and middle-aged patients (Rahmqvist, 2001). Overall, the mean score of all three (3) age groups received an interpretation of good, which is consistent with the level of satisfaction as a whole.

Table 2. Level of satisfaction of respondents by age

Age	**Level of satisfaction rating**										**n**	**Mean**	**Interpretation**
	Poor		**Fair**		**Good**		**Very good**		**Excellent**				
	f	%	f	%	f	%	f	%	f	%			
Young adult	1	0.4	10	3.8	**16**	**6.0**	4	1.5	0	0.0	31	**2.74**	Good
Middle-aged adult	7	2.6	**48**	**18.0**	40	15.0	19	7.1	5	1.9	119	**2.72**	Good
Old adult	6	2.3	34	12.8	**53**	**19.9**	16	6.0	7	2.6	116	**2.86**	Good
Total	14	5.3	92	34.6	109	**41.0**	39	14.7	12	4.5	266		

B.2. Sex

Most of the respondents, both male and female, rated their nursing care received as good, with 51 (19.2%) from the male and 58 (21.8%) from the female, while 9 (3.4%) males were dissatisfied and gave a rating of poor compared to only 5 (1.9%) from the female sex. However, even though the males had a more

significant number of poor raters, they also had the most highly satisfied patients, with 7 (2.6%) giving an excellent rating compared to only 5 (1.9%) women who rated their nursing care as excellent. Schafer et al. (2013) inferred that female patients are less content with all aspects of nursing care when compared with young male patients, with a tendency for men to give higher ratings (Findik et al., 2010). The results imply that men are easily satisfied and dissatisfied compared to women, that men have lower standards compared to women, and the tendency to give higher scores; furthermore, the researchers noticed that many of the nurses in the hospitals were female, it is known that men are visual people if they like what they see they are happy. The mean scores obtained from the males and females were 2.80 and 2.78, respectively, interpreted as good.

Table 3. Level of satisfaction of respondents by sex

Sex	Level of satisfaction rating										n	Mean	Interpretation
	Poor		Fair		Good		Very good		Excellent				
	f	%	f	%	f	%	f	%	f	%			
Male	9	3.4	38	14.3	51	19.2	17	6.4	7	2.6	122	2.80	Good
Female	5	1.9	54	20.3	58	21.8	22	8.3	5	1.9	144	2.78	Good
Total	14	5.3	92	34.6	109	41.0	39	14.7	12	4.5	266		

B.3. Civil Status

Comparing all the ratings in Table 4, most respondents rated good, with 109 (41.0%) from the total sample size of 266. Married respondents represented the highest number of those rated good, with 67 (25.2%) from the 109 sample. No single respondent gave an excellent rating, and no separated or living-in respondent gave a poor rating. Married or cohabitating patients' satisfaction is statistically higher than single and never married (Agosta, 2005). Social causation proposes that marriage satisfies people due to the protective emotional and relational factors usually associated with marriage (Booysen et al., 2013). The mean score obtained from all five (5) civil statuses ranged from 2.61 to 3.4, which is good.

Table 4. Level of satisfaction of respondents by civil status

Sex	Level of satisfaction rating										n	Mean	Interpretation
	Poor		Fair		Good		Very good		Excellent				
	f	%	f	%	f	%	f	%	f	%			
Single	3	1.1	13	4.9	20	7.5	4	1.5	0	0.0	40	2.63	Good
Married	9	3.4	62	23.3	67	25.2	29	10.9	9	3.4	176	2.81	Good
Widowed	2	0.8	11	4.1	14	5.3	6	2.3	2	0.8	35	2.86	Good
Separated	0	0.0	1	0.4	1	0.4	0	0.0	0	0.0	2	2.5	Good
Live-in	0	0.0	5	1.9	7	2.6	0	0.0	1	0.4	13	2.77	Good
Total	14	5.3	92	34.6	109	41.0	39	14.7	12	4.5	266		

B.4. Occupation

The majority of those who rated good came from the unemployed group, with 74 (27.8%) from the total of 109 (41.0%). The majority of those who rated excellent were from the unemployed group, and the majority of those who gave a poor rating were also from the unemployed group. The study's findings are consistent with Frey and Stutzer's (2002) research study, which found that unemployed individuals are substantially less satisfied. However, it contradicts Hanglberger and Merz's (2011) empirical research study, which found that self-employed persons show considerably higher satisfaction levels. The results imply that employed/self-employed tend to have higher standards of care than those unemployed. Those on sick leave would want to get well as fast as possible to return to work; if the nurse cannot provide quality care, they tend to stay longer. They will not earn but lose money if they are in the hospital. The overall mean score for all three occupations was interpreted as good, consistent with the overall level of satisfaction.

Table 5. Level of satisfaction of respondents by occupation

Occupation	Level of satisfaction rating										n	Mean	Inter-pre-station
	Poor		Fair		Good		Very good		Excellent				
	f	%	f	%	f	%	F	%	f	%			
None	9	3.4	58	21.8	74	27.8	26	9.8	7	2.6	174	2.79	Good
Employed	2	0.8	14	5.3	18	6.8	7	2.6	1	0.4	42	2.79	Good
Self-employed	3	1.1	20	7.5	17	6.4	6	2.3	4	1.5	12	2.76	Good
Total	14	5.3	92	34.6	109	41.0	39	14.7	12	4.5	266		

B.5. Educational Attainment

Only 11 out of the 263 educated respondents gave an excellent rating, while the majority rated their nursing care as good, representing 109 or 41.0% of the total number of respondents 266. Results imply that individuals with higher levels of education are less satisfied, suggesting that higher educational attainment raises a person's expectations (Cárdenas et al., 2008). Overall mean scores in each educational attainment level were all equivalent to good.

Table 6. Level of satisfaction of respondents by educational attainment

	Level of satisfaction rating										N	Mean	Inter-pre-station
Educational	Poor		Fair		Good		Very good		Excellent				
Attainment	f	%	f	%	f	%	f	%	f	%			
None	0	0.0	2	0.8	0	0.0	0	0.0	1	0.4	3	3	Good
Elem. Level	7	2.6	44	16.5	55	20.7	15	5.6	8	3.0	129	2.79	Good
H.S. Level	4	1.5	33	12.4	36	13.5	14	5.3	1	0.4	88	2.72	Good

College Level	2	0.8	10	3.8	15	5.6	8	3.0	2	0.8	37	2.95	Good
TESDA	1	0.4	3	1.1	3	1.1	2	0.8	0	0.0	9	2.67	Good
Total	14	5.3	92	34.6	109	41.0	39	14.7	12	4.5	266		

B.6. No. of confinement days

Respondents admitted for 3-10 days mostly rated good, representing 100 (37.6%) versus 9 (3.4%) only from those admitted for 11 days or more. Those admitted for more than 11 days did not give a poor rating, but most scored their nursing care as fair or reasonable. The study's results are consistent with Tokunaga et al. (2002) statement that patients with longer lengths of stay tend to be less satisfied since short hospital stays did not seem to be associated with any adverse outcomes and resulted in modest financial savings to the health care system. However, the findings of the study contradict Findik et al.'s (2010) theory that patients who were hospitalized for a more extended period (more than 22 days) are more satisfied than patients who had shorter stays in the hospital (10 days or less). The results imply that patients who have been staying in the hospital for more than 11 days are not getting the quality of care they need because they are not recovering well from their illness. Thus, they gave the nurses a lower rating. Most of the respondents interviewed who had been in the hospital for 3-10 days were coincidentally scheduled for discharge the following day and gave a high rating to the nurses for effective management; most of them have almost fully recovered. However, not all gave a high rating; those patients who rated poor claimed they had a bad experience with one nurse or were not seeing any improvement in his/her health.

Table 7. Level of satisfaction of respondents by no. of confinement days

No. of confinement days	Level of satisfaction rating										n	Mean	Interpretation
	Poor		Fair		Good		Very good		Excellent				
	f	%	f	%	f	%	f	%	f	%			
3-10 days	14	5.3	85	32.0	100	37.6	38	14.3	11	4.1	248	2.79	Good
11 days & above	0	0.0	7	2.6	9	3.4	1	0.4	1	0.4	18	2.78	Good
Total	14	5.3	92	34.6	109	41.0	39	14.7	12	4.5	266		

B.7. Health insurance coverage

Respondents with another type of health insurance obtained a mean score of 3.67, interpreted as very good. At the same time, the rest of those with PHIC, NOCHP, both, and without all received a mean score equivalent to good. 11 respondents with health insurance rated their nursing care as excellent, and 13 rated it poor. Only 1 out of the 26 with no health insurance was dissatisfied and rated poor, and only one was highly satisfied and rated excellent. Insured patients are satisfied with the overall quality of care compared to the uninsured (Fenny et al., 2014). However, the results contradict Blanchflower (2009) that not having enough health coverage negatively impacts overall satisfaction.

Table 8. Level of satisfaction of respondents with health insurance coverage

Health	Level of satisfaction rating										n	Mean	Interpretation
Insurance	Poor		Fair		Good		Very good		Excellent				
	f	%	f	%	f	%	f	%	f	%			
None	1	0.4	9	3.4	11	4.1	4	1.5	1	0.4	26	2.81	Good
PHIC	12	4.5	77	28.9	89	33.5	29	10.9	9	3.4	216	2.75	Good
NOCHP	1	0.4	0	0.0	1	0.4	2	0.8	0	0.0	4	3.0	Good
Others	0	0.0	0	0.0	2	0.8	0	0.0	1	0.4	3	3.67	Very Good
Both	0	0.0	6	2.3	6	2.3	4	1.5	1	0.4	17	3.0	Good
Total	14	5.3	92	34.6	109	41.0	39	14.7	12	4.5	266		

B.8. Hospital Admitted

Patients who mostly rated good came from Hospital A with 33 (12.4%) out of 109 (41.0%) who rated good, followed by Hospital B with 29 (10.9%). Hospital E had the highest number of patients dissatisfied with their care and thus gave a poor rating, 6 (2.3%) out of 14 (5.3%) who rated poor. Patients in Hospital B mainly comprised those who rated excellent, with 5 (1.9%) from a total of 12 (4.5%). Only Hospital D had no respondents who gave a poor rating, and no respondent in Hospital A gave a rating of excellent. Most respondents in all five (5) hospitals obtained a mean score equivalent to good. The results imply that some nurses in Hospital B provide better nursing care compared to nurses from Hospital A since they had the greatest number of patients who rated excellent, while nurses in Hospital A are not providing the best nursing care because they did not earn any excellent rating compared to all other four (4) hospitals. Hospital D nurses stand out because they did not receive a poor rating. However, most of their patients rated them fair; this implies that Hospital D nurses provide fair but not the best quality of nursing care compared to other hospitals.

Table 9. Level of satisfaction of respondents by hospital admitted

Hospital	Level of satisfaction rating										N	Mean	Inter-pre-station
Admitted	Poor		Fair		Good		Very good		Excellent				
	f	%	f	%	f	%	f	%	f	%			
Hospital A	2	0.8	21	7.9	33	12.4	7	2.6	0	0.0	63	2.71	Good
Hospital B	3	1.1	24	9.0	29	10.9	8	3.0	5	1.9	69	2.83	Good
Hospital C	3	1.1	18	6.8	18	6.8	11	4.1	4	1.5	54	2.91	Good
Hospital D	0	0.0	8	3.0	5	1.9	3	1.1	1	0.4	17	2.82	Good
Hospital E	6	2.3	21	7.9	24	9.0	10	3.8	2	0.8	63	2.70	Good

Total	14	5.3	92	34.6	109	41.0	39	14.7	12	4.5	266	

B.9. Ward

Most respondents in all five (5) wards obtained a mean score equivalent to good. Only one (1) respondent out of the 266 who stayed in the private room rated poor. The results contradict Pieniazek et al.'s (2007) theory that patients who have undergone large operations have lower satisfaction levels since patients in the surgical wards mostly rated good. Patients who rated excellent were mainly from the medical ward, with 12 (4.5%) out of the 24 (9.0%) giving the rating. This implies that patients admitted to the wards receive fair to good nursing care since no patient rated poor. Patients in the medical wards receive better quality nursing care than others since more patients give excellent ratings.

Table 10. Level of satisfaction of respondents by ward

	Level of satisfaction rating										n	Mean	Inter-pre-station
Ward	Poor		Fair		Good		Very good		Excellent				
	f	%	f	%	f	%	f	%	f	%			
Ob-Gyne	0	0.0	5	1.9	19	7.1	12	4.5	3	1.1	39	3.33	Good
Medical	0	0.0	24	9.0	60	22.6	24	9.0	12	4.5	120	3.20	Good
Surgical	0	0.0	4	1.5	17	6.4	3	1.1	3	1.1	27	3.19	Good
Isolation	0	0.0	15	5.6	30	11.3	12	4.5	4	1.5	61	3.08	Good
Private Rm	1	0.4	2	0.8	8	3.0	6	2.3	2	0.8	19	3.32	Good
Total	1	0.4	50	18.8	134	50.4	57	21.4	24	9.0	266		

C. Difference in Level of Satisfaction of Respondents

After determining the level of satisfaction, the researcher would also like to determine whether there exists a significant difference between the various variables. The study employed the Kruskal-Wallis statistical test to determine any significant difference between three (3) or more variables. In comparison, the Mann-Whitney test was applied to data with only two (2) variables. Level of satisfaction towards nursing care when grouped according to age, civil status, occupation, educational attainment, health insurance coverage, hospital admission, and ward revealed no significant difference after utilizing the Kruskal Wallis Test. Moreover, sex and no. of confinement days revealed also no significant difference after applying the Mann-Whitney test.

Employing the Kruskal Wallis statistical tool, with an alpha set at 0.05, the level of satisfaction, when grouped according to age, obtained a p-value of 0.588, which is higher than the alpha set. Hence, no significant difference exists. The level of satisfaction among the three age groups did not significantly differ from each other, as shown in Table 11.

Table 11. The difference in level of satisfaction grouped according to age

Age	n	Mean Rank	Chi-Square	df	p-value	Interpretation
18 to 25	31	135.47	1.062	2	.588	Not significant
26-55	119	128.19				
56 & above	116	138.42				

Further, applying the Mann-Whitney test, with alpha set at 0.05, the difference in the level of satisfaction when grouped according to sex obtained a p-value higher than 0.05, thus implying that no significant difference exists between the satisfaction levels among female and male patients.

Table 12. The difference in level of satisfaction grouped according to sex

Mann-Whitney U	Z	p-value	Interpretation
8637.000	-235	.814	Not significant

Employing the Kruskal Wallis statistical tool, with alpha set at 0.05, the difference in the level of satisfaction when grouped according to civil status obtained a p-value higher than 0.05; this implies that the level of satisfaction did not differ significantly among single, married, widowed, and separated and live-in patients.

Table 13. Difference in level of satisfaction grouped according to civil status

Civil Status	n	Mean Rank	Chi-Square	df	p-value	Interpretation
Single	40	127.62	0.945	4	.918	Not significant
Married	176	135.99				
Widowed	35	133.36				
Separated	2	105.75				
Live-in	13	122.50				

Employing the Kruskal Wallis statistical tool, with alpha set at 0.05, the difference in the level of satisfaction when grouped according to occupation obtained a p-value of 0.690; this is higher than the set alpha and thus implies that the unemployed, employed, and self-employed patients' levels of satisfaction did not significantly differ from each other.

Table 14. Difference in level of satisfaction grouped according to occupation

Occupation	n	Mean Rank	Chi-Square	df	p-value	Interpretation
None	174	136.43	.742	2	.690	Not significant
Employed	42	126.99				
Self-employed	50	128.78				

Employing the Kruskal Wallis statistical tool, with alpha set at 0.05, the difference in level of satisfaction when grouped according to educational attainment obtained p-value is higher than the set alpha. This implies that educational attainment does not affect the level of satisfaction of patients.

Table 15. Differences in level of satisfaction grouped according to educational attainment

Educational Attainment	n	Mean Rank	Chi-Square	df	p-value	Interpretation
None	3	131.50	1.830	4	.767	Not significant
Elem. Level	129	130.30				
HS Level	88	131.27				
College Level	37	148.96				
TESDA	9	138.28				

Utilizing the Mann-Whitney test, with alpha set at 0.05, to determine the difference in the level of satisfaction when grouped according to no. of confinement days in the hospital revealed a p-value of 0.451; this shows no significant difference exists between the no. of confinement days in the hospital towards patient satisfaction.

Table 16. Difference in level of satisfaction to no. of confinement days in the hospital

Mann-Whitney U	Z	p-value	Interpretation
1994.500	-.754	.451	Not significant

Employing the Kruskal Wallis statistical tool, with an alpha set at 0.05, the difference in the level of satisfaction, when grouped according to health insurance coverage, obtained a p-value higher than the set alpha. Thus, no significant difference exists.

Table 17. Difference in level of satisfaction according to health insurance coverage

Health Insurance Coverage	n	Mean Rank	Chi-Square	df	p-value	Interpretation
None	26	133.33	2.338	4	.674	Not significant
PHIC	216	131.16				
NOCHP	4	156.75				
Others	3	176.67				
Both	17	150.44				

Employing the Kruskal Wallis statistical tool, with an alpha set at 0.05, the difference in the level of satisfaction, when grouped according to hospital, obtained a p-value of 0.786, which is higher than the set alpha. Thus, no significant difference exists.

Table 18. Difference in level of satisfaction according to hospital admitted

Hospital Admitted	n	Mean Rank	Chi-Square	df	p-value	Interpretation
Hospital A	63	127.95	1.724	4	.786	Not significant
Hospital B	69	139.52				
Hospital C	54	140.88				
Hospital D	17	129.94				
Hospital E	63	127.09				

Employing the Kruskal Wallis statistical tool, with an alpha set at 0.05, the difference in the level of satisfaction, when grouped according to ward admitted, obtained a p-value of 0.477, which is higher than the set alpha. Thus, no significant difference exists.

Table 19. Difference in level of satisfaction according to ward

Ward	n	Mean Rank	Chi-Square	df	p-value.	Interpretation
OB-GYNE	39	153.36	3.507	4	.477	Not significant
Medical	120	130.61				
Surgical	27	124.80				
Isolation	61	128.42				
Private room	19	139.68				

The findings of the study are comparable to Tang et al. (2012) results, wherein there is no significant difference in patients' satisfaction between age (Table 11), sex (Table 12), and marital status (Table 13); department (medical or surgical) (Table 19), educational level (Table 15) and hospital admitted (Table 18) (Merkouris et al., 2013); employment (Table 14) (Hanglberger et al., 2011), health insurance coverage (Table 17) (Fenny, et al., 2014) and no. of confinement days (Table 16) (Krüger, et al., 2011). This implies that the satisfaction level depends on the patient himself/herself. That level of satisfaction is subjective to each individual and is based on the person's perception. Whether the nurses perform better or not, the patient's satisfaction level will still depend on the patient's standard. Age, sex, marital status, educational attainment, ward admitted, hospital confined in, health insurance coverage, and length of hospital stay have no significant effect on the level of satisfaction of the patients towards nursing care received.

D. Level of Satisfaction in terms of the Four (4) Domains

The study would also like to determine what domain, based on COX's IMCHB theory, nurses in selected District Hospitals in Negros Occidental have strengths and weaknesses. The four domains are 1) Health information, 2) Affective support, 3) Decisional control, and 4) Professional-technical competency. Specific items in the instrument represent each domain.

a. Level of satisfaction with Health Information

The health information domain of nurses represents the information given by the health care provider to the clients; Cox assumes that if the information given is valuable and that the client can process the information, application of the information would follow, hence helping improve their health outcome. This domain is represented by the following items in the instrument: information you were given,

instructions, ease of getting information, information given by nurses, informing family or friends, and discharge instructions. As seen in Table 20, most respondents rated very good, with 124 (47.7%) out of the 266-sample size. No respondent gave a poor rating in this domain. Overall, the mean score obtained was 2.65, which is good. This implies that nurses from the selected District Hospitals of Negros Occidental provide adequate health information to the patients. Nurses communicate with their patients often, and no patient scored poorly. Nurses in the selected District Hospitals provide adequate information regarding the patient's current condition to the patient and his/her family/ relatives. The nurses provide clear and easy-to-understand instructions to the patients and always answer their questions. Therapeutic communication is essential, the most influential part of nursing care. According to Cox, once you give the patient health information that they can comprehend and perceive as beneficial to his/her health, the application will follow. As a result, compliance with medications and treatments results in better health outcomes.

Table 20. Level of satisfaction in the health information domain

Health Information	Frequency	Percentage	N	Mean	Interpretation
Poor	**0**	**0.0**	266	2.65	Good
Fair	35	13.2			
Good	85	32.3			
Very good	**127**	**47.7**			
Excellent	18	6.8			

b. Level of satisfaction with Affective Support

Table 21 represents the affective support domain of Cox's theory, wherein the nurse must attend to the client's emotional needs to gain cooperation; ignoring affective support can cause the client to become dissatisfied or withdrawn. This domain is represented by the following items in the instrument: involving family or friends in your care, concern and caring by nurses, attention of nurses to your condition, consideration of your needs, the daily routine of the nurses, helpfulness, restful atmosphere provided by nurses, and coordination of care after discharge. 117 (44.0%) out of the 266 respondents rated this domain as good, while 92 (34.6%) rated it as very good. The overall mean score in this domain was 2.80, interpreted as good. The results imply that the nurses from the selected District Hospitals are conscious of their patients' feelings; they always involve the family in the care of the patients and always check on the status of the patients during their rounds. They work with other healthcare team members to provide comfort and care.

Table 21. Level of satisfaction with affective support

Affective Support	Frequency	Percentage	N	Mean	Interpretation
Poor	11	4.1	266	2.80	Good
Fair	34	12.8			
Good	**117**	**44.0**			
Very good	92	34.6			
Excellent	12	4.5			

c. Level of satisfaction with Decisional Control

The Decisional control domain represents the opportunity the nurses provide the patients to decide on their own and to be in control of their care. According to Cox, clients with decisional control are more likely to participate in health-related behaviors. Thus, the nurse must allow the client to participate in decision-making about their health care. This domain is represented by one question in the instrument: recognition of your opinions, how much nurses ask you what you think is essential and giving you choices. As shown in Table 22, most respondents rated this domain as good, wherein 119 (44.7%) out of 266. This was followed by 61 (22.9%), which gave it a very good rating. This implies that the nurses from the selected District Hospitals in Negros Occidental provide opportunities for patients to decide; they allow them to make choices about their care and respect the decision of the patient. The overall mean obtained in this domain was the second highest among the four (4); decisional control scored a mean of 3.05 and is interpreted as good, similar to the rest of the three domains.

Table 22. Level of satisfaction with decisional control

Decisional Control	Frequency	Percentage	N	Mean	Interpretation
Poor	26	9.8	266	3.05	Good
Fair	45	16.9			
Good	**119**	**44.7**			
Very good	61	22.9			
Excellent	15	5.6			

d. Level of satisfaction on Professional-technical Competency

The last domain in Cox's theory is the professional-technical competency domain; in this area, this refers to the nursing interventions the nurses perform. This focuses on the capacity of the nurse to provide care according to the standard and how well they perform procedures. This domain is represented by the following questions in the instrument: nursing staff response to your calls, skill, and competence of nurses, coordination of care, and privacy. Table 23 illustrates that most respondents rated this domain as good, with 116 (43.6%), while only 8 (3.0%) rated this domain as poor. This implies that nurses in the selected district hospitals respond quickly when the patients call for help, perform their duties well, such as giving medications and handling IVs, have teamwork in the area, and always provide privacy to their patients. The overall mean score was 3.14, the highest among all four (4) domains, and is interpreted as good.

Table 23. Level of satisfaction with professional-technical competency

Professional-technical competency	Frequency	Percentage	N	Mean	Interpretation
Poor	8	3.0	266	3.14	Good
Fair	60	22.6			
Good	**116**	**43.6**			

Very good	51	19.2			
Excellent	31	11.7			

Overall, all four (4) domains earned a mean score equivalent to a good rating. Nurses from the selected district hospitals in the Province of Negros Occidental demonstrated a sufficient range of skills for handling any situation, and the desired outcome was obtained. Some deficiencies exist in the areas assessed, but none are of significant concern. The study results showed that nurses in the District Hospitals provide good quality health care services.

Table 24. Summary of level of satisfaction in all four domains

Domain	Mean	Interpretation
Health information	2.65	Good
Affective support	2.80	Good
Decisional control	3.05	Good
Professional-technical competency	3.14	Good

Summary of Findings

The following are the findings of the study based on the specific objectives:

1. The level of satisfaction of patients in selected district hospitals in Negros Occidental towards nursing care obtained a mean score of 2.79, which is interpreted as good, and when grouped according to the socio-demographic profile showed the following:

a. Most of the old adults rated good (19.9%), most middle-aged adults rated fair (18%), and the majority of young adults rated good (6%). The mean scores obtained were 2.86, 2.72, and 2.74, respectively, and are all interpreted as good.

b. As to sex, most of the female sex rated good (21.8%), followed by the male sex (19.2%), who also rated good. The mean scores obtained were 2.78 and 2.80, respectively, and are interpreted as good.

c. The majority of the married respondents rated good (25.2%), followed by the single (7.5%), widowed (5.3%), live-in (2.6%), and separated (0.4%). Mean scores of 2.81, 2.63, 2.86, 2.77, and 2.5 were interpreted as good.

d. The majority of the unemployed (27.8%) rated good, while most of the self-employed (7.5%) rated it as fair, and the employed (6.8%) rated it as good. The mean score for the unemployed and employed was 2.79 and 2.76 for the self-employed; all were good.

e. Majority of the elementary level respondents rated good (20.7%), followed by high school level (13.6%), College level (5.6%), and TESDA (1.1%), while no educational attainment (0.8%) majority rated fair. Mean scores were 2.79, 2.72, 2.95, 2.67, and 3, respectively; all were interpreted as good.

f. Majority of those confined for 3-10 days rated good (37.6%), followed by those confined for 11 days and above (3.4%) who rated good as well. Mean scores were 2.79 and 2.78, respectively, and are interpreted as good.

g. In terms of health insurance coverage, most of the respondents with PHIC rated good (33.5%), followed by those without any insurance (4.1%), those with both PHIC and NOCHP (2.3%), and with other types of insurance (0.8%), while the majority of those with NOCHP (0.8%) rated very good. The mean scores for those with PHIC are 2.75; no insurance is 2.81, and both 3 and NOCHP 3, which were

all interpreted as good, while those with other types of insurance obtained a mean score of 3.67 and are interpreted as very good

h. The majority of Hospitals A (12.4%), B (10.9%), E (9.0%), and C (6.8%) rated good, while the majority in hospital D (3.0%) rated fair. Mean scores were 2.71, 2.83, 2.70, 2.91, and 2.82, respectively, and are interpreted as good.
i. As to wards admitted, the majority of those in the medical ward (22.6%), isolation (11.3%), OB-Gyne (7.1%), surgical (6.4%), and Private Room (3.0%) rated good. Mean scores were 3.20, 3.08, 3.33, 3.19, and 3.32, respectively; all were interpreted as good.

2. In terms of whether there exists a significant difference in the level of satisfaction of patients in selected district hospitals in Negros Occidental towards nursing care received when grouped according to age, sex, civil status, occupation, educational attainment, no. of confinement days, health insurance availed, hospital admitted and ward, statistical treatment resulted to the following p-values .588, .814, .918, .690 .767, .451, .674, .786, .477 respectively, which were all above the alpha set at 0.05, and were thus interpreted as not significant.
3. The level of satisfaction of patients in selected district hospitals in Negros Occidental towards nursing care in terms of the following four (4) domains:

a. Most of the respondents rated very good (47.7%) in the health information domain. The mean score was 2.65, which is interpreted as good.
b. In affective support, (44.0%) rated good. The mean score was 2.80 and is interpreted as good.
c. Regarding Decisional control, (44.7%) rated good; the mean score was 3.05, which is interpreted as good.
d. (43.6%) rated good in Professional-technical competency; the mean score was 3.14, which is interpreted as good.

Conclusions

The following conclusions are inferred from the summary of findings:

The level of satisfaction of patients in selected District Hospitals in Negros Occidental was rated as good. In contrast, when grouped according to the socio-demographic profile, young and old adults mostly rated good, while middle-aged adults rated fair among the three age groups. In terms of gender and marital status, the majority rated good. Those employed and unemployed rated good, while self-employed patients rated fair. Educated patients rated good, while most uneducated patients rated fair. Both admitted for less than ten days and more rated their nursing care as good, and most patients with and without health insurance rated good, except those with another type of insurance rated very good. Most of the patients in all wards rated good. Most patients in all four (4) district hospitals rated their nursing care as good, while most patients from Hospital D rated their care as fair. Mean scores for all variables were interpreted as good, except for patients with another type of health insurance who obtained a mean score equivalent to very good. Comparing the ratings across all categories, there was very minimal disparity. Most patients perceived the nursing care they received was good, and only very few rated it as fair. The level of satisfaction is subjective; it depends on one's perception. Whether the nurses perform better or not, the level of satisfaction of the patient will still depend on the patient's standard, in this case majority of the respondents were on the same point of reference.

There is no significant difference in the level of satisfaction of patients in selected district hospitals in Negros Occidental towards nursing care received when grouped according to the socio-demographic

profile. Nothing came out significant because there was very little difference in the variation of answers across all categories. Therefore, no matter what age group, sex, civil status, occupation, educational attainment, no. of confinement days, health insurance coverage, hospital admitted, and ward, it does not significantly affect the level of satisfaction of patients; it is in the way nurses interact with them and the outcome of their care provided.

The level of satisfaction of patients in selected district hospitals in Negros Occidental towards nursing care in terms of the four (4) domains revealed that affective support, decisional control, and professional-technical competency domain of the nurses were good. On the other hand, the health information domain was rated very good. Nurses from the selected district hospitals in the Province of Negros Occidental demonstrated a sufficient range of skills for handling any situation, and the desired outcome was obtained. Some deficiencies exist in the areas assessed, but none are of major concern. The study results showed that nurses in the District Hospitals provide good quality health care services.

Recommendations

The following are the recommendations by the researcher:

For the Government. This study reflects the general performance of nurses in government hospitals in the province. This study can be used to support or back-up project proposals to strengthen the health sector in Negros Occidental.

For the Academe. Based on the findings, it is suggested that nursing schools must provide more opportunities in the related learning experience of the students to develop their affective support, decisional control, and professional-technical competencies.

For the Hospital Administrators. This study provides a general idea of the performance of the nursing service under their administration. It is suggested that top-level managers support nursing service projects focusing on the competency enhancement of each staff nurse in their institution.

For the Nursing Administrators. It is recommended that the nursing service department empower its nurses and provide training focused on improving all four domains. To develop effective support of nurses: gender and sensitivity training, forum on gender awareness and development; to enhance decisional control: teambuilding and sensitivity training; to develop professional-technical competency of the nurses in the ward: basic life support training course, IV therapy review, giving of medications review, handling IV's review, improving therapeutic communication workshop and nursing procedures review; lastly to improve health information domain of nurse's: medical-surgical nursing review, seminar on common diseases in the hospital, attendance to local, regional and national conventions and conferences.

Stakeholders are encouraged to support or facilitate competency enhancement programs for the nursing service division of the various district hospitals since several non-profit organizations lack the technical assistance readily available in our local setting.

For the Hospital Nurses. The study suggests that nurses perform well but do not always give their best. Nurses in the District Hospitals provide very good health information to their patients. Although they rated good in affective support, decisional control, and professional-technical competency, there is still room for improvement. Nurses should be more sensitive to the needs of their patients, allow their patients to decide, allow the patients informed choices, and self-study / review previous skills/procedures.

For the Future Researchers. It is recommended that further studies be conducted to determine the specific skills nurses need to improve. Also, studies that will determine the factors that significantly affect patients' perceptions of the level of satisfaction in nursing care. Find out which area in the admission

process patients experience more dissatisfaction with admission in the ER, admission in the ward, discharge, or follow-up check-ups. Also, it is recommended that further studies be conducted on the factors that affect the performance of nurses in hospitals. Further studies are recommended to determine the factors that affect the satisfaction level of patients toward nursing care.

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