

# An Assessment of Community Perception on Quality Patient Nursing Care Theory in Selected Barangays in the Philippines

**Abstract:** An Assessment of Community Perception on Quality Patient Nursing Care Theory in Selected Barangays in the Philippines, this study assesses the perception of the selected community barangays in the Philippines. This task entailed identifying the “Perception” of the community in terms of factors to consider if patients will submit to hospitalization, determinants of quality patient health care, factors that boost patients' recovery, expected government programs, and self-image problems due to their diagnosis.

**Aims:** The study aimed to assess the perception of the community on Quality Patient Nursing Care Theory with the view to developing essential further recommendations for the community, staff nurses, doctors, hospital administrators, and National Government Department of Health officials.

**Scope and Limitation of the Study:** The study focused on the perception of the community before they visit the hospital for check-ups, follow-up of care, or for confinement. The study was reconducted into two selected barangay areas in the Philippines: Barangay 187 in Tala Caloocan City and Barangay Sta. Rita in Baconian La Union. Barangay 187 was chosen because of its proximity to Dr. Jose Rodriguez Memorial Hospital and Barangay Sta. Rita was chosen because of its remoteness from the Provincial hospital.

**Research Design:** The study was conducted in selected barangays in Caloocan City and La Union. Simple random sampling was used and a total of 100 were selected from two selected areas in Caloocan City and in La Union.

**Results:** The mean for the parameter on Quality Patient Nursing Care Theory perceived as “Important” was 100 percent for Barangay 187 and 100 percent for Barangay Sta. Rita. Barangay 187 in Caloocan City and Barangay Sta. Rita in La Union both shared their perception that Quality Patient Nursing Care Theory is important with percentage of 100. Therefore both Barangays had the same perception of this new emerging theory of QUALITY PATIENT NURSING CARE states that “The factors to be considered if patients will submit to hospitalization or not, is determined by the quality patient health care and factors that boost patients' recovery with the help of expected government programs to eliminate self-image problems due to their diagnosis” is important.

**Conclusion:** The study concludes that both Barangays had the same perception on this new emerging theory of QUALITY PATIENT NURSING CARE states that “The factors to be considered if patients will submit to hospitalization or not, is determined by the quality patient health care and factors that boost patients' recovery with the help of expected government programs in order to eliminate self-image problems due to their

diagnosis” is important. Every variable of this theory was uttered by the patients in qualitative study, and it was properly assessed by the community through a quantitative study that the researcher may conclude that this theory has a strong foundation that spearheaded through its themes and fountain-headed by its categories which is supported by patients’ utterances.

*Keywords: Quality Patient Nursing Care, Hospitalization, Patients’ Recovery, Expected Government Programs, Self-Image Problems*

---

## **1. Introduction**

High Quality Care is defined as care that is safe, timely, effective, efficient, equitable, and patient-centered with no disparities between racial and or ethnic groups [1]. High Quality Care expanded the definition of quality to include doing the right thing, at the right time, in the right way, to achieve the best possible results [2]. According to the World Health Organization Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It is based on evidence-based professional knowledge and is critical for achieving universal health coverage [3]. These were the definitions from the Institute of Medicine, professional nurses, and World Health Organization.

On the other hand, Community assessment may give us another perception of Quality Care. The results of this assessment may guide us on how additional care should be given to our patients, appreciated, and accomplished in nursing care. The Significant result of this study is to highlight the internal sentiments of the patients regarding Quality Nursing Care through an assessment of their perception.

To assess their perception, the researcher will anchor his study to the Theory of Quality Patient Nursing Care [4] and he will use its categories such as Factors to consider if patients will submit to hospitalization or not, Determinants in providing quality patient health care, Factors that boost patients’ recovery, Patients expected government programs, and Self-image problems due to their diagnosis [5]. These categories will be used as the evidence base to evaluate the patients’ perception for Quality Patient Nursing Care under its categories if it is important or not important.

### **1.1 Objective**

The study aimed to assess the perception of selected barangays in the community regarding with the Quality Patient Nursing Care to develop with

an additional essential recommendation for the community, staff nurses, doctors, hospital administrators, Department of Health, and National Government officials.

## **2 METHODS**

### **2.1 Respondents of the Study**

The study was reconducted into two selected barangay areas in the Philippines: Barangay 187 in Tala Caloocan City and Barangay Sta. Rita in Bacnotan La Union. Barangay 187 was chosen because of its proximity to Dr. Jose Rodriguez Memorial Hospital and Barangay Sta. Rita was chosen because of its remoteness from the Provincial hospital. The selected barangays approved the research survey. Before starting the study, the researcher seeks approval from Barangay 187 and Barangay Sta. Rita community and informed consent from the respondents.

Using simple random sampling, 100 respondents were selected from the two selected barangays: 22 respondents from Barangay Sta. Rita and 78 respondents Barangay 187. Inclusion criteria in Barangay Sta. Rita were: 1. Filipinos born 2. Live in Barangay Sta Rita 3. Assessable and willing to be a part of the study. 4. Must be willing to be participate in the survey, 5. The remoteness of their location from the hospital.

The selection of participants in community Barangay 187 was done simple random sampling and restrictedly based on the following criteria. They must be: 1. Filipinos born 2. Live at the Barangay 187. 3. Assessable and willing to be a part of the study 4. Must be willing to participate in the survey, 5. The proximity of their location to the hospital.

### **2.2 Tool of the Study**

Self-administer questionnaire that assess the perception of the respondents on the nursing care categories if Quality Patient Nursing Care is important or not important. Based on Baylon's Quality Patient Nursing Care theory have five (5) categories such as: First, Factors to consider if patient will submit to hospitalization or not; second, Determinants in providing quality patient health care; third, Components (factors) that boost patient's recovery; fourth, Expected government programs; fifth, Self-image problem due to diagnosis. The respondents will answer these five categories to assess the community perception on Baylon's Theory. Focus group was also used to validate the responses and to spearhead significant recommendations.

### 2.3 Data Gathering Procedure

The questionnaire methods were the mode of the data gathering with quantitative approach. The survey was conducted at Barangay Sta. Rita, Bacnotan, La Union and Barangay 187, Caloocan City, Metro Manila: Twenty-two (22) Respondents answered the survey questionnaire from Barangay Sta. Rita and Seventy-eight (78) respondents answered the survey questionnaires from barangay 187, a total of 100 respondents. The Self-administered questionnaires were used to assess key stakeholders' perception on Quality Patient Nursing Care Theory.

### 2.4 Quantitative Analysis

The data gathered from the respondents were tabulated and summarized them into tables to elucidate and clarify the presentation of data collected. Statistical analyses were applied to the data using the following descriptive nonparametric technique: Percentage was used to describe the perception of respondents' in both areas if Quality Patient Nursing Care Theory is important or not important and Welch T-test was used for two sample means to know if there are significant difference between the perception of the two barangays.

## 3 . RESULT

**Table 1. Assessment on Community Perception in Barangay 187, Caloocan City and Barangay Sta. Rita, La Union on Factors to Consider if Patients will Submit to Hospitalization or Not if it is Important or Not Important frequency distribution results, May 2024**

	Important				Not Important			
	Barangay 187 Caloocan City		Barangay Sta. Rita La Union		Barangay 187 Caloocan City		Barangay Sta. Rita La Union	
<b>Factors to consider if patient will submit to hospitalization or not</b>	No.	%	No.	%	No.	%	No.	%
<i>Accessibility of health care and issues</i>	78	100.00	22	100.00	0	0.00	0	0.00
<i>Long confinement issues</i>	72	92.31	20	90.91	6	7.69	2	9.09
<i>Financial problems and constraints</i>	72	92.31	20	90.91	6	7.69	2	9.09
<b>Mean</b>		<b>94.87</b>		<b>93.94</b>		<b>5.13</b>		<b>6.06</b>

*Barangay 187 n= 78, Barangay Sta. Rita n= 22*

From the results shown in Table 1, the mean for the parameter on Factors to consider if a patient will submit to hospitalization or not if it is important was 94.87 percent for Barangay 187 and 93.94 percent for Barangay Sta. Rita. Among the Factors to consider if a patient will submit to hospitalization or not perceived as “important” in Barangay 187 was the Accessibility of health care and related issues received of 100 percent followed by factor 2; Long confinement issue and factor 3; Financial problems and constraints both received of 92.31 percent.

While the most “important” in Barangay Sta. Rita was factor number 1; Accessibility of health care and related issues received 100 percent followed by factors 2 and 3 (Long confinement issue and financial problems and constraints) both received 90.91 percent.

Comparatively, the mean for the parameter on Factors to consider if a patient will submit to hospitalization or not, perceived as not important was 5.13 percent for Barangay 187 and 6.06 percent for Barangay Sta. Rita. Among the Factors to consider if a patient will submit to hospitalization or not perceived as “not important” in Barangay 187 were factor 2 (Long confinement issue and factor) and factor 3 (Financial problems and constraints) both received 7.69 percent.

The factors to consider if a patient will submit to hospitalization or not perceived as “not important” in Barangay Sta Rita were factor 2 (Long confinement issue and factor) and factor 3 (Financial problems and constraints) both received 9.09 percent.

It shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that Factors to consider if a patient will submit to hospitalization or not are important supported by Accessibility

of Health Care and related issues; Long confinement and related issues; Financial problems and related issues.

**Table 2. Assessment on Community Perception in Barangay 187, Caloocan City and Barangay Sta. Rita, La Union on Determinants in Providing Quality Patient Health Care if it is Important or Not Important frequency distribution results, May 2024**

	Important				Not Important			
	Barangay 187 Caloocan City		Barangay Sta. Rita La Union		Barangay 187 Caloocan City		Barangay Sta. Rita La Union	
Determinants in providing quality patient health care	No.	%	No.	%	No.	%	No.	%
<i>Good doctor-nurse-patient relationship</i>	78	100.00	22	100.00	0	0.00	0	0.00
<i>Good doctor-patient relationship</i>	78	100.00	22	100.00	0	0.00	0	0.00
<i>Good nursing service, care, and other issues</i>	77	98.72	22	100.00	1	1.28	0	0.00
<b>Mean</b>		<b>99.57</b>		<b>100.00</b>		<b>0.43</b>		<b>0.00</b>

*Barangay 187 n= 78, Barangay Sta. Rita n= 22*

Table 2 shows that the mean for parameter on Determinants in providing Quality patient health care perceived as “Important” was 99.57 percent for Barangay 187 and 100 percent for Barangay Sta. Rita. Among the determinants in providing quality patient health care in Barangay 187, determinants 1 and 2 (Good doctor-nurse-patient relationship and good doctor-patient relationship) both shared 100 percent and followed by good nursing service, care, and other related issues received 98.72 percent.

While Barangay Sta. Rita, all the determinants in providing quality patient health care are important; determinant 1 the good doctor-nurse-patient relationship; determinant 2 is, Good doctor-patient relationship; and determinant 3 the good nursing service, care, and other related issues received 100 percent.

Comparatively, the mean for parameters on Determinants in providing Quality patient health care perceived as “Not important” was 0.43 percent for Barangay 187 and 0.00 percent for Barangay Sta. Rita. Among the Not important determinants in providing quality patient health care in Barangay 187, determinant 3 (Good nursing service, care, and other related issues) received 1.28 percent.

It shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that Determinants in quality patient

health care are important supported by good doctor-nurse-patient relationship; Good doctor-patient relationship; Good nursing service, care, and other related issues.

**Table 3. Assessment on Community Perception in Barangay 187, Caloocan City and Barangay Sta. Rita, La Union on Components (factors) that Boost Patients' Recovery if it is Important or Not Important frequency distribution results, May 2024**

	Important				Not Important			
	Barangay 187 Caloocan City		Barangay Sta. Rita La Union		Barangay 187 Caloocan City		Barangay Sta. Rita La Union	
<b>Components (factors) that boost patients' recovery</b>	No.	%	No.	%	No.	%	No.	%
<i>Prayer and God's help issues</i>	78	100.00	22	100.00	0	0.00	0	0.00
<i>Visitation and token issues</i>	76	97.44	19	86.36	2	2.56	3	13.64
<b>Mean</b>		<b>98.72</b>		<b>93.18</b>		<b>1.28</b>		<b>6.82</b>

*Barangay 187 n= 78, Barangay Sta. Rita n= 22*

Table 3 shows that the mean for parameters on Components (factors) that boost patients' recovery perceived as "Important" was 98.72 percent for Barangay 187 and 93.18 percent for Barangay Sta. Rita. Among the components (factors) that boost patients' recovery in Barangay 187, component or factor 1; Prayer and God's help and related issues received 100 percent followed by component or factor 2; Visitation and token-related issue received 97.44 percent.

While Barangay Sta. Rita, the component or factor 1; Prayer and God's help and related issues received 100 percent followed by component or factor 2; Visitation and token-related issue received 86.36 percent.

Comparatively, the mean for parameters on Components (factors) that boost patients' recovery perceived as "Unimportant" was 1.28 percent for Barangay 187 and 6.82 percent for Barangay Sta. Rita. Among the Not important components (factors) that boost patients' recovery in Barangay 187, component or factor 2; Visitation and token-related issue received 2.56 percent while the Not important components (factors) that boost patients' recovery in Barangay Sta. Rita, component number or factor 2 Visitation and token related issue received 13.64 percent.

It shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that Components (factors) that

boost patients' recovery are important supported by Prayers and God's help and related issues, and Visitation and token-related issues.

**Table 4. Assessment on Community Perception in Barangay 187, Caloocan City and Barangay Sta. Rita, La Union on Hansens' Patients Expected Government Programs if it is Important or Not Important frequency distribution results, May 2024**

	Important				Not Important			
	Barangay 187 Caloocan City		Barangay Sta. Rita La Union		Barangay 187 Caloocan City		Barangay Sta. Rita La Union	
	No.	%	No.	%	No.	%	No.	%
<b>Hansens' patients expected government programs</b>								
<i>Food accessibility and other supply issues</i>	77	98.72	22	100.00	1	1.28	0	0.00
<i>Source of livelihood, DOH programs and others</i>	77	98.72	21	95.45	1	1.28	1	4.55
<i>Medicine accessibility and other issues</i>	78	100.00	22	100.00	0	0.00	0	0.00
Mean		99.15		98.48		0.85		1.52

*Barangay 187 n= 78, Barangay Sta. Rita n= 22*

Table 4 shows that the mean for parameter on Hansens' patients expected government programs perceived as "Important" was 99.15 percent for Barangay 187 and 98.48 percent for Barangay Sta. Rita. Among the expected government programs in Barangay 187, the highest patients expected government program was number 3; Medicine accessibility and other related issues received 100 percent. Followed by patients expected government important program number 1 (Food accessibility and another related issue) and number 2 (Source of livelihood, DOH programs, and other related issues) both shared 98.72 percent.

While Barangay Sta. Rita, the highest number of patients expected government important programs were programmed number 1 (Food accessibility and other related issues) and number 3 (Medicine accessibility and other related issues) both shared 100 percent and followed by patients expected government important programs number 2 (Source of livelihood, DOH programs, and other related issues) received 95.45 percent.

Comparatively, the mean for parameter on Hansens' patients expected government programs perceived as "Not important" was 0.85 percent for Barangay 187 and 1.52 percent for Barangay Sta. Rita. Among the expected government programs in Barangay 187, the highest number of patients expected government not important program was program number 1 (Food Accessibility and other supplies issue) and 2 (Source of Livelihood and DOH programs shared with 1.28 percent while in Barangay

Sta. Rita the highest patients expected government not important program was program number 2 (Source of Livelihood and DOH programs) received 4.55 percent.

It shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that Hansen's patients expected government programs to be important supported by Food accessibility and other supplies-related issues; Source of livelihood and DOH programs and other related issues; Medicine accessibility and other related issues.

**Table 5. Assessment on Community Perception in Barangay 187, Caloocan City and Barangay Sta. Rita, La Union on Self-Image Problems Due to Diagnosis if it is Important or Not Important frequency distribution results, May 2024**

	Important				Not Important			
	Barangay 187 Caloocan City		Barangay Sta. Rita La Union		Barangay 187 Caloocan City		Barangay Sta. Rita La Union	
	No	%	No.	%	No.	%	No.	%
<b>Self image problems due to diagnosis</b>								
<i>Avoidance of others, rejection of community, and discomfort</i>	62	79.49	21	95.45	16	20.51	1	4.55
<i>Deformity Issues</i>	68	87.18	20	90.91	10	12.82	2	9.09
<i>Discomfort with others</i>	69	88.46	20	90.91	9	11.54	1	4.55
Mean		85.04		92.42		14.96		6.06

*Barangay 187 n= 78, Barangay Sta. Rita n= 22*

Table 5 shows that the mean for the parameter on Self Image Problem due to diagnosis perceived as "Important" was 85.04 percent for Barangay 187 and 92.42 percent for Barangay Sta. Rita. Among the Self-image problems due to diagnosis in Barangay 187, the highest Important Self-image problem was number 3; Discomfort with others received 88.46 percent. Followed by problem number 2; the deformity issue received 87.18 percent. Lastly, one important self-image problem due to diagnosis was problem number 1; Avoidance of others, rejections of community, and discomfort received 79.49 percent.

While Barangay Sta. Rita, the highest important self-image problem due to diagnosis was problem number 1; Avoidance of others, rejections of community, and discomfort received 95.45 percent. Followed by problem number 2 (deformity issue) and problem number 3 (Discomfort with others) both shared 90.91 percent.

Comparatively, the mean for the parameter on Self Image Problem due to diagnosis perceived as "Not important" was 14.96 percent for Barangay

187 and 6.06 percent for Barangay Sta. Rita. Among the Self-image problems due to diagnosis in Barangay 187, the highest Not important Self-image problems were number 1; Avoidance of others, rejections of community, and discomfort received 20.51 percent, followed by number 2 deformity issues received 12.82 percent, and lastly, number 3; Discomfort with others received 11.54 percent. While, Barangay Sta. Rita, the highest not important self-image problem due to diagnosis was problem number 2 (deformity issue) received 9.09 percent, followed by number 1; (Avoidance of others, rejections of community and discomfort) and number 3 (discomfort with others) shared in percentage of 4.55.

It shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that Self-image problems due to diagnosis are important supported by Avoidance of others, rejection of the community, and discomfort; Deformity issues; Discomfort with others.

**Table 6. Assessment on Community Perception in Barangay 187, Caloocan City and Barangay Sta. Rita, La Union on this Theory of Quality Patient Nursing Care if it is Important or Not Important frequency distribution results, May 2024**

	Important				Not Important			
	Barangay 187 Caloocan City		Barangay Sta. Rita La Union		Barangay 187 Caloocan City		Barangay Sta. Rita La Union	
	No.	%	No.	%	No.	%	No.	%
<b>Is the Theory</b>								
<i>Quality Patient Nursing Care: States that "The factors to be considered if patients will submit to hospitalization or not, is determined by the quality patient health care and factors that boost patients recovery with the help of expected government programs in order to eliminate self image problems due to their diagnosis."</i>	78	100.00	22	100.00	0	0.00	0	0.00
<b>Mean</b>	<b>100</b>		<b>100</b>		<b>0</b>		<b>0</b>	

Barangay 187 n= 78, Barangay Sta. Rita n= 22

Table 6 shows that the mean for the parameter on Quality Patient Nursing Care Theory perceived as "Important" was 100 percent for Barangay 187 and 100 percent for Barangay Sta. Rita. Barangay 187 in Caloocan City and Barangay Sta. Rita in La Union both shared their perception that Quality Patient Nursing Care Theory is important with 100 percent. Therefore both Barangays had the same perception of this new emerging theory of QUALITY PATIENT NURSING CARE states that "The factors to be considered if patients will submit to hospitalization or not, is determined by the quality patient health care and factors

that boost patients' recovery with the help of expected government programs to eliminate self-image problems due to their diagnosis" is important.

**Table 7. Results of Welch T Test between Barangay 187, Caloocan City (Group 1) and Barangay Sta. Rita, La Union (Group 2) as to their Perception Regarding the Theory of Quality Patient Nursing Care.**

*Problem No. 1: Is there a significant difference between the Perception in Barangay 187, Caloocan City, and Barangay Sta. Rita, La Union on this Theory of Quality Patient Nursing Care?*

**Alternative Hypothesis:** *There is a significant difference between the Perception of Barangay 187, Caloocan City, and Barangay Sta. Rita, La Union on this Theory of Quality Patient Nursing Care.*

**Null Hypothesis:** *There is no significant difference between the Perception of Barangay 187, Caloocan City, and Barangay Sta. Rita, La Union on this Theory of Quality Patient Nursing Care.*

Welch T Test Results			t-value	p-value	p < .05	Interpretation
Mean	SD	N				
Group 1	96.22	5.27	78			Not Significant
Group 2	96.33	3.22	22	-0.03046	0.9686	

*Note: Level of significance is 0.05*

Table 7 shows the results of whether there are significant differences between Perception of Barangay 187 of Caloocan City and Barangay Sta. Rita, La Union regarding with Community Perception on Quality Patient Nursing Care Theory.

A Welch T Test was used to examine the difference between the perception of Group 1 and Group 2. The data showed that the mean scores and standard deviation of Group 1 and Group 2 were 96.22 (SD=5.27) and 96.33 (SD=3.22), respectively, and the statistical analysis of the Welch-t-test calculated the t-value as -0.03046, with a p-value of greater than 0.9686, accepting the null hypothesis and the difference was statistically not significant.

Therefore, there is no significant difference between the Perception of Barangay 187, Caloocan City and Barangay Sta. Rita, La Union on this Theory of Quality Patient Nursing Care.

#### 4 DISCUSSION

The interconnectedness of all variables in this theory show the perceptions of the community, the **first main variable** shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that **Factors to consider if the patient will submit to hospitalization or not are important** supported by Accessibility of Health Care and related issues; Long confinement and related issues; Financial problems and related issues.

Accessibility to health care is good access is essential in providing high-quality healthcare and ensuring that patients receive their treatment [6]. Having good accessibility in health care facilities helps the patient to visit the hospital because a lot of patients are passive patients, which means patients do not consider other hospitals before visiting one nor base their choice on information regarding the quality of care offered by the hospital or consultant [n = 100 (70%) [7] Second factor is Long confinement, these measures may have had a negative impact on perceived quality of care and symptoms in patients with chronic disorders [8] and if not properly explain the patients may tend to choose not to be admitted in the hospital. Financial problems and constraints are another factor to be considered. Hospital supply expenses per patient increased 18.5% between 2019 and 2022, outpacing increases in inflation by 30%. Specifically, hospital expenses for emergency services supplies – which include ventilators, respirators, and other critical equipment – experienced a 33% increase during the same time [9]. The burden associated with insurer-required administrative tasks also contributes to rising expenses and negatively affects patient care [10]. These three factors: Accessibility of health care, longconfinement issues, and financial problems must be properly addressed and this can open the chance for the patients to be admitted to the different hospitals.

**For the second main variable**, it shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that **Determinants in quality patient health care are important** supported by good doctor-nurse-patient relationship; Good doctor-patient relationship; Good nursing service, care, and other related issues.

Determinants of quality patient care that had a good and promising effect was the study of Miss Zhang and Chen that doctor-nurse-patient integrated nursing management intervention had good safety and was worthy of further promotion in clinical practices [11]. There is a direct impact on the quality of care depending on the type of relationship with the patient. The nurse recognizes that a good relationship improves the quality and healing results in the patient [12]. The table shows that all the respondents are in favor of good doctors-nurse-patient relationships together with good nursing services.

**The third main variable** shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that **Components (factors) that boost patients' recovery are important** supported by Prayers and God's help and related issues; and Visitation and token-related issues.

Components that boost patients' recovery are also important and this component depends on the patient's values that he had. Values that are important for patients, families, and health professionals. It is important to understand these values to support forms of care that aim to enhance the quality of life during confinement [13]. Enhancement of quality life through prayers depends on the individual's belief but religious beliefs are discussed as an effective resource for the enhancement of adjustment to chronic and life-threatening illness [14] and this should not be disregarded.

**The fourth main variable** shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that **Hansen's patients expected government programs to be important** supported by Food accessibility and other supplies-related issues; Source of livelihood and DOH programs and other related issues; Medicine accessibility and other related issues.

Hansen's patients expected government programs that they perceived "important", first is Food accessibility in the hospital this is also the focus of other governments, focus on structural changes in food security by developing responsive packages to cushion members pushed into food insecurity [15]. Food accessibility is significant not only in the community during the COVID-19 Pandemic but also inside the hospital. Hence, the Food supply should be stable at different times. Medicine accessibility is also important because of having inequity in health services can impact health outcomes [16]. It is vital to enhance the availability of medicines and medical supplies once their effectiveness is strengthened [17] most of the patients' concerns will be addressed. COVID-19 patients during the pandemic are also like Hansen's patients during its outbreak has led to a

dramatic loss of human life worldwide and presents an unprecedented challenge to public health, food systems, and the world of work [18]. The disease can affect the nerves, skin, eyes, and lining of the nose. In some cases, body parts may lose their sense of touch and pain, increasing the likelihood of injuries such as cuts and burns. [19]. On these conditions together with a long confinement or medications, patients need to have a source of livelihood once he or she is discharged and to be productive in the community.

**The fifth main variable** shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that **Self-image problems due to diagnosis are important** supported by Avoidance of others, rejection of the community, and discomfort; Deformity issues; Discomfort with others.

One self-image problem due to their diagnosis is avoidance of others or we can describe it as rejection of the community to infected patients. Despite extensive efforts to reduce the disease burden, the disease continues to be responsible for stigmatization and rejection in society [20]. Deformities and discomfort issues are still observed and result in more rejection at the family and community level, more difficulties in their marital position, more social avoidance, more concealment and treatment delay, and more self-stigmatization [21]. Philippine health facilities can provide leprosy and disability services and health workers willing to treat leprosy patients and the possibility of providing MDT free of charge [22] to eliminate self-image problems.

The study showed that the mean for the parameter on Quality Patient Nursing Care Theory as "Important" was 100 percent for Barangay 187 and 100 percent for Barangay Sta. Rita. Barangay 187 in Caloocan City and Barangay Sta. Rita in La Union both shared their perception that Quality Patient Nursing Care Theory is important with 100 percent.

Since this was the result of the study, the researcher would like to propose seminars on quality patient care based on the emerging theory from this study because the success of quality nursing care is to focus on the actual patients' utterances that experienced the actual hospitalization [23].

## **5 CONCLUSION**

The study concludes that both Barangays had the same perception of this new emerging theory of QUALITY PATIENT NURSING CARE stating that

“The factors to be considered if patients will submit to hospitalization or not, is determined by the quality patient health care and factors that boost patients’ recovery with the help of expected government programs to eliminate self-image problems due to their diagnosis” is important. Every variable of this theory was uttered by the patients in a qualitative study, and it was properly assessed by the community through a quantitative study the researcher may conclude that this theory has a strong foundation that is spearheaded through its themes and fountain headed by its categories which is supported by patients’ utterances.

### **RECOMMENDATIONS:**

The thorough assessment, and evaluations of the communities’ perception of the Quality Patient Nursing Care Theory guides us to the following recommendations:

1. The government should provide a Good accessible health care program to provide high-quality services and ensure an effective treatment.
2. Doctors and Nurses must provide high-quality nursing patient care by providing a good doctor-nurse-patient relationship, good doctor-patient relationship, and good nurse-patient relationship, and good nursing services to all.
3. Hospital Administration should assign prayer room for patients who want to ask God’s help during their confinement and allow enough time for visitation.
4. The government should provide different public hospital programs for free food accessibility, free medicines accessibility, and livelihood for deserving patients.
5. The government should continue to provide facilities, services, health workers, and free medicines for the leper patients.
6. The Hospital staff nurses, and Barangay Health Centers should provide seminars to the community on Hansens Disease, transmission, treatment, and how to integrate the leper patients in the community.
7. The community should help the leper patients to be accepted in the society and to be productive members of the community.

### **CONSENT AND ETHICAL APPROVAL**

Seeking approval from the Barangay Captain of Barangay 187 in Caloocan City and the Barangay Captain Sta. Rita, La Union. The researcher seeks

an approval from the respondents of Barangay 187 in Caloocan City and respondents from Barangay Sta. Rita, La Union.

## REFERENCES

1. Patricia Kelly Vanna, et al. 2001. Quality and Safety for Nurses. Core Competencies for Nursing Leadership and Care Management. 3<sup>rd</sup> Edition. Springer Publishing. 2023. p5 (IOM 2001).
2. Patricia Kelly Vanna, et al. 2023. Quality and Safety for Nurses. Core Competencies for Nursing Leadership and Care Management. 3<sup>rd</sup> Edition. Springer Publishing. p5 (AHRQ).
3. [https://www.who.int/health-topics/quality-of-care#tab=tab\\_1](https://www.who.int/health-topics/quality-of-care#tab=tab_1)
4. Vicente T. Baylon III, 2024. Grounding Quality Patient Care from the Experiences of Hansenites. Asian Journal of Research in Nursing and Health. Volume 7, Issue 1, Page 1-12, 2024; Article no. AJRNH.112138. p7
5. Vicente T. Baylon III, 2024. Grounding Quality Patient Care from the Experiences of Hansenites. Asian Journal of Research in Nursing and Health. Volume 7, Issue 1, Page 1-12, 2024; Article no. AJRNH.112138. p6
6. The Importance of patient access in health care.  
<https://www.call4health.com/the-importance-of-patient-access-in-healthcare/>
7. [Aafke Victoor](#) Et al, 2014. Health Expectation. Why patients may not exercise their choice when referred for hospital care. An exploratory study based on interviews with patients. PMID: PMC5055249.  
<https://www.ncbi.nlm.nih.gov/pmc/articles>
8. [Chloé Cantero](#) . 2021. National Library of Medicine. Impact of Confinement in Patients under Long-Term Noninvasive Ventilation during the First Wave of the SARS-CoV-2 Pandemic: A Remarkable Resilience. PMID: 34130277  
PMCID: PMC8339039 DOI: 10.1159/000516327.
9. Milligan, Colin., Teicher, Ben. 2023. American Hospital Association. New AHA Report Finds Financial Challenges Mount for Hospitals & Health Systems Putting Access to Care at Risk. <https://www.aha.org/press-releases/2023-04-20-new-aha-report-finds-financial-challenges-mount-hospitals-health-systems-putting-access-care-risk>

10. Milligan, Colin., Teicher, Ben. 2023. American Hospital Association. New AHA Report Finds Financial Challenges Mount for Hospitals & Health Systems Putting Access to Care at Risk. <https://www.aha.org/press-releases/2023-04-20-new-aha-report-finds-financial-challenges-mount-hospitals-health-systems-putting-access-care-risk>
11. Aiqiong Zhang and Qiuxiang Chen. 2022. Computational and Mathematical Method in Medicine. Segmentation Algorithm-Based Safety Analysis of Cardiac Computed Tomography Angiography to Evaluate Doctor-Nurse-Patient Integrated Nursing Management for Cardiac Interventional Surgery. Article number 2148566.
12. Molina-Mula, Jesus. Gallo-Estrada, Julia. 2020. Impact of Nurse-Patient Relationship on Quality of Care and Patient Autonomy in Decision-Making. Environmental Research and Public Health. doi: 10.3390/ijerph17030835.
13. Raditya Bagas, Wikacsona et Al. 2024. "Tie your camel first, then rely on God": reconceptualizing Javanese Islamic values to support palliative care at home. BMC Palliative Care. Publisher: Springer Nature. E-ISSN:1472-684X.
14. Anja, Menert. Uwe, Koch. 2001. Religiousness and well-being - Evaluation of instruments for the assessment of religious attitudes. Zeitschrift fur Medizinische Psychologie Volume 10, Issue 4, Pages 171 - 182. ISSN 09405569.
15. Jatav, Surendra Singh. 2024. Risk, perception and COVID-19 impact on food security: evidence from Bundelkhand region, India. Discover Sustainability Volume 5, Issue 1. Article number 81. ISSN 26629984, DOI 10.1007/s43621-024-00267-6.
16. Sung, Beatrice et Al. 2024. Identifying barriers to outpatient appointment attendance in patient groups at risk of inequity: a mixed methods study in a London NHS trust. BMC Health Services Research Open Access Volume 24, Issue 1 Article number 554. ISSN 14726963, DOI 10.1186/s12913-024-10947-8.
17. Elias, Liberatus. Mushi, Lawrencia. 2024. Effectiveness of prime vendor system on availability of medicines and medical supplies in the selected public health facilities in Arusha district council. BMC Health Services Research OpenAccess Volume 24, Issue 1 Article number 161. ISSN 14726963 DOI 10.1186/s12913-024-10581-4.
18. WHO. 2020. Impact of COVID-19 on people's livelihoods, their health and our food systems. Joint statement by ILO, FAO, IFAD and WHO.
19. Hansen's Disease (Leprosy). 2024. <https://www.cdc.gov/leprosy/about/index>.

20. Saha, S. et Al. 2021. Multifactorial etiology contributes to disabilities in individuals with leprosy at presentation-a clinical study in dermatology outdoor of a tertiary care centre. Indian Journal of Leprosy Volume 93, Issue 2, Pages 167 - 177. ISSN 02549395.
21. Dijkstra, Janna I. et Al. 2017. Gender and leprosy-related stigma in endemic areas: A systematic review. Leprosy Review Volume 88, Issue 3, Pages 419 - 440. ISSN 03057518.
22. Dahiru, Tahil. et Al. 2023. Leprosy capacity in health facilities and among health workers: A baseline survey in Nigeria. Leprosy Review OpenAccess Volume 94, Issue 4, Pages 317 - 331. ISSN 03057518. DOI 10.47276/lr.94.4.317.
23. Vicente T. Baylon III, 2024. Grounding Quality Patient Care from the Experiences of Hansenites. Asian Journal of Research in Nursing and Health. Volume 7, Issue 1, Page 1-12, 2024; Article no. AJRNH.112138.

UNDER PEER REVIEW