

## Original Research Article

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# An Assessment of Indigenous Ethnic Group Perception on Baylon's Quality Patient Nursing Care Theory in Selected Barangays in Kalinga Province in the Philippines.

**Abstract:** An Assessment of Indigenous Ethnic Group Perception on Quality Patient Nursing Care Theory in Selected Barangays in Kalinga Province in the Philippines, this study assesses the perception of the selected indigenous ethnic group in selected barangays community in the Philippines. This task entailed assessing 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.

**Comment [U1]:** Background.

**Comment [U2]:** The abstract is too lengthy, more than 300 words. You should follow the journal author's guidelines for manuscript preparation. It has not provided a good summary of the study

Abstract: Background, Aim, Methods, results, Conclusion

**Comment [U3]:** Rather than repeating the title. A brief information about the current problem and the purpose of the study is preferred

**Aims:** This study aim to gauge the perceptions of indigenous ethnic group from selected barangays in Kalinga Province regarding the quality of patient nursing care. Its ultimate goal is to generate essential recommendations for the Indigenous Ethnic Group, staff nurses, doctors, hospital administrators, as well as officials from the Department of Health and the National Government. The valuable insights obtained from this study will be instrumental in driving positive changes in healthcare delivery.

**Comment [U4]:** This two section should be summarized into the study Background and Aim

You do not need to include every details into this section. Identify important points to be included

**Scope and Limitation of the Study:** The study was conducted in two specific barangays in Kalinga Province, the Philippines: Barangay Agbannawag and Barangay Malalao. Barangay Agbannawag was chosen because of its proximity to Kalinga Provincial Hospital, being only 18 kilometers away, while Barangay Malalao was selected for its remoteness from the hospital. Approval for the research survey was obtained from both barangays before the study began, and informed consent was obtained from the participants before the survey.

**Research Design:** Descriptive qualitative design was used in this study to assess 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. Percentage was used to identify the ranking of categories within the theme and Welch-test was used to identify the difference between the perception of the two barangays.

**Comment [U5]:** It is qualitative study!

**Comment [U6]:** These two sections should be put under methodology. You do not need the description of the details method used here. Should be discussed in the body of the manuscript.

Include information on ethical approval, number of participants for the study and data analysis

**Results:**

The study showed that the mean for the parameter on Quality Patient Nursing Care Theory as “Important” was 89.45 percent for Barangay Agbannawag and 96.67 percent for Barangay Malalao. This means that majority of the respondents perceived Baylon’s Quality Patient Nursing Care Theory is important.

**Comment [U7]:** Is this the only results of the study???

**Comment [U8]:** This should be in affirmative if this is the result

**Conclusion:** The study concludes that both selected barangays of Indigenous Ethnic Group from Kalinga Province had the same perception on Baylon’s Quality Patient Nursing Care Theory 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. That even the respondents from the highlands they have the same perception in lowland respondents that this emerging theory of Baylon’s Quality Patient Nursing Care is important.

**Comment [U9]:** This report negate what was reported in the results section of the main manuscript please. Welch test results show the two communities have different perception. Check

**Comment [U10]:** What exactly was the participants view that support the theory??

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

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## 1. Introduction

The Kalinga people are considered native and needy in their locale area and the government classified them as an Indigenous Ethnic Group[1] with an ancestral domain in the high land of Cordillera Mountain Range in the northern Philippines. They are mainly located in the Kalinga province [2]. The population of Kalinga-Apayao is mostly native-born (99.7%) and the province is predominantly inhabited by ethnic groups officially recognized by the Philippine government as cultural minorities [3]. The configuration of Kalinga province is unique surrounded by mountain peaks ranging from 1,500 to 2,500 meters (4,900 to 8,200 feet) in elevation and have a rugged and sloping landscape[4]. This high elevation is susceptible to landslides [5], especially during typhoons, and is very dangerous during earthquakes

Given this scenario, healthcare services are crucial in this area. This is not only due to the high elevation but also because of the long distance from the National Government, where all the health supplies are sourced.

The assessment of the Indigenous Ethnic Group from the remote areas of Kalinga Provinces may provide a different perspective on Quality Care compared to the previous study conducted in the lowlands of La Union and Metro Manila. The results of this assessment could yield varying perceptions of quality patient nursing care.

To gauge their perception, the researcher will base the study on Baylon's Theory of Quality Patient Nursing Care [6] and utilize its categories. These categories include factors influencing patients' decision to be hospitalized, determinants in delivering quality patient health care, factors contributing to patients' recovery, expected government programs for patients, and self-image issues resulting from their diagnosis [7]. These categories will serve as the basis for evaluating patients' perceptions of Quality Patient Nursing Care within each category to determine their level of importance.

### 1.1 Objective

This study is an important initiative to gauge the perceptions of selected barangays in Kalinga Province regarding the quality of patient nursing care. Its ultimate goal is to generate essential recommendations for the Indigenous Ethnic Group, staff nurses, doctors, hospital administrators, as well as officials from the Department of Health and the National Government. The valuable insights obtained from this study will be instrumental in driving positive changes in healthcare delivery.

## 2 METHODS

### 2.1 Respondents of the Study

The study was conducted in two specific barangays in Kalinga Province, the Philippines: Barangay Agbannawag and Barangay Malalao. Barangay Agbannawag was chosen because of its proximity to Kalinga Provincial Hospital, being only 18 kilometers away, while Barangay Malalao was selected for its remoteness from the hospital. Approval for the research survey was obtained from both barangays before the study began, and informed consent was obtained from the participants before the survey.

Using simple random sampling, 110 respondents were chosen from the two barangays: 55 from Barangay Agbannawag and 55 from Barangay Malalao. The inclusion criteria for Barangay Agbannawag were: 1. Filipino citizenship; 2. Indigent residency in Barangay Agbannawag; 3.

**Comment [U11]:** Mentioning the categories is o.k. However, showing the theoretical/conceptual framework with its constructs will add more value to the study

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**Comment [U12]:** ??? Why not study settings

A brief description of the study settings- the ethnic communities, the culture, language, important landmarks, health perception and treatment preferences

**Comment [U13]:** Move to ethical consideration section

**Comment [U14]:** Before sampling technique Describe the research design. Is there a specific type of qualitative study used?? How do you determine the SAMPLE SIZE?

**Comment [U15]:** Hmm. Can you justify the use of simple random sampling??

Probability sampling is mostly used in quantitative research I expect the use of non-probability sampling here being qualitative study

How did you ensure simple random without sample frame in a community study? Revisit the sampling method

**Comment [U16]:** How?? Explain the sample size method used

Accessibility and willingness to participate in the study; 4. Agreement to participate in the survey; 5. Proximity of their location to the hospital.

Similarly, participants from Barangay Malalao were selected through simple random sampling based on the criteria of: 1. Filipino citizenship; 2. Indigent residency in Barangay Malalao; 3. Accessibility and willingness to participate in the study; 4. Agreement to participate in the survey; 5. Remoteness of their location from the hospital.

## 2.2 Tool of the Study

This self-administered questionnaire evaluates the perceptions of participants regarding the importance of Quality Patient Nursing Care based on Baylon's Quality Patient Nursing Care theory. The assessment includes five categories:

1. Factors influencing a patient's decision to be hospitalized or not
2. Determinants of quality patient healthcare
3. Components that contribute to a patient's recovery
4. Anticipated government programs
5. Self-image issues resulting from a diagnosis

Respondents will provide their input on these five categories to measure the community's indigenous perception of Baylon's theory.

## 2.3 Data Gathering Procedure

The data was collected using quantitative questionnaires, and a survey was carried out in Barangay Agbannawag and Barangay Malalao, Kalinga Province. A total of 110 respondents took part in the survey, with 55 from each barangay. The use of self-administered questionnaires enabled an evaluation of key stakeholders' perceptions of Baylon's Quality Patient Nursing Care Theory.

## 2.4 Quantitative Analysis

The information gathered from the participants was meticulously arranged into tables to offer a detailed and comprehensive overview. Statistical analyses were conducted, utilizing percentages to illustrate the significance of Baylon's Quality Patient Nursing Care Theory in both locations, and employing Welch's T-test to identify any notable differences between the two barangays, ensuring a comprehensive and precise assessment.

**Comment [U17]:** Any difference between 3 and 4?

Are there other ethnic minority in these two communities or group not captured and why??

Is there similarities between the two communities for the study that can shape their perception on quality of nursing care.

What are the historical antecedents of nursing care quality in each of these ethnic groups under study?

**Comment [U18]:** ????. How and Why

**Comment [U19]:** This is confusion!

You have stated from the abstract, it is qualitative study

How do you now say questionnaire again?

Are they not interviewed. How do you really collect the data, where? Is it in community town hall or house to house survey

These are questions begging for answers?

Questionnaire favours quantitative study

OR is it interviewer administered questionnaire which is still quantitative

**Comment [U20]:** Which tool was actually used. If questionnaire derived from Baylon's Quality Patient Nursing Care Theory

Was the questionnaire validated. What method of validity was used and what was the outcome?

Also, what is the reliability of the instrument: which of the reliability method used and the result of reliability coefficient?

... [1]

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**Comment [U21]:** Is it a mixed method, quantitative or qualitative research design???

**Comment [U22]:** Which of the statistical package used.E.g SPSS, STATA, Epi info etc

**Comment [U23]:** Is this a differential statistic?

What was the level of significance used??

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### 3. RESULT

**Table 1. Assessment on Community Perception in Barangay Agbannawag, and Barangay Malalao in Kalinga Province on Factors to Consider if Patients will Submit to Hospitalization or Not if it is Important or Not Important frequency distribution results, June 2024**

	Important				Not Important			
	Barangay Agbannawag		Barangay Malalao		Barangay Agbannawag		Barangay Malalao	
Factors to consider if patient will submit to hospitalization or not	No.	%	No.	%	No.	%	No.	%
Accessibility of health care and issues	54	98.18	55	100.00	1	1.82	0	0.00
Long confinement issues	52	94.55	53	96.36	3	5.45	2	3.64
Financial problems and constraints	55	100.00	54	98.18	0	0.00	1	1.82
Mean		97.58		98.18		2.42		1.82

Barangay Agbannawag n= 55, Barangay Malalao n= 55

From the results shown in Table 1, the mean for the parameter on Factors to consider if patient will submit to hospitalization or not perceived as "Important" was 97.58 percent for Barangay Agbannawag and 98.18 for Barangay Malalao. In Barangay Agbannawag, the top concern was financial problems and constraints (n=55) at an overwhelming 100 percent, closely followed by accessibility of health care and issues (n=54) at 98.18 percent, and long confinement issues (n=52) at 94.55 percent. Meanwhile, in Barangay Malalao, accessibility of health care and issues (n=55) took the lead at 100 percent, closely followed by financial problems and constraints (n=54) at 98.18 percent, and long confinement issues (n=53) at 96.36 percent.

Comparatively, the mean for the parameter on Factors to consider if patient will submit to hospitalization or not perceived as "Not important" was 2.42 percent for both Barangay Agbannawag and 1.82 percent for Barangay Malalao. The most not important factor for Barangay Agbannawag was Long confinement issues (n=3) with 5.45 percent followed by Accessibility of health care and issues (n=1) with 1.82 percent. While the most perceived not important for Barangay Malalao was Long confinement issues (n=2) with 3.64 percent and followed by financial problems and constraints (n=1) with 1.82 percent.

**Table 2. Assessment on Community Perception in Barangay Agbannawag, and Barangay Malalao in Kalinga Province on Determinants in Providing Quality Patient Health Care if it is Important or Not Important frequency distribution results, June 2024**

**Comment [U24]:** The tables are many with only 1-5 items used for descriptive statistics in each table. Try if similar tables can be combined

Results are not reflective in the results section of the abstract

The table title/heading appear to wordy or long. Try to summarize or give coincide title for each table

**Where are the sociodemographic characteristics of the participants or respondents????**

**Can you categorise the participants' perception? Good or bad?**

Importantly, item used in each table for description are few and are not enough to evaluate the respondents' perception

**Comment [U25]:** Was is it only three item in questionnaire to test this??

**Comment [U26]:** Some of these results does not reflect in the abstract

**Comment [U27]:** Ditto as above

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**Comment [U28]:** How is this differ from table 1 above. Is it not same descriptive analysis?

	Important				Not Important			
	Barangay Agbanawag		Barangay Malalao		Barangay Agbanawag		Barangay Malalao	
Determinants in providing quality patient health care	No	%	No.	%	No.	%	No.	%
Good doctor-nurse-patient relationship	53	96.36	55	100.00	2	3.64	0	0.00
Good doctor-patient relationship	54	98.18	54	98.18	1	1.82	1	1.82
Good nursing service, care, and other issues	55	100.00	55	100.00	0	0.00	0	0.00
Mean		98.18		99.39		1.82		0.61

Barangay Agbannawag n= 55, Barangay Malalao n= 55

Table 2 shows that the mean for parameter on Determinants in providing in providing quality patient health care as perceived “important” was 98.18 percent for Barangay Agbannawag and 99.39 percent for Barangay Malalao. The most important determinants in providing quality patient care was Good nursing service, care, and other issues (n=55) with 100 percent, followed by Good doctor-patient-relationship (n=54) with 98.18 percent, and lastly Good doctor-nurse-patient relationship (n=53) with 96.36 percent. While for Barangay Malalao the most “important” was Good doctor-nurse-patient relationship (n=55) and Good nursing service, care and other issues (n=55) that shared with 100 percent. Followed by Good doctor-patient relationship (n=54) with 98. 18 percent.

Comparatively, the mean for parameter on Determinants in providing in providing quality patient health care as perceived “not important” was 1.82 percent for Barangay Agbannawag and 0.61 for Barangay Malalao. The most “not important” for Barangay Agbannawag was Good doctor-nurse-patient relationship (n=2) with 3.64 percent followed by Good doctor-patient relationship (n=1) with 1.82 percent. While for Barangay Malalao the most “not important “ was good doctor patient relationship (n= 1) with 1.82 percent.

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**Table 3. Assessment on Community Perception in Barangay Agbannawag, and Barangay Malalao in Kalinga Province on Components (factors) that Boost Patients’ Recovery if it is Important or Not Important frequency distribution results, June 2024**

	Important				Not Important			
	Barangay Agbanawag		Barangay Malalao		Barangay Agbanawag		Barangay Malalao	
Components (factors) that boost patients' recovery	No.	%	No.	%	No.	%	No.	%
Prayer and God's help issues	55	100.00	54	98.18	0	0.00	1	1.82
Visitation and token issues	45	81.82	49	89.09	10	18.18	6	10.91
Mean		90.91		93.64		9.09		6.36

Barangay Agbannawag n= 55, Barangay Malalao n= 55

Table 3 shows that the mean for parameters on Components (factors) that boost patients' recovery perceived as "Important" was 90.91 percent for Barangay Agbannawag and 93.64 percent for Barangay Malalao. The most important component that boost patients' recovery for Barangay Agbannawag was prayer and God's help issues (n=55) with 100 percent and followed by Visitation and token issues (n= 45) with 81.82 percent. While for Barangay Malalao, the most important component that boost patients' recovery was prayer and God's help issues (n=54) with 98.18 percent followed by Visitation and token issues (n=49) with 89.09 percent.

Comparatively, the mean for parameters on Components (factors) that boost patients' recovery perceived as "not important" was 9.09 percent for Barangay Agbannawag and 6.36 percent for Barangay Malalao. The most "not important" component that boost patients' recovery for Barangay Agbannawag was Visitation and token issues (n=10) with 18.18 percent while for Barangay Malalao the most "not important" component that boost patients' recovery was Visitation and token issues (n=6) with 10.91 percent followed by Prayer and God's help issues (n=1) with 1.82 percent.

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**Table 4. Assessment on Community Perception in Barangay Agbannawag, and Barangay Malalao in Kalinga Province on Hansens' Patients Expected Government Programs if it is Important or Not Important frequency distribution results, June 2024**

	Important				Not Important			
	Barangay Agbannawag		Barangay Malalao		Barangay Agbannawag		Barangay Malalao	
Hansens' patients expected government programs	No.	%	No.	%	No.	%	No.	%
Food accessibility and other supply issues	52	94.55	54	98.18	3	5.45	1	1.82
Source of livelihood, DOH programs and others	55	100.00	54	98.18	0	0.00	1	1.82
Medicine accessibility and other issues	53	96.36	54	98.18	2	3.64	1	1.82
Mean		96.97		98.18		3.03		1.82

Barangay Agbannawag n= 55, Barangay Malalao n= 55

Table 4 shows that the mean for parameter on Hansens' patients expected government programs perceived as "Important" was 96.97 percent for Barangay Agbannawag and 98.18 percent for Barangay Malalao. The most important Hansen's patients expected government program for Barangay Agbannawag was Source of livelihood, DOH programs and others (n=55) with 100 percent, followed by Medicine accessibility and other issues (n=53) with 96.36 percent, lastly Food accessibility and other supplies issues (n=52) with 94.55 percent. While for Barangay Malalao, the most "important" Hansens' patients expected government programs were Food accessibility and other supplies issues (n=54), Source of livelihood, DOH programs and others (n=54), Medicine accessibility and other issues (n=54) shared with 98.18 percent.

Comparatively, the mean for parameter on Hansens' patients expected government programs perceived as "Not important" was 3.03 percent for Barangay Agbannawag and 1.82 percent for Barangay Malalao. The most not important Hansens' patients expected government programs Barangay Agbannawag was Food accessibility and other supplies issues (n=3) with 5.45 percent followed by Medicine accessibility and other issues (n=2) with 3.64 percent. While for Barangay Malalao, the most "not important" Hansens' patients expected government programs were Food accessibility and other supplies issues (n=1), Source of livelihood, DOH programs and others (n=1), and Medicine accessibility and other issues (n=54) shared with 1.82 percent.

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**Table 5. Assessment on Community Perception in Barangay Agbannawag, and Barangay Malalao in Kalinga Province on Self-Image Problems Due to Diagnosis if it is Important or Not Important frequency distribution results, June 2024**

	Important				Not Important			
	Barangay Agbanawag		Barangay Malalao		Barangay Agbanawag		Barangay Malalao	
Self image problems due to diagnosis	No.	%	No.	%	No.	%	No.	%
<i>Avoidance of others, rejection of community, and discomfort</i>	35	63.64	48	87.27	20	36.36	7	12.73
<i>Deformity Issues</i>	33	60.00	54	98.18	22	40.00	1	1.82
<i>Discomfort with others</i>	37	67.27	54	98.18	18	32.73	1	1.82
Mean		63.64		94.54		36.36		5.45

Barangay Agbanawag n= 55, Barangay Malalao n= 55

Table 5 shows that the mean for the parameter on Self Image Problems due to diagnosis perceived as “Important” was 63.64 for Barangay Agbanawag and 94.54 percent for Barangay Malalao. The most “important” Self Image Problems due to diagnosis for Barangay Agbanawag was Discomfort with others (n=37) with 67.27 percent followed by Avoidance of others, rejection of community, and discomfort (n=35) with 63.64 percent, lastly Deformity issues (n=33) with 60.00 percent. While for Barangay Malalao, the most “important” Self Image Problems due to diagnosis was Deformity issues (n=54) and Discomfort with others (n=54) shared with 98.18 percent followed by Avoidance of others, rejection of community, and discomfort (n=48) with 87.27 percent.

Comparatively, the mean for the parameter on Self Image Problems due to diagnosis perceived as “notimportant” was 36.36 percent for Barangay Agbanawag and 5.45 percent for Barangay Malalao. The most “Not important” Self Image Problems due to diagnosis for Barangay Agbanawag was Deformity issues (n=22) with 40 percent followed by Avoidance of others, rejection of community, and discomfort (n=20) with 36.36 percent. Lastly, Discomfort with others (n=18) with 32.73 percent. While for Barangay Malalao, the most “not important” was Avoidance of others, rejection of community, and discomfort (n=7) with 12.73 percent followed by Deformity issues (n=1) and Discomfort with others (n=1) shared with 1.82 percent.

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**Table 6. Assessment on Community Perception in Barangay Agbanawag, and Barangay Malalao in Kalinga Province on Themes of Baylon’s Quality Patient Nursing Care Theory, frequency distribution results, June 2024**

THEMES	Important		Not Important	
	Barangay	Barangay Malalao	Barangay	Barangay Malalao
QUALITY PATIENT NURSING CARE				
Factors to consider if patient will submit to hospitalization or not	97.58	98.18	2.42	1.82
Determinants in providing quality patient health care	98.18	99.39	1.82	0.60
Components (factors) that boost patients' recovery	90.91	93.64	9.09	6.36
Hansens' patients expected government programs	96.96	98.18	3.03	1.82
Self image problems due to diagnosis	63.64	94.54	36.36	5.45
	<b>Mean</b>	<b>89.45</b>	<b>96.79</b>	<b>10.55</b>
			<b>3.21</b>	

Barangay Agbannawag n= 55, Barangay Malalao n= 55

Table 6 illustrates that the mean score for the parameter related to the importance of Quality Patient Nursing Care Theory was 89.45 percent for Barangay Agbannawag and 96.79 percent for Barangay Malalao. In Barangay Agbannawag, the most important theme identified in Baylon's Quality Patient Nursing Care Theory was the "Determinants in Providing Quality Patient Health Care," which received a mean score of 98.18 percent. This was followed by "Factors to Consider When a Patient Decides to Submit to Hospitalization," with a mean of 97.58 percent, and lastly, "Hansen's Expected Government Programs," which had a mean score of 96.97 percent. While the most "crucial" Theme in Baylon's Theory on Quality Patient Nursing Care as perceived by Barangay Malalao was the Determinants in providing quality healthcare to patients with a mean of 99.39 percent, closely followed by Factors to consider if a patient will submit to hospitalization or not and Hansen's patient anticipated government initiatives with a shared mean of 98.18 percent. Lastly, an issue of Self-Image image problem due to diagnosis with a mean of 94.54 percent.

**Table 7. Results of Welch T Test between Barangay Agbannawag (Group 1), and Barangay Malalao (Group 2) in Kalinga Province as to their Perception Regarding the Baylon's Quality Patient Nursing Care Theory Based on its Five Themes**

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*Problem No. 1: Is there a significant difference between the Perception of Barangay Agbannawag, and Barangay Malalao of Kalinga Province Based on its Five Themes of Baylon's Quality Patient Nursing Care Theory?*

**Null Hypothesis:** *There is no significant difference between the Perception of Barangay Agbannawag, and Barangay Malalao in Kalinga Province Based on Its Five Themes of Baylon's Quality Patient Nursing Care Theory*

**Alternative Hypothesis:** *There is significant difference between the Perception of Barangay Agbannawag, and Barangay Malalao in Kalinga Province Based on its Five Themes of Baylon's Quality Patient Nursing Care Theory*

Welch T Test Results			t-value	p-value	p < .05	Interpretation
Mean	SD	N				
Group 1	89.45	14.72				
			-3.6446	0.0005791		Significant
Group 2	96.67	2.53				

Note: Level of significance is 0.05

**Comment [U29]:** Report the results in the abstract

Table 7 shows the results of whether there are significant differences between Perception of Barangay Agbannawag, and Barangay Malalao in Kalinga Province regarding with Quality Patient Nursing Care Theory on its Five Themes.

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 89.45 (SD=14.72) and 96.67 (SD=2.53), respectively, and the statistical analysis of the Welch t-test calculated the t-value as -3.6446, with a p-value of 0.0005791 less than alpha, the null hypothesis is rejected and the difference was statistically significant.

The perception of quality patient nursing care in Barangay Agbannawag and Barangay Malalao in Kalinga Province differs significantly based on five key themes. Despite this difference, both barangays recognize the importance of these themes, as reflected in the mean scores of 89.45 for Barangay Agbannawag and 96.67 for Barangay Malalao. This underscores the universal significance of these themes in ensuring quality patient nursing care.

**Comment [U30]:** Compare with information given in abstract

**Comment [U31]:** The discussion was fairly written. However, not convincingly written to discuss the results and compare with previous studies on the subjects

The discussion show preponderance of information not so related to the study. There is need for major revision

#### 4 DISCUSSION

The interconnectedness of all variables of Baylon's theory show the perceptions of the indigenous community in Kalinga Province, the **first main variable** shows that both barangays, Barangay Agbannawag and Barangay Malalao perceived that **Factors to consider if the patient will submit to hospitalization or not as "Important"** with 97.58 percent both Barangay Agbannawag and Barangay Malalao. Supported by Accessibility of Health Care and related issues; Long confinement and related issues; Financial problems and related issues.

Comment [U32]: Why in bold letter??

Comment [U33]: You should discuss why their perception differs yet both see hospitalization as important. This clarification is necessary

Accessibility to health care gathered 98.18 percent for Agbannawag and 100 percent for Malalao shows that Accessibility to health care is significant for indigenous people in Kalinga maybe because of its long distance from the National government where all the supplies are sourced. The National government effort to sustain the needs of all his indigent people in this areas in order to provide a good access of health care it strengthen the faith of this people to the government that the government can provide high quality health care and proper treatment and this help the people to decide to visit their hospital [8].

Second factor is Long confinement issue gathered 94.55 percent for Barangay Agbannawag and 96.36 percent for Barangay Malalao shows that long confinement is also important to indigenous people in Kalinga Province it can be on the different reasons; long confinement can help to be sure that the patient is well before of his discharge, for some long confinement may have had a negative impact on perceived quality of care and symptoms in patients with chronic disorders [9] and if not properly explain the patients may tend to choose not to be admitted in the hospital. Another reason that really happening that hospitalization is difficult times for patients and their families, especially for those who need long term care upon discharge [10].

Financial problems and constraints gathered 100 percent for Barangay Agbannawag and 96.36 percent for Barangay Malalao shows that Financial problems and constraint is important to them before they will decide to hospitalize or not. Normally patients refuses to be admitted due to hospital expenses specially if they belongs to indigenous people - thinking that hospitalization is expensive but not knowing that the government has a budget for them. On the other side the government faces challenges and this worsen more of growing financial concerns, like spiked labor costs and inflation on medical supplies, puts them on pace to have the worst financial performance into the pandemic period[11]. The overwhelming demands of insurer-mandated administrative tasks drive up costs and significantly impede the delivery of quality patient care[12]. These three factors: Accessibility of health care, long confinement 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 Agbannawag and Barangay Malalao 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 There is some evidence that aspects of nurse–doctor communication are associated with the quality of care and treatment patients receive while they are in hospital [13] and this produces a good patients outcomes. This relationship is important to establish the good communication where orders from doctors are clearly received by nurses on duty and the orders are properly carry out by nurses to their indigenous Kalinga patients. Quality Patients Care 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 [14]. The quality of care provided to indigenous Kalinga patients is directly influenced by the type of relationship established with them. It's crucial for nurses to understand that fostering a strong rapport significantly enhances both the quality of care and the patient's healing process [15]. One of the key factors in ensuring top-notch care is the exceptional nursing services delivered with the invaluable support of the Nursing Committee. This dynamic committee plays a pivotal role in enhancing the quality of nursing services through the development and review of nursing policies and procedures, meticulous monitoring and evaluation of nursing practices, provision of training and professional development, fostering seamless collaboration between nurses and health teams, and passionately advocating for the well-being of both nurses and patients. [16]. The table shows that all the Kalinga's respondents are in favor of good doctors-nurse-patient relationships together with good nursing services.

**The third main variable** shows that both barangays, Barangay Agbannawag and Barangay Malalao 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. Asian countries and even Western countries belief in God existence and this is the last source of the patient's strength. The faith that they have is very important, through this faith they can regain the patient's strength, comfort their feelings, and healed their sickness through devotional prayers. Kalingas people can use prayer, this component can boost patients' recovery specially when they believe in God. Their experience in prayer can not be detached from them specially when they prayed and the prayer was answered. It is important to understand these values to support forms of care that aim to enhance the quality of life during confinement

**Comment [U34]:** Break your discussion into meaningful paragraph

I could not read in the study especially in the result how the respondents perceived nursing care quality

Not there!

Nurse patient relationship or doctor patients' relationship were not central to the result shown in this study

**Comment [U35]:** Are these in your study too?

Are they part of the results???

[17]. 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 [18] and this should not be disregarded. Another component that boost patient recovery is Visitation and token related issue. Visitation can sooth patient's feeling. It gives comfort specially for patient experience a long hospital confinement. Visitation can help to express their feelings to their relatives that helps to release the burden of their feelings. Token or gift from the visiting relatives or friend can ease, gives happiness, and feeling of appreciation from their love ones. These things, prayers, token, and gift can boost patients' recovery.

**The fourth main variable** shows that both barangays, Barangay Agbannawag and Barangay Malalao 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.

Hansens' patients expected government programs that they perceived "important", Primarily, one of the expected government program is food accessibility. Accessing healthy food is paramount to one's nutritional status [19]. This maybe, food is the basic needs of patients to regain their strength during the long hospital confinement. Italso help to replenish the micronutrients needed by the body and help for good prognosis of Kalinga's patients.Medicine accessibility is also important because of having inequity in health services can impact health outcomes [20]. Medicine is significant to patients experiencing severe pain, it can relaxes the emotional tension, can lower the high blood pressure, and it can shorten the hospitalization. Hence, It is vital to enhance the availability of medicines and medical supplies once their effectiveness is strengthened [21] 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 [22]. Most of the patient inflicted by any diseases can lead to different scenarios of life. It can be mild diseases that any one could be discharged in a few days. Other patients can experience a serious condition that can be admitted for a long period of time. It was observe during the Outbreak of Hansens a decade ago and during Covid 19 during in our time. COVID-19 fallouts is the loss of jobs and livelihoods. Livelihood losses don't just affect women's incomes – they can also create additional hardships as family resources dwindle and savings and assets diminish. It's crucial to recognize the broader impact of these losses and take action to address them [23] during this time specially if you are admitted. When the patient experience a long years of hospital confinement, once discharge he needs a good source of livelihood to be productive in community again.

The fifth main variable shows that both barangays, Barangay Agbannawag and Barangay Malalao 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, this is common among Hansenites patient a decade ago due to the irreversible disability and the social stigma it causes, leprosy has been a public health problem for many centuries [24]. Self-image problem due to their diagnosis is also true among Covid 19 patients like one of the article said, "main themes which emerged from the qualitative responses were social stigma and rejection, humiliating behaviour of others, breach of confidentiality, loss of trust/ respect, and impact of COVID-19 diagnosis on their business [25]. It is really true that self-image problem due to their diagnosis can lead to social rejection or stigma. Another supporting variable is deformity issues - this can be seen among the patient that has long confinement, neglected or improper management [26]. 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 [27] to eliminate self-image problems.

The study showed that the mean for the parameter on **Quality Patient Nursing Care Theory as "Important"** was 89.45 percent for Barangay Agbannawag and 96.67 percent for Barangay Malalao. This means that majority of the respondents perceived Baylon's Quality Patient Nursing Care Theory is important.

Since this was the result of the study, the researcher would like to propose seminars on quality patient nursing care based on this emerging theory because the success of quality patient nursing care is to focus on the actual patients' utterances that experienced the actual hospitalization [28].

**Comment [U37]:** It is also good to state the study limitations and how they were resolved

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## 5 CONCLUSION

The research findings indicate that both selected barangays of the Indigenous Ethnic Group from Kalinga Province share a common perception regarding Baylon's Quality Patient Nursing Care Theory. They believe that "The factors to be considered if patients will submit to hospitalization or not, is determined by the quality patient

**Comment [U38]:** The welch results and this conclusion does not align

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. This belief is consistent among respondents from both the highlands and lowlands, highlighting the significance of Baylon's emerging theory on Quality Patient Nursing Care.

## CONSENT AND ETHICAL APPROVAL

Seeking approval from the Barangay Captain of Barangay Agbannawag and the Barangay Malalao of Kalinga Province. The researcher seeks a consent and an approval from the respondents of Barangay Agbannawag and respondents from Barangay Malalao.

**Comment [U39]:** Ethical approval and ethical principles for data collection were not discussed at any stage of the manuscript

There was no ethical consideration section in the method

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**Comment [U40]:** What is this?

**Comment [U41]:** What is this??

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Which tool was actually used. If questionnaire derived from Baylon's Quality Patient Nursing Care Theory

Was the questionnaire validated. What method of validity was used and what was the outcome?

Also, what is the reliability of the instrument: which of the reliability method used and the result of reliability coefficient?

If it is qualitative study. Provide the triangulation of the study. The credibility and other reliability measures

Where are the themes??/

So, you must clarify the type of research design used. Currently it is confusing

If mixed method state it but in abstract, it is indicated as **qualitative study**