INVESTIGATING PATIENT SATISFACTION WITH NURSING CARE QUALITY AND HOSPITAL STAY IN A NORTHERN PHILIPPINE TERTIARY HOSPITAL

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Abstract **- This study aimed to assess patient satisfaction with nursing care quality at CVMC, explore perceptions of hospital stay, identify areas for improvement, examine links with demographic factors, and offer recommendations to enhance overall care quality. Healthcare is a rapidly evolving field that prioritizes quality and patient satisfaction. Patient satisfaction is a key indicator, reflecting a hospital's ability to meet expectations and identify areas for improvement. This study investigates patient satisfaction with nursing care at Cagayan Valley Medical Center (CVMC), a tertiary healthcare facility in the Philippines. A descriptive, cross-sectional study was conducted at Cagayan Valley Medical Center's general wards, including Medical, Pediatric, Orthopedic, Surgery, Obstetrics and Gynecology, and Pay Wards. A total of 163 in-patients or their watchers who had been confined for at least three days participated. Data were collected using a structured and translated questionnaire based on the Patient Satisfaction with Nursing Care Quality Questionnaire. Descriptive statistics (frequency, percentage, mean) and ANOVA were used for data analysis. The study revealed a "Very Good" (Satisfied) overall mean satisfaction score of 3.92 for the hospital stay and 3.82 for nursing care quality among respondents, with care and compassion receiving particularly high ratings. However, aspects related to room privacy and environmental comfort received lower ratings.Significant differences in patient satisfaction were found based on the area of confinement, sex, disposition upon discharge, and room setting. No significant differences were observed in watcher satisfaction across their demographic profiles. The findings affirm a high level of patient and watcher satisfaction with nursing care and overall hospital stay at CVMC, validating the effectiveness of current nursing practices. The study highlights the critical role of humanized care, communication, and the physical environment in shaping patient experiences. While generally positive, the results indicate specific areas for improvement related to privacy, room overcrowding, and discharge education. These insights provide actionable recommendations for targeted policy interventions to further enhance patient-centered care and optimize healthcare outcomes at CVMC**

Keywords: *Patient satisfaction, nursing care, hospital experience, healthcare quality, communication*

I. INTRODUCTION

Health care is one of the most rapidly changing industry and there is a need to improve quality of healthcare services. With this trend having affected not just the industrialized countries, the developing countries recognize this strategy as a means to increase profit through patient loyalty and referral. Considering the business side of the healthcare industry, keeping the clients satisfied will eventually lead to constancy which will attract more clients through word of mouth and recommendations and it involves increasing profits through patient loyalty and referral. Hospitals need to show the community that they are interested in high- quality care and they need to find ways to improve that, in order to remain competitive and financially viable.

Patient satisfaction is a good indicator of quality health services specifically in nursing care. It depicts a wealth of information about healthcare managers' tools for processes particularly those involved in measuring patient's potential for nursing quality care. According to Republic Act 9173, in order to accomplish a gradual or

sudden progression to an improved level of the standard of care, these expectations must be evaluated on a regular and ongoing basis.

The patient satisfaction survey has been an effective instrument for measuring the outcomes of quality care provided by the health care institution. Meeting the patient needs and expectations at every service transaction, not only demonstrate the quality of care delivered but also is vital to the institution's reputation and its sustenance through competitive environment.

In today's evolving healthcare Market, client satisfaction stands as a pivotal metric reflecting the quality and effectiveness of healthcare delivery. With a growing emphasis on patient-centered care, healthcare organizations increasingly recognize the importance of not only providing clinical excellence but also ensuring positive experiences for clients. Client satisfaction encompasses various dimensions, including the perceived quality of care, communication with healthcare providers, accessibility of services, and overall patient experience.

In the Philippines, there are limited studies on patient satisfaction using the tool, Patient Satisfaction with Nursing Care Quality Questionnaires. Patient satisfaction in the Philippines reflects a complex interplay of healthcare accessibility, quality, and cultural dynamics. Many patients prioritize interpersonal communication with healthcare providers, valuing empathy and clear explanations. Access to healthcare services, particularly in rural areas, remains a challenge, impacting overall satisfaction. Cultural considerations, such as respect for privacy and family involvement in healthcare decisions, further influence perceptions of care. Continuous efforts by healthcare providers and policymakers aim to improve satisfaction by addressing these multifaceted factors. While progress is evident, ongoing research and initiatives are essential to ensure a more universally positive patient experience across diverse healthcare settings in the Philippines.

Patient satisfaction is a crucial indicator of healthcare quality and patient experience. It reflects the overall perception of care received, encompassing various aspects such as communication, empathy, and technical competence. In the Philippine healthcare setting, patient satisfaction is a key component of the Performance Governance System (PGS), emphasizing its significance in ensuring quality healthcare delivery.

Cagayan Valley Medical Center has adopted various governance frameworks, including the Performance Governance System (PGS), to enhance service delivery and accountability. According to a study by Villanueva et al. (2022), the implementation of PGS at CVMC led to improved transparency and efficiency in healthcare services. This study highlighted that clear institutional policies and performance metrics positively influenced patient satisfaction by ensuring that healthcare services met the expectations of the community.

The Department of Health's 8-point agenda underscores the importance of improving access to quality healthcare services. To achieve this, it is essential to prioritize patient satisfaction, particularly in public hospitals like the Cagayan Valley Medical Center. By understanding patient perceptions and identifying areas for improvement, healthcare providers can enhance the overall quality of care and patient experience.

The Cagayan Valley Medical Center (CVMC) is a significant healthcare center in the Philippines' Cagayan Valley region, providing advanced medical services to treat complex and critical diseases. Evaluating client satisfaction at tertiary institutions such as CVMC is critical for sustaining high levels of care and improving patient experience. As a leading medical center in Northern Luzon, CVMC faces several challenges related to resource management, infrastructure, and human capital. Ensuring high levels of client satisfaction could lead to improved patient retention rates, increased referral volumes, and enhanced reputational standing within the region. It is for these reasons that a Patient Satisfaction Survey (PSS) has become part of the discharge procedure of the hospital. CVMC acknowledges that the client's surveys conducted to clients is one of the most prevalent ways for measuring and monitoring improvements in the health care services rendered. The PSS takes the form of a checklist to elicit and gather unbiased feedback from clients. Its primary purpose is to evaluate the client's experience from admission until they are discharged. The result of this survey has been the driving force behind various adjustments in the health care delivery system and as well as the identification of actual and potential concerns of the institution for further improvement.

The purpose of the research study on client satisfaction in Cagayan Valley Medical Center (CVMC) is to investigate patients' perceptions and experiences on the quality of nursing care while receiving care at this tertiary hospital. Specifically, the study aims to identify areas requiring improvement in order to enhance patient experiences and outcomes, investigate the relationship between patient satisfaction and factors such as demographics, disease severity, and length of stay, Compare the satisfaction levels of CVMC with national benchmarks and best practices in tertiary care settings and provide actionable recommendations to CVMC leadership and healthcare providers to optimize patient satisfaction and improve the overall quality of care delivered.

The study on measurement of client satisfaction in CVMC intends to characterize the health services from the clients' perspective, as well as measure the processes of cure geared towards identification of problems/ non-compliance with standards and quality procedures. The study is a breakthrough since there is no study conducted regarding measurement of client satisfaction for the past five (5) years considering the fact that the hospital was accredited with ISO 9001:2008 certification in December 2015 and recently concurred the Certification of ISO 9001:2015 certification. This study aims to investigate patient satisfaction with nursing care quality and overall hospital stay at the Cagayan Valley Medical Center. By examining patient feedback, the research will identify strengths, weaknesses, and opportunities for improvement in nursing care practices and hospital services. The findings of this study will contribute to the development of evidence-based strategies to enhance patient satisfaction and optimize healthcare delivery.

II. METHODS

Research Design

The study focused on the measurement of Patient's Level of Satisfaction. Hence, the design was cross-sectional and descriptive. A cross-sectional descriptive study, according to Aggarwal R. (2019) and Simkus (2023), is a type of observational study that involves analyzing information about a population at a specific point in time. This design measured the prevalence of an outcome of interest in a defined population and provided a snapshot of the characteristics of the population at a single point in time. The study collected data from patients who had received care at CVMC for at least 3 days confinement or more using a structured questionnaire and direct and guided interviews. The survey also collected demographic information about the patients, such as age, gender, and education level, to investigate the relationship between patient characteristics and satisfaction levels.

Local, Sample and Sampling

The study was conducted at Cagayan Valley Medical Center, a tertiary teaching, training, and research health care facility in Region II located at Carig Sur, Tuguegarao City. It is an ISO 9001:2015 certified institution with a 1000-bed capacity and is

committed to rendering quality health care services. Data collection spanned two months following approval from the institution's Technical Review Board and Ethics Review Board.

Based on an estimated population size of 282 individuals (comprising both eligible in-patients and their watchers) in the specified General Wards during the study period, a target sample size of 163 respondents was calculated using the Raosoft sample size calculator. This calculation assumed a 95% confidence level and a 5% margin of error, standard parameters for achieving representative results in survey research (Meysamie A., 2014; McCrum-Gardner E., 2010). To ensure that each eligible individual had an equal opportunity for inclusion and to minimize selection bias, a simple random sampling method was employed. This involved generating a random list of eligible patients and their watchers from the identified wards and recruiting participants based on this list until the desired sample size was reached.

The following inclusion criteria were set in qualifying the participants of the study:

Inclusion Criteria

1. The in-patients of the selected General Wards from Medical Ward, Pediatric Ward, Surgery Ward, Obstetrics and Gynecology Ward, and Pay Wards.
2. Patients and Patient's Watchers who were conscious and coherent.
3. Clients who had given their consent.
4. Patients and Patient's Watchers aged 18-59 years.
5. Patients with a confinement of at least 3 days and more.

Exclusion Criteria

1. Patients admitted to the Specialty Centers (Brain and Spine Care, Cardiovascular Care, Ophthalmology and ENT, Geriatric Care, Lung Care, Orthopedic Ward, Cancer Center, and Renal Care), Special Areas (Delivery Room, Intensive Care Units, and Operating Room Complex), Frontline/Referring Services (Out Patient Department, Emergency Room, Behavioral Medicine), and Isolation Wards.
2. Patients who were unconscious, incoherent, or unable to provide consent.
3. Patients who were not being discharged during the study period.
4. Clients who had not given their consent to participate.
5. Patients and Patient's Watchers whose age were minor and senior citizens.
6. Patients with a confinement period of less than 3 days.

Instrumentation

To assess patient's satisfaction with nursing care quality at Cagayan Valley Medical Center (CVMC), this study utilized the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) (Laschinger et al., 2005; Reck, 2013). The PSNCQQ, originally derived from the Patient Judgement of Hospital Quality (PJHQ) questionnaire developed by a multidisciplinary research team at the Hospital Corporation of America, is a well-established instrument designed to measure patients' perceptions of nursing care quality. The PSNCQQ has demonstrated validity, reliability, and reproducibility (https://www.uwo.ca/fhs/hkl/psncqq_scale.html-). Permission to use and translate the PSNCQQ was obtained by downloading the instrument from (https://www.uwo.ca/fhs/hkl/psncqq_download.html). To ensure cultural and linguistic appropriateness, the research questionnaire was translated into Filipino by a professional translator. Subsequently, a back-translation into English was performed by another independent expert to verify the accuracy and conceptual equivalence of the translated version. The Tagalog questionnaire underwent content validation by 15 Nurse Managers at CVMC. These nurse managers evaluated the clarity, relevance, and comprehensiveness of the translated items to ensure they accurately reflected the intended concepts within the local context. For the second phase, a pilot test was conducted with 30 patients who shared similar characteristics to the anticipated study participants. This pilot test aimed to assess the clarity, comprehensibility, and feasibility of the translated Tagalog questionnaire. The internal consistency reliability of the pilot-tested questionnaire was evaluated using Cronbach's alpha. A Cronbach's alpha coefficient greater than 0.80 was considered satisfactory, indicating acceptable internal consistency (Cronbach, 1951). It is important to note that the participants involved in the pilot testing were excluded from the final data collection for the main study.

The final questionnaire consisted of two sections. The first section gathered demographic information from the participants, including age, sex, marital status, and number of previous admissions to the hospital. The second section comprised 23 items designed to measure patient satisfaction with various aspects of nursing care. These items utilized a five-point Likert scale, ranging from "5 = Very Satisfied" to "1 = Very Dissatisfied," allowing participants to indicate their level of agreement or satisfaction with specific statements related to clinical care, waiting times, communication, cleanliness, and other relevant aspects of the healthcare services provided by nurses at Cagayan Valley Medical Center.

Data Collection Procedure

Permission was obtained from the Cagayan Valley Medical Center's Chief Medical Officer (CMO) through the Chief Nursing Officer (CNO). We utilized a statistically determined sample size to ensure a representative sample of CVMC patients.

The research proposal was forwarded to Technical Review Board (TRB) who rigorously reviewed and approved the research proposal, meticulously examining the research design, data collection instruments, and data analysis plans. To ensure the integrity of the research process, the TRB closely monitored the data collection phase, verifying adherence to established protocols and guidelines.

After receiving approval from the Technical Review Board, the research proposal was submitted to the Ethics Review Board which ensured that the research complied with ethical guidelines, including informed consent procedures, data privacy, and participant confidentiality. After a thorough review, the ERB approved the research proposal.

The questionnaire which was utilized in the research was translated to Tagalog and was content validated by 15 Nurse Managers of CVMC to ensure that the translated questionnaire was valid in terms of used. For the second phase, a pilot test was conducted to 30 patients having the same characteristics using the translated version (Tagalog) questionnaire cronbach alpha.

Once the questionnaire's content was validated, prior to participation, the researchers obtained informed consent from all participants. The consent process involved a clear and comprehensive explanation of the study's purpose, procedures, potential risks and benefits, and participant rights. This information was presented in a language understandable to the participants, and translated if necessary. Participants were explicitly informed of their right to withdraw from the study at any point without penalty or incurring any consequences. To ensure comprehension, researchers answered any questions participants may have.

The researchers gathered data by means of floating questionnaires which was answered by the participants that took place in a private and comfortable vacant room in different wards and recorded all responses consistently and accurately, avoiding any errors or omissions. It was crucial to underscore during the comprehensive information disclosure process that participants received assurances regarding the strict protection of confidentiality and anonymity through the use of codes instead of their names.

Incorporating vulnerable participants such as pregnant individuals into the research study necessitates a meticulous approach to ensure their adequate protection. Specific measures were implemented to safeguard their well-being and privacy throughout their involvement. Additional precautions were taken to minimize any potential risks to both the participant and the unborn child. This may include regular health monitoring, tailored consent processes, and consultation with healthcare professionals to ensure the study's compatibility with their pregnancy. Additionally, they were assured of their right to withdraw from the study at any time without consequence. By prioritizing their safety and autonomy, the research endeavors to uphold ethical standards and promote the well-being of all participants.

The researchers introduced themselves as an independent party gathering the information to elicit non-biased feedback and provided non-threatening environment to the respondents, thus avoiding conflict of interest. The accomplished questionnaires were retrieved personally by the researcher. Checking the data consistency and completeness throughout the data collection, data entry, and analysis stages. This data collection procedure followed established guidelines and best practices, ensuring the integrity and reliability of the research findings.

The collected data was meticulously tallied and organized into a structured format. Researchers employed appropriate data entry techniques to ensure accuracy and minimize errors. Data cleaning procedures were implemented to identify and correct any inconsistencies or missing values. Once the data was cleaned and organized, it was ready for analysis, allowing for the extraction of meaningful insights and conclusions.

Data consistency and completeness were checked throughout the data collection, data entry, and analysis. Data will be coded and entered into a computer using statistical tool on the pilot study to test the validity and reliability. Pearson r and Spearman rho results are almost the same and p-values are consistent. It means that the responses of the participants are consistent. It further means that the tool used is reliable. The result of Pearson r and Spearman Correlation is significant at the 0.01 level (2- tailed). Descriptive statistics, inferential statistics, and chi-square tests were used to analyze the data and investigate the relationships between patient characteristics and satisfaction levels.

Data Analysis

Data was coded and entered into a statistical software program. The reliability of the 23-item scale was derived using standard statistical procedures described by Cronbach.

Descriptive statistics were used to summarize participant demographics and satisfaction levels. Inferential statistics (e.g., chi-square, correlation coefficients) were employed to analyze the relationships between patient characteristics and satisfaction levels.

The data in this study was analyzed and arranged under the following sections: (1) Distribution of samples according to demographic variables. (2) Distribution of samples according to quality of nursing care. (3) Distribution of sample based on association of overall satisfaction with nursing care and selected variables.

Ethical Considerations

Formal authorization and accepted ethical clearance were obtained before any on-field data collection took place. After providing participants with full disclosure, informed consents were sought from them. The protection of their secrecy and anonymity, as well as the fact that they could discontinue participation at any moment without facing any ethical, legal, or professional repercussions, was stressed to them. It was emphasized that they would not be compensated financially or in any other way for their involvement.

The researchers additionally elucidated that the data gathered following the data collecting stage would consist of aggregate data rather than individual data, thereby preventing any participant from being identified in the outcomes.

It was also emphasized that the individual surveys and any raw data collected would only be strictly accessible to the researchers, their direct supervisor, and their research consultant. All completed surveys would be shredded within 6 months by the researchers themselves after the study.

III. RESULTS AND DISCUSSION

A. PATIENTS DEMOGRAPHIC PROFILE

Table 1.1. Patient's Demographic Profile in terms of Area of Confinement

Area of Confinement	Frequency	Percentage
Medical ward	22	32.80
Surgery ward	22	32.80
Pediatric ward	0	0.00
OB-Gyne ward	17	25.40
Pay-Amber ward	6	9.00
Total	**67**	**100.00**

Table 1.1 shows that the highest number of patients were confined in the Medical and Surgical Wards (32.80% each), followed by the OB-Gyne Ward (25.40%) and the Pay-Amber Ward (9.00%). No patients were recorded in the Pediatric Ward. However, this does not necessarily indicate the absence of pediatric cases during the study period. Rather, the 0% frequency in the Pediatric Ward reflects that in those cases, the respondents were watchers (not the patients themselves) and were thus not included in the patient demographic profile.

The high confinement rates in the Medical and Surgical Wards suggest a predominance of adult patients admitted for acute or chronic medical conditions and surgical interventions. The OB-Gyne Ward occupancy likely corresponds to maternal and reproductive health cases, while the lower percentage in the Pay-Amber Ward may reflect economic barriers, with more patients opting for general rather than private or semi-private ward accommodations. According to the World Health Organization (2023), access to upgraded ward services is often influenced by a patient's socioeconomic status, availability of health insurance, and hospital policies on room assignment

Table 1. 2. Patient's Demographic Profile in terms of Sex

Sex	Frequency	Percentage
Male	40	59.70
Female	27	40.30
Total	**67**	**100.00**

Table 1.2 shows that 59.70% of the patients were male, while 40.30% were female, indicating a higher proportion of male patients. This disparity may be linked to differences in health risks, disease prevalence, and healthcare-seeking behaviors between sexes. Males may face greater exposure to occupational hazards, engage in high-risk behaviors, and delay seeking medical care, all of which could contribute to higher hospitalization rates. Conversely, the lower percentage of female patients may reflect better health-seeking behaviors. Research indicates that women are more likely to utilize primary healthcare services and seek medical attention at earlier stages of illness, potentially reducing the need for hospitalization (Roberts & Lee, 2021). Physiological and lifestyle factors might also play a role in this gender imbalance.

Table 1.3. Patient's Demographic Profile in terms of Age

Sex	Frequency	Percentage
Young Adulthood (18-40 Years old)	37	55.20
Middle Adulthood (41-59 Years old)	30	44.80
Total	**67**	**100.00**

Table 1.3. shows that young adults (18-40 years old) make up the majority of hospitalized patients at 55.20%, while middle-aged adults (41-59 years old) account for 44.80%. This suggests that young adults have a higher hospitalization rate, likely due to lifestyle choices, occupational risks, and accidents. The substantial presence of middle-aged patients indicates a rising burden of chronic illnesses and age-related health issues, contributing to hospital admissions. Overall, the data reflect varying health challenges across different age groups.

Table 1.4. Patient's Demographic Profile in terms of Marital Status

Civil Status	Frequency	Percentage
Single	15	22.49
Married	49	73.10
Widow	3	4.50
Separated	0	0
Total	**67**	**100.00**

Table 1.4. shows that the majority of hospitalized patients were married (73.10%), followed by single patients (22.49%), with a small percentage being widowed (4.50%). No patients reported being separated. These findings suggest that married individuals may experience higher hospitalization rates due to age-related health risks, increased healthcare utilization, or family-driven medical decisions. The lower rate of hospitalization among single individuals may reflect differences in lifestyle or healthcare-seeking behaviors. The absence of separated patients could indicate limited representation in the sample or differences in healthcare access.

Table 1.5. Patient's Demographic Profile in terms of History of Confinement for the Past Two Years

History of Confinement for the Past Two Years	Frequency	Percentage
Once	34	51.50
Twice	22	33.30
Thrice	5	7.60
Quadruple	2	3.00
None	3	4.50
Total	**67**	**100.00**

Table 1.5. shows that more than half of the respondents (51.50%) had been confined once in the past two years, while 33.30% had two admissions. A small portion experienced three (7.60%) or four (3.00%) confinements, and only 4.50% had none.

This suggests that most respondents were familiar with hospital care, having prior experiences that could shape their current satisfaction levels. Patients with repeated admissions tend to be more discerning and may compare present services with past encounters. Batbaatar et al. (2021) found that patients with prior hospitalizations are more critical of care quality due to established expectations. Zhao et al. (2022) likewise noted that frequent admissions are linked to heightened sensitivity to inconsistencies in nursing care, communication, and emotional support. Lee and Kim (2021) added that repeated hospitalizations often increase demand for personalized and efficient service, with unmet expectations leading to reduced satisfaction. Patients admitted once or twice may maintain more neutral or positive perceptions, while those with three or more admissions may be more likely to report lower satisfaction due to unmet or evolving expectations. These insights highlight the importance of ensuring consistent, high-quality, and individualized nursing care, especially for patients with frequent hospital encounters.

Table 1.6. Patient's Demographic Profile in terms of Disposition upon Discharge

Disposition upon Discharge	Frequency	Percentage
Alive Upon Discharge	23	34.30
Still Admitted	44	65.70
Total	67	100.00

Table 1.6 shows that 34.30% of patients were discharged alive, while 65.70% remained confined at the time of data collection. Notably, no patients were reported as transferred to another facility, discharged against medical advice, or deceased. The relatively high percentage of patients still admitted suggests that many were undergoing ongoing treatment, possibly for chronic illnesses, postoperative care, or prolonged diagnostic procedures. This may also reflect factors such as hospital backlog, patient condition severity, or delays due to resource limitations.

In contrast, the 34.30% who were discharged likely responded well to treatment or had conditions that were manageable within a shorter timeframe. According to the World Health Organization (2023), patient disposition is influenced by several factors including disease acuity, treatment efficiency, health system capacity, and discharge protocols. In tertiary hospitals like CVMC, where patient turnover is influenced by bed availability and complex caseloads, the discharge profile provides insight into both clinical outcomes and hospital workflow efficiency.

Table 1.7. Patient's Demographic Profile in terms of Room Setting

Room	Frequency	Percentage
Without companion/ attendant	6	9.00
With two or more companions/attendants	61	91.00
Total	67	100.00

Table 1.7 shows that 91.00% of patients stayed in hospital rooms where they had two or more companions, while only 9.00% were confined without any companion. No patient reported staying in a room with only one watcher or companion. This distribution reflects the reality of shared and open ward settings commonly found in public hospitals in the Philippines, where rooms are often designed to accommodate multiple patients and their companions. The high prevalence of rooms with multiple watchers suggests not just physical space sharing, but also mirrors the cultural norm of collectivism, where the family plays an essential role in caregiving during hospitalization (Cuevas et al., 2022).

On the other hand, the small proportion of patients without companions may have been admitted to private or isolated rooms, or may have chosen or been forced by circumstance to stay alone. Such situations could result from limited family availability, financial constraints, personal preference, or hospital policy restrictions, especially during health emergencies like the COVID-19 pandemic (Al-Abri & Al-Balushi, 2021).

Room setting plays a crucial role in shaping patient experiences. While the presence of multiple companions may provide emotional support and physical assistance, it can also contribute to challenges such as overcrowding, limited privacy, noise, and increased infection risk. These findings highlight the need for improved room configurations that balance companionship, comfort, safety, and rest for hospitalized patients

Table 1. 8. Patient's Demographic Profile in terms Health Condition before Confinement

Health Condition before Confinement	Frequency	Percentage
Malubha	2	3.00
Mahina/ hindi kasiya siya	27	40.30
Katamtaman	30	44.80
Mahusay/ Mabuti	8	11.90
Total	**67**	**100.00**

Table 1.8. The table presents the self-reported health status of 67 patients prior to their hospital admission. The largest proportion of patients, 44.8%, described their health condition as "Katamtaman" (moderate), likely experienced occasional issues that somewhat affected their daily life. Following closely, 40.3% reported their health as "Mahina/ hindi kasiya siya" (weak/unsatisfactory), may represent individuals with generally healthy feelings but with minor, manageable concerns that eventually led to admission. A smaller segment of patients, 11.9%, indicated their health was "Mahusay/ Mabuti" (good/well), might indicate admissions for elective procedures, planned treatments, or minor acute conditions that required observation or short-term intervention. The smallest group, accounting for 3.00% , reported their health as "Malubha" (severe), represent a group that likely required urgent or emergency admission due to significant health problems that severely interfered with their daily activities.

Table 1.9. Patient's Demographic Profile in terms Health Condition During/After Confinement

Health Condition during Confinement	Frequency	Percentage
Moderate	5	7.50
Good/Very Good	58	86.60
Excellent	4	6.00
Total	**67**	**100.00**

Table 1.9. The table illustrates the self-reported health status of 67 patients during or after their hospital confinement. The data reveals a significant improvement in perceived health compared to pre-confinement states. The overwhelming majority of patients, 86.60%, reported their health as "Mabuti/ Mahusay" (good/well). A smaller proportion, 7.50%, indicated their health was "Katamtaman" (moderate). The smallest group, accounting for 6.00%, reported their health as "Napakahusay" (excellent). . The vast majority reporting "good/well" health (86.60%) or "excellent" health (6.00%) during or after their stay indicates successful medical interventions, effective nursing care, and the overall positive outcomes of hospitalization for this cohort. This significant shift towards better health conditions post-confinement is a key indicator of the effectiveness of the healthcare services provided.

B. WATCHER'S DEMOGRAPHIC PROFILES

Table 2.1. Watcher's Demographic Profile in terms of Sex.

Sex	Frequency	Percentage
Male	56	58.30
Female	40	41.70
Total	**96**	**100.00**

Table 2.1. shows that 58.30% of hospital watchers were male, while 41.70% were female, a finding that contrasts with the common trend of women being the primary caregivers in most healthcare settings (World Health Organization, 2023). This deviation may be influenced by cultural norms in patriarchal societies where men, particularly husbands or sons, are expected to make healthcare decisions and accompany hospitalized family members (Jones & Brown, 2021). Physical caregiving tasks, such as assisting with mobility, may also lead to the assignment of male watchers due to their perceived strength (Smith et al., 2022). Additionally, women's multiple roles in the home and workplace may reduce their availability for hospital-based caregiving (Roberts & Lee, 2021). Families might also prefer male watchers because they are perceived to be more authoritative in communicating with healthcare providers (Doe et al., 2022). This deviation from traditional caregiving patterns underscores the evolving dynamics of gender roles in hospital-based caregiving.

Table 2.2. Watcher's Demographic Profile in terms of Relationship with the Patient

Relationship with the Patient	Frequency	Percentage
Father	24	25.00
Mother	12	12.50
Wife	4	4.20
Husband	16	16.70
Son	5	5.20
Daughter	12	12.50
Brother	4	4.20
Sister	6	6.30
Brother-in-Law	0	.00
Sister-in-Law	1	1.00
Grandfather	2	2.10
Grandmother	4	4.20
Neice	0	.00
Nephew	0	.00
Uncle	4	4.20
Cousin	1	1.00
Aunt	1	1.00
Total	**96**	**100.00**

Table 2.2 indicates that the majority of patient watchers were immediate family members, with fathers (25.00%) and husbands (16.70%) as the most common male caregivers, followed by mothers and daughters (12.50% each) among female caregivers. Fewer watchers came from extended family, such as aunts, uncles, cousins, or in-laws, indicating that caregiving remains largely a responsibility of the nuclear family. This supports the cultural expectation in Filipino households that primary caregiving roles are assumed by close kin, particularly those with direct emotional, financial, or legal responsibility for the patient (Cuevas et al., 2022).

The significant participation of male caregivers (e.g., fathers and husbands) also reflects shifting gender dynamics, where men increasingly engage in hospital care, especially for financially dependent or female family members (Penna et al., 2021). However, traditional caregiving roles remain evident among women, such as mothers and daughters, who are still widely regarded as nurturers and emotional support providers (Llamas & Magsino, 2021). The limited representation of extended relatives (e.g., cousins, in-laws) reinforces that care decisions and responsibilities typically fall on immediate family, who often feel the strongest moral and familial obligation.

Table 2.3. Watcher's Demographic Profile in terms of Age

Sex	Frequency	Percentage
Young Adulthood (18-40 Years old)	59	61.50
Middle Adulthood (41-59 Years old)	37	38.50
Total	**96**	**100.00**

Table 2.3. shows that 61.50% of watchers were in the young adulthood age group (18-40 years old), while 38.50% were in middle adulthood (41-59 years old). This suggest that young adults are more likely to serve as watchers or caregivers for hospitalized patients, likely due to their physical capability, greater availability, or cultural roles within families,though middle-aged individuals also play a significant role. Middle-aged watchers may take on caregiving due to family roles, decision-making responsibilities, or the need for experienced supervision The higher percentage of young adults may reflect their physical capability, flexible schedules, or primary caregiving responsibilities, as younger caregivers are often more mobile, available, and culturally expected to provide direct care to sick family members (Cuevas, Balbuena, & Magpantay, 2022). In Filipino households, caregiving is a shared intergenerational responsibility, and younger members are often expected to provide direct care, including hospital watch duties, especially for elderly or chronically ill relatives (Llamas & Magsino, 2021).. Middle-aged watchers, although fewer, may offer greater emotional maturity, financial support, and experience, but they also risk burnout, especially when managing their own health or professional obligations (World Health Organization [WHO], 2021).

Table 2.4. Watcher's Demographic Profile in terms of Marital Status

Civil Status	Frequency	Percentage
Single	16	16.70
Married	74	77.10
Widow	6	6.30
Separated	0	.00
Total	**96**	**100.00**

The Table 2.4 shows that a majority of watchers were married (77.10%), followed by single (16.70%), and widowed (6.30%), with no separated watchers represented. The predominance of married watchers suggests that spouses or family members in stable relationships often assume primary caregiving roles, reflecting cultural expectations that caregiving is a shared family duty, particularly within intact marital relationships (Cuevas, Balbuena, & Magpantay, 2022). Marital status often correlates with greater social and emotional support, which can facilitate the assumption of caregiving responsibilities (Penna, Santos, & Oliveira, 2021). Single watchers likely represent younger or unmarried family members who may have the physical availability and fewer competing responsibilities, thus being designated as watchers during hospitalization. In contrast, the low number of widowed individuals may indicate that older adults who have lost their spouses are more likely to rely on children or younger relatives for support, a trend commonly observed in multigenerational Filipino households (Llamas & Magsino, 2021).

The absence of separated watchers could be due to limited engagement with former spouses or family members or strained interpersonal dynamics, which often reduce the likelihood of involvement in caregiving roles (World Health Organization [WHO], 2021). It also reflects how marital stability and household structure influence caregiving patterns in hospital settings.

Table 2.5. Watcher's Demographic Profile in terms of Occupation

Occupation	Frequency	Percentage
Services	42	43.75
Unemployed/None	37	38.54
Agriculture	10	10.42
Government	7	7.29
Total	**96**	**100.00**

Table 2.5 reveals that 43.75% of watchers were employed in the services sector, followed by 38.54% who were unemployed, 10.42% in agriculture, and 7.29% in government service. The high percentage of watchers from the services sector may reflect the flexibility and variability in working hours typical of service-based jobs, which enables workers to allocate time for caregiving (Penna, Santos, & Oliveira, 2021). Occupations in services—such as retail, hospitality,

and informal work—are often less rigid than government or formal employment, making them more conducive to balancing dual roles.

The notably high proportion of unemployed watchers (38.54%) suggests that many caregivers either do not have stable jobs or have left employment temporarily to fulfill caregiving duties. According to Cuevas, Balbuena, and Magpantay (2022), informal caregiving often leads to employment disruption, particularly among women and low-income family members, as caregiving is prioritized over paid labor in many Filipino households.

The low representation of watchers from agriculture (10.42%) and government sectors (7.29%) could indicate limited flexibility in these occupations, especially in formal employment systems where leave policies or job security may not support prolonged absences for caregiving (World Health Organization [WHO], 2021). This suggests that people in structured employment may find it more difficult to assume primary caregiving roles, leaving such responsibilities to other household members who are unemployed or have flexible jobs.

Table 2.6. Demographic Profile of Watcher in terms of Health Condition of the watcher before Confinement of the Patient

Health Condition of the watcher before Confinement of the Patient	Frequency	Percentage
Poor/Not Satisfactory	1	1.99
Fair/Moderate	8	8.30
Good	71	74.00
Excellent	16	16.70
Total	**96**	**100.00**

The table shows that among the 96 watchers, 74.00% (n = 71) reported being in good health prior to patient confinement, while 16.70% (n = 16) indicated excellent health. Meanwhile, 8.30% (n = 8) described their health as fair or moderate, and only 1.99% (n = 1) rated their condition as poor or not satisfactory. These findings indicate that more than 90% of watchers perceived themselves as physically and mentally fit before assuming caregiving responsibilities. In Filipino households, caregiving roles are often assigned to family members who are perceived to be the most capable, with health status and availability serving as key considerations (Cuevas et al., 2022). This practice ensures that individuals providing hospital support can cope with the demands of extended hospital stays, emotional stress, and physically demanding tasks. Furthermore, existing literature suggests that caregivers in good health demonstrate greater resilience and experience lower levels of caregiving strain. Penna et al. (2021) emphasized that healthier informal caregivers report better quality of life and are more effective in managing caregiving responsibilities.

C. LEVEL OF CLIENT'S SATISFACTION

Table 3.1. Level of Client's Satisfaction in terms of Nursing Care Quality

Nursing Care Quality	Patient		Watcher		Overall	
	Mean	QD	Mean	QD	Mean	QD
Information Provided	3.88	VG	4.13	VG	4.00	VG
Explanation	3.69	VG	4.03	VG	3.86	VG
Ease of Access to Information	3.75	VG	3.97	VG	3.86	VG
Information Provided by Nurses	3.72	VG	3.96	VG	3.84	VG
Informing Family or Friends	3.42	VG	3.92	VG	3.67	VG
Involvement of Family or Friends in your Care	3.43	VG	4.01	VG	3.72	VG
Care and Compassion	4.18	VG	4.36	E	4.27	E
Nurses' Attention to your Condition	4.04	VG	4.13	VG	4.08	VG
Recognition of Your Preferences	3.54	VG	3.79	VG	3.66	VG
Consideration of your needs	3.82	VG	4.08	VG	3.95	VG
Routine Nursing Care	3.64	VG	3.86	VG	3.75	VG
Provision of Assistance	4.03	VG	4.21	E	4.12	VG
Nursing Staff's Response to Your Call	3.60	VG	3.90	VG	3.75	VG
Nurses' Skills and Competence	3.96	VG	4.11	VG	4.03	VG
Coordination of Care	3.60	VG	4.00	VG	3.88	VG
Comfortable and Calm Atmosphere	2.82	G	3.51	VG	3.17	G
Privacy	3.07	G	3.50	VG	3.29	G
Discharge Instructions	3.84	VG	3.92	VG	3.88	VG
Coordination of Care at Discharge	3.85	VG	3.92	VG	3.88	VG
Overall Mean	3.68	VG	3.96	VG	3.82	VG

LEGEND –

4.21-5.00 - Very Satisfied (Excellent- E)
3.41-4.20 – Satisfied (Very Good -VG)
2.61-3.40 – Nuetral/ Moderately Satisfied (Good - G)
1.81-2.60 – Unsatisfied/ Dissatisfied (Fair- F)
1.00-1.80 – Very Unsatisfied/ Dissatisfied (Poor - P)

Table 3.1 presents the level of client satisfaction among patients and watchers in terms of nursing care quality. The findings reveal an overall mean satisfaction score of 3.82, which is interpreted as Very Good (Satisfied). Patients reported a mean satisfaction score of 3.68, while watchers reported a higher mean score of 3.96, both falling within the Very Good category. These results indicate that clients generally perceived the quality of nursing care provided during hospitalization as satisfactory and commendable. Across the nineteen (19) indicators, watchers consistently reported slightly higher satisfaction scores compared to patients. This difference may be attributed to the patients' direct experience of pain, discomfort, or emotional stress during illness, which can influence their perception of care. In contrast, watchers—often family members or companions—may evaluate nursing care more objectively or positively as observers of service delivery rather than direct recipients.

Among all indicators, Care and Compassion obtained the highest overall mean score (4.27) and was interpreted as Excellent. This highlights the critical role of empathy, attentiveness, and humane interaction in nursing practice. This finding is consistent with the study of Uchmanowicz et al. (2020), which emphasized that compassion and emotional support are central determinants of patient satisfaction. Similarly, Teng et al. (2021) reported that caring behaviors and emotional engagement by nurses significantly enhance clients' overall hospital experience. Other aspects of nursing care, such as Provision of Assistance, Nurses' Attention to the Patient's Condition, and Nurses' Skills and Competence, also received high satisfaction ratings, indicating strong performance in technical competence and responsiveness. These findings reflect effective delivery of routine and supportive nursing services that contribute to positive patient outcomes.

However, relatively lower satisfaction scores were noted in Comfortable and Calm Atmosphere (overall mean = 3.17) and Privacy (overall mean = 3.29), both interpreted as Good or Moderately Satisfied. These indicators suggest areas for improvement related to the hospital environment and physical setting. Environmental factors such as noise, crowding, and limited space can affect patient comfort and perceived privacy, particularly in shared wards. Babiker et al. (2021) noted that hospital infrastructure and environmental conditions significantly influence patient satisfaction, especially in public healthcare institutions.

Meanwhile, indicators related to Discharge Instructions and Coordination of Care at Discharge both obtained high overall mean scores (3.88), reflecting effective communication and planning for post-hospital care. This is a crucial component of continuity of care, as effective discharge processes help patients and families manage recovery at home. These results support the findings of Tsai et al. (2022), who emphasized that clear discharge instructions and coordinated transition care are associated with improved patient satisfaction and reduced hospital readmissions.

Table 3.2. Level of Client's Satisfaction in terms of Overall Perception during Hospital Stay

Overall Perception during Hospital Stay	Patient		Watcher		Overall	
	Mean	QD	Mean	QD	Mean	QD
Overall quality of care and services received during the hospital stay	3.73	VG	4.04	VG	3.89	VG
Overall quality of nursing care received during the hospital stay	3.96	VG	4.08	VG	4.02	VG
Overall, I would rate my health condition as good.	3.99	VG	4.08	VG	4.03	VG
Based on the care received, I would recommend this hospital to my family and friends	4.06	VG	4.15	VG	4.10	VG
Category Mean	**3.93**	**VG**	**4.09**	**VG**	**4.10**	**VG**

LEGEND –

4.21-5.00 - Very Satisfied (Excellent- E)
3.41-4.20 – Satisfied (Very Good -VG)
2.61-3.40 – Nuetral/ Moderately Satisfied (Good - G)
1.81-2.60 – Unsatisfied/ Dissatisfied (Fair- F)
1.00-1.80 – Very Unsatisfied/ Dissatisfied (Poor - P)

As shown in Table 3.2, clients' overall perception of their hospital stay yielded a category mean of 4.10, which is interpreted as Very Good (Satisfied). Patients reported a mean score of 3.93, while watchers reported a higher mean score of 4.09, indicating a consistently high level of satisfaction across both respondent groups. These results suggest that clients generally had positive experiences during their hospital stay. Among the indicators, the highest-rated item was "Based on the care received, I would recommend this hospital to my family and friends," with an overall mean of 4.10. This finding suggests a strong likelihood of hospital recommendation, which is a key indicator of client trust, confidence, and loyalty. This result aligns with the study of Hisham et al. (2021), who emphasized that recommendation intent, often measured through Net Promoter Scores (NPS), is a strong predictor of overall patient satisfaction and institutional performance.

The overall quality of nursing care received during the hospital stay also obtained a high mean score of 4.02, reinforcing the findings presented in the previous table that nursing care plays a central role in shaping clients' hospital experiences. Consistent with this result, Teng et al. (2021) highlighted that nurses' caring behaviors, empathy, and responsiveness are among the most significant determinants of patient satisfaction in hospital settings.

Meanwhile, the lowest-rated indicator—though still within the Very Good range—was "Overall quality of care and services

received during the hospital stay," with a mean score of 3.89. This suggests minor areas for improvement, particularly in non-clinical aspects of care such as hospital facilities, administrative processes, or ancillary services. Rahimi et al. (2021) similarly noted that patients' overall perception of hospital quality is influenced not only by clinical care but also by environmental conditions and service efficiency.

Table 3.3. Summary of Client's Satisfaction Level

Dimensions	Patient		Watcher		Overall	
	Mean	QD	Mean	QD	Mean	QD
Nursing Care Quality	3.68	VG	3.96	VG	3.82	VG
Overall Perception during Hospital Stay	3.93	VG	4.09	VG	4.10	VG
Overall Mean	**3.80**	**VG**	**4.01**	**VG**	**3.92**	**VG**

LEGEND –

4.21-5.00 - Very Satisfied (Excellent- E)
3.41-4.20 – Satisfied (Very Good -VG)
2.61-3.40 – Nuetral/ Moderately Satisfied (Good - G)
1.81-2.60 – Unsatisfied/ Dissatisfied (Fair- F)
1.00-1.80 – Very Unsatisfied/ Dissatisfied (Poor - P)

Table 3.3 presents the consolidated satisfaction ratings of both patients and watchers across two major dimensions: Nursing Care Quality and Overall Perception during Hospital Stay. The overall mean satisfaction score is 3.92, interpreted as "Very Good" (Satisfied). This indicates that, in general, clients were satisfied with the services and care they received in the hospital.

When analyzed per dimension, the Nursing Care Quality received an overall mean of 3.82 (Very Good). Patients rated it at 3.68, while watchers rated it higher at 3.96. This discrepancy supports previous findings that family members or watchers often view care delivery more positively, possibly due to less direct exposure to pain, anxiety, or procedural discomfort (Babiker et al., 2021). The data aligns with Teng et al. (2021), who emphasized that effective communication, compassion, and attentiveness of nurses significantly influence patient satisfaction scores.

In terms of Overall Perception during Hospital Stay, the mean score was 4.10, still within the "Very Good" range, but notably higher than the Nursing Care dimension. This includes aspects such as general service quality, health outcomes, and willingness to recommend the hospital. This finding suggests that beyond direct nursing care, other factors—like facility cleanliness, hospital environment, coordination among staff, and overall treatment outcomes—positively affected client perceptions. According to Rahimi et al. (2021), a holistic hospital experience, encompassing both clinical and non-clinical factors, contributes significantly to a patient's satisfaction.

Notably, watchers consistently rated both dimensions higher than patients, which may indicate that patient experiences are slightly more sensitive to nuances in care quality, especially in terms of physical comfort and direct interaction with staff (Wong et al., 2020). This underlines the need to balance clinical efficiency with emotional support and personalized care.

The overall satisfaction score of 3.92 reflects a favorable evaluation of the hospital's services but also indicates opportunities for further enhancement—particularly in tailoring patient-centered care and strengthening communication and involvement of patients in their care decisions.

Table 3.4. Significant difference in the level of patient's satisfaction when Grouped According to Profile Variables

Profile Variables	p-value	Decision at .05 level
Area of Confinement	.012	Significant
Sex	.043	Significant
Age	.192	Not Significant
Marital Status	.203	Not Significant
History of Confinement for the Past Two Years	.955	Not Significant
Health Condition before Confinement	.894	Not Significant
Disposition Upon Discharge	.012	Significant
Room Setting	.036	Not Significant
Health Condition During/After Confinement	.111	Significant

As presented in the table, there was a statistically significant difference in the level of patient satisfaction when grouped according to area of confinement ($p = 0.012$), sex ($p = 0.043$), disposition upon discharge ($p = 0.012$), and room setting ($p = 0.036$), as their p-values were less than the 0.05 level of significance. This indicates that these variables influence how patients perceive their satisfaction with the nursing care and hospital services received.

Meanwhile, age ($p = 0.192$), marital status ($p = 0.203$), history of confinement in the past two years ($p = 0.955$), health condition before confinement ($p = 0.894$), and health condition during/after confinement ($p = 0.111$) yielded p-values greater than 0.05, indicating no significant difference in patient satisfaction based on these variables

Table 3.4a. Post-Hoc Test Analysis on the significant difference in the Level of Patient's Satisfaction when Grouped According to Area of Confinement/Ward

Ward	Mean	Medical	Surgery	Ob-Gyne	Pay-Amber
Medical ward	3.74	-			
Surgery ward	3.76	-0.0170	-		
OB-Gyne ward	3.83	-0.0918	-0.0747	-	
Pay-Amber	4.16	0.422	-0.405	-0.330	-

As shown in Table 3.4a, a post-hoc test was conducted to identify specific differences in patient satisfaction across the various hospital wards. The results indicate that the Pay-Amber ward had the highest satisfaction rating ($M = 4.16$), classified as "Very Satisfied", while the Medical ($M = 3.74$), Surgery ($M = 3.76$), and OB-Gyne ($M = 3.83$) wards were rated as "Satisfied."

The largest mean differences were observed between Pay-Amber and Medical (0.42), Pay-Amber and Surgery (0.40), and Pay-Amber and OB-Gyne (0.33) wards. These differences suggest that patients in the Pay-Amber ward experienced a higher level of care

satisfaction, possibly due to better room settings, enhanced privacy, and more personalized attention.

In contrast, the differences among the three general service wards (Medical, Surgery, OB-Gyne) were minimal (0.02–0.09), implying relatively similar satisfaction levels among patients in these areas.

These findings suggest that environmental conditions, ward facilities, and perceived quality of nursing services significantly affect patient satisfaction. Supporting literature affirms this observation. Omar et al. (2021) noted that patients in upgraded or private settings report better experiences due to comfort and attention. Similarly, Rathert et al. (2020) emphasized that physical environment and nurse responsiveness contribute substantially to overall satisfaction. Al-Khalisi et al. (2022) also found that room type and staff-to-patient ratio influenced patients' perception of care quality.

Table 3.4b. Significant difference in the level of patient's satisfaction when Grouped According to Sex

Sex	Mean	t-value	p-value	Decision
Male	3.89	2.06	.043	Significant
Female	3.67			

As presented in Table 3.4b, there is a statistically significant difference in the level of patient satisfaction when grouped according to sex, with a p-value of 0.043, which is less than the 0.05 significance level. This indicates that the sex of the respondent influences their satisfaction level with nursing care. Specifically, male patients reported a higher mean satisfaction score (M = 3.89) than female patients (M = 3.67). Although both means fall under the "Satisfied" category (3.41–4.20), the difference suggests that male patients perceived their hospital experience more positively than their female counterparts.

This finding aligns with studies indicating that male and female patients may have different expectations and perceptions of care. Bahrami et al. (2020) observed that male patients often focus on technical competence and procedural efficiency, which may lead to higher satisfaction when these needs are met. In contrast, female patients may value relational aspects of care, such as communication, empathy, and emotional support, more heavily—areas that, when unmet, may lower satisfaction (Naveed et al., 2021).

Table 3.4c. Significant difference in the level of patient's satisfaction when Grouped According to Disposition Upon Discharge

Disposition	Mean	t-value	p-value	Decision
buhay na nailabas	3.99	2.57	.012	Significant
kasalukuyang naka confine	3.71			

As shown in Table 3.4 c, there is a significant difference in the level of patient satisfaction when grouped according to disposition upon discharge, as indicated by the p-value of 0.012, which is less than the 0.05 significance level. Patients who were discharged alive reported a higher mean satisfaction score (M = 3.99) compared to those who were still confined at the time of data collection (M = 3.71). This suggests that patients who have completed their treatment and experienced improvement in their health tend to have a more favorable perception of the nursing care they received. According to Kim, Park, and Kim (2021), patients' readiness and condition at discharge significantly influence their overall satisfaction, as those who perceive their recovery as successful are more likely to rate their care positively. Similarly, Dehghan, Ghaedi Heidari, and Nahrisamarie (2020) found that positive health outcomes correlate strongly with satisfaction, reinforcing that recovery status plays a vital role in shaping patient evaluations of care.

Table 3.4d. Significant difference in the level of patient's satisfaction when Grouped According to Room Setting

Room Setting	Mean	t-value	p-value	Decision
Na walang kasama/bantay	4.16	2.14	.036	Significant
May dalawa o higit pa na kasama/bantay	3.77			

As presented in Table 3.4d, there is a significant difference in the level of patient satisfaction when grouped according to room setting, as shown by a p-value of 0.036. Patients who were confined in rooms without companions or watchers reported a higher mean satisfaction score (M = 4.16), indicating they were very satisfied, compared to those with two or more companions in the room (M = 3.77), who were categorized as satisfied

.

This result implies that room privacy and a less crowded environment positively influence patients' perception of care and overall hospital experience. According to Omar et al. (2021), patients in private or quieter settings reported significantly higher satisfaction due to reduced noise and better rest. Similarly, Rathert, Wyrwich, and Boren (2020) emphasized that physical space and the quality of the care environment are strong predictors of patient satisfaction. These findings suggest that improving room conditions and managing crowding in hospital wards can enhance patient satisfaction levels.

Significant difference in the Level of Patient Watcher's Satisfaction when Grouped According to Profile Variables

Table 4. Significant difference in the Level of Patient Watcher's Satisfaction when Grouped According to Profile Variables

Profile Variables	P-value	Decision at .05 level
Sex	.644	Not Significant
Age	.383	Not Significant
Marital Status	.499	Not Significant
Occupation	.350	Not Significant
Relationship to the patient	.083	Not Significant
Health Condition before Confinement	.066	Not Significant

As presented in Table 4, there was no significant difference in the level of patient watcher's satisfaction when grouped according to their profile variables, as all p-values were greater than the 0.05 level of significance. This includes sex (p = .644), age (p = .383), marital status (p = .499), occupation (p = .350), relationship to the patient (p = .083), and health condition before confinement (p = .066). This indicates that the level of satisfaction reported by patient watchers was not influenced by their demographic characteristics or personal health conditions.

IV. DISCUSSION

The findings of the study revealed a generally high level of patient and watcher satisfaction with nursing care at Cagayan Valley Medical Center (CVMC). The overall mean score for nursing care quality was interpreted as "Satisfied (Very Good)" (Mean = 3.82), while the dimension of care and compassion received the highest ratings, even reaching an "Very Satisfied (Excellent)" level among watchers. This reflects the critical role of empathy, communication, and clinical attentiveness in fostering trust and positive hospital experiences (Uchmanowicz et al., 2020; Teng et al., 2021).

Demographically, the majority of patients were young adults (18–40 years old), male, and married, with the highest proportions confined in the Medical and Surgical wards. Interestingly, no patients were recorded in the Pediatric Ward, as the research tool was administered only to adult patients, while pediatric respondents were represented through their watchers. This demographic pattern is consistent with earlier studies linking higher hospital admission rates in younger and middle-aged adults to work-related stress and lifestyle-associated illnesses (Sayah et al., 2020; Johnson et al., 2021).

In terms of disposition upon discharge, only 34.30% of patients had been discharged alive at the time of data collection, while 65.70% remained confined. This suggests that many respondents were still undergoing treatment for chronic or acute conditions requiring extended hospital stays. According to the World Health Organization (2023), patient disposition is a strong indicator of treatment response and system efficiency, and prolonged confinement may signal resource limitations or complex disease management.

Furthermore, the room setting showed that 91% of patients were housed in shared rooms with two or more companions, reinforcing the cultural expectation in Filipino families of collective caregiving during illness (Cuevas et al., 2022). While this setup promotes emotional support, it may also introduce challenges such as reduced privacy and increased risk of infection. Notably, room setting was found to have a significant effect on satisfaction levels, consistent with studies highlighting the influence of environmental conditions on patient well-being (Smith & Doe, 2020).

The study's inferential analysis also revealed significant differences in patient satisfaction levels when grouped according to sex, area of confinement, disposition upon discharge, and room setting. Male patients, those admitted to surgical and private-pay wards, and those discharged in stable condition reported higher satisfaction. These findings affirm earlier literature where men expressed more satisfaction due to less emotionally driven expectations, and patients in surgical units rated care more positively due to visible treatment outcomes and intensive nurse involvement (Otani et al., 2021; Aga et al., 2021).

Importantly, the study revealed that 94% of respondents expressed willingness to recommend CVMC to others, with an overall hospital stay rating of Mean = 4.10, reflecting institutional trust and patient loyalty. This aligns with the growing emphasis on hospital reputation and quality indicators in public healthcare systems (Babiker et al., 2021).

Taken together, the results validate the effectiveness of CVMC's nursing care delivery and highlight the importance of humanized care, structural environment, and patient engagement in enhancing satisfaction. However, areas like privacy, room overcrowding, and discharge education still require targeted policy interventions.

V. CONCLUSION AND RECOMMENDATIONS

The study concludes that patient and watcher satisfaction at Cagayan Valley Medical Center (CVMC) is generally high, with an overall mean of 3.92 ("Very Good") and nursing care quality specifically rated at 3.82 (Very Good). Care and compassion received the highest scores, particularly from watchers, indicating that empathy and attentiveness are central to positive experiences. Patient satisfaction varied significantly based on area of confinement, sex, disposition upon discharge, and room setting, while watcher satisfaction was largely unaffected by demographic factors, highlighting that their perceptions are shaped more by communication, responsiveness, and emotional support from nurses than by personal characteristics.

The findings suggest that CVMC's nursing care is effective, but improvements in hospital environment and patient-centered practices could further enhance satisfaction. Recommendations include enhancing privacy and comfort in general wards, standardizing discharge education, tailoring care to individual patient needs, and continuing staff training in compassionate communication. At the policy level, infrastructure improvements and patient experience-focused strategies are advised. Overall, the study underscores that combining humanized care with supportive hospital environments is key to achieving high satisfaction and positive hospital experiences.

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