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## HOSPITAL SERVICES AND PATIENT SATISFACTION IN A LEVEL II HOSPITAL

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### ABSTRACT

**Nature and Scope of the Paper:** This study is aimed to determine the Hospital Services and Patient Satisfaction in a Level II hospital using a questionnaire.

**Objective or Purpose:** The researcher was motivated to conduct this study because of the comments written by the patients or significant others on the survey questionnaire distributed to them prior to discharge. The survey questionnaire assessed the over-all experience with their hospital stay. Some comments reveal honest reviews that needs improvement or intervention on the part of the hospital. Aside from the comments, the researcher was able to receive complaints on late arrival of doctors, partial bill of patients not properly discussed, long queue in health insurance claims, billing process takes time. These made the researcher realize that there is a need to assess patient's satisfaction in certain areas in the hospital specifically those that are immediately in contact with the patient such as medical services, nursing services, financial services and the ancillary services in order to address the gaps; improve outcomes including patient experiences.

**Research Method:** This study used quantitative, descriptive, correlation and comparative design. The targeted participants of this study were 100 patients who were admitted at least

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2 days in any areas of the hospital namely Medical, Surgery and OB that do not have any complications. The participants of this study should be atleast 18 to 59 years old that are coherent and capable of answering questions on their own. health condition regardless of gender, the reason of admission, type of accommodation and diagnosis. Those patients who were under critical care were excluded in this study. To determine the number of participants in the study, random sampling technique was utilized; random sampling technique was also used in recruiting the participants.

**Results:** It showed that the Age of the respondents is significant to the level of patient satisfaction; That, the educational attainment of the respondents were significant to the extent of hospital services and patient satisfaction and Ancillary services were significant to patient satisfaction.

**Conclusion:** The management must address the need to improve the services provided by the hospital, specifically the ancillary services that cater to the varied and immediate needs of the patients. The hospital management and its staff will identify, and craft the training needs of personnel involved in dealing with the patients. Formulate more scientific and reasonable service quality evaluation indicators from the perspective of patients and conduct patient-oriented scientific quality management. It is recommended, therefore, to continue to evaluate the areas under study and to explore other areas of the hospital that needs improvement. It is necessary to conduct further study and periodic assessment of health services delivery in regard to patient satisfaction.

**Keywords:** *Hospital Services, Patient Satisfaction*

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## INTRODUCTION

Patient satisfaction is an essential and widely used criterion for assessing the quality of health services. Clinical results, patient retention, and medical malpractice charges are all impacted by patient satisfaction. It has an impact on the prompt, effective, and patient-centered provision of high-quality care. (Prakash 2010) Additionally, the degree of agreement between a patient's expectations of the optimum level of care and their impression of the actual level of care they receive is known as patient satisfaction. Furthermore, it helps in the evaluation of medical services from the perspective of the patient. It also helps with problem-solving ideas generation and problem-area identification (Abera, 2017).

Patient satisfaction is becoming a more crucial factor in quality care reforms and overall health care delivery across the United States of America and Europe. Patient satisfaction studies, however, are complicated by a dual focus: while some researchers concentrate on patient satisfaction with the type and quality of healthcare services received, others focus on people's satisfaction with the health system more broadly. There is also no universally recognized definition or measure for patient satisfaction. For instance, contented patients are more likely to comply to treatment plans, being responsive, and participative (Bleich, 2007). Moreover, studies show that elements of the hospital work environment, including a better patient-to-nurse ratio, nurse engagement in decision-making, and favorable doctor-nurse relationships, are linked to better patient outcomes, including mortality.

The researcher was motivated to conduct this study because of the comments written by the patients or significant others on the survey questionnaire distributed to them prior to

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discharge. The survey questionnaire assessed the over-all experience with their hospital stay. Some comments reveal honest reviews that needs improvement or intervention on the part of the hospital. Such feedback containing comments like: "hospital staff should be more enthusiastic in taking care and rendering care to their patient"; "Dieticians must be aware of food that should react to allergies to the patient"; Changing of bedding is not updated"; Laboratory schedule should be convenient enough for the needs of every patient". Aside from the comments, the researcher was able to receive complaints on late arrival of doctors, partial bill of patients not properly discussed, long queue in health insurance claims, billing process takes time. These made the researcher realize that there is a need to assess patient's satisfaction in certain areas in the hospital specifically those that are immediately in contact with the patient such as medical services, nursing services, financial services and the ancillary services in order to address the gaps; improve outcomes including patient experiences.

Further, the results of the research study will guide hospital management practice, education, and research that the outcomes will serve as basis for improvement and crafting of training needs for the management and staff. It will also encourage to enhance deficiencies; modify crudeness and enrich hospital services including experiences.

### ***Theoretical Framework***

As this study focuses on patients' satisfaction with hospital operating services like housekeeping, dietary services, and laboratory, it is based on Frederick Taylor's Scientific Management theory, which was developed techniques for improving the efficiency of the work

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process in the book *The Principles of Scientific Management* (2010). In order to identify the ideal quantity of work that could be completed within a specific length of time, Taylor's method involved testing the completion of various jobs. According to Taylor's management philosophy, businesses should discover the best approach to complete a task, teach employees on how to handle each component, and build up a fair system of rewards for increased production.

Whether the patient was present while the room was cleaned or was elsewhere, it's critical to take their perception into account. Patients' opinions on how clean a room should be and why it matters to them vary as well. Patients consider cleanliness to be a sign of quality and safety. Patients search for signs that give them a sense of safety and high-quality care because they are unable to assess the environment as a professional would. Patients experience risk when they observe something that gives them the impression that the surroundings are unclean. We must understand that infection rates and hygiene are related, and that this problem extends beyond the realm of hospitality (Kehoe, 2013).

On a satisfaction rating, the quality of the food served in hospitals scored the lowest out of 10. Since then, hospital food service has seen a significant transformation that includes hiring chefs, utilizing more seasonal and fresh ingredients, providing cook-to-order room service, and expanding the variety of options for each meal 2011 (American Diabetes Association).

As it focuses on the aspects of patient interaction between the doctor and nurse, this study is also anchored to Hildegard Peplau's Interpersonal Relations Theory. This idea aids in the development of more therapeutic clinical interventions by nurses and other healthcare

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professionals. A nurse who is specially trained to notice and respond to the need for assistance interacts therapeutically with a patient who is ill or in need of medical care. It is a "educative tool and a force for maturation" that involves dialogue between two or more people working toward a common objective. The orientation phase, identification phase, exploitation phase, and resolution phase are the four stages of a therapeutic patient interaction. Peplau also listed the following responsibilities in the therapeutic relationship: acting as a stranger, resource, teacher, leader, surrogate, counselor, and technical support.

### **Conceptual Framework**

This study aims to determine the relationship between hospital services and patient satisfaction in a level 2 hospital. This study is composed of independent, dependent and intervening variables as shown in Figure 1.

The Independent variable of this study will measure the extent of hospital services provided in terms of the following: ancillary services, medical services, nursing services and financial services. While the dependent variables of this study will measure the level of patient satisfaction in terms of the following variables: ancillary services, medical services, nursing services and financial services. Moreover, the profile of the respondents such as age, sex, educational attainment, and monthly family income serves as the intervening variable of the study.

Furthermore, the study would like to know the significant relationship between the independent variable which is the hospital services to the dependent variable which is the

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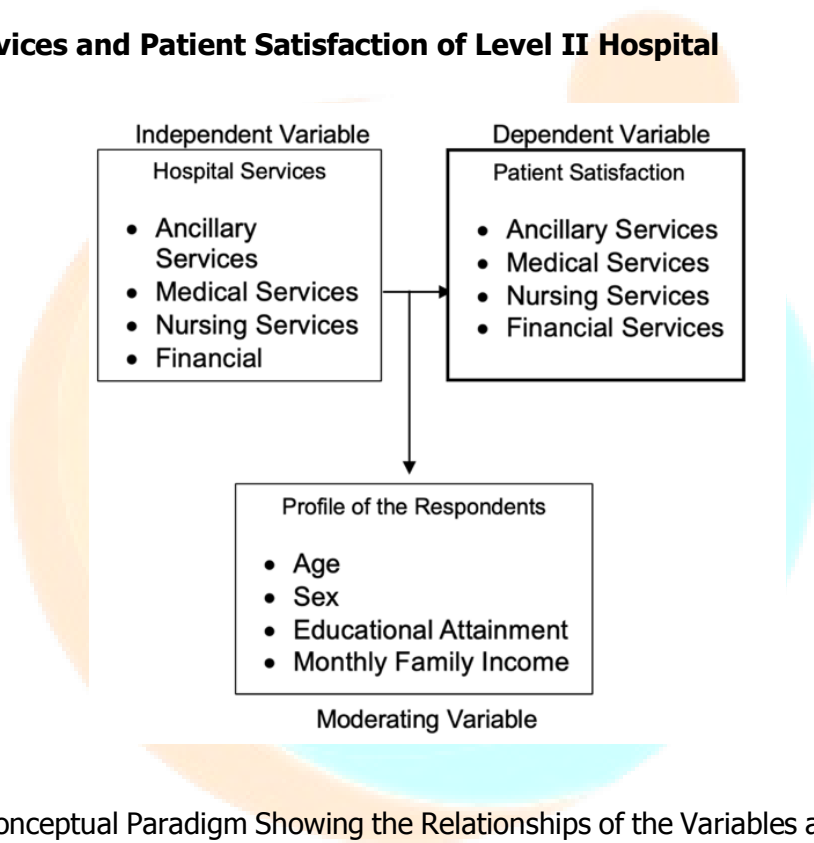
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patient's satisfaction. This study will also measure the significant difference between the independent variable and the dependent variable when grouped according to the profile of the respondents which is the intervening variable. The intervening variables may or may not have a great effect on the independent and dependent variable when their significant relationship and difference is tested.

### Hospital Services and Patient Satisfaction of Level II Hospital



**Figure 1.** A Conceptual Paradigm Showing the Relationships of the Variables as shown above.

### Statement of the Problem

This study aimed to determine the relationship between hospital services and patient satisfaction in a Level 2 hospital.

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Specifically, there is a need to answer the following questions:

1. What is the profile of the respondents in terms of:
  - a. Age,
  - b. Sex,
  - c. Educational Attainment and
  - d. Monthly Family Income?
2. What is the extent of hospital services provided in terms of:
  - a. Ancillary Services,
  - b. Medical Services,
  - c. Nursing Services and
  - d. Financial Services?
3. What is the level of patient satisfaction in terms of:
  - a. Ancillary Services,
  - b. Medical Services,
  - c. Nursing Services and
  - d. Financial Services?
4. Is there a significant relationship between the extent of hospital services provided and level of patient satisfaction?
5. Is there a significant difference in the extent of hospital services provided and level of patient satisfaction when grouped according to the profile of the respondents?

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## Hypothesis

The hypothesis will be tested at a 0.05 level of significance.

**Ho<sub>1</sub>.** There is no significant relationship between the extent of hospital services provided and level of patient satisfaction.

**Ho<sub>2</sub>.** There is no significant difference in the extent of hospital services provided and level of patient satisfaction when grouped according to Age, Sex, Educational Attainment and Monthly Financial Income.

## METHOD

Presented in this section are the descriptions of the study design, setting, the participants, measures, and the procedures that the researcher used in gathering the data.

### *Design*

This study used quantitative, descriptive, correlation and comparative design. It is descriptive because it seeks to describe the profile of the respondents and the level of patient's satisfaction. It is Correlation because it investigates the relationship between the profile of the respondents and the level of patient's satisfaction. It is Comparative because it seeks to find relationships between independent and dependent variables after an action or event has already occurred.

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## **Study Site**

The study was conducted in a Level II hospital in Butuan City, Agusan del Norte. The hospital was chosen as the setting for the study because of its accessibility and the go-to hospital in the area with admissions that met the desired sample size. This 100-bed capacity is a Philhealth Accredited health institution which is located at the heart of the city that caters to patients from adjacent cities and municipalities within CARAGA Region who has OB/Gyne, Pediatric and Medical and Surgical Cases. Further, it is the only private hospital in the area with an ISO 2001-2015 accreditation and a Laboratory with Tertiary Level Accreditation.

## **Participants**

The health institution has a 100-bed capacity. The participants of this study were 100 patients who were admitted at least 2 days in any areas of the hospital namely Medical, Surgery and OB that do not have any complications. The participants of this study were 18 to 59 years old that were coherent and capable of answering on their own regardless of gender, the reason of admission, type of accommodation and diagnosis. Patients who were under critical care were excluded in this study.

The participants of this study were selected thru random sampling technique, random sampling technique was also used in recruiting the participants.

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**Measures**

The informed consent was read and explained to the participants and was retrieved before the data was gathered.

The list of participants was taken from the Nursing Service and were randomly selected based on the criteria and were kept confidential.

The study utilized a researcher-made questionnaire based on the variables stated in the statement of the problem.

The questionnaire was submitted to the panel of evaluators for validation and to establish reliability and validity. Based on the findings, revisions were made and improved the construction of the items and instrument. Further, to determine the reliability of the questionnaire, Cronbach's alpha was used to test the reliability which was conducted by a statistician before the pilot testing was conducted.

The instrument has two sets of information. First part was the demographic data of the participants like the age, sex, educational attainment, and fixed monthly income. Second part discussed on the extent of the Hospital services and Patient's satisfaction.

The data gathered was interpreted using the following statistical treatment: the Likert scale, mean, percentage and frequency count. The Likert Scale below (Table 1) was utilized to answer the questions relevant to hospital services provided by the hospital. The response was measured in terms of score from items 1 to 5 with corresponding description and interpretation.

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Level	Scale	Description	Interpretation
5	4.20-5.0	Very High	The indicator is provided in all situations
4	3.40-4.19	High	The indicator is provided in most situations
3	2.60-3.39	Moderate	The indicator is provided in some situations
2	1.80-2.59	Low	The indicator not provided in most situations
1	1.00-1.79	Very Low	The indicator is not provided in any situations

The questionnaire utilized a five-point Likert Attitudinal Scale to determine the extent of patient satisfaction because of the services received while admitted at the hospital. The patient satisfaction was measured in terms of score from items 1 to 5 with corresponding description and interpretation.

Level	Scale	Description	Interpretation
5	4.20-5.0	Very High	The indicator is felt in all situations
4	3.40-4.19	High	The indicator is felt in most situations
3	2.60-3.39	Moderate	The indicator is felt/ not felt in some situations
2	1.80-2.59	Low	The indicator not felt in most situations
1	1.00-1.79	Very Low	The indicator is not felt in any situations

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According to Sullivan (2013), Likert-type scales can be used in performance and outcome assessments, particularly when a researcher aims to measure fewer concrete ideas as needs, motivation, satisfaction, and confidence. To interpret the data gathered, the Likert scale below will be utilized to answer the questions relevant to patient’s satisfaction.

## RESULTS

This section presents the results, analysis, and interpretation of the gathered data in the study. The data was gathered among 100 respondents through a face-to-face interview.

The tables below will show the profile of the respondents, extent of hospital services, the level of patient satisfaction, the significant relationship between hospital services and level of patient satisfaction and the significant difference in the extent of hospital services provided and level of patient satisfaction.

Table 1  
*Distribution of the Profile of the Respondents*

Profile		Frequency	Percent
Age (in years)	21-40	55	55
	41-60	45	45
	Total	100	100
Sex	Female	63	63
	Male	37	37
	Total	100	100
Educational Attainment	Elementary graduate	2	2
	High school graduate	3	3
	College level	3	3
	College graduate	90	90
	Master's units	2	2
Total	100	100	
Monthly Income	Between Php 11001 - Php 22000	51	51
	Between Php 22001 - Php 44000	45	45
	Between Php 44001 - Php 77000	4	4
	Total	100	100

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Table 2

### Extent of Hospital Services in terms of Ancillary Services

Ancillary services	Mean	Verbal Description
The ancillary staff provides... Ang tigdamala sa ancillary...		
1. A complete lists of available Diagnostic/Radiologic Tests to clients (Nagahatag ug kumpleto na lista sa mga anaa nga mga diagnostic ug radiologic tests)	4.78	Very High
2. Timely release of laboratory results (Nagahatag ug tukma sa oras na pagpagawas sa resulta sa mga laboratory)	4.78	Very High
3. Medicines that are available and affordable at the inpatient pharmacy (Nagahatag ug mga tambal nga anaa ug barato sa pamilya nga anaa sa sulod sa ospital)	4.70	Very High
4. Appropriate foods to meet patient's nutritional requirements, considering their medical condition, dietary and cultural restrictions. (Nagahatag ug mga insaktong pagkaon sa mga pasyente base sa ilang mga panginahanglanon)	4.83	Very High
5. Adequate cleaning and disinfection of all spaces, facilities and equipment. (Nagahatag ug insaktong pagpanglimpyo sa tanang mga espasyo, pasilidad ug mga gamit)	4.64	Very High
<b>Category Mean</b>	<b>4.75</b>	<b>Very High</b>

Legend: Very High 4.-5.0; High 3.40-4.19; Moderate 2.60-3.39; Low 1.80-2.59; Very Low 1.00-1.79

Table 4

### Extent of Hospital Services in terms of Nursing Services

Nursing Services	Mean	Verbal Description
The nurses provide ... Ang nars...		
1. Individualized care are tailored to your health condition. (nagahatag ug tagsa tagsa na pag-atiman nga na angay sa kondisyon sa pasyente)	4.63	Very High
2. Patient and family education regarding medication administration, diet management and disease management. (nagahatag ug edukasyon sa pasyente ug pamilya mahitungod sa paghatag sa tambal, pagdumala sa pagkaon ug sakit)	4.58	Very High
3. Correct administration of medication (nagahatag ug insaktong tambal)	4.80	Very High
4. Monitor Vital Signs (nagamonitor ug vital signs sama sa BP, Temperatura)	4.82	Very High
5. Routine services directed toward the prevention of injury or illness. (Nagahatag ug mga serbisyo mahitungod sa paglikay sa mga kadaot sa lawas ug sakit)	4.72	Very High
<b>Category Mean</b>	<b>4.71</b>	<b>Very High</b>

Legend: Very High 4.-5.0; High 3.40-4.19; Moderate 2.60-3.39; Low 1.80-2.59; Very Low 1.00-1.79

Table 3

### Extent of Hospital Services in terms of Medical Services

Medical Services	Mean	Verbal Description
The physician provides ... (Ang doctor)		
1. Thorough physical assessment. (nagahatag ug hingpit na pagsusi sa lawas)	4.89	Very High
2. Order for a blood test, x-ray, or other diagnostic test for you. (nagaorder sa pagsusi sa dugo, x-ray ug uban pang mga diagnostic test)	4.92	Very High
3. Sufficient information about your diagnosis/ illness. (nagahatag ug insaktong impormasyon mahitungod sa sakit)	4.94	Very High
4. Clear and understandable information regarding your treatment. (nagahatag ug klaro ug dali masabtan nga impormasyon mahitungod sa pagtambal sa pasyente)	4.90	Very High
5. Drug prescription and therapeutic alternatives that are cost-effective. (nagahatag ug reseta sa tambal ug mga terapyutik na alternatibo na barato ug epektibo)	4.90	Very High
<b>Category Mean</b>	<b>4.91</b>	<b>Very High</b>

Legend: Very High 4.-5.0; High 3.40-4.19; Moderate 2.60-3.39; Low 1.80-2.59; Very Low 1.00-1.79

Table 5

### Extent of Hospital Services in terms of Financial Services

Finance Services	Mean	Verbal Description
Ang serbisyo sa finance...		
1. Assistance in processing hospital bills (nagahatag ug tabang sa pagproseso sa mga bayranan sa ospital)	4.51	Very High
2. Details of the statement of account (nagahatag ug detalye sa mga bayrunon sa ospital)	4.52	Very High
3. Daily partial bill as a helpful reminder to all admitted patients. (nagahatag ug inadlaw-adlaw nga pagsusi sa bayrunon sa mga pasyente)	4.59	Very High
4. Sufficient information as to the documents needed to avail of hospital/ government assistance. (nagahatag ug insaktong impormasyon sa mga dokumento na kinahanglanun arun makapahimulos sa mga tabang sa ospital ug gobyerno)	4.63	Very High
5. Assistance with financial concerns such as insurance coverage and billing. (nagahatag ug tabang mahitungod sa mga pinansyal na problema sama sa unsay sakop sa insurance ug mga bayrunon sa ospital)	4.61	Very High
<b>Category Mean</b>	<b>4.57</b>	<b>Very High</b>

Legend: Very High 4.-5.0; High 3.40-4.19; Moderate 2.60-3.39; Low 1.80-2.59; Very Low 1.00-1.79

Table 6

### Level of Patient Satisfaction in terms of Ancillary Services

Ancillary Services	Mean	Verbal Description
I am satisfied with the ... Natagbaw ko sa mga...		
1. Timely release of laboratory results. (Nagahatag ug tukma sa oras na pagpagawas sa resulta sa mga laboratory)	4.54	Very High
2. Competence of the laboratory and radiologic staff in explaining and performing laboratory tests and diagnostic tests. (Kahanas sa mga tao sa laboratoryo sa pagpasabot sa mga gipangbuhat na mga laboratoryo and diagnostic tests)	4.62	Very High
3. Availability of affordable and quality medicines in the pharmacy. (Pagbaton ug barato ug nay kalidad na mge medisina sa pamilya)	4.45	Very High
4. Timely delivery of food. (Paghatag sa pagkaon sa tukma nga oras)	4.65	Very High
5. Cleanliness of the room and comfort room. (Kalimpyo sa kwarto ug kasilyas.)	4.11	High
<b>Category Mean</b>	<b>4.47</b>	<b>Very High</b>

Legend: Very High 4.-5.0; High 3.40-4.19; Moderate 2.60-3.39; Low 1.80-2.59; Very Low 1.00-1.79

Table 7

### Level of Patient Satisfaction in terms of Medical Services

Medical Services	Mean	Verbal Description
I am satisfied with the ... Natagbaw ko sa mga...		
1. Information given to me by the physician regarding my health condition. (Impormasyon nga gihatag sko sa doctor mahitungod sa akong kondisyon)	4.90	Very High
2. Explanation of my test result, medication, laboratory test and treatment plan. (Pagpasabot sa mga laboratoryo result, sa tambal ug ang plano sa pagtambal)	4.86	Very High
3. Time spent by the physician during medical consultation. (Oras na gihatag sa doctor sa panahon sa pgkonsulta)	4.89	Very High
4. Care I receive from my attending physician. (Pag-atiman na gihatag sa doctor)	4.89	Very High
5. Answers given by the physician regarding my health concerns and queries. (Tubag na gihatag sko sa doctor mahitungod sa akong mga pangutana)	4.87	Very High
<b>Category Mean</b>	<b>4.88</b>	<b>Very High</b>

Legend: Very High 4.-5.0; High 3.40-4.19; Moderate 2.60-3.39; Low 1.80-2.59; Very Low 1.00-1.79

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Table 8  
Level of Patient Satisfaction in terms of Nursing Services

Nursing Services	Mean	Verbal Description
I am satisfied with the... Natagbaw ko sa mga...		
1. Physical care given by the nurses in carrying out treatments and medications on time. (Pag-atiman na gihatag sa nars sa pagtambal ug paghatag ug tambal sa saktong oras)	4.43	Very High
2. Assistance I get from the nurses in getting in and out of bed and other activities (hygiene and self-care) Gihatag na tabang sa mga nars sa pagpatindug ug pagpahigda sa katre ug sa uban pang mga buluhatun	4.25	Very High
3. Promptness of nurses in answering patient needs. (Kapaspas sa mga nurses pagtubag sa akong mga panginahanglanun)	4.35	Very High
4. Teaching and patient education given by the nurse to me and my family. (Pagtudlo na gihatag sa nars sa ako ug sa akong pamilya)	4.28	Very High
5. Attention and time spent by the nurse in providing care. (Pagtagad ug oras na gihatag sa nars sa pag-amuma)	4.27	Very High
Category Mean	4.32	Very High

Legend: Very High 4.-5.0; High 3.40-4.19; Moderate 2.60-3.39; Low 1.80-2.59; Very Low 1.00-1.79

Table 9  
Level of Patient Satisfaction in Terms of Financial Services

Finance Services	Mean	Verbal Description
I am satisfied with the... Natagbaw ko sa mga...		
1. Assistance given to me in processing hospital bills for discharge. (Gihatag na pagtagad sa pagproseso sa mga bayrunon para makagawas sa ospital)	4.37	Very High
2. Immediate attention and action on my inquiry. (Dinalian na pagtagad ug paghatag ug aksyon sa akong mga pangutana.)	4.40	Very High
3. Given instructions on how to avail of PHIC/Government assistance. (Gihatag na mga instruksiyon sa pagpahimulos sa Philhealth o sa mga tabang na ihatag sa gobyerno.)	4.47	Very High
4. Courtesy and friendly manner of finance staff. (Mabi-abihon na pagtagad sa mga nagdumala sa finance services)	4.51	Very High
5. Process of admission and discharge. (Proseso sa pagpasulod ug pagpagawas sa ospital)	4.23	Very High
Category Mean	4.40	Very High

Legend: Very High 4.-5.0; High 3.40-4.19; Moderate 2.60-3.39; Low 1.80-2.59; Very Low 1.00-1.79

Table 10  
Significant Difference in the Extent of Hospital Services Provided and Level of Patient Satisfaction when Grouped According to Respondents Profile

Respondents Profile	t-value	p-value	Decision	Interpretation	
Age	Hospital Services	2.47	0.21	Accept Ho	Not Significant
	Patient Satisfaction	1.24	0.01*	Reject Ho	Significant
Sex	Hospital Services	1.64	0.09	Accept Ho	Not Significant
	Patient Satisfaction	0.61	0.54	Accept Ho	Not Significant
Educational Background	Hospital Services	5.91	0	Reject Ho	Significant
	Patient Satisfaction	2.67	0.03	Reject Ho	Significant
Family Income	Hospital Services	1.50	0.14	Accept Ho	Not Significant
	Patient Satisfaction	1.98	0.22	Accept Ho	Not Significant

\*significant at alpha = 0.05

Table 11  
Significant Relationship between the Extent of Hospital Services Provided and Level of Patient Satisfaction when grouped according to Patient's Satisfaction

Dependent Variable	Independent Variable	Pearson Coefficient	p-value (as independent variable)	p-value (per indicator in the independent variable)
Patients' satisfaction	medical services	0.633	0	0.254
	nursing services			0.631
	financial services			0.473
	ancillary services			0.001

Table 12  
Significant Relationship between the Extent of Hospital Services Provided and Level of Patient Satisfaction when grouped according to Medical Services

Dependent Variable	Independent Variable	Pearson Coefficient	p-value (as independent variable)	p-value (per indicator in the independent variable)
Medical services	medical services	0.813	0	0
	nursing services			0.016
	financial services			0.698
	ancillary services			0.003

Table 13  
Significant Relationship between the Extent of Hospital Services Provided and Level of Patient Satisfaction when grouped according to Nursing Services

Dependent Variable	Independent Variable	Pearson Coefficient	p-value (as independent variable)	p-value (per indicator in the independent variable)
Nursing Services	medical services	0.473	0	0.996
	nursing services			0.041
	financial services			0.436
	ancillary services			0.021

Table 14  
Significant Relationship between the Extent of Hospital Services Provided and Level of Patient Satisfaction when grouped according to Financial Services

Dependent Variable	Independent Variable	Pearson Coefficient	p-value (as independent variable)	p-value (per indicator in the independent variable)
Financial Services	medical services	0.593	0	0.323
	nursing services			0.997
	financial services			0.008
	ancillary services			0.035

Table 15  
Significant Relationship between the Extent of Hospital Services Provided and Level of Patient Satisfaction when grouped according to Ancillary Services

Dependent Variable	Independent Variable	Pearson Coefficient	p-value (as independent variable)	p-value (per indicator in the independent variable)
Ancillary Services	medical services	0.571	0	0.968
	nursing services			0.88
	financial services			0.852
	ancillary services			0

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## DISCUSSION

Based on the results, more than half of the respondents were aged 21-40 years old. According to Erik Erikson Psychosocial Stage of Development this age group belongs to early adulthood. Based on a self-directed learning module of Memorial Care Orange Coast Medical Center (2021) the developmental task of developing a career, maintaining a home and raising children can be significantly impacted by illness. The result may be a patient who feels out of control and frustrated or frightened by the inability to continue the tasks. Consideration of the impact of hospitalization or illness is necessary for the patient or family to plan for this period.

In a survey conducted by the National Library Medicine (2007) it demonstrated that not all patients will perceive the care they receive in the same manner. Young adult patients are least likely to be satisfied and do not understand the necessity of long waits. On the other hand, in general, older patients were more satisfied than younger ones, and the proportion of older patients who reported excellent or very good health was the highest (Rahmqvist, 2010). Additionally, satisfaction scores have a complicated relationship with age, rising until the age of 65 to 80 and then falling. In general, older patients and patients in better overall health seem to have higher levels of satisfaction (Jaipul, 2003).

Based on table 1, 63% percent of the respondents were female, although there isn't much of a gender gap in overall patient satisfaction ratings, it's interesting to note that the emergency room is the only service that men rate higher than women. This conclusion is significant because, in contrast to women, males frequently seek episodic care at the

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emergency room rather than establishing a long-term connection with a primary care physician (Blizzard, 2002).

When it comes to access to healthcare and how women and men are positioned as consumers and providers of that care, gender is a key indicator of social and economic vulnerability. It is a significant indicator of inequality and disadvantage in relation to health care in most developing country contexts, which may cut across poverty indicators. Therefore, gender should be a key factor in determining how equitable health care is (Standing, 1997).

As to the respondent's educational attainment, most of them or 90% were college graduates, Health care professionals are particularly interested in patient happiness. An investigation by Wallin et al Al (2000) sought to determine whether a patient's educational background and other factors affected how satisfied they were with short-stay surgery. The results showed that the 275 patients were quite satisfied with the care. The data did not suggest an association between age or gender and patient satisfaction, however there is some consensus implying that patients with a higher educational level had a different perception of the care offered than patients with lower educational background. These individuals, who typically lack a basis for comparison, have the most trouble evaluating what is offered due to their lesser educational backgrounds. Consumers assess factors they can evaluate, such as politeness, responsiveness, attentiveness, and perceived competence, to make judgments about quality (Singh et. al, 1999). Because a sizeable majority of the participants in Singh's (1999) study were illiterate, self-administered questionnaires were inappropriate, and trained people instead conducted interviews on typical clinic days. It was shown that 73.1% of

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respondents indicated satisfaction with the guidance provided by healthcare experts, while 13.7% voiced dissatisfaction. As one's educational level increased from "some elementary" to "finished secondary," their level of contentment decreased.

On monthly income, 51% has an income between Php 11,001 – Php 22,000. According to a study done by the Blue Shield of California Foundation (2011), many low-income patients stated that they didn't have enough options for their healthcare providers at the time because, in their opinion, one of the most important and crucial factors influencing the decision of the providers was cost.

According to the Commonwealth Fund, patients or clients with low yearly incomes are more likely to forego routine checkups at the hospital or doctor visits, which has a negative impact on both the patients' pleasure and perception of the quality of the treatment provided. Some patients immediately link the level of care offered to them and their medical bills or prices, particularly those who are unable to pay their bills on time or by the deadline for the services they received. It was stated that patients with larger personal medical care bill responsibilities may express their dismay and disappointment about receiving such low and subpar care simply because they pay larger or a bigger amount than the others. However, this may be applicable to both patients and clients who have high or low income.

On the extent of hospital services in terms of ancillary services, the statement "Appropriate foods to meet patient's nutritional requirements, considering their medical condition, dietary and cultural restrictions" got the highest mean of 4.83 which has a verbal description of Very High, while "Adequate cleaning and disinfection of all spaces, facilities and

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equipment got the lowest mean which is 4.64 which has a verbal description of Very High.

Amidst getting the lowest mean, it does not mean that it is less likely done because the verbal description is still Very High. The overall mean is 4.75 which has a verbal description of Very High.

According to patients and their families, the quality of hospital food services is one of the most important indicators of healthcare quality (Dall'Oglio, 2015). Additionally, the quality of hospital food and nutrition services has a big impact on how happy patients are with their overall hospital experience (Theurer, 2011). Additionally, how meals are prepared and served can have a big impact on how much food hospital patients consume. Patients' overall recuperation includes the meals served to them while they are in the hospital setting 2017 (Mentziou).

On the extent of hospital services in terms of medical services. The statement "Sufficient information about your diagnosis/ illness." got the highest mean which is 4.94 which is very high, while "Thorough physical assessment" got the lowest mean which is 4.89 which is Very High. The result yields that the overall mean is 4.91 having the verbal description of Very High.

Fong Ha (2010) emphasized that effective doctor-patient communication is a central clinical function in building a therapeutic doctor-patient relationship, which is important in the delivery of high-quality health care. But when there is a breakdown in the doctor-patient relationship, consequences of having much patient dissatisfaction and complaints may influence the patient's quality care. On the other hand, according to a 2010 study in The

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Ochsner Journal, "Patients reporting good communication with their doctor are more likely to be satisfied with their care, and especially to share pertinent information for accurate diagnosis of their problems, follow advice, and adhere to the prescribed treatment," the authors write.

On the extent of hospital services in terms of Nursing services. The statement "Monitor Vital Signs" got the highest mean which is 4.82 or Very High, while "Patient and family education regarding medication administration, diet management and disease management" got 4.58 or very high. The overall mean is 4.71 or Very High.

According to a study on patient satisfaction conducted by Wagner and Bear in 2009, there is a strong correlation between patient satisfaction, quality nursing care, and the caring behaviors of nurses. Nurse-caring behaviors are among the most crucial aspects of health care in various other respects, according to Bolderston and Lewis (2010). They said that most patients who are admitted to the hospital experience feelings of insecurity, loneliness, and tension due to these sentiments of insecurity and their own illnesses, all of which have a bad impact on the patients' health and the effectiveness of their treatments. Many patients feel more secure because of the nurses' compassionate actions, which also plays a significant part in lowering patients' anxiety levels and raising their level of pleasure (Bolderston, Lewis et al. 2010). Additionally, when a patient's expectations and needs connected to his sickness are met and he receives high-quality care with the expected health outcomes, the patient will be satisfied with the nurse's caring behavior (Rafii, Hajinezhad et al. 2008).

On the extent of hospital services in terms of financial services. The statement ". Sufficient information as to the documents needed to avail of hospital/ government assistance"

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has the highest mean which is 4.63 which has the verbal description of very high, while "Assistance in processing hospital bills", has the lowest mean of 4.51 but the verbal description is still very high. The overall mean is 4.57 is very high.

According to Lambrou and Norton-Westwood et al. (2014 & 2010), the admissions process is frequently thought of as the first impression of a healthcare facility. To create a great patient care experience, it is crucial to make an all-important good first impression during the initial interaction between the healthcare practitioner and patient. The process of entering a medical facility can be anxiety-provoking, frightening, and lonely for many individuals. Patient satisfaction and excellent quality care are significantly influenced by the patient experience. Institutions of health care must comprehend patient needs and experiences to translate them into strategies for delivering high-quality, effective services. The patient's past medical history, current signs and symptoms, and medication reconciliation must all be communicated during the admission period to help create a treatment plan. To identify and address individuals who require rapid intervention, the relevant drugs, diagnostics, and therapies are given during the admissions process, boosting the safety and promptness of care delivery.

On the level of patient satisfaction in terms of ancillary services. The statement "Timely delivery of food" got the highest mean of 4.65 which has a verbal description of Very High, while "Cleanliness of the room and comfort room" got the lowest mean which is 4.11 which has a verbal description of High. The overall mean is 4.47 which has a verbal description of Very High.

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In a study by Dubé, Trudeau, and Belanger (1994), the authors noted that they had identified seven factors, including food quality, service timeliness, service reliability, food temperature, attitude of staff delivering menus and meals, and customization, that could correspond to patients' perceptions of the food services. And as a consequence of their research, it was discovered that the quality of the food is the best indicator of patient happiness.

On the level of patient satisfaction in terms of medical services. The statement "Information given to me by the physician regarding my health condition" got the highest mean which is 4.90 which is very high, while "Explanation of my test result, medication, laboratory test and treatment plan" and "Time spent by the physician during medical consultation" got the lowest mean which is 4.86 which is Very High. The result yields that the overall mean is 4.88 having the verbal description of Very High.

Good doctor-patient communication has the potential to help regulate patients' emotions, facilitate comprehension of medical information, and allow for better identification of patients' needs, perceptions, and expectations (Brédart et. al, 2005). Razzaghi. al, (2016) emphasized that the importance of such an effective therapeutic relation should not be ignored. Moreover, in most cases, accurate diagnosis and effective treatment of the patient are directly dependent on the quality of the mentioned relationship. Hence, the physician-patient relationship is a clinical encounter, and its effective outcome has a direct impact on the quality of care and achievement of a successful treatment (Mendoza, 2011).

On the level of patient satisfaction in terms of Nursing services. The statement "Physical care given by the nurses in carrying out treatments and medications on time" got

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the highest mean, which is 4.43 or Very High, while "Assistance I get from the nurses in getting in and out of bed and other activities (hygiene and self-care)" got 4.25 or very high. The overall mean is 4.32 or Very High.

According to a study on patient satisfaction conducted by Wagner and Bear in 2009, there is a strong correlation between patient satisfaction, quality nursing care, and the caring behaviors of nurses. Nurse-caring behaviors are among the most crucial aspects of health care in various other respects, according to Bolderston and Lewis (2010). They said that most patients who are admitted to the hospital experience feelings of insecurity, loneliness, and tension due to these sentiments of insecurity and their own illnesses, all of which have a bad impact on the patients' health and the effectiveness of their treatments. Many patients feel more secure as a result of the nurses' compassionate actions, which also plays a significant part in lowering patients' anxiety levels and raising their level of pleasure (Bolderston, Lewis et al. 2010). Additionally, when a patient's expectations and needs connected to his sickness are met and he receives high-quality care with the expected health outcomes, the patient will be satisfied with the nurse's caring behavior (Rafii, Hajinezhad et al. 2008).

On the level of patient satisfaction in terms of financial services. The statement "Courtesy and friendly manner of finance staff" has the highest mean which is 4.51 which has the verbal description of very high, while "Process of Admission and discharge", has the lowest mean of 4.23 but the verbal description is still very high. The overall mean is 4.40 with a verbal description of very high.

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On the Significant Difference in the Extent of Hospital Services Provided and Level of Patient Satisfaction when Grouped According to Respondents Profile. The table shows that respondents age is significant in-patient satisfaction, that sex is not significant in either the hospital services or patient satisfaction. Moreover, it shows that educational background is significant to the hospital services and patient satisfaction. On the other hand, family income is not significant to both hospital services and patient satisfaction.

In general, older patients were more satisfied than younger ones, and the proportion of older patients who reported excellent or very good health was the highest (Rahmqvist, 2010). Additionally, satisfaction scores have a complicated relationship with age, rising until the age of 65 to 80 and then falling. In general, older patients and patients in better overall health seem to have higher levels of satisfaction (Jaipul, 2003).

Rahmqvist (2001) observed that the highest proportion of satisfied patients was found in the older patients who reported a very good or exceptional health condition. Rahmqvist (2001) also stated that older patients were generally more satisfied than younger patients. Although there isn't much of a gender gap in overall patient satisfaction ratings, it's interesting to note that the emergency room is the only service that men rate higher than women. This conclusion is significant because, in contrast to women, males frequently seek episodic care at the emergency room rather than establishing a long-term connection with a primary care physician (Blizzard, 2002).

An investigation by Wallin et al (2000) sought to determine whether a patient's educational background and other factors affected how satisfied they were with short-stay

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surgery. The results showed that the 275 patients were quite satisfied with the care. The data did not suggest an association between age or gender and patient satisfaction, however there is some consensus implying that patients with a higher educational level had a different perception of the care offered than patients with lower educational background. These individuals, who typically lack a basis for comparison, have the most trouble evaluating what is offered due to their lesser educational backgrounds.

According to the study of Kelarijani et al., (2014), the patients with higher level of education are less satisfied, since they have higher education, higher incomes and social status. Thus, their expectations are higher. The definition of quality health services is based on the increasing public awareness. Most of the patients with low educational attainment and income had higher rate of patient satisfaction while the lower rate was observed in patients with MS and PhD degrees.

On the Significant Relationship between the Extent of Hospital Services Provided and Level of Patient Satisfaction when grouped according to Patient's Satisfaction. The table shows that ancillary services are significant to patient's satisfaction.

One of the acknowledged major variables for patient satisfaction, according to Woodside et al. (1989), is housekeeping. The patient's health and recovery are also influenced by the room service. (Glind et al. (2007) mentioned and acknowledged that having a single room for a patient has a sensible impact on how happy the patient is with the care, the quality of their sleep, the noise level, and most importantly, their privacy. The likelihood of hospital infections and contaminations is also significantly reduced by the single room. Additionally,

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(Chaudhury, 2014) noted that the private rooms reduce the risk and harm of hospital-acquired infections and contaminations; as a result, it has a beneficial therapeutic effect on the patients, particularly for their quick recovery. Additionally, enhancing the hospital's food services and paying attention to patient influences and preferences are important because patients who perceive receiving superior treatment eat more healthfully and are more satisfied with the services they receive (Mohd, 2010). Accordingly, the management of the hospital should monitor patient satisfaction to understand perspectives and the relationship between the food service and overall patient satisfaction (Sheehan-Smith, 2006). Moreover, the diagnostic laboratory service is crucial to the healthcare facility, particularly when deciding on the best course of treatment. Monitoring patient satisfaction in the clinical laboratory is a good indicator in improving the services of the laboratory because the perceptions of the patients must be considered in developing the improvement of such a clinical laboratory, especially with how the services are provided to them (Almatrafi et al., 2018).

Furthermore, according to a study by Chand (2012), patient satisfaction in radiological services was significantly influenced by patient care, which includes all actions taken before, during, and after radiological diagnostic procedures to improve the patient's conditions. In addition to the author's research, it was found that delays, negligence, verbal abuse, needless repetitions, and preferential treatment are some of the things that typically cause patients to respond negatively in the radiology department. Patients who arrive at the radiography department are frequently anxious or appear hostile. In different research done by Wafaa et. al (2017), the highest levels of satisfaction were recorded with the following items: the overall

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care received, the overall experience of staff, and the likelihood of recommending the studied hospital to others. Receiving adequate instruction on how to prepare for the exam, the speed of the registration process, the interval between scheduling an appointment and the appointment date, the amount of time spent waiting in the lobby, and, finally, confidentiality and privacy, were the areas with the lowest levels of satisfaction.

On the Significant Relationship between the Extent of Hospital Services Provided and Level of Patient Satisfaction when grouped according to Medical Services. The table shows that medical services are significant to medical services, nursing services and ancillary services.

Fong Ha (2010) emphasized that effective doctor-patient communication is a central clinical function in building a therapeutic doctor-patient relationship, which is important in the delivery of high-quality health care. But when there is a breakdown in the doctor-patient relationship, consequences of having much patient dissatisfaction and complaints may influence the patient's quality care. On the other hand, according to a 2010 study in The Ochsner Journal, "Patients reporting good communication with their doctor are more likely to be satisfied with their care, and especially to share pertinent information for accurate diagnosis of their problems, follow advice, and adhere to the prescribed treatment," the authors write.

On the Significant Relationship between the Extent of Hospital Services Provided and Level of Patient Satisfaction when grouped according to Nursing Services. The table shows that nursing services are significant in nursing services and ancillary services.

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According to a study on patient satisfaction conducted by Wagner and Bear in 2009, there is a strong correlation between patient satisfaction, quality nursing care, and the caring behaviors of nurses. Nurse-caring behaviors are among the most crucial aspects of health care in various other respects, according to Bolderston and Lewis (2010). They said that most patients who are admitted to the hospital experience feelings of insecurity, loneliness, and tension due to these sentiments of insecurity and their own illnesses, all of which have a bad impact on the patients' health and the effectiveness of their treatments. Many patients feel more secure because of the nurses' compassionate actions, which also plays a significant part in lowering patients' anxiety levels and raising their level of pleasure (Bolderston, Lewis et al. 2010). Additionally, when a patient's expectations and needs connected to his sickness are met and he receives high-quality care with the expected health outcomes, the patient will be satisfied with the nurse's caring behavior (Rafii, Hajinezhad et al. 2008).

On the Significant Relationship between the Extent of Hospital Services Provided and Level of Patient Satisfaction when grouped according to Financial Services. The table shows that financial services are significant to financial and ancillary services.

Studies also show a direct correlation between patient experience and profitability. For example, positive patient experience is associated with increased profitability, and a negative patient experience is even more strongly associated with decreased profitability. Furthermore, patients' quality perceptions have accounted for a 17% to 27% variation in key financial metrics, and negative word-of-mouth about a hospital or health system could result in revenue losses up to \$400,000 over one patient's lifetime (Blackman, 2021).

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On the Significant Relationship between the Extent of Hospital Services Provided and Level of Patient Satisfaction when grouped according to Ancillary Services. The table shows that ancillary services is significant to ancillary services.

One of the acknowledged major variables for patient satisfaction, according to Woodside et al. (1989), is housekeeping. The patient's health and recovery are also influenced by the room service. (Glind et al. (2007) mentioned and acknowledged that having a single room for a patient has a sensible impact on how happy the patient is with the care, the quality of their sleep, the noise level, and most importantly, their privacy. The likelihood of hospital infections and contaminations is also significantly reduced by the single room. Additionally, (Chaudhury, 2014) noted that the private rooms reduce the risk and harm of hospital-acquired infections and contaminations; as a result, it has a beneficial therapeutic effect on the patients, particularly for their quick recovery. Additionally, enhancing the hospital's food services and paying attention to patient influences and preferences are important because patients who perceive receiving superior treatment eat more healthfully and are more satisfied with the services they receive (Mohd, 2010). Accordingly, the management of the hospital should monitor patient satisfaction to understand perspectives and the relationship between the food service and overall patient satisfaction (Sheehan-Smith, 2006). Moreover, the diagnostic laboratory service is crucial to the healthcare facility, particularly when deciding on the best course of treatment. Monitoring patient satisfaction in the clinical laboratory is a good indicator in improving the services of the laboratory because the perceptions of the patients must be

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considered in developing the improvement of such a clinical laboratory, especially with how the services are provided to them (Almatrafi et al., 2018).

Furthermore, according to a study by Chand (2012), patient satisfaction in radiological services was significantly influenced by patient care, which includes all actions taken before, during, and after radiological diagnostic procedures to improve the patient's conditions. In addition to the author's research, it was found that delays, negligence, verbal abuse, needless repetitions, and preferential treatment are some of the things that typically cause patients to respond negatively in the radiology department. Patients who arrive at the radiography department are frequently anxious or appear hostile. In different research done by Wafaa et. al (2017), the highest levels of satisfaction were recorded with the following items: the overall care received, the overall experience of staff, and the likelihood of recommending the studied hospital to others. Receiving adequate instruction on how to prepare for the exam, the speed of the registration process, the interval between scheduling an appointment and the appointment date, the amount of time spent waiting in the lobby, and, finally, confidentiality and privacy, were the areas with the lowest levels of satisfaction.

## Conclusion

Based on the results of the study, the following are concluded.

1. The profile of the respondents shows that 55% of the respondents were aged 21-40 years old, 63% were females, 90% were college graduates and 51% has a monthly income between Php 11,001 to 22,000.00.

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2. On the extent of hospital services in terms of ancillary services, appropriate foods to meet patient's nutritional requirements, considering their medical condition, dietary and cultural restrictions have the highest mean of 4.83 which is very high. In terms of medical services, sufficient information about a patient's diagnosis or illness has the highest mean of 4.94 or very high. In terms of nursing services, Monitor Vital signs have the highest mean which is 4.82 or very high. In terms of financial services, sufficient information as to the documents needed to avail of hospital, government assistance has the highest mean which is 4.63 or very high.
3. On the level of patient satisfaction in terms of ancillary services, timely delivery of food has the highest mean of 4.65 or very high. In terms of medical services, information given to me by the physician regarding my health condition has the highest mean of 4.90 or very high. In terms of nursing services, physical care given by the nurses in carrying out treatments and medications on time has the highest mean of 4.43 or very high. In terms of financial services, courtesy and friendly manner of the finance staff has the highest mean of 4.51 or very high.
4. The extent of hospital services provided and level of patient satisfaction when grouped according to age shows that age is significant to the level of patient's satisfaction. When grouped according to sex, Sex is not significant to both hospital services and level of patient's satisfaction. When grouped according to the educational attainment, educational attainment is significant to both hospital services and level of patient's satisfaction. When

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grouped according to family income, family income is not significant to both hospital services and the level of patient satisfaction.

5. On significant relationship between the extent of hospital services provided and level of patient satisfaction it shows that ancillary services are significant to patient satisfaction. Medical services are significant to medical services, nursing services and ancillary services. Nursing services are significant to nursing services and ancillary services. Financial services are significant to financial services and ancillary services. Ancillary services are significant to ancillary services.

## Recommendations

Based on the findings of the study the following recommendations are proposed to the different sectors/target population:

**Hospital Administrator.** Will address the need to improve the services provided by the hospital specifically on the ancillary services that cater to the varied and immediate needs of the patients. The hospital administrator and its staff will identify, and craft the training needs of personnel involved in dealing with the patients. Formulate more scientific and reasonable service quality evaluation indicators from the perspective of patients and conduct patient-oriented scientific quality management.

**Healthcare Team.** Will provide specific, concise, and easily understood explanations according to the varied needs of the patient in different areas of the hospital. Also, to keep

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self-updated on the new trends and practices in dealing with patient satisfaction on the hospital services provided.

**Hospital staff.** Will now be able to understand the patients based on service demand, and corresponding measures are taken to meet the patients' expectations and potential needs and improve the patient's actual perception of service quality.

**Technical Services.** Will identify strategies or logistics to immediately respond to the varied needs of the patient specifically during emergency situations. They jointly achieve high satisfaction with the service, enhance the loyalty of patients to the hospital, attract, and retain patients, improve the competitiveness and influence of the hospital, and ultimately create good social and economic benefits.

**Future Research.** Will aid in evaluating the areas understudy and to explore other areas of the hospital that needs improvement. It is necessary to conduct further study and periodic assessment of health services delivery in regard to patient satisfaction.

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