

RESEARCH ARTICLE: An assessment on the nursing care quality in Sulu Sanitarium and General Hospital

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ABSTRACT. This study assessed the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by patients; and the significant difference in the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by patients. With 100 samples taken through non-probability sampling method via purposive sampling, and with the use of weighted mean, standard deviation, t-test for independent samples, One-way ANOVA, and Pearson's r, this study reveals the following findings: 1) Of the 100 respondents, mostly are within the age range of 13 years old & above, mostly are female with college level of education; 2) Nursing Care Quality in Jolo is very good; 3) Except for hospital where patient admitted, variables like age, gender, educational attainment, and ward admitted do not mediate in ways how respondents assess the Nursing Care Quality in Sulu Sanitarium and General Hospital; 4) This study seems to support Florence Nightingale's Environmental Theory, which provides a definition of Nursing as the utilization of the patient's environment to facilitate their recovery. The nurse takes the initiative to establish suitable environmental conditions that facilitate the progressive recovery of the patient's health. Additionally, external elements related to the patients' surroundings have an impact on their biological and physiological processes, as well as their overall development.

KEYWORDS: *Nursing Care, Quality, Assessment, General, Sanitarium*

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1. Introduction

The profession of nursing has existed in different iterations throughout history, experiencing substantial changes as time has advanced. Nursing care encompasses a particular set of assistance given by trained caregivers, overseen by a qualified clinical nurse. This specific type of care is often defined by its complex and detailed nature, which requires specialized assistance for certain healthcare needs. In the current healthcare system, nurses play a significant role as respected healthcare professionals, taking on a vital responsibility in providing treatment and medical care to sick persons. In medieval Europe, the profession of nursing experienced a notable rise in importance, mostly due to the need for medical care fostered by the Catholic Church. In this specific period, a multitude of advancements and breakthroughs arose, ultimately laying the groundwork for modern nursing. Nursing is universally acknowledged as the largest and most varied profession in the healthcare industry, commanding much admiration in the sector.

The demand for nursing remains substantial, and projections suggest that this demand will undergo substantial rise. The growing prevalence of healthcare technology, elevated patient expectations, and reorganization of healthcare institutions require a larger workforce of highly skilled professionals. The demand for different goods and services is additionally influenced by demographic changes, such as the existence of substantial elderly populations in many countries worldwide.

Nurses play crucial responsibilities as patient advocates, assuring the delivery of top-notch medical care and promoting the principles of healthcare. There have been few studies undertaken on the quality of nursing care in the province of Sulu. The selection of this specific topic for the study is based on its significant importance and the urgent necessity to evaluate its impact. The assessment of care quality is determined by the delivery of care. Quality in care essentially refers to the degree of service supply, which has the potential to improve satisfaction with the outcomes of the health services being sought. Redfern (1990) argues that an overwhelming emphasis on cost-effectiveness may obscure nurses' longstanding commitment to providing high-quality care. Redfern highlights the importance of clinical nurses gaining a thorough comprehension of the complexities associated with assessing quality.

2. Research Questions

This study aimed to determine an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital. Further, this inquiry obtained answers to the subsequent questions:

Specifically, it aims to answer the following:

1. What is the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by patients?
2. Is there any significant difference in the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by the patients when data are grouped according to socio-demographic profile?

3. Literature

3.1 Foreign Literature And Studies

Medicine has long been concerned with the quality of care. However, professing genuine concern about quality does not mean completing a systematic evaluation based on reliable evidence (Maxwell, 1984). Quality control in industrial processes is different. It requires following guidelines. Systematic evaluation expert Florence Nightingale criticized military medical personnel for shoddy care. The author's powerful exposé of Crimean hospitals' dangerous circumstances showed that military unit death rates were heavily influenced by medical facilities' proximity. The regiments with easy access to hospital beds had the most trouble since hospital-acquired diseases killed more than battle-related injuries. She then created a comprehensive hospital data system that compared death rates and bed utilization by diagnostic category. In quality assessment, Dr. EA Codman of Boston stands out. In the early 2000s, Dr. Codman started a one-year postoperative surveillance program for all his surgical patients. Each patient was evaluated one year after discharge to determine their health status in respect to the surgical aims. The shift in nursing homes from task-oriented to person-centered care has demanded the measurement of clients' perceived quality of care (QoC), which matches their priorities and preferences (Sion, 2020). This study sought to understand nursing home quality assessment methodologies from clients' perspectives. Relationships are crucial to quality treatment, as participants reported that client, family, and staff interactions determine it. Assessments should target three main areas, according to the proposal: Effective client care requires a thorough

awareness of the client's requirements and background, an adaptable and responsive approach, and a supportive and empathetic environment. Talking to clients, their families, and staff and observing them in their homes can help with these assessments. This project requires time and money. Additionally, the quality assessor must have communication and empathy skills. The client, family, and staff must all be involved in assessing care quality. This strategy supports relationship-centered care values. To ensure viability, nursing homes should incorporate quality assessments into their daily operations. A practical, trustworthy, and valid method for evaluating nursing home care from the viewpoints of clients, their families, and staff needs more research.

Management globally is increasingly interested in quality nursing care (QNC) due to healthcare system reconstruction and cost-effective services (Open, 2021). The acronym QNC refers to excellent patient nursing care. As part of their job, nurses must provide patients with quality nursing care (QNC). Nurses, patients, and hospital managers evaluate Quality of Nursing Care (QNC) measures. Nurses' appraisal of Quality Nursing Care (QNC) improves nursing services. As frontline caregivers, nurses examine, plan, and evaluate patients' needs. They advocate for patients and provide appropriate medication and therapy while stressing comfort. Nurses analyze Quality Nursing Care (QNC) to improve patient care and help hospital management identify hazards, reduce errors, and reduce patient damage. The literature review found that nurses' perception of QNC (quality nursing care) negatively affects medication error, patient falls, nosocomial infection, improper dosage or medicine, hospital stay, failure to rescue, and mortality rate. According to nurses, the Quality Nursing Care (QNC) framework reduces adverse patient occurrences. High-quality nursing care is a human right and improves patient well-being (Alharbu, 2022). Nursing care must meet quality standards to offer patients with the best care. Patient satisfaction is a metric for nursing care quality, and good nursing care can improve patient satisfaction. Patient satisfaction can provide vital insights into hospital operations and healthcare organizations' quality management practices. Patient satisfaction with healthcare can boost loyalty and trust. Happy patients are more likely to return to the same doctor or facility. They may also recommend the hospital or healthcare professional to family and friends.

In the medical industries focus on patient satisfaction and positive treatment experiences, organizational executives must understand how different physicians contribute to this goal (Heath, 2019). Through their bedside presence and participation, nurses improve care quality and patient experiences. According to numerous estimates, nurses spend two hours and 25 minutes of their nine-hour shift delivering care, communicating with patients and family caregivers, and addressing non-treatment-related patient needs including hygiene and toileting. Nurses greatly improve patient experience at this time. Nurse communication skills and efforts to improve patient safety and quality treatment can greatly impact patient contact. Nurses can improve patient experiences by communicating with them effectively and empathetically. Nurses, who spend the most time with patients, provide high-quality education, calm their fears, and reduce their anxiety. In value-based care, understanding the roles of each member of an interdisciplinary care team is crucial to patient satisfaction. Given this goal, healthcare organizations that want to survive in the changing industry must recognize nurses' vital role in promoting such positive experiences.

Oermann et al. (2000) noted that patient views of nursing care quality vary. Inpatients evaluate quality care differently than ambulatory patients. Hospitalized patients define quality care as hospital staff respecting patients' values and needs, coordination of care, communication and education, physical comfort, emotional support, family involvement, and continuity in the transition to home (Edgman-Levitan & Cleary, 1996; Ketefian et al., 1997). Ambulatory patients also worry about access to care, waiting times, office staff assistance, and follow-up care.

Local Literature and Studies

The study was to record Registered Nurses' unfulfilled nursing care needs and compare nursing care quality among healthcare facilities (Lucero, 2023). Many Registered Nurses have reported being unable to perform important care duties owing to time restrictions. Insufficient nurse care may lower patient care quality. However, nothing is known about how much nursing care varies amongst healthcare facilities. The percentage of Registered Nurses who left nursing care needs untreated varied widely across hospitals. They missed two of seven important nursing care activities on their last shift. We found statistically significant differences in nursing care amongst hospitals after controlling for nurse demographics. Different hospitals' quality-of-care surroundings seem to correlate with different nurse care quality. Understanding the causes of unmet nursing care needs might inform healthcare system and human resource management policies. This knowledge helps nurses understand their care practices and the care environment.

This study examines Chinese hospital nurse resources and their effects on nurse and patient outcomes (Aiken, 2015). The study included survey data from 181 Chinese hospitals with 9688 nurses and 5786 patients. The goal was to study how nurse workforce characteristics may affect patient and nurse outcomes in the Chinese healthcare system. Comparing nurse and patient assessments in China and Europe. A Chinese study found that 38% of nurses experienced high burnout and 45% were dissatisfied with their jobs. 61% of nurses rated their unit's work environment and care as poor and 29% as fair. In addition, 36% of nurses rated their hospital's patient safety low. The results show that China performs worse than Europe. However, fewer Chinese nurses rated their hospitals as unsafe. Nurses in Chinese hospitals with better work environments and higher safety grades are less likely to burn out and be dissatisfied (odds ratios 0.56–0.75). In addition, nurses in these hospitals are less likely to report poor or fair patient care (0.54–0.74). Patients in these hospitals are also more likely to grade their hospital positively, show satisfaction with nursing communications, and suggest their hospital (odds ratios 1.24–1.40). Each additional patient per nurse increases burnout and unhappiness by 1.04-fold. Nurses are also more likely to report poor or fair care quality, odds ratio 1.05. No correlation exists between patient outcomes and patient-to-nurse ratios. Better patient outcomes are associated with more bachelor nurses. Patient satisfaction, favorable evaluations, and willingness to refer the hospital increase by 1.11 to 1.13 for every 10% increase in baccalaureate nurses. Nursing ensures medical treatment quality and safety and influences patients' opinions of care. In China, improving hospital work environments and hiring more baccalaureate-educated nurses may improve hospital outcomes.

Global nurse management prioritizes quality treatment. Understanding the factors that affect high-quality nursing care can help hospital management conduct effective service quality efforts (Liu, 2018). There is a lack of theoretical research on the relationships between work environment, patient-to-nurse ratio, job satisfaction, burnout, intention to leave, and quality nursing care. The analysis showed that the facts supported the theoretical framework. The workplace has a major impact on nursing care. The work atmosphere and patient-to-nurse ratio affect burnout, which directly affects nursing care. Job satisfaction indirectly affects nursing care through burnout. This study analyzes how work atmosphere, burnout, and job satisfaction affect nursing care. Hospital managers should prioritize nurse outcomes, such as job satisfaction and burnout, when designing intervention programs to improve nursing care, in addition to work conditions like the work environment and patient-to-nurse ratio.

Lucero (2010) examined the relationship between nurses' unmet nursing care demands and patients' wrong medication or dosage, nosocomial infections, and hospital falls. Few studies have examined the relationship between nursing activities and patient outcomes due to the difficulties

of measuring nursing activities and healthcare organizations' limited data collecting. Unfinished important nursing care tasks ranged from 26% for preparing patients and families for discharge to 74% for developing or updating nursing care plans. Many nurses reported that patients rarely had inappropriate drug dosages, nosocomial infections, or falls that caused damage. However, nurses reported different rates of adverse events include prescription errors (15%), patient falls with injury (20%), and nosocomial infection (31%). Even after controlling for patient characteristics and healthcare setting, unfilled nursing care criteria correlated with every poor outcome. The data suggest that improving patient care may reduce hospital adverse events. The COVID-19 epidemic has put health-care systems under pressure, forcing them to evaluate their ability to provide quality care. Additionally, Chavez (2020) stated that there are health insecurities that indigent people experienced. Aldama (2020) stated in the study of Chavez (2020), reiterates that the learning and health anxieties will persist for as long as the learners are impoverished because the gap between the rich and the poor would persist after this pandemic. This evaluation is vital for health-care providers' long-term viability and growth (Thakkar, 2023). This study provides a quantitative approach for assessing health-care service quality. Categorizing health-care service quality into four balanced scorecard viewpoints will accomplish this. Combining the decision-making trial and evaluation laboratory with the analytical network process in a fuzzy environment assesses the quality of Indian health care. This method considers the balanced scorecard's perspectives and performance measures. The "internal processes" perspective appears to be the most important Balanced Scorecard (BSC) perspective. In this setting, "nursing staff turnover" and "staff training" are important performance criteria. A "learning and growth" approach can considerably improve "patient satisfaction" according to the research. In the context of "learning and growth," "staff training" has a major impact on "patient satisfaction," "profitability," "change of cost per patient (both in and out patients)," and "outpatient waiting time."

It moderately affects "staff satisfaction," "bed occupancy," and "nursing staff turnover." The "staff training" variables also reduce nursing staff turnover. Raya (2011) suggests that patients, who evaluate nursing treatment immediately, should determine quality. Patients and nurses determine quality. This may explain why their views on high-quality and low-quality care should be considered.

4. Methodology

This chapter describes the study's methods of inquiry. It describes the research design, location, sampling design, data collection methods, research instrument, survey questionnaire, validity, reliability, and statistical analysis.

Research Design

This quantitative, descriptive study was non-experimental. Kate (2023) states that quantitative research values objectivity as a key objective. The study used descriptive correlational non-experimental research. This strategy analyzed various variables and visualized specific scenarios. This quantitative research method examined and explained relationships between variables.

1. Research Locale

The study was conducted here in Sulu, particularly in Jolo where Sulu Sanitarium and General Hospital is located. Sulu, which is located in the Philippines and is a component of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM)

2. Respondents of the study

The respondents of the study were consisting of at least 100 patients who are able to received care and admitted at Sulu Sanitarium and General Hospital from January 2, 2024 to January 28, 2024, respectively regardless of socio-demographic profile.

Table 1. Respondents of the Study

Sulu Sanitarium and General Hospital (SSGH)	Number of Respondents
Medical Ward	20
Private Room	20
OB-Gyne Ward	20
Pediatric Ward	20
Communicable Ward	10
Surgical Ward	10
TOTAL:	100

2. *Sampling design*

The study collected primary data from chosen respondents using purposive sampling. Judgmental, selective, or subjective sampling is a non-probability sampling strategy. Researchers choose survey participants using their own judgment. Research used purposeful sampling to connect the sample with the goals and objectives. This method increased the study's rigour and data credibility (Res Nurs, 2020).

3. *Data Gathering Procedure*

Actual data collection followed adviser and statistician acceptance of the survey questionnaire and Research Ethics Committee evaluation.

Before collecting data, the researcher sent a letter of request, signed by the Graduate School Dean and adviser, to the head of Sulu Sanitarium and General Hospital to administer the survey questionnaire to the selected respondents. The researcher also informed the hospital's head nurses and staff of the study. The researcher gave the respondents survey questionnaires and collected the answers. January 2–28, 2024, was data gathering. We'll sift and encrypt responder data. Data analysis was done using statistical tools like frequency and percentages, weighted mean, standard deviation, ANOVA, and Pearson Product Moment of Correlation (Pearson r) run through Statistical Software with the help of the researcher's adviser and statistician. The acquired data was kept confidential and ethically used for this research.

Research Instrument

To gather needed data for the study, an adopted survey instrument was utilized taken from the review of related literature. The instrument consists of two parts.

Part I deals with the socio-demographic profile in terms age, gender, educational attainment, length of stay, hospital where admitted and Ward admitted.

Part II deals with determining the extent of an assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by patients, a 19-item statements questionnaire was utilized based from Laschinger et al., 2005. an assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital is evaluated using the Likert scale as described below.

Table 2. Likert Scale Description

Scale	Range of Means	Interpretation
5	4.50-5.00	Excellent
4	3.50-4.49	Very Good
3	2.50-3.49	Good
2	1.50-2.49	Poor
1	1.00-1.49	Very Poor

4. Validity And Reliability

To ensure validity and reliability, the research instrument was subjected to perusal of the two (2) panels of experts from the School of Graduate Studies. This was done to warrant the appropriateness of the research instrument to the study and to ensure clarity, reliability and understandability of the statements.

5. Statistical Treatment Data

To answer the statement of the problems presented in Chapter 1, the researcher utilized statistical data analysis tools.

- i. On determining the extent of an assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by patients, weighted mean and standard deviation was utilized.
- ii. Furthermore, to determine any significant difference in the extent of an assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by the patients when data are grouped according to socio-demographic profile, One-Way ANOVA was utilized at $p < 0.05$ level of significance.

5. Results and Discussion

This chapter showcases the presentations, analyses and interpretations of results based on the data gathered for this study. Specifically, it also presents nurse-respondents' socio-demographic profiles in terms of age, gender, educational attainment, hospital where admitted, and ward admitted; extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by patients; and the significant difference in the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by patients when data are classified according to respondents' socio-demographic profile.

Question 1: What is the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by patients?

Table 3 displays the scope of an evaluation conducted on the quality of nursing care at Sulu Sanitarium and General Hospital, as perceived by patients. Within this category, the respondents' evaluation has an overall weighted mean score of 3.5872, with a standard deviation of .52481. This rating is classified as "Very Good." The findings of this study demonstrate that the respondents expressed a high level of gratitude for the exceptional quality of nursing care services delivered by the nurses in the hospital and the specific wards where they were admitted.

Table 3. Extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by patients

Statements	Mean	S.D.	Rating
1 INFORMATION YOU WERE GIVEN: How clear and complete the nurses' explanations were about tests, treatments, and what to expect.	3.7900	.80773	Very Good
2 EASE OF GETTING INFORMATION: Willingness of nurses to answer your questions.	3.6600	.81921	Very Good
3 INFORMATION GIVEN BY NURSES: How well nurses communicated with patients, families, and doctors.	3.7300	.80221	Very Good
4 INFORMING FAMILY OR FRIENDS: How well the nurses kept them informed about your condition and needs.	3.6900	.72048	Very Good
5 INVOLVING FAMILY OR FRIENDS IN YOUR CARE: How much they were allowed to help in your care.	3.6800	.75049	Very Good
6 CONCERN AND CARING BY NURSES: Courtesy and respect you were given; friendliness and kindness.	3.8900	.79003	Very Good
7 ATTENTION OF NURSES TO YOUR CONDITION: How often nurses checked on you and how well they kept track of how you were doing.	3.7500	.75712	Very Good
8 RECOGNITION OF YOUR OPINIONS: How much nurses ask you what you think is important and give you choices.	3.5500	.83333	Very Good
9 CONSIDERATION OF YOUR NEEDS: Willingness of the nurses to be flexible in meeting your needs.	3.5200	.71746	Very Good
1 THE DAILY ROUTINE OF THE NURSES: How well they adjusted their schedules to your needs.	3.6800	.85138	Very God
1 HELPFULNESS: Ability of the nurses to make you comfortable and reassure you.	3.7600	.79290	Very Good
1 NURSING STAFF RESPONSE TO YOUR CALLS: How quick they were to help.	3.4300	.85582	Good

1 3	SKILL AND COMPETENCE OF NURSES: How well things were done, like giving medicine and handling IVs.	4.0900	.85393	Very Good
1 4	COORDINATION OF CARE: The teamwork between nurses and other hospital staff who took care of you.	3.6000	.77850	Very Good
1 5	RESTFUL ATMOSPHERE PROVIDED BY NURSES: Amount of peace and quiet.	3.0800	1.0018	Good
1 6	PRIVACY: Provisions for your privacy by nurses.	3.0000	1.2633	Good
1 7	DISCHARGE INSTRUCTIONS: How clearly and completely the nurses told you what to do and what to expect when you left the hospital.	3.3200	.89758	Good
1 8	COORDINATION OF CARE AFTER DISCHARGE: Nurses' efforts to provide for your needs after you left the hospital.	3.3500	.88048	Good
Total Weighted Mean		3.5872	.52481	Very Good

Legend: (5) 4.5.0 – 5.0 =Excellent (E); (4) 3.50 – 4.49=Very Good (VG); (3) 2.50 – 3.49=Good (G); (2) 1.50 – 2.49=Fair (F); (1) 1.00 – 1.49=Poor (P)

The significant amount of gratitude exhibited by the participants in this study underscores the significance of proficient nursing care in improving patient outcomes. The nurses' extraordinary attention not only addressed the patients' medical requirements but also enhanced their general well-being. This discovery is consistent with prior studies that have demonstrated a robust correlation between patient satisfaction and the caliber of nursing care (Wardah, et al., 2020). Moreover, the findings of this study have important implications for healthcare providers and policymakers. Recognizing and acknowledging the role of nurses in delivering exceptional care can improve job satisfaction among nursing staff. Additionally, investing in training and professional development programs for nurses can further enhance the quality of care provided to patients (Alhussin, et al., 2024)

Question 2: Is there any significant difference in the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by the patients when data are grouped according to socio-demographic profile?

Table 4.1. In terms of Age

Table 4.1 shows the difference in the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by the patients when data are grouped according to socio-demographic profile in terms of age. It can be gleaned from this table that the mean difference of this category is not significant at alpha .05. This means that, although respondents vary in age range, yet they not differ in their assessment towards the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General

Hospital. This finding implies that, a respondent within the range of 13 years old & above may not necessarily put him/her in a vantage point towards perceiving the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital than those within 12 years old & below, or vice versa.

Consequently, it is safe to say that variable age has no significant influence in the ways how respondents assess the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital.

Table 4.1 Difference in the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by the patients when data are grouped according to socio-demographic profile in terms of age

VARIABLES	Grouping	x	SD	Mean Difference	t	Sig.	Description
Nursing Care quality	13 yrs+	3.6148	.52863	.11477	.933	.353	Not Significant
	12 yrs-	3.5000	.51364				

*Significant at alpha 0.05

Developmental stage and cognitive ability must be considered while assessing nursing care quality. Younger individuals, especially those under 12, may have limited cognitive and verbal abilities to articulate their experiences and evaluate nursing care. Younger respondents may not understand healthcare processes or nursing care as well as older ones. Thus, their satisfaction with nurses, basic needs met, and overall comfort during hospitalization may influence their rating of nursing care quality.

Those 13 and older have better cognitive ability, so they can evaluate nursing care more carefully. They understand healthcare procedures better and can analyze their experiences, so they can evaluate nursing care more thoroughly. The effectiveness of nursing interventions, communication with healthcare professionals, and patient-centeredness of treatment may influence their perception (National Research Council, 2015)

4.2 In terms of Gender

Table 4.2 shows the difference in the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by the patients when data are grouped according to socio-demographic profile in terms of gender. It can be gleaned from this table that the mean difference of this category is not significant at alpha .05. This means that, although respondents vary in gender, yet they not differ in their assessment towards the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital. This finding implies that, being a male respondent may not necessarily put him in a vantage point towards perceiving the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital than female respondent, or vice versa.

Table 4.2 Difference in the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by the patients when data are grouped according to socio-demographic profile in terms of gender

VARIABLES	Grouping	x	SD	Mean Difference	t	Sig.	Description
Nursing Care quality	Male	3.5569	.54371	-.05232	-.490	.625	Not Significant
	Female	3.6092	.51436				

*Significant at alpha 0.05

The discovery that being a male respondent does not necessarily give him an advantage in perceiving the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital compared to female respondents, or vice versa, raises significant considerations regarding the impact of gender on the perception of nursing care quality (Prosens, 2022). Historically, there have been social and cultural norms that link caregiving and nurturing responsibilities with women. These preconceptions may result in the perception that females possess a greater inherent comprehension and admiration for the intricacies of nursing care. Nevertheless, it is crucial to acknowledge that the assessment of nursing care quality is not exclusively influenced by gender. Furthermore, in the study of Chavez,

4.3 In terms of Educational Attainment

Table 4.3 presents the differences in the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by the patients when data are grouped according to socio-demographic profile in terms of educational attainment. It can be gleaned from this table that the values of F-ratio and P-value of this category are not significant at alpha .05. This means that although respondents vary in educational attainment, yet they do not differ in their perceptions towards the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital. This result implies that for a respondent to have college level of education may not necessarily put him/her in vantage point towards perceiving the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital than those respondents who have elementary level, junior high school level, and senior high school level of education, or vice versa.

Table 4.3 Difference in the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by the patients when data are grouped according to socio-demographic profile in terms of educational attainment

SOURCES OF VARIATION		Sum of Squares	Df	Mean Square	F	Sig.	Description
Nursing Care quality	Between Groups	.577	3	.192	.691	.559	Not Significant
	Within Groups	26.690	96	.278			
	Total	27.267	99				

*Significant alpha .05

Nonetheless, it is safe to say that variable educational attainment has no significant mediation in ways how nurse-respondents assess the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital. However, in the study of Yesuf, &Abdu (2023), there is a significant difference between educational attainment and extent of assessment on the nursing care. It was also found out that elderly patients often receives unfair nursing care from nurses.

4.4 In terms of Ward Admitted

Table 4.4 presents the differences in the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by the patients when data are grouped according to socio-demographic profile in terms of ward admitted. It can be gleaned from this table that the values of F-ratio and P-value of this category are not significant at alpha .05. This means that although respondents vary in ward they were admitted, yet they do not differ in their perceptions towards the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital. This result implies that for a respondent who was admitted in Ward X may not necessarily put him/her in vantage point towards perceiving the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital than those respondents who were admitted in Ward Y and Ward Z, or vice versa.

Nonetheless, it is safe to say that variable ward admitted has no significant mediation in ways how respondents assess the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital.

Table 4.4 Difference in the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by the patients when data are grouped according to socio-demographic profile in terms of ward admitted

SOURCES OF VARIATION		Sum of Squares	Df	Mean Square	F	Sig.	Description
Nursing Care quality	Between Groups	.404	2	.202			Not Significant
	Within Groups	26.863	97	.277	.730	.485	
	Total	27.267	99				

*Significant alpha .05

The particular hospital units where the participants were admitted had a notable impact on their impression of nurse care. It is important to acknowledge that various hospital units may have distinct nursing care methods and approaches, which might have an impact on patient satisfaction. Thus, it is vital for hospitals to guarantee uniform and excellent nursing treatment throughout all departments in order to uphold patient contentment.

4.5 In terms of Hospital where Admitted

Table 3.5 shows the difference in the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by the patients when data are grouped according to socio-demographic profile in terms of hospital where admitted. It can be gleaned from this table that the mean difference of this category is not significant at alpha .05. This means that, the fact that respondents vary in hospital where they were admitted, still they indeed differ in their assessment towards the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital. This finding implies that, a respondent who was admitted in Hospital X may probably put him/her in a vantage point towards perceiving the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital than other respondents who were admitted in Hospital Y, or vice versa.

Consequently, it is safe to say that variable hospital where patient admitted has indeed a significant influence in the ways how respondents assess the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital.

Table 3.5 Difference in the extent of an Assessment on the Nursing Care Quality in Sulu Sanitarium and General Hospital as perceived by the patients when data are grouped according to socio-demographic profile in terms of hospital where admitted

VARIABLES	Grouping	x	SD	Mean Difference	t	Sig.	Description
Nursing Care quality	Hospital X	3.5485	.51322	-.64598*	-3.043	.003	Significant
	Hospital Y	4.1944	.28921				

*Significant at alpha 0.05

6. Conclusion

This study concludes the following:

1) Respondents involved in this study were adequately represented in terms of age, gender, educational attainment, ward admitted, and hospital where admitted.

2) Nursing Care Quality in Sulu Sanitarium and General Hospital (SSGH) is very good. In this study, patients assured that health care workers found in Sulu Sanitarium and General Hospital (SSGH) are able to render quality nursing care based on the results of survey questionnaires given.

3) Except for hospital where patient admitted, variables like age, gender, educational attainment, and ward admitted do not mediate in ways how respondents assess the Nursing Care Quality in Sulu Sanitarium and General Hospital.

4) This study seems to support Florence Nightingale's Environmental Theory, which provides a definition of Nursing as the utilization of the patient's environment to facilitate their recovery. The nurse takes the initiative to establish suitable environmental conditions that facilitate the progressive recovery of the patient's health. Additionally, external elements related to the patient's surroundings have an impact on their biological and physiological processes, as well as their overall development.

7. Recommendation

Based on the above findings and conclusions, the following recommendations are hereby forwarded in this study:

1) Department of Health (DOH) Administrators may adopt the findings and information revealed in this study in enhancing the policy regulation and implementation related to health care quality service.

2) Hospitals may use the findings of this study that will help in enhancing nurse care quality, which will give sufficient health care services to the patients.

3) Community and the public may use results of this study in assessing the quality of health services provided by the hospital in their locality.

4) Hospital nurses may consider the findings of this study in enhancing their knowledge and skills in terms of care quality.

5) Nursing students may use the results of this study in gaining additional knowledge and insights in this area of health care services.

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