RESEARCH ARTICLE: Expectation Level of Outpatients Attending at Rural Healthcare Unit in Jolo: An Assessment

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*ABSTRACT***.** This study assessed the level of expectation among outpatients attending rural health unit Jolo. 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 female, married within the age range of 41-and above, unemployed and college graduates ; 2) On the average, level of expectation of is rated as with high level of expectation in terms of location of the facility, administration, waiting area, physician, pharmacy, and basic services; 3) Generally, except for educational attainment, variables age, gender, civil status and occupation do not significantly mediate in ways how they assessed the level of expectation towards rural health unit; 4) Generally, group of respondents who assessed the level of expectation of outpatients attending rural health unit Jolo in terms of location of facility as Agree or with High expectation is probably the same group of respondents who assessed the level of expectation of outpatients attending rural health unit Jolo in terms of administration, waiting area, physician, pharmacy, and basic services. ; and 5) This study seems to support Model of Outpatients Satisfaction attending Health Centers.
KEYWORDS: patient satisfaction, rural health disparities, healthcare access

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Introduction

High-quality care in rural healthcare units is crucial. In the Philippines, as in many Asian countries, outpatient departments (OPDs) play a significant role in healthcare delivery. The quality of OPD services directly impacts overall rural healthcare unit performance. Patient satisfaction is influenced by both patient expectations and the care received (Sitzia & Wood, 1997; Sharma et al., 2013).

Patient experiences significantly influence future healthcare choices. Satisfaction levels directly impact healthcare provider selection (Newsome & Wright, 1999; Prasad et al., 2013; Sharma et al., 2013), and satisfied patients are more likely to recommend the facility (Wang et al., 2015; Chavez & Lamorinas, 2023; Chavez, 2023).

Dissatisfaction with public rural health unit OPD services may lead patients to seek more expensive private care or potentially unsafe treatment from unqualified practitioners, which is often associated with poor quality care (Sitzia & Wood, 1997; Sharma et al., 2013; Chavez, Adalia & Alberto, 2023). Unexpected healthcare costs can also have devastating financial consequences for households (Sharma et al., 2013; Chavez & Prado, 2023; Chavez, 2020).

Research geared toward patients' expectations of rural healthcare services helps to provide more insights in understand the unique changes face when accessing healthcare. These expectations are shaped by various factors, including geographical isolation, limited healthcare infrastructure, economic constraints, and cultural elements that influence health-seeking behavior (Sharma et al., 2013; Garil, 2024). Similarly, Liu and Fang (2019) mentioned factors like medical service attitudes, illness explanation, waiting time, and medical expenses affect patient's expectations. Rural areas often experience a shortage of healthcare professionals and resources, which can affect the quality and availability of care services.

Determining patients' expectations in rural healthcare units is crucial for improving service delivery, resource allocation, and patient satisfaction. Research frequently examines patient perceptions of healthcare facility location, administration, waiting areas, physician interactions, pharmacy services, and basic amenities (Sharma et al., 2013; Calzada, 2024; Espartero, Caldaza & Prado, 2024). By analyzing these expectations, healthcare providers and policy makers can develop strategies to enhance healthcare delivery in rural areas, ensuring that services are more responsive to the specific needs of rural populations. This can also inform the design of healthcare policies that aim to reduce disparities between urban and rural health outcomes, and increase trust in rural healthcare systems.

Patient satisfaction is a key indicator of healthcare quality, used globally to drive improvements (Cleary & McNeil, 1988; Vuori, 1987; Wang et al., 2015). While objective health outcomes were previously the primary measure, patient satisfaction is increasingly recognized as a crucial assessment tool for healthcare effectiveness and quality (Cleary et al., 1991, in Wang et al., 2015; Murro, 2024). Although multiple perspectives exist (doctors, patients, insurers), the patient's perspective remains paramount in evaluating care quality (Fung & Cohen, 1998; Wang et al., 2015; Carpio, Caburnay, Nolledo et al., 2024). Patient feedback influences future healthcare decisions and treatment outcomes (Fung & Cohen, 1998; Wang et al., 2015), providing valuable insights for service improvement (Drain, 2001; Wang et al., 2015).

Owing to the abovementioned claims, this study was conducted in order to collect empirical data that may provide insights in bridging the gap of knowledge that exists in relation to outpatient's expectations attending at rural healthcare units in Jolo, Sulu.

Research Questions

This study assessed the expectation level of outpatients attending at rural healthcare unit in Jolo during the Fiscal Year 2024. Specifically, this study answered the following questions:

1) What is the demographic profile of respondents in terms of:
    1.1 Gender;
    1.2 Age;
    1.3 Civil status;
    1.4 Occupation; and
    1.5 Educational attainment?
2) What is the level of expectation of outpatients attending at rural healthcare unit in Jolo in terms of:

2.1 Location of health facility;
2.2 Administration;
2.3 Waiting area;
2.4 Physician;
2.5 Pharmacy; and
2.6 Basic services?

3) Is there a significant difference in the level of expectation of outpatients attending at rural healthcare unit in Jolo when data are grouped according to:

3.1 Gender;
3.2 Age;
3.3 Civil status;
3.4 Occupation; and
3.5 Educational attainment?

4) Is there a significant correlation among the sub-levels subsumed under the level of expectation of outpatients attending at rural healthcare unit in Jolo?

Literature Review

Several studies highlight the significant impact of resource availability and service quality on patient satisfaction and healthcare access. Sharma et al. (2013) demonstrated a disparity in patient satisfaction between developed and developing countries, attributing this to differences in appointment systems, healthcare financing, and resource availability. In developing nations, factors such as waiting times, accessibility, and medicine availability are paramount. This is echoed by Petre et al. (2023) who analyzed Romania's healthcare system, revealing that insufficient funding, staff shortages, and ineffective service provision negatively impact access to quality care, especially in rural areas. Similarly, Mohiuddin (2020) emphasizes the importance of patient satisfaction as a measure of healthcare quality in Bangladesh, noting that poor infrastructure, staff shortages, and unprofessional conduct contribute to dissatisfaction and drive patients to seek care elsewhere. Jigjidsuren et al. (2019) further supports this, showing low service readiness in Mongolian healthcare facilities due to deficiencies in diagnostics, essential medicines, and equipment. These findings underscore the critical role of adequate resources and efficient service delivery in meeting patient expectations. The Philippine context also reflects these challenges, with Aytona et al. (2022) highlighting significant staff shortages, particularly physicians, and high workload pressure in rural health units. Parilla et al. (2022) further connects inventory management practices to service delivery quality in Ilocos Norte, Philippines, showing a strong correlation between effective management and improved service quality. Panganiban et al. (2024) evaluated the impact of primary care interventions on patient satisfaction in urban, rural, and remote Philippine sites, finding varying results across locations, with urban sites showing the most significant improvements. Sabando and Alo (2021) assessed the quality and utilization of school health services in the Philippines, finding high overall quality and utilization but significant variations across geographic clusters.

Beyond resource constraints, cultural and systemic barriers significantly influence healthcare access and patient experiences. Khatri and Assefa (2022) reviewed studies on challenges faced by Culturally and Linguistically Diverse (CALD) populations in Australia, identifying individual, community, and systemic barriers. These include language barriers, inadequate interpretation services, insufficient cultural competency among providers, and structural disadvantages. Similarly, Adin (2019) highlights ethnic inequalities in healthcare access

among elderly populations, emphasizing the need to address distrust in the system, provider bias, and health literacy disparities. Brzoska et al. (2017) found lower satisfaction with rehabilitative care among Turkish nationals in Germany compared to other groups, suggesting that cultural differences in expectations contribute to this disparity. Jaeger et al. (2019) identified barriers to professional interpreter use in Swiss primary care, including organizational hurdles and lack of financial coverage, leading to disparities in unmet needs. These studies emphasize the need for culturally sensitive interventions, multilingual resources, and policy changes to improve health equity. In the Philippines, Guingab and Medrano (2021) found that while providers demonstrated good communication skills, interactions lacked empathy, highlighting the need for two-way communication and improved empathy. Trisolini et al. (2023) further identifies provider bias, inconsistent understanding of quality improvement concepts, and inadequate communication strategies as challenges to improving family planning service quality in the Philippines. Alemi et al. (2017) examined healthcare utilization among Afghan migrants in Istanbul, finding low utilization linked to precarious living conditions and low perceived need.

Effective healthcare systems require strong accountability and ethical leadership. Priyadarshi and Kumar (2020) argue for improved accountability in India's healthcare system, emphasizing the need for financial, performance, and political accountability to drive effective reform. Franczukowska and Krczal (2021) demonstrate a positive association between ethical leadership and job satisfaction and affective commitment in Austrian healthcare organizations, suggesting that ethical leadership training can improve employee well-being. Szromek (2021) showcases the adaptability and resilience of Polish health resort enterprises during the COVID-19 pandemic, highlighting their role in pandemic response and the potential of health tourism for innovation. Bejtkovsky (2020) explores the use of social media in Czech healthcare for HR marketing, confirming the importance of IT skills in modern human resource management. Valerievna (2019) emphasizes the need for a systematic approach to urban and rural health facility planning in Ukraine, advocating for a hierarchical structure of medical care. These studies highlight the importance of systemic improvements, leadership development, and innovation in enhancing healthcare delivery. In the Philippine context, Martinez Vergara et al. (2020) describes a successful public-private partnership to improve maternal/neonatal outcomes, demonstrating the potential of collaborative models. Hartigan-Go et al. (2024) advocate for a health smart card system in the Philippines to improve patient access to records and empower patients, highlighting the need for interoperability and addressing ethical concerns.

Several studies directly address patient expectations and satisfaction. Meesalaa and Paul (2018) found that reliability and responsiveness were key service quality dimensions impacting patient satisfaction and loyalty in Indian private hospitals. Marković et al. (2014) identified a gap between patient expectations and perceptions of service quality in a Croatian medical rehabilitation hospital. Ong et al. (2022) identified expectations as the most influential factor affecting Filipino member satisfaction with PhilHealth. De Mesa et al. (2019) demonstrated that primary care improvements, such as digital records and staff retraining, led to significant increases in patient satisfaction at a Philippine university health service. Doroteo et al. (2020) propose using patient experience as a metric to evaluate universal health coverage in the Philippines. These studies emphasize the importance of understanding and managing patient expectations to improve satisfaction and overall healthcare outcomes. Furthermore, Jahn et al. (2018) highlights challenges in implementing patient-held personal health records in Germany, indicating that even with technological advancements, successful implementation requires careful planning and consideration of practical barriers. Bozorgmehr et al. (2015) investigated equity in healthcare

access among German asylum seekers, finding higher socioeconomic status associated with greater healthcare utilization. Fronek et al. (2017) studied moral distress among hospital social workers in South Korea and Australia, identifying ethical dilemmas related to boundaries, confidentiality, and self-determination. Capuno et al. (2017) investigated factors associated with delays in seeking healthcare in the Philippines, finding that health needs and opportunity costs were primary factors. Yamashita et al. (2017) examined healthcare service utilization and health outcomes among postpartum women in the Philippines who delivered at home versus a facility, finding home births associated with increased risk of certain health issues. Fernandez-Marcelo et al. (2016) describe the formulation of the Philippines' National Telehealth Strategy and Policy (NTSP). Paredes (2016) examined socioeconomic inequalities in maternal and child health (MCH) service utilization in the Philippines. Castillo et al. (2016) assessed the impact of Essential Intrapartum and Newborn Care (EINC) training on healthcare providers in the Philippines following Typhoon Haiyan. Wong et al. (2018) presented a method for prioritizing health service coverage in the Philippines using global data. Park and Canaway (2019) explored integrating traditional and complementary medicine (T&CM) into national health systems to advance universal health coverage (UHC) in the Asia-Pacific region. Gumba (2020) assessed citizen satisfaction with health, education, and social welfare services in a Philippine town. Martinez et al. (2020) systematically reviewed studies on Filipino help-seeking for mental health problems. Haldane et al. (2020) reviewed national primary care guidelines for COVID-19 from 14 countries. Flores et al. (2021) applied a cooperative covering maximal model to optimize primary care facility location in a Philippine city.

Methodology

1. Research Design

This study employed a descriptive research design to describe, quantify, and analyze relationships among variables, and to explore potential predictions regarding outpatient experiences at rural healthcare units in Jolo, Sulu during Fiscal Year 2024. Data were collected from outpatients using questionnaires, supplemented by library and internet research to inform the theoretical framework (Bless & Higson-Smith, 1995; Babbie & Mouton, 2001). The study examined: (a) outpatient socio-demographics (gender, age, civil status, educational attainment); (b) outpatient expectations regarding facility location, administration, waiting areas, physicians, pharmacy, and basic services; (c) differences in expectations across demographic groups; and (d) correlations among expectation sub-categories.

2. Research Participants

This study was conducted in Jolo, Sulu, among the rural healthcare units during the Fiscal Year 2024, involving outpatients as respondents. The rural healthcare units are located in Jolo proper, under the direct supervision of the Jolo Rural Health Center and the Integrated Provincial Hospital - Sulu. The respondents included outpatients attending these rural healthcare units, regardless of their place of origin, during the Fiscal Year 2024. This study used purposive sampling to select 100 outpatients, ensuring representation across gender, age, civil status, and educational attainment. This non-probability sampling method relied on the availability of participants.

3. Research Instruments

An adapted and slightly modified survey questionnaire served as the primary instrument for gathering data on the expectation level of outpatients attending rural healthcare units in Jolo during the Fiscal Year 2024. This questionnaire was based on the research instrument developed by

Sharma et al. (2013), which is a standardized tool with established validity and reliability. To ensure its suitability for the local context, the questionnaire underwent slight modifications and was reviewed by at least two experts from the faculty of the School of Graduate Studies at Sulu State College.

The research instrument consists of two parts. Part I focuses on collecting the demographic profile of the outpatients, including gender, age, civil status, occupation, and educational attainment. Part II aims to obtain data on the expectation level of outpatients, covering various aspects such as the location of the health facility (3 items), administration (6 items), waiting area (2 items), physician services (9 items), pharmacy (5 items), and basic services (4 items). This structured approach ensures comprehensive data collection relevant to the study's objectives.

4. *Data Gathering Procedure*

The data gathering process involved a systematic approach to ensure the reliability and comprehensiveness of the information collected. Initially, a permit was secured to administer the questionnaire from the Office of the Dean of Graduate Studies, as well as from the heads of the rural healthcare units in Jolo. This step was crucial to ensure that the study adhered to institutional protocols and received the necessary approvals. Following the acquisition of permits, the researcher personally launched the data collection by administering the questionnaires to the outpatients. This hands-on approach allowed the researcher to clarify any questions and ensure that respondents understood the purpose of the study. Additionally, the researcher was responsible for retrieving the completed questionnaires, which ensured high response rates and maintained the integrity of the data collection process. This method not only facilitated a smooth data gathering experience but also fostered a rapport between the researcher and the participants, ultimately enhancing the quality of the data obtained.

5. *Data Analysis*

Data analysis employed both descriptive and inferential statistical techniques. For research problem one, frequency counts and percentages determined the profile of outpatients attending rural healthcare units in Jolo during Fiscal Year 2024. Research problem two utilized mean and standard deviation to ascertain the expectation level of these outpatients. To determine significant differences in expectation levels based on demographic variables, research problem three employed independent samples t-tests for gender and one-way analysis of variance (ANOVA) for age, civil status, occupation, and educational attainment. Finally, research problem four used the Pearson Product Moment Correlation Coefficient (Pearson r) to assess the correlation among sub-categories within the outpatient expectation level.

Ethical considerations were paramount throughout the research. All procedures adhered to established ethical standards, prioritizing non-maleficence, respect for dignity and rights, confidentiality and anonymity, objectivity, informed consent, and ethics clearance obtained by complying with the Ethics Committee's requirements. These measures ensured the protection of participants' rights and the integrity of the study's findings.

Results and Discussion

Question 1. What is the demographic profile of respondents in terms of: 1.1 Gender; 1.2 Age; 1.3 Civil status; 1.4 Occupation; and 1.5 Educational attainment?

1.1 In terms of Gender

Table 1.1 Demographic profile of the respondents in terms of gender.

	Frequency	Percent
Male	7	7.0
Female	93	93.0
Total	**100**	**100.0**

Table 1.1 shows that of the 100 respondents, 93 (93%) were female and 7 (7%) were male. This significant female majority may reflect higher female engagement in healthcare seeking behaviors, potentially influenced by factors such as societal roles, cultural norms, and health awareness.

1.2 In terms of Age

Table 1.2 Demographic profile of respondents in terms of age

	Frequency	Percent
20 y.o and below	11	11.0
21-30 y.o	18	18.0
31-40 y.o	32	32.0
41 y.o and above	39	39.0
Total	**100**	**100.0**

Table 1.2 details the age distribution of the 100 respondents. Eleven percent (11) were 20 years old or younger, 18% (18) were aged 21-30, 32% (32) were aged 31-40, and 39% (39) were 41 or older. The majority of respondents (71%) were aged 31 or older, suggesting that the RHU's services may be more relevant to an older demographic. The lower representation of younger age groups may indicate that the facility's services are less tailored to their needs or that younger individuals utilize different healthcare providers. This age distribution may also reflect generational differences in healthcare utilization patterns.

1.3 In terms of Civil Status

Table 1.3 Demographic profile of the respondents in terms of civil status.

	Frequency	Percent
Single	19	19.0
Married	65	65.0
Widowed/separated	16	16.0
Total	**100**	**100.0**

Table 1.3 shows the civil status of the 100 respondents: 19 (19%) were single, 65 (65%) were married, and 16 (16%) were widowed. The majority of respondents (65%) were married, suggesting that family-related factors may significantly influence their healthcare needs and expectations. The smaller proportions of single and widowed respondents highlight the dominance of married individuals in this sample. This distribution may influence the design and delivery of services to ensure they meet the diverse needs of different life stages and family structures.

1.4 In terms of Occupation

Table 1.4 demographic profile of the respondents in terms of occupation

	Frequency	Percent
Employed	20	20
Self-employed	20	20
Unemployed	60	60
Total	**100**	**100.0**

Table 1.4 presents the employment status of the 100 respondents: 20 (20%) were employed, 20 (20%) were self-employed, and 60 (60%) were unemployed. The high proportion

of unemployed respondents (60%) suggests that socio-economic factors may significantly influence RHU utilization. This highlights the importance of accessible and affordable healthcare for economically disadvantaged populations. The RHU's provision of free services plays a crucial role in ensuring healthcare access for this vulnerable group.

1.5 In terms of educational attainment

Table 1.5 Socio-demographic profile of the respondents in terms of educational attainment

	Frequency	Percent
No formal education	7	7.0
Elementary	29	29.0
High school	23	23.0
College	41	41.0
Total	**100**	**100.0**

Table 1.5 presents the educational attainment of the 100 respondents: 7 (7%) had no formal education, 29 (29%) completed elementary school, 23 (23%) were high school graduates, and 41 (41%) held a college degree. More than half (59%) of the respondents had not completed college. While a substantial number of respondents had attained college degrees, the overall data suggests limited educational attainment among the study participants, potentially reflecting socio-economic barriers to education. This, coupled with the high proportion of unemployed or self-employed respondents, highlights the need for accessible and affordable healthcare, regardless of educational attainment or employment status.

2) What is the level of expectation of outpatients attending at rural healthcare unit in Jolo in terms of: 2.1 Location of health facility; 2.2 Administration; 2.3 Waiting area; 2.4 Physician; 2.5 Pharmacy; and 2.6 Basic services?

2.1 In terms of Location of the facility

Table 2.1 Level of expectation of outpatients attending at rural health care unit in Jolo in terms of location of the facility.

	Location of the Facility	N	MEAN	S.D.	Rating
1.	The health institution is easily accessible.	100	4.5600	.92463	Strongly agree
2.	Convenient location of health facility.	100	4.4900	.91558	Agree
3.	Adequate parking space is available.	100	3.7500	1.14040	Agree
	Total Weighted Mean		**4.2667**	**.87617**	**Agree**

Legend Point	Scale Value	Descriptors	Interpretation
5	4.50-5.00	Strongly agree	Extremely high expectation
4	3.50-4.49	Agree	High expectation
3	2.50-3.49	Neutral	Moderate expectation
2	1.50- 2.49	Disagree	Low expectation
1	1.00- 1.49	Strongly disagree	Extremely low expectation

Table 2.1 presents the results for the "Location of Facility" sub-category, showing a weighted mean score of 4.2667 (SD = 0.87617), indicating a high level of agreement or expectation. Respondents strongly agreed with the statement, "The health institution is easily accessible," while the statement, "Adequate parking space is available," received the lowest mean

score (3.7500). These findings suggest that accessibility is a key factor influencing patient satisfaction with the RHU's location, although adequate parking is also considered important.

2.2 In terms of administration

Table 2.2 Level of expectation of outpatients attending at rural health care unit in Jolo in terms of administration.

	Administration	N	Mean	S.D.	Rating
1.	Queue at the reception counter.	100	3.9700	.99955	Agree
2.	Separate queue for ladies and elderly.	100	3.8300	1.06415	Agree
3.	Personnel present at registration counter	100	4.4400	1.02809	Agree
4.	Behavior of registration clerk	100	4.3100	1.09816	Agree
5.	The registration area was comfortable	100	4.2300	1.09041	Agree
6.	Patients must wait less before examination by physician	100	4.0600	1.03299	Agree
	Total Weighted Mean		**4.1400**	**.95603**	**Agree**

Legend Point	Scale Value	Descriptors	Interpretation
5	4.50-5.00	Strongly agree	Extremely high expectation
4	3.50-4.49	Agree	High expectation
3	2.50-3.49	Neutral	Moderate expectation
2	1.50- 2.49	Disagree	Low expectation
1	1.00- 1.49	Strongly disagree	Extremely low expectation

Table 2.2 shows a weighted mean score of 4.1400 (SD = 0.95603) for the "Administration" sub-category, indicating strong agreement with the statements. Respondents highly valued staff availability ("Personnel present at registration counter" received the highest score), while the importance of separate queues for ladies and the elderly was rated lower. These results highlight the importance of efficient and supportive administrative processes, including adequate staffing and functional reception areas, in enhancing patient experience at the RHU.

2.3 In terms of waiting area

Table 2.3 Level of expectation of outpatients attending rural health care unit in Jolo in terms of waiting area.

	Waiting area	N	Mean	S.D.	Rating
1.	Sitting space was adequate and chairs were comfortable	100	3.8400	1.09839	Agree
2.	Clinic timings are convenient	100	4.2800	1.23157	Agree
	Total Weighted Mean		**4.0600**	**1.10846**	**Agree**

Legend Point	Scale Value	Descriptors	Interpretation
5	4.50-5.00	Strongly agree	Extremely high expectation
4	3.50-4.49	Agree	High expectation
3	2.50-3.49	Neutral	Moderate expectation
2	1.50- 2.49	Disagree	Low expectation
1	1.00- 1.49	Strongly disagree	Extremely low expectation

Table 2.3 presents the "Waiting Time" sub-category results, showing a weighted mean score of 4.0600 (SD = 1.1084), indicating a generally positive assessment of waiting times at the RHU. Respondents valued convenient clinic hours and adequate seating. These findings suggest

that minimizing waiting times and providing a comfortable waiting area are important for patient satisfaction.

2.4 In terms of physicians

Table 2.4 Level of expectation of outpatients attending at rural health care unit in Jolo in terms of physician.

	Physician	N	Mean	S.D.	Rating
1.	The doctor gave adequate time to explain the problem thoroughly.	100	4.4200	1.07478	Agree
2.	Doctor examines using a screen.	100	4.1800	.97835	Agree
3.	The doctor examines satisfactorily.	100	4.5200	.90431	Strongly agree
4.	The doctor treated the patient in a very friendly and courteous manner.	100	4.5300	.94767	Strongly Agree
5.	The doctor explained side effects of medicines.	100	4.5200	.90431	Strongly agree
6.	The doctor gave advice about ways to avoid illness and stay healthy	100	4.4600	.93657	Agree
7.	The doctor gave me clear advice for dosage and timing of medicine	100	4.5400	.91475	Strongly agree
8.	Doctor listens carefully to what the patient has to say	100	4.5300	.91514	Strongly agree
9.	The doctor gave clear instructions about when to return	100	4.5600	.89126	Strongly agree
	Total Weighted Mean		**4.4733**	**.88335**	**Agree**

Legend			
Point	**Scale Value**	**Descriptors**	**Interpretation**
5	4.50-5.00	Strongly agree	Extremely high expectation
4	3.50-4.49	Agree	High expectation
3	2.50-3.49	Neutral	Moderate expectation
2	1.50- 2.49	Disagree	Low expectation
1	1.00- 1.49	Strongly disagree	Extremely low expectation

Table 2.4 presents results for the "Physicians" sub-category, showing a high weighted mean score of 4.4733 (SD = 0.88335). Respondents highly valued caring, compassionate, and professional physician behavior, with the statement "The doctor gave clear instructions about when to return" receiving the highest score (4.5600). While the use of technology in examinations ("Doctor examines using a screen") received the lowest score within this sub-category, it still indicated a relatively high level of expectation. These findings emphasize the importance of both compassionate care and clear communication in enhancing patient satisfaction.

2.5 In terms of pharmacy

Table 2.5 Level of expectation of outpatients attending at rural health care unit in Jolo in terms of pharmacy.

	Pharmacy	N	Mean	S.D.	Rating
1.	The pharmacy was located at convenient place	100	4.3200	1.12708	Agree
2.	Personnel were available in the pharmacy	100	4.2700	1.02351	Agree
3.	Medicines are available at the pharmacy	100	4.1300	1.07923	Agree
4.	Pharmacy personnel explain medicine dose	100	4.3800	.89646	Agree
5.	Pharmacists take little time to dispense medication	100	4.1900	1.09816	Agree
	Total Weighted Mean		**4.2580**	**.96118**	**Agree**

Legend

Point	Scale Value	Descriptors	Interpretation
5	4.50-5.00	Strongly agree	Extremely high expectation
4	3.50-4.49	Agree	High expectation
3	2.50-3.49	Neutral	Moderate expectation
2	1.50- 2.49	Disagree	Low expectation
1	1.00- 1.49	Strongly disagree	Extremely low expectation

Table 2.5 shows a weighted mean score of 4.2580 (SD = 0.96118) for the "Pharmacy Services" sub-category, indicating strong agreement on the importance of these services. The highest mean score (4.3800) was for clear explanations of medication dosages, highlighting the importance of patient education. While medication availability ("Medicines are available at the pharmacy") received the lowest score (4.1300), it still indicated a high level of expectation. These findings emphasize the need for accessible, efficient pharmacy services with well-trained personnel and clear communication.

2.6 In terms of basic services

Table 2.6 Level of expectation of outpatients attending at rural health care unit in Jolo in terms of basic services

	Basic Services	N	Mean	S.D.	Rating
1.	There were proper arrangements of drinking water	100	3.6600	1.31210	Agree
2.	Overall, the Rural Health Unit was clean	100	4.2300	1.24604	Agree
3.	The toilets were clean and in usable condition	100	4.1800	1.26635	Agree
4.	Telephone facility was available	100	3.3300	1.57669	Neutral
	Total Weighted Mean		**3.8500**	**1.10039**	**Agree**

Legend

Point	Scale Value	Descriptors	Interpretation
5	4.50-5.00	Strongly agree	Extremely high expectation
4	3.50-4.49	Agree	High expectation
3	2.50-3.49	Neutral	Moderate expectation
2	1.50- 2.49	Disagree	Low expectation
1	1.00- 1.49	Strongly disagree	Extremely low expectation

Table 2.6 shows a weighted mean score of 3.8500 (SD = 1.10039) for the "Basic Services" sub-category, indicating general agreement on their importance. Cleanliness ("Overall, the Rural Health Unit was clean," mean = 4.2300) was rated highly, while the availability of telephone facilities (mean = 3.3300) received a lower rating. These findings suggest that maintaining cleanliness and providing access to drinking water are important for patient satisfaction, while the importance of telephone facilities is less pronounced.

3) Is there a significant difference in the level of expectation of outpatients attending at rural healthcare unit in Jolo when data are grouped according to: 3.1 Gender; 3.2 Age; 3.3 Civil status; 3.4 Occupation; and 3.5 Educational attainment?

3.1 terms of age

Table 3.1 Significant difference in the level of expectation of outpatients attending rural healthcare unit in Jolo in terms of age.

SOURCES OF VARIATION		Sum of Squares	Df	Mean Square	F	Sig.	Description
Location of the facility	Between Groups	3.688	3	1.229	1.632	.187	Not Significant
	Within Groups	72.312	96	.753			
	Total	76.000	99				

Administration	Between Groups	15.331	3	5.110	6.528	.000	Significant
	Within Groups	75.153	96	.783			
	Total	90.484	99				
Waiting area	Between Groups	11.055	3	3.685	3.199	.027	Significant
	Within Groups	110.585	96	1.152			
	Total	121.640	99				
Physician	Between Groups	7.939	3	2.646	3.665	.015	Significant
	Within Groups	69.311	96	.722			
	Total	77.250	99				
Pharmacy	Between Groups	4.106	3	1.369	1.504	.218	Not Significant
	Within Groups	87.358	96	.910			
	Total	91.464	99				
Basic services	Between Groups	8.308	3	2.769	2.383	.074	Not Significant
	Within Groups	111.567	96	1.162			
	Total	119.875	99				

*Significant at 0.05 alpha level.

Analysis of outpatient expectations at the Jolo Rural Health Unit (RHU) revealed significant age-related variations in certain aspects of service. **Table 3.1** displays the ANOVA results, indicating statistically significant differences ($p < 0.05$) in patient expectations concerning administrative procedures, waiting areas, and physician interactions. Conversely, patient age did not significantly influence expectations regarding facility location, pharmacy services, or basic service provision ($p > 0.05$). These findings suggest that age is a crucial factor in shaping perceptions of administrative efficiency, comfort during waiting periods, and the quality of physician encounters at the RHU. However, patient age appears less influential on assessments of the facility's geographical accessibility, pharmacy operations, and the overall quality of essential services offered.

3.2 In terms of gender

Table 3.2 Significant difference in the level of expectation of outpatients attending rural healthcare unit in Jolo in terms of gender.

Variables	Groupings	Mean	SD	Mean Difference	t	Sig.	Description
location of the facility	Male	2.8571	1.03382	-1.51562	.461	.499	Not Significant
	Female	4.3728	.77061	-1.51562			
Administration	Male	2.8810	1.02159	-1.35381	.093	.761	Not Significant
	Female	4.2348	.88644	-1.35381			
waiting area	Male	2.7857	1.07460	-1.37020	.000	.996	Not Significant
	Female	4.1559	1.05547	-1.37020			
Physician	Male	2.8571	1.02983	-1.73784	.985	.323	Not Significant
	Female	4.5950	.74619	-1.73784			
Pharmacy	Male	2.8286	1.04198	-1.53702	.131	.719	Not Significant
	Female	4.3656	.86959	-1.53702			
basic services	Male	2.4286	.95431	-1.52842	.294	.589	Not Significant

	Female	3.9570	1.03841	-1.52842

*Significant at 0.05 alpha level.

Table 3.2 presents an analysis of outpatient expectations at the Jolo Rural Health Unit (RHU) by gender. The results indicate no statistically significant differences ($p > 0.05$) in patient expectations across all assessed sub-categories. Mean differences between male and female respondents were not significant at the $\alpha = 0.05$ level. This suggests that gender does not significantly influence patient assessments of the factors affecting their expectations of the RHU. Therefore, gender does not appear to be a mediating variable in shaping perceptions of RHU services.

3.3 In terms of Civil status

Table 3.3 Significant difference in the level of expectation of outpatients attending rural healthcare unit in Jolo in terms of gender

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Location of the facility	Between Groups	.447	2	2	.287	.751	Not Significant
	Within Groups	75.553	97	.779			
	Total	76.000	99				
Administration	Between Groups	5.685	2	2.843	3.252	.043	Significant
	Within Groups	84.799	97	.874			
	Total	90.484	99				
Waiting area	Between Groups	2.021	2	1.010	.819	.444	Not Significant
	Within Groups	119.619	97	1.233			
	Total	21.640	99				
Physician	Between Groups	.968	2	.484	.615	.543	Not Significant
	Within Groups	76.282	97	.786			
	Total	77.250	99				
Physician	Between Groups	.409	2	.205	.218	.804	Not Significant
	Within Groups	91.054	97	.939			
	Total	91.464	99				
Basic services	Between Groups	7.745	2	3.872	3.350	.039	Significant
	Within Groups	112.130	97	1.156			
	Total	119.875	99				

*Significant 0.05 alpha level.

Table 3.3 examines the relationship between patient expectations at the Jolo RHU and civil status. Statistically significant differences ($p < 0.05$) were only observed for "basic services" and "administration." No significant differences ($p > 0.05$) were found for other sub-categories. This suggests that, while marital status may influence perceptions of basic services and administrative

processes, it does not significantly affect overall expectations of the RHU. Civil status, therefore, does not appear to be a significant mediating factor in shaping patient expectations.

3.4 In terms of Occupation

Table 3.4 Significant difference in the level of expectation of outpatients attending rural healthcare unit in Jolo in terms of civil status

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Location of the facility	Between Groups	4.158	3	1.386	1.852	.143	Not Significant
	Within Groups	71.842	96	.748			
	Total	76.000	99				
Administration	Between Groups	1.944	3	.648	.703	.553	Not Significant
	Within Groups	88.540	96	.922			
	Total	90.484	99				
Waiting area	Between Groups	5.107	3	1.702	1.402	.247	Not Significant
	Within Groups	116.533	96	1.214			
	Total	121.640	99				
Physician	Between Groups	.854	3	.285	.358	.784	Not Significant
	Within Groups	76.396	96	.796			
	Total	77.250	99				
Pharmacy	Between Groups	4.684	3	1.561	1.727	.167	Not Significant
	Within Groups	86.780	96	.904			
	Total	91.464	99				
Basic services	Between Groups	2.143	3	.714	.582	.628	Not Significant
	Within Groups	117.732	96	1.226			
	Total	119.875	99				

*Significant at 0.05 alpha level.

Table 3.4 analyzes the influence of occupation on patient expectations at the Jolo RHU. The analysis reveals no statistically significant differences ($p > 0.05$) in patient expectations across all assessed sub-categories. This indicates that employment status (employed, self-employed, unemployed) does not significantly affect how patients assess the RHU. Therefore, occupation does not appear to mediate the relationship between patient characteristics and their expectations of the RHU.

3.5 In terms of educational attainment

Table 3.5 presents the data on the significant difference in the level of expectation of outpatients attending rural healthcare unit in Jolo in terms of educational attainment

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Location of the facility	Between Groups	31.822	3	10.607	23.051	.000	Significant
	Within Groups	44.178	96	.460			
	Total	76.000	99				
Administration	Between Groups	28.875	3	9.625	14.998	.000	Significant
	Within Groups	61.609	96	.642			
	Total	90.484	99				
Waiting area	Between Groups	25.862	3	8.621	8.640	.000	Significant
	Within Groups	95.778	96	.998			
	Total	121.640	99				
Physician	Between Groups	36.991	3	12.330	29.403	.000	Significant
	Within Groups	40.259	96	.419			
	Total	77.250	99				
Pharmacy	Between Groups	31.450	3	10.483	16.769	.000	Significant
	Within Groups	60.014	96	.625			

	Total	91.464	99				
	Between Groups	31.311	3	10.437	11.313	.000	Significant
Basic services	Within Groups	88.564	96	.923			
	Total	119.875	99				

*Significant at 0.05 alpha level.

Table 3.5 shows a statistically significant relationship ($p < 0.05$) between educational attainment and patient expectations at the Jolo RHU across all sub-categories. This suggests that patients with higher levels of education hold significantly different expectations of the RHU compared to those with lower levels of education. Educational attainment, therefore, appears to be a significant mediating factor influencing patient expectations.

4) Is there a significant correlation among the sub-levels subsumed under the level of expectation of outpatients attending at rural health unit Jolo?

Table 4 Correlation among the sub-categories subsumed under the level of expectation of outpatients attending rural health unit Jolo.

Variables		Pearson r	Sig.	N	Description
Dependent	**Independent**	.709**	.000	100	Very High
Location of the facility	Administration	.709**	.000	100	Very High
	Waiting area	.763**	.000	100	Very High
	Physician	.815**	.000	100	Very High
	Pharmacy	.867**	.000	100	Very High
	Basic services	.629**	.000	100	High

*Correlation Coefficient is significant at alpha .05

Correlation Coefficient Scales Adopted from Hopkins, Will (2002):

0.0-0.1=Nearly Zero; 0.1-0.30=Low; .3-0.5 0=Moderate; .5-0.7-0=High; .7-0.9= Very High; 0.9-1=Nearly Perfect

Table 4 displays strong positive correlations among sub-categories of patient expectations at the Jolo RHU. Specifically, very high positive correlations were observed between facility location and each of the following: administration, waiting area, physician interactions, and pharmacy services. A high positive correlation was also found between facility location and basic services. These findings suggest a high degree of consistency in patient assessments across these dimensions. Patients who rated facility location highly also tended to rate other aspects of the RHU similarly. Overall, the sub-categories of patient expectations demonstrate a high degree of intercorrelation.

This study examined outpatient expectations at Rural Health Unit Jolo, utilizing Sharma et al.'s (2013) model encompassing location, administration, waiting area, physician, pharmacy, and basic services. The 100 respondents (11% ≤20 years old, 18% 21-30, 32% 31-40, 39% ≥41) were predominantly female (93%), married (65%), and unemployed (60%), with over half having less than a college education (59%). Overall, outpatient expectations were high across all six Sharma et al. (2013) sub-categories. Significant differences in expectations were observed across age groups regarding administration, waiting area, and physician, and also across educational attainment. No significant differences were found based on gender, civil status, or occupation. A high positive correlation existed among all six sub-categories. These findings align with Lateef et al.'s (2017) assertion that patients hold expectations, often unstated, about their healthcare interactions. The high correlation suggests a holistic patient experience, where satisfaction in one area influences perceptions in others. Further research should explore the implications of these findings for improving service delivery and patient adherence, particularly given the high unemployment rate and educational disparities among the respondents. The significant

relationship between age and educational attainment and expectations highlights the need for targeted interventions to meet the diverse needs of the patient population.

Conclusion

This study concludes that the respondents are adequately represented across various demographics, including age, gender, civil status, occupation, and educational attainment. On average, there is a high level of expectation among outpatients attending Rural Health Unit Jolo regarding facility location, administration, waiting area, physician, pharmacy, and basic services. Notably, gender, civil status, and occupation do not significantly influence these expectations. Furthermore, respondents who rated the facility's location highly likely assessed other aspects—administration, waiting area, physician, pharmacy, and basic services—similarly. The findings support the Model of Outpatients Satisfaction in Health Centers, indicating that patient satisfaction hinges on these key variables.

Based on these findings, several recommendations are proposed. First, outpatients can use these insights to better understand the quality of healthcare services at Rural Health Unit Jolo, which may enhance their healthcare delivery experience. Second, healthcare heads and officials should consider these results to grasp outpatient expectations, which can inform improvements in administration, facilities, personnel, and services, ultimately influencing patient satisfaction. Third, nurses can leverage these findings to tailor their healthcare delivery practices at the primary level, thereby increasing patient satisfaction. Lastly, student researchers in healthcare services are encouraged to replicate this study and include additional variables for a more comprehensive understanding of patient expectations and satisfaction.

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