



# An Assessment of Community Perception on Quality Patient Nursing Care Theory in Selected Barangays in the Philippines

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## **Author's contribution**

The sole author designed, analysed, interpreted and prepared the manuscript.

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## **ABSTRACT**

This study assesses the perception of the selected community barangays in the Philippines. This task entailed identifying the "Perception" of the community in terms of factors to consider if patients will submit to hospitalization, determinants of quality patient health care, factors that boost patients' recovery, expected government programs, and self-image problems due to their diagnosis. **Aims:** The study aimed to assess the perception of the community on Quality Patient Nursing Care Theory with the view to developing essential further recommendations for the community, staff nurses, doctors, hospital administrators, and National Government Department of Health officials. **Scope and Limitation of the Study:** The study focused on the perception of the community before they will visit the hospital for check-ups, follow-up of care, or for confinement. The study was conducted last March 2024 into two selected barangay areas in the Philippines: Barangay 187 in

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Tala Caloocan City and Barangay Sta. Rita in Bacnotan La Union Province. Barangay 187 was chosen because of its proximity to Dr. Jose Rodriguez Memorial Hospital and Barangay Sta. Rita was chosen because of its remoteness from the Provincial hospital.

**Research Design:** The study employed a Quantitative Descriptive nonparametric method design of the study. The research was conducted in selected barangays in Caloocan City and La Union. Simple random sampling - random draws was used and a total of 100 respondents were selected from two selected areas in Caloocan City and in La Union Province.

**Results:** The mean for the parameter on Quality Patient Nursing Care Theory perceived as “ Important” was 100 percent for Barangay 187 and 100 percent for Barangay Sta. Rita. Barangay 187 in Caloocan City and Barangay Sta. Rita in La Union both shared their perception that Quality Patient Nursing Care Theory is important with percentage of 100. Therefore both Barangays had the same perception of this new emerging theory of QUALITY PATIENT NURSING CARE states that “The factors to be considered if patients will submit to hospitalization or not, is determined by the quality patient health care and factors that boost patients’ recovery with the help of expected government programs to eliminate self-image problems due to their diagnosis” is important.

**Conclusion:** The study concludes that both Barangays had the same perception on this new emerging theory of QUALITY PATIENT NURSING CARE states that “The factors to be considered if patients will submit to hospitalization or not, is determined by the quality patient health care and factors that boost patients’ recovery with the help of expected government programs in order to eliminate self-image problems due to their diagnosis” is important. Every variable of this theory was uttered by the patients in qualitative study, and it was properly assessed by the community through a quantitative study that the researcher may conclude that this theory has a strong foundation that spearheaded through its themes and fountain-headed by its categories which is supported by patients’ utterances.

*Keywords: Quality patient nursing care; hospitalization; patients’ recovery; expected government programs; self-image problems.*

## 1. INTRODUCTION

High Quality Care is defined as care that is safe, timely, effective, efficient, equitable, and patient-centered with no disparities between racial and or ethnic groups [1]. High Quality Care expanded the definition of quality to include doing the right thing, at the right time, in the right way, to achieve the best possible results [2]. According to the World Health Organization Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It is based on evidence-based professional knowledge and is critical for achieving universal health coverage [3,4,5,6,]. These were the definitions from the Institute of Medicine, professional nurses, and World Health Organization.

On the other hand, Community assessment may give us another perception of Quality Patient Nursing Care [7]. The results of this assessment may guide us on how additional care should be given to our patients, appreciated, and accomplished in nursing care. The Significant result of this study is to highlight the internal ideas of the patients regarding Quality Patient

Nursing Care [8] through an assessment of their perception.

### 1.1 Objective

The study is designed to evaluate the perceptions of residents in selected community barangays regarding the Quality Patient Nursing Care Theory. Additionally, it aims to investigate whether there is a significant variance in perception between Barangay 187, Caloocan City, and Barangay Sta. Rita, La Union Province regarding the Theory of Quality Patient Nursing Care.

## 2. METHODS

### 2.1 Respondents of the Study

The study was conducted into two selected barangay areas in the Philippines: Barangay 187 in Tala Caloocan City and Barangay Sta. Rita in Bacnotan La Union Province. Barangay 187 was chosen because of its proximity to Dr. Jose Rodriguez Memorial Hospital and Barangay Sta. Rita was chosen because of its remoteness from the Provincial hospital. The selected barangays

approved the research survey. Before starting the study last March 2024, the researcher seeks approval from Barangay 187 and Barangay Sta. Rita community and informed consent from the respondents.

Using simple random sampling, 100 respondents were selected from the two selected barangays: 22 respondents from Barangay Sta. Rita and 78 respondents Barangay 187. Inclusion criteria in both barangays were: 1. Filipinos born 2. Live in Barangay 187 or Barangay Sta Rita 3. Assessable and willing to be a part of the study. 4. Must be willing to be participate in the survey, 5. The remoteness or proximity of their location from the hospital. The exclusion criteria in both barangays were: 1. Respondents not on the legal age 2. Person with Disabilities 3. Person with Mental Disease. 4. Respondents did not finished the survey.

## 2.2 Tool of the Study

Self-administer questionnaire that assess the perception of the respondents on the nursing care categories if Quality Patient Nursing Care is important or not important. Based on Baylon's Quality Patient Nursing Care theory have five (5) categories such as: First, Factors to consider if patient will submit to hospitalization or not; second, Determinants in providing quality patient health care; third, Components (factors) that boost patient's recovery; fourth, Expected government programs; fifth, Self-image problem due to diagnosis. The respondents will answer these five categories to assess the community perception on Baylon's Theory.

## 2.3 Data Gathering Procedure

The questionnaire methods were the mode of the data gathering with quantitative approach. The survey was conducted at Barangay Sta. Rita, Bacnotan, La Union Province and Barangay 187, Calocan City, Metro Manila: Twenty-two (22) Respondents answered the survey questionnaire from Barangay Sta. Rita and Seventy-eight (78) respondents answered the survey questionnaires from barangay 187, a total of 100 respondents. The Self-administer questionnaires were used to assess key stakeholders' perception on Quality Patient Nursing Care Theory.

Before starting the study, the researcher obtained approval from the Barangay Captain in Barangay Sta. Rita, La Union Province and the Barangay Captain in Barangay 187, Calocan

City. After securing approval, the researcher visited the barangay communities to conduct a community map assessment. Once the area mapping was completed, the survey began by obtaining the respondents' consent to participate in the study.

## 2.4 Quantitative Analysis

The data gathered from the respondents were tabulated and summarized into tables to elucidate and clarify the presentation of the data collected. Statistical analyses were applied to the data using the following descriptive parametric technique: Percentage was used to describe the perception of respondents in both areas if Quality Patient Nursing Care Theory is important or not important and Welch T-test was used for two sample means to know if there is a significant difference between the perception of the respondents from Barangay Sta. Rita, La Union Province, and respondents from Barangay 187 Calocan City in Baylon's Quality Patient Nursing Care Theory.

## 3. RESULTS

From the results shown in Table 1, the mean for the parameter on Factors to consider if a patient will submit to hospitalization or not if it is important was 94.87 percent for Barangay 187 and 93.94 percent for Barangay Sta. Rita. Among the Factors to consider if a patient will submit to hospitalization or not perceived as "important" in Barangay 187 was the Accessibility of health care and related issues received of 100 percent followed by factor 2; Long confinement issue and factor 3; Financial problems and constraints both received of 92.31 percent.

While the most "important" in Barangay Sta. Rita was factor number 1; Accessibility of health care and related issues received 100 percent followed by factors 2 and 3 (Long confinement issue and financial problems and constraints) both received 90.91 percent.

Comparatively, the mean for the parameter on Factors to consider if a patient will submit to hospitalization or not, perceived as not important was 5.13 percent for Barangay 187 and 6.06 percent for Barangay Sta. Rita. Among the Factors to consider if a patient will submit to hospitalization or not perceived as "not important" in Barangay 187 were factor 2 (Long confinement issue and factor) and factor 3 (Financial problems and constraints) both received 7.69 percent.

**Table 1. Assessment on Community Perception in Barangay 187, Caloocan City and Barangay Sta. Rita, La Union on Factors to Consider if Patients will Submit to Hospitalization or Not if it is Important or Not Important frequency distribution results, May 2024**

	Important				Not Important			
	Barangay 187 Caloocan City		Barangay Sta. Rita La Union		Barangay 187 Caloocan City		Barangay Sta. Rita La Union	
<b>Factors to consider if the patient will submit to hospitalization or not</b>	No.	%	No.	%	No.	%	No.	%
Accessibility of health care and issues	78	100.00	22	100.00	0	0.00	0	0.00
Long confinement issues	72	92.31	20	90.91	6	7.69	2	9.09
Financial problems and constraints	72	92.31	20	90.91	6	7.69	2	9.09
Mean		94.87		93.94		5.13		6.06

*Barangay 187 n= 78, Barangay Sta. Rita n= 22*

**Table 2. Assessment on Community Perception in Barangay 187, Caloocan City and Barangay Sta. Rita, La Union on Determinants in Providing Quality Patient Health Care if it is Important or Not Important frequency distribution results, May 2024**

	Important				Not Important			
	Barangay 187 Caloocan City		Barangay Sta. Rita La Union		Barangay 187 Caloocan City		Barangay Sta. Rita La Union	
<b>Determinants in providing quality patient health care</b>	No.	%	No.	%	No.	%	No.	%
Good doctor-nurse-patient relationship	78	100.00	22	100.00	0	0.00	0	0.00
Good doctor-patient relationship	78	100.00	22	100.00	0	0.00	0	0.00
Good nursing service, care, and other issues	77	98.72	22	100.00	1	1.28	0	0.00
Mean		99.57		100.00		0.43		0.00

*Barangay 187 n= 78, Barangay Sta. Rita n= 22*

The factors to consider if a patient will submit to hospitalization or not perceived as “not important” in Barangay Sta Rita were factor 2 (Long confinement issue and factor) and factor 3 (Financial problems and constraints) both received 9.09 percent.

It shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that Factors to consider if a patient will submit to hospitalization or not are important supported by Accessibility of Health Care and related issues; Long confinement and related issues; Financial problems and related issues.

Table 2 shows that the mean for parameter on Determinants in providing Quality patient health care perceived as “Important” was 99.57 percent for Barangay 187 and 100 percent for Barangay Sta. Rita. Among the determinants in providing quality patient health care in Barangay 187, determinants 1 and 2 (Good doctor-nurse-patient relationship and good doctor-patient relationship) both shared 100 percent and followed by good nursing service, care, and other related issues received 98.72 percent.

While Barangay Sta. Rita, all the determinants in providing quality patient health care are important; determinant 1 the good doctor-nurse-patient relationship; determinant 2 is, Good doctor-patient relationship; and determinant 3 the good nursing service, care, and other related issues received 100 percent.

Comparatively, the mean for parameters on Determinants in providing Quality patient health care perceived as “Not important” was 0.43 percent for Barangay 187 and 0.00 percent for Barangay Sta. Rita. Among the Not important determinants in providing quality patient health care in Barangay 187, determinant 3 (Good nursing service, care, and other related issues) received 1.28 percent.

It shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that Determinants in quality patient health care are important supported by good doctor-nurse-patient relationship; Good doctor-patient relationship; Good nursing service, care, and other related issues.

Table 3 shows that the mean for parameters on Components (factors) that boost patients’ recovery perceived as “Important” was 98.72 percent for Barangay 187 and 93.18 percent for Barangay Sta. Rita. Among the components

(factors) that boost patients’ recovery in Barangay 187, component or factor 1; Prayer and God’s help and related issues received 100 percent followed by component or factor 2; Visitation and token-related issue received 97.44 percent.

While Barangay Sta. Rita, the component or factor 1; Prayer and God’s help and related issues received 100 percent followed by component or factor 2; Visitation and token-related issue received 86.36 percent.

Comparatively, the mean for parameters on Components (factors) that boost patients’ recovery perceived as “Unimportant” was 1.28 percent for Barangay 187 and 6.82 percent for Barangay Sta. Rita. Among the Not important components (factors) that boost patients’ recovery in Barangay 187, component or factor 2; Visitation and token-related issue received 2.56 percent while the Not important components (factors) that boost patients’ recovery in Barangay Sta. Rita, component number or factor 2 Visitation and token related issue received 13.64 percent.

It shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that Components (factors) that boost patients’ recovery are important supported by Prayers and God's help and related issues, and Visitation and token-related issues.

Table 4 shows that the mean for parameter on Hansens’ patients expected government programs perceived as “Important” was 99.15 percent for Barangay 187 and 98.48 percent for Barangay Sta. Rita. Among the expected government programs in Barangay 187, the highest patients expected government program was number 3; Medicine accessibility and other related issues received 100 percent. Followed by patients expected government important program number 1 (Food accessibility and another related issue) and number 2 (Source of livelihood, DOH programs, and other related issues) both shared 98.72 percent.

While Barangay Sta. Rita, the highest number of patients expected government important programs were programmed number 1 (Food accessibility and other related issues) and number 3 (Medicine accessibility and other related issues) both shared 100 percent and followed by patients expected government important programs number 2 (Source of livelihood, DOH programs, and other related issues) received 95.45 percent.

**Table 3. Assessment on Community Perception in Barangay 187, Caloocan City and Barangay Sta. Rita, La Union on Components (factors) that Boost Patients' Recovery if it is Important or Not Important frequency distribution results, May 2024**

	Important				Not Important			
	Barangay 187 Caloocan City		Barangay Sta. Rita La Union		Barangay 187 Caloocan City		Barangay Sta. Rita La Union	
<b>Components (factors) that boost patients' recovery</b>	No.	%	No.	%	No.	%	No.	%
Prayer and God's help issues	78	100.00	22	100.00	0	0.00	0	0.00
Visitation and token issues	76	97.44	19	86.36	2	2.56	3	13.64
Mean		98.72		93.18		1.28		6.82

*Barangay 187 n= 78, Barangay Sta. Rita n= 22*

**Table 4. Assessment on Community Perception in Barangay 187, Caloocan City and Barangay Sta. Rita, La Union on Hansens' Patients Expected Government Programs if it is Important or Not Important frequency distribution results, May 2024**

	Important				Not Important			
	Barangay 187 Caloocan City		Barangay Sta. Rita La Union		Barangay 187 Caloocan City		Barangay Sta. Rita La Union	
<b>Hansens' patients expected government programs</b>	No.	%	No.	%	No.	%	No.	%
Food accessibility and other supply issues	77	98.72	22	100.00	1	1.28	0	0.00
Source of livelihood, DOH programs and others	77	98.72	21	95.45	1	1.28	1	4.55
Medicine accessibility and other issues	78	100.00	22	100.00	0	0.00	0	0.00
Mean		99.15		98.48		0.85		1.52

*Barangay 187 n= 78, Barangay Sta. Rita n= 22*

**Table 5. Assessment on Community Perception in Barangay 187, Caloocan City and Barangay Sta. Rita, La Union on Self-Image Problems Due to Diagnosis if it is Important or Not Important frequency distribution results, May 2024**

	Important				Not Important			
	Barangay 187 Caloocan City		Barangay Sta. Rita La Union		Barangay 187 Caloocan City		Barangay Sta. Rita La Union	
<b>Self-image problems due to diagnosis</b>	No.	%	No.	%	No.	%	No.	%
Avoidance of others, rejection of community, and discomfort	62	79.49	21	95.45	16	20.51	1	4.55
Deformity Issues	68	87.18	20	90.91	10	12.82	2	9.09
Discomfort with others	69	88.46	20	90.91	9	11.54	1	4.55
Mean		85.04		92.42		14.96		6.06

*Barangay 187 n= 78, Barangay Sta. Rita n= 22*

Comparatively, the mean for parameter on Hansens' patients expected government programs perceived as "Not important" was 0.85 percent for Barangay 187 and 1.52 percent for Barangay Sta. Rita. Among the expected government programs in Barangay 187, the highest number of patients expected government not important program was program number 1 (Food Accessibility and other supplies issue) and 2 (Source of Livelihood and DOH programs) shared with 1.28 percent while in Barangay Sta. Rita the highest patients expected government not important program was program number 2 (Source of Livelihood and DOH programs) received 4.55 percent.

It shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that Hansen's patients expected government programs to be important supported by Food accessibility and other supplies-related issues; Source of livelihood and DOH programs and other related issues; Medicine accessibility and other related issues.

Table 5 shows that the mean for the parameter on Self Image Problem due to diagnosis perceived as "Important" was 85.04 percent for Barangay 187 and 92.42 percent for Barangay Sta. Rita. Among the Self-image problems due to diagnosis in Barangay 187, the highest Important Self-image problem was number 3; Discomfort with others received 88.46 percent. Followed by problem number 2; the deformity issue received 87.18 percent. Lastly, one important self-image problem due to diagnosis was problem number 1; Avoidance of others, rejections of community, and discomfort received 79.49 percent.

While Barangay Sta. Rita, the highest important self-image problem due to diagnosis was problem number 1; Avoidance of others, rejections of community, and discomfort received 95.45 percent. Followed by problem number 2 (deformity issue) and problem number 3 (Discomfort with others) both shared 90.91 percent.

Comparatively, the mean for the parameter on Self Image Problem due to diagnosis perceived as "Not important" was 14.96 percent for Barangay 187 and 6.06 percent for Barangay Sta. Rita. Among the Self-image problems due to diagnosis in Barangay 187, the highest Not important Self-image problems were number 1; Avoidance of others, rejections of community,

and discomfort received 20.51 percent, followed by number 2 deformity issues received 12.82 percent, and lastly, number 3; Discomfort with others received 11.54 percent. While, Barangay Sta. Rita, the highest not important self-image problem due to diagnosis was problem number 2 (deformity issue) received 9.09 percent, followed by number 1; (Avoidance of others, rejections of community and discomfort) and number 3 (discomfort with others) shared in percentage of 4.55.

It shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that Self-image problems due to diagnosis are important supported by Avoidance of others, rejection of the community, and discomfort; Deformity issues; Discomfort with others.

Table 6 shows that the mean for the parameter on Quality Patient Nursing Care Theory perceived as "Important" was 100 percent for Barangay 187 and 100 percent for Barangay Sta. Rita. Barangay 187 in Caloocan City and Barangay Sta. Rita in La Union both shared their perception that Quality Patient Nursing Care Theory is important with 100 percent. Therefore both Barangays had the same perception of this new emerging theory of QUALITY PATIENT NURSING CARE states that "The factors to be considered if patients will submit to hospitalization or not, is determined by the quality patient health care and factors that boost patients' recovery with the help of expected government programs to eliminate self-image problems due to their diagnosis" is important.

Table 7 shows the results of whether there are significant differences between Perception of Barangay 187 of Caloocan City and Barangay Sta. Rita, La Union regarding with Community Perception on Quality Patient Nursing Care Theory.

A Welch T Test was used to examine the difference between the perception of Group 1 and Group 2. The data showed that the mean scores and standard deviation of Group 1 and Group 2 were 96.22 (SD=5.27) and 96.33 (SD=3.22), respectively, and the statistical analysis of the Welch t-test calculated the t-value as 0.0929, with a p-value of 0.9261 greater than 0.05, accepting the null hypothesis and the difference was statistically not significant.

**Table 6. Assessment on Community Perception in Barangay 187, Caloocan City and Barangay Sta. Rita, La Union on this Theory of Quality Patient Nursing Care if it is Important or Not Important frequency distribution results, May 2024**

	Important				Not Important			
	Barangay 187 Caloocan City		Barangay Sta. Rita La Union		Barangay 187 Caloocan City		Barangay Sta. Rita La Union	
Is the Theory	No.	%	No.	%	No.	%	No.	%
Quality Patient Nursing Care: States that "The factors to be considered if patients will submit to hospitalization or not, is determined by the quality patient health care and factors that boost patients recovery with the help of expected government programs in order to eliminate self-image problems due to their diagnosis."	78	100.00	22	100.00	0	0.00	0	0.00
Mean	100		100		0		0	

Barangay 187 n= 78, Barangay Sta. Rita n= 22

**Table 7. Results of Welch T Test between Barangay 187, Caloocan City (Group 1) and Barangay Sta. Rita, La Union (Group 2) as to their Perception Regarding the Theory of Quality Patient Nursing Care**

*Problem No. 1: Is there a significant difference between the Perception in Barangay 187, Caloocan City, and Barangay Sta. Rita, La Union on this Theory of Quality Patient Nursing Care?*

**Alternative hypothesis:** *There is a significant difference between the Perception of Barangay 187, Caloocan City, and Barangay Sta. Rita, La Union on this Theory of Quality Patient Nursing Care.*

**Null hypothesis:** *There is no significant difference between the Perception of Barangay 187, Caloocan City, and Barangay Sta. Rita, La Union on this Theory of Quality Patient Nursing Care.*

	Welch T-Test Results			t-value	p-value	p > .05	Interpretation
	Mean	SD	N				
Group 1	96.22	5.27	78	0.0929	0.9261	0.9261 > 0.05	Not Significant
Group 2	96.33	3.22	22				

Note: Level of significance is 0.05



Based on the data, there is no significant difference between the perception of Barangay 187, Caloocan City, and Barangay Sta. Rita, La Union, Province. This indicates that both barangays share the same view that Baylon's Theory of Quality Patient Nursing Care is undeniably "important."

#### 4. DISCUSSION

The interconnectedness of all variables in this theory show the perceptions of the community, the first main variable shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that Factors to consider if the patient will submit to hospitalization or not are important supported by Accessibility of Health Care and related issues; Long confinement and related issues; Financial problems and related issues.

Accessibility to health care is good access is essential in providing high-quality healthcare and ensuring that patients receive their treatment [9]. Having good accessibility in health care facilities helps the patient to visit the hospital because a lot of patients are passive patients, which means patients do not consider other hospitals before visiting one nor base their choice on information regarding the quality of care offered by the hospital or consultant [n = 100 (70%) [10] Second factor is Long confinement, these measures may have had a negative impact on perceived quality of care and symptoms in patients with chronic disorders [11] and if not properly explain the patients may tend to choose not to be admitted in the hospital. Financial problems and constraints are another factor to be considered. Hospital supply expenses per patient increased 18.5% between 2019 and 2022, outpacing increases in inflation by 30%. Specifically, hospital expenses for emergency services supplies – which include ventilators, respirators, and other critical equipment – experienced a 33% increase during the same time [12]. The burden associated with insurer-required administrative tasks also contributes to rising expenses and negatively affects patient care [13]. These three factors: Accessibility of health care, long confinement issues, and financial problems must be properly addressed and this can open the chance for the patients to be admitted to the different hospitals.

For the second main variable, it shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that

Determinants in quality patient health care are important supported by good doctor-nurse-patient relationship; Good doctor-patient relationship; Good nursing service, care, and other related issues.

Determinants of quality patient care that had a good and promising effect was the study of Miss Zhang and Chen that doctor-nurse-patient integrated nursing management intervention had good safety and was worthy of further promotion in clinical practices [14]. There is a direct impact on the quality of care depending on the type of relationship with the patient. The nurse recognizes that a good relationship improves the quality and healing results in the patient [15]. The table shows that all the respondents are in favor of good doctors-nurse-patient relationships together with good nursing services.

The third main variable shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that Components (factors) that boost patients' recovery are important supported by Prayers and God's help and related issues; and Visitation and token-related issues.

Components that boost patients' recovery are also important and this component depends on the patient's values that he had. Values that are important for patients, families, and health professionals. It is important to understand these values to support forms of care that aim to enhance the quality of life during confinement [16]. Enhancement of quality life through prayers depends on the individual's belief but religious beliefs are discussed as an effective resource for the enhancement of adjustment to chronic and life-threatening illness [17] and this should not be disregarded.

The fourth main variable shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that Hansen's patients expected government programs to be important supported by Food accessibility and other supplies-related issues; Source of livelihood and DOH programs and other related issues; Medicine accessibility and other related issues.

Hansens' patients expected government programs that they perceived "important", first is Food accessibility in the hospital this is also the focus of other governments, focus on structural

changes in food security by developing responsive packages to cushion members pushed into food insecurity [18]. Food accessibility is significant not only in the community during the COVID-19 Pandemic but also inside the hospital. Hence, the Food supply should be stable at different times. Medicine accessibility is also important because of having inequity in health services can impact health outcomes [19]. It is vital to enhance the availability of medicines and medical supplies once their effectiveness is strengthened [20] most of the patients' concerns will be addressed. COVID-19 patients during the pandemic are also like Hansen's patients during its outbreak has led to a dramatic loss of human life worldwide and presents an unprecedented challenge to public health, food systems, and the world of work [21]. The disease can affect the nerves, skin, eyes, and lining of the nose. In some cases, body parts may lose their sense of touch and pain, increasing the likelihood of injuries such as cuts and burns. [22]. On these conditions together with a long confinement or medications, patients needs to have a source of livelihood once he or she is discharged and to be productive in the community.

The fifth main variable shows that both barangays, Barangay 187 of Caloocan City and Barangay Sta. Rita La Union perceived that Self-image problems due to diagnosis are important supported by Avoidance of others, rejection of the community, and discomfort; Deformity issues; Discomfort with others.

One self-image problem due to their diagnosis is avoidance of others or we can describe it as rejection of the community to infected patients. Despite extensive efforts to reduce the disease burden, the disease continues to be responsible for stigmatization and rejection in society [23]. Deformities and discomfort issues are still observed and result in more rejection at the family and community level, more difficulties in their marital position, more social avoidance, more concealment and treatment delay, and more self-stigmatization [24]. Philippine health facilities can provide leprosy and disability services and health workers willing to treat leprosy patients and the possibility of providing MDT free of charge [25] to eliminate self-image problems.

The study showed that the mean for the parameter on Quality Patient Nursing Care Theory as "Important" was 100 percent for

Barangay 187 and 100 percent for Barangay Sta. Rita. Barangay 187 in Caloocan City and Barangay Sta. Rita in La Union both shared their perception that Quality Patient Nursing Care Theory is important with 100 percent.

Since this was the result of the study, the researcher would like to propose seminars on quality patient care based on the emerging theory from this study because the success of quality nursing care is to focus on the actual patients' utterances that experienced the actual hospitalization [26].

## 5. CONCLUSION

The study concludes that both Barangays had the same perception of this new emerging theory of BAYLON'S QUALITY PATIENT NURSING CARE stating that "The factors to be considered if patients will submit to hospitalization or not, is determined by the quality patient health care and factors that boost patients' recovery with the help of expected government programs to eliminate self-image problems due to their diagnosis" is important.

The theory's variables were expressed by patients in a qualitative study and were properly evaluated in a subsequent quantitative study by the community. Based on this, the researcher can conclude that the theory has a strong foundation, as evidenced by its themes and categories. These findings were supported by patients' input and confirmed by the community's perception in the quantitative study.

## DISCLAIMER (ARTIFICIAL INTELLIGENCE)

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc) and text-to-image generators have been used during writing or editing of manuscripts.

## ETHICAL APPROVAL

The researcher seeks approval from the Barangay Captain of Barangay 187 in Caloocan City and the Barangay Captain from Barangay Sta. Rita, La Union Province.

## CONSENT

Participants provided written consent.

## COMPETING INTERESTS

Author has declared that no competing interests exist.

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