

Patient Satisfaction and Challenges of the Health Care Services of Negros Occidental Provincial Medical Clinic

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ABSTRACT

The Medical Clinic provides outpatient health services to the employees of the Provincial Government of Negros Occidental. Patient satisfaction gauges the quality of health care services. This study assessed the level of patient satisfaction on the health services and identified the challenges encountered by patients. Also, it compared the level of patient satisfaction in terms of their demographic profile. This descriptive-comparative design used a researcher-made survey questionnaire which was administered to 307 employees. The study revealed that the overall level of satisfaction was very high. A significant difference was found in the level of patient satisfaction when respondents were categorized according to sex and age. The most significant challenge encountered by patients was the insufficient medicines and medical supplies. The findings were used as baseline data in designing a Clinic Manual of Procedures and Holistic Health Program for the Provincial Health Office.

Keywords: Health, Public Health Care Services, Patient Satisfaction, Outpatient Health Services, Descriptive-Comparative, Provincial Health Office, Negros Occidental

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1.0. Introduction

The ultimate goal in public health service is health promotion and sustainable welfare by strengthening the health services and reduction of health care inequality delivery (World Health Organization, 2020). In line with this, the target of the third goal in the 2030 Agenda for Sustainable Development is to provide access to quality key

health care services and access to safe, effective, quality, and affordable vital medicines and vaccines for everyone (United Nations, 2015).

Along with rapid growth in the economy of Asia and Pacific countries, poised challenges in the policies for promoting health and health-related problems in the populace (Lee, 2014). These include increased mortality and morbidity rates, insufficient health force and inadequate health structure, financing, and health systems. Establishing a balance between health care service providers while taking into consideration the overall resource constraints, the efficacy of health care service delivery, and welfare benefits is an essential challenge for most countries in the Asia-Pacific Region (Bandara, 2006).

The Universal Health Care program is the center of the mission of the Department of Health (DOH) in the Philippines which is to lead the country in the development of a productive, resilient, equitable, and people-centered health system. One of the strategic thrusts to attain the availability of health services and necessities for all Filipinos is to improve access to quality hospitals and health care facilities (Department of Health, 2018). In the Philippine setting, the Department of Health, through its Health Facilities and Services Regulatory Bureau, utilized the customer satisfaction survey as an indicator for improving performance (DOH, 2018).

Patient satisfaction has a beneficial impact on better health outcome as it affects patient's compliance to management and treatment (Singh & Kumar, 2015). Also, the level of patient satisfaction is used as a means in health care quality service assessment of a health facility (Asefa, Kassa, & Dessalegn, 2014). It is a significant determinant of the success of health care delivery, thus high emphasis on regularly conducting patient satisfaction survey in all aspects of health care to evaluate and improve the quality of health care services (Joshi, Sochaliya, Purani, & Kartha, , 2013).

Multi-factorial aspects have been recognized that affects patient satisfaction ranging from treatment such as blood pressure and sugar measurements, medical procedures and availability of medicines and interpersonal communication during medical consultation and health education to include attitude and behavior of health care provider (Singh & Kumar, 2015). Some challenges encountered in the assessment of patients' satisfaction were waiting time, communication with patients and privacy concerns (Asefa et al., 2014). In addition, availability of medical specialist was another concerned during outpatient visits (Joshi et al., 2013).

The Annual Report for 2019 revealed that the Medical Clinic had provided outpatient health care services to 1,500 patients (Provincial Health Office, 2020). In the course of providing health care services to the Capitol employees, issues and challenges provide a venue for quality care improvement. This can be categorically divided into health logistics issues and health personnel resources concerns. Most notable is the perennial challenge of the availability of drugs and medicines as well as adequate medical supplies, such as glucose strips for testing blood sugar and enough stocks of vaccines such as for flu and pneumonia. Furthermore, lack of physician is another challenge that leads to unavailability during medical consultations.

Since the inception of the Medical Clinic of the Provincial Health Office, there was never a study gauging its health care service quality performance. This is the context that propelled the researcher to conduct a study assessing the level of satisfaction with

the outpatient health care services and identify the challenges encountered during consult visits for better health outcomes of the Capitol employees through improvement in the quality of health care services (PHO, 2020).

The findings of this study were used to formulate a Proposed Manual of Procedures for the outpatient health services of the Provincial Health Office-Medical Clinic. The proposed Manual of Procedures will serve as a direction to attain the health objectives of the Medical Clinic. Thus, it will provide urgency and consistency in the attainment of the very high satisfaction level on the outpatient health care services.

2.0. Framework of the Study

This paper theorized that the interplay of the different aspects of the outpatient quality of care results to the level of patient satisfaction. The level of satisfaction or dissatisfaction is the patient's perception of the quality of care (Gill & White, 2009). For a patient to be satisfied with the health care services, he should have an optimistic judgment towards every aspect of the quality of care, in particular, the interpersonal side of health care delivery (Ghaffari, Jahani Shourab, Jafarnejad, & Esmail, 2012).

The framework was anchored on a client satisfaction theory in the field of health care referred to as the Health Care Quality theory of Donabedian. In 1966, the Donabedian model was presented as the primary comprehensive framework used to evaluate health care. It asserts that the level of patient satisfaction is the perception on the quality of care in all its aspects, but specifically with regards to the interpersonal component of health care (Gill & White, 2009). It defined three distinct aspects of health care quality, namely: structure, process, and outcome (Ghaffari et al., 2012).

The structure refers to the conditions in which the health care service is delivered. It includes the following: tangible resources and human resources. Tangible resources include medicines and medical facilities or equipment and human resources are the professional and support staff with their qualifications and number (Donabedian, 2002). Availability of medicines has a substantial role in improving patient satisfaction in public health facilities (Rao, Peters, & Bandeen-Roche, 2006). Incompetent health care provider increased the chance of patient dissatisfaction (Hemadeh, Hammoud, Kdouh, Jaber, & Ammar, 2019). Interpersonal interactions of the health care provider are the main factors of determining patient satisfaction (Hausman, 2004).

The process refers to the activities that encompass health care, which include prevention and patient education, diagnosis, treatment, and rehabilitation (Donabedian, 2002). Quality of health education is one of the main factor in patient satisfaction, thus poor health education, counseling and promotion likely leads to patient not satisfied with health care service (Hemadeh et al., 2019). In terms of treatment such undergoing medical procedures it is recommended that patient's expectation and pain control are important factors to address to achieve patient satisfaction (Hamilton, Lane, Gaston, Patton, Macdonald, Simpson, & Howie, 2013). The promptness of service, quality and professional care and communication are essential elements to patient satisfaction in emergency cases (Mahmoud, Hou, Chu, Clark, & Eley, 2014).

The outcome is defined as either desirable or undesirable changes in individuals attributed to health care. This includes health status change, behavioral, and knowledge changes that influence future care and patient satisfaction (Donabedian,

2002). Satisfied clients are an important aspect in the overall success of health care facility (Joshi, et al., 2013).

In this study, tangible resources (structure) include availability of free medicines, blood pressure and sugar measurement and vaccination programs such for flu and pneumonia. Human resources (structure) are the medical clinic staff and doctors. The aspect of process includes consultation, health education, referral system, medical records and procedures. The outcome of this study refers to the level of satisfaction of the Capitol employees with the outpatient health services. Thus, in order to attain a positive satisfaction on health care services, quality interaction of the aspects of care-structure and process is vital.

3.0. Methods

This study utilized a descriptive-comparative research design. The design was used to measure patient satisfaction with the health care services they experience in the Medical Clinic of the Provincial Health Office as well as to identify the challenges encountered (Creswell & Poth, 2017).

The respondents of the study were the 307 office-based Capitol employees of the Provincial Government of Negros Occidental in Bacolod City. Stratified random sampling was used and fishbowl technique to identify the actual respondents.

A researcher-made survey questionnaire was utilized where Part 1 contains the profile of the respondents, such as age, sex, and employment status. Part 2 includes the survey questions regarding the level of satisfaction with the outpatient health services of the Medical Clinic. Specifically, in the aspect of health structure, questions pertain to availability of free medicines, blood pressure and sugar measurement, vaccination programs and medical clinic staff including the doctors and nurses. While survey questions in the aspect of health process encompass Health prevention and patient education, diagnosis, and treatment. For health outcome, survey questions pertain to the level of patient satisfaction on the outpatient health care services. Part 3 is a checklist of the challenges encountered in the avilment of the outpatient health services of the Medical Clinic. All constructs used a four-point Likert scale, with anchors of very satisfied (4), satisfied (3), dissatisfied (2), and very dissatisfied (1). The questionnaire was subjected to content validity using the evaluation criteria by Good and Scates by a jury of five (5) practicing private and public health care experts and administrators. The validity score was 4.96 with an excellent interpretation. The questionnaire was subjected to a reliability test using Cronbach's Alpha Method. It was pilot tested to 30 Capitol employees yielding a result of Cronbach's alpha at 0.932 with 46 items and an excellent result interpretation.

Descriptive analysis using mean and standard deviation was utilized to assess the level of satisfaction with the outpatient health services offered in the Medical Clinic of Provincial Health Office and to identify the challenges encountered by the capitol employees in the avilment of outpatient health services of the Medical Clinic using frequency count and percentage distribution. The Kolmogorov-Smirnov test was utilized to compute the normality test. It was found out that the variable satisfaction [$KS=0.174$, $p=0.000$] is not normally distributed. Hence, Mann Whitney U test was used to determine the significant difference in the level of satisfaction of the outpatient

health services of Capitol employees when they were grouped according to sex, age, and employment status.

4.0. Results and Discussion

Level of Patient Satisfaction on the Outpatient Health Care Services

Tables 1A to 1C present the level of satisfaction with the Outpatient Health Services offered in the Medical Clinic of the Provincial Health Office. The overall level of patient satisfaction with outpatient health services care of the Clinic of the Provincial Health Office was “very high” ($M=3.65$, $SD=0.36$) regardless of variables in all areas. The same is true in a study in primary health care services in Lebanon that showed that the level of satisfaction was strikingly high (96.6%) and implied that the overall experience of patients was very satisfactory (Hemadeh et al., 2019). The results indicate that the Capitol employees’ positive perception and assessment of the outpatient health services reflect the standards of health care of the Clinic (Nabbuye-Sekandi, Makumbi, Kasangaki, Kizza, Tugumisirize, Nshimye, & Peters, 2011). Also, it implies that the Medical Clinic is successful in delivering the quality of health care services. The satisfied Capitol employees are a reflection of the performance of the health care program and services of the Clinic (Joshi et al., 2013).

Moreover, the Capitol employees’ assessment of the outpatient health services availed as manifested in very high level of patient satisfaction reflects better performance of the Medical Clinic as a whole (Aldana, Piechulek, & Al-Sabir, 2001). This broadly means, that the health care provider including nurses and doctors provided adequate communication time (Hemadeh et al., 2019; Shaw, Zaia, Pransky, Winters, & Patterson, 2005) and appropriate interpersonal behavior (Hausman, 2004; Chahal & Mehta, 2013; Singh & Kumar, 2015). This indicates that Capitol employees received sufficient explanation from clinic staff regarding illness development as well as diagnosis made by doctor and treatment plan (Hemadeh et al., 2019). Also, it reflects that the respondents’ trust was gained and privacy was observed as well as clinic staff demonstrates due respect to patients (Chahal & Mehta, 2013; Singh & Kumar, 2015).

Among the outpatient health services, both consultation ($M=3.74$, $SD=0.35$) and medical records ($M=3.74$, $SD=0.43$) ranked highest. The main outpatient health service provided is the medical consultation for Capitol employees. Overall, consultation indicates that factors that influence consultation have been accomplished. This includes the perceived competencies of doctors and clinic staff by the respondents (Hemadeh et al., 2019). Also, the doctor’s timely diagnosis, communication skills, and appropriate behavior were met (Chahal & Mehta, 2013; Singh & Kumar, 2015). Spending a long time with the physician and solid interpersonal doctor relationship are the main determinants of patient satisfaction that were achieved (Hausman, 2004; Anderson et al., 2007). Furthermore, consultation time, queuing system, and the waiting period were also appropriately addressed and adequately, which affect the quality of care perceptions (Joshi et al., 2013; Hemadeh et al., 2019; Singh & Kumar, 2015).

The high satisfaction level in the findings for medical record as an outpatient health service indicates that obtaining medical records has influenced the levels of satisfaction in the quality of care. It indicates good perception that the clinic staff in

particular the nurses who interview the Capitol employees during clinic visits regarding their health concerns. Also, it means that proper and comprehensive medical history was done including the history of present illness, past medical history, social and personal history and review of systems. Moreover, vital signs taking such as blood pressure, body temperature, respiratory rate and pulse rate followed established standards and recorded accordingly to patient individual treatment record prior to actual consultation. Furthermore, the findings of the study exhibited that there is a relationship between personal health records and health care services (Tenforde et al., 2012). It indicates that requested medical records like for example medical certificates for employment status renewal and promotion and as requirement for bond application were accessible and released timely observing high confidentiality.

The lowest in the rank of the outpatient health services of the Medical Clinic rated as “very high” was the vaccination program (M=3.55, SD=0.56). Despite, the insufficient availability of flu and pneumonia vaccines it broadly speaks that the Capitol employees were satisfied by being a recipient of this costly immunizations that provide protection to seasonal viral infections and bacterial pneumonia. The findings of the study are in contrast with the study of Bleich et al. (2009) involving European Union countries where there is a low satisfaction of health care systems among countries with higher immunization coverage. In general terms, it indicates that vaccination program was ranked lowest due to the fact that there was a year that the Medical clinic was not able to give the annual seasonal flu vaccine because of logistical concerns in the

Table 1A. *Level of Satisfaction with the Outpatient Health Services*

Variable	Satisfaction			Consultation			Availability of Free Medicines		
	M	SD	Int	M	SD	Int	M	SD	Int
Sex									
Male	3.71	0.30	VH	3.75	0.33	VH	3.65	0.40	VH
Female	3.59	0.40	VH	3.73	0.36	VH	3.54	0.45	VH
Age									
Young	3.62	0.34	VH	3.73	0.35	VH	3.57	0.43	VH
Old	3.68	0.39	VH	3.76	0.35	VH	3.60	0.43	VH
Employment Status									
Permanent	3.63	0.37	VH	3.73	0.35	VH	3.57	0.44	VH
Non-permanent	3.70	0.34	VH	3.77	0.34	VH	3.63	0.41	VH
As a Whole	3.65	0.36	VH	3.74	0.35	VH	3.59	0.43	VH

Note: M=Mean, SD=Standard Deviation, Int=Interpretation, VH=Very High

Table 1B. *Level of Satisfaction with the Outpatient Health Services*

Variable	Vaccination Program			Blood Pressure & Glucose Measurement			Health Education		
	M	SD	Int	M	SD	Int	M	SD	Int
Sex									
Male	3.65	0.47	VH	3.78	0.34	VH	3.63	0.47	VH
Female	3.46	0.61	Hi	3.60	0.46	VH	3.53	0.54	VH
Age									
Young	3.54	0.52	VH	3.64	0.42	VH	3.53	0.49	VH
Old	3.55	0.60	VH	3.72	0.41	VH	3.63	0.54	VH
Employment Status									
Permanent	3.50	0.58	VH	3.67	0.42	VH	3.54	0.54	VH
Non-permanent	3.66	0.50	VH	3.72	0.40	VH	3.69	0.43	VH
As a Whole	3.55	0.56	VH	3.68	0.42	VH	3.58	0.51	VH

Note: M=Mean, SD=Standard Deviation, Int=Interpretation, VH=Very High

Table 1C. *Level of Satisfaction with the Outpatient Health Services*

Variable	Medical Records			Medical Procedures			Referral System		
	M	SD	Int	M	SD	Int	M	SD	Int
Sex									
Male	3.79	0.37	VH	3.71	0.40	VH	3.71	0.43	VH
Female	3.69	0.46	VH	3.55	0.52	VH	3.58	0.56	VH
Age									
Young	3.72	0.41	VH	3.59	0.44	VH	3.60	0.50	VH
Old	3.75	0.44	VH	3.66	0.50	VH	3.69	0.52	VH
Employment Status									
Permanent	3.73	0.42	VH	3.61	0.48	VH	3.63	0.50	VH
Non-permanent	3.76	0.44	VH	3.67	0.44	VH	3.66	0.53	VH
As a Whole	3.74	0.43	VH	3.62	0.47	VH	3.64	0.51	VH

procurement process. Another possible explanation was some Capitol employees missed their scheduled yearly flu shots for reasons such as absence during scheduled vaccination and on official travel.

Difference in the Level of Patient Satisfaction on the Outpatient Health Care Services

Mann Whitney U test was used to determine the significant difference in the level of satisfaction of the outpatient health services of Capitol employees when they were grouped according to sex, age, and employment status.

Table 2 shows that there was significant difference in the level of satisfaction of Capitol employees when they are grouped according to sex [U=9955.0, p=0.027] and age [U=9788.0, p=0.014]. There was no significant difference in the level of satisfaction of Capitol employees when they are grouped according to employment status [U=7845.5, p=0.069].

The results suggest that male employees were more satisfied than female employees in the overall satisfaction of the *outpatient* health services. These findings support both studies in France and Lebanon by Thi, Briancon, Empereur, and Guillemin, (2002) and Hemadeh (2019), respectively. The study in France revealed that male gender is a strong predictor in determining patient satisfaction while the Lebanon study, showed that male are more satisfied on availed health benefits. However, it is contrary to the studies that the gender of the patient has nothing to do with patient satisfaction by Hansen et al. (2008) and Murtini et al. (2019). In this particular study, despite there were more female respondents than male, this male preponderance could be attributed to the fact that the clinic doctors have three male physicians. It could indicate that female Capitol employees prefer to share their health concerns with a female doctor especially if the medical issue is gender sensitive for example gynecologic ailments. It could mean that more male patients who visit the clinic for health-related concerns were highly satisfied with the outpatient clinic services.

On the other hand, age as a variable, the results broadly speaking indicates that Capitol employees between 44 and 65 categorized as old were more satisfied than the younger co-employees between 21 and 43 categorized as young in the overall level of satisfaction of the outpatient health services of the Medical Clinic. This finding

is consistent with the studies of Laroche, Choi, Lee, Kim, and Lee (2005) and Rahmqvist and Bara (2010) that older patients were more satisfied with health care service.

The results also suggest that older Capitol employees visit the clinic more often than the younger employees. Their frequent follow up consultations can be related to existing health problems such as hypertension, diabetes and chronic obstructive pulmonary disease. This life style related diseases, that is high blood pressure and elevated blood sugar levels; and prolonged, recurring cough secondary to smoking are commonly seen in older patients. Thus, long term medical management plan of the aforementioned health ailments is necessary. This leads to regular monitoring of blood pressures and sugar levels and management of recurring cough in patients with chronic obstructive pulmonary disease(chronic bronchitis and emphysema).

In addition, in terms of the other outpatient health services such consultation, availment of free medicines, vaccination program, health education, medical procedures and referral this generally suggest that old Capitol employees have availed more often the health services due to the long term tenure working as a public servant. Frequent consultations can be linked to existing diseases. Subsequently, results in the availment of essential medicines such for anti-hypertensive medication, blood sugar lowering medicines, and cough remedies. As respondents get older, they became vulnerable to preventable disease like flu and pneumonia, thus old capitol employees are the priorities for the flu and pneumonia vaccines. Eventually, referral care is an option if the co-existing medical condition needs to be further managed and treated with specialists like Cardiologist and Diabetologist.

Finally, for employment status, in general, these findings indicate that the either the permanent or casual employment status of Capitol employees does not discriminate the high overall satisfaction level. This means that whether the respondent has been working in the government for a long time or has been hired on a contractual basis, the same level of satisfaction in the health services was appreciated. This finding was in parallel to the study by Xiao and Barber (2008) that regardless of employment status, patients are satisfied with health care access. However, the finding of the study is contrary to the study in Sweden, which revealed that working respondents have a high dissatisfaction with health care (Al-Windi, 2005).

This indicates even if the respondents have been working for decades as permanent employee and those who were hired less than a year ago on a contractual basis have the same level of satisfaction of the outpatient health services they availed in the areas consultation, availability of free medicines, vaccination program, blood pressure, and sugar measurement, health education, medical records, medical procedures, and referral system. Meaning, one way or the other the Capitol employees regardless of employment tenure have a positive experiences on the outpatient health services of the Medical Clinic.

It could also indicate that the Clinic staff, nurses and doctors provide equitable, accessible and quality outpatient health services. The health care providers of the Medical Clinic treat the Capitol employees as patients equally without biased on their employment status. If permanent employees can avail free medicines and flu shots, so does the casual employees. In the same token, the quality of health care delivered to the patients of the Medical Clinic either permanent or non-permanent is the same throughout.

Table 2. *Difference in the Level of Satisfaction of the Outpatient Health Services*

Variable	Sex		U	p
	Male	Female		
Satisfaction	3.71 (0.30)	3.59 (0.40)	9955.0*	0.027
	Age		U	p
	Young	Old		
	3.62 (0.34)	3.68 (0.39)	9788.0*	0.014
	Employment Status		U	p
	Permanent	Non-permanent		
3.63 (0.37)	3.70 (0.34)	7845.5	0.069	

Note: *the difference is significant when $p < 0.05$

Challenges encountered during the Availment of the Outpatient Health Care Services

Challenges encountered during the availment of outpatient health services refer to the pertinent issues experienced by the Capitol employees with the outpatient health services provided by the Medical Clinic.

Table 3 show the challenges encountered by the Capitol employees in the availment of health services in the Medical Clinic. The most significant challenge encountered was “Insufficient medical supplies and medicines,” at 49 (37.4%). The availability of medicine is only second right after the doctor’s behavior that has the largest effect on patient satisfaction, thus it has a substantial role in improving patient satisfaction (Rao et al., 2006). On the contrary, on the cross-sectional study on client perceptions of the quality of primary care services, the availability of essential drugs as a factor associated with client perceived quality is not as strong determinant compared to the interaction of health care providers and patients (Hansen, Peters, Viswanathan, Rao, Mashko & Burnham, 2008). Generally speaking, this indicates the inability to cope up with fast-moving and high demand essential drugs for hypertension and diabetes as well as multivitamins and medical supplies such as vaccines. Moreover, the stringent government procurement process takes an additional toll, thus further affecting the health care supplies.

In spite the fact that there are more young respondents, it was a finding that older Capitol employees frequently visit the clinic for consultation, evaluation and monitoring of the medical management plan for medical conditions like hypertension and diabetes. This means availing of the maintenance medications for blood pressure and sugar control, leading to high utilization of these essential drugs. Also, for monitoring of blood sugar levels, medical supplies such as sugar reagent test kits are in demand. Blood sugar monitoring is one of the domains to measure patient satisfaction in the diabetes disease management program (Paddock, Veloski, Chatterton, Gevirtz, & Nash, 2000).

Moreover, this significant challenge encountered in the availment of outpatient health services can be traced to the rigid process of procuring medicines and medical supplies. In practical sense, it took several months before these essential

drugs and medicines able to reach the Medical Clinic. Thus, at times patients have to rely on out-of-the pocket expense for health needs to continue taking their respective maintenance medicines.

This is also the same case with the medical supplies in relationship to the vaccination program. Flu and pneumonia vaccines are quite expensive. Although, flu vaccine is given on yearly basis while pneumonia is once every five years, the procurement process posed a challenge to the availment of such health service. While in terms, on the availability of vaccine coverage, the findings in 2003 study involving European Union countries revealed that there is a low satisfaction among countries with higher vaccine coverage (Bleich, Özaltin, & Murray, 2009).

It is worth noting that some four (3.1%) respondents answered “others.” A review of the findings reveals that the “other” challenge in the outpatient health services is that the new temporary Medical Clinic of the Provincial Health Office is too far/location is far. Last April 2019, the entire Provincial Health Office, including the Medical Clinic together the Provincial Social Welfare Development Office were temporarily transferred to Benjamin Hall at 4th Street Bacolod. This paves the way for the construction of a new mixed-used Provincial Administration Building that will be constructed in three years. The relocation site of the Medical Clinic is a 20-30 minute-walk from the Capitol ground.

Table 3. *Challenges Encountered During the Availment of the Outpatient Health Services*

Challenges	f	%
Insufficient medical supplies and medicines	49	37.4
Inadequate medical facilities and equipment	37	28.2
Lack of health promotion and counseling	14	10.7
No regular schedule of doctors	8	6.1
Doctor(s) is /are not always available	7	5.3
Poor emphasis on health education	4	3.1
Clinic is too far	4	3.1

5.0 Conclusion

The very high level of satisfaction of the outpatient health services of the Medical Clinic of the Provincial Health Office suggests quality in the health care service. There is a need to regular assess the outpatient health services of the Medical Clinic to maintain the highest quality of care.

As the major significant challenge, insufficient medicines and medical supplies are top areas to focus for improvement. Vaccination program for flu, pneumonia, Human Papilloma Virus (HPV) and availability of medicines must be intensified and strengthened. Women and young employees’ health will be given emphasis. Upgrading women’s health recognized the need for a lady physician. For better health outcomes on younger employee’s health education, promotion and counselling will be the cornerstone of health care services.

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