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# Patients' Satisfaction with the Services Rendered by a District Hospital

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**Abstract:**

Patient satisfaction reflects both the technical and emotional aspects of healthcare delivery. This study aims to assess patient satisfaction with the services provided by a district hospital across several dimensions, including medical professionals, hospital resources, and diagnostic procedures. Data for this descriptive study were collected from 120 patients at the district hospital using a 30-item researcher-made instrument that underwent rigorous testing for validity and reliability. The results revealed a high level of satisfaction among patients regarding the medical professionals, hospital resources, and diagnostic procedures, with the responses being consistent across different demographics such as age, sex, educational attainment, and ward classification. The study also found no significant differences in satisfaction levels based on these demographic factors. Despite the overall high satisfaction, certain areas showed slightly lower ratings, highlighting the need for targeted improvements to enhance patient satisfaction. Recommendations include increasing hospital staff, organizing seminars and orientations on proper cleaning practices, ensuring the availability of adequate cleaning materials, and offering more options to help patients subsidize hospital bills. Additionally, a proposal to the Provincial Government Office (PGO) for a higher budget allocation for medicines, medical supplies, diagnostic procedures, and hospital equipment could significantly improve patient satisfaction.

**Keywords:** District hospital, diagnostic procedures, hospital resources, medical health professionals, patients' satisfaction, services

## Introduction:

### Nature of the Problem

The definition of health plays a crucial role in shaping healthcare policy, practice, and delivery systems (Leonardi, 2018). The World Health Organization (WHO), through initiatives like the Country Cooperation Strategy, supports the Philippine government's national health agenda by aligning its global objectives with local health priorities (CCS, 2017). The Department of Health (DOH), as the country's lead health agency, is tasked with ensuring access to essential health services, guided by policies such as the Universal Health Care (UHC) Law (Republic Act 11223). Despite these efforts, the healthcare system continues to face significant barriers including poverty, limited access, high medical costs, and weak infrastructure, which contribute to ongoing health inequities (Banzon, 2022).

To address these issues, the UHC Act of 2019 was implemented to ensure that all Filipinos receive equitable, high-quality healthcare and financial risk protection (Official Gazette, 2019). While financial assistance programs have helped ease the burden of healthcare costs (Journal of Social Health, 2020), gaps in service delivery, particularly between urban and rural areas, persist (Oracion et al., 2020). Patient satisfaction, shaped by the quality of care, communication, and service environment, remains a key indicator of system performance (Smith, 2020). Improving these areas requires hospital management to focus on continuous quality improvement and utilize access indicators like service capacity and management practices to enhance healthcare delivery (Smith & Jones, 2019; Ulep et al., 2021).

Thus, as a health worker extensively exposed to public health administration and public service, the researcher finds it relevant to pursue this study. The research aims to assess patients' satisfaction with the services rendered by a district hospital in Central Philippines. Through the findings, the researcher intends to develop an action plan that addresses existing challenges encountered and supports strengthening the health facility to ensure the delivery of quality healthcare to the community.

### Current State of Knowledge

The article explores patient satisfaction as a key factor in optimizing healthcare services, emphasizing the influence of various elements such as medical care quality, communication, waiting times, and perceived health status. Ferreira et al. (2023) highlight that these factors directly impact patient satisfaction and loyalty, which in turn drives behaviors like service compliance and repeat visits. In emergency care settings, Mutiarasari et al. (2019) found that physician response time was a crucial determinant of satisfaction, emphasizing the importance of timely care. Similarly, Casciato (2024) underscores the role of hospital cleanliness and amenities in enhancing patient comfort and satisfaction. Adhikari et al. (2024) further stress the significance of hygiene and environment, especially in urban settings like Kathmandu, where demographic factors also influence patient perceptions. Studies by Manzoor et al. (2019) and Rowe et al. (2022) reinforce the idea that patient satisfaction is shaped by both clinical care and the broader hospital environment, including factors like privacy, wait times, and communication.

Patient feedback, as emphasized by Garg et al. (2023), plays a critical role in identifying service gaps and driving improvements. Their study in India found high satisfaction with clinical care but dissatisfaction with hospital amenities, such as food quality and housekeeping. Similarly, Asamrew et al. (2020) highlight factors like provider interaction, pain management, and facility cleanliness as significant influences on satisfaction, recommending regular assessments and targeted staff training. Gender differences in patient satisfaction, as explored by Rumi et al. (2021), further underscore the importance of understanding diverse patient needs, with women generally expressing higher satisfaction in areas like accessibility and empathy. These studies collectively suggest that patient satisfaction is influenced by a combination of clinical care, environmental quality, and demographic factors, making it essential for healthcare systems to be responsive, inclusive, and feedback-driven.

In a study by Mabini et al. (2024), the SERVQUAL model was used to examine the relationship between service quality and patient satisfaction in a hospital in Cebu City, with findings indicating that all dimensions of service quality were significantly correlated with satisfaction. Gerzon et al. (2020) also identified a lack of medicines and medical supplies as a major challenge to patient satisfaction, stressing the importance of resolving these shortages. Bentum-Micah et al. (2024) further explored how service quality mediates patient satisfaction and loyalty, finding that clear communication, empathetic care, and comfortable settings were key to driving both satisfaction and loyalty. Alemu et al. (2023) emphasized the role of individualized care and efficient patient flow in surgical settings, while Mwakilasa et al. (2021) highlighted the unique needs of older adults in emergency departments. Across these studies, the importance of enhancing service delivery, communication, and hospital operations is clear, particularly for vulnerable populations.

Research from various countries highlights critical factors influencing patient satisfaction. In Norway, delays and perceived service inadequacies led older adults to postpone urgent care (Haraldseide et al., 2020), while in Ethiopia, satisfaction was shaped by provider interactions and facility quality (Asamrew et al., 2020). Studies emphasized the growing need for geriatric care (Geo, 2023), and how unmet expectations—especially among educated patients—can lower satisfaction with services like laboratory diagnostics (Alelign et al., 2019). Effective communication, hygienic environments (Hussain et al., 2019), and well-utilized medical equipment (Chaudhary et al., 2015; Geta et al., 2023) were also crucial. In the Philippines, public level 1 hospitals generally reported high satisfaction levels despite resource constraints (Orte et al., 2020). Outpatient satisfaction was notable in Negros Occidental, although medicine shortages persisted (Gerzon et al., 2020). Socio-demographic factors had little effect on satisfaction with nursing care in district hospitals (Umadlay, 2024), while improvements in primary care at UP Health Service led to increased satisfaction (De Mesa et al., 2019). At UP-PGH, positive nurse attitudes boosted satisfaction, though their role in patient information delivery was less recognized (Villarruz-Sulit et al., 2023), with similar findings echoed in Tarlac Provincial Hospital.

**Theoretical Underpinnings**

This study is anchored in Swanson's Theory of Caring, which emphasizes five caring processes—knowing, being with, doing for, enabling, and maintaining belief—that promote compassionate caregiving and enhance patient satisfaction. It aligns with the goals of Universal Health Care (UHC) by advocating for consistent, quality care and strong policy implementation. Complementing this is the Consonance Theory of Patient Satisfaction, which asserts that satisfaction results from the alignment between patient expectations and the nursing care received, highlighting the collaborative role of both parties in achieving positive outcomes. Additionally, Republic Act 11223, or the Universal Health Care Act, supports these frameworks by ensuring accessible, equitable, and quality healthcare through inter-agency collaboration, thereby reinforcing the study's focus on improving healthcare delivery and patient experience in district hospitals.

**Objectives**

This study aimed to determine the level of Patients' Satisfaction with the Services Rendered by a District Hospital in Central Philippines for Calendar Year 2024. Specifically, the study sought to answer the following questions: 1) the level of patient satisfaction with the services rendered by a district hospital according to the area of medical health professionals, hospital resources, and diagnostic procedures; 2) the level of patient satisfaction with the services

rendered by a district hospital when grouped according to the aforementioned variables; and 3) the significant difference in patients' satisfaction with the services rendered by a district hospital when grouped and compared according to the aforementioned variables.

**Methodology**

This section presents a discussion of the research methodology used, the subjects and respondents of the study, the research instruments used, the validity and reliability of the instruments, the procedure for data gathering, and the statistical tools and procedures for data analysis.

**Research Design**

The study utilized a descriptive research design to assess patient satisfaction with services provided by a district hospital, aiming to inform an action plan. This design, as outlined by Burns and Grove (2001), helps researchers effectively plan and execute studies to obtain relevant data. It was chosen for its suitability in exploring existing conditions, opinions, processes, and trends without influencing the subjects. By employing a quantitative investigatory approach, the study sought to identify, analyze, and describe factors that impact patient satisfaction with the hospital's services.

**Study Respondents**

The study's respondents were the patients admitted to the district hospital. Stratified random sampling was the sampling method employed. The stratified sampling approach separates the population into very distinct subpopulations. In a stratified sample, researchers separate a population into homogenous subpopulations known as strata (plural of stratum) according to specific attributes (e.g., race, gender identity, locality, etc.) (Tomas, 2023). Every individual shall be a single stratum in the unsampled population under research. To estimate the statistical measures for every sub-population, researchers apply one of the probability sampling techniques, such as cluster sampling or simple random sampling, to each stratum.

**Instruments**

The data for the study was collected using a researcher-made instrument designed to assess patient satisfaction with services at a district hospital. The instrument consisted of a questionnaire checklist that gathered demographic information and evaluated satisfaction levels. The draft of the questionnaire and professional literature survey were tested for legality and reliability. The questionnaire was divided into two parts: Part 1 focused on respondents' profiles, including age, sex, educational level, and ward classification, while Part II included 30 items evaluating satisfaction across three areas: medical health professionals, hospital resources, and diagnostic procedures. Respondents rated each item on a scale from 1 to 5, with 5 indicating "Very Satisfied" and 1 indicating "Very Dissatisfied." It was subjected to validity (4.56-excellent) and reliability (0.951-excellent). All of them were interpreted as worthy and good; respectively.

**Data Gathering Procedure**

A letter of request to conduct the study was prepared after establishing the validity and reliability of the research instrument. Upon approval, the researcher conducted the study, met with the respondents, explained to them the importance and purpose of the study, and gave instructions on how the questionnaire could be accomplished objectively and honestly. Respondents were informed that all information provided would be confidential and only be used for research purposes. The respondents were assisted by the researcher while filling out the survey questionnaire and afterward completing the persona retrieval of the instruments. Having collected, data were sorted, tabulated, and ready for the other statistical analyses.

**Data Analysis and Statistical Treatment**

Objective No. 1 used descriptive-analytical schemes and mean to determine the level of patients' satisfaction with the services rendered by a district hospital during hospitalization.

Objective No. 2 used the descriptive-analytical scheme and mean to determine the level of patients' satisfaction with services rendered by a district hospital during hospitalization when the respondents were grouped according to the variables.

Objective No. 3 used the comparative-analytical scheme and Mann-Whitney U Test to determine the level of patients' satisfaction with services rendered by a district hospital during hospitalization when the respondents were grouped and compared according to the variables.

**Ethical Consideration**

In this study, personal interaction between the researchers and participants was essential for data gathering, with transparency about the researchers' role and a commitment to respecting participants' privacy and feelings. Ethical considerations were prioritized, with participants' rights fully acknowledged and safeguarded. Ethical clearance was obtained before data collection, in accordance with regulatory frameworks, and each participant provided informed consent by signing a consent form after receiving a letter outlining the study's purpose and expectations. Confidentiality was maintained by ensuring that all data would be anonymized in any reports or presentations, and the information remained identifiable only to the researchers. Strict standards were in place to protect the anonymity and privacy of participants throughout the study.

**Results and Discussion**

This section presents, analyzes, and interprets the data that were gathered consistent with its predetermined objectives.

**Table 1**
*Level of Patients' Satisfaction with the Services Rendered by a District Hospital in Medical Health Professionals*

| **Area**<br>**A. Medical Health Professionals** | **Mean** | **Interpretation** |
|---|---|---|
| *As a patient, I…* | | |
| 1. was informed by health professionals of my health status and the medication needed. | 4.43 | High Level |
| 2. was informed by health professionals of my rights and obligations. | 4.33 | High Level |
| 3. quickly understood hospital protocols and procedures discussed by health professionals. | 4.38 | High Level |
| 4. got immediate and appropriate attention from the health professionals when needed. | 4.03 | High Level |
| 5. felt the sincerity and concern of health professionals made me feel safe and well cared for. | 4.35 | High Level |
| 6. have my vital signs checked and monitored as part of the standard operating procedure. | 4.56 | Very High Level |
| 7. received my medication accurately and timely | 4.32 | High Level |
| 8. received adequate and humane treatment from the attending physician. | 4.58 | Very High Level |
| 9. received comfort and motivation from health professionals that somehow lessened the burden. | 4.37 | High Level |
| 10. received proper guidance on the dos and don'ts after the hospitalization. | 4.41 | High Level |
| **Overall Mean** | **4.38** | **High Level** |

Table 1 shows the level of patient satisfaction with medical health professionals at a district hospital, with an overall mean of 4.38, indicating a "high level" of satisfaction. Patients are generally pleased with the quality of care provided by medical staff. Item 8, which evaluates whether patients received adequate and humane treatment from attending physicians, had the highest mean of 4.58, interpreted as "very high level," reflecting the importance patients place on compassionate and respectful care. Conversely, item 4, which asks about receiving immediate and appropriate attention from health professionals, had the lowest mean of 4.03, interpreted as "high level," suggesting room for improvement in response times. This indicates that while patients generally feel their needs are met, some perceive delays, aligning with findings from Mutiarasari et al. (2019) that efficient response times are crucial for patient satisfaction and quality care, particularly in emergency situations.

**Table 2**
*Level of Patients' Satisfaction with the Services Rendered by a District Hospital in Hospital Resources*

| **Area**<br>**B. Hospital Resources** | **Mean** | **Interpretation** |
|---|---|---|
| *As a patient, I…* | | |
| 1. felt comfortable and safe in the hospital waiting area. | 3.70 | High Level |
| 2. could relax because of the emergency room's good ventilation and conducive room temperature. | 3.59 | High Level |
| 3. was given the diet plan and the required food intake as prescribed by the attending physician. | 3.96 | High Level |
| 4. have availed of prescribed medications or their possible alternatives. | 4.23 | High Level |
| 5. was given the privilege to choose the preferred room for accommodation. | 3.48 | Moderate Level |

| | | |
|---|---|---|
| 6. was provided with the accommodation for accompanying individuals. | 3.44 | Moderate Level |
| 7. have easy access to clean, comfortable rooms. | 3.24 | Moderate Level |
| 8. was satisfied with the cleanliness and sanitation of the room and comfortably settled in my hospital bed. | 3.30 | Moderate Level |
| 9. was immediately provided with the necessary ambulatory transport. | 3.98 | High Level |
| 10. could avail myself of medical assistance, including preparing documents before discharge. | 4.31 | High Level |
| **Overall Mean** | **3.72** | **High Level** |

Table 2 presents the level of patient satisfaction with hospital resources at a district hospital, with an overall mean of 3.72, indicating a "high level" of satisfaction. Patients generally perceive the hospital's resources, including medical equipment, facilities, and support services, as satisfactory, though there is still room for improvement. Item 10, which evaluates the availability of medical assistance and documents for discharge, received the highest mean of 4.31, interpreted as "high level," reflecting patient satisfaction with the discharge process and support. Conversely, item 4, regarding access to clean comfort rooms, received the lowest mean of 3.24, interpreted as "moderate level," suggesting dissatisfaction with the cleanliness and accessibility of restrooms. This highlights areas for improvement, as cleanliness and accessibility are critical to patient comfort, as supported by Casciato (2024), who emphasized the role of restroom conditions in shaping patient experiences.

**Table 3**
*Level of Patients' Satisfaction with the Services Rendered by a District Hospital in Diagnostic Procedures*

| **Area**<br>**C. Diagnostic Procedures** | **Mean** | **Interpretation** |
|---|---|---|
| *As a patient, I…* | | |
| 1. was able to locate the diagnostic area quickly. | 4.14 | High Level |
| 2. was immediately accommodated once I entered the department. | 4.05 | High Level |
| 3. easily accessed laboratory tests and other procedures the attending physician requires. | 4.25 | High Level |
| 4. secured diagnostic requests as a prerequisite before undergoing the procedures. | 4.17 | High Level |
| 5. received a clear explanation of the preparation needed before undergoing diagnostic procedures. | 4.26 | High Level |
| 6. received a detailed description of the diagnostic procedures and their vitality as a basis for managing my health condition. | 4.21 | High Level |
| 7. got an immediate and easy transfer to a ward room once I was wheeled out of the diagnostic procedures. | 4.28 | High Level |
| 8. was informed immediately once the results were available and informed that it was relevant to my health condition. | 4.25 | High Level |
| 9. could be examined using adequate hospital equipment and apparatuses. | 4.02 | High Level |
| 10. was given appropriate assistance to process the documentary requirements needed to avail myself of a free laboratory test. | 4.06 | High Level |
| **Overall Mean** | **4.17** | **High Level** |

Table 3 shows the level of patient satisfaction with diagnostic procedures at a district hospital, with an overall mean of 4.17, indicating a "high level" of satisfaction. Patients generally perceive the diagnostic services as effective and of good quality, reflecting the hospital's competence in providing timely, accurate, and efficient diagnostics. Item 7, which evaluates the smooth and prompt transfer of patients to their ward rooms post-diagnosis, received the highest mean of 4.28, interpreted as "high level," suggesting patients are satisfied with the hospital's efficiency in managing patient flow. In contrast, item 9, regarding the adequacy of hospital equipment, received the lowest mean of 4.02, interpreted as "high level," indicating potential concerns about equipment availability, functionality, or quality. To enhance patient satisfaction, the hospital may need to evaluate and upgrade its equipment. These findings, supported by Alemu et al. (2023), emphasize the importance of individualized care, efficient patient flow, and quality equipment in improving patient satisfaction and shaping strategies for quality improvement and patient-centered care.

**Table 4**
*Level of Patients' Satisfaction with the Services Rendered by a District Hospital in Medical Health Professionals According to Age*

| **Area** | **Younger** | | **Older** | |
|---|---|---|---|---|
| **A. Medical Health Professionals** | **Mean** | **Interpretation** | **Mean** | **Interpretation** |
| *As a patient, I…* | | | | |
| 1. was informed by health professionals of my health status and the medication needed. | 4.37 | High Level | 4.50 | Very High Level |

| | | | | |
|---|---|---|---|---|
| 2. was informed by health professionals of my rights and obligations. | 4.23 | High Level | 4.43 | High Level |
| 3. quickly understood hospital protocols and procedures discussed by health professionals. | 4.35 | High Level | 4.40 | High Level |
| 4. got immediate and appropriate attention from the health professionals when needed. | 3.97 | High Level | 4.11 | High Level |
| 5. felt the sincerity and concern of health professionals made me feel safe and cared for. | 4.27 | High Level | 4.43 | High Level |
| 6. have my vital signs checked and monitored as part of the standard operating procedure. | 4.53 | Very High Level | 4.59 | Very High Level |
| 7. received my medication accurately and timely. | 4.23 | High Level | 4.41 | High Level |
| 8. received adequate and humane treatment from the attending physician. | 4.55 | Very High Level | 4.60 | Very High Level |
| 9. received comfort and motivation from health professionals that somehow lessened the burden. | 4.32 | High Level | 4.41 | High Level |
| 10. received proper guidance on the dos and don'ts after the hospitalization. | 4.21 | High Level | 4.62 | Very High Level |
| **Overall Mean** | **4.30** | **High Level** | **4.45** | **High Level** |

Table 4 presents the level of patient satisfaction with medical health professionals at a district hospital, grouped by age, showing an overall mean of 4.30 for younger respondents and 4.45 for older respondents, both indicating a "high level" of satisfaction. This suggests that patients of all ages generally perceive the care provided by medical professionals as satisfactory. Item 8, regarding receiving adequate and humane treatment from attending physicians, received the highest mean of 4.55 for younger respondents, interpreted as "very high level," reflecting the value placed on compassionate care. For older respondents, item 10, which evaluates post-hospital guidance, received the highest mean of 4.62, also interpreted as "very high level," highlighting the importance of clear instructions for recovery. Conversely, item 4, regarding immediate and appropriate attention from health professionals, received the lowest mean of 3.97 for younger respondents and 4.11 for older respondents, interpreted as "high level," suggesting concerns about delays or inefficiencies in urgent care. These findings align with Haraldseide et al. (2020), which noted that even when urgent care is needed, patients may delay seeking treatment due to concerns about delays or appropriateness. The results emphasize the need for improvements in the promptness and effectiveness of urgent care services.

**Table 5**
*Level of Patients' Satisfaction with the Services Rendered by a District Hospital in Hospital Resources According to Age*

| **Area** | **Younger** | | **Older** | |
|---|---|---|---|---|
| **B. Hospital Resources** | **Mean** | **Interpretation** | **Mean** | **Interpretation** |
| *As a patient, I…* | | | | |
| 1. felt comfortable and safe in the hospital waiting area. | 3.73 | High Level | 3.67 | High Level |
| 2. could relax because of the emergency room's good ventilation and conducive room temperature. | 3.32 | Moderate Level | 3.88 | High Level |
| 3. was given the diet plan and the required food intake as prescribed by the attending physician. | 3.89 | High Level | 4.03 | High Level |
| 4. have availed of prescribed medications or their possible alternatives. | 4.18 | High Level | 4.28 | High Level |
| 5. was given the privilege to choose the preferred room for accommodation. | 3.39 | Moderate Level | 3.59 | High Level |
| 6. was provided with the accommodation for accompanying individuals. | 3.53 | High Level | 3.34 | Moderate Level |
| 7. have easy access to clean, comfortable rooms. | 3.34 | Moderate Level | 3.14 | Moderate Level |
| 8. was satisfied with the cleanliness and sanitation of the room and comfortably settled in my hospital bed. | 3.31 | Moderate Level | 3.29 | Moderate Level |
| 9. was immediately provided with the necessary ambulatory transport. | 4.00 | High Level | 3.95 | High Level |
| 10. could avail of medical assistance, including preparing documents before discharge. | 4.27 | High Level | 4.34 | High Level |
| **Overall Mean** | **3.70** | **High Level** | **3.75** | **High Level** |

Table 5 presents the level of patient satisfaction with hospital resources at a district hospital, grouped by age. Both younger respondents (mean = 3.70) and older respondents (mean = 3.75) reported a "high level" of satisfaction, though the scores indicate potential for improvement. For younger respondents, item 10, regarding medical assistance and discharge preparation, received the highest mean of 4.27, reflecting satisfaction with the support provided. However, item 8, related to room cleanliness and comfort, received the lowest mean of 3.31, highlighting

concerns about hygiene and comfort. For older respondents, item 10, which evaluates discharge preparation, received the highest mean of 4.34, indicating strong satisfaction with the process. Conversely, item 4, regarding access to clean comfort rooms, received the lowest mean of 3.14, suggesting issues with the availability, cleanliness, or accessibility of restrooms. These findings align with Adhikari et al. (2024), who emphasize the importance of hospital hygiene and amenities in patient satisfaction and outcomes, underscoring the need for improvements in these areas to enhance the overall patient experience.

**Table 6**
*Level of Patients' Satisfaction with the Services Rendered by a District Hospital in Diagnostic Procedures According to Age*

| **Area** | **Younger** | | **Older** | |
|---|---|---|---|---|
| **C. Diagnostic Procedures** | **Mean** | **Interpretation** | **Mean** | **Interpretation** |
| *As a patient, I…* | | | | |
| 1. was able to locate the diagnostic area quickly. | 4.06 | High Level | 4.22 | High Level |
| 2. was immediately accommodated once I entered the department. | 3.98 | High Level | 4.12 | High Level |
| 3. easily accessed laboratory tests and other procedures the attending physician requires. | 4.26 | High Level | 4.24 | High Level |
| 4. secured diagnostic requests as a prerequisite before undergoing the procedures. | 4.08 | High Level | 4.26 | High Level |
| 5. received a clear explanation of the preparation needed before undergoing diagnostic procedures. | 4.16 | High Level | 4.36 | High Level |
| 6. received a detailed description of the diagnostic procedures and their vitality as a basis for managing my health condition. | 4.19 | High Level | 4.22 | High Level |
| 7. got an immediate and easy transfer to a ward room once I was wheeled out of the diagnostic procedures. | 4.27 | High Level | 4.28 | High Level |
| 8. was informed immediately once results were available and informed that it was relevant to my health condition. | 4.31 | High Level | 4.19 | High Level |
| 9. could be examined using adequate hospital equipment and apparatuses. | 4.00 | High Level | 4.04 | High Level |
| 10. was given appropriate assistance to process the documentary requirements needed to avail myself of a free laboratory test. | 4.08 | High Level | 4.02 | High Level |
| **Overall Mean** | **4.14** | **High Level** | **4.20** | **High Level** |

Table 6 presents the level of patient satisfaction with diagnostic procedures at a district hospital, grouped by age, showing an overall mean of 4.14 for younger respondents and 4.20 for older respondents, both reflecting a "high level" of satisfaction. While there are slight differences between the groups, the hospital is generally recognized for providing effective and high-quality diagnostic services. For younger respondents, item 8, which evaluates communication of diagnostic results, received the highest mean of 4.31, indicating strong satisfaction with the hospital's clear and timely communication. However, item 2, concerning initial accommodation, had the lowest mean of 3.98, suggesting minor concerns about delays in patient intake, which the hospital could address by streamlining processes. For older respondents, item 5, regarding preparation explanations before diagnostic procedures, received the highest mean of 4.36, reflecting effective communication. On the other hand, item 10, concerning assistance with documentary requirements for free laboratory tests, received the lowest mean of 4.02, indicating room for improvement in this area. These findings align with Gerzon et al. (2020), who emphasized that patient satisfaction is a key indicator of healthcare quality, influencing treatment effectiveness, communication, and clinical outcomes.

**Table 7**
*Level of Patients' Satisfaction with the Services Rendered by a District Hospital in Medical Health Professionals According to Sex*

| **Area** | **Male** | | **Female** | |
|---|---|---|---|---|
| **A. Medical Health Professionals** | **Mean** | **Interpretation** | **Mean** | **Interpretation** |
| *As a patient, I…* | | | | |
| 1. was informed by health professionals of my health status and the medication needed. | 4.42 | High Level | 4.44 | High Level |
| 2. was informed by health professionals of my rights and obligations. | 4.35 | High Level | 4.31 | High Level |
| 3. quickly understood hospital protocols and procedures discussed by health professionals. | 4.30 | High Level | 4.42 | High Level |
| 4. got immediate and appropriate attention from the health professionals when needed. | 4.00 | High Level | 4.05 | High Level |

| | | | | |
|---|---|---|---|---|
| 5. felt the sincerity and concern of health professionals made me feel safe and well cared for. | 4.47 | High Level | 4.29 | High Level |
| 6. have my vital signs checked and monitored as part of the standard operating procedure. | 4.60 | Very High Level | 4.53 | Very High Level |
| 7. received my medication accurately and timely. | 4.28 | High Level | 4.34 | High Level |
| 8. received adequate and humane treatment from the attending physician. | 4.65 | Very High Level | 4.53 | Very High Level |
| 9. received comfort and motivation from health professionals, who somehow lessened the burden. | 4.47 | High Level | 4.31 | High Level |
| 10. received proper guidance on the dos and don'ts after the hospitalization. | 4.47 | High Level | 4.38 | High Level |
| **Overall Mean** | **4.40** | **High Level** | **4.36** | **High Level** |

Table 7 shows the level of patient satisfaction with medical health professionals at a district hospital, grouped by sex, with an overall mean of 4.40 for male respondents and 4.36 for female respondents, both indicating a "high level" of satisfaction. This suggests that the hospital delivers consistent care, with no significant differences in satisfaction based on gender. For male respondents, item 8, regarding receiving adequate and humane treatment from the attending physician, received the highest mean of 4.65, indicating strong satisfaction with physician care. For female respondents, item 6, concerning vital sign monitoring, received the highest mean of 4.53, reflecting high satisfaction with standard medical procedures. However, item 4, which evaluates immediate and appropriate attention from health professionals, had the lowest mean of 4.00 for male respondents and 4.05 for female respondents, suggesting that while satisfaction is generally high, there is room for improvement in emergency response times. These results align with Rumi et al. (2021), who found that responsiveness is a key factor in patient satisfaction, emphasizing the need for improved emergency responsiveness to further enhance satisfaction, particularly among female patients, who make up 64.20% of the study sample.

**Table 8**
*Level of Patients' Satisfaction with the Services Rendered by a District Hospital in Hospital Resources According to Sex*

| **Area**<br>**B. Hospital Resources** | **Male**<br>**Mean** | **Interpretation** | **Female**<br>**Mean** | **Interpretation** |
|---|---|---|---|---|
| *As a patient, I…* | | | | |
| 1. felt comfortable and safe in the hospital waiting area. | 3.70 | High Level | 3.70 | High Level |
| 2. could relax because of the emergency room's good ventilation and conducive room temperature. | 3.58 | High Level | 3.60 | High Level |
| 3. was given the diet plan and the required food intake as prescribed by the attending physician. | 4.09 | High Level | 3.88 | High Level |
| 4. have availed of prescribed medications or their possible alternatives. | 4.19 | High Level | 4.25 | High Level |
| 5. was given the privilege to choose the preferred room for accommodation. | 3.40 | Moderate Level | 3.53 | High Level |
| 6. was provided with the accommodation for accompanying individuals. | 3.37 | Moderate Level | 3.48 | Moderate Level |
| 7. have easy access to clean, comfortable rooms. | 3.34 | Moderate Level | 3.19 | Moderate Level |
| 8. was satisfied with the cleanliness and sanitation of the room and comfortably settled in my hospital bed. | 3.32 | Moderate Level | 3.29 | Moderate Level |
| 9. was immediately provided with the necessary ambulatory transport. | 4.20 | High Level | 3.86 | High Level |
| 10. could avail of medical assistance, including preparing documents before discharge. | 4.18 | High Level | 4.38 | High Level |
| **Overall Mean** | **3.73** | **High Level** | **3.72** | **High Level** |

Table 8 presents the level of patient satisfaction with hospital resources at a district hospital, grouped by sex, with an overall mean of 3.73 for male respondents and 3.72 for female respondents, both indicating a "high level" of satisfaction. While satisfaction is generally positive, there is room for improvement, particularly in enhancing the accessibility, quality, and availability of resources. For male respondents, item 9, regarding ambulatory transport, received the highest mean of 4.20, indicating high satisfaction with this service, while item 8, concerning room cleanliness and comfort, had the lowest mean of 3.32, reflecting moderate satisfaction and highlighting the need for improvement in the hospital environment. For female respondents, item 10, related to medical assistance and discharge preparation, received the highest mean of 4.38, showing satisfaction with these services, while item 7, concerning access to clean comfort rooms, received the lowest mean of 3.19, suggesting the need for improvements in facility cleanliness and accessibility. These findings align with Adhikari et al. (2024) and Asamrew et al. (2020), who emphasize the importance of hospital cleanliness and the quality of amenities in shaping patient satisfaction and overall healthcare outcomes.

**Table 9**
*Level of Patients' Satisfaction with the Services Rendered by a District Hospital in Diagnostic Procedures According to Sex*

| **Area** | **Male** | | **Female** | |
|---|---|---|---|---|
| **C. Diagnostic Procedures** | **Mean** | **Interpretation** | **Mean** | **Interpretation** |
| *As a patient, I…* | | | | |
| 1. was able to locate the diagnostic area quickly. | 4.16 | High Level | 4.13 | High Level |
| 2. was immediately accommodated once I entered the department. | 4.00 | High Level | 4.08 | High Level |
| 3. easily accessed laboratory tests and other procedures the attending physician requires. | 4.31 | High Level | 4.22 | High Level |
| 4. secured diagnostic requests as a prerequisite before undergoing the procedures. | 4.21 | High Level | 4.14 | High Level |
| 5. received a clear explanation of the preparation needed before undergoing diagnostic procedures. | 4.23 | High Level | 4.27 | High Level |
| 6. received a detailed description of the diagnostic procedures and their vitality as a basis for managing my health condition. | 4.29 | High Level | 4.16 | High Level |
| 7. got an immediate and easy transfer to a ward room once I was wheeled out of the diagnostic procedures. | 4.21 | High Level | 4.31 | High Level |
| 8. was informed immediately once the results were available and relevant to my health condition. | 4.19 | High Level | 4.29 | High Level |
| 9. could be examined using adequate hospital equipment and apparatuses. | 4.05 | High Level | 4.00 | High Level |
| 10. was given appropriate assistance to process the documentary requirements needed to avail myself of a free laboratory test. | 3.98 | High Level | 4.10 | High Level |
| **Overall Mean** | **4.16** | **High Level** | **4.17** | **High Level** |

Table 9 illustrates the level of patient satisfaction with diagnostic services at a district hospital, grouped by sex, with an overall mean of 4.16 for male respondents and 4.17 for female respondents, both interpreted as "high level." Both male and female patients report high satisfaction, suggesting that the hospital's diagnostic services are well-regarded, though there is potential for improvement. For male respondents, item 3, concerning easy access to laboratory tests, received the highest mean of 4.31, while item 10, regarding assistance with processing documentation for free laboratory tests, had the lowest mean of 3.98, indicating moderate dissatisfaction with administrative support. For female respondents, item 7, about smooth transfers to ward rooms, received the highest mean of 4.31, while item 9, related to the adequacy of hospital diagnostic equipment, received the lowest mean of 4.00. While the hospital excels in many aspects, improvements in administrative support and diagnostic equipment could further enhance patient satisfaction. These findings suggest that refining hospital services and amenities, particularly in documentation assistance and diagnostic equipment quality, will help maintain and elevate patient satisfaction (Bentum-Micah et al., 2024; López et al., 2021).

**Table 10**
*Level of Patients' Satisfaction with the Services Rendered by a District Hospital in Medical Health Professionals According to Highest Educational Attainment*

| **Area** | **Lower** | | **Higher** | |
|---|---|---|---|---|
| **A. Medical Health Professionals** | **Mean** | **Interpretation** | **Mean** | **Interpretation** |
| *As a patient, I…* | | | | |
| 1. was informed by health professionals of my health status and the medication needed. | 4.38 | High Level | 4.52 | Very High Level |
| 2. was informed by health professionals of my rights and obligations. | 4.28 | High Level | 4.41 | High Level |
| 3. quickly understood hospital protocols and procedures discussed by health professionals. | 4.42 | High Level | 4.30 | High Level |
| 4. got immediate and appropriate attention from the health professionals when needed. | 4.04 | High Level | 4.02 | High Level |
| 5. felt the sincerity and concern of health professionals made me feel safe and well cared for. | 4.37 | High Level | 4.32 | High Level |
| 6. have my vital signs checked and monitored as part of the standard operating procedure. | 4.51 | Very High Level | 4.65 | Very High Level |
| 7. received my medication accurately and timely. | 4.36 | High Level | 4.25 | High Level |
| 8. received adequate and humane treatment from the attending physician. | 4.54 | Very High Level | 4.63 | Very High Level |

| | | | | |
|---|---|---|---|---|
| 9. received comfort and motivation from health professionals that somehow lessened the burden. | 4.39 | High Level | 4.32 | High Level |
| 10. received proper guidance on the dos and don'ts after the hospitalization. | 4.42 | High Level | 4.39 | High Level |
| **Overall Mean** | **4.37** | **High Level** | **4.38** | **High Level** |

Table 10 presents the level of patient satisfaction with medical health services at a district hospital, grouped by highest educational attainment, showing an overall mean of 4.37 for the lower educational group and 4.38 for the higher educational group, both interpreted as "high level." This suggests that the hospital provides excellent care to patients regardless of their educational background. Item 8, regarding adequate and humane treatment from the attending physician, received the highest mean of 4.54 for the lower educational group, indicating high satisfaction with compassionate care. For the higher educational group, item 6, concerning the monitoring of vital signs as part of standard procedures, received the highest mean of 4.65, reflecting satisfaction with standard medical practices. However, item 4, related to receiving immediate and appropriate attention when needed, had the lowest mean of 4.04 and 4.02 for the lower and higher groups, respectively, indicating that timely response to patient needs could be improved. Addressing response times in urgent cases would further enhance patient satisfaction, as efficient care and communication are crucial for maintaining high standards of service. The hospital should continue to focus on timely and effective attention, which is a key factor in overall patient satisfaction, as highlighted by Alelign et al. (2019) and Luzviminda et al. (2025).

**Table 11**
*Level of Patients' Satisfaction with the Services Rendered by a District Hospital in Hospital Resources According to Highest Educational Attainment*

| **Area**<br>**B. Hospital Resources** | **Lower**<br>**Mean** | **Interpretation** | **Higher**<br>**Mean** | **Interpretation** |
|---|---|---|---|---|
| *As a patient, I…* | | | | |
| 1. felt comfortable and safe in the hospital waiting area. | 3.79 | High Level | 3.55 | High Level |
| 2. could relax because of the emergency room's good ventilation and conducive room temperature. | 3.62 | High Level | 3.55 | High Level |
| 3. was given the diet plan and the required food intake as prescribed by the attending physician. | 3.96 | High Level | 3.95 | High Level |
| 4. have availed of prescribed medications or their possible alternatives. | 4.16 | High Level | 4.34 | High Level |
| 5. was given the privilege to choose the preferred room for accommodation. | 3.46 | Moderate Level | 3.52 | High Level |
| 6. was provided with the accommodation for accompanying individuals. | 3.51 | High Level | 3.32 | Moderate Level |
| 7. have easy access to clean, comfortable rooms. | 3.28 | Moderate Level | 3.18 | Moderate Level |
| 8. was satisfied with the cleanliness and sanitation of the room and comfortably settled in my hospital bed. | 3.32 | Moderate Level | 3.27 | Moderate Level |
| 9. was immediately provided with the necessary ambulatory transport. | 3.92 | High Level | 4.07 | High Level |
| 10. could avail of medical assistance, including preparing documents before discharge. | 4.32 | High Level | 4.30 | High Level |
| **Overall Mean** | **3.73** | **High Level** | **3.70** | **High Level** |

Table 11 shows that patients' satisfaction with hospital resources is high across both educational groups, with means of 3.73 for the lower group and 3.70 for the higher group, indicating that the hospital is performing well in providing resources but could improve accessibility and quality to enhance satisfaction further. The lower group reported the highest satisfaction with pre-discharge medical assistance and documentation (4.32), while the higher group showed the most satisfaction with the availability of prescribed medications (4.34), highlighting the hospital's strengths in communication, discharge planning, and pharmaceutical services. However, both groups expressed moderate satisfaction with access to clean comfort rooms, with the lowest means of 3.28 and 3.18, respectively, pointing to a need for improvements in these essential facilities. Research by Casciato (2024) emphasizes that the cleanliness and accessibility of restrooms are crucial for patient comfort and overall satisfaction. Improving comfort room conditions would not only elevate hygiene standards but also contribute to a more dignified, respectful patient experience, fostering trust and loyalty.

**Table 12**
*Level of Patients' Satisfaction with the Services Rendered by a District Hospital in Diagnostic Procedures According to Highest Educational Attainment*

| **Area**<br>**C. Diagnostic Procedures** | **Lower**<br>**Mean** | **Interpretation** | **Higher**<br>**Mean** | **Interpretation** |
|---|---|---|---|---|
| *As a patient, I…* | | | | |

| | | | | |
|---|---|---|---|---|
| 1. was able to locate the diagnostic area quickly. | 4.08 | High Level | 4.25 | High Level |
| 2. was immediately accommodated once I entered the department. | 4.05 | High Level | 4.05 | High Level |
| 3. easily accessed laboratory tests and other procedures the attending physician requires. | 4.24 | High Level | 4.27 | High Level |
| 4. secured diagnostic requests as a prerequisite before undergoing the procedures. | 4.11 | High Level | 4.27 | High Level |
| 5. received a clear explanation of the preparation needed before undergoing diagnostic procedures. | 4.21 | High Level | 4.34 | High Level |
| 6. received a detailed description of the diagnostic procedures and their vitality as a basis for managing my health condition. | 4.11 | High Level | 4.39 | High Level |
| 7. got an immediate and easy transfer to a ward room once I was wheeled out of the diagnostic procedures. | 4.26 | High Level | 4.30 | High Level |
| 8. was informed immediately once results were available and informed it relevant to my health condition. | 4.25 | High Level | 4.25 | High Level |
| 9. could be examined using adequate hospital equipment and apparatuses. | 3.97 | High Level | 4.09 | High Level |
| 10. was given appropriate assistance to process the documentary requirements needed to avail myself of a free laboratory test. | 4.05 | High Level | 4.07 | High Level |
| **Overall Mean** | **4.13** | **High Level** | **4.23** | **High Level** |

Table 12 reveals that patients' satisfaction with diagnostic procedures at a district hospital is high, with an overall mean of 4.13 for the lower educational attainment group and 4.23 for the higher group, indicating effective services for both groups. For the lower group, the highest satisfaction was for being promptly transferred to the ward after procedures (4.26), while the lowest was for the adequacy of diagnostic equipment (3.97), suggesting some concerns with equipment accessibility and functionality, which Chaudhary et al. (2015) highlight as crucial for quality diagnostics. For the higher group, the highest satisfaction was for receiving detailed explanations of diagnostic procedures (4.39), while the lowest was for accommodation upon entering the department (4.05), indicating a need for improvement in patient intake. This supports Manzoor et al. (2019), who found that improving health facilities and services is key to sustaining high patient satisfaction, aligning with the current study's aim to enhance diagnostic and service quality.

**Table 13**
*Level of Patients' Satisfaction with the Services Rendered by a District Hospital in Medical Health Professionals According to Patients' Ward Classification*

| **Area** | **Pay Ward** | | **Charity** | |
|---|---|---|---|---|
| **A. Medical Health Professionals** | **Mean** | **Interpretation** | **Mean** | **Interpretation** |
| *As a patient, I…* | | | | |
| 1. was informed by health professionals of my health status and the medication needed. | 4.52 | Very High Level | 4.37 | High Level |
| 2. was informed by health professionals of my rights and obligations. | 4.38 | High Level | 4.29 | High Level |
| 3. quickly understood hospital protocols and procedures discussed by health professionals. | 4.52 | Very High Level | 4.27 | High Level |
| 4. got immediate and appropriate attention from the health professionals when needed. | 4.20 | High Level | 3.91 | High Level |
| 5. felt the sincerity and concern of health professionals made me feel safe and well cared for. | 4.38 | High Level | 4.33 | High Level |
| 6. have my vital signs checked and monitored as part of the standard operating procedure. | 4.62 | Very High Level | 4.51 | Very High Level |
| 7. received my medication accurately and timely. | 4.26 | High Level | 4.36 | High Level |
| 8. received adequate and humane treatment from the attending physician. | 4.58 | Very High Level | 4.57 | Very High Level |
| 9. received comfort and motivation from health professionals, who somehow lessened the burden. | 4.52 | Very High Level | 4.26 | High Level |
| 10. received proper guidance on the dos and don'ts after the hospitalization. | 4.56 | Very High Level | 4.30 | High Level |
| **Overall Mean** | **4.46** | **High Level** | **4.32** | **High Level** |

Table 13 presents the patients' satisfaction levels with the services provided by a district hospital's medical health professionals, grouped by ward classification, with pay ward respondents scoring a mean of 4.46 and charity respondents 4.32, both interpreted as "high level." Pay ward respondents rated the monitoring of vital signs (4.62)

as "very high level," while charity ward respondents rated receiving adequate and humane treatment from the physician (4.57) the highest, highlighting the different priorities of each group—technical care for pay ward patients and compassionate treatment for charity patients. Both groups rated the promptness of healthcare professional attention lower, with pay ward patients scoring 4.20 and charity ward patients 3.91, indicating a common area for improvement in staff responsiveness. These findings suggest that healthcare strategies should be tailored to meet the differing needs and expectations of each patient demographic (Hussain et al., 2019; Garg et al., 2023).

**Table 14**
*Level of Patients' Satisfaction with the Services Rendered by a District Hospital in Hospital Resources According to Patients' Ward Classification*

| **Area** | **Pay Ward** | | **Charity** | |
|---|---|---|---|---|
| **B. Hospital Resources** | **Mean** | **Interpretation** | **Mean** | **Interpretation** |
| *As a patient, I…* | | | | |
| 1. felt comfortable and safe in the hospital waiting area. | 3.82 | High Level | 3.61 | High Level |
| 2. could relax because of the emergency room's good ventilation and conducive room temperature. | 3.58 | High Level | 3.60 | High Level |
| 3. was given the diet plan and the required food intake as prescribed by the attending physician. | 4.12 | High Level | 3.84 | High Level |
| 4. have availed of prescribed medications or their possible alternatives. | 4.36 | High Level | 4.13 | High Level |
| 5. was given the privilege to choose the preferred room for accommodation. | 3.72 | High Level | 3.31 | Moderate Level |
| 6. was provided with the accommodation for accompanying individuals. | 3.62 | High Level | 3.31 | Moderate Level |
| 7. have easy access to clean, comfortable rooms. | 3.32 | Moderate Level | 3.19 | Moderate Level |
| 8. was satisfied with the cleanliness and sanitation of the room and comfortably settled in my hospital bed. | 3.44 | Moderate Level | 3.20 | Moderate Level |
| 9. was immediately provided with the necessary ambulatory transport. | 4.12 | High Level | 3.87 | High Level |
| 10. could avail of medical assistance, including preparing documents before discharge. | 4.48 | High Level | 4.19 | High Level |
| **Overall Mean** | **3.86** | **High Level** | **3.63** | **High Level** |

Table 14 presents the level of patient satisfaction with hospital resources in a district hospital, comparing pay ward and charity ward respondents, with both groups reporting high satisfaction (3.86 for pay ward and 3.63 for charity ward). Pay ward patients expressed the highest satisfaction with medical assistance before discharge (4.48), while charity ward patients rated the same item highly (4.19). However, both groups reported lower satisfaction with room cleanliness and comfort, with the pay ward at 3.32 and charity ward at 3.20, indicating concerns about hygiene and comfort in the hospital environment. These findings highlight a need for improvements in cleanliness, particularly in comfort rooms, which align with previous studies suggesting that the physical environment significantly affects patient satisfaction (Hussain et al., 2019; Asamrew, 2020). Despite this, patients were generally satisfied with the discharge process, underscoring the importance of addressing environmental concerns to enhance overall satisfaction.

**Table 15**
*Level of Patients' Satisfaction with the Services Rendered by a District Hospital in Diagnostic Procedures According to Patients' Ward Classification*

| **Area** | **Pay Ward** | | **Charity** | |
|---|---|---|---|---|
| **C. Diagnostic Procedures** | **Mean** | **Interpretation** | **Mean** | **Interpretation** |
| *As a patient, I…* | | | | |
| 1. was able to locate the diagnostic area quickly. | 4.14 | High Level | 4.14 | High Level |
| 2. was immediately accommodated once I entered the department. | 4.12 | High Level | 4.00 | High Level |
| 3. easily accessed laboratory tests and other procedures the attending physician requires. | 4.42 | High Level | 4.13 | High Level |
| 4. secured diagnostic requests as a prerequisite before undergoing the procedures. | 4.22 | High Level | 4.13 | High Level |
| 5. received a clear explanation of the preparation needed before undergoing diagnostic procedures. | 4.38 | High Level | 4.17 | High Level |
| 6. received a detailed description of the diagnostic procedures and their vitality as a basis for managing my health condition. | 4.20 | High Level | 4.22 | High Level |
| 7. got an immediate and easy transfer to a ward room once I was wheeled out of the diagnostic procedures. | 4.36 | High Level | 4.20 | High Level |

| | | | | |
|---|---|---|---|---|
| 8. was informed immediately once results were available and informed it relevant to my health condition. | 4.34 | High Level | 4.19 | High Level |
| 9. could be examined using adequate hospital equipment and apparatuses. | 4.06 | High Level | 3.99 | High Level |
| 10. was given appropriate assistance to process the documentary requirements needed to avail myself of a free laboratory test. | 4.14 | High Level | 4.00 | High Level |
| **Overall Mean** | **4.24** | **High Level** | **4.12** | **High Level** |

Table 15 shows the level of patient satisfaction with diagnostic procedures at a district hospital, with pay ward respondents scoring a mean of 4.24 and charity ward respondents 4.12, both indicating a "high level" of satisfaction. Pay ward patients rated ease of access to laboratory tests (4.42) the highest, while charity ward patients valued receiving detailed descriptions of diagnostic procedures (4.22). Both groups, however, expressed lower satisfaction with the adequacy of diagnostic equipment, with pay ward respondents scoring 4.06 and charity respondents 3.99, indicating concerns over the quality and availability of diagnostic resources. These findings highlight the importance of improving equipment and enhancing communication to ensure better patient satisfaction, supporting earlier studies by DiGiacinto et al. (2016) and Salugsugan (2020), which link patient satisfaction with both resource availability and provider interaction.

**Table 16**
*Difference in the Level of Patients' Satisfaction with the Services Rendered by Medical Health Professionals when grouped and compared according to the aforementioned variables*

| Variable | Category | N | Mean Rank | Mann Whitney U | *p*-value | *Sig. level* | Interpretation |
|---|---|---|---|---|---|---|---|
| **Age** | Younger | 62 | 57.57 | 1616.500 | 0.338 | 0.05 | Not Significant |
| | Older | 58 | 63.63 | | | | |
| **Sex** | Male | 43 | 58.78 | 1581.500 | 0.684 | | Not Significant |
| | Female | 77 | 61.46 | | | | |
| **Highest Educational Attainment** | Lower | 76 | 61.36 | 1606.500 | 0.720 | | Not Significant |
| | Higher | 44 | 59.01 | | | | |
| **Patients' Ward Classification** | Pay Ward | 50 | 67.68 | 1391.000 | 0.055 | | Not Significant |
| | Charity | 70 | 55.37 | | | | |

Table 16 presents the results of patient satisfaction with medical health professionals' services, showing no significant differences across age, sex, education, or ward classification, with p-values of 0.338, 0.684, 0.720, and 0.055, respectively. This suggests that these variables do not significantly affect patient satisfaction, meaning satisfaction levels remain consistent across different demographic groups. While equitable care is provided, improvements in operational factors such as staffing, timely service delivery, communication, and patient care willingness could enhance overall satisfaction (Hussain et al., 2019). Although the p-value for ward classification (0.055) is close to the 0.05 threshold, it remains statistically insignificant, indicating that ward type (pay or charity) does not significantly influence patient satisfaction (Di Leo et al., 2020).

**Table 17**
*Difference in the Level of Patients' Satisfaction with the Services Rendered in Hospital Resources when grouped and compared according to the aforementioned variables*

| Variable | Category | N | Mean Rank | Mann Whitney U | *p*-value | *Sig. level* | Interpretation |
|---|---|---|---|---|---|---|---|
| **Age** | Younger | 62 | 60.09 | 1772.500 | 0.893 | 0.05 | Not Significant |
| | Older | 58 | 60.94 | | | | |
| **Sex** | Male | 43 | 60.92 | 1637.500 | 0.921 | | Not Significant |
| | Female | 77 | 60.27 | | | | |
| **Highest Educational Attainment** | Lower | 76 | 61.73 | 1578.500 | 0.610 | | Not Significant |
| | Higher | 44 | 58.38 | | | | |
| **Patients' Ward Classification** | Pay Ward | 50 | 64.58 | 1546.000 | 0.277 | | Not Significant |
| | Charity | 70 | 57.59 | | | | |

Table 17 shows that there are no significant differences in patient satisfaction with hospital resources based on variables such as age, sex, education, and ward classification, with p-values of 0.983, 0.921, 0.610, and 0.277, respectively. As a result, the hypothesis that "there is no significant difference in patient satisfaction when grouped by these variables" is accepted. These findings suggest that components related to hospital resources, such as buildings, staff, and equipment, do not significantly affect patient satisfaction. The hospital may need to focus on

other aspects like sanitation, cleanliness, and facility maintenance to enhance satisfaction. Improving the physical environment, as patients prefer cleaner and more comfortable settings, could contribute to better healthcare outcomes and greater satisfaction. Additionally, the availability of resources, including diagnostic equipment and professional expertise, has been shown to influence satisfaction (Feng et al., 2017).

**Table 18**
*Difference in the Level of Patients' Satisfaction with the Services Rendered in Diagnostic Procedures when grouped and compared according to the aforementioned variables*

| Variable | Category | N | Mean Rank | Mann Whitney U | *p*-value | *Sig. level* | Interpretation |
|---|---|---|---|---|---|---|---|
| **Age** | Younger | 62 | 59.14 | 1713.500 | 0.656 | 0.05 | Not Significant |
| | Older | 58 | 61.96 | | | | |
| **Sex** | Male | 43 | 58.20 | 1556.500 | 0.586 | | Not Significant |
| | Female | 77 | 61.79 | | | | |
| **Highest Educational Attainment** | Lower | 76 | 59.30 | 1581.000 | 0.619 | | Not Significant |
| | Higher | 44 | 62.57 | | | | |
| **Patients' Ward Classification** | Pay Ward | 50 | 63.52 | 1599.000 | 0.420 | | Not Significant |
| | Charity | 70 | 58.34 | | | | |

Table 18 presents that there is no significant difference in patients' satisfaction with diagnostic procedures when grouped according to age, sex, education, and ward classification, as indicated by p-values of 0.656, 0.586, 0.619, and 0.420, respectively. Therefore, the hypothesis stating that satisfaction does not significantly differ across these variables is accepted. This implies that patient satisfaction with diagnostic services at the district hospital is not influenced by demographic factors but rather by operational aspects. The hospital may benefit from improving elements such as wait times, the availability and functionality of diagnostic tools, and the overall efficiency of procedures. Consistent with earlier findings, demographic variables often play a limited role in shaping patient satisfaction (Zhang et al., 2017; Singh et al., 2019), suggesting that patient experiences are more closely tied to the hospital's operational performance (Li et al., 2020).

**Conclusions:**

The study found that most respondents were females under 35 years old, with secondary education and low income, highlighting a population with limited health literacy and varying care expectations. Overall, patients reported a high level of satisfaction with district hospital services—particularly regarding medical health professionals, hospital resources, and diagnostic procedures—regardless of age, sex, education, or ward classification. However, slightly lower satisfaction was noted in areas such as timely attention from healthcare providers, access to clean comfort rooms, and availability of diagnostic equipment. These gaps suggest the need for operational improvements rather than demographic-specific interventions. To address these, the study recommends filling healthcare staffing gaps, improving sanitation practices for comfort rooms, offering bill subsidies, and increasing funding for medical resources through consignment and local government support. These actions aim to enhance patient experiences and outcomes by optimizing care quality and hospital infrastructure.

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