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Quality of Care Rendered by Intensive Care Unit Nurses of Select Secondary Hospitals in Ilagan City, Philippines

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Abstract This study generally aimed to determine the quality of care in the Intensive Care Unit Environment of select secondary hospitals in Ilagan City. A quantitative research design employing a descriptive survey approach was utilized. Data were collected using a structured questionnaire adopted from the Nurse Professional Competence Scale. Purposive sampling was used to select patients and significant others as respondents. Frequency, percentage distribution, weighted mean, t-Test, and F-test were used to test the gathered data. The demographic profile of the respondents indicates that the majority is aged between 31 to 40 years old, predominantly female, and possesses a bachelor's degree. Equal representation was also observed from both participating hospitals. The patients evaluated the quality of care provided by ICU nurses as excellent, reflecting a high level of satisfaction with the services received. This assessment highlights the nurses' competence, dedication, and ability to meet the critical care needs of patients in a demanding environment. The findings of this study also revealed that there is no significant difference in the level of quality care rendered by staff nurses in the Intensive Care Unit as assessed by the patients and their significant others when grouped according to age, sex, highest educational attainment, and hospital affiliation. This indicates a consistent standard of nursing care across diverse patient demographics and institutional settings.

Keywords: *quality of care, Intensive Care Unit, staff nurses*

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1. Introduction

The level of care in Intensive Care Units (ICUs) is significant for patients' life, recovery, and happiness. ICUs are made to take care of people who are seriously ill and need close tracking and advanced medical care. In these units, nurses are in charge of more than just giving treatments and checking vital signs. They are also expected to handle emergencies, offer mental support, and make sure the environment is safe and helpful. ICU nursing is very complicated, so providing excellent professional care is essential. It is also important to find out how patients and their loved ones feel about the care they receive.

Much research has been done on the standard of nursing care in critical care units in many countries. For example, Alharbi et al. [1] found that patients were delighted with the nursing care they received in ICUs, especially regarding communication, respect, and response. However, some studies have found differences, showing moderate or inconsistent happiness levels. This could be because of problems like insufficient staff, communication problems, or emotional support [2,3]. These differences show how hard it is to keep up with and measure high standards of care in critical situations. They also show how important it is to do evaluations tailored to the particular situation.

There have not been many studies in the Philippines that look at the quality of ICU nurse care, especially in secondary hospitals outside of Metro Manila. Tertiary hospitals usually get more attention and resources. However, secondary hospitals, like those in the locale of this study, care for many people and are the first places people go in local areas when they have serious illnesses. These hospitals have special problems for nurses, like not having enough tools, having many patients, and not having many chances to get specialized training. These limits could make it harder for nurses to provide consistent and high-quality care in these places.

One persistent issue in assessing nursing care quality is the gap between clinical standards and actual patient experiences. While hospitals may implement protocols aligned with international care standards, the actual perception of care by patients and their families can vary depending on how nurses communicate, respond to needs, and establish trust. Additionally, most research focuses primarily on clinical outcomes rather than subjective patient assessments. This lack of attention to patients'

voices creates a research gap, especially in the local healthcare context of cities like Ilagan, where socio-economic and cultural factors also influence care experiences.

This study seeks to address that gap by evaluating the quality of care rendered by ICU nurses in select secondary hospitals in Ilagan City from the perspectives of the patients and their significant others. By capturing these perceptions, the study aims to provide a more holistic understanding of the care experience. Specifically, it looked into areas such as nurse-patient communication, responsiveness, emotional support, respect, and professionalism.

Understanding these elements can guide hospital administrators and nursing managers in implementing strategies to improve care delivery and enhance patient satisfaction. Thus, this research aims to contribute valuable data to the existing body of literature on ICU nursing care, particularly in underrepresented regions of the Philippines. It also aspires to influence policy decisions, resource allocation, and capacity-building efforts in local hospitals. By focusing on secondary hospitals in Ilagan City, the study not only highlights the importance of regional healthcare quality but also advocates for the continuous improvement of nursing care practices where they are most needed.

2. Methodology

This study employed a descriptive research design, which is well-suited for obtaining an accurate representation of a population or phenomenon at a given time. According to Creswell [4], descriptive research is a method that observes and records phenomena as they naturally occur, often utilizing tools such as surveys, interviews, or observations. This approach provides a detailed understanding of current conditions, serving as a basis for further research or decision-making. Similarly, Sirisilla [5] emphasized that descriptive research does not attempt to establish causal relationships but instead aims to collect data that reveals patterns, trends, and relationships within the population being studied.

The descriptive research design was deemed appropriate for this study as it sought to identify the profile of participants in terms of age, sex, and educational attainment, as well as to assess the level of quality of care rendered by nurses, as evaluated by patients or their significant others.

The study was conducted in the ICUs of select private hospitals in Ilagan City, with inclusion limited to those facilities that have established ICUs. The respondents consisted of ICU patients and their significant others, who were asked to assess the quality of nursing care they received.

The target population included ICU patients admitted to the select hospitals. The researchers purposively selected participants who had been confined in the ICU for at least one to two months, as these individuals were considered capable of providing more informed assessments of the care received. In cases where patients were unable to respond meaningfully due to their condition, their significant others provided the necessary data. A total of 30 patient-respondents participated in the study.

Given the small and well-defined population, the researcher employed total enumeration sampling. As explained by Canonizado [6], total population sampling is a type of purposive sampling wherein all individuals who meet specific criteria are included in the study. This method is particularly appropriate when the population is limited in size, as it minimizes sampling bias and ensures a more comprehensive representation without incurring unnecessary costs or time expenditures.

The researcher utilized an adopted questionnaire as the primary tool for data collection. The instrument was composed of two main parts. Part 1 gathered the demographic profile of the respondents, including variables such as age, sex, and educational attainment. Part 2 consisted of 19 statements assessing the level of quality of care rendered by nurses, as evaluated by patients and their significant others. The instrument used was the “Patient Satisfaction with Nursing Care Quality Questionnaire” (PSNCQQ), which was developed to evaluate patients’ anticipated needs, satisfaction following short-stay hospitalization, and the influence of socio-demographic and personal factors. This scale was adopted from the Patient Judgments of Hospital Quality Questionnaire, originally developed by a multidisciplinary research team at the Hospital Corporation of America [7,8]. Responses were recorded using a 5-point Likert-type scale, where 5 signified "excellent" and 1 indicated "poor," with a total score range of 19 to 95. The PSNCQQ demonstrated strong reliability, with correlation coefficients ranging from 0.80 to 0.89. To ensure clarity and comprehension among the respondents, the statements were translated in Tagalog.

3. Results and Discussion

As shown in Table 1, the overall quality of care rendered by ICU nurses was rated excellent, with a weighted mean of 4.23. High mean scores were observed in areas such as clear explanations of tests and treatments (MS=4.50), regular monitoring (MS=4.47), maintaining a restful environment (MS=4.47), and ensuring privacy (MS=4.47). These findings reflect the nurses’ professionalism and responsiveness, which are crucial in intensive care settings. Interpersonal dimensions—courtesy, respect, and friendliness—also received excellent ratings (MS=4.27), reinforcing the therapeutic importance of empathetic communication in enhancing patient trust and satisfaction. Meanwhile, slightly lower but still favorable scores were noted in family involvement (MS=3.97), scheduling flexibility (MS=3.90), and post-discharge follow-up (MS=4.03), pointing to opportunities for improvement in continuity of care and patient support systems beyond hospitalization.

These findings align with the cited texts in this study emphasizing the importance of integrating family members in care planning and ensuring smooth transitions to post-ICU. The results support the view of Choi and Lee [9] that a healing environment—marked by reduced noise, personal space, and protection of privacy—has a significant influence on patient recovery perceptions.

Table 1. Level of Quality of Care Rendered by the Nurses

Indicators		Mean	Interpretation
1	Nurses give clear and complete explanations about tests, treatments and what to expect.	4.50	Excellent
2	Nurses explain well how to prepare for tests and operations	4.33	Excellent
3	Nurses are willing to answer my questions	4.13	Very Good
4	Nurses communicate well with patients, families, and doctors	4.10	Very Good
5	Nurses keep patients well- informed about their condition and need	4.00	Very Good
6	Nurses involve family, friends, or significant others in their care.	3.97	Very Good
7	Nurses give courtesy and respect to patients; show friendliness and kindness	4.27	Excellent
8	Nurses check on patients and how well they keep track of how patients were doing	4.47	Excellent
9	Nurses recognize patients' opinions	4.13	Very Good
10	Nurses are willing to be flexible in meeting the patients' needs	4.20	Very Good
11	Nurses adjust their schedules to patients' need	3.90	Very Good
12	Nurses are able to make patients' comfortable	4.37	Excellent
13	Nurses respond to patients' call	4.37	Excellent
14	Nurses perform well their tasks like giving medicine and handling IV	4.43	Excellent
15	Nurses and other hospital staff who took care of the patients show teamwork	4.23	Excellent
16	Nurses provide restful atmosphere to patients	4.47	Excellent
17	Nurses provide privacy to the patients	4.47	Excellent
18	Nurses inform patients what to do and what to expect when they left the hospital	4.33	Excellent
19	Nurses attend to the patients' needs after they left the hospital.	4.03	Very Good
Grand Mean		4.23	Excellent

In comparison to the moderate satisfaction levels reported by Al Qahtani and Al Dahi [10] in a similar ICU setting in Saudi Arabia, the higher satisfaction reported here resembles the findings of Alharbi et al. [1], suggesting that contextual factors such as institutional policies and nurse-patient ratios play a significant role in perceived care quality. The implications of these results are twofold: first, they affirm the value of patient-centered, holistic nursing practices in intensive care settings; second, they underscore the need for institutional improvements in areas that support relational continuity, such as flexible scheduling, family engagement, and discharge planning. Addressing these gaps may not only improve patient satisfaction but also contribute to better recovery outcomes, reduced readmission rates, and a more compassionate ICU culture. These insights can serve as a guide for hospital administrators and nurse managers in policy refinement, staff training, and future quality improvement initiatives.

An F-test (Table 2) was conducted to determine whether there were statistically significant differences in the perceived quality of nursing care as assessed by the patients or their significant others when grouped according to age. The results revealed no significant difference among the age groups ($F = 0.932$, $p = 0.440$), leading to the acceptance of the null hypothesis at the 0.05 level of significance.

Table 2. F-test in the Level of Quality Care Rendered by the Nurses as Assessed by the Patient/Significant Others when grouped according to Age

Age / Level of Quality Care	M	SD	F	p- value
10-20 years old	4.21	.45	.932	.440
21-30 years old	4.12	.53		
31-40 years old	4.34	.41		
41-50 years old	3.97	.43		

This finding suggests that respondents from different age groups generally share similar perceptions of the quality of nursing care they received. The absence of significant differences indicates that age does not substantially influence how patients or their significant others assess nursing care. Consequently, the results imply that nurses deliver care in a consistent and equitable manner, ensuring that patients receive the same quality of attention and service regardless of age.

Table 3. Independent Sample t-Test on the Level of Quality Care Rendered by the Nurses as Assessed by the Patient/Significant Others when grouped by Sex

	Sex	M	SD	t- value	p-value
Level of Quality Care	Male	4.16	.38	-1.023	.315
	Female	4.32	.46		

An independent sample t-test was conducted to compare the perceived quality of nursing care between male and female respondents. The results indicated no statistically significant difference in their assessments ($t(28) = -1.023$, $p = .315$), leading to the acceptance of the null hypothesis at the 0.05 level of significance.

This finding suggests that both male and female patients, or their significant others, perceive the quality of nursing care similarly. The lack of disparity implies that gender does not influence evaluations of the care provided, reflecting a consistent and equitable standard of nursing care across sexes. This uniformity may point to the effectiveness of gender-neutral care practices and professional nursing standards that promote fairness, inclusivity, and responsiveness to individual needs regardless of sex.

Table 4. F-test on the Level of Quality Care Rendered by the Nurses as Assessed by the Patient/Significant Others when grouped by Educational Attainment

Educational Attainment / Level of Quality Care	M	SD	value	p- value
Elementary	4.13	.40	.648	.531
High School	4.33	.49		
College Graduate	4.24	.24		

An F-test was employed to determine whether there were statistically significant differences in the perceived quality of nursing care as assessed by patients or their significant others when grouped according to educational attainment. The results showed no significant differences among the groups ($F(2) = 0.648$, $p = 0.531$), leading to the acceptance of the null hypothesis at the 0.05 level of significance.

These findings suggest that perceptions of nursing care quality remain consistent regardless of whether respondents had lower, higher, or advanced educational backgrounds. The absence of significant variation indicates that educational attainment does not influence how patients or their proxies assess the care provided by nurses. This consistency may reflect the effectiveness of patient-centered communication strategies and standardized care protocols that ensure all patients, regardless of educational level, feel equally informed, respected, and supported in the healthcare environment.

Table 5. Independent Sample t-Test on the Level of Quality Care Rendered by the Nurses as Assessed by the Patient/Significant Others between the Two Hospitals

	Hospital	M	SD	t	p-value
Level of Quality Care	IDGH	4.29	0.30	.543	.592
	CIMC	4.20	0.54		

An Independent Samples t-Test was conducted to compare the level of nursing care quality rendered, as assessed by patients or their significant others, between the two hospitals: IDGH and CIMC. The results indicated no statistically significant difference in the assessments between the two institutions ($t(28) = -0.543$, $p = 0.592$). This suggests that both hospitals provide a comparable level of nursing care quality, as perceived by the respondents.

The findings imply that the nursing services in both institutions adhere to consistent standards, potentially due to similar staff training programs, institutional policies, and adherence to national healthcare guidelines. Furthermore, the absence of significant differences indicates that patient satisfaction with nursing care is not dependent on the hospital of admission. This consistency across hospitals underscores the effectiveness of standardized nursing practices and institutional alignment in promoting equitable, high-quality care across healthcare settings.

Furthermore, the findings suggest that respondents across different age groups share similar perceptions of nursing care quality in the ICU, indicating that age does not significantly influence patient or family evaluations. This reflects consistency and equity in care delivery, reinforcing the principle of patient-centered care, which advocates for responsiveness to individual needs regardless of demographic factors [1]. The absence of age-related differences implies that nurses are effectively tailoring communication, clinical interventions, and emotional support across age groups. Previous studies support this, noting that while care expectations may vary with age, institutional protocols and standardized practices help ensure a uniform care experience [2]. Additionally, the consistent evaluations suggest that continuous professional training contributes to minimizing age-related bias in care [11].

Similarly, no significant differences were observed in perceptions based on sex, indicating that both male and female patients received comparable levels of care. This finding supports the notion of gender-equitable healthcare and confirms that ICU nurses are trained to deliver unbiased, patient-centered care [1]. Uniform satisfaction across sexes suggests that professional standards are upheld consistently, regardless of personal attributes. Islam et al. [12] emphasized that high-quality care is rooted in professional nurse-patient relationships that transcend gender, further supporting these findings. Institutional efforts to promote inclusivity and standardization may thus be effective in maintaining equity in critical care settings [2].

Regarding educational attainment, the lack of significant differences in perceived care quality indicates that patients, whether with lower or higher education levels, evaluate nursing care similarly. This suggests that nurses communicate effectively and adapt their care strategies to suit patients' comprehension and preferences, ensuring equitable experiences across educational backgrounds. As noted by Alharbi et al. [1], the quality of care is influenced more by the nurse's professionalism and clarity of communication than by the patient's educational level. Such findings affirm the value of clear, compassionate interactions in bridging educational disparities and promoting universal understanding and trust in care.

Finally, the results show no significant variation in perceived nursing care between the two hospitals involved. These point to consistent standards in practice, likely supported by aligned protocols, similar nurse training, and adherence to national healthcare policies [13,14,15]. Uniformity in care quality across institutions suggests effective implementation of patient-centered guidelines and quality control measures [13]. This also demonstrates the positive impact of shared institutional values on care delivery. Islam et al. [12] observed that standardized nursing practices enhance patient experience by ensuring consistent empathy [17], competence [18], and responsiveness across settings [1]. Therefore, institutional alignment and ongoing staff development play an important role in sustaining excellence and equity in nursing care.

4. Conclusion

The findings of this study indicate that ICU nurses delivered an overall excellent quality of care, as perceived by patients and their significant others. High mean scores in key domains such as clinical communication, regular monitoring, environmental comfort, and respect for privacy highlight the nurses' professionalism and adherence to patient-centered care principles. These aspects are fundamental in high-acuity settings like the ICU, where patients' trust and safety are paramount. While the results affirm the strength of interpersonal and clinical competencies, they also reveal areas requiring attention—namely, family involvement, scheduling flexibility, and post-discharge follow-up. These components, though rated positively, received comparatively lower scores, pointing to potential gaps in the continuity and relational dimensions of care.

The implications of this study are twofold. First, it reinforces the importance of holistic, empathetic, and evidence-based nursing practices in improving patient satisfaction and perceived care quality in critical care settings. Second, it highlights the need for institutional enhancements that support patient-family engagement and

smooth care transitions beyond the ICU. Addressing these areas could lead to more comprehensive recovery experiences, reduced readmissions, and an improved culture of patient support.

These findings contribute to the growing body of evidence on ICU nursing care quality and suggest that future quality improvement efforts should target not only technical proficiency but also relational and transitional aspects of care. Hospital administrators and nurse leaders are therefore encouraged to implement structured strategies—such as family-centered care protocols, flexible care schedules, and post-discharge support programs—to ensure a more integrated and patient-responsive critical care environment.

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