Caring Behaviors Predicting Satisfaction in Healthcare Services among Post-Partum Mothers in a Level I Hospital

Ashnia Z. Tantao MANM; Joan P. Bacarisas, DM, MAN; and Resty L. Picardo, DM, JD, MAN

College of Allied Health Sciences, University of the Visayas

ABSTRACT

Healthcare providers like nurses must care for patients to improve health outcomes. Patients who feel cared for are more satisfied, which can improve treatment adherence, reduce fear and anxiety, and raise healthcare system confidence. Studies correlating caring behaviors to patient satisfaction at the OB-Gye ward are scarcely done. This quantitative research made use of the descriptive, correlational (predictive) design to assess whether the caring behaviors predict the satisfaction on healthcare services among post-partum mothers in a government hospital in Wao, Lanao del Sur for the first quarter of 2025. Findings of the study revealed that the overall caring behaviors of the nurses was very high. Specifically the caring behaviors of practice loving kindness, decision-making, instill faith and hope, teaching and learning, spiritual beliefs and practices, holistic care, helping and trusting relationship, healing environment, promote expression of feelings, and miracles were also very high. Overall, the post-partum mothers were very satisfied with the healthcare services in the OB-Gyne Ward. Specifically, they were satisfied in terms of accessibility, transparency of information and procedures for medical examination and treatment, attitude and professional competence of medical staff; and service delivery outcomes but only satisfied with availability and quality of facilities and equipment. The respondent were very satisfied in terms of the general satisfaction on the healthcare services (mean=4.76, SD=.571) in the OB-Gyne Ward. The caring behavior of instill faith and hope predicted overall satisfaction on healthcare services of the post-partum mothers in the OB-Gyne Ward. To address the findings of the study, a satisfaction sustenance plan is proposed.

Keywords: Descriptive, correlational (predictive); Healthcare services; OB-Gyne Ward; Post-partum mothers; Satisfaction.

INTRODUCTION

One of the measures that is used to measure the efficiency and effectiveness of a hospital is the provision of service delivery and quality care. The efficiency of a hospital is connected with the provision of these characteristics in terms of accessibility; transparency of information and procedures for medical examination and treatment; availability and quality of facilities and equipment; attitude and professional competence of medical staff; and service delivery outcomes. Patient satisfaction is the actual proof that demonstrates the efficiency of the administration that is responsible for providing healthcare services. This holds to every department in a hospital and this includes wards such as the OB-Gyne ward. In fact, in the study of Minh Hoang (2023), it revealed that the proportion of participants completely satisfied with overall service quality was almost half and expectation met was over one third. Further, the study indicated that patients from hospitals in the Red River Delta region had higher satisfaction scores than those in the Middle region across all domains. Indeed, there is a need to assess patient satisfaction as it is a dynamic process and it can be used as a tool in introducing continuous quality improvement in hospitals.

On the other hand, while satisfaction is influenced by other factors, it could also be influence by caring behaviors. According to Albano et al. (2022), caring behavior as a human action is the act of a nurse while performing its duties and responsibilities, while as an intervention, it is the action performed to meet the patient' needs while undergoing treatment. Moreover, as an emotion it conveys empathy, happiness, and concern towards patient's safety. It is further inferred that caring behavior is always present in a diabetic nurse whatever case he/she is handling; the acceptance or acknowledgement of the caring behavior of the nurse by a patient may hasten

recovery and caring behavior is the core of nursing and cannot be separated from the nursing profession. According to Oluma and Abadiga (2020), nursing care behavior and nurse's perception of effective care behavior is an act, conduct, and mannerism enacted by professional nurses that convey concern, safety, and attention to the patient. Behavior associated with caring has a paramount role in linking nursing interaction to the client in experiences.

The link between caring behavior and patient satisfaction has already been established through correlational design and very few studies have been conducted where the different caring behaviors are used to predict patient satisfaction on the healthcare services in the OB-Gyne ward. Munoz (2021) stressed that caring has always been associated with nursing as its essence, core, and foundation in the nursing practice. Identifying the caring behaviors of nurses would give additional determinants to effective and excellent quality nursing care, patient safety, and patient satisfaction. In the study of Agussalim et al. (2020), findings revealed that there was a relationship between nurses caring behavior with the level of patient satisfaction. Thus, it was concluded that there was a relationship between nurses caring behavior with the level of patient satisfaction.

Based on experience of one of the researchers in the hospital, nursing care has been hurried all the time. The problem on manpower not matching with the load, makes nurses to be numb in providing care, the caring behaviors seemed to have been missing resulting to patients not feeling the sincerity of the nurses and that nurses are just doing their jobs. This holds through in the Obstetrics and Gyne Wards where the patient load is beyond the capacity of the nurses already. Further, it was overheard by the researcher that patients being discharged seem to be dissatisfied with the services being rendered by the nurses in the ward for lack of caring, compassion, and commitment leaving the patients receiving impersonalized care when they need the most. These situations left the researcher on asking about measures could be done and a better way to address these would be to establish a baseline information about caring behaviors and satisfaction among post-partum mothers. As this serves as the knowledge gap in the study. This way, information will be gathered and improvements can be made.

The study looks into which caring behaviors predict satisfaction on healthcare services among post-partum mothers in the hospital. The prediction of the caring behaviors among post-partum mothers is identified to be the methodological gap of the study. While there are studies already available in the international arena which studied on the individual variables and assessing the relationship between the variables, none had been done at where caring behaviors predict satisfaction on healthcare services in te OB-Gyne ward and among post-partum mothers and at the micro-level. The study plans to develop a satisfaction enhancement plan which will address the gap. The output plan will be created on the basis that caring behaviors predict patient satisfaction on healthcare services in the OB-Gyne ward. Through this output the study will be able to provide societal value where post-partum mothers will be able to receive high quality of services and they will gain higher levels of satisfaction on the services provided by the care being influenced by the caring behaviors of the nurses. Thus, providing positive changes in the nursing profession. Also, this study is aligned with the third sustainable developmental goals on good health and well-being.
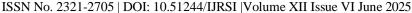
Research Objectives

The main purpose of the study was to assess whether the caring behaviors predict the satisfaction on healthcare services among post-partum mothers in a Level I hospital in Wao, Lanao del Sur for the first quarter of 2025.

Specifically, the study answered the following queries:

What was the caring behaviors of the nurses in terms of practice loving kindness; decision-making; instill faith and hope; teaching and learning; spiritual beliefs and practices; holistic care; helping and trusting relationship; healing environment; promote expression of feelings; and miracles?

What was the satisfaction on the healthcare services of the post-partum mothers in the OB-Gyne Ward in terms of accessibility; transparency of information and procedures for medical examination and treatment; availability and quality of facilities and equipment; attitude and professional competence of medical staff; and service delivery outcomes?

What was the overall satisfaction on the healthcare services of post-partum mothers in OB-Gyne?

What was the general satisfaction on the healthcare services of post-partum mothers in OB-Gyne?

Which caring behavior predicted the general satisfaction on healthcare services of the post-partum mothers in the OB-Gyne Ward?

What satisfaction sustenance plan was proposed based on the findings of the study

Statement of Null Hypothesis

The caring behaviors did not predict the overall satisfaction on the healthcare services of post-partum mothers in the OB-Gyne Ward.
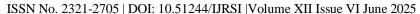
REVIEW OF RELATED LITERATURE AND STUDIES

Caring Behavior of Nurses. The dimensions of workplace circumstances and workload/management were the most important factors of caring behaviors. Nurses of surgical departments scored lower in total score than ICU nurses. Workplace conditions, workload, and management seem to be the most important factors in nurses' caring behaviors (Alikari et al., 2024). In the study of Ashagere et al. (2023), the overall percentage of nurse caring behavior in this study was moderately poor. Most of the respondents practiced technical aspects of caring behavior rather than psychosocial aspects of caring. The study of Langingi and Baua (2023) found that nurses have seven caring behaviors: compassion, responsiveness, self-control, thoroughness, critical thinking, comforting, and educating. The mean score of caring behaviors for patients was 78.94 and for nurses 80.27. The items "Demonstrating professional knowledge and skills" and "Treating my information confidentially" were the most important caring behaviors while the items "Including me in planning care", and "Treating me as an individual" were the least important caring behaviors for patients. For nurses, the most important caring behavior was "Treating patients" information confidentially" and the least important was "Returning to the patient voluntarily". Significant differences were observed in items: "Attentively listening to me/the patient", "Treating me/the patient as an individual", "Being empathetic or identifying with me/the patient", and "Responding quickly when I/the patient call. Respect, privacy, and dignity were the most important caring behaviors for nurses while for patients they were knowledge, skills, and safety (Alikari et al., 2022).

The caring behavior was classified as high and low based on the median score. According to this study only just over half of nurses had good caring behavior. The odds of having good caring behavior were 2.22 times higher among nurses working in good working environment compared to those who work in bad working environment (Kibret et al., 2022). It was found in the study of Efil et al. (2022) that over half of the nurses had a good image perception of the nursing profession. According to the care behaviors scale, they had the highest scores on the sub-scale of knowledge and skills and the lowest on connectedness. The assurance, respectfulness, and caring behavior total scores of those who chose the profession willingly were found to be higher.

Caring is considered a vital aspect of nursing. Nursing students were found to have generally positive responses toward their clinical instructors, perceiving them as caring rather than uncaring. Clinical instructors' caring behaviors had a positive impact on nursing students' caring behaviors (Al-husban et al., 2022). The seven caring behaviors were highly evident among the community health nurses and a good quality of nursing care was reported. Likewise, all the seven caring behavior predicts the quality of nursing care. Conclusion: The outcome was found to be positive for the overall standard of treatment (Majait et al., 2021). Nurses' moral sensitivity and caring behavior mean scores were reported to be moderate and good, respectively (Afrasiabifar et al., 2021).

The study of Oluma and Abadiga (2020) revealed that the overall proportion of nurses caring behavior was high which was mostly measured in terms of professional–technical and psychosocial dimension. The study of Li et al. (2020) found a statistically significant negative correlation between caring behavior and stress perception among participants. The three most frequently reported caring behaviors were related to 'knowing the patient': (a) recognizing that each patient holds unique values, (b) taking a patient's chief complaints seriously, and (c) stating that the family's best interests should be respected regarding health decisions. Completion of work, time limitations, and lack of personal interactions were sources of stress.
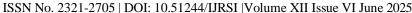
The respondents assessed the caring behaviors from the subscale "needs" as the most frequently applied, while the least frequently applied were the procedures from the subscale "sensitivity". The VET nurses reported applying caring behaviors to the subscales "hope", "problem-solving", and "environment" more frequently than BSc nurses did. Compared with less experienced respondents, the respondents with more than 30 years of work experience applied the caring behaviors on the subscales "sensitivity", "expression of emotions", "problem-solving", and especially "humanism" and "spirituality" more frequently. The results indicate that respondents are more focused on applying skills or carrying out a task than on caring behaviors which is about demonstrating compassion, loving kindness, and relationships (Vujanić et al., 2020).

There was no significant statistical difference between the nurses' and patients' viewpoints regarding each of the caring behaviors although a statistically significant difference was observed between the overall score of nurses' and patients' views (Jafari et al., 2020). Mean scores on caring behavior reported were at 5.31 (pre-test) and 5.66 after one month. The following domains showed: on assurance, on knowledge and skills, on respectful domain, connectedness domain. Connectedness was associated with education. The area on giving patient instructions or teaching the patient was highlighted in connectedness (Malate, 2020). The total mean score of caring behavior was 4.82 in the first, 5.12 in the second and 5.26 in the third-year students. The CBI-24 dimensions "Responding to individual needs" and "Being with" obtained the highest scores among the students of the first year. At the end of the first year, our students were already able to perform expressive caring, whereas instrumental caring developed at a high level in the second and third years (Ferri et al., 2020).

Nurse caring behavior is one aspect that is very related to nursing services, because caring includes human relationships and affects the quality of service and patient satisfaction. Patient satisfaction is the result of an assessment in the form of an emotional response (feeling happy and satisfied) to the patient because of the fulfillment of expectations or desires in using and receiving nurse services. There was a relationship between nurses caring behavior with the level of patient satisfaction (Agussalim et al., 2020). "Knowledge/skills" was the most important caring behaviors. No significant associations with nurses' characteristics were noted, except for higher scores in caring behaviors in participants who were married. Six caring-related categories emerged from the qualitative analysis: "the concept of care," "respect," "nurse-patients' connection," "empathy," "fear of cancer," and "nurses' professional role." Moreover, they stressed barriers they faced in each category (Karlou et al., 2018).

Patient Satisfaction in OB-Gyne. In the study of Gari et al. (2024), most participants preferred their OB/GYN physicians as female, which was a preference significantly associated with the age group, marital status, and number of children. The results in the study of Kaya et al. (2017), the patients were satisfied with services of gynecology and obstetrics clinics. Majority of the patients were satisfied with clinic facility, staff's professionalism, healthcare provider's attitude and quality of medical care. In the study of Patel et al. (2011), patient satisfaction ratings associated with caring and friendly attitude were higher for obstetricians and gynecologists compared to other specialists. Even though several factors influence patient satisfaction, adoption of factors like reducing waiting times, effective patient-physician communication, and involving patients in the decision-making process might aid physicians in achieving optimal results.

In the study of Maram et al. (2018), the observed satisfaction rate was 79.7 percent. Clients were dissatisfied towards well-describing side effects of medication, informing what the medication is used for before prescribing and administering, cleanness of toilet and washroom, and access to drinking water, latrine, and hand-washing facility. Regarding the overall satisfaction for the services and care provided, just over half of the participants were dissatisfied or had negative satisfaction. The satisfaction scores were better in private hospitals than governmental ones. Satisfied responses were found to be reported more in aspects, such as "food and diet-quality services" and also in "admission and reception". More dissatisfied responses reported in 'midwives and other staff attitude, behavior and communication' (Mahfouz et al., 2020). Majority of the respondents visited obstetrics unit while one third of them visited gynaecology unit. Over half of the appointments were first attendance while rest were follow-up visits. The average patient overall satisfaction was 90.0 percent in this study. Overall, the patients were satisfied with services of outpatient department of obstetrics and gynaecology. Majority of the patients were satisfied with clinic facility, staff's professionalism, healthcare provider's attitude and quality of medical care (Bharati & Sinha, 2023).

Caring Behavior and Patient Satisfaction. Findings in the study of Calong Calong and Soriano (2018) suggested that significant relationship was also noted between the level of caring behavior as perceived by patients and the patient satisfaction. The findings of the study of Soliman et al. (2021) there was a negative correlation between nurses' caring behaviors (performance) and patients' satisfaction. According to the study of Kibret et al. (2022), the score of patient satisfaction was increased by 2 percent as the score of nurse caring behaviour was increased by one scale. Patient satisfaction increased as the nurses care behavior score increased. The results in the study of Munoz (2021) showed that there is a moderately high positive correlation noted between the nurses' caring behavior as perceived by the patient and patient satisfaction.

RESEARCH METHODOLOGY

Design. The quantitative research made use of the descriptive, correlational (predictive) research design. In application to the study, the descriptive design was in determining the caring behaviors, the patient satisfaction, overall satisfaction, and general satisfaction on the healthcare service meeting expectations. The correlational (predictive) design was used to assess whether the caring behaviors predict patient satisfaction on the healthcare services in OB-Gyne ward.

Environment. The study will be conducted in X Hospital. It is located in Wao Lanao del Sur, a remote area of autonomous region in Muslim Mindanao, a second municipality in the province of Lanao del sur, Philippines. The institution offered services like minor surgeries, normal/uncomplicated deliveries, Newborn Screening, Family Planning dispensing/counselling, basic laboratory examinations, X-rays, consultations and admissions. X Hospital is a level 1 licensed hospital with authorized 25 bed capacity but actual implementing bed capacity of 80.

Respondents. Participants of the study were at least 100 discharged post-partum mothers in OB-Gyne Ward within the period of May to June 2025.

Sampling Design. A consecutive sampling was instituted in the study. The study set a specific period of data gathering where the sample was set to at least 100 discharged post-partum others of the OB-Gyne. Data gathering was set on May to June 2025.

Inclusion Criteria. Included in the study were post-partum mothers who were of legal age, regardless of marital status, religion, socio-economic status, and educational attainment. They should be given a doctor's order of 'may go home' but were still awaiting for the billing of their case. They should be willing to give voluntary consent to participate in the study.

Exclusion Criteria. Those who were home against medical advice were excluded in the study. Also, accompanying patients cannot answer in behalf of the post-partum mothers.

Instruments. This research used adopted questionnaires from previous studies. Part one of the instrument is adopted from the study of DiNapoli et al. (2010) entitled Measuring the Caritas Processes: Caring Factor Survey. The instrument has a Cronbach alpha reliability score between 0.95-0.96 indicating their high level of acceptability. Response, scoring, and interpretation. In answering this Likert- type questionnaire, the respondents respond by rating using the following scales: 5-always; 4-often; 3-sometimes; 2-seldom; and 1-never.

Part two of the instrument is the Satisfaction with Healthcare Services Measurement by Minh Hoang et al. (2023). The instrument comprises 31 items that evaluate five key dimensions of perceived satisfaction among hospitalized patients: (a) Accessibility (5 items), (b) Transparency of information and procedures for medical examination and treatment (5 items), (c) Availability and quality of facilities and equipment (9 items), (d) Attitude and professional competence of medical staff (7 items), and (e) Service delivery outcomes (5 items). It is answered using a five-point Likert scale with with one representing complete dissatisfaction and five denoting complete satisfaction. Domain scores are calculated by averaging the scores of all items within each domain. Higher satisfaction scores indicated greater levels of patient satisfaction with healthcare and treatment services.

Data Gathering Procedures. The first step in the research process involved submitting three different research

titles for an approval of a title. This was followed by the assignment of an adviser. When a title had been accepted, the process of creating the manuscript then began. For the purpose of obtaining approval to carry out the study, transmittal letters were also obtained from the Dean of the College of Allied Health Sciences and the Chief of the Hospital. Under the direction of a panel of experts, the study was subjected to a design hearing. After the design hearing, the manuscript was submitted for ethical approval in the university and the hospital. The process of recruitment started only started after it was approved and given a notice to proceed by the ethics committee. As soon as the notice to proceed is given, the first respondent was recruited. Participants were recruited by face-to-face intercepts or through online platforms, depending on the preference of the respondent. The criteria for inclusion and exclusion, as well as the sampling methodology, served as the guiding principles for the recruitment process. Respondents were recruited when they had received a doctors order of "may go home" while they were still waiting for their billing. The questionnaires was left in all the nurses station and nurses were briefed about the study considering that they were the person who knew who had been given a "may go home" order. Answered questionnaires were retrieved from the nurses station. Incompletely filled-out questionnaires were excluded and replaced with a new respondent. This entire process was done until the sample size was reached. After all the data had been collected, data were collated using excel format. It was submitted to a statistician for appropriate statistical treatment. Data were presented in tables along with their respective interpretations, implications, and supporting literature and studies. At the end of the final defense all raw data and answered questionnaires were deleted and shredded.

Statistical Treatment of Data. The following descriptive and inferential statistics were used to treat the data: (a) Mean score and Standard Deviation. These were used to determine the caring behaviors and the satisfaction of the post-partum mothers in the OB-Gyne. (b) Linear Regression. This was used to assess whether caring behaviors predict overall satisfaction of the post-partum mothers in the OB-Gyne Ward.

Ethical Considerations. When doing the research, the researcher made certain that the welfare of the respondents was safeguarded and that their ethical rights were respected. Consequently, the research was being presented for ethical assessment. The researcher did not proceed with the data collection phase of the research unless it had received approval from the ethics committee. Included in the appendices is a discussion of the ethical considerations that were taken into account.

Presentation, Analysis, And Interpretation Of Data

Table 1 Caring Behaviors of the Nurses

Caring Behaviors	Mean score	SD	Interpretation
Practice Loving Kindness	4.31	1.01	Always
Decision-making	4.38	.896	Always
Instill Faith and Hope	4.36	.916	Always
Teaching and Learning	4.30	1.03	Always
Spiritual Beliefs and Practices	4.33	1.02	Always
Holistic Care	4.30	1.01	Always
Helping and Trusting Relationship	4.30	.969	Always
Healing Environment	4.30	.937	Always
Promote Expression of Feelings	4.34	.924	Always
Miracles	4.41	.900	Always
Grand mean	4.33	.812	Very high

Note: n=100.

Legend: A score of 4.21- 5.00 as very high (always) (the caring behavior is practiced at all times); 3.41-4.20 as high (often) (the caring behavior is practiced almost all of the time); 2.61- 3.40 as moderate (sometimes) (the caring behavior is practiced occasionally on regular intervals; 1.81-2.60 as low (seldom) (the caring behavior is practiced on very limited occasions); and 1.00-1.80 as very low (never) (the caring behavior is not at all practiced).

Respondents believed that their nurses had a very high level of caring behaviors. They believed that the nurses always practice loving kindness which means that every day the nurses are there, they see that the care is provided with loving kindness. Additionally, they believed that nurses always practice decision-making which means that as a team, nurse were good at creative problem solving to meet their individual needs and requests. Respondents believed that their nurses always practice to instill faith and hope which means that the nurses honored their own faith, helped instill hope, and respected their belief system as part of their care.

Further, respondents believed that their nurses always practice teaching and learning which means that when their care givers teach them something new, they teach them in a way that they can understand. Respondents also believed that their nurses always respect their spiritual beliefs and practices which means that their caregivers encouraged them to practice their own individual spiritual beliefs as part of their self-caring and healing. Also they believed that their nurses always practice holistic care which means that their caregivers have responded to them as a whole person, helping to take care of all their needs and concerns. Moreover, they believed that their nurses always display helping and trusting relationship which means that their caregivers have established a helping and trusting relationship with them during their time when they were admitted.

Furthermore, they believed that their nurses always provided a healing environment which means that their healthcare team had created a healing environment that recognizes the connection between their body, mind, and spirit. Moreover, they believed that their nurses always promote expression of feelings which means that they felt like they can talk openly and honestly about what they were thinking, because those who were caring for them embrace their feelings, no matter what their feelings are. Lastly, they believed that there nurses always practice miracles which means that the nurses were accepting and supportive of their beliefs regarding a higher power, which allows for the possibility of them and their family to heal. This finding clearly implies that to be considered a nurse who displays extremely high caring behavior, one must demonstrate behaviors and attributes that go beyond basic obligations. This includes demonstrating genuine care, empathy, and a commitment to the patient's well-being. Not only does it require giving the patient with physical care, but it also involves providing emotional support, cultivating trust, and honoring the patient's dignity.

Contrary to the findings, in the study of Ashagere et al. (2023), the overall percentage of nurse caring behavior in the study was moderately poor. Most of the respondents practiced technical aspects of caring behavior rather than psychosocial aspects of caring. However, the study of Oluma and Abadiga (2020) revealed that the overall proportion of nurses caring behavior was high which was mostly measured in terms of professional–technical and psychosocial dimension. Also, the seven caring behaviors were highly evident among the community health nurses and a good quality of nursing care was reported. Likewise, all the seven caring behavior predicts the quality of nursing care. Conclusion: The outcome was found to be positive for the overall standard of treatment (Majait et al., 2021). It is essential for nurses to demonstrate a high level of caring behavior for a number of reasons, including the improvement of patient outcomes, the enhancement of the patient experience, the promotion of teamwork, and the enhancement of job satisfaction among nurses themselves. In addition to this, it is necessary for the development of trust and confidence in the healthcare system.

Table 2 Satisfaction on the Healthcare Service of the Post-partum Mothers

Dimensions	Mean score	SD	Interpretation
Accessibility	4.21	0.737	Very satisfied
Information Transparency	4.37	0.686	Very satisfied
Facilities and services	4.17	0.745	Satisfied

Staff Attitude and Competence	4.48	0.687	Very satisfied
Service outcomes	4.48	0.569	Very satisfied
Grand mean	4.34	0.543	Very satisfied

Note: n=100.

Legend: A score of 1.00-1.80 is very dissatisfied (never), 1.81-2.60 is dissatisfied (rarely), 2.61-3.40 is neither satisfied nor dissatisfied (sometimes), 3.41-4.20 is satisfied (often), and 4.21-5.00 is very satisfied (always).

Overall, the post-partum mothers were very satisfied with the healthcare services in the OB-Gyne Ward. Having a high level of satisfaction with the services provided by healthcare providers indicates that patients are content and pleased with the care they have gotten. This level of satisfaction implies that the healthcare provider has succeeded in meeting or exceeding the patient's expectations, and the patient believes that their requirements have been met. It is possible to interpret it as a measurement of the efficiency of the healthcare services that are being offered.

Contrary to the findings, regarding the overall satisfaction for the services and care provided, just over half of the participants were dissatisfied or had negative satisfaction. The satisfaction scores were better in private hospitals than governmental ones. Satisfied responses were found to be reported more in aspects, such as "food and diet-quality services" and also in "admission and reception". More dissatisfied responses reported in 'midwives and other staff attitude, behavior and communication' (Mahfouz et al., 2020).

In terms of accessibility of the healthcare services, respondents were very satisfied. They believed that the healthcare services were always had flat, easy-to-walk corridors and there was always access to medical staff when needed. They further believed that the healthcare services often had clear hospital signs and diagram, often had visiting hours announced, and often with blocks, stairs, rooms easy to find. In terms of information transparency, respondents were also very satisfied. They believed that always had clear admission process, had rules and information dissemination, had disease and treatment explanations, and had test and procedure explanations. However, the believed that the hospital often had drug use and cost info updates. In terms of facilities and services, respondents were satisfied. Respondents believed that the hospital always had clean treatment rooms with temperature control, had adequate beds and beddings, had clean, functional restrooms, had safety and security assurance, had clean clothing, and had clean, green hospital environment. However, they believed that the hospital often had hot and cold drinking water, had privacy during hospital stay, and had quality canteen services. This is an area that needs to be addressed considering that this is the lowest among all the dimensions. It is true that the hospital needs to improve its facilities and services as the hospital needs to adopt to the changes that is currently happening to the society. Patients, set higher expectations in terms of facilities and services, and this has to be matched.

In terms of staff attitude and competence, respondents were very satisfied. They believed that the hospital always had proper communication from doctor/nurses, had proper communication from service staff, had fair treatment by medical staff, and had competent and prompt care. Additionally, they believed that the hospital always had doctor encouragement in treatment and had diet, exercise, and prevention advice. However, they believed that the hospital often had no fostering signs from staff. In terms of service outcomes, respondents were also very satisfied. They believed that the hospital always had quality drug dispensing and instructions, had modern medical equipment, had treatment results met expectations, had trust in service quality, and had satisfaction with service price.

Similarly, the results in the study of Kaya et al. (2017) revealed that half of the respondents visited obstetrics unit and almost half of them visited gynaecology clinics unit. Over half of the appointments were first attendance and others were follow-up visits. The average patient satisfaction was at the level of satisfied. Generally, the patients were satisfied with services of gynecology and obstetrics clinics. Majority of the patients were satisfied with clinic facility, staff's professionalism, healthcare provider's attitude and quality of medical care. Contrary to the findings, in the study of Maram et al. (2018), the observed satisfaction rate was 79.7 percent. Clients were dissatisfied towards well-describing side effects of medication, informing what the medication is used for before

prescribing and administering, cleanness of toilet and washroom, and access to drinking water, latrine, and hand-washing facility. It is of the utmost importance in the healthcare industry to maintain high levels of patient satisfaction since it has a direct influence on the health and well-being of patients, clinical outcomes, and the overall success of a healthcare organization. Patient satisfaction not only reduces the likelihood of legal concerns, but also increases the likelihood that patients will adhere to treatment recommendations, return for future care, and refer others to the professional.

Table 3 General Satisfaction on the Healthcare Services

General Satisfaction	Mean score	SD	Interpretation
What is your satisfaction on the healthcare services provided in the OB-Gyne	4.76	.571	Very satisfied

Note: n=100.

Legend: A score of 1.00-1.80 is very dissatisfied (never), 1.81-2.60 is dissatisfied (rarely), 2.61-3.40 is neither satisfied nor dissatisfied (sometimes), 3.41-4.20 is satisfied (often), and 4.21-5.00 is very satisfied (always).

The table shows that in terms of the general satisfaction of the respondents, they were very satisfied. When it comes to healthcare, the term "very satisfied" refers to a high level of contentment and a positive assessment of the care that was got, which is above and beyond what was expected. Having this feeling not only implies that the patient is content with the treatments provided, but also that they believe their wants and concerns have been adequately handled, which ultimately results in a feeling of complete well-being and pleasure. There are several studies that support this finding, the results in the study of Munoz (2021) showed that patient satisfaction had a mean score of 3.97. Also, according to the study of Kibret et al. (2022), over half of the patients were satisfied with the nursing care they received. Moreover, findings in the study of Calong Calong and Soriano (2018) suggested that patients were still satisfied in the level of care received from the nurses in the hospital. Patient satisfaction is a significant measure of quality and drives better clinical outcomes, patient loyalty, and fewer medical malpractice lawsuits. Satisfied patients follow treatment regimens better and recommend their doctor, improving health results. Dissatisfied patients may switch practices, hurting a practice's finances.

Table 4 Caring Behavior Predicting Overall Satisfaction

Variables	B	Std error	Beta	t	p value	Decision	Interpretation
(Constant)	2.755	.247		11.156	.000		
Practice loving kindness	-.029	.077	-.054	-.379	.706	Failed to reject Ho	Not significant
Decision- making	-.030	.091	-.049	-.328	.744	Failed to reject Ho	Not significant
Instill faith and hope	.300	.137	.506	2.196	.031	Reject Ho	Significant
Teaching and learning	-.093	.079	-.176	-1.176	.243	Failed to reject Ho	Not significant
Spiritual beliefs and practices	-.102	.073	-.191	-1.407	.163	Failed to reject Ho	Not significant
Holistic care	.066	.103	.123	.644	.521	Failed to reject Ho	Not significant
Helping and trusting relationship	.108	.095	.192	1.131	.261	Failed to reject Ho	Not significant

Healing environment	.135	.084	.233	1.619	.109	Failed to reject Ho	Not significant
Promote expression of feelings	.137	.118	.232	1.161	.249	Failed to reject Ho	Not significant
Miracles	-.124	.099	-.206	-1.259	.211	Failed to reject Ho	Not significant

Legend: Significant if p value is ≤ .05. If R-squared value < 0.3 is None or Very weak effect size, if R-squared value 0.3 < r < 0.5 is Weak or low effect size, if R-squared value 0.5 < r < 0.7 is Moderate effect size, and if R-squared value r > 0.7 is Strong effect size.

The table shows that the p value for instill faith and hope was below the significant value of .05. This value was interpreted as significant leading to the decision of rejecting the null hypothesis. Thus, instill faith and hope predicted overall satisfaction on healthcare services of the post-partum mothers in the OB-Gyne Ward. Looking at the table, the t value for was positive which indicates that the influence of instill faith and hope towards overall satisfaction on healthcare services was positive. A positive prediction means that as the caring behavior of instill faith and hope increases, the satisfaction on healkthcare services also increases. For every one unit increase in the caring behavior of instill faith and hope, the satisfaction on healthcare services increases by 2.196 units.

Findings in the study of Calong Calong and Soriano (2018) suggested that significant relationship was also noted between the level of caring behavior as perceived by patients and the patient satisfaction. Additionally, according to the study of Kibret et al. (2022), patient satisfaction increased as the nurses care behavior score increased, so nurses must continue to identify ways to evaluate and increase patient happiness, as well as illustrate the impact nurses have on patient satisfaction with hospital experience as a result of their treatment. Moreover, the results in the study of Munoz (2021) showed that there was a moderately high positive correlation noted between the nurses' caring behavior as perceived by the patient and patient satisfaction. The model summary revealed the following values: R = .662, R Square = .438, Adjusted R Square = .375, Std. Error of Estimate = .42958, F = 6.936, Sig. = .000. Therefore, the regression model created is as follows:

Satisfaction on the Healthcare Services = 2.755 + 2.196 (instill faith and hope)

The equation reads that satisfaction on the healthcare services is the sum of the constant value of 2.755 plus 2.196 of instill faith and hope. Based on the model summary, the r squared value was .438 which indicates that the total variation in the satisfaction on healthcare services can be explained by the independent variable of instill faith and hope. In this case, 43.80 percent can be explained which is weak or low effect. This means that the variable of instill faith and hope predicting satisfaction on healthcare services had a low effect. Thus, the regression model was also weak. Based on the significant value of .000, the regression model predicts the dependent variable significantly. The value was equal to .000, and indicates that, overall, the regression model statistically significantly predicts the outcome variable (i.e., it is a good fit for the data).

Supporting this finding, the findings of the study of Soliman et al. (2021) indicated that the main finding of the study was the negative correlation between nurses' caring behaviors (performance) and patients' satisfaction. For the purpose of ensuring patient satisfaction and overall favorable health outcomes, it is essential for healthcare personnel, and nurses in particular, to demonstrate caring conduct. It helps to cultivate trust, enhances the relationship between the nurse and the patient, and eventually results in a more positive experience for the patient, which ultimately leads to increased satisfaction and the possibility of improved clinical outcomes.

CONCLUSION, AND RECOMMENDATIONS

Conclusion. Satisfaction on the healthcare services is influenced by the caring behavior of instilling faith and hope. The higher the instilling of faith and hope, the higher the level of satisfaction. Findings on having very high caring behaviors are reflective of the Theory of Human Caring, where nurses were able to provide care in a different ways of being human, intentional, present, conscious, and attentive. Further, the very satisfied

findings of the study is an affirmation of disconfirmation of the Expectation theory where the patients believed that the healthcare service in the OB-Gyne ward goes above and beyond their expectations. In order to address the findings of the study, a satisfaction sustenance plan is proposed.

Recommendations. The following recommendations are crafter to address the findings of the study:

Nursing Practice. To influence the nursing practice, the study findings will first be discussed among hospital administrators where the study was conducted to establish baseline information, This will be followed by the recommendation of the satisfaction sustenance plan to be adopted in the hospital. This may also allow the review, revisit, and revision of the already established plans in the hospitals. This way, this will promote higher levels of caring behaviors and higher levels of satisfaction.

Nursing Education. The study findings add to the knowledge on caring behaviors among nurses as well as the healthcare services provided in the OB-Gyne ward. It will be able to provide supplement in terms of information when discussing caring behaviors and satisfaction on healthcare services in the OB-Gyne ward. The study may also serve as a learning material in discussing research methodology, statistics, and research ethics.

Nursing Policy. The study will help in making policy for healthcare institution were caring behavior needs to be cultivated among nurses. That it forms part of the orientation or preceptorship programs that nurses undergo upon employment and that as part of the staff development plan, customer service should form part of the different activities to be done to increase satisfaction among patients.

Nursing Research. It is important that research findings be disseminated. To do this, the study will be submitted either for oral or poster presentation in any local or international research congress. It is also planned that the study will be submitted for publication in any refereed local or international research journal. The following research titles are suggested for future researchers to undertake, to wit:

Exploring the lived experiences on the caring behaviors of the nurses among patients;

Validating the result of the study on the caring behavior on instill faith and hope predicting satisfaction on healthcare services among patients; and

An explanatory sequential on the caring behaviors on satisfaction on healthcare services in OB-Gyne ward.
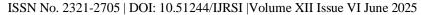
Satisfaction Sustenanc Plan

Rationale

When it comes to improving mother and baby health outcomes, fostering adherence to guidelines, and increasing the utilization of healthcare services, postpartum maternal satisfaction with healthcare services is of the utmost importance. In addition to this, it is an important indicator of the nature of the care that is being offered. When women are content with their lives, they are more likely to take the advise of their healthcare providers, which can result in improved management of postpartum health issues and better outcomes for the general health of their infants. The evaluation of maternal satisfaction gives vital feedback to healthcare professionals and administrators, allowing them to identify areas in which services can be improved. In order to assess the quality of care and make certain that services are meeting the requirements of mothers, it is essential to have feedback systems and satisfaction surveys in place. The creation of healthcare policies and strategies that promote quality care and improve maternal health outcomes can be informed by an understanding of the elements connected to maternal satisfaction to improve the quality of care provided. Findings of the study revealed very positive results. There was a very high level of caring behaviors and post-partum mothers are very satisfied with the healthcare services in the OB-Gyne ward. Thus, the creation of this satisfaction sustenance plan.

General Objectives

This satisfaction sustainability plan is aimed at sustaining the very high caring behavior and the very satisfied level on healthcare services among nurses in the OB-Gyne Ward as perceived by the post-partum mothers.

Specific Objectives

Specifically, this satisfaction sustenance plan is aimed at achieving the following specific objectives:

To sustain the very high caring behavior of nurses as perceived by post-partum mothers; and

To sustain the very satisfied level on healthcare services in the OB-Gyne Ward as perceived by post-partum mothers.

Areas of Concern	Specific Objectives	Activities	Persons responsible	Resources	Time frame	Success Indicators
The need to sustain the very high caring behavior.	To sustain the very high caring behavior of nurses as perceived by post-partum mothers.	**Personally initiated activities:** Read or view videos about caring behaviors and Jean Watson's Caring Theory. Attend or join webinars or seminars on topics relating to Caring Behaviors. **Hospital-initiated activities:** Conduct a seminar about Caring Behavior for nurses. Conduct a seminar on Watson's Caring Theory for nurses. Conduct periodic meetings with the nursing staff to discuss how to improve caring behaviors. Re-assess the caring behaviors of nurses using the same instrument six months following the implementation of this plan.	Post-partum mothers. Staff Nurses at the OB-Gyne Ward Nurse Supervisor Chief Nurse HR Director Hospital Administrators	Internet connectivity. Desktop, laptops, tablets or android phones. Instrument to measure caring behavior. Budget for the seminar (Php 10,000.00 / activity).	Third quarter of 2025 onwards	Saved articles of videos. Certificates of attendance, participation in the seminars, webinars, and trainings. Minutes of meetings. Survey result-very high caring behavior of the nurses in OB-Gyne Ward.
The need to sustain the very	To sustain the very satisfied	**Personally initiated activities:**	Post-partum mothers.	Internet connectivity.	Third quarter	Saved articles of videos.

satisfied level on the healthcare services.	level on healthcare services in the OB-Gyne Ward as perceived by post-partum mothers.	Read or view videos about caring behaviors and Jean Watson's Caring Theory. Attend or join webinars or seminars on topics relating to Caring Behaviors. **Hospital-initiated activities:** Conduct a Customer Service Training for nurses on Possessing the Right Attitude and Respecting Patients. Conduct or perform periodic patient needs analysis. Conduct continuous quality improvement activities such as benchmarking. Develop SOPPs on admission process. Conduct a random interview of post-partum mothers on their feedback about the services provided. Coordinate with Accredited Professional Organization for trainings and continuing professional development activities. Conduct a seminar of effective	Staff Nurses at the OB-Gyne Ward Nurse Supervisor Chief Nurse HR Director Hospital Administrators	Desktop, laptops, tablets or android phones. Instrument to measure satisfaction on the healthcare services in the OB-Gyne Ward. SOPPs. Interview Guide Official website and Facebook account. Budget for the seminar (Php 10,000.00 / activity).	of 2025 onwards	Certificates of attendance, participation in the seminars, webinars, and trainings. Updated SOPP. Summary reports on the interview. List of continuing professional development activities from the PNA. Installed suggestion box. Running and updated Facebook and official website. Minutes of meetings. Survey result-Post-partum mothers are very satisfied with the healthcare services in OB-Gyne Ward.

		communication and collaboration.				
		Maintaining clean and comfortable Environment and maintain a clean, organized, and welcoming facility.				
		Install a suggestion box in the OB-Gyne Ward for comments and suggestions.				
		Conduct a seminar of communication, collaboration, teamwork, staff engagement, employee satisfaction and empowerment.				
		Conduct regular surveys and feedback to include regular assessment, monitoring and evaluation of services provided.				
		Conduct periodic meetings with the nursing staff to discuss how to improve healthcare services in the OB-Gyne Ward.				
		Making sure that portals are also available like |Facebook or the official website where patients can raise concerns.				
		Re-assess the patient satisfaction on healthcare services in the OB-Gyne Ward using the same instrument six months following				

		the implementation of this plan and periodically, every six months as a continuing quality improvement activity.				

REFERENCES

1. Afrasiabifar, A., Mosavi, A., Dehbanizadeh, A., & Khaki, S. (2021). Nurses' caring behaviour and its correlation with moral sensitivity. Journal of Research in Nursing, 26(3), 252-261. https://doi.org/10.1177/1744987120980154

2. Agussalim, M. A., Nasir, M., Takko Podding, I., Alamsyah, R. (2020). Caring behavior of nurses increase level of client's satisfaction in clinical area. American Journal of Biomedical Science and Research, 10(5). https://doi.org/10.34297/AJBSR.2020.10.001544.

3. Al-husban, R. Y., Shudifat, R. M., & Tarawneh, F. S. (2022). Clinical instructors' caring behaviors as perceived by nursing students. Nursing Education Perspectives, 43(6), E62-E64. https://doi.org/10.1097/01.NEP.0000000000000957

4. Albano, V., Dela Cruz Calero, F., Francisco, M. G., Ramolete, M. C., & Rivera, D. L. (2022). Caring behavior of nurses: A concept analysis. Humanistic Network for Science and Technology, 6(7). https://doi.org/10.33846/hn60706

5. Alikari, V., Fradelos, E., Zartaloudi, A., Kolovos, P., & Zyga, S. (2024). Factors affecting nurses' caring behaviors: A study in Greece. https://doi.org/10.20944/preprints202401.0464.v1

6. Alikari, V., Gerogianni, G., Fradelos, E. C., Kelesi, M., Kaba, E., & Zyga, S. (2022). Perceptions of Caring Behaviors among Patients and Nurses. International Journal of Environmental Research and Public Health, 20(1), 396. https://doi.org/10.3390/ijerph20010396

7. Ashagere, M., Yeheyis, T., Addisu, D., Abera, W., Amlaku, T., Tadesse, F., Beyene, B., Samuel, T., & Daba, A. K. (2023). Caring behaviour and its associated factors among nurses working at public hospitals in Gamo zone, southern Ethiopia: a cross-sectional study. BMJ Open, 13(10), e072183. https://doi.org/10.1136/bmjopen-2023-072183

8. Bharati, S., & Sinha, A. (2023). Assessing patient satisfaction with Obstetrics and Gynaecology Outpatient Department at Katihar Medical College and Hospital, Katihar. International Journal of Pharmaceutical and Clinical Research, 15(5), 2017-2021.

9. Brodowicz, M. (2024). Correlational research: Explanatory and predictive designs. https://aithor.com/essay-examples/correlational-research-explanatory-and-predictive-designs

10. Calong Calong, K. A., & Soriano, G. P. (2018). Caring behavior and patient satisfaction: Merging for satisfaction. International Journal of Caring Sciences, 11(2), 697.

11. DiNapoli, P. P., Turkel, M., Nelson, J., & Watson, J. (2010). Measuring the caritas processes: Caring factor survey. International Journal for Human Caring, 14(3), 15-20.

12. Efil, S., Balaban Şahin, S., & Yariş, Z. (2022). Nurses' images of the nursing profession and their caring behaviors. Journal of Educational Research in Nursing, 19(4), 416-421.

13. Ferri, P., Stifani, S., Morotti, E., Nuvoletta, M., Bonetti, L., Rovesti, S., Cutino, A., Di L orenzo, R. (2020). Perceptions of caring behavior among undergraduate nursing students: A three-cohort observational study. Psychology Research and Behavioral Management, 13, 1311-1322. https://doi.org/10.2147/PRBM.S279063.

14. Gari, A., Alshinawi, M. A., Faidah, O. H., Alqurashi, A. I., Alkarmo, M. Y., Maghrabi, E., & Alanazi, N. A. (2024). Patients' preferences and satisfaction toward obstetrics and gynecology service in Saudi Arabia. International Journal of Medicine in Developing Countries, 8(10), 2799–2803. https://doi.org/10.24911/IJMDC.51-1730626647

15. Jafari, M., Aghamohammadi, V., Moradi, T., Piri, M., Ebadi, J., & Nasiri, K. (2020). Comparing nurses and patients' views about caring behaviors and its dimensions in nurses. International Electronic Journal of Medicine, 9. https://doi.org/105-110. https://doi.org/10.34172/iejm.2020.19

16. Karlou, C., Papadopoulou, C., Papathanassoglou, E., Lemonidou, C., Vouzavali, F.,Zafiropoulou-Koutroubas, A., Katsaragakis, S., & Patiraki, E. (2018). Nurses' caring behaviors toward patients undergoing chemotherapy in Greece: A mixed-methods study. Cancer Nursing, 41(5), 399-408. https://doi.org/10.1097/NCC.0000000000000562

17. Kaya, Ş., Orhun, N., & Gorkemli, H. (2017). Assessing patient satisfaction with obstetrics and gynaecology clinics/outpatient department in university hospital Konya, Turkey. International Journal of Research in Medical Sciences, 5, 3794. https://doi.org/10.18203/2320-6012.ijrms20173951

18. Kibret, H., Tadesse, B., Debella, A., Degefa, M., & Regassa, L. D. (2022). Level and predictors of nurse caring behaviors among nurses serving in inpatient departments in public hospitals in Harari region, eastern Ethiopia. BMC Nursing, 21, 76. https://doi.org/10.1186/s12912-022-00856-8

19. Langingi, N. L., & Baua, M. E. (2023). Caring behavior of nurses in a hospital: A descriptive phenomenological study. Jurnal Multidisiplin Madani (MUDIMA), 3(1), 19-27. https://doi.org/10.55927/mudima.v3i1.2321

20. Li, Y.-S., Liu, C.-F., Yu, W.-P., Mills, M. E. C., & Yang, B.-H. (2020). Caring behaviours and stress perception among student nurses in different nursing programmes: A cross-sectional study. Nurse Education in Practice, 48, 102856. https://doi.org/10.1016/j.nepr.2020.102856

21. Mahfouz, M. E., Abed, A. M., Alqahtani, M. S., Albaqami, A. M., & Alsubaie, M. M. (2020). Patient satisfaction toward health care performance in the Obstetrics and Gynecology departments among hospitals in Saudi Arabia. International Journal of Medicine in Developing Countries, 4(2), 338–346. https://doi.org/10.24911/IJMDC.51-1575405816

22. Majait, S. A., Sallave, B. B., & De Paz, P. I. V. (2021). Caring behaviors and quality of car rendered by community health nurses in the Philippines. The Malaysian Journal of Nursing (MJN), 13(2). https://doi.org/10.31674/MJN.2021.V13I02.007

23. Malate, A. L. (2020). CARE program and caring behaviors among nurses of end-stage renal disease patients on hemodialysis in a government training and teaching hospital in the Bicol Region, Philippines.

24. Marama T, Bayu H, Merga M, Binu W. (2018). Patient satisfaction and associated factors among clients admitted to Obstetrics and Gynecology wards of Public Hospitals in Mekelle Town, Ethiopia: An institution-based cross-sectional study. Obstetrics and Gynecology International, 2018, 2475059. https://doi.org/10.1155/2018/2475059

25. Minh Hoang, P., Giang, L. T., Tran, M. D. (2023). Patients' satisfaction with Obstetrics-Gynecology, and Pediatric healthcare services in Vietnam: A multicentre cross-sectional study. Risk Management and Healthcare Policy, 16, 1411-1422. https://doi.org/10.2147/RMHP.S415967

26. McCombes, S. (2023). Descriptive research. Definition, types, methods and examples. https://www.scribbr.com/methodology/descriptive-research/.

27. Munoz, D. J. A. (2021). Nurses' caring behavior and patients' satisfaction in a tertiary hospital in the Kingdom Saudi Arabia. Faculty of Management and Development Studies. FMDS Theses and Dissertations. https://doi.org/10.5281/zenodo.7683464

28. Oluma, A., & Abadiga, M. (2020). Caring behavior and associated factors among nurses working in Jimma University specialized hospital, Oromia, Southwest Ethiopia, 2019. BMC Nursing, 19, 19. https://doi.org/10.1186/s12912-020-0407-2

29. Patel, I., Chang, J., Srivastava, J., Feldman, S., Levender, M., & Balkrishnan, R. (2011). Patient satisfaction with obstetricians and gynecologists compared with other specialties: analysis of US self-reported survey data. Patient related outcome measures. Dovepress, 2, 21-6. https://doi.org/10.2147/PROM.S15747.

30. Soliman, H. M., Awatef Kassem, A., & Ibrahim, A. A. (2021). Correlation between patients' satisfaction and nurses' caring behaviors. Journal of Biology, Agriculture and Healthcare, 5(2).

31. Vujanić, J., Prlić, N., & Lovrić, R. (2020). Nurses' self-assessment of caring behaviors in nurse–patient interactions: A cross-sectional study. International Journal of Environmental Research and Public Health, 17, 5255. https://doi.org/10.3390/ijerph17145255