Grounding Quality Patient Care from the Experiences of Hansenites

Research Article

ABSTRACT

Abstract: ***Grounding Quality Patient Care From The Experiences Of Hansenites***, this study explored the experiences of Hansen's patients at one of the leprosariums in the Philippines. This task is entailed the identification of "Lived Experiences" of patients in terms of treatment, nursing care, and interpersonal relationship (patients and medical staff).

Aims: The study aimed to analyse with the Lived-Experiences of Hansenite patients with the view to develop essential recommendations for Hansenites patients, staff nurses, doctors, hospital administrators, Department of Health, National Government officialsand nurse educators.

Scope and Limitation of the Study: The study focused on lived experiences of **ten (10)** selected Hansen patients admitted to the leprosarium and ten (10) selected Hansen's patient living outside the hospital and comparison of the differences in their lives, experiences and their relationships with others.

Research Design: This observational analytic case control uses the grounded-phenomenological method of research.

Results: The result of the this Grounded study brought out several new aspects related to the quality of patient care that has a bearing on whether patient will submit to hospitalization or not, the determinants in providing quality patient health care, and components that boost patients recovery with the help of expected government programs in order to eliminate self- image problems due to their diagnosis.

Conclusion: The health team should maintain their "oath" to provide safe and quality health care services to Hansen's patients. They must also endeavour toupdate their knowledge, skills necessary for their chosen profession and never neglect the compassionate and caringattitude as the basic foundation in giving of quality nuring care.

Keywords: Grounding Quality Patient Care, Experiences of Hansenites, Quality Nursing Care

1. Introduction

Leprosy is a contagious and chronic disease caused by Mycobacterium leprae (Hansen's bacillus) that is transmitted from person to person and has a long incubation period of averaging 5 years ranging from months to 30 years [1] and Hansen's disease is still prevalent [2]and according to the World Health Organization, approximately 208,000 people have leprosy (Hansen's disease) around the globe [3].

An analysis of the experiences of Hansenites within and outside the leprosarium in this study can provide valuable insights into the quality of nursing care provided to them.

In our approach to discern the experiences of the Hansenites, the authors gave special importance to the feedback and responses from the patients enrolled in this study as the right amount of data needs to obtained before it can be analyzed properly in order to analyse the data obtained and to make proper recommendations.

1.1 Objective

The study aimed to make a detailed and comprehensive inquiry into the Lived-Experiences of Hansenite patients with a view to develop with recommendations for Hansenites patients, staff nurses, doctors, hospital administrators, Department of Health, and National Government officials.

2 METHODS

2.1 Respondents of the Study

The study was conducted into two selected areas in Caloocan City, Metro Manila: Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium and the Community outside of the Custodial Ward of the hospital in Tala Caloocan City. These two areas were chosen because Hansenite patients are confined to these two selected locations. The Arellano University Research Board Committee approved the research protocol. Prior to commencement ofthe study, the researcher obtained approval from the hospital, the community, and informed consent from the hansenites.

Using purposive-selective sampling method, 20 respondents were selected from the two selected areas; 10 respondents from the hospital custodial ward and 10 respondents from the community. Inclusion criteria in hospital custodial ward were: 1.Filipinos born 2.Confined in a leprosarium or custodial ward 3.Assessable and willing to be a part of the study but still living at the custodial area of the hospital. 4.Confined at the hospital

for one year. 5.Must be willing to be interviewed for prolong periods of up to 3 hours, and 6.The person must be willing to share their nursing experiences in the hospital.

The selection of participants in community was done purposively and restrictedly based on the following criteria. They must be: 1. Native Filipinos 2.Live at the leprosarium community but not presently confined in custodial area 3.Assessable and willing to be a part of the study 4.Live at the community for one year but receiving nursing care at OPD. 5.Must be willing to be interviewed for prolong periods of up to 3 hours, and 6.The person must be willing to share their nursing experiences in the hospital.

2.2 Tool of the Study

An Open-Ended Questionnaire assessed the experiences of the Hansenites in the Custodial ward and Hansenites in Out Patient Department. Follow up questions were used to meet the saturation needed in the study.

2.3 Data Gathering Procedure

The questionaire methods was the mode of the data gathering with qualitative approach. Data was collected in brief phases, maintaining the quality and relevance of the recordings for proper documentation and followed by data analysis. (1) The study was conducted in Dr. Jose N. Rodriquez Memorial Hospital Custodial Ward and Out Patient Department, patients that live in Sto Cristo Tala Community Caloocan City. (2)Theresponses in the Open-Ended Questionaireformed the basis for analyzingthe experiences of the Hansenites on Patient Nursing Care.

2.4 Qualitative Analysis

The data gathered from the Hansenites' utterances were recorded. Textual analyses were applied for counting the frequency and sequencing of words, phrases, and concepts in addition to comparing, contrasting and categorizing them and to find and conceptualize the underlying issues among the "noise" of the data. Coding was used by attaching a particular label to a particular chunk data. Concepts were used by finding the group of codes that go together to embody an idea basically the underlying meaning, uniformity, and/or/ pattern within a set of descriptive utterances. Categories were applied by finding the main theme which sum up a pattern of behavior. Grounded theory are that is central, as it relates to many other categories and their properties, and accounts for a large portion of the variations in a pattern of behavior.

3 . RESULT

From the results shown in Table 1, There were 10 Hansenites patients in Custodial Ward that uttered keypoints that produced 297 codes: VT keypoints of P1h X1-X23 produced 23 codes,
DV keypoints of P2h X1-X11 produced 11 codes, JG keypoints of P3h X1-X15 produced 15 codes, ADkeypoints of P4h X1-X15 produced 15 codes, AV keypoints of P5h X1-X56 produced 56 codes, RR keypoints of P6h X1-41 produced 41 codes, RL keypoints of P7h X1-33 produced 33 codes, JT keypoints of P8h X1-46 produced 46 codes, RV keypoints of P9h X1-14 produced 14 codes, RS keypoints of P10h X1-43 produced 43 codes.

While the results shown in Table 2, There were 10 Hansenites patients in Out Patient Department from the Community that uttered keypoints that produced 342 Codes; EL keypoints of P1c X1-X25 produced 25 codes, CT keypoints of P2c X1-X24 produced 24 codes, AY keypoints of P3c X1-X28 produced 28 codes, MT keypoints of P4c X1-X33 produced 33 codes, RM keypoints of P5c X1-X16 produced 16 codes, PB keypoints of P6c X1-70 produced 70 codes, AM keypoints of P7c X1-38 produced 38 codes, PS keypoints of P8c X1-27 produced 27codes, VM keypoints of P9c X1-56 produced 56codes, DB keypoints of P10c X1-25 produced 25 codes.

Codes that produced from Hansenites in Custodial Ward was 297 while the codes produced from Hansenites in Out patient Department from the Community was 342 with a total of 639 Codes. These 639 codes were processed, compared with each other to find a higher order commonality, produced concept from the codes.

Table 1. Codes from the utterances of Hansenites patients in Custodial Ward in Dr. Jose N. Rodriquez Memorial Hospital in Tala Caloocan City on Grounding Quality Patient Care.

ID Name	Keypoint	Codes	Time
VT	**P1h X1-X23**	**23**	15 mins 02 sec
DB	**P2h X1-X11**	**11**	10mins. 05 sec.
JG	**P3h X1-X15**	**15**	38 mins 16 sec.
AD	**P4h X1-X15**	**15**	9 mins 35 sec.
AV	**P5h X1-X56**	**56**	14 mins 31 sec.
RR	**P6h X1-41**	**41**	16 mins. 09 sec.
RL	**P7h X1-33**	**33**	17 mins 28 sec.
JT	**P8h X1-46**	**46**	18 mins 32 sec.
RV	**P9h X1-14**	**14**	32 mins 52 sec.
RS	**P10h X1-43**	**43**	25 mins 06 sec.
		Total 297	

Table 2. Codes from the utterances of Hansenites patients in Out Patient Delivery from the Community in Tala Caloocan City on Grounding Quality Patient Care.

ID Name	Keypoint	Codes	Time
EL	**P1c X1-X25**	**25**	12 mins 37 sec.
CT	**P2c X1-X24**	**24**	14 mins 43 sec.

AY	**P3c X1-X28**	**28**	13 mins 09 sec.
MT	**P4c X1-X33**	**33**	20 mins 06 sec.
RM	**P5c X1-X16**	**16**	11 mins 41 sec.
PB	**P6c X1-70**	**70**	42 mins 13 sec.
AM	**P7c X1-38**	**38**	20 mins 42 sec.
PS	**P8c X1-27**	**27**	23 mins 26 sec.
VM	**P9c X1-56**	**56**	27 mins 12 sec.
DB	**P10c X1-25**	**25**	16 mins 10 sec.
		Total 342	

Table 3. Concepts produced from the Frequency of Codes from the utterances of Hansenites patients in both Custodial Ward and Out Patient Delivery in Tala Caloocan City on Grounding Quality Patient Care.

FREQUENCY OF CODES	CONCEPTS
P1h X14, P2h X10, P4h X7, P6h X18, P10h X16 **P3c X3, P3c X4, P3c X5, P3c X26, P4c X1, P4c X2, P4c X3, P4c X4, P4c X5, P4c X11, P4c X12, P4c X13, P4c X26, P6c X5, P6c X57, P7c X35, P7c X38, P8c X18, P10c X22, P10c X25**	**Accessibility of health care and issues**
P3h X13, P3h X15, P5h X9, P5h X10, P5h X12, P5h X14, P6h X14, P8h X8, P8h X9, P8h X10, P8h X11, P9h X1, P9h X8, P9h X8a, P9h X8b, P9h X9c, P9h X9d P1c X2, P1c X3, P1c X4, P5c X51, P5c X52, P5c X55, P5c X56, P9c X27, P10c X10	**Avoidance of others, rejection of the community and discomfort**
P10h X1, P10h X10 P3c X2, P3c X15, P4c X27, P4c X30, P4c X33, P6c X46, P8c X24	**Long confinement and issues**
P4h X5, P5h X3, P5h X11, P7h X6, P7h X28, P7h X29, P7h X30, P8h X5, P8h X44, P10h X22 P8c X12, P9c X47, P10c X3, P10c X4, P10c X24	**Deformity issues**
P1h X3, P5h X8, P8h X24, P8h X25, P8h X26, P8h X27, P9h X7 P4c X8, P4c X29	**Discomfort with others**
P1h X5, P1h X23, P7h X14 , P1c X22, P1c X22, P2c X16, P7c X8, P7c X9, P7c X13, P7c X25	**Financial Problems and constraints**
P2h X10, P7h X1, P7h X2, P7h X3, P8h X1, P8h X28, P8h X29, P8h X30, P8h X34, P8h X35, P8h X42, P8h X46, P10h X11, P10h X34, P10h X35, P10h X37 P2c X9, P2c X10, P3c X14, P4c X6, P5c X6, P5c X9, P5c X10, P6c X28, P8c X23, P9c X23, P9c X24, P9c X25, P9c X26, P9c X29, P10c X15, P10c X19, P10c X25	**Food accessibility and other supply issues**
P1h X18, P1h X19, P8h X33, P10h X36 P1c X23, P3c X12, P3c X25	**Food supply insufficiency**
P3h X11, P4h X6, P5h X19, P6h X19, P6h X20, P6h X22, P7h X20, P10h X27 P1c X5, P2c X18, P5c X11, P8c X8, P10c X16	**Good doctor-nurse-patient relationship**
P4h X9, P5h X26, P6h X25, P6h X26, P6h X28, P9h X5 P1c X9, P1c X18, P3c X18, P6c X37, P6c X38, P6c X40, P6c X44, P6c X45, P8c X1, P9c X7, P9c X8, P9c X9	**Good doctor-patient relationship**
P1h X16, P2h X6, P7h X4, P7h X18, P7h X19, P8h X21, P9h X6 P1c X1, P1c X6, P1c X7, P3c X19, P4c X16, P6c X18, P9c X34, P9c X38, P9c X39, P9c X40	**Good nursing service, care and other issues**
P2h X4, P2h X14, P6h X33, P6h X34, P6h X35, P6h X36, P6h X37, P6h X40, P7h X22, P8h X6, P8h X7, P8h X14, P8h X15, P9h X2, P9h X9b, P10h X5, P10h X6, P10h X40, P10h X42, P10h X43 P1c X15, P2c X3, P2c X8, P3c X13, P3c X28, P4c X7, P4c X9, P4c X22, P5c X5, P6c X1, P6c X19, P6c X34, P6c X36, P7c X14, P7c X15, P7c X16, P8c X13, P8c X14, P8c X27, P9c X1, P9c X52, P9c X53, P9c X54, P9c	**Source of livelihood, DOH programs and other issues**

X56, P10c X13	
P3h X13, P4h X1, P4h X8, P5h X6, P5h X17, P5h X3	**Medicine accessibility and other issues**
P1c X18, P5c X13, P5c X14, P6c X16, P6c X22, P6c X42, P6c X43, P6c X66, P7c X21, P7c X22, P7c X37, P9c X12, P9c X36, P9c X37, P10c X2	
P1h X1, P2h X9, P4h X3, P6h X2, P6h X3, P7h X15, P7h X15, P8h X39, P8h X41, P8h X42, P10h X17, P10h X32	**Prayer and God's help issues**
P1c X14, P8c X10, P8c X11, P9c X19, P9c X22, P9c X30	
P2h X3, P4h X12, P4h X15, P5h X52, P6h X24, P6h X29, P6h X30, P6h X31, P6h X32, P6h X41, P7h X16, P9h X4, P9h X11, P10h X7, P10h X8, P10h X13, P10h X29, P10h X30, P10h X31	**Visitation and token issues**
P1c X12, P1c X13, P2c X1, P2c X2, P2c X24, P7c X26, P7c X9, P8c X5, P8c X6, P8c X7	

From the results shown above in Table 3, There were 15 Concepts formulated that were supported by frequency of codes: 1. **Accessibility of health care and issues** supported by P1h X14, P2h X10, P4h X7, P6h X18, P10h X16 codes from Custodial Wards and P3c X3, P3c X4, P3c X5, P3c X26, P4c X1, P4c X2, P4c X3, P4c X4, P4c X5, P4c X11, P4c X12, P4c X13, P4c X26, P6c X5, P6c X57, P7c X35, P7c X38, P8c X18, P10c X22, P10c X25 codes from Out Patient Delivery, 2. **Avoidance of others, rejection of the community and discomfor**t supported by P3h X13, P3h X15, P5h X9, P5h X10, P5h X12, P5h X14, P6h X14, P8h X8, P8h X9, P8h X10, P8h X11, P9h X1, P9h X8, P9h X8a, P9h X8b, P9h X9c, P9h X9d codes from Custodial Ward and P1c X2, P1c X3, P1c X4, P5c X51, P5c X52, P5c X55, P5c X56, P9c X27, P10c X10 codes from Out Patient Delivery, 3. **Long confinement and issues** supported by P10h X1, P10h X10 codes from Custodial and P3c X2, P3c X15, P4c X27, P4c X30, P4c X33, P6c X46, P8c X24 codes from Out Patient Delivery, 4. **Deformity issues** supported by P4h X5, P5h X3, P5h X11, P7h X6, P7h X28, P7h X29, P7h X30, P8h X5, P8h X44, P10h X22 codes from Custodial Ward and P8c X12, P9c X47, P10c X3, P10c X4, P10c X24 codes from Out Patient Delivery, 5.**Discomfort with others** supported by P1h X3, P5h X8, P8h X24, P8h X25, P8h X26, P8h X27, P9h X7 codes from Custodial Ward and P4c X8, P4c X29 codes from Out Patient Delivery, 6. **Financial Problems and constraints** supported by P1h X5, P1h X23, P7h X14 codes from Custodial Ward and P1c X22, P1c X22, P2c X16, P7c X8, P7c X9, P7c X13, P7c X25 codes from Out Patient Department, 7. **Food accessibility and other supply issues** supported by P2h X10, P7h X1, P7h X2, P7h X3, P8h X1, P8h X28, P8h X29, P8h X30, P8h X34, P8h X35, P8h X42, P8h X46, P10h X11, P10h X34, P10h X35, P10h X37 codes from Custodial Ward and P2c X9, P2c X10, P3c X14, P4c X6, P5c X6, P5c X9, P5c X10, P6c X28, P8c X23, P9c X23, P9c X24, P9c X25, P9c X26, P9c X29, P10c X15, P10c X19, P10c X25 codes from Out Patient Department, 8. **Food supply insufficiency** supported by P1h X18, P1h X19, P8h X33, P10h X36 codes from Custodial Ward and P1c X23, P3c X12, P3c X25 codes from Out Patient Department, 9. **Good doctor-nurse-patient relationship** supported by P3h X11, P4h X6, P5h X19, P6h X19, P6h X20, P6h X22, P7h X20, P10h X27 codes from Custodial Ward and P1c X5, P2c X18, P5c X11, P8c X8, P10c X16 codes from Out Patient

Department, 10. **Good doctor-patient relationship** supported by P4h X9, P5h X26, P6h X25, P6h X26, P6h X28, P9h X5 codes from Custodial Ward and P1c X9, P1c X18, P3c X18, P6c X37, P6c X38, P6c X40, P6c X44, P6c X45, P8c X1, P9c X7, P9c X8, P9c X9 codes from Out Patient Delivery, 11. **Good nursing service, care and other issues** supported by P1h X16, P2h X6, P7h X4, P7h X18, P7h X19, P8h X21, P9h X6 codes from Custodial Ward and P1c X1, P1c X6, P1c X7, P3c X19, P4c X16, P6c X18, P9c X34, P9c X38, P9c X39, P9c X40 codes from Out Patient Department, 12. **Source of livelihood, DOH programs and other issues** supported by P1h X16, P2h X6, P7h X4, P7h X18, P7h X19, P8h X21, P9h X6 codes from Custodial Ward and P1c X1, P1c X6, P1c X7, P3c X19, P4c X16, P6c X18, P9c X34, P9c X38, P9c X39, P9c X40 codes from Out Patient Department, 13. **Source of livelihood, DOH programs and other issues**supprted by P2h X4, P2h X14, P6h X33, P6h X34, P6h X35, P6h X36, P6h X37, P6h X40, P7h X22, P8h X6, P8h X7, P8h X14, P8h X15, P9h X2, P9h X9b, P10h X5, P10h X6, P10h X40, P10h X42, P10h X43 codes from Custodial Ward and P1c X15, P2c X3, P2c X8, P3c X13, P3c X28, P4c X7, P4c X9, P4c X22, P5c X5, P6c X1, P6c X19, P6c X34, P6c X36, P7c X14, P7c X15, P7c X16, P8c X13, P8c X14, P8c X27, P9c X1, P9c X52, P9c X53, P9c X54, P9c X56, P10c X13 codes from Out Patient Department, 14. **Medicine accessibility and other issues** supported by P3h X13, P4h X1, P4h X8, P5h X6, P5h X17, P5h X3 codes from Custodial Ward and P1c X18, P5c X13, P5c X14, P6c X16, P6c X22, P6c X42, P6c X43, P6c X66, P7c X21, P7c X22, P7c X37, P9c X12, P9c X36, P9c X37, P10c X2 codes from Out Patient Department, 15. **Prayer and God's help issues** supported by P1h X1, P2h X9, P4h X3, P6h X2, P6h X3, P7h X15, P7h X15, P8h X39, P8h X41, P8h X42, P10h X17, P10h X32 codes from Custodial Ward and P1c X14, P8c X10, P8c X11, P9c X19, P9c X22, P9c X30 codes from Out Patient Department, 16. **Visitation and token issues** supported by P2h X3, P4h X12, P4h X15, P5h X52, P6h X24, P6h X29, P6h X30, P6h X31, P6h X32, P6h X41, P7h X16, P9h X4, P9h X11, P10h X7, P10h X8, P10h X13, P10h X29, P10h X30, P10h X31 codes from Custodial Ward and P1c X12, P1c X13, P2c X1, P2c X2, P2c X24, P7c X26, P7c X9, P8c X5, P8c X6, P8c X7 codes from Out Patient Department.

Table 4. Categories Formulated Supported by its Concepts from the utterances of Hansenites patients in both Custodial Ward and Out Patient Delivery in Tala Caloocan City on Grounding Quality Patient Care.

CONCEPTS	CATEGORY

Avoidance of others, rejection of community, and discomfort	SELF IMAGE PROBLEMS DUE TO THEIR DIAGNOSIS
Deformity Issues	
Discomfort with others	
Good doctor-nurse-patient relationship	DETERMINANTS IN PROVIDING QUALITY OF PATIENT HEALTH CARE
Good doctor-patient relationship	
Good nursing service, care, and other issues	
Prayer and God's help issues	FACTORS THAT BOOST PATIENTS' RECOVERY
Visitation and token issues	
Accessibility of health care and issues	FACTORS TO BE CONSIDERED IF PATIENT WILL SUBMIT TO HOSPITALIZATION OR NOT
Long confinement issues	
Financial problems and constraints	
Food accessibility and other supply issues	HANSEN'S PATIENTS EXPECTED GOVERNEMENT PROGRAMS
Source of livelihood, DOH programs and others	
Medicine accessibility and other issues	

From the results shown above in Table 4, There were 5 Categories supported by its Concepts; First, SELF IMAGE PROBLEMS DUE TO ILLNESS supported by Avoidance of others, rejection of community, and discomfort, Deformity Issues, Discomfort with others ; Second, DETERMINANTS IN PROVIDING QUALITY OF PATIENT HEALTH CARE supported by Good doctor-nurse-patient relationship, Good doctor-patient relationship, and Good nursing service, care, and other issues; Third, FACTORS THAT BOOST PATIENTS' RECOVERY supported by Prayer and God's help issues, Visitation and token issues ; Fourth, FACTORS TO CONSIDER IF PATIENT WILL SUBMIT TO

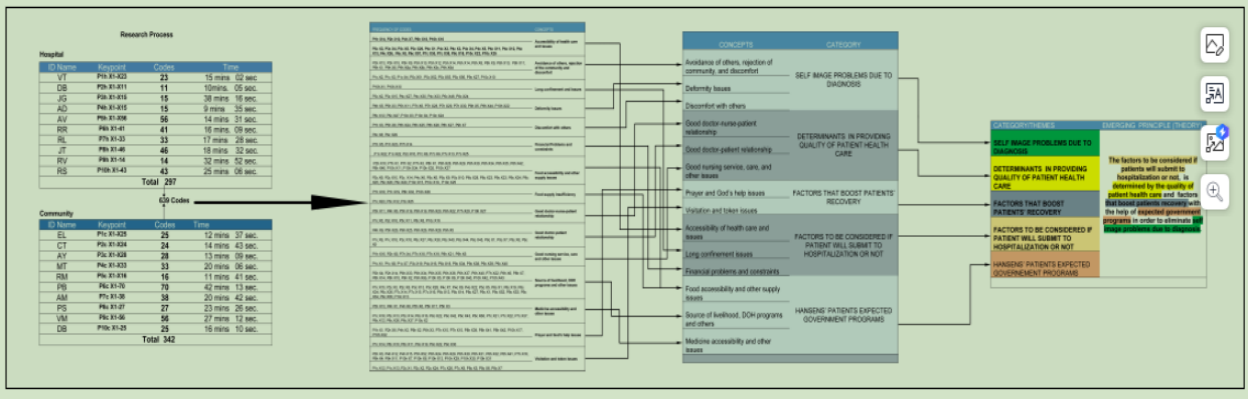
HOSPITALIZATION OR NOT supported by Accessibility of health care and issues, Long confinement issues, and Financial problems and constraints; Fifth, HANSENS' PATIENTS EXPECTED GOVERNEMENT PROGRAMS supported by Food accessibility and other supply issues, Source of livelihood, DOH programs and others, and Medicine accessibility and other issues.

Table 5. Emerging Theory Supported by its Category/Theme from the utterances of Hansenites patients in both Custodial Ward and Out Patient Delivery in Tala Caloocan City on Grounding Quality Patient Care.

CATEGORY/THEMES	EMERGING PRINCIPLE (THEORY)
SELF IMAGE PROBLEMS DUE TO THEIR DIAGNOSIS	**The factors to be considered if patients will submit to hospitalization or not, isdetermined by the quality of patient health care and factors that boost patients recovery with the help of expected government programs in order to eliminate self image problems due to their diagnosis.**
DETERMINANTS IN PROVIDING QUALITY OF PATIENT HEALTH CARE	
FACTORS THAT BOOST PATIENTS' RECOVERY	
FACTORS TO BE CONSIDERED IF PATIENT WILL SUBMIT TO HOSPITALIZATION OR NOT	
HANSEN'S PATIENTS EXPECTED GOVERNEMENT PROGRAMS	

From the results shown above in Table 5, There were 5 Categories that Support the Emerging Theory that in view of QUALITY PATIENT CARE The factors to be considered if patients will submit to hospitalization or not, the determinants in providing quality of patient health care and factors that boost patients recovery with the help of expected government programs in order to eliminate self image problems due to their diagnosis. This Theory is supported by First, SELF IMAGE PROBLEMS DUE TO THEIR DIAGNOSIS; Second, DETERMINANTS IN PROVIDING OF QUALITY PATIENT HEALTH CARE; Third, FACTORS THAT BOOST PATIENTS' RECOVERY; Fourth, FACTORS TO BE CONSIDERED IF PATIENT WILL SUBMIT TO HOSPITALIZATION OR NOT; Fifth. HANSEN'S PATIENTS EXPECTED GOVERNEMENT PROGRAMS.

Table 6. Summary of Hansenites Patients' Utterances in both Custodial Ward and Out Patient Delivery in Tala Caloocan City on Grounding Quality Patient Care that lead to Codes, Concept, Category, and Theory.



Category

Categories and properties. Making a distinction between a category and property indicates a systematic relationship between these elements of theory. A category stands by itself as a conceptual element of the theory. A property, in turn, is a conceptual aspect or element of a category [4].

Deliminating occurs at two levels: the theory and categories. First, the *theory solidifies, in the sense that* ***major modifications become fewer and fewer as the analyst comparison*** **t**he next incidents of a category to its properties. *Later* ***modification are mainly on the order of clarifying the logic***, ***taking out non relevant properties, integrating elaborating details of properties into the major outline of interrelated categories*** and ***most important reduction*** [5] .

By ***reduction we mean that analyst may discover underlying information in the original set of categories*** or their properties, and can then ***formulate the theory*** with a smaller set of higher level concept [6].

Emerging Theory

By linking the categories and investigating the connection between concepts the theory emerged [7]. From table 6, the categories were: SELF IMAGE PROBLEMS DUE TO ILLNESS, DETERMINANTS IN PROVIDING QUALITY PATIENT HEALTH CARE, COMPONENTS THAT BOOST PATIENTS' RECOVERY,FACTORS TO CONSIDER IF PATIENT WILL SUBMIT TO HOSPITALIZATION OR NOT, HANSENS' PATIENTS EXPECTED GOVERNEMENT PROGRAMS.

The emergent grounded theory of Hansen Experiences can be summarized as follows: Accessibility of health care and issues; Avoidance of others, rejection of community, and discomfort; Deformity Issues; Discomfort with others; Financial problems and constraints; Food accessibility and other supply issues;Good doctor-nurse-patient relationship; Good doctor-patient relationship; Good nursing service, care, and other

issues; Long confinement issues; Medicine accessibility and other issues; Prayer and God's help issues; Source of livelihood, DOH programs and others; Visitation and token issues.

The efficacy of Hansen's experiences will be useless if the uttered experiences are not recognized and supported among staff nurses, medical doctors, hospital directors, and the Department of Health. A sophisticated Hansen's experiences will assist in identifying where and how components interact and the relationship between them so that the new component may be implemented in the correct place and continue the harmony of the whole system.

It is seenthat the five categories and some of the concepts are embedded in this summary. This is how Grounded theory leads from codes to concepts to categories of theory. The resultant theory does not need separate justification and testing because it came from live data [8].

The factors to be considered if patients will submit to hospitalization or not, isdetermined by the quality of patient health care, and factors that boost patients recovery with the help of expected government programs in order to eliminate self image problems due to their diagnosis.

4 DISCUSSION

Correlation of the utterances of Hansen's patients from Custodial Ward and Out Patient Department patients from the community are essential in the improvement of outcome of patients care. Grounding quality patients care from the utterances of Hansen's patients is a vital [9] factor when it comes to quality patients care. Quality patients care can be perceived by the doctors and nurses but the reality of quality patient care will be from the utterances of the patients themselves [10] of what quality patient care should be. Utterances from the patientsthemselves are valid and not to be tested.Hansen's patients from the Custodial Wards of Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium are from the different parts of the Philippines and the Hansenites patients visited the Out Patient Department of this hospital are from the community that surrounds the hospital. The prevalence of Hansen's disease in different parts of the world and the danger if not treated together with the stigma [11] brought about this disease made the different nation to focus to resolve this problem. This problem could hit our community and the health team should response to this cases carefully. The health team should deliver their quality services to their patients, speciallyDr. Jose N. Rodriguez Memorial Hospital considered one of the Sanitariums in the Philippines.

The prevalence of Leprosy cases in the Sanitarium and cases in the community are the reason why the researcher determine to explore the experiences of Hansenites in the nursing care rendered by the healthcare provider. In this study we used 10 respondents from Custodial Ward - patients admitted in the hospital and 10 respondents from Out Patient Department (OPD) - patients from the community.

After the researcher assessed the experiences of the respondents in quality nursing care, the results were 297 Codes (chank of word) created from hospital respondents and 342 codes (chank of word) created from the community respondents. From 20 respondents, there were 639 codes created from the utterances of hansenites patients grounded on their experiences on quality nursing care.

The 639 codes were constantly compared and contrasted to determine the frequency of codes to identity the concepts. There were 16 Concepts formulated that were supported by frequency of codes: 1) Accessibility of health care and issues 2) Avoidance of others, rejection of the community and discomfort 3) Long confinement and issues 4) Deformity issues 5) Discomfort with others 6) Financial Problems and constraints 7) Food accessibility and other supply issues 8) Food supply insufficiency 9) Good doctor-nurse-patient relationship 10) Good doctor-patient relationship 11) Good nursing service, care and other issues 12) Source of livelihood, DOH programs and other issues 13) Source of livelihood, DOH programs and other issues 14 Medicine accessibility and other issues 15) Prayer and God's help issues 16. Visitation and token issues.

This was the second phase that the researcher done in this study; continued compare and contrast of concepts; delimination occurred at two levels: the theory and categories. First, the theory solidified, in the sense that major modifications became fewer and fewer as the researcher comparison the next incidents of a category to its properties. Later modification are mainly on the order of clarifying the logic, taking out non relevant properties, integrating elaborating details of properties into the major outline of interrelated categories and most important reduction [12].

By reduction we mean that researcher may discover underlying information in the original set of categories or their properties, and can then formulate the theory with a smaller set of higher level concept [13].

After the reduction; from 16 concepts, now it became categories and projected 5 themes. These were following themes : *First,*Self Image Problems due to their diagnosis. *Second,* Determinants in providing quality of patient health care. *Third,*Factors that boost patient's recovery. *Fourth*, Factors to be considered if patient will submit to hospitalization or not. And *Fifth*, Hansen Patients expected government programs.

Qualitatively, by linking the categories and investigating the connection between concepts the theory emerges[14]from the 5 themes and the theory emerged was "In view of Quality Patient Care; The factors to be considered if patients will submit to hospitalization or not, is determined by providing quality of patient health care, and factors that boost patients recovery with the help of expected government programs in order to eliminate self image problems due to their diagnosis.

Since this was the result of the study, the researcher would like to propose seminars on quality patient care based on the emerging theory from this study because the success

of quality nursing care is to focus on the actual utterances of patients that experienced the actual hospitalization.

5 CONCLUSION

Quality patient care is significant in rendering nursing care to different kinds of patients. Nurses should know this emerging theory hence, this will be effective and useful on their area. Seminar for the nurses in this emerging theory will guide to them to fully understand the situation of their patients, patients concerns, patients' decision, and patients' healing process.

RECOMMENDATIONS:

From the thorough assessment, evaluations of the Hansen's patients utterances it gave us prism of their different feelings, thoughts, ideas on how the staff nurses, medical doctors, hospital administrations and how the government dealt with them. Through these valid utterances, we assessed, felt, and validated that there are still deeper concern that the medical team should be extended among the Hansen's patients in order to provide a Quality Nursing Care.

1.*On the Staff Nurses* one should maintain their "oath" to provide safe and quality health care services to Hansen's patients. To update their knowledge, skills necessary for their chosen profession and never neglect the good attitude as the basic foundation in giving nursing care.

2.*On the Doctors* are look up by the Hansen's patients as their immediate support; it can be moral, emotional, and even physical support. A little thing done by the doctors; such as a simple smile, talk, gesture it makes a lot them. It could even complete their day from a simple truthful advice. And how much more help that the doctors can give if they perform their duty well, their service is genuine, and they put themselves patients above all.

3.*On the Hospital Administration* Level this means that the hospital administration must ensure that its programs are nationally and internationally accredited with local and global accrediting agencies. Then focus on the internalization of Hansen's programs that may serve well in every each individual afflicted by the disease. The programs should be aligned on the objectives to eradicate the disease but at the same time it promotes emoployability outside the hospital. Upon discharge the patients can able to live in the community with their skills learned during their hospitalization. Through this hospital programs the patients can be a productive part of the community.

4.*On the Department of Health* this means that this government agency should have united programs for the Hansen's patients from orientation of the new patients; easy accessibility of health care services in every hospital in the country; enough free

medicine supplies in all leprosarium; effective medication monitoring; clean, healthy, and enough food with utensils supplies, and special programs that may develop the skills and talents of every patients that maybe useful as a source of livelihood upon discharge.

5.*On the Government* Level additional political will, will be enough and this could be started on a proper alignment of health budget. Different outstanding programs for Hansen's patients can be cited but it will be failed if proper budget is not allotted. The government must put enough budget for health programs, monitor the budget distribution, check if the proper allocation of medicines done, food, and stipends are given to the Hansen's patients until they can stand on their own, housing projects or settlements for those qualified discharge patients, and evaluate the allocations are correctly given by the use of documents (purchased, receipts, consumed) and random unannounced interview with Hansen's patients (confined patients and patients live in the community).

6.*Direction of the future research*. There should be a way on how to evaluate the effectiveness of the government programs to Hansen's patients in all government hospitals and leprosariums and in the community specially the health center in every barangay. Developmental studies are needed to determine with accuracy of all government programs for Hansen's patients. Programs on orientation of the new patients; accessibility of health care services; medicine and food supplies; stipends; effective medication monitoring; programs that may develop the skills and housing projects. A replica of this studies focusing on the effectiveness of government programs for Hansen's patients that displays the quality health care services.

CONSENT AND ETHICAL APPROVAL

Seeking approval from Arellano Univeristy Research Board Committee and Researcher seek an approval from the hospital director, chief nurse, and informed consents from the hansenite patients in Custodial Ward and Out Patient Department.

COMPETING INTERESTS

Author have declared that no competing interest exist.

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