DOI: http://dx.doi.org/10.33846/hn60503 http://heanoti.com/index.php/hn



URL of this article: http://heanoti.com/index.php/hn/article/view/hn60503

Significant Others' Perception on the Nurse Level Immunization Skills

Jaime P. Gabriel¹, Angelito E. Alvarado², Micah Alexis J. Candelario^{3(CA)}, Jovie Y. Casalamitao⁴, Angelica Carl Mae P. Cauilan⁵, Kate Winslet G. Clemente⁶, Toni Grace R. Darwin⁷

¹Instructor, Isabela State University, College of Nursing, Echague, Isabela, Philippines; jamielaangela@yahoo.com

²Research Coordinator, Isabela State University, College of Nursing, Echague, Isabela, Philippines; angelito.e.alvarado@isu.edu.ph

^{3(CA)}Nursing Student, Isabela State University, College of Nursing, Echague, Isabela, Philippines; micahalexisc@gmail.com (Corresponding Author)

⁴Nursing Student, Isabela State University, College of Nursing, Echague, Isabela, Philippines; jov.yabes1499@gmail.com

⁵Nursing Student, Isabela State University, College of Nursing, Echague, Isabela, Philippines; angelcauilan7@gmail.com

⁶Nursing Student, Isabela State University, College of Nursing, Echague, Isabela, Philippines; clementekate938@gmail.com

⁷Nursing Student, Isabela State University, College of Nursing, Echague, Isabela, Philippines; tonigrace1999@gmail.com

ABSTRACT

Immunization saves lives, avoids diseases, and lowers both direct and indirect medical expenditures. Vaccinations continue to protect people of all ages against additional diseases as new vaccines are created and tested. Vaccines also help to limit illness transmission among families, loved ones, and neighbors, resulting in healthier communities. Immunization protects future generations from illness transmission by preventing disease transfer from one generation to the next. Patient Satisfaction level is important to medical health care providers, ensuring that patients are satisfied with the efforts they put in. This study aims to determine the satisfaction level of patients receiving Expanded Program on Immunization (EPI) rendered by Nurse Deployment Program (NDP) nurse from the Rural Health Unit of Echague, Isabela. To achieve this, the researchers made used of descriptive method of research through the use of a survey questionnaire in gathering the data needed. The result showed in Immunization that NDP nurses setting a schedule for patients going to the RHU for the EPI, got the highest mean among the different items with an interpretation of "Very Satisfied". RHU nurses instructing mothers to provide Paracetamol for PRN use got the lowest level of satisfaction from their patients with an interpretation of "Unsatisfied". The result showed in surveillance and monitoring that Nurses being respectful and understanding got an interpretation of "Very Satisfied" and Other matters regarding the surveillance and monitoring of patient got an average rating with the exception of nurses suggesting plans for achieving the health goals of the patient with an interpretation of "Unsatisfied". This study concluded that patients receiving Expanded Program on Immunization were "Satisfied" both in immunization and, in monitoring and surveillance of Nurse Deployment Program nurse from the Rural Health Unit of Echague, Isabela. This may conclude that further studies should be initiated to determine other possible variables that may be correlated.

Keywords: expanded program immunization; immunization skills; nurse

INTRODUCTION

Background

Immunization saves lives, avoids diseases, and lowers both direct and indirect medical expenditures. Vaccinations continue to protect people of all ages against additional diseases as new vaccines are created and

tested. Vaccines also help to limit illness transmission among families, loved ones, and neighbors, resulting in healthier communities. Immunization protects future generations from illness transmission by preventing disease transfer from one generation to the next.

Unvaccinated children can get diseases that cause them to become disabled for a long time, compromising their entire physical, mental, and social development and well-being.

The Philippine Immunization Program is mandated and supported by the following laws and policies. (1) The Philippine Constitution of 1987 states, "The State shall pursue a holistic strategy to health development in which it shall seek to make vital goods, health, and other social services available to all people at a reasonable cost." Priority will be given to the needs of the poor, sick, elderly, crippled, women, and children." (1); (2) provides for compulsory basic immunization for infants and children below eight years old⁽²⁾; (3) established the Expanded Program on Immunization (EPI) in response to the United Nations' aim of universal child immunization (3); (4) The Philippines reaffirmed its commitment to the worldwide goal of eradicating polio by the year 2000 through child and mother immunization⁽⁴⁾; (5) An Act requiring compulsory immunization against Hepatitis B for infants and children below eight years old, amending for the purpose Presidential Decree No. 996, listed down basic immunization services to be provided. These include vaccination against: (i) tuberculosis (TB), (ii) dipththeria, pertussis and tetanus (DPT), (iii) poliomyelitis (administered orally), (iv) measles, (v) rubella, (vi) Hepatitis-B in newborns within 24 hours after birth, and (vii) provision of other basic immunization services for infants and children below eight years of age (RA No. 7846); (6) Mandatory Infants and Children Health Immunization Act of 2011 mandated the adoption of a comprehensive, mandatory and sustainable immunization program against VPDs among all infants and children under the age of five years. These include vaccines against: (a) Tb; (b) DPT; (c) Poliomyelitis; (d) Measles; (e) Mumps; (f) Rubella or German measles; (g) Hepatitis B; (h) H. Influenza Type B (HIB); and (h) other types as may be determined by the Secretary of Health. (5)

An increase in the competition in every field has an impact on the health care sector. The most significant edge of health care service providers is to provide excellent health care service to its clientele. The need for quality of healthcare services has been identified via health-related demographics and advancements in technology, changes in what clients expect and understanding about health care, a steady increase in the involvement of the individual in their health care, and increased pricing and competitiveness in the health care sector. The most significant edge of health care service to its clientele. The need for quality of healthcare services has been identified via health-related demographics and advancements in technology, changes in what clients expect and understanding about health care, a steady increase in the involvement of the individual in their health care, and increased pricing and competitiveness in the health care sector.

The quality and completeness of healthcare services can be measured basing on the perception and satisfaction of patients and their significant others. Patient satisfaction is the most important index of quality of care and it is expected as an outcome of healthcare services ⁽⁸⁾. Patient satisfaction measurement provides needed data on the performance thus would be the reason for total quality management. Total quality management needs professional knowledge, competence and application of needed technology, the patients' perception about the type and level of the care they have received ⁽⁹⁾. In the present consumer-oriented healthcare markets, a patient-centered measure of satisfaction the quality of nursing care received is a major factor of health care management systems ⁽¹⁰⁾. Patients want their problems diagnosed, and treated effectively, their functions restored and/or symptoms managed. If the results are unsatisfactory, clients will go to another healthcare facility they applied for treatment and ⁽¹¹⁾.

METHODS

The researchers used the descriptive survey method in conducting this study. This method was designed and it helped the researchers to gathered data and pertinent information about the present and existing of group under study. The main purpose of this inquiry was to describe and determine the level of satisfaction of parents of patients on the Expanded Program on Immunization (EPI) rendered by the Nurse Deployment Program (NDP) nurse from the Rural Health Unit (RHU) of the Municipality of Echague, Province of Isabela.

The study was limited to parents of patients of Expanded Program on Immunization (EPI) rendered by Nurse Deployment Program (NPD) nurse of the Rural Health Unit (RHU) of the Municipality of Echague, Isabela, year 2020. The group of respondents was selected through Random Sampling Strategy. The total number of respondents is 67 based from the list of vaccine recipient given by the Rural Health Unit.

The researchers used a survey questionnaire designed by the researcher in gathering the data needed in the specific problems of the study. The validity and reliability of the tool was made through the help of CHN instructor, nurse, adviser and statistician for the cronbach's alpha.

Meaning and significance of the generated data were given through the following statistical measures:

- 1) Frequency and Percentage Distribution. This was used to determine the profile of the respondents.
- 2) Mean. This was utilized to determine the level of satisfaction of the respondents in terms of immunization, surveillance and monitoring. A 4-point likert scale will be used as follows:
 - a) Scale 1: very unsatisfied (range = 1.00 1.75)
 - b) Scale 2: unsatisfied (range = 1.76 2.50)
 - c) Scale 3: satisfied (range = 2.51 3.25)

- d) Scale 4: satisfied (range = 3.26 4.00)
- 3) Standard Deviation. Is a statistics that measures the distribution of a dataset in relation to its mean. This tool is used to measure the distance of means of the chosen variables.
- 4) Chi-square test and Pearson Correlation. Test were used to determine the relationship between variables

RESULTS

This are presents the analysis and interpretation of the data gathered through the use of the questionnaire in response to the problem of this study.

Profile of Respondents

Table 1. Respondents profile as to gender

Gender	Frequency	Percentage
Male	18	27
Female	49	73

As seen in the data above majority of the respondents are female with a frequency of 49 or 73 percent, whereas 18 or 27 percent of the respondents are male.

This implies that mother is the one who takes' care their children because the fathers are the one who work to support their financial needs.

Table 2. Respondents profile as aged

Age	Frequency	Percentage
20-24 years old	5	7
25-29 years old	15	22
30-34 years old	27	40
35-39 years old	20	30

As shown in table 2 most of the parents are in the age bracket of 30-34 years old with a frequency of 27 or a percentage of 40. 20 or 30 percent are at the age bracket of 35-39 years old, 15 or 22 percent are at the age bracket of 25-29 years old and 5 or 7 are at the age bracket of 20-24 years old.

It can be gleaned from the results that majority of the respondents are in the age where most have children in their family and are still at the stage that they are in need of the different immunization programs provided by the government free of charge.

Table 3. Respondents profile as to occupation

Occupation	Frequency	Percentage
Housewife	15	22
Teacher	5	7
Farmer	7	10
Driver	7	10
Vendor	18	27
Housemaid	5	7
Guard	2	3
Saleslady	5	7
Electrician	1	1
Barber	1	1
Government employee	1	1

It could be gleaned on the above data that most of the respondents are vendor (18 or 27 percent). 15 or 22 percent are housewife, 7 or 10 percent are farmer and driver, 5 or 7 percent are teacher, housemaid and saleslady, 2 or 3 percent are guard and 1 0r 1 percent is electrician, barber and government employee.

Data revealed that most of the parents respondents are high school graduate (32 or 48 percent), 16 or 24 percent are college level, 11 or 16 percent are college graduate and 8 or 12 percent are elementary graduate.

Table 4. Respondents profile as to educational attainment

Educational attainment	Frequency	Percentage
Elementary graduate	8	12
High school graduate	32	48
College graduate	16	24
College graduate	11	16

Table 5. Immunization

Current well being	Mean	Description
1 NDP nurse set a schedule for a patient going to RHU for EPI.		Very satisfied
2. RHU nurse helps to organize the queue	3.43	Satisfied
3. Infants were given vaccination promptly	3.42	Satisfied
4. RHU nurses instruct mothers to provide Paracetamol for PRN use	1.93	Unsatisfied
5. The nurse gives information about the vaccine before administration	2.12	Unsatisfied
6. The nurse was very accommodating	3.34	Satisfied
7. The nurse provides privacy while administering the vaccine	2.46	Unsatisfied
8. Nurse gives extra care in administering the vaccine	2.91	Satisfied
9. Nurse gives clear vaccination instruction		Satisfied
10. Nurse conducts health education to patients		Satisfied
Total	2.86	Satisfied

As shown in the data above parents are very satisfied in how NDP nurse set a schedule for a patient going to RHU for EPI. Parents are satisfied on how RHU nurse helps to organize the queue; infants were given vaccination promptly; the nurse was very accommodating; nurse gives extra care in administering the vaccine; nurse gives clear vaccination instructions; and nurse conducts health education to patients. Whereas, parents are unsatisfied on how RHU nurses instruct mothers to provide Paracetamol for PRN use; nurse gives information about the vaccine before administration and nurse provides privacy while administering the vaccine.

Client satisfaction with the vaccination service is therapeutically important because satisfied clients are more likely to follow through with treatment and return to the pediatric immunization clinic. It will also assist in passing on positive messages to others, taking an active role in their care, continuing to use medical care services, and referring others to the center's services. Clients who are dissatisfied with a service are more likely to tell others about their bad experience and are less likely to return or continue using immunization services, which is a primary predictor of child under-vaccination in developing nations⁽¹²⁾.

Table 6. Surveillance and Monitoring

Surveillance and monitoring	Mean	Description
1. Nurse is respectful and understanding.	3.54	Very satisfied
2. Nurse is always on time and never late.	3.43	Satisfied
3. Nurse is always following the date and schedule time of visit.	3.46	Satisfied
 Nurse carefully listens and answers my questions. Nurse gives information clearly. Nurse understands my family situation and suggests a way to do thing. Nurse helps me utilize community and government resources and 		Satisfied
		Satisfied
		Satisfied
		Satisfied
programs	3.07 2.45	Unsatisfied
8. Nurse suggests plans for achieving my health goals.	2.81	Satisfied
9. Nurse provides proper referral to RHU when needed.		
Total	2.93	Satisfied

It could be gleaned on the above data that parents are very satisfied to the nurse respectful and understanding. Parents are satisfied with the nurse who are always on time and never late, nurse always following the date and schedule time of visit, nurse carefully listens and answers questions, nurse gives information clearly, nurse understands family situation and nurse suggests a way to do thing, nurse helps utilize community and government resources and programs, and nurse provides proper referral to RHU when needed. Whereas, parents are unsatisfied with nurse suggests plans for achieving health goals.

It can be gleaned from the results that nurses on the NDP program are respectful and understanding to their patients and are also able to provide adjustments to their time and schedule when interacting with their

patients, being able to understanding their situation and providing them with punctual and prompt vaccine administration depending on the most convenient time for the patients. But health planning is not the strong suit of the nurses because it got an unsatisfied level of satisfaction from the respondents and also as evidenced from the findings on the level of satisfaction on the immunization proficiency of the nurses involved in the NDP whereas they lack in providing information and health teachings before and after the administration of the vaccine to their patients.

Table 7. Significant Relationship between the Level of Satisfaction of Parents of Patients of EPI Rendered by NDP Nurse of RHU when Grouped According to their Profile

Profile	Significance Pearson's Chi-square	Analysis	Decision	Remarks
Gender	0.185	>0.05	Accept Ho	Not significant
Age	0.380	< 0.05	Accept Ho	Significant
Educational attainment	0.265	>0.05	Accept Ho	Not significant
Occupation	0.472	>0.05	Accept Ho	Not significant

Table 7 shows the significant relationship between the level of satisfaction of parents on the EPI rendered by NDP nurse of RHU when grouped according to their profile using Pearson's Chi-square C – test at 0.05 level of significance.

As revealed in the table, the significance C values were greater than 0.05. The null hypothesis is accepted. There is no significant relationship between level of satisfaction of parents on the EPI rendered by NDP nurse of RHU and their profile mentioned in the table.

The above data implies that age, gender, occupation and educational status of the respondents did not influence the level of satisfaction of parents on the EPI rendered by NDP nurse of RHU. This correlational data supports the previous tables this research has undertaken.

DISCUSSION

Nurses on the NDP program are reverential and empathetic to their patients and are able to provide adjustments to their time and schedule when taking care of them or attending their needs. In addition, they can able to understand their situation and provides them with punctual and prompt vaccine administration depending on the most convenient time for the patients. Client satisfaction with the vaccination services is essential because satisfied clients are more likely to follow through with treatment and return to the pediatric immunization clinic. It will also assist in passing on positive messages to others, taking an active role in their care, continuing to use medical care services, and referring others to the center's services. Furthermore, nurses are being respectful and understanding to their patients shows that most patient respond kindly to them being respected. This implies that caring are innate to nursing profession. Nurses giving properly schedules for vaccination make respondents very satisfied. A well-organized schedule of appointment will foster good camaraderie among the healthcare providers Respondents were satisfied on how punctual, accommodating and caring the nurses during the schedules for vaccinations. Furthermore, they were also satisfied on how the healthcare provider listens and answers questions, and understand their situations. Healthcare providers helps the respondents the use of health. Healthcare providers sometimes forgot to instruct mothers to give paracetamol if needed. The patients were unsatisfied on how healthcare providers were not able to suggest what can be done to achieve their patients health goals. Overall, respondents seemed to be satisfied on the Expanded Program on Immunization rendered by the Nurse Deployment Program nurses.

CONCLUSION

This study concluded that patients receiving Expanded Program on Immunization were "satisfied" both in immunization and, in monitoring and surveillance of Nurse Deployment Program nurse from the Rural Health Unit of Echague, Isabela. This may conclude that further studies should be initiated to determine other possible variables that may be correlated.

Acknowledgment

The researcher deeply appreciated of the many individuals who have generously contributed and supported the work. Without their time, attention, thoughtful feedback, and patience, the researcher would not have been able to see it through.

1) To EDMELYN B. CACAYAN, RN. MSN, DNSc, Dean of College of Nursing, for the wisdom, patience and all out support;

- 2) To ANGELITO. E. ALVARADO, RN, PhD, PhDNSc, Research Coordinator, for his patience and all out support in the conduct of this study and for being an inspirations to his students aim higher to achieve their goals in life;
- 3) To JAIME P. GABRIEL JR., RN, LPT, their thesis adviser, for his patience and time in checking the manuscripts and for sharing his suggestions, which meant so much for the completion of the study;
- 4) To ARVIN C. BALISI, LPT, MA, to the grammarian, who gave effort and time in correcting the grammar of the study;
- 5) To ENGR. MARIO Q. SEVILLA, Ph.D, to the statistician, who help in the analysis and interpretation of the data for the study;
- 6) To the CITY HEALTH OFFICE OF SANTIAGO, for their support and approval in the conduct of Pilot Testing;
- 7) To the RURAL HEALTH UNIT OF ECHAGUE, ISABELA, for their support and approval in the conduct of the Final Testing of the study:
- 8) To the RESPONDENTS, for being approachable, cooperative and spending their time in answering the questionnaires;
- 9) To the FAMILIES OF THE RESEARCHERS, for their unending financial, emotional, moral and spiritual support;
- 10) And most of all, the researchers would like to extent wholeheartedly the gratitude and praise to ever loving and merciful GOD for touching and bringing together those people who shared their abundant resources, talents, skills, time and effort for the completion of the study.

REFERENCES

- 1. Bill of Rights. 1987 Constitution of the Republic of the Philippines Article XIII, Social Justice and Human Right. Manila: Bill of Rights; 1987.
- 2. Presidential Decree No. 996. 1976. Providing for Compulsory Basic Immunization for Infants and Children Below Eight Years of Age. Manila; Republic of the Philippines; 1976.
- 3. Proclamation No. 6. 1986. Implementing a United Nations Goal on Universal Child Immunization by 1990. Manila; Republic of the Philippines; 1986.
- 4. Presidential Proclamation No. 46. 1992. Reaffirming the Commitment to the Universal Child and Mother Immunization Goal by Launching the Polio Eradication Project. Manila; Republic of the Philippines; 1992.
- 5. Republic Act No. 10152. 2011. An Act Providing for Mandatory Basic Immunization Services for Infants and Children, Repealing for the Purpose Presidential Decree no. 996, as Amended. Manila; Republic of the Philippines; 2011.
- 6. Abdel Maqsood AS, Oweis AI, Hasna FS. Differences between patients' expectations and satisfaction with nursing care in a private hospital in Jordan. International Journal of Nursing Practice. 2012;18(2):140–146. doi:10.1111/j.1440-172x.2012.02008.x
- 7. Akhtari-Zavare M, Abdullah MH, Syed Hassan ST, Binti Said S, Kamali M. Patient Satisfaction: Evaluating Nursing Care for Patients Hospitalized with Cancer in Tehran Teaching Hospitals, Iran. Global Journal of Health Science. 2010;2(1):117–126. https://doi. org/10.5539/gjhs.v2n1p117
- 8. Akın S, Erdoğan S. The Turkish Version of the Newcastle Satisfaction with Nursing Care Scale Used on Medical and Surgical Patients. Journal of Clinical Nursing. 2007;16:646–653. https://doi.org/10.1111/j.1365-2702.2006.01583.x
- 9. Alhusban MA, Abualrub RF. Patient Satisfaction with Nursing Care in Jordan. Journal of Nursing Management. 2009;17:749–758. https://doi.org/10.1111/j.1365-2834.2008.00927.x
- 10. Alsaqri S. Patient Satisfaction with Quality of Nursing Care at Governmental Hospitals, Ha'il City, Saudi Arabia. Journal of Biology, Agriculture and Healthcare. 2016;6(10):128–142.
- 11. Arslan Ç, Kelleci M. Bir Üniversite Hastanesinde Yatan Hastaların Hemşirelik Bakımından Memnuniyet Düzeyleri ve Ilişkili Bazı Faktörler [Satisfaction Levels of Hospitalized Patients in Care of Nursing in a University Hospital and Some Related Factors]. Anadaolu Hemşirelik Ve Sağlık Bilimleri Dergisi. 2011;14:1–8.
- 12. Mindaye T, Taye B. Patients Satisfaction with Laboratory Services at Antiretroviral Therapy Clinics in Public Hospitals, Addis Ababa, Ethiopia. BMC Research Notes. 2012;5(1):184.