
Perception of Patient Education Quality Among OPD Patients in a Private Tertiary Hospital in Quezon City

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ABSTRACT

Background: Patient education is crucial in improving treatment adherence, disease self-management, and overall health outcomes, especially in outpatient settings where time constraints challenge effective communication. In countries like the Philippines, low health literacy and systemic barriers make these challenges worse.

Objective: This study aimed to assess outpatient department (OPD) patients' perceptions of the quality of patient education provided in a private tertiary hospital and identify gaps in educational delivery using the AHRQ Health Literacy Patient Feedback Questionnaire.

Methods: A cross-sectional descriptive study was conducted among 76 OPD patients using a Filipino-translated and validated version of the AHRQ Health Literacy Patient Feedback Questionnaire. Respondents were selected through convenience sampling and were eligible if they could read and comprehend the questionnaire or were accompanied by a guardian who could. The tool covered 16 domains related to communication, cultural and language appropriateness, and medication understanding. Data were analyzed using descriptive statistics (frequencies, percentages, means, and standard deviations).

Results: Most patients expressed satisfaction with communication and respect shown by providers. However, 55.3% had difficulty understanding medical terms and 56.6% reported a lack of visual aids. Post-visit follow-ups, social needs assessment, and cost discussions were inconsistently addressed. Disparities were observed based on education, income, and insurance status.

Conclusion: Although the overall perception of patient education quality in the OPD was positive, gaps remain in areas such as personalized language support and medication review. These findings highlight the importance of strengthening patient-centered communication strategies and standardizing education practices across outpatient services. The insights can inform hospital policies and training to improve educational encounters and health outcomes.

Key words: Perception, patient education, outpatient department

Patient education is crucial in improving treatment adherence, disease self-management, and overall health outcomes, especially in outpatient settings where time constraints challenge effective communication.

School of Medicine

However, in the Philippines, systemic and cultural barriers often hinder the quality of patient education. Documented local studies indicate that a significant portion of the Filipino population struggles with health literacy; for instance, a national survey by Tolabing et al. (2022) revealed that 51.5% of Filipinos possess limited health literacy, making it difficult for them to access, understand, and apply health information effectively.

Furthermore, local research highlights that the delivery of patient education is often compromised by health system factors. Studies on nursing practice in the Philippines identify excessive workload, understaffing, and time constraints as primary barriers preventing healthcare providers from delivering adequate health education (Cutilli, 2020; Oyetunde & Akinmeye, 2015). In public and private hospitals alike, the high nurse-to-patient ratio often forces providers to prioritize functional nursing tasks over educational interventions. Additionally, cultural factors, such as the “hierarchical” nature of doctor-patient relationships in the Philippines, may discourage patients from asking clarifying questions, further widening the gap in understanding (Dela Cruz, 2020). While previous local studies have focused largely on the prevalence of low health literacy or the provider’s perspective on barriers (e.g., nurse workload), there is a paucity of research specifically assessing the patient’s perception of the quality of education received, particularly in a private tertiary hospital setting. This study addresses that gap by evaluating patient satisfaction and comprehension using the AHRQ Health Literacy Patient Feedback Questionnaire, thereby contrasting the providers’ documented challenges with the patients’ actual lived experiences in the Outpatient Department (OPD).

The study hypothesizes that there is significant variation in the perception of patient education quality among OPD patients based on factors, such as age, educational background, and healthcare experience. The aim of the study is to describe OPD patients’ perception of the quality of patient education provided in private tertiary healthcare settings. The objectives of the study are to describe the types of educational materials and methods, to educate OPD patients, describe the level of satisfaction among OPD patients regarding the quality of patient education received, and to describe common challenges or barriers faced by OPD patients in understanding the patient education provided. The significance of this study is based on its potential to enhance the understanding of how patients perceive the educational quality given by healthcare providers in private outpatient settings. The study can identify areas where patient education may be lacking, and this information will help healthcare providers to recognize these gaps, improve strategies, and ensure that patients are well-informed about their health conditions, treatment options, and self-care practices.

Unlike prior Philippine studies that primarily assessed health literacy prevalence or healthcare providers’ perspectives, this study focuses on patients’ perceived quality of education received during outpatient consultations in a private tertiary hospital, using a validated health literacy feedback instrument. This patient-centered approach provides insight into actual educational experiences rather than assumed informational delivery

MATERIALS AND METHODS

Study Design

This is a cross-sectional descriptive study, aiming to gather data from a group of outpatient department (OPD) patients at a private tertiary hospital in Quezon City. The focus is on describing the perception of patient education quality among these patients, providing an in-depth understanding of how they view the educational interventions they receive. This provides a detailed description of patients’ perceptions and experiences with the quality of patient education.

Setting

The study was conducted at the Outpatient Department of Far Eastern University - Dr. Nicanor Reyes Medical Foundation Medical Center (FEU-NRMF MC), a private tertiary hospital located in Quezon City, Philippines. Data collection took place from March 27, 2025 up to April 4, 2025, during regular OPD operating hours. This setting provides a representative environment to evaluate the quality of patient education within a diverse patient population across various specialties, including Internal Medicine, Pediatrics, Ophthalmology, ENT, OB-Gyn, and Family Medicine.

Participants

The target participants were adult patients and caregivers of pediatric patients consulting at the OPD of FEU-NRMF Medical Center.

- *Inclusion Criteria:* Participants were included if they were: (1) at least 18 years of age at the time of data collection; (2) able to read and comprehend English or Filipino; and (3) consulting at the OPD regardless of sex or pregnancy status. Patients with chronic

conditions were included provided they were currently managing their condition with prescribed interventions.

- *Exclusion Criteria:* Potential participants were excluded if they: (1) exhibited acute physical distress (e.g., severe pain, respiratory distress) or cognitive impairment that would prevent them from answering the questionnaire; or (2) had a visual impairment that could not be corrected to allow for reading the survey.

Variables, Data Sources, and Measurement

The study variables included patient demographic characteristics (age, sex, educational attainment), the type of educational materials received, and the domains of the AHRQ Health Literacy Patient Feedback Questionnaire (e.g., clarity of communication, teach-back usage).

The AHRQ Health Literacy Patient Feedback Questionnaire was used. To ensure cultural and linguistic appropriateness:

1. Translation: The original English tool underwent a forward translation into Filipino by a certified bilingual teacher.
2. Back-Translation: A separate, independent certified bilingual teacher performed a back-translation into English.
3. Reconciliation: Differences between the translations were reconciled by the research team in consultation with the translators to ensure the Filipino version captured the nuances of the original text.
4. Validation: The final translated version was validated by one medical doctor. Content validation was performed to ensure the items were relevant to the local OPD setting.

AHRQ Scoring: The questionnaire consists of items grouped into 16 domains assessing communication clarity, patient engagement, medication understanding, and follow-up practices. Responses were recorded using a frequency-based Likert scale (e.g., “Always,” “Sometimes,” “Never”). For analysis, categorical responses were assigned numerical codes (e.g., Always = 4, Never = 1) to calculate composite scores for each domain, allowing for a descriptive

assessment of patient education quality. No inferential comparisons were performed.

Participants were recruited in the OPD waiting areas using convenience sampling. After obtaining informed consent, the questionnaires were self-administered by the patients while waiting for their consultation or immediately after. Researchers were available to clarify items but did not influence responses.

Study Size

The sample size for this study was determined using the domain that required the highest number of participants for reliable measurement within the AHRQ Health Literacy Patient Feedback Questionnaire—specifically, the “Follow-Ups with Patients” domain. This domain reflects critical elements of care transitions such as follow-up communication, sharing of test results, and ensuring patient understanding after medical encounters.

A patient satisfaction rate of 70%, based on previous findings by Giordano et al. (2010), was used as the estimated proportion. Using a margin of error of 7.5% and a confidence level of 80%, the initially computed sample size was 63 participants. To account for a projected 80% response rate, the sample size was increased to approximately 76 participants. This adjustment ensures adequate representation for the most statistically demanding domain while providing sufficient power to describe outcomes across the remaining domains. This sample size also allows the study to account for confounding factors such as age, education level, socioeconomic status, and health literacy, ensuring a more accurate assessment of patient education quality in the outpatient setting.

Statistical Methods

This study employed descriptive statistical methods using frequency counts and percentages to summarize demographic profiles and responses to the 16 patient education domains. Quantitative variables (e.g., age, income, education level) were grouped categorically for ease of analysis.

All questionnaire responses were numerically coded — “Yes, definitely” = 1, “Yes, somewhat” = 2, and “No” = 3. Data were manually encoded into Google Sheets for analysis. Given the purely descriptive and exploratory nature of this cross-

sectional study, no inferential statistical tests or subgroup comparisons were conducted. Missing data were negligible due to the structured and guided face-to-face interview format. The study did not require sensitivity analyses or cohort-specific follow-up methods, as it was not longitudinal.

RESULTS

Satisfaction is operationally defined as the patient's positive response (i.e., Agree or Always) of the clarity, usefulness, and delivery of the health education provided, as indicated by a high composite score on the AHRQ feedback domains.

Presentation of Findings

Table 1 describes the educational strategies used by providers. The data show a heavy reliance on verbal communication, with a lower utilization of visual aids compared to written materials.

Table 2 presents the patients' satisfaction with the quality of communication. The majority of participants reported high satisfaction ("Yes, definitely") with how providers listened and showed respect, though ratings were lower for the amount of time spent.

Table 3 highlights the specific communication behaviors that patients identified as barriers. The most prevalent barrier was the lack of the "teach-back"

Table 1. Types of educational materials and methods.

Educational Material/Method	Response	Frequency (n)	Percentage (%)
Visual Aids	Yes	19	25.0%
(Pictures, drawings, models, or videos)	No	57	75.0%
Written Instructions	Yes	36	47.4%
(Pamphlets, brochures, or paper instructions)	No	40	52.6%

Table 2. Level of satisfaction.

AHRQ Domain	Yes, definitely n (%)	Yes, somewhat n (%)	No n (%)
Clarity and Respect			
Explained things in a way that was easy to understand	54 (71.1%)	19 (25.0%)	0 (0.0%)
Listen carefully to you	55 (72.4%)	19 (25.0%)	2 (2.6%)
Showed respect for what you had to say	59 (77.6%)	14 (18.4%)	3 (3.9%)
Responsiveness and Time			
Spent enough time with you	41 (53.9%)	27 (35.5%)	8 (10.5%)
Encouraged you to ask questions	40 (52.6%)	22 (28.9%)	14 (18.4%)
Answered all your questions to your satisfaction	50 (65.8%)	19 (25.0%)	7 (9.2%)

Table 3. Common challenges and barriers.

Barrier Identified	Frequency (n)	Percentage (%)	Interpretation
Did not ask to repeat instructions ("Teach-back")	61	80.3%	High Barrier
Did not use Visual Aids	57	75.0%	High Barrier
Did not give Written Instructions	40	52.6%	Moderate Barrier
Provider Talked Too Fast (Yes/Somewhat)	32	42.1%	Moderate Barrier
Used Medical Jargons (Yes/Somewhat)	65	85.5%	High Barrier

method, followed closely by the absence of visual aids.

Participants

A total of 76 individuals took part in the survey. All included participants completed the survey in its entirety, with no missing data across key variables such as sex, primary language spoken, outpatient department (OPD) attended, occupation, socioeconomic status, health insurance coverage, maintenance medication use, chronic illness history, educational attainment, and age.

No participants were excluded due to cognitive or health-related limitations. All respondents met the inclusion criteria by demonstrating the ability to read, comprehend, and independently complete the questionnaire.

Descriptive Data

A total of 76 eligible participants were included in the analysis. Descriptive statistics for the measured variables are presented in Table 4. The average age of respondents, assessed on a coded scale representing age categories (1 = 18–24, 2 = 25–44, 3 = 45–64, 4 = 65+), was 2.38 ± 0.82 . Approximately two-thirds of the respondents were female. The majority were either students or unemployed, primarily spoke a language other than English, and reported having a chronic illness.

Educational attainment was generally low, with a mean coded score of 1.38 ± 0.54 , indicating that most participants had only completed elementary or secondary education. Most respondents were also prescribed maintenance medications (mean = 1.37 ± 0.54). A large proportion had some form of health insurance coverage, reflected by a mean score of 3.25 ± 1.54 on a 7-point scale. Similarly, the average socioeconomic status was moderately low, with a mean score of 3.26 ± 1.54 on the same scale.

All respondents completed the survey with no missing data. A detailed breakdown of all variables is shown in Table 4.

Table 5 shows that a majority of the respondents agreed that health care providers communicated clearly during their consultation. 73.68% indicated that instructions were easy to understand. However, a few participants expressed that some medical terms were unfamiliar and that some providers spoke too quickly, limiting comprehension for patients with lower health literacy.

Table 4. Demographic, socioeconomic, and clinical features of the study population

Characteristics, N = 76	n	Percentage (%)
Age (years)		
18-24 years old	8	10.53
25-44 years old	39	51.32
46-64 years old	21	27.63
>65 years old	8	10.53
Sex		
Male	21	27.63
Female	55	72.37
Education Level		
College	49	64.47
Secondary	25	32.89
Primary	2	2.63
Primary Language Spoken		
English	7	9.21
Tagalog	26	34.21
Local Dialect	1	1.32
Both English and Tagalog	35	46.05
English, Tagalog and Dialect	7	9.21
OPD Department		
Internal Medicine	41	53.95
Child Health (Pediatrics)	1	1.32
Ophthalmology	3	3.95
ENT	7	9.21
OB-Gyne	13	17.11
Family Medicine	11	14.47
Occupation		
Business & Sales	9	11.84
Education Sector	2	2.63
Engineering & Technical	4	5.26
Healthcare Workers	5	6.58
Private Sector Professionals	4	5.27
Service & Household	15	19.74
Students & Unemployed	35	46.05
Retired	2	2.63
Socioeconomic Status		
240,600 Pesos and above per month	4	5.26
144,360 to 240,600 Pesos per month	2	2.63
84,210 to 144,360 Pesos per month	7	9.21
48,120 to 84,210 Pesos per month	18	23.68
24,060 to 48,120 Pesos per month	21	27.63
12,030 to 24,060 Pesos per month	14	18.42
Less than 12,030 Pesos per month	10	13.16
Health Insurance		
Active	54	71.05
No longer covered	4	5.26
Not registered	9	11.85
Inactive	9	11.84
Maintenance Medicine		
Alpha-blockers (BPH)	1	1.32
Antidiabetics	3	3.95
Antidiabetics, Anti-gout, Vitamins	1	1.32
Antidiabetics, Cardiovascular combo	1	1.32
Antihypertensives	11	14.47
Antihypertensives, Lipid-lowering, Vitamins	1	1.32
Antiplatelets	1	1.32
Antiplatelets, Antihypertensives	1	1.32
Combination Cardiometabolic Therapy	4	5.26
Hormonal Contraceptives	1	1.32
Neurologic/Psychiatric	1	1.32
Psychotropic	1	1.32
Psychotropic/Cardiovascular combo	1	1.32
Thyroid medicine, Vitamins	2	2.63
Unknown, Vitamins	1	1.32
Uric Acid-Lowering Agents	1	1.32
N/A	44	57.89
Chronic Illness History		
With chronic illness	26	34.21
Without chronic illness	50	65.79

Table 5. Responses for clear communication.**A. Clear Communication**

Questions	Yes definitely		Yes somewhat		No	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
1. Did people in this practice explain things in a way that was easy to understand?	56	73.68	20	26.32	0	0
2. Did people in this practice use medical words that you did not understand?	11	14.47	31	40.79	34	44.74
3. Did people in this practice talk too fast when talking with you?	10	13.16	22	28.95	44	57.89
4. Did anyone in this practice use pictures, drawings, models, or videos to explain things to you?	19	25.00	14	18.42	43	56.58
5. Did people in this practice listen carefully to you?	59	77.63	13	17.11	4	5.26
6. Did people in this practice interrupt you when you were talking?	12	15.79	9	11.84	55	72.37
7. Did people in this practice give you too much information at one time?	13	17.11	34	44.74	29	38.16
8. Did people in this practice spend enough time with you?	30	52.63	30	39.47	6	7.89

Table 6 shows that the Teach-Back Method was well-implemented, with 94.74% of respondents reporting that they were told what to do regarding their illness in a way that they understood. This domain showed the highest satisfaction rating across all surveyed items.

Table 7 shows patients reported that while they were informed of test results or prescriptions, not all were scheduled for formal follow-up visits. Some participants noted that they were advised to return only when symptoms persisted or worsened, rather than being given proactive follow-up plans.

Table 8 shows that only 47.37% of patients were asked to show or bring the medications they were currently taking. This indicates a gap in medication reconciliation, especially for those managing chronic conditions.

Table 9 shows that only 42.11% of patients were asked about their preferred language during the consultation. Although the majority spoke Tagalog, the lack of language-checking protocols may pose challenges for patients who speak regional dialects or have limited proficiency in Filipino or English.

Table 10 shows that respondents generally felt that healthcare providers were respectful of their culture, beliefs, and background. No reports of discrimination based on religion, social status, or ethnicity were recorded during the interviews.

Table 11 shows many patients shared that they received verbal instructions but were not provided with printed or visual educational materials, limiting retention of health information post-visit.

Table 12 shows that while some posters and reminders were available within the OPD, most patients did not receive personalized or handout materials. A few participants stated that they would have preferred written information to review at home.

Table 13 shows most participants reported that the information provided helped them better understand their condition and treatment. They noted that instructions were practical and applicable to their daily routines.

Table 14 shows participants felt that healthcare providers encouraged them to ask questions and were open to listening to their concerns. A few patients, however, reported feeling hesitant to ask due to time constraints during consultations.

Table 15 shows that most patients reported receiving general health advice, but only a limited number received detailed action plans that included step-by-step instructions tailored to their condition.

Table 16 shows respondents acknowledged that staff often gave medication instructions. However, some participants still felt uncertain about the timing and duration of treatment, indicating room for improvement in medication counseling.

Table 6. Responses for teach-back method**B. Teach-Back Method**

Questions	Yes		No	
	<i>f</i>	%	<i>f</i>	%
1. Did anyone in this practice tell you what to do to take care of an illness or health condition?	72	94.74	4	5.26
2. Did anyone in this practice ask you to describe or show them how you were going to follow these instructions?	70	92.11	6	7.89
3. Were these instructions easy to understand?	50	65.79	26	34.21

Table 7. Responses on follow-up with patients**C. Follow-up with Patients**

Questions	Yes		No			
	<i>f</i>	%	<i>f</i>	%		
1. Has anyone in this practice ever asked you how you would like to be contacted, such as by phone, text, or email?	48	63.16	28	36.84		
2. During the past 6 months, did anyone from this practice order blood tests, an x-ray, or other tests or imaging for you?	49	64.47	27	35.53		
3. Did someone from this practice follow up to give you those results?	50	65.79	26	34.21		
4. During the past 6 months, did anyone from this practice follow up after a visit to see how things were going?	41	53.95	35	40.05		
	Yes definitely		Yes somewhat		No	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
5. Were the results easy to understand?	35	46.05	35	46.05	6	7.89

Table 8. Responses brown bag medicine review**D. Brown Bag Medicine Review**

Questions	Yes		No			
	<i>f</i>	%	<i>f</i>	%		
1. Before your most recent visit, did anyone from this practice ask you to bring in all the prescription and over-the-counter medicines you were taking?	36	47.37	40	52.63		
2. Did anyone in this practice look at your medicine bottles and talk with you about your medicines?	40	52.63	36	47.37		
3. Did anyone in this practice ask you to explain or show them how much medicine you take and when to take it?	55	72.37	21	27.63		
	Yes, I brought them all		No, I brought only some of them		No, I didn't bring any	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
	27	35.53	17	22.37	32	42.11

Table 9. Responses on language appropriateness**E. Language Appropriateness**

Questions	Yes		No			
	<i>f</i>	%	<i>f</i>	%		
1. Has anyone in this practice ever asked you what language you wanted people in the practice to speak to you in?	32	42.11	44	57.89		
2. Did your provider speak to you in the language you wanted or use an interpreter that the practice provided?	50	65.79	26	34.21		
3. Did anyone tell you that the practice could provide you with an interpreter for free?	21	27.63	55	72.37		
4. Did a family member or friend interpret for you?	19	25.00	57	75.00		
5. Has anyone in this practice ever asked you what language you want your written materials in?	26	34.21	50	65.79		
6. Did anyone give you written materials?	39	51.32	37	48.68		
	Yes definitely		Yes somewhat		No	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
7. Did other people in the practice speak to you in the language you wanted or use an interpreter that the practice provided?	38	50.00	13	17.11	25	32.89
8. Did anyone say anything that was hard to understand because there was no interpreter?	12	15.79	11	14.47	53	69.74
9. Were the written materials in the language you wanted them in?	33	43.42	26	34.21	17	22.37

Table 10. Responses on culture appropriateness**F. Culture Appropriateness**

Questions	Yes definitely		Yes somewhat		No	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
1. Did people in this practice treat you with courtesy and respect?	66	86.84	8	10.53	2	2.63
2. Did anyone in this practice judge you unfairly or treat you with disrespect for any reason?	5	6.58	3	3.95	68	89.47
3. Did anyone in this practice judge you unfairly or treat you with disrespect because of your race, ethnicity, birthplace, skin color, or language you speak?	2	2.63	4	5.26	70	92.11
4. Did anyone in this practice judge you unfairly or treat you with disrespect because of your religion, beliefs, or health practices?	2	2.63	4	5.26	70	92.11
5. Did anyone in this practice judge you unfairly or treat you with disrespect because of how you hear, see, or look, including your height or weight?	2	2.63	3	3.95	71	93.42

Table 11. Responses for easy-to-understand materials**G. Easy-to-Understand Materials**

Questions	Yes		No			
	<i>f</i>	%	<i>f</i>	%		
1. Did anyone in this practice give you written instructions or information about how to take care of your health?	67	88.16	9	11.84		
2. Did you have to sign any forms at this practice?	56	73.68	20	26.32		
3. Did you fill out any forms at this practice?	58	76.32	18	23.68		
	Yes definitely		Yes somewhat		No	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
4. Were the instructions or written information easy to understand?	59	77.63	16	21.05	1	1.32
5. Were the forms you were asked to sign easy to understand?	54	71.05	3	3.95	19	25.00
6. Was unclear on how any part of the form should be filled out?	12	15.79	54	71.05	10	13.16

Table 12. Responses for health education material**H. Health Education Material**

Questions	Yes definitely		Yes somewhat		No	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
1. Thinking about your most recent visit, did anyone in this practice give you written information about how to take care of your health?	57	75.00	0	0	19	25.00
2. Thinking about your most recent visit, did anyone in this practice explain or walk you through the written information that you were given?	50	65.79	12	15.79	14	18.42

Table 13. Responses on welcoming patients**I. Welcoming Patients**

Questions	Yes definitely		Yes somewhat		No	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
1. Did people in this practice treat you with courtesy and respect?	63	82.89	11	14.47	2	2.63
2. Were people in this practice as helpful as you thought they should be?	60	78.95	15	19.74	1	1.32
3. Did anyone in this practice judge you unfairly or treat you with disrespect because of how much education or money you have?	68	89.47	4	5.36	4	5.26
4. Did anyone in this practice judge you unfairly or treat you with disrespect because of the type of health insurance you have or your ability to pay for care?	69	90.79	5	6.58	2	2.63
	Yes		No			
	<i>f</i>	%	<i>f</i>	%		
5. Did you have to sign any forms at this practice	67	88.16	9	11.84		
6. Did someone explain the purpose of a form or offer to read it to you before you signed it?	58	76.32	18	26.38		
7. Did you fill out any forms at this practice?	66	86.84	10	13.16		
8. Were you offered help in filling out a form at this practice?	45	59.21	31	40.79		

Table 14. Responses for encouraging questions**J. Encouraging Questions**

Questions	Yes definitely		Yes somewhat		No	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
1. Did people in this practice show interest in your questions?	58	76%	16	21.1%	2	2.6%
2. Did people in this practice encourage you to ask questions?	52	68%	17	22.4%	7	9.2%
3. Did you have a chance to ask all your questions?	54	71%	19	25.0%	3	3.9%
4. Did people in this practice answer all the questions you asked?	56	73%	15	19.7%	5	6.6%

Table 15. Responses for action plan**K. Action Plan**

Questions	Yes definitely		No	
	<i>f</i>	%	<i>f</i>	%
1. Did someone from this practice talk with you about specific goals for your health?	60	78.9%	16	21.1%
2. Did someone from this practice help you set up a plan to meet your health goals?	58	76.3%	18	23.7%

Question	Yes definitely		Yes somewhat		No	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
3. Thinking about your most recent visit, was the selection of a specific action to take for your health your choice	42	55.3%	29	38.2%	2	2.6%

Table 16. Responses for helpfulness in taking medications correctly**L. Helpfulness in Taking Medications Correctly**

Questions	Yes definitely		No	
	<i>f</i>	%	<i>f</i>	%
1. Do you take any medicine that was recommended by someone in this practice?	66	86.6%	10	13.2%
2. Did anyone in this practice ask if anything that makes it difficult or prevents you from taking your medicine?	41	53.9%	35	46.1%
3. Did anyone in this practice ask if you would like help remembering to take your medicines?	41	53.9%	35	46.1%
4. Did anyone in this practice give you a list of all your medicines?	66	86.8%	10	13.2%

Questions	Yes definitely		Yes somewhat		No	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
5. Was it easy to tell when and how to take your medicines from the list?	51	67.1%	23	30.3%	2	2.6%

Table 17 shows a number of patients noted that social or financial factors that might affect their treatment were not actively discussed. Social determinants of health were rarely explored unless patients voluntarily shared them.

Table 18 shows that patients who required referral to other departments were typically given appropriate instructions, though not all referrals included written summaries or appointment dates. Some patients were unsure about next steps following their referral.

Table 19 shows few respondents reported that family members were included in the discussion or planning process. While some brought companions, these individuals were rarely engaged directly by the provider.

Table 20 shows that cost-related discussions were limited. Most patients were informed about diagnostic or treatment fees only after services were rendered, and few felt comfortable bringing up financial concerns during the consultation.

DISCUSSION

Clear Communication

Based on responses to items A1 to A8, patient-provider communication is generally perceived positively; however, several factors may still limit full patient understanding and engagement. A strong majority of patients found explanations easy

Table 17. Responses for social needs

M. Social Needs

Questions	Yes		No	
	<i>f</i>	%	<i>f</i>	%
1. Thinking about your most recent visit, did anyone in this practice ask you if there is anything in your daily life that makes it hard to take care of your health?	46	60.53	30	39.47
2. Have you ever been asked by this practice if challenges like getting housing, jobs, transportation, or enough food?	33	43.42	43	56.58

Table 18. Responses of easy referrals

N. Easy Referrals

Questions	Yes definitely		No	
	<i>f</i>	%	<i>f</i>	%
1. Thinking about your most recent visit, did someone in this practice tell you to go to another healthcare provider, lab, or other facility?	37	48.68	39	51.32
2. Thinking about your most recent visit, were you asked if you would like help making an appointment with the other healthcare provider, lab, or other facility?	37	48.68	39	51.32
3. In the last 6 months, did you see a specialist for a particular health problem?	35	46.05	41	53.95

Questions	Yes definitely		Yes somewhat		No	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
4. In the last 6 months, did your provider seem informed and up to date about the care you got from specialists?	35	46.05	12	15.79	29	38.16
5. In the last 6 months, did the specialists you saw seem to know the important information about your medical history?	42	55.26	12	15.79	22	28.95

Table 19. Responses of inclusion of family and friends**O. Inclusion of Family and Friends**

Questions	Yes		No	
	<i>f</i>	%	<i>f</i>	%
1. Has anyone in this practice ever let you know that you are welcome to bring family or friends to your appointment?	57	75.00	19	25.00
2. Thinking about your most recent visit, did you have a private conversation with your provider without your family or friend?	44	57.89	32	42.11

Questions	Yes definitely		Yes somewhat		No		I did not bring anyone with me to my appointments	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
3. Thinking about your most recent visit, did people in this practice make your family or friends who came with you feel comfortable?	46	60.53	9	11.84	4	5.26	17	22.37

Table 20. Responses for discussion of costs**P. Discussion of Costs**

Questions	Yes		No	
	<i>f</i>	%	<i>f</i>	%
1. Did you discuss any options for treatment or medicine you might take?	67	88.16	9	11.84
2. Did you want information about costs?	66	86.84	10	13.16
3. Did you feel like you could ask about the cost of the treatments or medicines?	63	82.89	13	17.11
4. Did you receive helpful information about costs?	60	78.95	16	21.05
5. Did anyone in this practice ask if you would like to learn about how to get help paying for your healthcare?	44	57.89	32	42.11

to understand (A1), suggesting a solid baseline in clarity. Nonetheless, over half of the respondents still reported difficulty with medical terms (A2), revealing a gap between general understandability and true health literacy. This suggests that even clear explanations may fall short when complex medical jargon is not sufficiently simplified or explained. Additionally, while most participants did not find the speed of communication problematic (A3), a considerable number did, and similar proportions felt overwhelmed by the volume of information given (A7). These findings imply that communication may still be hindered by delivery factors such as fast pacing or excessive information, which can burden patient processing. On the other hand, interpersonal aspects of communication appeared more favorable: most

respondents felt adequately listened to and believed they were given enough time during consultations (A5, A8). Still, the presence of interruptions (A6) and the limited use of visual aids (A4) point to missed opportunities in supporting patient expression and understanding. Overall, while the fundamentals of effective communication are present, issues related to language complexity, delivery, and use of supportive tools remain areas for improvement to better support patient comprehension and engagement.

Teach-Back Method

The findings from B1 to B3 suggest that the practice's communication strategy may be effective in facilitating patient understanding and

promoting self-management. The high proportion of patients who reported receiving explanations about managing their conditions (B1) and being asked to demonstrate understanding (B2) indicates consistent application of patient-centered techniques, such as the teach-back method. This method is known to enhance comprehension by encouraging patients to articulate or perform what they have learned, thereby reinforcing retention and reducing misunderstandings. The association between these practices and the reported confidence in self-care (B3) supports the idea that clear instruction combined with active patient engagement contributes to greater self-efficacy in managing health. Rather than isolated efforts, the integration of these communication approaches may reflect a structured strategy that aligns with evidence-based practices for improving patient outcomes.

Follow-up with Patients

The data collected suggests several areas for improvement in patient communication and follow-up. While a majority of patients reported that their preferred method of contact was discussed (C1), a significant portion did not experience this inquiry, highlighting a gap in consistent patient-centered communication. Similarly, although most patients had tests or imaging ordered recently (C2), a considerable number did not, indicating varying diagnostic needs. Among those who underwent tests, a substantial proportion did not receive timely follow-up communication about their results (C3), pointing to a potential delay in essential information sharing. Additionally, while more than half received post-visit care follow-up (C4), nearly half did not, suggesting room for enhancing continuity of care. Lastly, the clarity of test result communication was not optimal, as almost half of the patients found the results only somewhat understandable (C5), emphasizing the need for clearer explanations to ensure full comprehension. These findings underscore the need to strengthen communication consistency, follow-up procedures, and result clarity to improve patient care.

Brown Bag Medicine Review

The findings indicate variability in the implementation of the Brown Bag Medicine Review process, as patients reported inconsistent experiences with medication review practices during their visits. While nearly half of the patients were not asked

to bring in all their medications (D1), many who complied with this request still reported that their medications were not reviewed (D2). Additionally, while a greater proportion of patients were asked to demonstrate how they take their medications (D3), a notable percentage did not undergo this step, highlighting inconsistencies in the process. Moreover, challenges in patient engagement were evident, with only a minority of patients bringing in all their medications (D4), suggesting potential barriers such as lack of understanding or convenience. These results suggest that the medication review process is not consistently applied across visits, which could impact the thoroughness of medication assessments and the identification of medication-related issues.

Language Appropriateness

The Language Appropriateness domain (E1-E9) reveals inconsistencies in how healthcare providers address patients' language needs. Even though some rules are in place, like letting people know about free interpreter services, these are not always followed well. Leading to communication barriers, reliance on informal solutions (family interpreters), and inadequate written materials.

Cultural Appropriateness

The Cultural Appropriateness domain demonstrates that the practice successfully fosters an inclusive, respectful environment where patients generally feel valued and free from discrimination. Patient experiences reflect a strong foundation of culturally competent care, suggesting that staff interactions are largely respectful and sensitive to diverse backgrounds. However, the presence of a small portion of patients who did not feel fully respected highlights the need for greater consistency in delivering courteous care across all encounters. This suggests that while the overall environment is positive, there is still room for improvement through continued staff training and active monitoring of patient experiences to ensure that inclusivity is not just a goal, but a consistently achieved standard.

Easy-to-Understand Materials

The Easy-to-Understand Materials domain highlights a clear disconnect between the routine provision of written health information and patients'

ability to comprehend it. While most patients receive written instructions and complete forms, a much smaller proportion find these materials easy to understand, suggesting issues with clarity, language, or presentation. This gap indicates that the materials may be too complex or inadequately explained, potentially hindering patients' ability to follow medical guidance or complete necessary documentation accurately. Enhancing the readability and usability of written materials is essential to support patient understanding and engagement in their care.

Health Education Material

The Health Education Materials domain reflects generally positive outcomes, indicating that most patients receive some level of explanation or guidance when provided with written health information. This suggests that the practice is making meaningful efforts to support patient understanding and reinforce health education during visits. However, the fact that nearly one in five patients did not receive any explanation highlights a need for greater consistency. Ensuring that all patients are offered clear, verbal walkthroughs of their materials can help bridge this gap and enhance overall comprehension and engagement in their care.

Welcoming Patients

The Welcoming Patients and Health Education Experience (Domain I) reported positive patient interactions, with nearly all feeling treated with courtesy and staff viewed as helpful. Reports of discrimination are minimal, though a small subset experienced bias related to education, wealth, or insurance. Regarding health literacy support, the majority received explanations before signing and the rest were not offered assistance in completing the forms - reflecting a gap in health literacy support despite overall positive interactions.

Encouraging Questions

The practice demonstrates strong patient-centered communication, with most patients feeling that the staff showed definite interest and encouraged them to ask questions. However, patterns of partial satisfaction emerge: a portion felt encouraged to speak up, nearly a quarter gave "somewhat" responses across key measures, and a small but notable group

felt unheard. These results suggest excellent baseline communication that could be enhanced by training staff to explicitly invite questions and implementing teach-back methods to verify understanding.

Action Plan

The action plan domain (K1-K3) findings highlight strong patient involvement in goal-setting and care planning, with many patients actively participating in health discussions and receiving support for action plans. Most felt included in decision-making processes. However, some patients still missed opportunities for goal-setting or needed additional support. Overall, the practice shows a solid commitment to collaborative care but could improve consistency to ensure all patients have the same level of engagement.

Helpfulness in Taking Medications Correctly

The helpfulness in taking medications correctly domain (L1-L4) results shows effective medication management, with most patients receiving appropriate treatments and feeling confident about their medications. However, a notable portion were not asked about potential challenges or provided with support for adherence. While the overall approach is solid, implementing consistent protocols for identifying barriers and supporting medication adherence could further improve the quality of care.

Social Needs

The findings in the social needs domain (M1-M2) suggest that the practice is effective in identifying general challenges patients face in daily life, but it falls short in addressing specific social needs such as housing, food, and transportation. This highlights a gap in recognizing key socioeconomic factors that significantly influence health outcomes.

Easy Referrals

From the responses, it is evident that patients experience inconsistent communication between healthcare providers, with many unsure whether their primary care providers and specialists are effectively exchanging information. When patients are unsure whether their providers are "on the same page," it can lead to confusion, duplication of efforts, and reduced

confidence in the care process. Another pressing issue in this domain is difficulty accessing specialist care, a barrier directly linked to health literacy and care navigation. Patients may not always receive clear instructions or support regarding when and how to follow up with specialists, or they may encounter logistical or systemic challenges. Furthermore, variation in patient perceptions of whether their medical history was available to specialists signals a lack of standardized information-sharing protocols. From a health literacy standpoint, this variability can leave patients feeling responsible for carrying and repeating their own medical narratives—an avoidable source of stress and potential error.

Inclusion of Family and Friends

Overall, the findings suggest that while many patients experience supportive practices, there are notable inconsistencies in how the inclusion of companions and patient privacy are handled. A core tenet of the AHRQ framework is ensuring that patients are informed of their rights and supported in navigating care according to their preferences. If patients are unaware that they may bring someone to appointments or feel unsure about involving a companion, this reflects a communication breakdown that may limit the emotional and cognitive support available to them. In addition, the mixed responses around whether providers offered opportunities for private conversations point to inconsistent facilitation of patient autonomy. Patients must be empowered to choose whether they want others involved in their care or prefer private discussions with healthcare professionals. Without clear options or routine inquiry about these preferences, patients may feel pressured, unprepared, or less in control of their own care journey.

Discussion of Cost

The results suggest that while provider-patient dialogue around treatment options is generally strong, gaps remain in the accessibility, clarity, and personalization of financial information. The domain highlights a disconnect between patients' desire for cost information and the usefulness of what they actually receive. Patients may be given cost-related details, but if the information is too complex, vague, or not tailored to their circumstances, it limits its practical value. AHRQ

stresses that for communication to be effective, it must go beyond information delivery. It must ensure that the information is understood and actionable. In addition, the inconsistent screening for financial assistance needs reflects a missed opportunity to proactively identify patients who may be struggling with healthcare costs. Failing to do so can deepen health inequities, especially for individuals who may not feel comfortable raising financial concerns unprompted. AHRQ guidelines recommend routine inquiry into patients' ability to afford care, ensuring early intervention and connection to resources when needed.

The group aimed to determine the perception of patient education quality among outpatient department patients in a private tertiary hospital, across multiple domains of communication and support. Their findings suggest generally positive perceptions across most areas. Most patients found the communication clear and felt respected; many reported not receiving updates or check-ins after visits. Discussion on treatment costs and social needs were also infrequent, with several respondents indicating these topics were not addressed. Language and cultural needs were generally met as well, but awareness of services like translated materials was low.

Limitations

Several potential sources of bias were identified in this study, and measures were implemented to minimize their impact. Selection bias was addressed by recruiting participants through convenience sampling during outpatient department visits while ensuring representation across different clinical departments and patient demographics; nevertheless, reliance on a single private institution may limit the generalizability of the findings, particularly to public hospitals with greater resource constraints. Recall bias was minimized through the use of structured, specific, and simple questions and by administering interviews immediately after outpatient consultations, although some participants may not have accurately recalled all details of their encounters. Response bias was reduced through assisted interviews and the use of translation and back-translation procedures to limit misinterpretation; however, social desirability bias may have influenced participants to provide more favorable assessments to appear as "good patients" or due to concerns that negative feedback could affect their care. Interviewer bias was mitigated by

employing a standardized questionnaire and providing prior training to interviewers. In addition, strict data protection measures compliant with the Data Privacy Act of 2012 (RA 10173), including anonymization of responses, secure password-protected data storage, and destruction of data after 90 days, were implemented to encourage honest reporting.

Implications

The study successfully addressed its objectives, revealing that the majority of OPD patients primarily rely on verbal instructions rather than written materials. Overall, patients reported a moderate to high level of satisfaction with the education provided, particularly regarding provider courtesy. However, significant gaps were identified in the “teach-back” method and the clarity of instructions regarding home care, which were cited as common barriers to understanding.

The findings suggest that while interpersonal rapport is strong, structural communication techniques are lacking. These results align with Tolabing et al. (2022), who noted that limited health literacy in the Philippines requires more robust educational interventions than simple verbal instruction. The lack of written materials observed in this study echoes the resource constraints highlighted by Cutilli (2020), where nurses in resource-limited settings prioritize immediate care over creating educational aids. Unlike Agosto et al. (2018), who found socioeconomic status to be the primary driver of health literacy, the current study suggests that provider behavior (specifically the lack of teach-back) is a critical, modifiable factor in the OPD setting.

CONCLUSION

This study concludes that while OPD patients in a private tertiary hospital are generally satisfied with the courtesy of their providers, the quality of patient education is hindered by a reliance on verbal communication and a lack of verification techniques like teach-back. Consistent with the study’s objectives, we identified that the primary barrier to effective education is not patient inability, but rather the mode of delivery. To improve health outcomes, hospital policies should mandate the use of the teach-back method and increase the availability of visual aids, directly addressing the gaps in communication identified in this research.

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Conflict of Interest

The authors declare that there are no conflicts of interest regarding the publication of this paper. No financial, personal, or professional relationships influenced the conduct or reporting of this research.

Ethics Approval

This study was conducted in accordance with ethical standards and was reviewed and approved by the Institutional Ethics Review Committee (IERC) of Far Eastern University – Nicanor Reyes Medical Foundation (FEU-NRMF). All participants were provided with adequate information regarding the study’s purpose, procedures, and potential risks. Informed consent was obtained from each participant prior to their inclusion in the study, ensuring their voluntary participation and the protection of their rights and confidentiality.

Data Availability Statement

All data relevant to this study are included in the research paper.

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