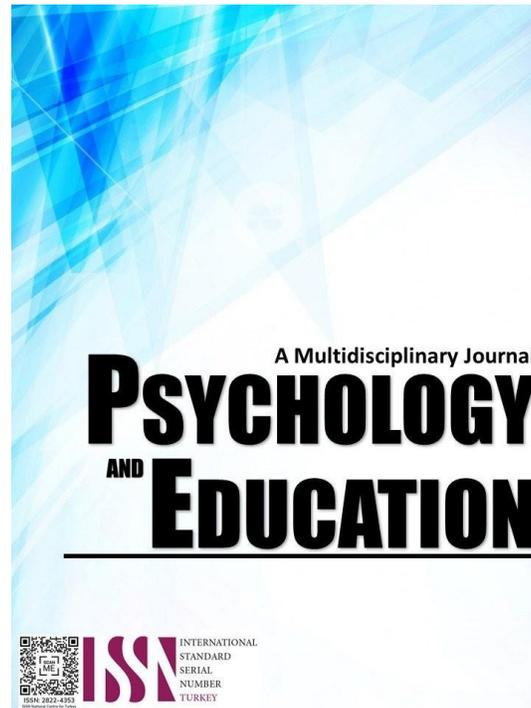


PERSONS DEPRIVED OF LIBERTY AS PATIENTS: LEVEL OF SATISFACTION ON HEALTHCARE SERVICES OF PDLs IN NUEVA VIZCAYA PROVINCIAL JAIL (NVPJ)



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Persons Deprived of Liberty as Patients: Level of Satisfaction on Healthcare Services of PDLs in Nueva Vizcaya Provincial Jail (NVPJ)

Marc Angelo Macasu,* Lord Anthony P. Ambatali, Guiseppa A. Valino, Christoff John A. Ballesteros, Trisha Ann P. Ancheta, Samarah Alexa L. Marquez, Lady Valen Charon A. Dela Peña, John Carlo F. Armando

For affiliations and correspondence, see the last page.

Abstract

Imprisonment leads to disconnection from the outside world, resulting in feelings of isolation for persons deprived of liberty. This disconnection often contributes to the neglect of their healthcare needs, heightening their risk of medical issues due to insufficient attention, inadequate facilities, and a shortage of healthcare staff. In light of these challenges, this study evaluates the satisfaction levels of persons deprived of liberty at Nueva Vizcaya Provincial Jail in terms of technical quality, interpersonal manner, communication, time spent with healthcare providers, accessibility, and general satisfaction with healthcare services. Utilizing qualitative and quantitative methods, data were gathered through a survey questionnaire administered to the total jail population, with profile variables including age, number of consultations annually, health conditions, and time spent in prison. Findings indicate very high patient satisfaction across all factors, with communication attaining the highest, followed closely by technical quality and general satisfaction. Notably, there was no significant difference among the variables. The study highlights the need for enhanced health through physical activities and continuous nursing presence. It suggests that implementing improved healthcare services in correctional facilities can lead to better health outcomes for incarcerated individuals. These findings advocate for systemic reforms that prioritize the healthcare needs of incarcerated individuals. While providing valuable insights, generalizability may be limited, as medical care in detention centers differs from broader society.

Keywords: *persons deprived of liberty, healthcare satisfaction, incarcerated individuals, healthcare services, Nueva Vizcaya Provincial Jail*

Introduction

According to the Philippine News Agency, by the end of 2023, the Republic of the Philippines had around 165,000 Persons Deprived of Liberty (PDL), making it the 11th country with the highest prison population worldwide, based on data from the Department of the Interior and Local Government. Additionally, the country holds the third spot globally for prison overcrowding (Zaldarriaga, 2024). While restricting an individual's freedom is a serious form of punishment, it should not extend to the neglect of fundamental services or human rights. Efforts have been made to enhance the living conditions of persons deprived of liberty, yet certain aspects still require further improvement.

The 10th Principle of the Inter-American Commission on Human Rights states that Persons Deprived of Liberty (PDLs) are entitled to comprehensive healthcare, which includes their physical, mental, and social well-being. This right ensures access to necessary medical, psychiatric, and dental care, supported by impartial medical staff available at all times, as well as the provision of free and appropriate treatments and medications. It also mandates programs for health education, immunization, and disease prevention, with specialized support for vulnerable populations such as the elderly, women, children, individuals with disabilities, and those living with HIV/AIDS, tuberculosis, or terminal illnesses. All medical interventions must adhere to established scientific standards and best practices.

Healthcare within detention facilities must maintain medical confidentiality, uphold patient autonomy, and require informed consent. Governments are responsible for ensuring that healthcare services in these institutions align with public health systems, applying uniform public health policies. Women and girls in detention should receive medical care that addresses their biological and reproductive health needs, including gynecological and pediatric support during pregnancy and childbirth. When feasible, childbirth should take place outside the detention facility, and birth certificates should not reference the institution. Women's detention centers must provide appropriate accommodations and adequate maternal care. For children allowed to remain with incarcerated parents, facilities should include a staffed nursery and essential health, educational, and nutritional resources to support the child's well-being.

PDLs must have access to quality healthcare services, such as comprehensive medical, dental, and psychiatric care, as well as social well-being services (Inter-American Commission on Human Rights, 2008). Impartial and competent medical staff must be readily available at all times. Healthcare must be provided under patient autonomy, medical confidentiality, and informed consent within the physician-patient relationship.

The International Guidelines on Human Rights and Drug Policy also specify that PDLs must be served with kindness and consideration for their dignity. This applies to those detained in prisons and other enclosed settings for drug-related reasons. Such individuals are entitled to receive healthcare services that are at par with the general population's standard of healthcare. According to these principles, countries are obliged to consistently comply with the United Nations Standard Minimum Rules for the Treatment of Prisoners (International Guidelines on Human Rights and Drug Policy, n.d).

Furthermore, as outlined by the Bureau of Jail Management and Penology (BJMP), the provision of health services for PDLs encompasses preventive, promotive, curative, and rehabilitative measures. Upon admission, every PDL undergoes a medical assessment. Throughout their confinement, PDLs receive health education and counseling, regular medical consultations, and health monitoring. Medicines are also provided, subject to availability. To ensure the physical well-being of PDLs, they are permitted to partake in daily sunning and physical exercise.

In relation, PDLs are faced with a significantly elevated risk of experiencing both physical and mental health issues, such as chronic conditions, infectious diseases, and mental health concerns. Curiously, despite grappling with a multitude of health challenges, PDLs frequently view their overall health as satisfactory (Bernier & MacLellan, 2011). The increased prevalence of health complications among PDLs can be attributed to socioeconomic factors associated with poorer health outcomes in the broader population, such as poverty, limited income, inadequate education, joblessness, and racial disparities.

Prison health is an area that is often overlooked and disregarded. The frequency of infectious diseases, chronic illnesses, and mental health issues is elevated among PDLs, who frequently experience detrimental conditions like overcrowding and inadequate hygiene (Gupta et al., 2001). Unfortunately, PDLs are not provided with the medical attention they need and deserve while they are in custody (Hsieh et al., 2022). It's important to note that PDLs have the fundamental right to health, and they are entitled to high-quality healthcare services that are given to individuals for free.

This study evaluates the satisfaction levels of PDLs at Nueva Vizcaya Provincial Jail (NVPJ) in terms of technical quality, interpersonal manner, communication, time spent with healthcare providers, accessibility, and general satisfaction with healthcare services. The findings aim to provide insights that will inform efforts to improve healthcare provisions for incarcerated individuals and promote systemic reforms that prioritize the healthcare needs of PDLs.

Research Questions

This study aims to find the level of satisfaction of persons deprived of liberty on NVPJ Bayombong. To achieve this, the following questions are asked:

1. What is the level of satisfaction of the Persons Deprived of Liberty in terms of:
 - 1.1. technical quality;
 - 1.2. interpersonal manner;
 - 1.3. communication;
 - 1.4. time spent with health care providers;
 - 1.5. accessibility and convenience; and
 - 1.6. general satisfaction?
2. Is there a significant difference in the level of satisfaction of PDL with healthcare services when grouped according to:
 - 2.1. age;
 - 2.2. number of consultations (annually);
 - 2.3. has/have health conditions/issues; and
 - 2.4. time spent in prison?
3. What are the respondents' recommendations to improve the health care services within the facility?

Methodology

Research Design

This study employed a convergent parallel mixed-methods design, integrating both quantitative and qualitative approaches to assess the satisfaction of Persons Deprived of Liberty (PDLs) at Nueva Vizcaya Provincial Jail (NVPJ) regarding healthcare services. The quantitative component utilized a descriptive-comparative method to measure satisfaction across six key themes: technical quality, interpersonal manner, communication, time spent with healthcare providers, accessibility and convenience, and general satisfaction. It also examined differences based on demographic variables such as age, number of consultations annually, health conditions, and time spent in prison. The qualitative component employed thematic analysis to interpret responses from an open-ended question regarding healthcare service improvements. The convergent parallel approach ensured that both data types were collected concurrently, analyzed separately, and merged for comprehensive interpretation.

Themes were based on Hsieh et al. (2022), who identified six key aspects of patient satisfaction in prison healthcare. Thematic analysis involved reviewing responses, coding recurring concepts, grouping them into broader themes, refining definitions, and aligning them with study objectives. The final themes were synthesized with quantitative findings to provide a well-rounded analysis. Adjustments to the research instrument included the addition of a demographic section, the introduction of an open-ended question, and the removal or alteration of certain questions to align more closely with the study's focus. To ensure the reliability of the instrument, a reliability analysis was conducted using Cronbach's alpha to assess internal consistency. This method evaluated the coherence of the questionnaire items in measuring satisfaction levels among PDLs regarding healthcare services.

This approach allowed for a structured interpretation of qualitative data while capturing statistical trends. The mixed-methods design strengthened the study by offering a nuanced understanding of satisfaction levels and areas for improvement in correctional healthcare.

Respondents

The study focused on the PDLs of NVPJ as the respondents. Purposive random sampling, specifically Total Population Sampling, was employed to select 49 PDLs from the entire population to examine their level of satisfaction. This method was chosen because the population size of PDLs in NVPJ is relatively small and manageable, ensuring that every individual in the group could be included, thus providing comprehensive and accurate data. The study also involved gathering data on the demographic profile of the respondents, as well as their satisfaction with healthcare services. A survey questionnaire was distributed to the selected respondents to collect the necessary data.

Table 1. Socio-demographic Profile of the Respondents

<i>Profile</i>	<i>f(n=49)</i>	<i>%</i>
<i>Age</i>		
Below 17 yrs.	13	26.5
18-19 yrs.	4	8.2
20-39 yrs.	20	40.8
40-59 yrs.	9	18.4
60+ yrs.	3	6.1
<i>Time Spent in Prison</i>		
Below 1 Year	20	40.8
1 Year	4	8.2
2 Years	11	22.4
3 Years	1	2.0
4 Years	2	4.1
5+ Years	11	22.4
<i>Has/Have Health Conditions</i>		
Has/Have conditions/issues	15	30.6
No conditions/issues	34	69.4
<i>Number of Consultations Annually</i>		
Below 1 Time	18	36.7
1-3 Times	15	30.6
4-6 Times	9	18.4
7-9 Times	5	10.2
10 or more Times	2	4.1
Total	49	100

Table 1 details the socio-demographic profile of respondents, revealing key insights into their characteristics. The majority of participants fall within the 20-39 age range, indicating a relatively young PDLs, with a notable number under 17 years old. This age distribution may reflect broader social issues related to youth incarceration.

In terms of time spent in prison, responses are evenly split, with half of the respondents having served between 2 to 5 years, while a significant proportion has spent less than one year in prison. This variation suggests diverse experiences among the PDLs and may impact their health and well-being differently.

Health status is another critical factor; most respondents reported not having current health conditions, which may imply varying health needs within the population. However, the presence of medical conditions among others highlights the need for tailored healthcare services.

Finally, consultation frequency indicates that a quarter of respondents consulted healthcare services 1-3 times annually, while half consulted less than once. This low engagement with healthcare services could suggest barriers to access or a lack of awareness about available resources, underscoring the importance of addressing healthcare accessibility for this population.

Instrument

The research instrument employed in this study was a 16-item questionnaire, which was designed to assess participants' demographic profile, including age, health conditions, time spent in prison, and number of consultations. The questionnaire, adapted from Hsieh et al. (2022) in their study titled "Factors Associated with Patient Satisfaction towards Prison Detention Clinic Care among Male Drug Users," was modified to better suit the objectives of the present study. Adjustments included the addition of a demographic section, the introduction of an open-ended question, and the removal or alteration of certain questions to align more closely with the study's focus. The questionnaire was organized into three distinct sections: a demographic profile, a 4-point Likert scale, and an open-ended question.

The first section focused on collecting the demographic profile of the respondents. This included variables such as age, health conditions or issues, level of satisfaction with healthcare services, length of time spent in prison, and the number of healthcare consultations received annually. These variables were designed to provide a baseline understanding of the respondents' background and healthcare

needs.

The second section employed a 4-point Likert Scale to assess respondents' satisfaction with healthcare services based on six key criteria: technical quality, interpersonal manner, communication, time spent with healthcare providers, accessibility and convenience, and overall satisfaction. This section aimed to provide a thorough evaluation of each criterion, offering insights into various aspects of healthcare service delivery. Additionally, an open-ended question was included to gather qualitative data, allowing respondents to share their suggestions for enhancing healthcare services.

Table 2. Result of Reliability Test

<i>Cronbach's Alpha</i>	<i>Cronbach's Alpha Based on Standardized Items</i>	<i>N of Items</i>
.897	.897	16

Shown in Table 2 is the result of the reliability test. The table shows that with 16 items, Cronbach's alpha is equal to .897. Therefore, the instrument has a good internal consistency equals good ($0.9 > \alpha \geq 0.8$). Hence, the questionnaire is reliable.

Procedure

The questionnaire was carefully adapted and modified to align with the study's objectives and underwent thorough validation by the research teacher, advisor, and principal. Multiple copies were produced for a pilot testing phase, aimed at assessing reliability and identifying potential issues; the results confirmed its efficacy through a reliability test. Ethical considerations were prioritized, with a request letter addressed to the governor of Nueva Vizcaya to ensure the research was legal and safe, alongside necessary clearances signed by the research area coordinator, advisor, and school principal. After securing all approvals, the questionnaires were distributed to selected respondents, and detailed data retrieval and encoding processes were implemented to ensure accuracy and completeness, thereby enhancing the integrity and credibility of the research findings.

Data Analysis

The following tools and techniques were utilized to process the collected data:

Frequency count and percentage distribution were used to analyze the demographic profile of the respondents, specifically age, health conditions/issues, time spent in prison, and the number of consultations (annually).

Mean scores and standard deviation of the 4-point Likert scale were computed to assess the level of satisfaction of PDLs at the NVPJ Bayombong through a questionnaire.

Table 3. Mean Range and Qualitative Interpretation for the Satisfaction

<i>Mean Range</i>	<i>Description</i>	<i>Qualitative Interpretation</i>
3.50-4.00	Strongly Agree	Very Satisfied
2.50-3.49	Agree	Satisfied
1.50-2.49	Disagree	Dissatisfied
1.00-1.49	Strongly Disagree	Very Dissatisfied

An independent samples T-test was used to determine the significant difference in the level of satisfaction of PDLs of NVPJ Bayombong when grouped according to health conditions/issues, while One-Way Analysis of Variance (ANOVA) was used when grouped according to age, time spent in prison, and number of consultations annually.

Thematic analysis was used to analyze the qualitative part, specifically the responses to the open-ended question, to determine what improvements could be made to enhance satisfaction with the healthcare services provided.

Results and Discussion

This section discusses the results of the study on the satisfaction levels of PDLs at NVPJ Bayombong. The main goal was to evaluate the experiences of these individuals regarding healthcare services during their time in incarceration. Understanding their satisfaction level is crucial for identifying potential improvements within the penal system and improving the well-being of PDLs.

Table 4 presents the level of satisfaction of PDLs across all the criteria, with healthcare services consistently resulting as "Very Satisfied". For technical quality, the mean score ($\bar{x}=3.84$, $\sigma=0.32$) shows that healthcare providers are seen as skilled and equipped to provide thorough care. In terms of interpersonal manner, the mean score ($\bar{x}=3.73$, $\sigma=0.52$) reflects that PDLs are treated with friendliness and respect. Communication received a "very satisfied" rating ($\bar{x}=3.86$, $\sigma=0.31$), indicating that healthcare providers effectively explain medical procedures and actively listen to concerns. For time spent with healthcare providers, the mean score ($\bar{x}=3.69$, $\sigma=0.55$) suggests that PDLs feel their needs are adequately addressed without being rushed. Accessibility and convenience were also rated as "Very Satisfied" ($\bar{x}=3.74$, $\sigma=0.47$), showing that PDLs experience minimal difficulties accessing care. Lastly, general satisfaction received the highest score ($\bar{x}=3.88$, $\sigma=0.32$), reflecting a high level of contentment with overall healthcare services. The overall mean satisfaction score across the said criteria was "Very Satisfied" ($\bar{x}=3.79$, $\sigma=0.35$), highlighting that healthcare services meet the needs and expectations of PDLs.



Table 4. *Level of Satisfaction of the PDLs in Terms of Technical Quality, Interpersonal Manner, Communication, Time Spent with Health Care Providers, Accessibility and Convenience, and General Satisfaction*

Statements	Mean	Std. Deviation	Qualitative Interpretation
Technical Quality			
1. My healthcare provider has everything needed to provide complete.	3.84	.51	Very Satisfied
2. Healthcare providers' diagnosis is correct.	3.86	.46	Very Satisfied
3. When I go for medical care, they are careful to check everything when treating and examining me.	3.88	.39	Very Satisfied
4. I do not have doubts about the ability of the healthcare providers who treat me.	3.80	.54	Very Satisfied
Mean (Technical Quality)	3.84	.32	Very Satisfied
Interpersonal Manner			
5. Healthcare providers do not act too businesslike and impersonal toward me.	3.61	.67	Very Satisfied
6. My healthcare providers treat me very friendly and courteously.	3.86	.50	Very Satisfied
Mean (Interpersonal)	3.73	.52	Very Satisfied
Communication			
7. Healthcare providers are good about explaining the reason for medical tests.	3.94	.24	Very Satisfied
8. Healthcare providers do not ignore what I tell them.	3.78	.47	Very Satisfied
Mean (Communication)	3.86	.31	Very Satisfied
Time Spent Health Care Providers			
9. Those who provide my medical care do hurry when they treat me.	3.69	.58	Very Satisfied
10. Healthcare providers spend plenty of time with me.	3.69	.58	Very Satisfied
Mean (Time Spent)	3.69	.55	Very Satisfied
Accessibility And Convenience			
11. I have easy access to the medical specialists that I need.	3.78	.51	Very Satisfied
12. Where I get medical care, people do not have to wait too long for emergency treatment.	3.65	.66	Very Satisfied
13. I do not find it hard to get an appointment for medical care right away.	3.76	.66	Very Satisfied
14. I am able to get medical care whenever I need it.	3.80	.54	Very Satisfied
Mean (Accessibility)	3.74	.47	Very Satisfied
General Satisfaction			
15. The medical care I have been receiving is just about perfect.	3.88	.33	Very Satisfied
16. I am satisfied with most things about the medical care that I receive.	3.88	.33	Very Satisfied
Mean (General)	3.88	.32	Very Satisfied
Overall Mean (Satisfaction)	3.79	.35	Very Satisfied

Legend: 1.00-1.49 (Very Dissatisfied), 1.50-2.49 (Dissatisfied), 2.50-3.49 (Satisfied), 3.50-4.00 (Very Satisfied)

The very satisfactory results highlight the success of healthcare services in meeting the diverse needs of PDLs. The consistently high results for technical quality show that healthcare providers are skilled and well-equipped to deliver reliable and comprehensive medical care. Results for interpersonal manner reflect that providers maintain respectful and friendly interactions with PDLs, helping to build trust and cooperation. Similarly, the very positive communication results emphasize the importance of clearly explaining procedures and addressing concerns, ensuring patients feel heard and informed. The high results for time spent with healthcare providers indicate that consultations are given the attention they deserve, improving the overall quality of care. Additionally, the excellent results for accessibility and convenience demonstrate that the healthcare system effectively reduces delays and barriers, allowing PDLs to receive timely treatment. Altogether, the very satisfactory general satisfaction results confirm that the healthcare system not only meets but also exceeds expectations, providing a dependable and positive healthcare experience for PDLs.

Guadamor's (2018) findings contrast with the result of the study. Guadamor found a lower overall weighted mean of 2.72, indicating that respondents were "moderately satisfied" with the delivery of jail services, including health services. This demonstrates that satisfaction levels can differ across various studies and settings. It also suggests that particular aspects of healthcare delivery in correctional facilities can greatly impact overall satisfaction.

Table 5. *Comparison of PDL's Level of Satisfaction in Terms of Age*

Factor	Groups	f	Mean	SD	F-value	p-value
Level Of Satisfaction	17 below	13	3.83	.07	1.73*	.161
	18-19yrs	4	3.45	.36		
	20-39yrs	20	3.82	.07		
	40-59yrs	9	3.91	.06		
	60+yrs	3	3.57	.27		

*Not Significant (p>0.05)

Table 5 shows the result of the One-Way Analysis Of Variance (ANOVA), which reflects that the computed p-value (p= 0.161) exceeding the significance level of 0.05 leads to the acceptance of the null hypothesis, which depicts no significant difference in mean satisfaction levels in terms of age.

This implies that PDLs across different age groups share similar experiences of the healthcare services, indicating that the services provided are relatively consistent and effective, regardless of age. The lack of a significant difference could reflect the overall quality and accessibility of healthcare, suggesting that the service is designed to meet the needs of PDLs in a way that is not influenced by age-related factors.

Supported by the study conducted by Ochonma and Chijioke (2019), the findings also indicate no significant difference in satisfaction levels among different age groups of respondents, suggesting consistent satisfaction with healthcare services across age groups. In contrast, a study by Adams et al. (2024) found significant variation in patient satisfaction ratings among different age groups, with older adults (>65 years) consistently reporting higher satisfaction levels compared to younger adults (18–34 years).

Table 6. Comparison of PDL's Level of Satisfaction When Grouped According to Health Conditions

Level of Satisfaction	YES		NO		<i>t</i> (17.98)	<i>p</i>
	M	SD	M	SD		
	3.68	0.47	3.84	0.27	-1.22*	0.236

*Not Significant ($p > 0.05$)

Table 6 presents a comparison of PDLs' satisfaction levels based on the presence or absence of health conditions. To assess whether a significant difference existed, an independent samples t-test was performed. The resulting p-value ($p = 0.236$) was greater than the significance threshold of 0.05, leading to the acceptance of the null hypothesis. This finding suggests that the mean satisfaction levels of PDLs do not significantly differ based on whether they have health conditions or not.

This implies that the healthcare system is able to meet the needs of PDLs effectively, regardless of their individual health status. Whether or not a PDL has an existing health condition, the overall experience with healthcare services remains consistent, suggesting that the quality and accessibility of care are not significantly influenced by health conditions.

However, data from Basilio et al.'s study (2023) negates this finding. Their study revealed a significant difference in satisfaction levels, with 66.2% of participants reporting existing health conditions. This suggests that health conditions do influence PDLs' healthcare satisfaction, as factors such as the quality of care and individualized treatment play a critical role in shaping their overall satisfaction levels.

Table 7. Comparison of PDL's Level of Satisfaction When Grouped According to Time Spent in Prison

Factor	Groups	<i>f</i>	Mean	SD	<i>F</i> -value	<i>p</i> -value
Level Of Satisfaction	Below 1 year	20	3.82	.26	1.19*	.330
	1 year	4	3.42	.71		
	2 years	11	3.83	.28		
	3 Years	1	3.92	N/A		
	4 years	2	4.00	.00		
	5 years & above	11	3.79	.38		

*Not Significant ($p > 0.05$)

Table 7 shows the result of the One-Way Analysis of Variance (ANOVA), which reflects that the calculated p-value ($p = .330$) exceeds the significance level of 0.05. This indicates that the difference in mean satisfaction levels based on time spent in prison is not statistically significant.

This implies that healthcare services maintain a consistent standard of quality, regardless of how long individuals have been in prison. It highlights that the system is likely addressing the healthcare needs of PDLs in a way that is equally effective across different incarceration periods.

According to a study by Aquino and Cataluna (2023), the difference in satisfaction levels of PDLs and their time in prison has no statistical significance. This finding aligns with the results in Table 7, suggesting that the length of incarceration does not significantly affect the satisfaction levels of PDLs. Both sets of results support the idea that healthcare services maintain a consistent standard of quality, regardless of how long individuals have been incarcerated. Therefore, Aquino and Cataluna's study further reinforces the notion that time spent in prison does not have a substantial impact on satisfaction with healthcare provisions.

Table 8. Comparison of PDL's Level of Satisfaction When Grouped According to Number of Consultations

Factor	Groups	<i>f</i>	Mean	SD	<i>F</i> -value	<i>p</i> -value
Level Of Satisfaction	Below 1 time	18	3.84	0.21	0.92*	0.462
	1-3 Times	15	3.69	0.49		
	4-6 Times	9	3.84	0.30		
	7-9 Times	5	3.92	0.17		
	10 or more Times	2	3.54	0.65		

*Not Significant ($p > 0.05$)

Table 8 presents the results of the One-Way Analysis of Variance (ANOVA), showing a p-value of 0.462, which is above the 0.05 significance level. This indicates that there is no significant difference in satisfaction levels among groups categorized by the number of consultations. Since the p-value exceeds 0.05, the null hypothesis is accepted, suggesting that the frequency of consultations does not have a significant impact on the overall satisfaction levels of PDLs.

The implies that the number of consultations does not appear to have a substantial impact on the satisfaction levels of PDLs. Despite variations in the number of times individuals consulted healthcare services, the overall satisfaction remains consistent across the groups.

This finding aligns with the results of Rogalska et al. (2022), who examined PDLs' access to healthcare services and found that the frequency of consultations did not significantly affect their overall satisfaction. Like the present study, Rogalska et al. concluded that other factors, such as the quality of care and the responsiveness of healthcare providers, are likely more influential in shaping satisfaction levels than the number of times an individual seeks care. This further emphasizes that, for PDLs, satisfaction is less about how often they consult healthcare services and more about the experience and quality of care they receive during those consultations. Thus, improving the healthcare service itself, rather than focusing on the frequency of visits, may be the key to maintaining or increasing satisfaction among PDLs.

Table 9. *Thematic Analysis on the recommendations of PDLs to improve the health care services within the facility*

Theme/s	Sample Responses	f(n=49)	%
Enhancing health and well-being through physical activities	Araw araw na exercise at araw araw na makalabas sa celda para makapag pahangin para makaiwas sa sakit. Thank you po. (Daily exercise and going out of the cell every day for fresh air to avoid illness. Thank you) Mag exercise kada umaga para mabawasan ang timbang para manatiling malusog. Magsumba tuwing umaga. (Exercise every morning to reduce weight and stay healthy. Do Zumba every morning.) Mga bagay na programang pang ehersisyo kada sabado. (Exercise programs every Saturday.)	13	26.5
Demand for continuous nursing presence	Gusto ko ng nars sa gabi kasi mas panatag ako pag meron sila. (I want a nurse at night because I feel more at ease when they are present.) Mabait po si nars sa amin pero wala po siya pag gabi. (The nurse is kind to us, but they are not present at night.) Sana may duty nurse sa gabi. (I hope there is a nurse on duty at night.)	11	22.4
Sustain Healthcare Sevices Provided	Hindi na pwedeng humanap pa nang bagong nurse dito kase sila ay nandyan palagi kapag kailangan mo ng tulong at inaaksyonan nila agad kapag humihinigi kanang tulong. Kaya maraming salamat sa mga nurse dito Ma'am Carol and Sir Jeff. (There is no need to look for a new nurse because they are always available when you need help and respond immediately. So, thank you very much to the nurses here, Ma'am Carol and Sir Jeff.) Huwag na pong maghanap ng ibang nurse dahil maganda na man po ang kanilang turing. (No need to look for another nurse because they treat us well.)	9	18.4
Adequate and free medication	Sana may sapat na gamot ang naibibigay sa amin ng libre. (I hope there is enough medicine provided to us for free.) Sana maibigay ang tamang gamot. (I hope the correct medicine is given.) Palaging may stock na gamot, "kami ay bibili". (There should always be medicine in stock; otherwise, we have to buy it.)	7	14.3
Equitable healthcare	We wish extra effort to care for the PDL's. (We hope there will be extra effort in caring for PDLs.) Ang suggest ko lang, sana maging pantay lahat ngtrato ng mga doctors naten, mayaman man o mahirap then sana magimproved pa yung mga pagtulong sa lahat, yun lang keep going (My only suggestion is that doctors treat everyone equally, whether rich or poor, and I hope their assistance to everyone continues to improve. That's all. Keep going.) Sana nag karoon nang sariling steady doctor sa loob ng jail. (I hope we have a permanent in-house doctor in the jail.) Sana tuloy tuloy ang ibibigay nilang serbisyo lalong lalo sa amin na nandito at sa mga mahihirap. (I hope they continue to provide services, especially to us here and to the underprivileged.)	6	12.2
Spirituality and worship.	Pagsamba. (Worship.)	3	6.1
Total		49	100

Table 9 presents the thematic analysis of recommendations from PDLs to enhance healthcare services within the facility. Notably, suggestions aimed at improving health and well-being (n=13) received the highest number of responses, indicating a strong desire among PDLs for better physical health support. The demand for continuous nursing presence (n=11) came in second, reflecting the need for nurses to be consistently available, particularly during nighttime. Next, the recommendation to sustain healthcare services provided (n=9) suggests that PDLs value the continuity of care and want the current services to be maintained. Following that, suggestions for adequate and free medication (n=7), equitable healthcare (n=6), and spirituality and worship (n=3) were also mentioned. These recommendations highlight that, despite PDLs being very satisfied with the healthcare services offered, there are still important areas for improvement that were not captured in the quantitative results. This suggests that PDLs not only appreciate the healthcare they receive but also have specific needs and expectations for further enhancement, particularly in terms of physical health support and continuous care.

The findings from Table 9 imply that, while PDLs are very satisfied with the healthcare services they currently receive, there are still several areas that need attention to fully address their needs. The strong focus on enhancing physical health support suggests that PDLs feel their overall health could be better managed, particularly in areas related to preventive care, exercise, and overall physical well-being. The demand for continuous nursing presence, especially during nighttime, indicates a significant gap in the availability of healthcare professionals during critical hours. This could impact the quality of care and timely response to medical needs, emphasizing the importance of having medical staff available at all times. Furthermore, the suggestion to sustain the healthcare services already provided indicates that PDLs value consistency and want to ensure that the care they receive is not disrupted or reduced. The request for adequate and free medication reflects the importance of accessibility and affordability in maintaining health, as many PDLs may not have the financial resources to cover their medical needs. Additionally, the call for equitable healthcare suggests that PDLs want fair and equal treatment, regardless of their background or status within the prison system. The inclusion of spirituality and worship highlights the emotional and psychological needs of PDLs, showing that their well-being is not just tied to physical health but also their sense of meaning, purpose, and connection. These findings indicate that while PDLs are very satisfied with their healthcare, there is a clear need for further improvements in several key areas. Addressing these gaps could contribute to a more comprehensive healthcare system that not only meets the immediate medical needs of PDLs but also supports their long-term well-being in a more balanced and inclusive manner.

These claims align with the findings of Baldonado et al. (2022), which assert that PDLs have the right to access necessary facilities and activities that support their health and well-being, including opportunities for physical exercise. Recognizing PDLs as individuals with inherent rights emphasizes the importance of recreational and educational activities. These opportunities are not merely privileges but rather are vital for personal development and a sense of normalcy in everyday life. Subsequently, by prioritizing health and well-being through exercise and structured activities, facilities can contribute to the rehabilitation process, promoting not only physical health but also mental and emotional resilience among PDLs. This holistic approach creates a more supportive environment that acknowledges their humanity and potential for positive change.

Conclusions

This study reveals that PDLs are very satisfied with the healthcare services provided in correctional settings, as evidenced by consistently high ratings across all key themes, including technical quality, interpersonal manner, communication, time spent with healthcare providers, accessibility and convenience, and general satisfaction. The descriptive quantitative findings indicate that PDLs perceive healthcare providers as competent and accessible, with communication emerging as the most highly rated aspect. Despite this overall satisfaction, the thematic analysis highlights specific areas for improvement, particularly in enhancing physical health through structured exercise programs and outdoor exposure, ensuring continuous nursing presence, particularly at night, and improving access to adequate and free medication. While PDLs appreciate the quality of care provided, they also advocate for sustained and improved healthcare services, equitable treatment regardless of background, and the incorporation of faith-based and mental wellness programs to support holistic well-being. These findings suggest that while the healthcare system in correctional facilities is meeting the expectations of PDLs, targeted enhancements in key areas can further strengthen the overall healthcare experience and ensure that all medical and psychological needs are adequately addressed.

In the light of the aforesaid findings, the researchers have the following recommendations to offer:

Establishing a protocol for regular health assessments and screenings can help identify and address health issues early, along with continuous monitoring of the health conditions of PDLs to ensure timely interventions.

Correctional facilities may develop structured programs that encourage physical exercise and recreational activities, promoting both physical and mental well-being, as the study highlights the importance of physical activities for enhancing health.

To address the shortage of nurses in detention centers, as highlighted in the thematic analysis, the government might consider increasing the number of qualified healthcare professionals to help meet the diverse healthcare needs of PDLs more effectively.

For future researchers:

Collect more data by adding factors like socio-economic background, education level, and specific health challenges of PDLs to better

understand what affects healthcare satisfaction.

Future researchers should consider expanding the scope of the study by including a larger and more diverse sample of PDLs to enhance the generalizability of the findings.

Researchers could examine the role of mental health services in correctional facilities and their impact on the overall well-being of PDLs, as this is a critical aspect of healthcare needs.

It may be valuable to conduct comparative studies between different correctional facilities to identify best practices and innovative healthcare solutions that could be adapted in various contexts.

The researchers recommend that students conduct a comparative analysis between PDLs in NVPJ and other jails in the country, as this can help identify best practices and areas needing improvement in different facilities.

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Affiliations and Corresponding Information

Marc Angelo Macasu

Saint Mary's University – Philippines

Lord Anthony P. Ambatali

Saint Mary's University – Philippines

Guiseppe A. Valino

Saint Mary's University – Philippines

Christoff John A. Ballesteros

Saint Mary's University – Philippines

Trisha Ann P. Ancheta

Saint Mary's University – Philippines

Samarah Alexa L. Marquez

Saint Mary's University – Philippines

Lady Valen Charon A. Dela Peña

Saint Mary's University – Philippines

John Carlo F. Armando

Saint Mary's University – Philippines