

Patient Perceptions of Medication Access, Counseling, and Waiting Time in the Outpatient Department of Rafael Lazatin Memorial Medical Center: Basis for the Establishment of an Outpatient Pharmacy

Aliana V. Gomez

Pharmacist I, Rafael Lazatin Memorial Medical Center, Pampanga, Philippines

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Email of Corresponding Author: alianaa.gomezz@gmail.com

Abstract

Patient satisfaction is an important indicator of healthcare quality because it reflects how patients experience access, communication, responsiveness, and efficiency during service delivery. This cross-sectional analytic study assessed patient satisfaction with medication-related services in the outpatient department of Rafael Lazatin Memorial Medical Center and identified service-related factors relevant to the planned establishment of an outpatient pharmacy. A total of 100 adult outpatient department patients were selected through systematic random sampling. Data were gathered using a structured and pretested questionnaire covering medication access, waiting time, staff courtesy and communication, medication-related counseling, service process, and physical environment. Descriptive statistics, independent-samples t-test, one-way analysis of variance, and multiple linear regression were used to analyze the data, with statistical significance set at $p < .05$. Findings showed that the overall level of patient satisfaction was satisfactory ($M = 3.69$). Staff communication, medication-related explanation, staff courtesy, and overall service experience received favorable ratings, whereas waiting time obtained the lowest mean score and was interpreted as neutral. No significant differences in satisfaction were found when respondents were grouped according to sex ($p = .497$) or educational attainment ($p = .345$). Regression analysis identified medication counseling ($\beta = 0.35, p = .001$), access to prescribed medicines ($\beta = 0.28, p = .004$), and staff courtesy ($\beta = 0.22, p = .010$) as significant positive predictors of satisfaction, while waiting time was a significant negative predictor ($\beta = -0.31, p = .002$). The findings indicate that patient satisfaction is shaped more by service quality than by demographic characteristics. Establishing an outpatient pharmacy may improve medication accessibility, structured counseling, service coordination, and patient-centered care.

Keywords: Patient Satisfaction, Outpatient Department, Medication Access, Medication Counseling, Waiting Time, Outpatient Pharmacy

1. Introduction

Patient satisfaction remains a central outcome measure in healthcare service evaluation because it reflects the extent to which service delivery meets patient expectations, needs, and perceived standards of care. It is also closely linked with trust, adherence, continuity of care, and the willingness of patients to return to a health facility. In public outpatient settings, satisfaction is influenced not only by clinical care but also by service processes such as waiting time, staff courtesy, clarity of explanations, and access to prescribed medicines (Ng & Luk, 2019; Prakash, 2010).

Medication-related services form a major part of the outpatient experience. Patients who receive clear explanations about their prescribed medicines and who are able to obtain medicines conveniently are more likely to perceive care as complete, responsive, and trustworthy. Previous outpatient pharmacy studies have shown that satisfaction is multidimensional and is associated with medication availability, counseling quality, staff communication, convenience, and the physical condition of waiting areas (Ismail et al., 2020; Kebede et al., 2021; Molla et al., 2022).

Waiting time is a persistent concern in outpatient care. Delays may be interpreted by patients as poor coordination or inefficient service flow, even when the technical quality of care is acceptable. Recent evidence indicates that patient satisfaction is affected not only by actual waiting time but also by perceived and expected waiting time, suggesting the importance of both workflow improvement and clear communication during service encounters (Zhang et al., 2023).

The establishment of an outpatient pharmacy is therefore a relevant service improvement strategy for hospitals that aim to strengthen medication access and patient-centered care. The World Health Organization emphasizes integrated and people-centered health services that are timely, acceptable, coordinated, and responsive to community needs (World Health Organization, 2016). In the context of Rafael Lazatin Memorial Medical Center, empirical assessment of outpatient patients' perceptions can provide baseline evidence for administrative planning, particularly in relation to medication access, counseling, waiting time, and service organization.

This study assessed patient satisfaction with medication-related services in the outpatient department of Rafael Lazatin Memorial Medical Center. Specifically, it determined satisfaction across service domains, described the profile of outpatient respondents, examined differences and predictors of satisfaction, and developed evidence-based recommendations to support the planned establishment of an outpatient pharmacy.

2. Material and methods

2.1 Research Design

This study employed a cross-sectional analytic research design. Data were collected from outpatient department patients at one point in time to describe their satisfaction with medication-related services and to examine associations between satisfaction and selected demographic and service-related variables. The analytic component focused on the extent to which waiting time, access to prescribed medicines, medication counseling, and staff courtesy predicted patient satisfaction.

2.2 Locale of the Study

The study was conducted in the outpatient department of Rafael Lazatin Memorial Medical Center, a government-managed tertiary healthcare institution serving patients from surrounding communities. The outpatient department was selected because it is the primary point of consultation for patients who receive prescriptions and medication-related instructions. Although a dedicated outpatient pharmacy has not yet been formally established, patients' experiences within the department provide important baseline information for pharmacy service planning.

2.3 Respondents of the Study

The respondents were adult patients aged 18 years and older who attended the outpatient department during the data collection period. Patients were eligible if they had completed an outpatient consultation, received a prescription or medication-related service, and were able and willing to provide informed consent. Emergency cases requiring immediate care, individuals below 18 years old, and patients who declined or withdrew consent were excluded.

2.4 Sample and Sampling Procedure

A total of 100 outpatient department patients constituted the final analytic sample. Respondents were selected using systematic random sampling during regular outpatient service hours. Eligible patients were approached at predetermined intervals after completion of their outpatient consultation until the required sample was reached. This approach was used to distribute respondent selection across the patient flow while minimizing convenience-selection bias. The sample size was treated as feasible baseline evidence for service planning and should be interpreted within the limits of a single-hospital study.

2.5 Research Instrument

Data were collected using a structured questionnaire developed from related literature on patient satisfaction, outpatient service quality, and pharmacy service planning. The instrument contained demographic and visit-related items, 12 Likert-scale indicators of outpatient service experience, selected Yes/No service feedback items, and open-ended questions for suggestions. The Likert-scale items used a five-point response format: 1 = very dissatisfied, 2 = dissatisfied, 3 = neutral, 4 = satisfied, and 5 = very satisfied. Mean scores were interpreted using the following ranges: 4.21-5.00 = very satisfied, 3.41-4.20 = satisfied, 2.61-3.40 = neutral, 1.81-2.60 = dissatisfied, and 1.00-1.80 = very dissatisfied. The questionnaire was pretested for clarity and appropriateness prior to data collection, and internal consistency of the multi-item scale was assessed using Cronbach's alpha, with values of .70 or higher considered acceptable.

2.6 Data Gathering Procedure

After administrative permission and ethical clearance procedures, trained research assistants approached eligible patients after their outpatient consultations. The purpose of the study was explained, informed consent was obtained, and the questionnaire was administered through face-to-face interview to support respondents with varying literacy levels and to ensure completeness of responses. Waiting time and medication-related service information were recorded based on patient report and the standardized data collection form. Completed questionnaires were checked for completeness before encoding.

2.7 Data Analysis Techniques

Data were encoded, cleaned, and analyzed using statistical software. Frequencies and percentages were used for categorical variables, while means and standard deviations were used for satisfaction scores. Independent-samples t-test was used to compare satisfaction by sex, and one-way analysis of variance was used to compare satisfaction by educational attainment. Multiple linear regression was performed to identify predictors of patient satisfaction. Statistical significance was set at $p < .05$.

2.8 Ethical Considerations

The study was designed to observe ethical principles for research involving human participants. Participation was voluntary, informed consent was obtained before data collection, and respondents were informed of their right to decline or withdraw without affecting the services they received. No personal identifiers were included in the dataset, and results were reported in aggregate form. Data were handled confidentially and stored securely for academic and service improvement purposes.

3. Results and Discussion

3.1 Demographic Profile of Respondents

Table 1. *Demographic profile of the respondents (n = 100)*

Characteristic	Category	f	%
Age group	18-25 years	35	35.0
	26-35 years	28	28.0
	36-45 years	17	17.0
	46-55 years	8	8.0
	56 years and above	12	12.0
Sex	Male	33	33.0
	Female	67	67.0
Educational attainment	Elementary	22	22.0
	High School	30	30.0
	College	45	45.0
	Postgraduate	3	3.0

Most respondents were young adults aged 18-25 years (35.0%), followed by those aged 26-35 years (28.0%). Female respondents comprised the majority of the sample (67.0%), while male respondents represented 33.0%. In terms of educational attainment, the largest group consisted of college graduates (45.0%), followed by high school graduates (30.0%) and elementary-level respondents (22.0%). This profile indicates that outpatient service users in the sample were relatively diverse in age and education, although the sample leaned toward younger and female patients.

The demographic distribution is relevant to outpatient pharmacy planning because patients differ in health literacy, medication needs, and communication preferences. However, the later inferential findings suggest that service-related factors, rather than demographic characteristics, were the primary drivers of satisfaction in this sample. This is consistent with the broader view that satisfaction is shaped by the match between patient expectations and service delivery processes (Ng & Luk, 2019).

3.2 Level of Patient Satisfaction Across Outpatient Service Domains

Table 2. *Level of patient satisfaction across outpatient service domains (n = 100)*

Item	Indicator	Weighted Mean	Verbal Interpretation
Q1	Ease of locating the outpatient department	3.53	Satisfied
Q2	Clarity of signage and queueing system	3.61	Satisfied
Q3	Acceptability of waiting time	3.18	Neutral
Q4	Staff courtesy and respect	3.74	Satisfied
Q5	Clarity of staff communication	3.76	Satisfied
Q6	Medication-related explanation	3.82	Satisfied
Q7	Access to prescribed medicines	3.65	Satisfied
Q8	Efficiency of OPD system and process	3.54	Satisfied

Q9	Overall service process experience	3.70	Satisfied
Q10	Need for an outpatient pharmacy	3.68	Satisfied
Q11	Role of pharmacy in medication counseling	3.85	Satisfied
Q12	Overall satisfaction	3.92	Satisfied
Overall	Mean satisfaction score	3.69	Satisfied

Note. Scale interpretation: 4.21-5.00 = very satisfied; 3.41-4.20 = satisfied; 2.61-3.40 = neutral; 1.81-2.60 = dissatisfied; 1.00-1.80 = very dissatisfied.

The overall satisfaction score was 3.69, indicating that respondents were generally satisfied with outpatient services. The highest-rated indicators were overall satisfaction ($M = 3.92$), perceived role of pharmacy in counseling ($M = 3.85$), and medication-related explanation ($M = 3.82$). These results show that patients valued interpersonal communication and medication-related guidance, which are essential components of patient-centered pharmaceutical care.

Waiting time received the lowest score ($M = 3.18$) and was interpreted as neutral, making it the most evident service concern. This finding is important because waiting time can affect patients' perception of service efficiency even when other domains are rated favorably. Zhang et al. (2023) emphasized that patients' satisfaction with waiting is influenced by perceived and expected waiting time, highlighting the need not only to reduce delays but also to improve communication and queue management.

The positive ratings for the need for an outpatient pharmacy and the role of pharmacy in counseling indicate that patients recognize the value of a dedicated medication service point. Similar studies in outpatient pharmacy settings have identified medication availability, convenience, and counseling as major dimensions of satisfaction and service quality (Ismail et al., 2020; Kebede et al., 2021; Molla et al., 2022).

3.3 Distribution of Responses to Selected Service Feedback Items

Table 3. Distribution of responses to selected Yes/No service feedback items ($n = 100$)

Item	Indicator	Yes f	Yes %	No f	No %
Q1	Awareness or experience related to the service	80	80.0	20	20.0
Q2	Understanding or clarity of service	94	94.0	6	6.0
Q3	Adequacy of service experience	84	84.0	16	16.0
Q4	Satisfaction with service-related support	85	85.0	15	15.0

Most respondents gave affirmative responses across the selected service feedback items. The highest affirmative response was observed in understanding or clarity of service (94.0%), suggesting that most respondents perceived the outpatient service process as understandable. However, 20.0% answered "No" in relation to awareness or experience related to the service, indicating that a notable portion of patients still encountered gaps in familiarity, access, or service orientation.

These findings reinforce the need for structured service pathways and patient information mechanisms. A dedicated outpatient pharmacy may provide a clearer point of access for medication dispensing, patient counseling, and referral of medication-related concerns. In the WHO people-centered care framework, service delivery should be timely, coordinated, acceptable, and responsive to people's needs (World Health Organization, 2016).

3.4 Differences in Patient Satisfaction According to Sex and Educational Attainment

Table 4. Differences in patient satisfaction according to sex and educational attainment ($n = 100$)

Grouping Variable	Category	Mean	SD	t/F	p-value	Decision
Sex	Male	3.61	0.89	0.68	.497	Not significant
	Female	3.73	0.82			
Educational attainment	Elementary	3.58	0.91	1.12	.345	Not significant
	High School	3.66	0.85			
	College	3.74	0.80			
	Postgraduate	3.80	0.78			

Note. Independent-samples *t*-test was used for sex; one-way ANOVA was used for educational attainment. Significance was set at $p < .05$.

Female respondents had a slightly higher mean satisfaction score ($M = 3.73$, $SD = 0.82$) than male respondents ($M = 3.61$, $SD = 0.89$), but the difference was not statistically significant ($p = .497$). Likewise, mean satisfaction scores increased slightly across educational levels, from elementary ($M = 3.58$) to postgraduate ($M = 3.80$), but the difference was also not statistically significant ($p = .345$).

These findings suggest that sex and educational attainment did not substantially shape satisfaction in this sample. Instead, patient satisfaction appeared to be experienced relatively consistently across demographic groups. This result supports the interpretation that improvements should focus more on service processes, such as waiting time, medication access, and counseling, rather than demographic targeting alone. Similar outpatient pharmacy studies have reported that demographic variables may influence satisfaction in some settings, but service-related and facility-related factors often remain central to patients' evaluations (Ismail et al., 2020; Kebede et al., 2021).

3.5 Predictors of Patient Satisfaction

Table 5. *Predictors of patient satisfaction using multiple linear regression (n = 100)*

Variable	Beta (β)	p-value	Interpretation
Waiting time	-0.31	.002	Significant negative predictor
Access to prescribed medicines	0.28	.004	Significant positive predictor
Medication counseling	0.35	.001	Significant positive predictor
Staff courtesy	0.22	.010	Significant positive predictor
Age	0.08	.320	Not significant
Sex	0.05	.410	Not significant

Note. β = standardized beta coefficient. Significance was set at $p < .05$.

The regression results show that service-related factors were significant predictors of patient satisfaction, whereas age and sex were not. Medication counseling was the strongest positive predictor ($\beta = 0.35$, $p = .001$), indicating that patients who received clearer and more adequate medication-related explanations tended to report higher satisfaction. Access to prescribed medicines ($\beta = 0.28$, $p = .004$) and staff courtesy ($\beta = 0.22$, $p = .010$) also significantly increased satisfaction.

Waiting time was a significant negative predictor ($\beta = -0.31$, $p = .002$), confirming that longer or less acceptable waiting experiences were associated with lower satisfaction. This aligns with the broader literature showing that waiting time and waiting area conditions affect patient satisfaction in outpatient and pharmacy service contexts (Kebede et al., 2021; Zhang et al., 2023).

The findings have direct implications for the planned outpatient pharmacy. A well-organized pharmacy unit can improve medicine access, provide consistent counseling, reduce fragmented service processes, and strengthen the patient's confidence in outpatient care. However, the pharmacy should not be limited to dispensing; it should also integrate queue management, patient education, counseling privacy, and coordination with prescribing units. These actions are consistent with people-centered service delivery and with previous findings that pharmacy service satisfaction depends on both technical and interpersonal dimensions (Ismail et al., 2020; Molla et al., 2022).

4. Conclusion & Recommendations

The study concluded that patients in the outpatient department of Rafael Lazatin Memorial Medical Center were generally satisfied with medication-related services, with an overall satisfaction mean of 3.69. Favorable ratings were observed for staff communication, medication-related explanation, staff courtesy, and overall service experience. However, waiting time emerged as the lowest-rated domain and was a significant negative predictor of satisfaction. Medication counseling, access to prescribed medicines, and staff courtesy were significant positive predictors, while sex, age, and educational attainment were not significant determinants. These findings indicate that patient satisfaction is shaped primarily by service delivery factors rather than demographic characteristics.

Based on the findings, the establishment of an outpatient pharmacy is recommended as a strategic service improvement measure. The proposed pharmacy should prioritize reliable access to prescribed medicines, structured medication counseling, clear patient instructions, efficient queueing, visible signage, and coordinated communication between prescribers and pharmacy personnel. Hospital administrators should also review outpatient workflow, monitor waiting time, provide staff training in patient-centered communication, and develop standard counseling protocols to improve safety, adherence, and patient experience.

The study was limited by its single-hospital setting and sample size of 100 respondents, which may restrict generalizability to other public hospitals or healthcare settings. The use of self-reported responses may also be affected by recall bias, courtesy bias, and individual expectations at the time of service. Future studies may use larger samples, objective time-

motion measurements, validated pharmacy satisfaction scales, and comparative pre- and post-implementation evaluation after the outpatient pharmacy has been established.

Compliance with ethical standards

The conduct of the study was permitted by Rafael Lazatin Memorial Medical Center on January 19, 2026. The researcher adhered to ethical standards in conducting research involving human participants by ensuring voluntary participation, obtaining informed consent from all respondents, and explaining the purpose, procedures, and scope of the study prior to data collection. Participants were informed that they could refuse or withdraw from the study at any time without penalty or effect on the healthcare services they received. Confidentiality and anonymity were strictly maintained, and no personally identifiable information was disclosed in the reporting of the findings. The data gathered were used solely for academic and service improvement purposes. The author declares that there is no conflict of interest in the conduct and reporting of the study, acknowledge the support and permission granted by the hospital, and affirm responsibility for the accuracy, integrity, and originality of the manuscript.

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