

“They did not judge me”: A Qualitative Study on Patient Satisfaction in Public Primary HIV Care Facilities in Metro Manila, Philippines

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ABSTRACT

Background and Objective. Long-term treatment of people living with HIV (PLHIV) encounters various challenges, such as medication adherence, stigma, discrimination, and healthcare access. Patient satisfaction with healthcare services is vital for maintaining treatment adherence. Therefore, understanding the factors influencing patient satisfaction is crucial. We conducted a qualitative study to explore these factors in primary HIV care facilities in Metro Manila, Philippines.

Methods. In this qualitative study, we interviewed PLHIV aged 18-59 receiving antiretroviral therapy (ART) in primary HIV care facilities in Metro Manila. Data saturation was reached after 19 in-depth interviews. We transcribed all audio files verbatim in Filipino and analyzed the data using deductive and inductive thematic analysis, guided by the SERVQUAL model as a theoretical framework. We employed MAXQDA, a qualitative data analysis software for coding and data management. We illustrated themes and sub-themes with quotes derived from the data.

Results. Six key themes emerged regarding factors influencing patient satisfaction: tangibles, reliability, responsiveness, assurance, empathy, and location. The first five themes aligned with the SERVQUAL model, while location emerged as a new theme. PLHIV preferred accessible clinics, a clean and pleasant ambiance, and positive interactions with healthcare providers. Moreover, they suggested facility improvements, including expansion, better ventilation, enhanced service delivery, and increased healthcare staff.

Conclusion. Enhanced service delivery and positive healthcare interactions, along with favorable physical attributes of primary HIV care facilities, drive patient satisfaction and long-term retention. These modifiable factors contribute to the continuous care of PLHIV, ultimately improving their quality of life.

Keywords: HIV, patient satisfaction, people living with HIV, Philippines, primary HIV care facilities

INTRODUCTION

Human Immunodeficiency Virus (HIV) is a contagious agent that targets the body's immune system, rendering an individual susceptible to various infections or diseases. Left untreated, it progresses to acquired immunodeficiency syndrome (AIDS), marking the final stage of HIV.¹ According to The Joint United Nations Program on HIV/AIDS (UNAIDS), around 39 million people globally have been diagnosed with HIV, with approximately 1.3 million new infections annually.² There is currently no known cure for HIV; however, with access to effective prevention, diagnosis, and treatments such as antiretroviral therapy (ART), along with care for opportunistic infections, HIV has become a manageable chronic condition. This has enabled individuals

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living with HIV to lead long and healthy lives. As of June 2022, 189 countries had adopted this recommendation, covering 99% of all people living with HIV (PLHIV) globally.³

The Philippines is experiencing one of the fastest-growing HIV epidemics in the Western Pacific region.⁴ As of February 2024, there have been 122,640 reported cases since the initial case in January 1984, averaging 49 new cases daily.⁵ The majority of these cases as of June 2023 are concentrated in NCR, comprising 51% of the total PLHIV population.⁶ The HIV epidemic in the Philippines is driven by low condom use and high-risk behaviors. Although awareness of HIV prevention is high, consistent condom use remains limited due to factors such as beliefs that partners are HIV-negative, perceived reduction in pleasure, and stigma associated with purchasing condoms. Furthermore, alcohol consumption is strongly linked to increased HIV risk, aligning with previous studies that associate alcohol use with unsafe sexual practices.⁷

In response to this alarming report, local government leaders, in collaboration with the Department of Health, have intensified the HIV/AIDS response. They are actively offering testing, treatment, and primary HIV care to the PLHIV. As of January 2024, there are approximately 180 treatment hubs and primary HIV care facilities established throughout the Philippines. It is crucial to note that ART is exclusively distributed through these designated facilities and is inaccessible in commercial pharmacies. This exclusivity may present challenges for PLHIV residing in rural areas seeking access to ART.⁴

Patient satisfaction is a key indicator of healthcare quality, reflecting whether services meet patient needs.⁸ A study in Fiji identified factors such as age, sex, education level, number of visits, waiting time, communication behavior, interpersonal skills of doctors, and patient trust as associated with patient satisfaction.⁹ Modifiable factors, including communication, trust, and waiting time, play a significant role, while others are non-modifiable. Physicians' communication and therapeutic skills, such as appropriate visit time, clear diagnosis explanation, respectful interactions, and careful examinations, correlate significantly with patient satisfaction.¹⁰

Higher patient satisfaction is linked to better health outcomes and increased adherence to treatment.¹¹ However, a population-based cross-sectional study in Sub-Saharan Africa revealed a concerning trend: 25% of ART patients disengaged from care two years post-treatment, highlighting the challenge of sustaining long-term care.¹² Barriers like the distance to healthcare facilities and transportation costs further hinder access, with proximity to care associated with more regular medical attention and better health outcomes.¹³ Addressing these barriers is crucial to improving patient satisfaction, particularly in the context of HIV/AIDS services.

In the Philippines, research has emphasized the critical role of patient satisfaction in improving long-term clinical outcomes, particularly by strengthening the relationship between patients and healthcare providers.¹⁴ This strengthened relationship enables physicians to better align their care with

patients' expectations, fostering active participation in the treatment process. Such engagement aligns with the primary care system's goal of achieving improved health outcomes through a holistic and comprehensive approach.

While numerous global studies have explored factors influencing patient satisfaction, limited research has been conducted in the Philippines, particularly regarding the satisfaction of PLHIV. This gap is especially concerning, given the rapid increase in PLHIV cases nationwide. As the prevalence of HIV continues to rise, addressing the factors that shape patient satisfaction becomes crucial to ensuring treatment adherence and improving health outcomes. This study seeks to address this research gap by examining the factors influencing satisfaction with HIV/AIDS treatment facilities, healthcare providers, and staff in Metro Manila. Additionally, it aims to gather patient recommendations to enhance the overall quality of treatment centers in the region.

MATERIALS AND METHODS

Study Design

This facility-based qualitative study, grounded in the interpretative paradigm, involved conducting in-depth interviews with PLHIV between April 27, 2023, and July 12, 2023. A qualitative design allows for a deeper understanding of real-world issues by enabling participants to express their thoughts, feelings, and experiences at specific times or during particular events. This approach helps explain processes and patterns of human behavior that are difficult to quantify.¹⁵ In this study, we explored the experiences of PLHIV in primary HIV care facilities to identify the factors influencing patient satisfaction. Additionally, we applied the SERVQUAL model (Figure 1) to assess patient satisfaction within a primary care setting for PLHIV. The SERVQUAL model, which evaluates the gap between customer expectations and actual experiences, focuses on five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. In this context, healthcare providers and staff are vital to delivering reliability, responsiveness, assurance, and empathy, while the physical aspects of healthcare facilities are considered tangible. The SERVQUAL model is widely used to assess patient

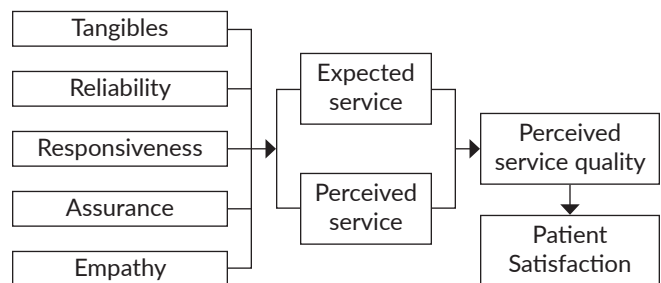


Figure 1. The SERVQUAL model assesses patient satisfaction among PLHIV in primary care facilities by measuring the gap between their expectations and actual care experiences.¹⁶

satisfaction across diverse service environments, including offices, retail outlets, and hospitals. Beyond evaluating consumer services, it helps employees identify and address service quality gaps, ensuring that actual services align with or exceed patient expectations. Its extensive application in healthcare settings highlights its effectiveness in improving service delivery and enhancing patient care.¹⁶

Study Area

We conducted the study in Metro Manila, Philippines – the region with the highest PLHIV population and with the most facilities consisting of 17 primary HIV care facilities.⁶ Only the public primary HIV care facilities in Pasay City, Quezon City, and the City of Manila were included in this study, with one facility from each city participating. These three cities were considered highly urbanized cities with the most reported cases of PLHIV, with Pasay City having 1409 (2023) cases, Quezon City with 11, 573 (2021), and the City of Manila with 3583 (2017).¹⁷⁻¹⁹

Procedures

We employed purposive sampling to select PLHIV for this study. This method involved recruiting participants capable of offering comprehensive and detailed insights into the phenomenon under investigation.²⁰ The determination of the number of PLHIV to be interviewed was guided by the concept of "data saturation." Data saturation refers to the point in the data-gathering process when new information starts to repeat what has already been expressed in previous data, helping to determine the appropriate sample size for the study.²¹ In this study, researchers transcribed each interview and identified emerging themes. After the 19th participant, no new data were gathered, and recurring themes were observed.

Based on the selection criteria, the treatment facilities suggested eligible and willing PLHIVs. Once participants were identified, two authors performed screening followed by providing information about the study, ensuring written and oral informed consent was obtained before proceeding to the actual interviews. Two other authors then conducted the interviews. All the authors received training in research methodologies and ethical considerations, supplemented by briefings from the respective physicians in charge at each treatment facility.

We used an audio recorder throughout the interviews to capture the entire session, with participants fully aware of the recording. One author (served as the primary interviewer, while another author documented key points during the interview, which also served as field notes. The interview focused on seeking clarification when necessary, rather than asking leading questions to avoid obtaining biased answers. A total of 19 face-to-face, in-depth interviews were conducted in private rooms provided by the treatment facilities, ensuring the utmost privacy for participants. Each interview lasted approximately an hour and thirty minutes, including the briefing. The interviews concluded upon data saturation, where

participant responses started repeating previous information, and no new data emerged. No identifying information was disclosed to ensure participant confidentiality. Unique codes were assigned to the questionnaires to protect anonymity. Audio recordings and transcripts were securely stored on an encrypted flash drive and will be retained for two years, after which they will be destroyed in 2025.

Participants

The participants in this study comprised PLHIV within the age range of 18 to 59 years, currently undergoing ART in primary HIV care facilities situated in selected cities in Metro Manila. Additionally, we extended inclusion to PLHIV, who is not residing in Metro Manila but is receiving treatment in the specified cities. However, those PLHIV who expressed unwillingness to participate, declined to provide consent, or were deemed ineligible due to hearing or speaking conditions were excluded from the study.

Measures

We gathered sociodemographic data from PLHIV through a concise one-page information sheet. The sheet encompassed key details such as sex, age, education, current location, employment status, duration of treatment, and the previous clinic attended by PLHIVs.

We developed the topic guide (Supplementary file 1) following suggestions from previous literature on formulating guide questions.²² The topic guide underwent validation processes, including content validation and face validity testing by three professionals—a psychometrician and two pharmacists. The input from these experts contributed to the modification of the topic guide. Before the actual interviews, we conducted pretesting to assess the appropriateness of the initial guide and ensure it was respectful to potential participants. The questions were designed to delve into factors influencing the satisfaction of PLHIV and gather their perspectives on treatment facilities. Following validation and pretesting, the topic guide was finalized, comprising three sections:

- **Section 1: General questions** focusing on patient's personal experiences, insights, and suggestions regarding their treatment hub;
- **Section 2: Healthcare facility** includes the length of stay when receiving the treatment, location of the primary care facility, scheduling of appointment, waiting time, and physical environment;
- **Section 3: Healthcare providers and staff** which include comments about the information provided, attitudes, availability, and management of the consultation.

Data Analysis

Two authors transcribed all the audio-recorded in-depth interviews verbatim in Filipino. During the data analysis, we implemented a participant feedback process, where participants verified transcribed data to ensure its accuracy

and authenticity. This step enabled them to evaluate data adequacy, preliminary findings, and validate specific aspects. Following this, two authors utilized a deductive-inductive thematic analysis approach, supported by MAXQDA software for coding and data management. The software utilized four main windows: one for displaying project data, another for managing codes and classifications, a third for proofreading, and a fourth for retrieving and reviewing coded content. Codes were categorized with customizable colors, enabling users to assign specific colors to categories without carrying them across the entire category.^{4,23}

Both inductive and deductive approaches were applied in the analysis. Inductive reasoning allowed themes to emerge organically from the data, while deductive reasoning helped refine and validate these themes within the study's framework. The codes were grouped, reviewed, and re-evaluated to form the final themes, identifying the key factors affecting patient satisfaction in primary HIV care facilities in Metro Manila. Thematic analysis was employed to organize and examine the data systematically.^{24,25}

The analysis process involved reviewing transcribed data to identify recurring themes. Two authors categorized responses under the proposed themes, and discussed and resolved any differences in interpretation. Themes were labeled based on the conceptual framework, with color coding highlighting patterns. Similar codes were then grouped and synthesized into overarching themes, validated by the researchers.

To ensure accuracy and relevance, we conducted member checking with participants to verify the resonance of the findings with their experiences. Peer debriefing sessions were also held with healthcare professionals from primary HIV care facilities to validate the findings and refine the analysis process based on their feedback.

All shared information was anonymized by removing identifying details to safeguard confidentiality while enabling valuable input from healthcare professionals. Additionally, to incorporate reflexivity and positionality in the research analysis, we engaged in self-reflection and ongoing dialogue with co-researchers to recognize and address potential biases that could influence the study's results.

The qualitative methodologies and outcomes were documented in compliance with the guidelines outlined in the Consolidated Criteria for Reporting Qualitative Studies (COREQ).²⁶

Ethical Considerations

We secured approval from the University Ethics Review Committee of Adamson University (2022-02-PHA-24), City District Offices, and the City Health Department. Before conducting in-depth interviews, PLHIVs were provided with an information sheet and a consent form, offering detailed insights into the study's purpose and procedures. We explicitly communicated to PLHIV that they had the right to withdraw from the study at any time, with or

Table 1. Sociodemographic Characteristics of PLHIV (N = 19)

Characteristics	n	%
Age, mean (SD)	31.2 (6.7)	
Sex		
Male	19	100.0
Residency		
NCR resident	18	94.7
Non-NCR resident	1	5.3
Employment status		
Employed	17	89.5
Unemployed	2	10.5
Marital status		
Single	19	100.0
Length of treatment		
<1 year	6	31.6
2-5 years	11	57.9
>5 years	2	10.5
Previous clinic attended		
0 clinic	11	57.9
1-3 clinics	8	42.1

without providing a reason, and without facing any penalties. Additionally, PLHIV were assured that they could refuse to answer specific questions if they chose to do so. It is crucial to note that only the researchers have access to the data provided by PLHIV during the data collection and analysis phases, ensuring confidentiality and privacy. We ensured the confidentiality of the information of the facilities, and participants' identities were not disclosed. Distinct codes were written on the questionnaire to maintain the confidentiality of respondents and facilities.

RESULTS

General Characteristics of PLHIVs

Table 1 shows the sociodemographic characteristics of participants. Of the PLHIV participants, 18 (94.7%) resided in Metro Manila, with 1 (5.3%) being a non-resident. The average age was 31.2 years [standard deviation (SD) 6.7], and all participants were single males. The employment status revealed that 17 (89.5%) were employed, while two (10.5%) were unemployed. Regarding the duration of treatment, two (10.5%) had been receiving treatment for more than 5 years, 11 (57.9%) for a duration between 2 to 5 years, and 6 (31.6%) for less than a year. Additionally, 11 (57.9%) remained in their initial clinic, while 8 (42.1%) had previously received treatment at a different clinic.

Factors Influencing Patient Satisfaction in Primary HIV Care Facilities

Table 2 outlines the factors influencing patient satisfaction in primary HIV care facilities within selected cities in Metro Manila. The evaluated factors encompass tangibles, reliability, responsiveness, assurance, empathy, and location.

Table 2. Factors Influencing Patient Satisfaction in Primary HIV Care Facilities

Key Themes	Categories	Description
Tangibles	Cleanliness	The clinic's cleanliness makes the PLHIVs comfortable to stay inside the facility.
	Small space	PLHIVs state that the clinic's space is small for the number of patients they are accommodating.
	Homelike ambiance	PLHIVs describe the clinics as homey, peaceful, and quiet, making them at ease during their visits.
	Poor ventilation	The waiting area has poor ventilation with insufficient fans, making it uncomfortable for patients to stay any longer in the facility.
Reliability	Efficiency	PLHIV emphasized how they spend an hour or less in the facility for their services.
	Availability of services	PLHIVs mentioned that medication during refills and laboratory testing are always available during the scheduled appointment.
Responsiveness	Attentiveness	Healthcare staff are attentive and respond immediately to a patient's face-to-face or online inquiry concerns. Also, they update patients with their scheduled appointment.
Assurance	Building relationship	Providers and staff are all approachable, polite, and friendly around their patients, making PLHIVs feel safe around the clinic.
	Confidentiality	To protect the patient's information and privacy, rooms were partitioned, and code names were assigned to each patient.
Empathy	Non-discriminatory behavior	The open-mindedness of providers and staff makes it comfortable for PLHIVs to feel at peace during their visit.
Location	Privacy	PLHIVs choose their clinic farther from their home to avoid discrimination and to remain discreet.
	Convenience	Other PLHIVs choose a clinic that is accessible, easy to locate, and within a reasonable distance from their place/workplace.

Tangibles

The first key theme influencing patient satisfaction is "Tangible," which centers on patients' observations related to the physical environment of their attending treatment hub. Four sub-themes emerged under tangible: cleanliness, small space, homelike ambiance, and poor ventilation.

Cleanliness: PLHIVs have noted that their attending clinic was a pleasant place to stay because the surroundings were consistently kept neat every time they visited the treatment hub. It is worth mentioning that the place's cleanliness plays a significant role in their decision to remain in their clinic.

"It's okay, 10 out of 10. The place is good and clean compared to other clinics that I've visited." (Participant J, 29 years)

"I'm not very observant, but I've noticed that when it was renovated, it looked more pleasant and tidy, which is the most important thing here in the clinic." (Participant S, 32 years)

Small space: PLHIV expressed concerns about privacy and confidentiality, which were often compromised due to their clinics' limited space. They suggested expanding the clinics would provide more rooms to accommodate patients, thus protecting their privacy.

"Of course, this is small for the number of patients in this clinic. As you can see, we are crammed into only one room, so we can no longer maintain the privacy and confidentiality policy." (Participant E, 29 years)

"This can be improved more, what is it called, maybe the facilities should be renovated, so that more people can come here because I feel like they have a lot of clients, maybe they can just extend their clinic, maybe twice bigger of the place." (Participant A, 46 years)

Homelike ambiance: Despite the small size of their treatment hub, PLHIVs shared that they feel comfortable visiting due to the peaceful and quiet ambiance, along with improved lighting in both the waiting and consultation areas. This environment helps PLHIVs feel at ease during their clinic visits.

"It is very clean and not polluted. This place is nice since it's peaceful and quiet. It feels good to get checked up when your environment is at peace." (Participant A, 46 years)

"The clinic is clean. Once you enter, you feel comfortable, maybe because of the lighting, it gives a tidy vibe." (Participant O, 24 years)

Poor ventilation: PLHIVs also noted that the clinic's waiting area lacks proper ventilation, which occasionally makes them uncomfortable due to feeling hot while waiting.

"Physical environment..um..in the clinic itself it is a bit hot but it's okay, the heat is also tolerable." (Participant K, 32 years)

"It's okay, ma'am. It's just a little hmmm...what is it called? It is a little hot up there since there is only one electric fan, that's all I can say." (Participant L, 26 years)

Reliability

The second key theme regarding factors influencing patient satisfaction is "Reliability," which emphasizes the treatment hubs' ability to consistently deliver promised services. Two sub-themes emerged under reliability: efficiency and availability of services.

Efficiency: PLHIV emphasized their satisfaction with the facility's efficiency, noting that their medication refills typically take less than an hour. They acknowledged that the duration might vary if there were laboratory tests, which usually require around an hour – a timeframe they considered acceptable. Additionally, PLHIV expressed contentment with the waiting time, noting that it was shorter than their expectations, contributing to an overall positive perception of the service.

"When I have my refill here, it will only take less than 30 minutes. But, it depends if you need to have CD4 and viral load. Of course, if there are many patients you need to line up." (Participant E, 29 years)

"Uhm actually no, I only stay in here for around 20 to 25 minutes, it doesn't take a whole day to refill medication. I usually go here every Monday or Thursday since that's my schedule for refills, and I make sure that I'll go here early to line up, but the waiting time is just fine, not too long." (Participant B, 31 years)

"If it's only a medication refill, the minimum time will be 5 minutes and the maximum time will be 10 minutes. But if you will have laboratory testing (CD4 and viral load) that would be around 15 minutes, even though many patients need testing, the waiting time will only take less than 30 minutes." (Participant R, 46 years)

Availability of services: Ensuring that PLHIV consistently take their medication on time is crucial. The scheduling of medicine refills, CD4, and viral load testing is implemented to guarantee medication availability and testing during clinic visits. Importantly, if PLHIV have concerns, scheduling an appointment is not mandatory; they can address their needs spontaneously. One PLHIV highlighted that, despite occasionally arriving late to the clinic due to a busy schedule, health providers still accommodated his needs.

"Since I'm also busy, the clinic is just until 5 pm and sometimes I will arrive past 5. Even though they are closing, staff are still willing to accommodate. That's the reason why I'm comfortable with my case manager." (Participant D, 22 years)

"Uhm, they inform us beforehand if an examination or medical examination is needed. They inform us in advance so that at least we can inform them if we are available at the scheduled time they gave or not. But at the same time, when it comes to refilling the medicines,

we already know the schedule (of the clinic), so any time is fine. Except if there is a CD4 count or viral load because it has a schedule. But we are informed beforehand." (Participant F, 32 years)

Responsiveness

The third key theme under factors influencing patient satisfaction is "Responsiveness," which centers on healthcare workers and staff, and their willingness to help patients and provide prompt service. The sub-theme that emerged under responsiveness is attentiveness.

Attentiveness: Healthcare providers are known for their attentiveness to every patient. They consistently remind patients to take their medication on time and attend scheduled refills. One PLHIV noted that the providers were attentive and responsive, addressing inquiries about their medicines and overall health.

"The management here is good because whenever I ask them about my CD4, they inform me about the result. Even if that information shall not be disclosed. They inform us and explain by saying "You are more contagious, your viral load is much higher than before. We will give you more condoms if you need it." So to their patients, they are loving. They don't want to have more cases. They want to cure everyone who has the disease." (Participant I, 24 years)

"It's good actually that they even update in their personal time. They chat via messenger about what we should do, if we ever need to be here for anything, like this one for the laboratory because they update thru messenger, so the service is actually good." (Participant S, 32 years)

Assurance

The fourth key theme under factors influencing patient satisfaction is "Assurance," which emphasizes healthcare professionals' knowledge and courtesy, and ability to inspire trust among PLHIVs. Two sub-themes emerged under assurance: building relationships and confidentiality.

Building relationship: The relationship between healthcare providers and staff with their patients is crucial to delivering quality healthcare. PLHIV emphasized that providers and staff are approachable and friendly, fostering a comfortable and safe atmosphere within the clinic. The willingness and politeness displayed when addressing their concerns further create an environment where PLHIV feel open and at ease with their healthcare providers.

"It's okay with me, I have no problem with them. In fact, when I didn't go to the clinic, they personally text me or call me to see if I can still go or not. Sometimes I just tell the truth that I can't go because I'm already tired. Actually, their service is good." (Participant L, 26 years)

“The way they explain is good, of course... it is also important the way they communicate to the patients like me. They tell me how we will start our treatment and I should follow it. They were able to explain how to take the medicine properly. It shows that they also think about our welfare and how they handle our health, which is the reason why we are here.” (Participant I, 24 years)

Confidentiality: To ensure compliance with RA 11166 (Philippine HIV and AIDS Policy Act) and safeguard patient privacy, patient information is kept confidential and discreet, respecting each individual's preferences. PLHIV expressed satisfaction, mentioning that their clinics adhere to this rule, providing a secure environment when receiving their treatments.

“Hmm... the good thing is that the clinic provided a division in each room. So, the confidentiality and privacy of the patient were followed. Just in case, we don't want others to see us, the division helps which makes us at ease.” (Participant F, 32 years)

“Confidentiality is being observed which I think matters to us patients. Unlike other clinics that call their patients by names, here they gave us code names to ensure that our personal information wouldn't be disclosed to others. It's nice especially if you are uncomfortable being called by your name.” (Participant F, 32 years)

Empathy

The fifth key theme under factors influencing patient satisfaction is "Empathy," which focuses on the care and individualized attention provided to patients by their healthcare providers and staff. One sub-theme emerged under empathy: non-discriminatory behavior.

Non-discriminatory behavior: The stigma surrounding HIV can profoundly impact the emotional and mental well-being of PLHIV. Many stated the open-mindedness of the staff, and they expressed feeling comfortable around them, noting a complete absence of discrimination between the PLHIV and healthcare providers. One individual mentioned experiencing a sense of belonging, describing the atmosphere as akin to a family and finding peace in the presence of the healthcare providers.

“The first time I went here for an appointment, they didn't judge me. Of course, I told them the story of what I've experienced and I felt that they are open and with no judgment, of course, we know they will not show it, but it is comfortable how they handle that kind of situation.” (Participant D, 22 years)

“One factor why I survived... is because the people here are understanding and they are all very open-minded. Here (clinic) they won't make you feel that they are disgusted around sick people. It's like they think of me as a normal person, and we are all equal. It's peaceful... It feels like we're family and they don't seem to be rude. Once you're at the gate they'll ask how you are, they're very friendly, that's all I can say.” (Participant A, 46 years)

Location

The sixth key theme under factors influencing patient satisfaction is location. This key theme emphasized the importance of ensuring PLHIVs' privacy and the accessible location of their attending clinics. Two sub-themes emerged under location: privacy and convenience.

Privacy: Privacy holds immense importance for PLHIV. Some of them indicated a preference for attending primary HIV care facilities located farther from their homes to maintain discretion. The decision stems from a desire to keep their HIV status confidential, as they express a reluctance for others, including family members, to be aware of their condition.

“There is (clinic) but I prefer not to go there because there are many toxic people, so I rather go to another clinic that is far from the area just for privacy and also the feeling that when I go to a clinic near our place, someone might recognize me. So, I rather go to a clinic where no one knows me.” (Participant B, 31 years)

“I decided to transfer in Clinic A, which is closer to Bulacan, but I cannot choose a clinic within Bulacan because even my own family... my mother was not ready to disclose my status to other people especially to our relatives, and I respect their decision that's why I choose a clinic that is not located in Bulacan.” (Participant E, 31 years)

Convenience: Conversely, some PLHIV highlighted the facility's accessibility, describing it as easy to locate and reasonably close to their residences. Many mentioned that the travel time from their homes or workplaces to the clinics is less than an hour, making it less cumbersome when attending their scheduled appointments.

“First, this is the closest clinic to my house. Also, it's accessible to my workplace. I think it would be unnecessary to look for another hub if there is an available hub near your place.” (Participant Q, 25 years)

“I chose this clinic because it is the closest clinic in my place. At least it will not be a hassle for me to refill my pills. If ever, someone will notice me, it's fine. I'm not ashamed of it.” (Participant I, 24 years)

Table 3. Patients' Suggestions for the Improvement of Primary HIV Care Facilities

Key Themes	Description
Expand the facilities	Expand the facilities to accommodate the increasing number of patients.
Better ventilation	Acquire an air conditioner to cool the waiting area, which was reported to be hot and did not have proper ventilation.
Improve service delivery	Improve service delivery, such as the availability of refills every weekend and additional laboratory tests.
Increase healthcare staff	Increase healthcare staff to avoid avoidable incidents attributed to lack of staff.

Patient’s Suggestions for the Improvement of Primary HIV Care Facilities

Table 3 outlines patients' suggestions for improving primary HIV care facilities. These suggestions encompass expanding facilities, improving ventilation, improving service delivery, and increasing the number of healthcare staff.

Expand the facilities

The facility currently faces challenges in accommodating all patients due to its limited size, prompting a suggestion for the extension of the building.

“The treatment hub should be moved to a better facility that can accommodate the patients since the number of patients is growing.” (Participant E, 29 years)

“This can be improved more, what is it called, maybe the facilities should be renovated, so that more people can come here because I feel like they have a lot of clients, maybe they can just extend their clinic, maybe twice bigger of the place.” (Participant A, 46 years)

Better ventilation

Many PLHIV noted that the waiting area lacks adequate ventilation, resulting in discomfort due to insufficient cooling. Only one electric fan is in place. It was suggested that air conditioning units be installed to cool down the waiting area and enhance overall comfort.

“The waiting area is really hot since there is only one electric fan available. That electric fan is not enough to cover the place since it's stuffy, so the air is not circulating properly inside the area. That's what I've noticed in the waiting area and maybe I'm not the only one who has felt it because others are also using manual fans. That's all for the waiting area.” (Participant Q, 25 years old)

“So far there is nothing (to suggest) but maybe in the waiting area it is hot.” (Participant G, 39 years old)

Improve service delivery

Many PLHIV emphasized that the facility could be further improved by introducing additional services, minimizing patients' need to visit other clinics. Additionally,

a suggestion was made to implement a weekend schedule for refills and testing to enhance accessibility and convenience for the patients.

“Since this is under government control, it is only available during weekdays. If possible, can we have a weekend schedule like every Saturday or maybe once or twice a month that there will be Saturday schedule. But I do understand that it's only available from Monday to Friday.” (Participant T, 36 years)

“Since the medication is only every Wednesday, maybe it can be available everyday or five times a week. Maybe that's all. But we understand why it is scheduled, because the doctor is not here every day and at the same time if it becomes everyday maybe due to the amount of patients, they won't be able to accommodate, so they have to schedule. For example, I'm not available today so I'll have to wait another week for me to be able to get tested, so the next day can be better, right? If not, then I have to wait for another week to be scheduled for the tests I need.” (Participant D, 22 years)

Increase healthcare staff

Insufficient staffing has led to a slowdown in services, particularly during medication refills, and has even resulted in incidents such as the exchange of booklets. Despite the staff's efforts to accommodate every patient, the workload remains overwhelming.

“Of course, if there are more patients, you need to be in the queue because there is also a lack of staff here at the clinic. We understand that because of course there is just one medical technician, so we are just considerate.” (Participant E, 29 years)

“I hope that the staff from the LGU will be increased so that it can be properly accommodated and speed up especially the services provided by the treatment hub. Although it is really fast now, what is better is that there is enough staff, so the staff here are not overworked.” (Participant E, 29 years)

DISCUSSION

Patient satisfaction is vital in the healthcare system as it serves as an indicator of quality services and facilities. Gathering patient opinions helps healthcare administration improve the system and bridge gaps in meeting patient needs. This study identified three main findings focusing on factors influencing patient satisfaction: (1) accessibility of the clinic while protecting patient’s privacy and confidentiality; (2) environment and services of the healthcare facilities; (3) attitude of healthcare providers and staff towards their patients.

Due to privacy concerns and the desire to avoid discrimination, some PLHIVs prefer attending clinics farther from

their homes. However, despite the privacy concerns, most PLHIVs still opt for accessible clinics within a reasonable distance with their residences, valuing convenience and time efficiency, especially as most are employed. PLHIVs mentioned convenience and timesaving as key factors influencing their choice of a nearby clinic, especially because a significant portion of them are employed. A population-based cross-sectional study in sub-Saharan Africa highlighted that proximity to health facilities significantly influences access to proper healthcare; those living closer to such facilities are more likely to seek medical attention, resulting in better health outcomes.¹² Similarly, a cross-sectional study in Lusaka demonstrated that structural barriers, like healthcare facility location and transportation costs, affect long-term patient retention. Neglecting these issues can lead to patient dissatisfaction.²⁷

Moreover, the facility's cleanliness and pleasant ambiance are appraised by patients, contributing to their comfort and peace. However, the small space raises concerns about data confidentiality. One of them expressed discomfort in a cramped room, impacting privacy and confidentiality. This can be compared to a qualitative study in Turkey which revealed that physicians sometimes fail to protect patients' data, leaving confidential files open on their desks. A participant mentioned that people add them on social media after seeing their names on physicians' files, indicating a breach of confidentiality.²⁸ While the facility ensures privacy with specialized staff, long queues and waiting times pose a risk of compromising patient confidentiality, as patients may be seen by others.²⁹ As per the recommendations of PLHIVs, improving the facility involves expansion of the area to accommodate current and future patients adequately. This expansion would also help address any potential privacy concerns. Additionally, PLHIVs have suggested improving ventilation in the facility, especially in waiting areas, as patients often endure discomfort due to inadequate airflow and heat. The design of waiting rooms significantly impacts the patient experience. Proper circulation between rooms in health facilities enhances workflow, efficiency, and patient satisfaction in the healthcare setting.³⁰ Incorporating these recommendations would lead to a more patient-centered and comfortable healthcare facility, ensuring better experiences for both patients and healthcare providers.

The availability of services is crucial for patients to adhere to their treatment plans. In government facilities, services are currently limited to weekdays, prompting PLHIVs to suggest extending operating hours to include weekends. This change would cater to individuals with conflicting work schedules during weekdays. Additionally, there is a request for additional laboratory services to be offered in the same facility, allowing patients to access all the services they need conveniently. A systematic review on the Patient-Centered Medical Home (PCMH), a team-based care model, demonstrates its effectiveness in improving the delivery of preventive care. The PCMH model aims to address patients'

health needs while enhancing their experiences, outcomes, safety, and system efficiency. Its core principles encompass comprehensive team-based care, patient-centric focus, coordinated care across healthcare and community settings, enhanced access through diverse communication methods, and a systemic approach to quality and safety. Therefore, applying such quality improvement programs in primary HIV care facilities can potentially enhance compliance with performance measures.^{31,32}

On the other hand, positive experiences with healthcare providers and staff attitudes significantly influence patients' decision to stay in a treatment facility. Findings showed that PLHIVs feel comfortable with healthcare staff and providers due to their non-discriminatory behavior. This positive experience contributes to their decision to stay and experience a sense of normalcy in their lives through this kind of treatment from their providers. Similar to a cross-sectional study in Tanzania, this finding emphasizes the satisfaction derived from effective staff-patient communication.³³ The absence of stigma among healthcare providers and their commitment to addressing clients' concerns played a role in creating this positive encounter.³⁴ A qualitative study conducted in Canada indicated that a non-discriminatory behavior, treating individuals as ordinary human beings, resonated as genuine with respondents.³⁵ The personalized attention received by the PLHIVs further fostered positive relationships and trust.

Furthermore, the willingness to help and politeness of the staff and healthcare providers made PLHIVs gain trust and build a relationship with them. This created a safe environment for PLHIVs, making them comfortable on each visit or disclosing any personal matters through text messages. This aligns with a cross-sectional mixed method study conducted in Suva Subdivision, which noted doctors' positive communication behavior impacting patient trust. It was also underscored that effective communication strongly emphasized patient trust, which in turn strongly emphasized patient satisfaction, highlighting trust's vital role linking doctors' communication and patient satisfaction.⁸

PLHIVs continue to receive notifications about their schedules or status through text messages or online messages. They find this approach convenient, and they value the proactive nature of the healthcare provider and staff in addressing their needs without requiring prompts. Similar findings were observed in a qualitative study in Zambia, where clients appreciated early phone calls from healthcare workers explaining unscheduled visits. They valued positive interactions, including a welcoming attitude, friendliness, respect, attentive listening, and shared decision-making for future appointments.²⁷ However, PLHIVs have noticed staff are shorthanded in the facility. This lack of staff leads to overworking, which, in turn, can result in avoidable incidents. The scarcity of staff may be linked to internal stigma surrounding the disease. An observational study in India reported discriminatory practices in healthcare facilities

towards clients with HIV, including burning bed linens, billing for infection control supplies, and excessive glove use during interactions.³⁵ These findings highlight the need for greater awareness and sensitivity towards the healthcare needs of PLHIVs to ensure fair and respectful treatment for all patients.

Limitation of the Study

The study has several limitations that should be considered. First, it was conducted in Metro Manila and included only public primary HIV care facilities, meaning the findings may not represent the experiences of all PLHIV in the Philippines. Second, the interviews were conducted exclusively with male PLHIV due to the unavailability of female participants. Future studies should include a more diverse group of participants to provide a more comprehensive understanding of patient satisfaction. Lastly, there may have been social desirability bias, as some participants hesitated to suggest improving the service, possibly due to the perception that they should refrain from offering feedback on a free service. Despite these limitations, the study had significant strengths, particularly in data collection. Interviews were conducted in private rooms to ensure the quality of responses and protect participants from external influences. We also established trust with participants by ensuring their responses remained anonymous, which encouraged them to openly share their experiences and suggestions about attending the clinic.

CONCLUSION

This study highlights the importance of accessibility, a pleasant ambiance, and positive interactions in primary HIV care facilities, with valuable insights from PLHIV informing future improvements. It serves as a useful reference for developing policies and programs in this area, not only within the Philippines but also in similar contexts globally. To achieve optimal outcomes for PLHIV and enhance the overall quality of HIV care, it is crucial for healthcare providers and institutions to consistently monitor and improve patient satisfaction. Increasing staff numbers can boost service efficiency, ensuring timely and effective care. Upgrading air conditioning units in the waiting area would significantly improve patient comfort. As the number of patients grows, expanding the facility to accommodate this increase is essential to maintaining quality care. Future research should consider exploring both public and private primary HIV care facilities within and beyond Metro Manila and involve a more diverse group of participants. Implementing monthly patient satisfaction surveys can also support ongoing facility improvements, ensuring the provision of high-quality healthcare. These findings have the potential to inform HIV care practices globally, especially in low-resource settings, offering valuable lessons for other countries dealing with similar HIV-related challenges.

Statement of Authorship

All authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

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REFERENCES

1. HIV and AIDS [Internet]. World Health Organization. [cited 2023 Jul 9]. Available from: <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>
2. Global HIV & AIDS statistics - fact sheet [Internet]. [cited 2023 Jul 9]. Available from: <https://www.unaids.org/en/resources/fact-sheet>
3. Philippines addresses rising trend in new HIV... [Internet]. [cited 2023 Jul 9]. Available from: <https://doh.gov.ph/node-35110/>
4. Gangcuangco LMA, Eustaquio PC. The state of the HIV epidemic in the Philippines: progress and challenges in 2023. *Trop Med Infect Dis.* 2023 Apr 30;8(5):258. doi: 10.3390/tropicalmed8050258. PMID: 37235306; PMCID: PMC10224495.
5. Villanueva R. Doh logs 120,000 HIV cases [Internet]. Philstar.com; [cited 2023 Jul 13]. Available from: <https://www.philstar.com/nation/2024/02/07/2331500/doh-logs-120000-hiv-cases/amp>
6. HIV/AIDS and ART Registry of the Philippines. [Internet]. January 2021 [cited 2023 Jul 12]. Available from: https://doh.gov.ph/sites/default/files/statistics/EB_HARP_January_AIDSreg2021_0.pdf
7. Gangcuangco LM, Tan ML, Berba RP. Prevalence and risk factors for HIV infection among men having sex with men in Metro Manila, Philippines. *Southeast Asian J Trop Med Public Health.* 2013 Sept; 44(5):810–7.
8. Manzoor F, Wei L, Hussain A, Asif M, Shah SIA. Patient satisfaction with health care services; an application of physician's behavior as a moderator. *Int J Environ Res Public Health.* 2019 Sep 9;16(18):3318. doi: 10.3390/ijerph16183318. PMID: 31505840; PMCID: PMC6765938.
9. Chandra S, Ward P, Mohammadnezhad M. Factors associated with patient satisfaction in outpatient department of Suva Sub-divisional Health Center, Fiji, 2018: a mixed method study. *Front Public Health.* 2019 Jul 2;7:183. doi: 10.3389/fpubh.2019.00183. PMID: 31312630; PMCID: PMC6614334.
10. Biglu MH, Nateq F, Ghोजazadeh M, Asgharzadeh A. Communication skills of physicians and patients' satisfaction. *Mater Sociomed.* 2017 Sep;29(3):192–5. doi: 10.5455/msm.2017.29.192–195. PMID: 29109665; PMCID: PMC5644191.
11. Anhang PR, Elliott MN, Zaslavsky AM, Hays RD, Lehrman WG, Rybowski L, et al. Examining the role of patient experience surveys in measuring health care quality. *Med Care Res Rev.* 2014 Oct;71(5):522–54. doi: 10.1177/1077558714541480. Epub 2014 Jul 15. PMID: 25027409; PMCID: PMC4349195.
12. Akullian AN, Mukose A, Levine GA, Babigumira JB. People living with HIV travel farther to access healthcare: a population-based geographic analysis from rural Uganda. *J Int AIDS Soc.* 2016 Feb 10;19(1):20171. doi: 10.7448/IAS.19.1.20171. PMID: 26869359; PMCID: PMC4751409.
13. Syed ST, Gerber BS, Sharp LK. Traveling towards disease: transportation barriers to health care access. *J Community Health.* 2013 Oct;38(5):976–93. doi: 10.1007/s10900-013-9681-1. PMID: 23543372; PMCID: PMC4265215.
14. De Mesa RYH, Galingana CLT, Marfori JRA, Rey MP, Sundiang NB, Celeste JT, et al. Impact of improved primary care on patient satisfaction: Results of a pilot study in the University of the Philippines. *Int J Health Plann Manage.* 2019 Oct;34(4):e1651–e1660. doi: 10.1002/hpm.2862. Epub 2019 Jul 29. PMID: 31359486.

15. Tenny S, Brannan JM, Brannan GD. Qualitative Study. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan [cited 2022 Sep]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470395/>
16. Umoke M, Umoke PCI, Nwimo IO, Nwalieji CA, Onwe RN, Emmanuel Ifeanyi N, Samson Olaoluwa A. Patients' satisfaction with quality of care in general hospitals in Ebonyi State, Nigeria, using SERVQUAL theory. *SAGE Open Med.* 2020 Jul 27;8:2050312120945129. doi: 10.1177/2050312120945129. PMID: 32782795; PMCID: PMC7385818.
17. City Government of Pasay - City Health Office. PLHIV Case. Pasay City: Metro Manila; 2023.
18. Welcome to fast-track cities: Fast-track cities [Internet]. [cited 2023 Jul 12]. Available from: <https://fast-trackcities.org/>.
19. Department of Health, HIV/AIDS Cases in Manila City [Internet]. [cited 2022 September] Available from: <https://ncroffice.doh.gov.ph/HealthStatistics>.
20. Frey BB. The sage encyclopedia of educational research, measurement, and evaluation. 2018; doi:10.4135/9781506326139.
21. Saunders B, Sim J, Kingstone T, Baker S, Waterfield J, Bartlam B, et al. Saturation in qualitative research: exploring its conceptualization and operationalization. *Qual Quant.* 2018;52(4):1893-1907. doi: 10.1007/s11135-017-0574-8. Epub 2017 Sep 14. PMID: 29937585; PMCID: PMC5993836.
22. Chow MY, Li M, Quine S. Client satisfaction and unmet needs assessment. *Asia Pacific Journal of Public Health.* 2010 Nov 30;24(2):406-14. doi:10.1177/1010539510384843.
23. Dawadi S. Thematic analysis approach: a step by step guide for ELT research practitioners. *Journal of NELTA (J.NELTA).* 2020 Dec 31; 25(1-2):62-71. doi:10.3126/nelta.v25i1-2.49731.
24. Tran BX, Nguyen NP. Patient satisfaction with HIV/AIDS care and treatment in the decentralization of services delivery in Vietnam. *PLoS One.* 2012 Oct 5;7(10). doi: 10.1371/journal.pone.0046680.
25. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006 Jan;3(2):77-101. doi: 10.1191/1478088706qp0630a.
26. Tong A, Sainsbury P, Craig J. Consolidated Criteria for Reporting Qualitative Research (COREQ): A 32-item checklist for interviews and focus groups. *Int J Qual Health Care.* 2007 Sept 16;19(6):349-57. doi:10.1093/ntqhc/mzm042
27. Mukamba N, Chilyabanyama ON, Beres LK, Simbeza S, Sikombe K, Padian N, et al. Patients' satisfaction with HIV care providers in public health facilities in Lusaka: A study of patients who were lost-to-follow-up from HIV care and treatment. *AIDS Behav.* 2020 Apr;24(4):1151-1160. doi: 10.1007/s10461-019-02712-4. PMID: 31673912; PMCID: PMC7082366.
28. Senyurek G, Kavas MV, Ulman YI. Lived experiences of people living with HIV: a descriptive qualitative analysis of their perceptions of themselves, their social spheres, healthcare professionals and the challenges they face daily. *BMC Public Health.* 2021 May 12;21(1):904. doi: 10.1186/s12889-021-10881-y. PMID: 33980195; PMCID: PMC8117647.
29. Bond V, Nomsenge S, Mwamba M, Ziba D, Birch A, Mubekapi-Musadaidzwa C,; HPTN 071 (PopART) study team. "Being seen" at the clinic: Zambian and South African health worker reflections on the relationship between health facility spatial organisation and items and HIV stigma in 21 health facilities, the HPTN 071 (PopART) study. *Health Place.* 2019 Jan;55:87-99. doi: 10.1016/j.healthplace.2018.11.006. PMID: 30528346; PMCID: PMC6358039.
30. Ismayadi H, Tutuko P, Winansih E. Affecting waiting rooms as key to patient satisfaction in public health centers. *Proceedings of International Conference of Graduate School on Sustainability. 7th ICGSS Sustainable Innovation Legal Policy, Alternative Technology and Green Economy.* 2022;7:64-72. doi.org/10.26905/icgss.v7i1.9100.
31. Keller SC, Yehia BR, Momplaisir FO, Eberhart MG, Share A, Brady KA. Assessing the overall quality of health care in persons living with HIV in an urban environment. *AIDS Patient Care STDS.* 2014 Apr;28(4):198-205. doi: 10.1089/apc.2014.0001. PMID: 24654969; PMCID: PMC3985506.
32. Jackson GL, Powers BJ, Chatterjee R, Bettger JP, Kemper AR, Hasselblad V, et al. The patient centered medical home. A systematic review. *Ann Intern Med.* 2013;158(3), 169-178. <https://doi.org/10.7326/0003-4819-158-3-201302050-00579>.
33. Buluba SE, Mawi NE, Tarimo EAM. Clients' satisfaction with HIV care and treatment centres in Dar es Salaam, Tanzania: A cross-sectional study. *PLoS One.* 2021 Feb 22;16(2):e0247421. doi: 10.1371/journal.pone.0247421. PMID: 33617557; PMCID: PMC7899352.
34. Nyblade L, Srinivasan K, Mazur A, Raj T, Patil DS, Devadass D, et al. HIV Stigma Reduction for Health Facility Staff: Development of a Blended- Learning Intervention. *Front Public Health.* 2018 Jun 21;6:165. doi: 10.3389/fpubh.2018.00165. PMID: 29977887; PMCID: PMC602151.
35. Feng I, Brondani M, Bedos C, Donnelly L. Access to oral health care for people living with HIV/AIDS attending a community-based program [Internet]. U.S. National Library of Medicine; 2020 [cited 2022 Sept]. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7533800/>

SUPPLEMENT

Table 1. Topic Guide for Interview

Section 1. General Questions
<ol style="list-style-type: none"> 1. How was your experience in this clinic as a patient? 2. Why did you choose this clinic for your treatment? 3. What do you feel when receiving your treatment here in the clinic? 4. What do you think when visiting this clinic? 5. What is/are your negative experience/s in this clinic? What is/are the thing/s you did not like in this clinic? Why? 6. What do you suggest in the improvement of this clinic? 7. Is there anything else you would like to share about your experience at this clinic?
Section 2. Healthcare Facility
<p>A. Location</p> <ol style="list-style-type: none"> 1. Where do you live? 2. How was your experience in locating this clinic? <p>Probes:</p> <ul style="list-style-type: none"> • How do you get here in the clinic? • How long do you travel? What transportation do you use? <ol style="list-style-type: none"> 3. Why did you choose this clinic?
<p>B. Time</p> <ol style="list-style-type: none"> 1. Does the clinic require scheduled appointments or do they allow walk-in patients? <p>Probes:</p> <ul style="list-style-type: none"> • If the clinic requires a scheduled appointment, how was your experience in arranging your appointment? • Only if the participant mentioned problems encountered: How was it resolved?
<p>C. Physical Environment</p> <ol style="list-style-type: none"> 1. What can you say about the physical environment of the clinic? <p>Note: Follow-up questions might occur depending on the response of the participants</p>
<p>D. Services</p> <ol style="list-style-type: none"> 1. How is your experience with the services that the clinic provides you?
Section 3. Healthcare Providers and Staff
<ol style="list-style-type: none"> 1. How is your relationship with your healthcare provider/ staff? 2. How are your healthcare providers handling your treatment? 3. What kind of healthcare providers do you usually meet when you come here?