HEALTHCARE ACCESS IN RELATION TO THE PERCEIVED QUALITY OF LIFE OF ELDERLY POPULATION

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MISAMIS UNIVERSITY

MAY 2025

HEALTHCARE ACCESS IN RELATION TO THE PERCEIVED QUALITY OF LIFE OF ELDERLY POPULATION

An Undergraduate Thesis

Presented to the Faculty of the College of Nursing,

Midwifery and Radiologic Technology

Misamis University,

Ozamiz City

In Partial Fulfillment of

the Requirement for the

Degree Bachelor of

Science in Nursing

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CERTIFIED: ISO 21001: 2018 Educational Organizations Management System by DNV

ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)

CERTIFICATE OF PANEL APPROVAL

In partial fulfillment of the requirements of the Bachelor of Science in Nursing Degree, this research study entitled, "HEALTHCARE ACCESS IN RELATION TO THE PERCEIVED QUALITY OF LIFE OF ELDERLY POPULATION", prepared and submitted by Perales, Kira Mae D., Peralta, Alick Josh N., Ratilla, Isabella Cassandra S., Rosal, Suzanne Mae O., Sarzuelo, Sofia Loren L. has been examined and recommended for acceptance and approval

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ABSTRACT

As the elderly population continues to grow, ensuring timely and appropriate healthcare access is vital to maintaining their quality of life. In the Philippines, despite the Universal Health Care Act, older adults especially in underserved communities still encounter significant barriers. This study examines the relationship between healthcare access and perceived quality of life among the elderly in selected barangays of Ozamiz City, aiming to highlight the importance of accessible healthcare. Anchored in Pender's Health Promotion Model, which underscores the importance of proactive health behaviors and environmental interaction in achieving overall well-being. A descriptive-correlational quantitative design was used. Stratified random sampling was applied to select 300 elderly respondents, and data were gathered using validated researcher-made questionnaires. Statistical analysis revealed that respondents generally rated both their healthcare access and perceived quality of life as 'Very Good,' suggesting that the local healthcare system is effectively addressing the specific needs of the elderly, thereby contributing to improved health outcomes and overall quality of life. Among the five dimensions, healthcare access affordability and accommodation emerged as the most significant determinants influencing multiple domains of perceived quality of life, emphasizing that financial capacity and service adaptability are primary factors in elderly well-being. Specifically, healthcare access affordability emerged as the sole significant predictor of overall perceived quality of life among the elderly in this study. This study adds to knowledge on elderly healthcare by identifying key access factors and can guide policymakers in designing inclusive, evidence-based interventions for aging populations.

Keywords: *affordability, elderly, healthcare access, perceived quality of life*

DEDICATION

We, the researchers, humbly dedicate this research paper to Almighty God, whose unwavering guidance and strength have been our foundation throughout this journey. His blessings have carried us through every challenge, allowing us to complete this research successfully.

To our beloved parents, siblings, and friends, we offer our deepest gratitude. Your constant encouragement, support, and love have been our pillars of strength. Your belief in us has been a beacon of hope and motivation, especially during the toughest times of this endeavor.

A heartfelt thank you to our research adviser, Mr. Louie Jay O. Adlao, whose invaluable guidance, support, and expertise have been instrumental in shaping this study. Your dedication to our success has inspired us to reach new heights.

The Researchers

ACKNOWLEDGMENTS

This study would not have been fulfilled without the grace and strength granted by our Almighty God. His guidance provided us with the perseverance to overcome challenges and complete our research journey. We are deeply thankful for His constant presence and blessings. To Him be all the glory and honor.

Our deepest gratitude goes to Mr. Louie Jay O. Adlao, our dedicated research adviser. His guidance, wisdom, and unwavering support helped shape this study into its best form. He patiently walked with us throughout the process, offering valuable insights and encouragement, this truly inspired us to persevere.

We also wish to extend our sincere appreciation to our respected panel members: Dr. Merasol O. Duyag, Mrs. Maebil Marie B. Go, and Mrs. Susan N. Santos. Their expert evaluations, thoughtful suggestions, and encouraging remarks significantly enhanced the quality of our work. Furthermore, we extend our heartfelt thanks to our statistician, Mr. Joebeth C. Bergado, for his invaluable guidance and expertise in analyzing our data.

We would also like to acknowledge our families and friends for their steadfast support. Their patience, understanding, and love gave us strength throughout this academic endeavor. They stood by us in moments of doubt and provided the motivation we needed to keep going.

Lastly, we are thankful to all the respondents and contributors who became part of this research. Their willingness to cooperate and share their experiences added great value to our study. Without their participation, this research would not have been possible.

The Researchers

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INTRODUCTION

Rationale/Background of the Study

Global aging is a significant demographic trend with profound implications for healthcare systems, social welfare, and economic structures worldwide. As life expectancy continues to rise and fertility rates decline, the elderly population (those aged 60 and above) is expanding rapidly. In the Philippines, this group accounted for 8.6% of the population in 2019, and by 2050, it is projected to represent 16.5% of the total population (United Nations, 2019). This demographic shift presents substantial challenges for the country, including increasing demand for healthcare services, pension systems, and economic productivity (National Institute on Aging, 2020). In low- and middle-income countries, where aging populations are growing at an even faster rate, healthcare systems face increasing pressure to meet the needs of older adults. The elderly population is expected to reach 2.1 billion globally by 2050 (Felex-Nobrega et al., 2021).

Access to healthcare is a critical determinant of perceived quality of life (PQOL), especially for older adults. As people age, they face an increased incidence of chronic conditions, physical limitations, and cognitive impairments, all of which require timely, accessible, and appropriate healthcare services. Access to healthcare not only ensures early detection and management of health conditions but also promotes overall well-being by enabling access to essential support services. When healthcare is accessible, elderly individuals are more likely to receive the treatments they need, which helps prevent or manage illnesses before they become debilitating (Zhang et al., 2019; Yamada et al., 2018). Additionally, healthcare access plays a crucial role in maintaining the independence of

elderly individuals, enabling them to remain active in their communities, engage in social activities, and preserve their cognitive and physical functions.

Perceived quality of life (PQOL) in later life is recognized as a multidimensional construct that includes physical health, psychological well-being, level of independence, social connections, and an individual's interaction with their surrounding environment (WHOQOL Group, 2020). Within the context of aging, perceived quality of life serves as a key indicator of successful aging, encompassing not only the absence of illness but also the presence of positive life experiences, personal autonomy, and meaningful social integration (Power et al., 2021; Moens et al., 2022). Older adults with consistent and equitable access to healthcare services are more likely to report higher levels of PQOL, particularly with regard to physical mobility, emotional stability, and the ability to perform activities of daily living independently (Olivares-Tirado & Tamiya, 2021). In contrast, inadequate access to healthcare may lead to undiagnosed or poorly managed health conditions, resulting in greater functional decline, loss of independence, and diminished overall life satisfaction.

Healthcare access also significantly influences the psychological and emotional well-being of older adults. A lack of timely or adequate healthcare can lead to feelings of isolation, anxiety, and helplessness, which negatively impact overall life satisfaction. Conversely, elderly individuals with reliable access to healthcare services are more likely to report higher levels of psychological resilience, better self-rated health, and greater engagement with their social support networks (Carandang et al., 2020). The ability to manage health conditions effectively through access to healthcare contributes to a sense of control, self-worth, and social inclusion, key components of a high quality of life.

Moreover, healthcare access is intrinsically linked to physical health outcomes. Elderly individuals with limited access to healthcare often experience more severe health complications due to delayed treatments or unmet medical needs. For example, conditions such as arthritis, visual impairments, infections, and cardiovascular diseases, which are common in aging populations, can severely affect mobility, independence, and overall functionality (Statista, 2019). However, when these conditions are appropriately managed through accessible healthcare, older adults can maintain a higher level of independence and engage more fully in daily activities, thus enhancing their quality of life.

Despite the growing recognition of the importance of healthcare access for the elderly, challenges remain in ensuring that these services are available and effective. The Philippine government has made significant strides toward addressing healthcare needs through the Universal Health Care Act (RA 11223), which seeks to provide affordable and quality healthcare for all citizens, including the elderly (Arellano Law Foundation, 2019). While the Act represents a crucial step in improving healthcare access, barriers to care remain, particularly in rural and semi-urban areas, where limited healthcare facilities and resources hinder elderly access to care.

Although existing literature has examined the relationship between healthcare access and perceived quality of life (PQOL) among older adults in various global contexts, there is a limited body of research that specifically addresses this relationship within the Philippine setting, particularly at the community level. Many previous studies have tended to focus on institutionalized elderly populations or address healthcare access and quality of life as separate constructs, thereby failing to capture the complex, interrelated nature of these variables in non-clinical, community-based environments.

Although healthcare access is recognized as a multidimensional concept encompassing availability, accessibility, affordability, acceptability, and accommodation, existing studies often examine these dimensions in isolation rather than assessing their combined effects on health outcomes (Levesque et al., 2013; Cu et al., 2021). Moreover, research linking specific healthcare access dimensions to multiple domains of quality of life particularly physical, psycho-emotional, and social functioning among older adults remains limited. While some studies suggest an association between healthcare access and quality of life, localized evidence from semi-urban or rural settings is scarce, where access barriers are more pronounced and context-specific (Cu et al., 2021). This gap highlights the need for localized research that comprehensively examines how distinct healthcare access dimensions influence the perceived quality of life of the elderly.

This study seeks to investigate the extent to which healthcare access influences the quality of life of elderly individuals residing in selected barangays in Ozamiz City. It aims to provide context-specific insights that can inform policy development and support the creation of more inclusive, equitable, and elderly-centered healthcare systems in the Philippines.

Theoretical Framework

The theoretical foundation for this study is Nola Pender's Health Promotion Model, first published in 1992. This theory guided the researcher in examining the dynamic relationship between healthcare access and the perceived quality of life among the elderly population. Pender's Health Promotion Model emphasizes the multidimensional nature of individuals as they interact with their environment in the pursuit of health and well-being.

(Santos et al., 2025) It moves beyond the traditional concept of health as merely the absence of disease. Instead, it positions health as a positive evolving state that requires the proactive engagement in health-promoting behaviors (Pender, 2011).

According to Pender (1996), the Health Promotion Model identifies various key factors that influence an individual's health behaviors, including personal characteristics and experiences, perceived benefits of action, perceived barriers to action, perceived self-efficacy, interpersonal influences, and situational factors (Cardoso et al., 2021). These elements directly shape one's commitment to health-related actions and ultimately the likelihood of engaging in behaviors that promote well-being (Chen & Hsieh, 2021). This theory assumes that individuals are capable of self-initiated change and are influenced by internal cognition and external social-environmental contexts (Pender, Murdaugh, & Parsons, 2011).

In this study, the elderly population's access to healthcare is evaluated through the lens of these components. The five dimensions of healthcare access namely, availability, accessibility, affordability, acceptability, and accommodation are framed as situational and interpersonal influences that can either enhance or impede health-promoting behaviors among adults (Cardoso et al., 2021). It provides a framework for understanding how access to, or lack thereof, healthcare services can influence an individual's ability to engage in and sustain health-promoting behaviors (Jalali et al., 2023). For example, if healthcare services are readily available and geographically accessible, and if older adults perceive them to be affordable, culturally appropriate, and responsive to their specific needs (e.g., mobility assistance, respectful treatment), they are more likely to engage in regular health check-ups, adhere to medication regimens, and seek preventive care (Cardoso et al., 2021).

Conversely, barriers in any of these healthcare access variables, such as long travel distances, high out-of-pocket costs, language barriers, and unwelcoming healthcare environments, can act as inhibitors to engagement in health-promoting behaviors (Cardoso et al., 2021). These barriers contribute to delays in care, unmet healthcare needs, and increased physical and emotional stress, particularly among the elderly population, who are often dealing with chronic illnesses, reduced mobility, and cognitive decline (Chen & Hsieh, 2021). In this theory, these five obstacles are considered perceived barriers to action, which significantly lower the likelihood that an individual will commit to or sustain health-promoting behaviors (Pender, 2011).

Moreover, perceived self-efficacy, another core factor of Pender's theory, is particularly important in the elderly population. It refers to an individual's belief in their capacity to take action and manage their health (Chen & Hsieh, 2021). Among the elderly, confidence in navigating the healthcare system, making informed decisions, and adhering to treatments is often influenced by previous experiences, cognitive or physical limitations, and social support (Cardoso et al., 2021). A high level of self-efficacy can empower elderly individuals to actively seek care, follow prescribed regimen, and engage in preventive behaviors, all of which contribute to improved health outcomes and well-being (Pender, 2011).

By viewing healthcare access through the framework of Pender's Health Promotion Model, this study highlights how barriers or facilitators to accessing healthcare influence not only health outcomes but also the broader aspects of quality of life (Cardoso et al., 2021). When the elderly population perceives healthcare as accessible, affordable, and practical, they are more likely to engage in behaviors that promote longevity,

independence, and overall well-being. In contrast, limited access can lead to delayed diagnoses, unmanaged conditions, psychological distress, and reduced functionality, all of which diminish their quality of life (Pender, 2011; Jalali et al., 2023).

The application of Pender's Health Promotion model in related studies further supports its relevance to the present research. For instance, Alaviani et al. (2015) implemented a multi-strategy intervention among elderly women to reduce loneliness by improving social behaviors. Their research demonstrated that the constructs of the Health Promotion Model, such as perceived benefits, perceived barriers, interpersonal influences, and self-efficacy, can be strategically addressed to influence behavior and enhance psycho-social well-being in older adults. The intervention significantly reduced loneliness by increasing the participants' confidence in their ability to communicate and maintain social relationships, while also identifying and addressing the environmental and personal obstacles that prevented engagement in these behaviors. This finding supports the notion that both internal beliefs and external conditions must be considered when promoting healthy behavior among older individuals. In relation to the present study, Alaviani et al.'s study highlights how modifying key Health Promotion Model constructs can improve quality of life. While their focus was on reducing loneliness, the principle applies similarly to healthcare access. This study views healthcare access not only as a physical or economic issue but also as a behavioral and perceptual factor. When healthcare is available, affordable, and culturally appropriate, it may act as a facilitator for elderly individuals to engage in consistent health-promoting actions, just as enhanced social behavior improved well-being and quality of life in the Alaviani study.

Similarly, Chen and Hsieh (2021) applied the Health Promotion Model to identify

factors influencing the participation of older adults in community-based health promotion activities. Their findings revealed that perceived benefits had the strongest association with participation, followed by self-efficacy and age. Older adults were more likely to engage in these activities when they believed the outcomes would be positive and when they felt confident in their ability to take part. Additionally, the presence of encouraging environments, accessible community centers, and social support further contributed to greater involvement. This study shares a similar perspective, recognizing that healthcare access extends beyond the mere availability of services (Santos et al., 2025). It is shaped by how older adults 7 perceive the usefulness of these services, their confidence in accessing them, and the presence of social or environmental support. Just as Chen and Hsieh's study found that these factors were critical to participation in community programs, this study asserts that they are equally important in influencing the health behaviors and quality of life of the elderly. The alignment between these studies and the current research demonstrates the strength of the Health Promotion Model in understanding the broader context in which elderly individuals make health-related decisions, especially in relation to the accessibility and utilization of healthcare services (Cardoso et al., 2021).

Ultimately, this theoretical framework supports the study's goal of examining how healthcare access directly correlates with and affects the perceived quality of life of the elderly (Pender, 2011; Jalali et al., 2023). It underscores the need for person-centered, accessible, and culturally appropriate healthcare systems that empower the elderly population to maintain their independence and thrive in their later years (Cardoso et al., 2021). This alignment of theory not only provides direction for data analysis but also offers insights into how healthcare systems can be restructured to meet the evolving needs of an

aging population.

Conceptual framework

In the context of an aging population, the accessibility and quality of healthcare services have become critical determinants of the well-being of the elderly. As individuals age, they often face multiple health challenges that require frequent and sustained engagement with the healthcare system. However, challenges in healthcare access shaped by socio-economic status, geographic location, and healthcare services can significantly influence their perceived quality of life. Understanding the dimensions of healthcare access is essential for identifying the specific barriers that prevent older adults from receiving timely, adequate, and acceptable care. This framework provides a lens through which these dimensions can be examined in relation to the physical, psycho-emotional, social, and overall well-being of the elderly (Levesque et al., 2013; WHO, 2021; Charlesworth et al., 2022).

Healthcare access refers to an individual's ability to obtain and effectively utilize health services that are timely, appropriate, and tailored to their specific needs and circumstances. It goes beyond the mere availability of health resources, encompassing individuals' capacity to navigate and benefit from the healthcare system. Ensuring access involves addressing various factors that influence whether healthcare services meet the population's needs and identifying barriers that hinder optimal utilization (Levesque et al., 2019; Peters et al., 2019; O'Donnell, 2020).

According to Penchansky and Thomas (2019), healthcare access can be understood through five key dimensions: availability, which examines the adequacy of healthcare

resources and services; accessibility, which evaluates the ease of reaching healthcare facilities; affordability, which considers the financial burden of care; acceptability, which pertains to the cultural and ethical alignment of services with patient expectations; and accommodation, which looks at how healthcare services are organized to meet patient needs. These dimensions are essential for developing strategies that promote equitable access to healthcare and improve health outcomes (Levesque et al., 2013; Peters et al., 2008; WHO, 2021).

Availability refers to the extent to which supply and services are made readily available, in terms of the adequacy of facilities and healthcare professionals (Levesque et al., 2019; Penchansky & Thomas, 2017). A key factor in healthcare access is the availability of services, influenced by the number of facilities and specialists in a region. Increased healthcare costs and out-of-pocket expenses, lower annual income, and little to no supplemental health insurance coverage led to reductions in access and utilization of necessary routine healthcare (Fitzpatrick et al., 2020; Dutta et al., 2021; World Bank, 2021).

In countries with inadequate investment, a shortage of healthcare professionals may occur, particularly in rural or underserved areas, resulting in limited access for the elderly population. However, older adults often face barriers to addressing these determinants when accessing healthcare services, including a lack of confidence in meeting their needs, limited awareness of local community resources, and inadequate consultation time. This influences healthcare providers' ability to adopt a holistic approach to person-centered care, including eliciting patients' concerns and addressing their social challenges (Toal-Sullivan et al., 2024; Charlesworth et al., 2022; Phung et al., 2022).

Accessibility, which refers to the geographic location of a patient in relation to the location of facilities, including perceptions of spatial distance and travel time to reach the facility (Obrist et al., 2018; Penchansky & Thomas, 2020). There has been increasing attention on the unequal access to healthcare facilities across the country, a crucial factor for the effective planning and fair distribution of healthcare services for the general population (Wang, 2012; Zhao et al., 2020; WHO, 2022).

Studies from Belgium (Dewulf et al., 2013), England (Bauer et al., 2018), Germany (Bauer et al., 2020), and Portugal (Lopes et al., 2019) have shown that spatial accessibility is generally better in significant cities and worse in suburban and rural regions. Murphy et al. (2014) state that significant barriers, such as transportation sources, distance to care, social isolation, financial limitations, limited access to hospitals and pharmacies, limited availability of primary care providers, and a lack of specialized care within the area, prohibit or block the elderly's access to healthcare. Health and social services are often accessed through numerous avenues and are delivered in a fragmented manner, resulting in duplication, service gaps, and inefficient resource utilization (Elderly Housing Coalition, 2019; Dulla & Yusof, 2023; Adhikari & Khanal, 2024).

Affordability in healthcare refers to individuals' perception of costs associated with accessing services, including consultation fees, travel expenses, and medical costs. This dimension significantly impacts healthcare access, as financial barriers can deter individuals from seeking necessary care (Levesque et al., 2019; Peters et al., 2019). When healthcare costs become burdensome, individuals, especially those from lower-income backgrounds, may forego essential services, thereby exacerbating health disparities (Kim et al., 2023; Ofori-Asenso et al., 2023).

A study in South Africa highlighted the stark differences in healthcare access based on income. Residents in high-income areas reported minimal difficulties in accessing high-quality, supportive healthcare services. In contrast, individuals in lower-income areas encountered a range of barriers, such as unresponsive healthcare services and low levels of trust in the healthcare system. These financial constraints and service challenges contribute to significant unmet healthcare needs, further emphasizing how affordability shapes healthcare access (Adhikari & Khanal, 2024; WHO, 2023; Balogun et al., 2023).

Acceptability refers to the extent to which healthcare services are perceived as adequate and appropriate by the population, based on the quality of care, interpersonal treatment, and alignment with cultural, ethical, and personal expectations (Levesque et al., 2019). It encompasses key factors such as the communication skills, attitudes, and competence of healthcare providers, which directly impact the patient-provider relationship and trust (Sekhon et al., 2017; Kaur et al., 2021; Yamashita et al., 2021).

Patients are more likely to access and utilize healthcare services when they feel respected and understood, and when providers demonstrate empathy, active listening, and professionalism. Conversely, a lack of these attributes can lead to dissatisfaction, reduced engagement, and barriers to care (Kaur et al., 2021; Keisler et al., 2022; Charlesworth et al., 2022).

For the elderly, acceptability is particularly crucial, as they often face additional challenges such as complex health needs, limited mobility, and a higher dependency on providers for clear communication and emotional support. Providers' ability to foster a welcoming environment and accommodate diverse needs directly influences the effectiveness of person-centered care (Toal-Sullivan et al., 2024; WHO, 2021; Phung et

al., 2022).

Lastly, *accommodation* refers to how healthcare resources are organized to meet the needs of clients, including the availability of appropriate facilities, appointment systems, operating hours, walk-in services, and communication tools such as telephone services. It also considers clients' ability to adapt to these organizational factors and their perceptions of the system's appropriateness (Levesque et al., 2013; Obrist et al., 2019; Penchansky & Thomas, 2019).

Some older adults living with spouses have reported significant challenges in accessing healthcare services, including difficulties traveling to hospitals and enduring long wait times at facilities (BMC Health Services Research, 2024; Keisler et al., 2022; Yamashita et al., 2021). Many expressed frustrations over the scarcity of essential medicines and other resources at healthcare centers. Additionally, they highlighted systemic inequities, noting that preferential treatment was often given to those with personal connections to hospital staff. Without such connections, they experienced prolonged waiting periods, sometimes spending an entire day to see a doctor (Adhikari & Khanal, 2024; WHO, 2023; Balogun et al., 2023).

Perceived quality of life (PQOL) is a comprehensive concept encompassing multiple dimensions, including physical, psycho-emotional, social functioning, and overall well-being. It emphasizes how an individual's health status affects their quality of life, rather than focusing on general health metrics such as life expectancy or disease prevalence. PQOL can be evaluated through several aspects, including physical capabilities, limitations in daily roles due to health issues, bodily discomfort, social interactions, mental health conditions like stress or anxiety, vitality and energy levels, and

overall health perceptions (Prados-Torres et al., 2021). This multidimensional perspective is widely used in evaluating aging outcomes and healthcare interventions (Ware & Sherbourne, 1992; Bowling & Stenner, 2011). Additionally, it allows policymakers and health providers to identify health inequalities and prioritize services for the elderly population (Fernández-Ballesteros et al., 2019).

The *physical domain* encompasses the ability of older adults to perform daily living activities and manage physical tasks without difficulty. This domain evaluates their physical functioning, mobility, and the presence of bodily pain that may hinder day-to-day responsibilities. Limitations in physical capabilities, such as reduced endurance or difficulty in movement, significantly impact their independence and quality of life. Assessing this domain provides insights into the extent of physical health challenges and their influence on overall well-being (Mundal et al., 2022). Furthermore, physical limitations in older adults are directly associated with increased healthcare utilization and risk of institutionalization (Verbrugge & Jette, 1994; Tsuji et al., 2020). Maintaining physical activity and mobility through preventive care also plays a crucial role in reducing the burden of chronic diseases (Chodzko-Zajko et al., 2009).

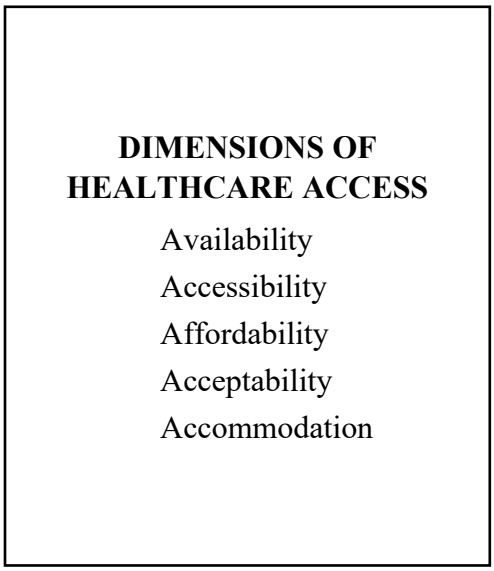
The *psycho-emotional domain* pertains to the emotional and psychological state of older adults, focusing on how their mental health is affected by various conditions. This includes their ability to cope with stress, maintain emotional resilience, and manage feelings of anxiety or depression. A stable psycho-emotional state contributes to better adaptability and overall satisfaction with life, emphasizing the importance of addressing mental health alongside physical care. Understanding this domain helps identify interventions to improve emotional well-being and quality of life (Prados-Torres et al.,

2021). Emotional well-being has been shown to correlate with longer life expectancy and reduced risk of cognitive decline (Steptoe et al., 2015; Diener & Chan, 2011). Mental health support programs, including counseling and social engagement, have been effective in improving this aspect among older adults (Choi et al., 2020).

The *social functioning domain* examines the interactions and relationships of older adults within their communities, including connections with family, friends, and support networks. Maintaining social relationships is crucial for emotional support and reducing feelings of loneliness or isolation. Engagement in social activities fosters a sense of belonging and purpose, which are integral to overall life satisfaction. Analyzing this domain underscores the importance of social inclusion in improving the quality of life for elderly populations (Wang et al., 2023). Social engagement is also positively associated with improved cognitive function and reduced risk of depression in later life (Cacioppo & Cacioppo, 2014; Haslam et al., 2015). Moreover, community-based programs and elder clubs have proven effective in promoting social connectedness and reducing isolation (Nicholson, 2012).

The *general well-being domain* represents an overall assessment of health, including the frequency of illnesses and perceptions of health stability or deterioration. It captures the holistic state of an individual's health, encompassing both physical and mental aspects. Regular health assessments and preventive measures are crucial for maintaining overall well-being and addressing concerns that may compromise quality of life. This domain reflects the cumulative effect of all health factors on an individual's life satisfaction and longevity (Alharbi et al., 2020). A higher sense of general well-being has been associated with improved functional health and lower mortality risk (Stewart-Brown et al.,

2011; Huppert, 2009). Additionally, this domain serves as a reliable indicator for evaluating the responsiveness of health systems and population health status (OECD, 2017).



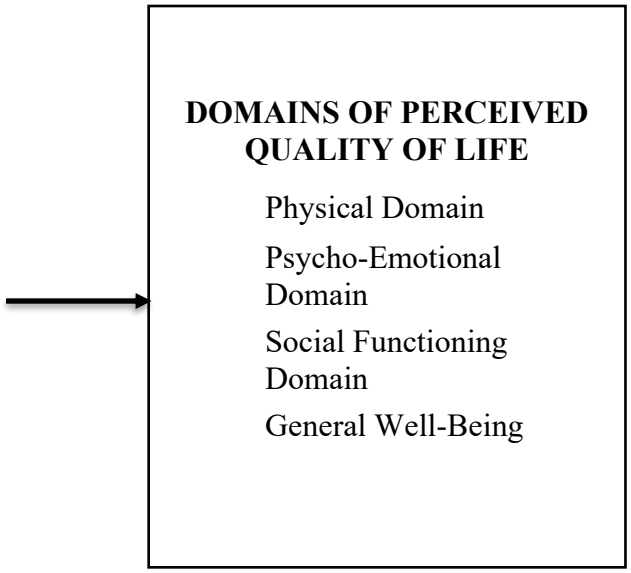


Figure 1. Schematic Presentation of the Study

Objectives of the Study

This study was conducted to determine the relationship between healthcare a

and the perceived quality of life of the elderly, investigating how availability, accessibility, affordability, acceptability, and accommodation to healthcare access impact their overall perceived quality of life. Through this study, understanding their relationship contributes to the creation of targeted strategies to enhance healthcare services and improve the well-being and quality of life of the elderly population.

The study sought answers to the following questions: (1) Assess the respondents' level of healthcare access as to availability, accessibility, affordability, acceptability, and accommodation. (2) Determine the respondents' perceived quality of life as to the physical domain, psycho-emotional domain, social functioning domain, and general well-being. (3) Explore the significant relationship between the respondents' level of healthcare access and their perceived quality of life. (4) Identify the main predictors of healthcare access that greatly influence the quality of life of the elderly.

It is hypothesized that: (Ho1) There is no significant relationship between the respondents' level of healthcare access and their perceived quality of life; (Ho2) Healthcare access is not a predictor of quality of life.

Significance of the Study

This study offers evidence-based insights into how healthcare access influences the perceived quality of life among the elderly population by examining the key dimensions of healthcare access, namely, availability, accessibility, affordability, acceptability, and accommodation. The findings carry significant implications for various sectors, including the elderly population, community stakeholders, healthcare providers, lawmakers, nursing education, and future researchers.

Community. The study benefited communities by raising awareness of the barriers that elderly individuals face in accessing healthcare services. By highlighting these challenges, it encouraged community leaders, local government units, and grassroots organizations to design inclusive and elderly-friendly healthcare programs. Strengthening community-based support systems and promoting public health education can foster a more proactive approach to elder care. Ultimately, improving healthcare access for older adults contributes to the development of healthier communities with reduced medical emergencies and enhanced quality of life for all citizens.

Elderly Population. For the elderly, this study underscored the direct impact of healthcare access on their physical, psychological, and social well-being. It emphasized the value of routine check-ups, preventive health services, and affordable care in promoting independence and improving overall comfort. By identifying existing service gaps and disparities across geographic locations and socio-economic statuses, the study empowers older individuals and their families to advocate for equitable care. Moreover, it highlighted the importance of policy-level changes to ensure that the healthcare system remains inclusive and responsive to the unique needs of aging populations.

Healthcare Providers. The study informed healthcare providers, including nurses, physicians, public health professionals, and allied health workers, about the multifaceted needs of the elderly population. It provided a foundation for patient-centered care that is accessible, affordable, and culturally sensitive. Providers can use the findings to improve service delivery models, tailor interventions to meet the needs of older adults, and implement strategies that address not only physical health but also emotional and social well-being. As a result, this research contributed to the development of more holistic and

compassionate geriatric healthcare practices.

Policy Makers. This research served as an evidence-based resource for lawmakers and policy developers. By shedding light on the direct correlation between healthcare access and quality of life among the elderly, it advocated for the formulation of inclusive public health policies. The study supported the creation of national programs and legislation aimed at expanding healthcare infrastructure, increasing budget allocations for eldercare, and reducing financial burdens through insurance subsidies or community health initiatives. Lawmakers can use this data to inform decisions that promote equitable and sustainable healthcare systems for aging populations.

Nursing Education. The findings of this study were valuable for nursing education, particularly in enhancing gerontological nursing curricula. By integrating the themes of healthcare access and quality of life, nursing programs can better prepare students to address the complex healthcare needs of older adults. Through exposure to these findings, future nurses will gain a deeper understanding of the systemic and interpersonal factors that influence care for the elderly. This resulted in the formation of a competent and empathetic nursing workforce equipped to champion health equity and advocate for aging populations.

Future Researchers. This study provided a strong foundation for future research on healthcare access and geriatric well-being. It identified existing gaps and areas for further inquiry, such as region-specific barriers to access, cultural influences on health-seeking behavior, and long-term outcomes of improved healthcare delivery. Additionally, the study contributed to the broader fields of gerontology, public health, and health policy, encouraging scholars to pursue interdisciplinary approaches in addressing the challenges

faced by the elderly. It fostered a research environment that promotes innovation, inclusivity, and sustainable health interventions.

RESEARCH METHODOLOGY

This chapter describes the research design, research setting, participants, data gathering procedure, data analysis technique, and ethical considerations.

Design

The researchers employed a descriptive-correlational quantitative research design. A correlational design enabled the researchers to identify relationships or predictive

relationships between the variables (Jeon, 2015; Levine et al., 2017). The goal of the presented correlational study was to investigate the relationship between healthcare access and the perceived quality of life among the elderly. Access to healthcare encompasses several critical dimensions, including availability (sufficient resources like facilities and healthcare providers), accessibility (physical and geographic access to services), affordability (financial capacity to afford care), acceptability (cultural values, beliefs, and expectations), and accommodation (how services meet the preferences and needs of individuals). By examining these dimensions, the researchers sought to determine how access to healthcare services influenced the overall well-being of elderly individuals.

Environment

The research was conducted in selected barangays of Ozamiz City, located in the province of Misamis Occidental. Specifically, four barangays with a total population of 1,366 elderly individuals were chosen for this study due to their significant elderly population. These barangays represented diverse living conditions that influenced the quality of life of older adults, including variations in socio-economic status, access to healthcare services, and community support structures. The living conditions across these

areas ranged from urbanized settings with relatively better healthcare facilities rural environments where accessibility to medical services was limited. These differences provided a valuable opportunity to analyze how access to healthcare impacted the perceived quality of life among the elderly.

Respondents of the Study/Unit of Analysis and Sampling Procedure

The research respondents in this study were the elderly population aged 60 years

and older residing in the selected barangays of Ozamiz City. The respondents were selected through stratified random sampling regardless of sex, ethnicity, religion, or educational attainment. A sample size of 300 was calculated using a Raosoft sample size calculator with a 95% confidence level and 5% margin of error. The Raosoft tool offered flexibility by allowing adjustments to the sample size, enabling the inclusion of additional respondents if necessary to address dropouts or refusals. This adaptability ensured that the target sample size was achieved, preserving the study's reliability and statistical validity. Following this, the researchers conducted random house-to-house visits to assess the eligibility of potential respondents. During these visits, the researchers thoroughly explained the study's purpose and obtained written consent forms from eligible respondents. The researchers prioritized addressing any concerns or questions raised by the elderly and their families to ensure their comfort and understanding.

Data Gathering Instruments

The researchers utilized survey forms in gathering data and employed the following questionnaires for the first part:

A. Healthcare Access Questionnaire. In determining healthcare access, the researchers used a researcher-made questionnaire to further assess and tailor the questions based on the healthcare access experienced by the elderly population. Statements regarding different aspects of healthcare access were provided to the elderly, including the five dimensions of healthcare access: accessibility, availability, affordability, accommodation, and awareness. Respondents' responses were gathered using a 4-point Likert scale, ranging from 1 (strongly disagree) to 4 (strongly agree), which allowed for an in-depth evaluation

of their perceptions of healthcare access. The Healthcare Access Questionnaire demonstrated good internal consistency, with a Cronbach's alpha coefficient of .80, indicating reliability in measuring the intended constructs. This structured approach was utilized in accordance with methodologies commonly used in healthcare research to investigate access to care and patient satisfaction across various populations and settings (Hoseini-Esfidarjani et al., 2021).

B. Perceived Health-Related Quality of Life Questionnaire. The perceived health-related quality of life of the elderly was measured using a standardized questionnaire translated into Visayan, which was adapted from the RAND 36-Item Short Form Health Survey (1992). The instrument was categorized into four domains, namely: physical (10 items), psycho-emotional (4 items), social (3 items), and general well-being (5 items).

This questionnaire was also presented in a 4-point Likert scale format, where the lowest point, 1, corresponded to "never" and the highest point, 4, corresponded to "always." The scores for each domain were calculated following the prescribed scoring guidelines.

Data Gathering Procedure

The researchers utilized a researcher-made and standardized instrument to gather data for this study. The first instrument assessed healthcare access among the elderly population and was validated through pilot testing. The second instrument, adapted from an unpublished research paper by Romano et al. (2023), was designed to measure the perceived quality of life (PQOL) of elderly respondents and underwent pilot testing to ensure its validity and reliability. Both instruments were tailored to address the study's

objectives.

Initial permission was requested from the Dean of the College of Nursing, Midwifery, and Radiologic Technology at Misamis University to conduct the study outside the campus. Following this, official approval was granted through the City Mayor's Office via a Memorandum of Agreement (MOA) submitted by the University. Once the MOA was approved and signed, the researchers presented a formal letter to be signed by the Barangay Captains for approval in the selected barangays where they conducted data collection. The researchers also coordinated with the Barangay Health Workers (BHWs) to help identify eligible elderly respondents aged 60 years and above residing in these areas.

Once the necessary approvals were secured, the researchers conducted house-to-house visits in the selected barangays. During these visits, the purpose and objectives of the study were thoroughly explained to potential respondents. A consent form was provided to ensure that the respondents understood the voluntary nature of their involvement, with an emphasis on maintaining the confidentiality of all information collected, which was used exclusively for research purposes.

To ensure clarity and comprehension among the elderly respondents, both questionnaires were translated into Cebuano, the most spoken native language of Ozamiz City. These translations were validated by a mother-tongue language expert from the Department of the College of Arts and Sciences within the university. This is to ensure linguistic accuracy, cultural appropriateness, and comprehensibility. The Perceived Health-Related Quality of Life Questionnaire evaluated the physical, psychological, social, and environmental domains of quality of life. At the same time, the Healthcare Access Questionnaire assessed the five dimensions of healthcare access: availability, accessibility,

affordability, acceptability, and accommodation.

The questionnaires were distributed individually and in person by the researchers to establish trust and encourage honest responses. Assistance was provided as needed to ensure respondents could complete the questionnaires accurately. Respondents had the opportunity to raise questions or express concerns during the data collection process, which the researchers addressed promptly to maintain transparency and cooperation.

The data collection phase lasted three weeks, during which the researchers aimed to reach the target sample size with the assistance of BHWs. Once collected, the data were subjected to statistical analysis to examine the relationships between healthcare access and the perceived quality of life of the elderly population, addressing the study's objectives and hypotheses. This comprehensive procedure ensured that the data gathering aligned seamlessly with the study's introduction, rationale, and conceptual framework, fostering accuracy and relevance.

Validity and Reliability of the Instrument

The first part of the instrument, which was a researcher-made questionnaire, was evaluated and validated by a mother-tongue language expert from the Department of College of Arts and Sciences within the university for the appropriate usage of the Visayan language. Pilot testing for reliability was conducted on 20 elderly individuals who were not included as respondents in the main study. This pilot testing was performed only on the first part of the questionnaire, since the second part utilized a standardized questionnaire.

The results of the reliability statistics were determined based on the computed

Cronbach's alpha value for each dimension. The Healthcare Access Questionnaire showed good internal consistency, with a Cronbach's alpha coefficient of 0.80.

Scoring Guidelines

The first part of the questionnaire was assessed by the following continuum:

A. Healthcare Access Questionnaire: In evaluating the results of each dimension of healthcare access, the following scale was used:

Continuum	Responses	Interpretation
3.41- 4.00	Strongly Agree	Very Good (VG)
2.61- 3.40	Agree	Good (G)
1.81- 2.60	Disagree	Poor (P)
1.00- 1.80	Strongly Disagree	Very Poor (VP)

The second part of the questionnaire, which is;

B. The Perceived Health-Related Quality of Life was scored and assessed following a four-point scale adapted from the RAND 36-Item Short Form Health Survey (1992). The following scale was used:

Continuum	Responses	Interpretation
3.41- 4.00	Always	Very Good (VG)
2.61- 3.40	Often	Good (G)
1.81- 2.60	Sometimes	Fair (F)
1.00- 1.80	Never	Poor (P)

Ethical Consideration

The researchers personally handed a consent letter to seek permission from the

schools' nursing department dean, barangay captains, and the Office of the Mayor prior to conducting the study in the community. The letter of consent cited the objectives and purpose of the study. Once approval was obtained, informed consent was sought from the research respondents through a letter of consent. The respondents were given adequate time to consider their participation. The researchers ensured that each respondent understood they could withdraw from the study at any time without penalty and were willing to participate voluntarily. The study ensured the protection of respondents' privacy, confidentiality of the research data, and the anonymity of individuals participating in the research. Moreover, the researchers also assured that the results would not be used for any purposes other than those of the study undertaken. The data gathered was stored until the study was finished or until it was published.

Mode of Analysis/ Statistical Treatment

The data gathered through the use of the questionnaire were tabulated, evaluated, analyzed, and interpreted using appropriate statistical tools.

Mean and Standard Deviation were used to calculate and analyze the data interpretation per variable.

The Pearson r correlation coefficient was used to analyze both the dimensions of healthcare access and the domains of perceived quality of life among the elderly.

Furthermore, *Multiple Regression Analysis* was employed to identify which specific dimension of healthcare access significantly predicted the overall perceived quality of life of the elderly respondents.

RESULTS AND DISCUSSIONS

This chapter presents the results and discussion of the study, which includes the analysis of healthcare access and perceived quality of life among elderly respondents. Table 1 presents the level of healthcare access among elderly respondents, measured across five dimensions, while Table 2 displays the perceived quality of life across four domains. Table 3 examines the relationships between these variables, and Table 4 identifies which dimensions of healthcare access significantly predict overall quality of life.

Respondents' Level of Healthcare Access

Table 1 shows the level of healthcare access among the elderly respondents,

measured across five dimensions: availability, accessibility, affordability, acceptability, and accommodation. The overall weighted mean score was 3.64 (Standard Deviation = 0.53), interpreted as "very good. "This suggests that, overall, the elderly respondents perceive their access to healthcare services positively. However, differences across the specific dimensions reveal varying experiences and challenges that affect their healthcare utilization.

The standard deviation value of 0.53 indicates a moderate level of variability in the respondents' perceptions of healthcare access. While the average score reflects a favorable assessment, the spread of responses suggests that not all elderly individuals experience the same degree of access. Some may have excellent healthcare availability and accessibility, while others may struggle with accommodation, affordability, or acceptability, depending on their location, income, or health conditions. A standard deviation at this level points to the importance of examining subgroups within the elderly population to identify those v may still face barriers in accessing equitable healthcare services. This variability highlig the need for more targeted health interventions and policies that address the specific disparities within different healthcare dimensions.

Availability. It has a recorded mean score of 3.45 (StDev = 0.50), interpreted as "Very Good." This indicates that healthcare facilities and services are generally present and accessible within the respondents' communities. The presence of clinics, hospitals, barangay health stations, and healthcare professionals such as nurses, midwives, and doctors suggests that the local health system can meet basic health needs.

However, research emphasizes that the mere presence of healthcare facilities does not automatically guarantee actual access or effective utilization, particularly when other

barriers, such as cost, transportation, or poor service quality, are present (World Health Organization, 2023). Availability must be paired with operational hours that suit the needs of the elderly, sufficient medical supplies, geriatric services, and culturally sensitive healthcare practices to be truly effective. Elderly patients often require continuous care, access to medication, and specialized attention, making the presence of age-appropriate services crucial in ensuring health equity.

The standard deviation of 0.50 indicates a moderate variability in the respondents' perceptions of availability. While the general sentiment is positive, this value reveals that not all elderly participants share the same level of access or satisfaction with available services. For example, individuals living in more remote or underserved areas may still encounter gaps in healthcare staffing or facility readiness. This variability also reflects differences in perceptions based on how often facilities are stocked, the waiting time for services, or the reliability of health workers being present when needed.

Accessibility. It has shown a mean score of 3.40 (StDev = 0.38), which corresponds to a "Good" interpretation. This suggests that although healthcare services are available, elderly respondents experience varying degrees of difficulty in accessing and utilizing these services. Accessibility extends beyond simple availability; it requires both the physical ability and logistical means to access healthcare facilities when needed. Factors such as distance to the nearest health center, availability of public transportation, road conditions, and personal mobility limitations play crucial roles in influencing access.

Elderly individuals are particularly vulnerable to these challenges. Many of them face physical impairments, chronic illnesses, or limited stamina, which make travel more difficult, mainly when facilities are located far from their homes. In areas with inadequate

or unreliable transportation systems, this can discourage or delay the pursuit of medical care, even in urgent situations (Dizon et al., 2023). According to the Philippine Institute for Development Studies (2024), geographical barriers and mobility issues remain consistent concerns in both rural and peri-urban regions, often resulting in reduced healthcare utilization despite the technical presence of services.

The standard deviation of 0.38 indicates a relatively low level of variability in the responses. This statistical result reflects a shared experience among the elderly population regarding difficulties in accessing healthcare. The lower variability implies that the barriers to accessibility are widespread and uniformly felt across the surveyed areas, rather than being isolated issues affecting only certain groups or locations. This could suggest that structural challenges, such as poor road quality, a lack of age-friendly infrastructure, and inadequate transportation, are systemic within the broader community.

Affordability. This dimension received a mean score of 3.23 (StDev = 0.41), interpreted as "Good". This indicates that financial challenges remain a notable concern for the respondents in accessing healthcare services. Rising out-of-pocket expenses, insufficient health insurance coverage, and the economic vulnerability of older people contribute to this perception. According to the Philippine Statistics Authority (2024), healthcare out-of-pocket expenses increased by 17% in 2023, disproportionately affecting elderly individuals with limited income sources. Many older adults rely solely on small pensions, family support, or informal work for their income, making them highly sensitive to healthcare costs (Guinto et al., 2022).

Even with the implementation of programs like PhilHealth, gaps in coverage scope, service availability, and drug subsidies still leave many elderly patients paying for essential

services out of pocket (Ocampo et al., 2021). Furthermore, some elderly individuals may be unaware of financial aid options, leading to underutilization of potentially available benefits (Lagrada et al., 2023). These financial burdens often result in delayed or foregone care, particularly for preventive services and follow-up consultations, which are critical in managing chronic conditions commonly seen in this population.

The standard deviation of 0.41 indicates a modest variability among the responses, suggesting that while financial concerns are shared, the extent to which affordability impacts each individual varies. This variation may stem from differences in household income, the presence of working family members, or the availability of government subsidies or local health programs in their respective communities. For instance, elderly individuals living in households with stable financial support or those residing in areas with active senior citizen programs may perceive healthcare as more affordable compared to their less supported counterparts.

Acceptability. In terms of this dimension, the respondents provided a mean score of 3.60 (StDev = 0.35), interpreted as "Very Good." This indicates a strong alignment between the healthcare services provided and the cultural values, beliefs, and expectations of the elderly population. Positive perceptions towards the respect, empathy, and cultural sensitivity shown by healthcare providers contribute to this favorable rating.

Literature supports that when healthcare services are culturally appropriate and patient-centered, service utilization and satisfaction improve significantly. According to Albuquerque et al. (2022), culturally competent care fosters stronger patient-provider relationships, particularly among vulnerable populations, including the elderly. Moreover, Flores (2021) emphasized that perceived respect and dignity in treatment often influence

whether older patients return for follow-up care or adhere to medical advice. This is particularly important in aging populations, where trust in healthcare institutions can impact long-term health outcomes. In the Philippine setting, Mateo and Acosta (2023) noted that healthcare workers' ability to communicate in local dialects and demonstrate empathy enhances the elderly's trust and comfort in healthcare environments.

The low standard deviation of 0.35 shows a high level of agreement among respondents. This consistency suggests that the acceptability of services is widely experienced and is likely a strength across the healthcare settings included in this study. A lower standard deviation implies that responses are tightly clustered around the mean, indicating minimal variation in perception. This reflects a uniformly positive experience among elderly respondents, regardless of their specific location or background. Local health centers or hospitals in the area have successfully implemented training and standards for patient-centered and respectful care, especially when dealing with older adults.

Accommodation. It yielded a mean score of 3.25 (StDev = 0.54), which falls under the "Good" interpretation. This reflects the respondents' experiences with how well healthcare services adapt to their individual needs, including factors such as scheduling flexibility, waiting times, physical accessibility, and service delivery methods. Although some healthcare providers strive to offer more accommodating services for the elderly, persistent issues remain, such as limited consultation hours, inflexible appointment systems, long waiting periods, and the lack of home-based care options. These factors can significantly hinder the elderly's ability to maintain consistent engagement in healthcare.

According to Tan et al. (2023), improving service accommodation, especially in the context of aging populations, plays a key role in promoting equitable and continuous

care. Furthermore, Navarro & Delos Reyes (2022) emphasized that poorly adjusted service protocols and rigid scheduling discourage elderly individuals from seeking medical help, particularly those with mobility limitations or cognitive decline. Making healthcare services more flexible and responsive to the elderly's routines and lifestyles can improve not just access but also overall health outcomes.

The standard deviation of 0.54 is the highest among all the healthcare access dimensions, indicating a relatively wide variation in responses. This suggests that the experiences of the elderly regarding accommodation are less consistent across the board. Some may benefit from responsive and elder-friendly service setups, while others may face rigid systems that do not adequately cater to their unique needs. Differences may influence these disparities in facility policies, staffing levels, the availability of elder-specific services, or variations between urban and rural settings.

Table 1.

Respondents' Level of Healthcare Access

n= 300

Healthcare Access	Mean	StDev	I
Availability	3.45	0.50	VG
Accessibility	3.40	0.38	G
Affordability	3.23	0.41	G
Acceptability	3.60	0.35	VG
Accommodation	3.25	0.54	G
Overall Mean	**3.64**	**0.53**	**VG**

Legend: *3.41- 4.00 – Very Good (VG)* *1.81- 2.60 – Poor (P)*
2.61- 3.40 – Good (G) *1.00- 1.80 – Very Poor (VP)*

Respondents' Perceived Quality of Life

Table 2 presents the respondents' perceived quality of life, assessed across four domains: physical domain, psycho-emotional domain, social functioning, and general well-

being. The overall weighted mean score was 3.52 (Standard Deviation = 0.63), interpreted as "Very Good. "This indicates that the elderly respondents generally maintain a positive perception of their quality of life. However, variations across individual domains reveal specific areas where challenges persist and interventions are necessary.

A standard deviation (StDev) of 0.63 in the overall perceived quality of life score suggests a moderate level of variability among the respondents' experiences. This implies that while the average perception is excellent, there are noticeable differences in how some elderly individuals view their quality of life, some rating it significantly higher or lower than the average. This variation may be due to differences in socio-economic status, health conditions, access to family support, or geographic location. Understanding these variations is crucial for developing targeted interventions that account for the diversity within the elderly population (Polit & Beck, 2021; Creswell & Creswell, 2018; Field, 2019).

Physical Domain. It recorded a mean score of 3.07 (StDev = 0.54), which falls under the interpretation of “Good”. This reflects the respondents’ experiences with their physical health, including functional abilities, mobility, and the presence of chronic illnesses. While the score indicates a satisfactory perception, it also suggests ongoing physical limitations typical in older age groups. According to the World Health Organization (2023), physical decline and chronic conditions such as hypertension, diabetes, and arthritis remain prevalent among the elderly, affecting their overall physical functioning and independence. Thus, while their perception is generally positive, continuous support and rehabilitation services are essential to maintain and improve their physical quality of life.

The standard deviation of 0.54 in this domain suggests moderate consistency in the physical health experiences of the elderly. Although there is some variability, most of the responses cluster relatively close to the mean score. This means that while many elderly participants face similar physical limitations, a few may experience either significantly better or worse physical health, which could be influenced by their access to medical care, personal health practices, or lifestyle factors (Lopez et al., 2022; Wang et al., 2023; Turner & Clegg, 2019).

Psycho-Emotional Domain. The results obtained a mean score of 3.26 (StDev = 0.49), also interpreted as "Good". This domain assesses emotional well-being, mental health status, and stress management. The score reflects a moderate level of psycho-emotional stability among the elderly, though not without challenges. Emotional concerns such as anxiety, loneliness, and depression are commonly reported issues among the elderly population, often exacerbated by declining health and social isolation (Gonzales et al., 2023). Despite these challenges, the respondents demonstrated resilience, possibly due to the support of their familial and community systems. However, continuous mental health programs and psycho-social support are recommended to further enhance this aspect of quality of life.

A standard deviation of 0.49 indicates relatively low variability in the psycho-emotional scores. This suggests that most elderly respondents share similar emotional experiences and perceptions, implying consistency in their mental and emotional states. While this uniformity is beneficial for designing general mental health interventions, it also highlights a need to explore the subtle psychological needs that might not be captured by the average score (Papalia et al., 2020; Santrock, 2021; Ryff & Singer, 2008).

Social Functioning Domain. It achieves the highest rating, with a mean score of 3.48 (Standard Deviation = 0.51), corresponding to a "Very Good" interpretation. This indicates strong social engagement and positive relationships with family, peers, and the community. Social connections are essential in fostering a sense of belonging, offering emotional support, and encouraging active participation in community life. These findings are supported by studies such as Lee & Kim (2024), which found that elderly individuals with strong social ties report higher life satisfaction and lower levels of depression. In the Filipino context, the concept of bayanihan and family-oriented culture reinforces these social relationships, thereby positively influencing the respondents' social well-being.

The standard deviation of 0.51 implies that responses in the social functioning domain are fairly consistent among the participants. This consistency may reflect the strong presence of cultural and familial structures in the Philippines, which support elderly individuals through regular interaction and community integration. However, minor differences may still exist due to personal circumstances, such as living arrangements or the level of community involvement (Mendoza & Cruz, 2020; Tan & Torres, 2021; Aguilar, 2022).

General Well-Being. It reflected a mean score of 3.34 (StDev = 0.48), interpreted as "Good". This domain represents an overall assessment of the respondents' satisfaction with life, incorporating physical, emotional, and social health perspectives. While the rating reflects a generally positive outlook, it also indicates areas where improvements can be made to further enhance their holistic well-being. Programs promoting active aging, continuous health education, and accessible recreational activities are recommended to maintain and improve general well-being among the elderly (United Nations, 2023).

The relatively low standard deviation of 0.48 in the general well-being domain indicates that most elderly respondents share a similar level of satisfaction with their lives. This low variability implies a commonality in their overall life experiences, which can serve as a basis for implementing broad public health initiatives aimed at improving quality of life. Nevertheless, even slight differences within this domain should be considered to ensure inclusive policy development (Bryant et al., 2020; Kahana et al., 2019; Neugarten, 1979).

Table 2.

Respondents' Perceived Quality of Life

n=300

Quality of Life Domains	Mean	StDev	I
Physical Domain	3.07	0.54	G
Psycho-Emotional Domain	3.26	0.49	G
Social Functioning Domain	3.48	0.51	VG
General Well-Being	3.34	0.48	G
Overall Mean	**3.52**	**0.63**	**VG**

Legend: *3.41- 4.00 – Very Good (VG)* *1.81- 2.60 – Poor (P)*
2.61- 3.40 – Good (G) *1.00- 1.80 – Very Poor (VP)*

Significant Relationship Between the Respondents' Level of Healthcare Access and Their Perceived Quality of Life

Table 3 presents the significant relationships between the respondents' level of healthcare access and their perceived quality of life across four domains: physical, psycho-emotional, social functioning, and general well-being. Pearson's correlation coefficients (r-values) and p-values were computed to determine the strength and significance of these relationships.

Availability. It exhibited significant positive relationships with the physical domain (r = 0.118, p = 0.040), psycho-emotional domain (r = 0.210, p = 0.000), and general well-being (r = 0.159, p = 0.006), indicating that the presence and sufficiency of healthcare facilities and resources contribute meaningfully to these aspects of the elderly's perceived quality of life. However, its influence on social functioning was not statistically significant (p = 0.106), suggesting that mere physical availability does not necessarily enhance the elderly's social interactions or participation.

Accessibility. It did not show significant correlations with the physical domain (r = 0.100, p = 0.082), psycho-emotional domain (r = 0.77, p = 0.181), or social functioning domain (r = 0.105, p = 0.068). However, it demonstrated a significant positive relationship with general well-being (r = 0.135, p = 0.019). This suggests that while the ease of accessing healthcare services may not significantly impact specific aspects, such as physical health or emotional well-being, it plays a notable role in shaping the overall life satisfaction of elderly individuals.

Affordability. It resulted in significant positive correlations with the physical domain (r = 0.183, p = 0.001), psycho-emotional domain (r = 0.188, p = 0.001), and general well-being (r = 0.179, p = 0.002). Despite its non-significant correlation with the social functioning domain (r = 0.099, p = 0.086), affordability remains a key determinant of the elderly's quality of life. Financial barriers, such as high out-of-pocket expenses and limited insurance coverage, remain critical concerns for the elderly, directly impacting their ability to access timely and adequate healthcare services (Carandang et al., 2024).

Acceptability. This dimension did not show significant relationships with the physical domain (r = 0.047, p = 0.417), psycho-emotional domain (r = 0.113, p = 0.051),

or social functioning domain (r = 0.077, p = 0.182). However, it exhibited a significant positive correlation with general well-being (r = 0.215, p = 0.000). This implies that when healthcare services are culturally appropriate and aligned with the elderly's values and expectations, they enhance overall life satisfaction.

Accommodation. It demonstrated the strongest and most consistent relationships across all domains: physical domain (r = 0.528, p = 0.000), psycho-emotional domain (r = 0.320, p = 0.000), social functioning domain (r = 0.519, p = 0.000), and general well-being (r = 0.418, p = 0.000). These results indicate that the flexibility and responsiveness of healthcare services to the unique needs of elderly patients significantly improve their quality of life in multiple dimensions.

Overall, affordability and accommodation emerged as the most influential factors affecting multiple domains of perceived quality of life. Availability also showed significant relationships with the physical domain, psycho-emotional domain, and general well-being, highlighting that while the presence of healthcare facilities and resources contributes to elderly well-being, its impact remains modest compared to other access dimensions. Accessibility and acceptability demonstrated significant associations specifically with general well-being, suggesting that ease of access and cultural relevance, though less pervasive across domains, are still crucial in enhancing overall life satisfaction.

These findings underscore that beyond the mere availability of healthcare services, the fundamental determinants of elderly well-being lie in how affordable, accessible, acceptable, and accommodating these services are. Financial feasibility, resource availability, ease of access, cultural alignment, and system adaptability are essential components in promoting a higher quality of life for the elderly. These results align with

global evidence emphasizing the need for healthcare systems to be both age-friendly and economically accessible, supporting healthy and active aging (WHO, 2023). Elderly populations in low- and middle-income countries continue to face substantial barriers related to healthcare affordability and service adaptability, which directly influence their quality of life and overall health outcomes (Zhang et al., 2023).

These results can be interpreted through Nola Pender's Health Promotion Model, which highlights that health behaviors are influenced by perceived barriers, situational and interpersonal factors, and a person's sense of self-efficacy (Pender, 2011; Cardoso et al., 2021; Chen & Hsieh, 2021). In this context, availability, affordability, and accommodation can be seen as situational enablers that help reduce obstacles and improve access to care. Meanwhile, acceptability reflects interpersonal influences that help build trust and confidence in the healthcare system (Pender et al., 2011). When healthcare is perceived as accessible, respectful of cultural values, affordable, and responsive to the needs of older adults, they are more likely to engage in behaviors that support their health and well-being (Tan et al., 2023; Albuquerque et al., 2022; WHO, 2023). Overall, these findings support the concept in Pender's model that individuals are more likely to take action for their health when they perceive the benefits as outweighing the barriers (Pender, 1996; Pender, 2011).

Table 3.
Significant Relationship Between the Respondents' Level of Healthcare Access and Their Perceived Quality of Life

Constructs	Physical Domain	Psycho-Emotional Domain	Social Functioning Domain	General Well-Being
Availability	r= 0.118 p= 0.040 Reject Ho	r= 0.210 p= 0.000 Reject Ho	r= 0.094 p= 0.106 Accept Ho	r= 0.159 p= 0.006 Reject Ho
Accessibility	r= 0.100 p= 0.082 Accept Ho	r= 0.77 p= 0.181 Accept Ho	r= 0.105 p= 0.068 Accept Ho	r= 0.135 p= 0.019 Reject Ho
Affordability	r= 0.183 p= 0.001 Reject Ho	r= 0.188 p= 0.001 Reject Ho	r= 0.099 p= 0.086 Accept Ho	r= 0.179 p= 0.002 Reject Ho
Acceptability	r= 0.047 p= 0.417 Accept Ho	r= 0.113 p= 0.051 Accept Ho	r= 0.077 p= 0.182 Accept Ho	r= 0.215 p= 0.000 Reject Ho
Accommodation	r= 0.528 p= 0.000 Reject Ho	r= 0.320 p= 0.000 Reject Ho	r= 0.519 p= 0.000 Reject Ho	r= 0.418 p= 0.000 Reject Ho

$H_0$1: There is no significant relationship between the respondents' level of healthcare access and their perceived quality of life

*Legend: 0.00-0.01** Highly Significant, 0.02-0.05* Significant, above 0.05 Not Significant*

Predictors of Quality of Life

Table 4 presents the results of the multiple linear regression analysis examining which dimensions of healthcare access significantly predict the overall perceived quality of life among the elderly respondents. The five dimensions, availability, accessibility, affordability, acceptability, and accommodation, were entered as predictor variables to identify which aspect most strongly influences the respondents' perceptions of their overall quality of life.

Affordability emerged as the only significant predictor in the model, with a coefficient of 0.1697 ($t = 2.79$, $p = 0.006$), suggesting that financial access to healthcare has a direct and meaningful impact on the quality of life among elderly individuals. This indicates that when healthcare services are affordable, older adults are more likely to seek timely medical attention, adhere to prescribed treatments, and experience better health outcomes, ultimately enhancing their overall well-being. This aligns with the findings of Carandang et al. (2024), who emphasized that high out-of-pocket expenses are a significant barrier to care for elderly Filipinos. Similarly, Chen et al. (2023) found in their systematic review that affordability was the strongest determinant of healthcare utilization and perceived health status in older populations, particularly in lower- and middle-income countries. The significance of affordability is further supported by Kim and Lee (2023), who observed that financial strain due to medical costs greatly diminishes the subjective

well-being of older adults, even in areas where services are geographically available. Likewise, a study by van Doorslaer et al. (2020) noted that catastrophic health expenditures among the elderly often lead to postponed treatments and worsening chronic conditions.

In contrast, the other dimensions, availability ($\beta = 0.0626$, $p = 0.274$), accessibility ($\beta = -0.0244$, $p = 0.723$), acceptability ($\beta = 0.0854$, $p = 0.218$), and accommodation ($\beta = 0.0516$, $p = 0.338$) did not show statistically significant predictive relationships. While these elements contribute to overall healthcare access and were correlated with specific quality of life domains in earlier analyses (as seen in Table 3), their independent contributions to predicting overall perceived quality of life were not substantial in this regression model.

This result suggests that the presence of health facilities (availability), ease of reaching services (accessibility), cultural compatibility of care (acceptability), and adaptability of services (accommodation), though important, are not sufficient on their own to enhance perceived quality of life unless the cost of care is manageable. This interpretation is consistent with research by Almeida et al. (2021), who highlighted that affordability acts as a "gateway" factor; without it, access to other healthcare services becomes irrelevant. Additionally, the World Health Organization (2023) continues to advocate that financial risk protection is one of the key pillars in ensuring healthy aging globally.

These findings support the theoretical ideas of Pender's Health Promotion Model, which posits that perceived barriers, such as high healthcare costs, can significantly deter individuals from engaging in health-promoting behaviors (Pender, 1996; Pender et al., 2011). In this study, affordability directly affects how possible or realistic it feels for older

adults to take action for their health. When costs are manageable, their confidence increases and they are more likely to seek care when needed (Chen & Hsieh, 2021). Without the pressure of financial burden, elderly individuals become more willing and capable of using healthcare services. This reflects one of the key points in the model, which is that a person's behavior depends not only on their own motivation but also on the support and resources around them (Cardoso et al., 2021). The fact that other access factors, such as availability or accessibility, were not significant in the regression also indicates that these factors alone are insufficient. If cost remains a problem, people may still avoid getting care. This finding suggests that affordability plays a crucial role in enabling older adults to take positive steps toward improved health, which aligns with the Health Promotion Model's perspective on the relationship between reduced barriers and health-promoting actions (Kim & Lee, 2023; Almeida et al., 2021).

Table 4.

Predictors of Quality of Life

Constructs	Coef	T-Value	P-Value	I
Availability	0.0626	1.10	0.274	Accept $H_0$2
Accessibility	-0.0244	-0.36	0.723	Accept $H_0$2
Affordability	0.1697	2.79	0.006	Reject $H_0$2
Acceptability	0.0854	1.23	0.218	Accept $H_0$2
Accommodation	0.0516	0.96	0.338	Accept $H_0$2

$H_0$2: Healthcare access is not a predictor of quality of life

*Legend: 0.00-0.01** Highly Significant, 0.02-0.05* Significant,*

above 0.05 Not Significant

CONCLUSIONS, AND RECOMMENDATION

This chapter presents the conclusions and recommendations based on the significant insights gained from analyzing and interpreting the data in the preceding chapter.

Conclusions

1. The elderly respondents reported an excellent level of healthcare access, with an overall weighted mean of 3.64 (StDev = 0.53), indicating that they generally perceive healthcare services as available, accessible, affordable, acceptable, and accommodating. This perception suggests that the local healthcare system is responsive to the unique needs of the elderly respondents, which may lead to better health outcomes and a higher quality of life.
2. The elderly respondents reported an excellent level of perceived quality of life, with an overall weighted mean score of 3.52 (StDev = 0.63), suggesting that they

generally feel satisfied with their physical, psycho-emotional, social, and general well-being. This implies that despite age-related challenges, the elderly maintain a sense of stability and fulfillment, which may reflect the effectiveness of support systems and healthcare services available to them.

3. Healthcare access, affordability, and accommodation emerged as the most significant determinants influencing multiple domains of perceived quality of life, emphasizing that financial capacity and service adaptability are primary factors in the well-being of the elderly. Moreover, availability showed modest but significant correlations with specific domains, suggesting that the mere presence of health facilities and resources contributes to physical health and overall well-being, though its impact is limited without addressing other barriers. Accessibility and acceptability also demonstrated significant relationships with general well-being, underscoring the importance of ease of access and cultural appropriateness in enhancing life satisfaction. These findings underscore the importance of a holistic approach that considers financial feasibility, service flexibility, resource availability, physical access, and cultural alignment to ensure equitable and effective healthcare access for the elderly population.
4. Healthcare access affordability emerged as the sole significant predictor of overall perceived quality of life among the elderly in this study. Despite the relevance of other healthcare access dimensions such as availability, accessibility, acceptability, and accommodation, their direct predictive influence on overall perceived quality of life was not statistically significant. This underscores the critical role of financial accessibility, as economic constraints directly affect healthcare utilization and

health outcomes. The findings underscore the pressing need for policy interventions that reduce the financial burden on older adults through expanded health coverage, medication subsidies, and targeted support programs, thereby promoting equitable access to healthcare and enhancing quality of life.

Recommendations

Based on the findings and conclusions of the study, the following recommendations are proposed:

1. Community leaders and LGUs may implement inclusive, elderly-centered healthcare initiatives such as mobile clinics, elderly-friendly health facilities, and health awareness campaigns. They are also encouraged to collaborate with grassroots organizations to ensure that healthcare services are accessible and culturally appropriate. Regular home visits by healthcare workers should be considered to address mobility and transportation challenges faced by the elderly.
2. The elderly population and their caregivers may actively seek regular medical consultations and utilize preventive healthcare services. Families are encouraged to support their elderly members in advocating for their healthcare needs, staying informed about available healthcare programs, and participating in community health initiatives to promote healthier aging.
3. Healthcare providers may tailor their services to meet the diverse needs of older adults by adopting a holistic, patient-centered approach. Regular home visits should be conducted, especially for elderly individuals who are immobile or isolated, to ensure early detection of health issues and provide continuous care. Healthcare

providers should also consider collaborating with social workers and caregivers to create comprehensive care plans.

4. Policy makers may prioritize the development and implementation of policies that address healthcare disparities among the elderly. These may include increased funding for eldercare programs, enhanced healthcare infrastructure in underserved areas, and the expansion of financial support mechanisms such as subsidies and community-based health insurance tailored for older adults.
5. Nursing educators may enhance gerontological nursing curricula by integrating the findings of this study into classroom instruction and clinical practice. Emphasis should be placed on the systemic and interpersonal challenges elderly individuals face in accessing care. Training should also equip nursing students with skills to provide compassionate, community-based care to aging populations.
6. Future researchers may explore region-specific barriers to healthcare access, as well as the impact of cultural, social, and economic factors on the well-being of the elderly. Comparative and longitudinal studies are recommended to assess the long-term effects of healthcare interventions on quality of life. Further investigation into the role of digital healthcare tools and home-based care models is also encouraged.

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APPENDIX A

Healthcare Services Access of the Elderly *(English Version)*

Direction: Put check (√) on the correct column that corresponds to your answer.

4 – Strongly Agree 3 – Agree 2 – Disagree 1 – Strongly Disagree

Indicators		**Responses**			
	A. Availability	**4**	**3**	**2**	**1**
1	There are healthcare services, such as a health center or hospital, that are near me.				
2	It is easy to get a check-up or consultation at a healthcare facility.				
3	The healthcare facility is open whenever I need health-related assistance.				
4	Healthcare services are available to everyone without exclusion.				
5	Healthcare personnel is always available whenever I need health- related assistance.				
	B. Accessibility	**4**	**3**	**2**	**1**
1	The healthcare services at the facility are easily accessible or are located near me.				
2	The distance to the nearest healthcare facility can significantly influence a person's decision to seek consultation.				
3	The distance to a healthcare facility can be a significant barrier to accessing medical services.				
4	I can access healthcare services without delay whenever I need them.				
5	Everyone should be able to access healthcare services.				
	C. Affordability	**4**	**3**	**2**	**1**
1	I can afford to pay for a consultation at a healthcare facility.				
2	The cost of healthcare services can be a significant barrier for many people.				

APPENDIX A Cont'd

3	The cost of healthcare services can be a significant barrier for many people.				
4	Transportation issues can prevent me from accessing healthcare services.				
5	Senior citizen ID privileges provide substantial assistance when I need support.				
	D. Acceptability	**4**	**3**	**2**	**1**
1	I'm not hesitant to communicate with the healthcare providers in regards with my health needs.				
2	The healthcare providers ensures my involvement in decision – making in my health needs.				
3	I believe that the staff of the healthcare facility are very courteous.				
4	I believe that the healthcare providers are competent in attaining my health needs.				
5	The healthcare providers respects my cultural beliefs when attaining my health needs.				

	E. Accommodation	**4**	**3**	**2**	**1**
1	Healthcare facilities provide adequate accommodations when I have health concerns.				
2	I have no difficulty using the machines or equipment in the healthcare facility.				
3	The healthcare providers allocate sufficient time to address my health needs.				
4	The healthcare facility has adequate waiting areas for me and my family.				
5	Healthcare facilities provide accommodations that ensure my comfort.				

APPENDIX A Cont'd

Akses sa mga Serbisyong Pang-lawas sa mga Katigulangan *(Visayan Version)*

Direksyon: Markahi og check (√) ang husto nga kolum nga katumbas sa imong tubag.

4 – Uyon Kaayo 3 – Uyon 2 – Dili mo Uyon 1 – Dili gud mo Uyon

Talaksan		**Mga Tubag**			
	A. Pagka-anaa *(Availability)*	**4**	**3**	**2**	**1**
1	Aduna'y mga serbisyo sa healthcare sama sa health center o ospital nga haduol sa amoa/akoa.				
2	Sayun ra ang magpa check- up o magpa konsulta sa pasilidad sa *healthcare.*				
3	Abli ang pasilidad sa *healthcare* kung manginahanglan ko bahin sa panglawas				
4	Walay pili sa tawo kung mugamit sa serbisyo sa *healthcare.*				
5	Kanunay nga andam ang mga healthcare personnel kung manginahanglan ko bahin sa panglawas.				
	B. Pagka - aduna (*Accessibility)*	**4**	**3**	**2**	**1**
1	Ang mga serbisyo sa pasilidad sa *healthcare* kay maadto ra o haduol ra sa amoa/akoa.				
2	Ang gilay-on sa pinakaduol nga pasilidad sa *healthcare* nakaapekto sa akong desisyon kung magpakonsultako.				
3	Babag ang kalayuon kung mugamit sa pasilidad sa *healthcare.*				
4	Makagamit nako ang serbisyo sa *heathcare* kung manginahanglan ko sa walay paglangan.				
5	Tanang katawhan makagamit sa serbisyo sa *healthcare.*				
	C. Pagka- apordabol *(Affordability)*				
1	Naa rakoy igo ikabayad kung magpakonsulta ko sa pasilidad sa healthcare.				

APP 2	Babag ang bayad kung mugamit sa serbisyo sa *healthcare.*				
3	Ang problema sa sakyanan ang nagpugong kanako sa pagkakuha og serbisyo sa *healthcare.*				
4	Igo ra ang gidaghanon sa mga *healthcare provider* aron matubag ang akong panginahanglan sa panglawas.				
5	Ang mga pribilihiyo sa Senior Citizen ID nagahatag og dako nga tabang kung manginahanglan ko suporta.				
	D. Pagdawat (*Acceptability)*	**4**	**3**	**2**	**1**
1	Dili ko maglangan sa pagkigkomunikar sa mga healthcare providers kabahin sa akong panglawas nga panginahanglan.				
2	Ang mga healthcare providers nagasiguro nga apil ko sa mga desisyon kabahin sa akoang panginahanglang panglawas.				
3	Nagtuo ko nga ang mga *staff* sa pasilidad sa healthcare kay buotan ug matinahuron.				
4	Nagtuo ko nga ang mga healthcare providers kwalipikado sa pagtubag sa akoang mga panginahanglan sa panglawas.				
5	Ang mga healthcare providers nagrespetar sa akong mga kultura nga pagtuo sa pagtubag sa akoang mga panginahanglan sa panglawas.				
	E. Pagpahiluna *(Accommodation)*	**4**	**3**	**2**	**1**
1	Ang mga pasilidad sa *healthcare* naghatag og sakto nga akomodasyon kanako kung aduna akoy kakulian sa panglawas.				
2	Wala rako malisodi sa paggamit sa mga machine o equipto sa pasilidad sa *healthcare.*				
3	Ang mga *healthcare provider* naghatag og insakto nga oras alang sa akong mga panginahanglan sa panglawas.				
4	Ang pasilidad sa *healthcare* adunay igo nga waiting areas alang kanako ug sa akong pamilya.				
5	Ang mga pasilidad sa *healthcare* naghatag og akomodasyon nga makapa-komportable kanako.				

APPENDIX A Cont'd

Respondents' Perceived Health-Related Quality of Life ***(English Version)***
Direction: Put check (√) on the correct column that corresponds to your answer.

4- Always 3- Often 2- Sometimes 1- Never

Statements	Responses			
	4	**3**	**2**	**1**
A. Physical Domain				
1. I don't have limitations in engaging in vigorous activities, such as running, and lifting heavy objects.				
2. I don't have limitations in engaging to moderate activities, such as moving a table, and pushing certain objects.				
3. I don't have limitations in carrying groceries or other light objects.				
4. I don't have limitations in climbing several flights of stairs.				
5. I don't have limitations bending, kneeling, or stooping.				
6. I don't have limitations walking several blocks.				
7. I don't have limitations in bathing or dressing.				
8. I don't have limitations doing basic household chores (sweeping, vacuuming, washing dishes, doing laundry, cleaning bathrooms, dusting).				
9. I feel full of energy in engaging in different activities.				
10. I don't experience extreme pain or any physical discomfort that may hinder my normal work outside the home and housework over the past weeks.				
B. Psycho-Emotional Domain				
11. I haven't been a very nervous person.				

12. I haven't felt sad and anxious about my health condition.				
13. I have been a happy person.				
14. I can experience the feeling of calmness and peace concerning my health.				
C. Social Functioning Domain				
15. My regular social activities with family, friends, or groups are not disrupted.				
16. I have adequate time spent with my family, friends, and other personal relations.				
17. I don't have difficulty maintaining interactions with my family, friends, and other personal relations.				
D. General Well-Being				
18. I don't seem to get sick more frequently than others.				
19. I am healthy and in a good condition as anyone I know.				
20. My health is unlikely to worsen.				
21. I don't have difficulties doing daily activities because of my health.				
22. Generally, my current health state is in very good condition.				

APPENDIX A Cont'd

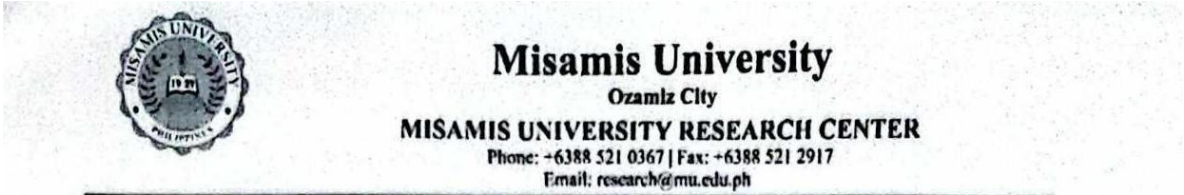
Kahimsug nga Pamaagi sa Kinabuhi *(Visayan Version)*
Direksyon: Markahi og check (√) ang husto nga kolum nga katumbas sa imong tubag.
4- Kanunay 3- Kasagara 2- Usahay 1- Dili gayud/Wala gayud

Pahayag	**Tubag**			
	4	**3**	**2**	**1**
A. Pisikal nga Domain				
1. Wala koy limitasyon sa pag-apil sa lagsik nga mga kalihokan sama sa pagdagan, ug pag-alsa sa bug-at nga mga butang.				
2. Wala koy limitasyon sa pag-apil sa kasagaran nga mga kalihokan sama sa paglihok sa lamesa, ug pagduso sa pipila ka mga butang.				
3. Wala koy limitasyon sa pagdala og mga grocery o ubang gaan nga mga butang.				
4. Wala koy limitasyon sa pagsaka sa daghang mga hagdanan.				
5. Wala koy limitasyon sa pagduko, pagluhod, o bisan pagbako ug pagbarog.				
6. Wala koy limitasyon sa paglakaw o paglakaw og layo.				
7. Wala koy limitasyon sa pagkaligo ug pag-ilis o pagsuot og sanina.				
8. Wala koy limitasyon sa paghimo sa mga panimalay nga buluhaton (panilhig, pag- vacuum, panghugas, pagpanglaba, paglimpyo sa banyo, ug pang-abog sa mga butang).				
9. Sobra akong kadasig nga magahimo sa lain-laing aktibidad.				
10. Wala ko makasinati og grabeng kasakit o bisan unsang pisikal nga kahasol nga mahimong makababag sa akong normal nga trabaho sa gawas sa balay ug buluhaton sa balay sa miaging mga semana.				
B. Psycho-Emosyonal nga Domain				
11. Wala ko nahimo nga nerbyoso nga tawo.				
12. Wala ko naguol ug nabalaka bahin sa akong kahimtang o kondisyon sa akong panglawas.				
13. Nahimo kong malipayon nga tawo.				
14. Akong nasinati ang kalmado ug kalinaw bahin sa kondisyon sa akong panglawas.				

APPENDIX A Cont'd

C. Sosyal nga Domain				
15. Ang akong regular nga sosyal na mga kalihokan uban sa pamilya, mga higala, o mga grupo wala mabalda.				
16. Ako adunay igong panahon nga gigugol uban sa akong pamilya, mga higala, ug uban pang personal nga mga relasyon.				
17. Wala ako maglisud sa pagpadayon sa mga interaksyon sa akong pamilya, mga higala, ug uban pang personal nga relasyon.				
D. Kinatibuk-ang Kahimsug				
18. Dili ko kasagara magkasakit kay sa uban.				
19. Himsog ko ug anaa sa maayong kahimtang sama sa bisan kinsa nga akong nailhan.				
20. Ang akong panglawas dili tingali mograbe.				
21. Wala ako maglisud sa pagbuhat sa adlaw-adlaw nga mga kalihokan tungod sa akong kahimsog.				
22. Sa kinatibuk-an maayo kaayo ang akong kondisyon sa panglawas.				

APPENDIX B



APPENDIX B Cont'd

Akses sa mga Serbisyong Pang-lawas sa mga Katigulangan

Direksyon: Markahi og check (√) ang husto nga kolum nga katumbas sa imong tubag.

4 – Uyon Kaayo 3 – Uyon 2 – Dili mo Uyon 1 – Dili gud mo Uyon

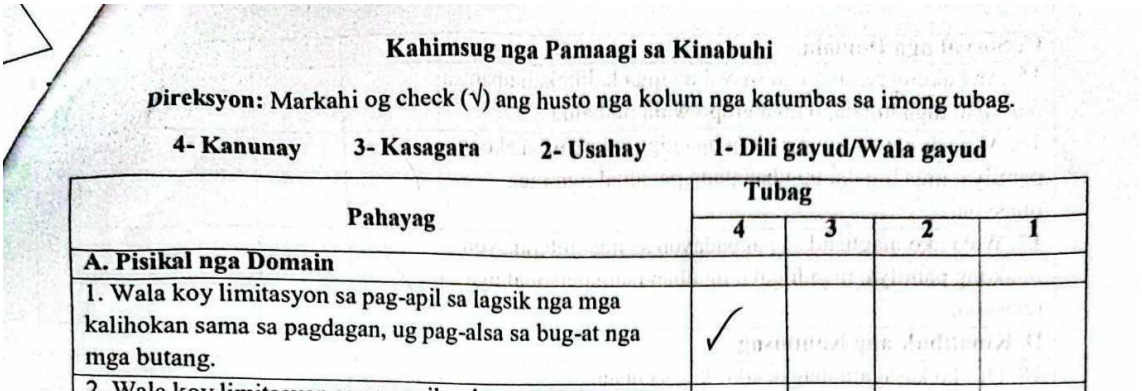
	Talaksan	**Mga Tubag**			
	A. Pagka - anaa *(Availability)*	**4**	**3**	**2**	**1**
1	Aduna'y mga serbisyo sa *healthcare* sama sa health center o ospital nga haduol sa amoa/akoa.	✓			
2	Sayun ra ang magpa check- up o magpa konsulta sa pasilidad sa *healthcare.*	✓			
3	Abli ang pasilidad sa *healthcare* kung manginahanglan ko bahin sa panglawas	✓			
4	Walay pili sa tawo kung mugamit sa serbisyo sa *healthcare.*	✓			
5	Kanunay nga andam ang mga *healthcare personnel* kung manginahanglan ko bahin sa panglawas.	✓			

	B. Pagka - aduna *(Accessibility)*	**4**	**3**	**2**	**1**
1	Ang mga serbisyo sa pasilidad sa *healthcare* kay maadto ra o haduol ra sa amoa/akoa.	✓			
2	Ang gilay-on sa pinakaduol nga pasilidad sa *healthcare* nakaapekto sa akong desisyon kung magpakonsultako.				✓
3	Babag ang kalayuon kung mugamit sa pasilidad sa *healthcare.*				✓
4	Makagamit nako ang serbisyo sa *heathcare* kung manginahanglan ko sa walay paglangan.	✓			
5	Tanang katawhan makagamit sa serbisyo sa *healthcare.*	✓			
	C. Pagka- apordabol *(Affordability)*				
1	Naa rakoy igo ikabayad kung magpakonsulta ko sa pasilidad sa *healthcare.*	✓			
2	Babag ang bayad kung mugamit sa serbisyo sa *healthcare.*	✓			

APPENDIX B Cont'd

	provider aron matubag ang akong panginahanglan sa panglawas.				
5	Ang mga pribilihiyo sa Senior Citizen ID nagahatag og dako nga tabang kung manginahanglan ko suporta.	✓			
		4	**3**	**2**	**1**

APPENDIX B Cont'd



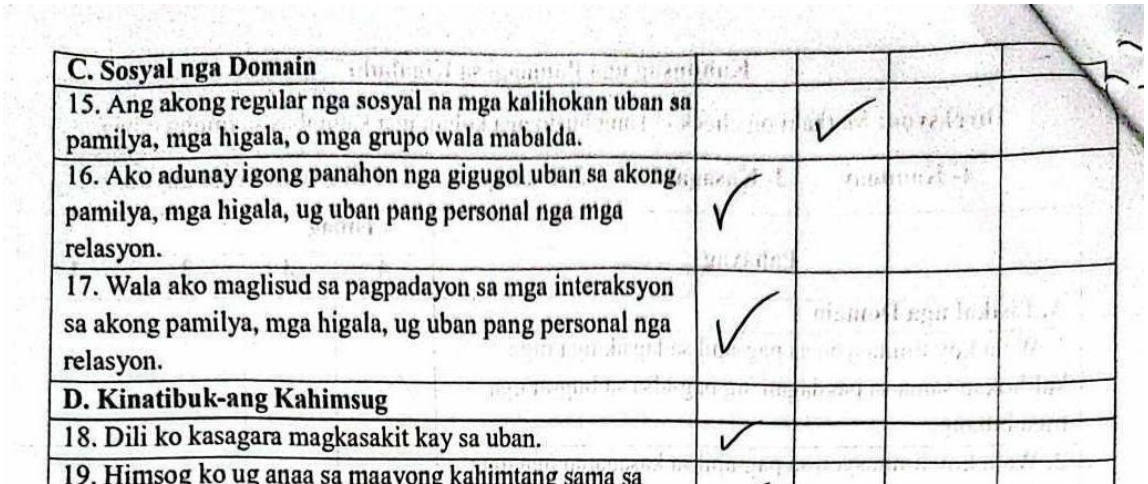
Kahimsug nga Pamaagi sa Kinabuhi

Direksyon: Markahi og check (√) ang husto nga kolum nga katumbas sa imong tubag.

4- Kanunay 3- Kasagara 2- Usahay 1- Dili gayud/Wala gayud

Pahayag	Tubag			
	4	3	2	1
A. Pisikal nga Domain				
1. Wala koy limitasyon sa pag-apil sa lagsik nga mga kalihokan sama sa pagdagan, ug pag-alsa sa bug-at nga mga butang.	✓			

APPENDIX B Cont'd



C. Sosyal nga Domain				
15. Ang akong regular nga sosyal na mga kalihokan uban sa pamilya, mga higala, o mga grupo wala mabalda.		✓		
16. Ako adunay igong panahon nga gigugol uban sa akong pamilya, mga higala, ug uban pang personal nga mga relasyon.	✓			
17. Wala ako maglisud sa pagpadayon sa mga interaksyon sa akong pamilya, mga higala, ug uban pang personal nga relasyon.	✓			
D. Kinatibuk-ang Kahimsug				
18. Dili ko kasagara magkasakit kay sa uban.	✓			
19. Himsog ko ug anaa sa maayong kahimtang sama sa				

Tinago	Carmen Annex	Bacolod	Sta. Cruz
482	457	253	174
		Total Population:	**1,366**

APPENDIX C

Proportionate stratified random sample = (Sample size / Population size) × Stratum size

Barangay	Tinago	Carmen Annex	Bacolod	Sta. Cruz
Number of people in stratum	300/1366 x 482 =	300/1366 x 457 =	300/1366 x 253 =	300/1366 x 174 =
Strata sample size	**106**	**100**	**56**	**38**

Total Sample Size:	**300**

APPENDIX D

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Email: research@mu.edu.ph

INFORMED CONSENT FORM
(PORMA SA NASABTAN NGA PAGTUGOT)

Researcher/Investigator (Nagtuon): Isabella Cassandra S. Ratilla
Course: Bachelor of Science in Nursing
College: Misamis University
Email / Contact Number: ratillaisabella@gmail.com/09980031859

Thesis Title: HEALTHCARE ACCESS IN RELATION TO THE PERCEIVED QUALITY OF LIFE OF ELDERLY POPULATION

PART I. INFORMATION SHEET	
Introduction *(Pasiuna)*	Good day! We are Perales, Kira Mae D., Peralta, Alick Josh N., Ratilla, Isabella Cassandra S., Rosal, Suzanne Mae O., Sarzuelo, Sofia Loren L., the principal researchers/investigators of the study entitled "HEALTHCARE ACCESS IN RELATION TO THE PERCEIVED QUALITY OF LIFE OF ELDERLY POPULATION." We are students under the program, Bachelor of Science in Nursing at Misamis University in Ozamiz City. We are to conduct the research with the Elderly Population as respondents. In this vein, We are respectfully seeking your **voluntary**

APPENDIX D Cont'd

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Selection of Participants *(Pagpili sa mga Partisipante)*	The selection of the participants is based on the following inclusion criteria: The participants will be selected through Stratified Random Sampling The participants will be selected with the following criteria: The elderly population aged 60 years and older residing in the selected barangays of Ozamiz City. *(Ang mga partisipante niini nga pagtuon mao ang indibidwal nga naga-angkon sa mosunod: Ang mga partisipante pagapilion gamit ang Stratified Random Sampling. Kinahanglan nga sila may edad 60 anyos pataas ug nagpuyo sa napiling mga barangay sa Dakbayan sa Ozamiz.)*
Voluntary Participation *(Boluntaryo nga Partisipasyon)*	*Your participation has to be voluntary and will not affect your situation or status in any way, including your relationship with the researcher. Thus, you are free to decide if you will take part or not. If you decide to participate, you are free not to answer any question(s) if you choose not to, and you are free to withdraw or terminate participation at any stage of the study, without the need to give any reason. You will not be penalized in case of termination of participation.* *(Boluntaryo ang imong pag-apil ug kini dili makaapekto sa imong sitwasyon o estado apil na imong relasyon sa nagtuon. Gawasnon ka nga modesisyon kung kung moapil ka niini nga pagtoon o dili. Kung mo-desisyon ka nga moapil, gawasnon ka nga dili motubag sa bisan asa nga pangutana nga dili nimo gusto nga tubagon.)*
Procedure *(Pamaagi)*	*The respondents will be given ample time to read the items in the questionnaires. The retrieval of the answered questionnaire will be according to the schedule agreed upon. The researcher will personally retrieve the questionnaires. Tallying of the research data will follow.* *Aside from answering the questionnaires, you may be asked to provide demographic profile as deemed necessary for the study. The personal information which includes name, age, civil status, (etc.) will be utilized in the discussion of the findings of the study. The information and data provided by you as a respondent will be utilized for this study alone and will be treated with utmost confidentiality.* *(Ang mga partisipante pagahatagan og igong panahon sa pag-apil sa interview. Ang interview pwedeng himoon kausa nga higayon o sa makadaghan depende sa panginanghalanon. Isulat sa nagtuon ang interviews para sa pag-analisa sa datos. Ang mga impormasyon ug datos nga nakuha gikan kanimo isip ka partisipante gamiton lamang niining research og hatagan og tumang pag-amping nga dili mabutyag.)*
Duration *(Gidugayon)*	The gathering of data through the interview will last for 45 minutes to 1 hour. *(Ang pagkuha sa datos pinaagi sa interview mokabat ngadto sa 45 minutos hangtod isa ka oras.)*
Risks and Discomforts *(Risgo ug Kahasol)*	The respondents will be protected from physical, social, or economic risks. In case the items in the survey instrument are too personal and make you feel uncomfortable, you may decline to answer any or all questions and may terminate your involvement at any time you choose. *(Ang mga partispnate ginaprotektahan sa pisikal, sosyal o ekonomikanhong risgo. Kung pananglitan adunay mga pangutana nga personal ra kaayo o kung dili ka komportable, mamahimong dili ka motubag o mobalibad sa pagtubag sa bisan asa o sa tanang mga pangutana ug moatras sa pag-apil sa bisan unsang panahon nga imong gusto.)*
Benefits *(Kaayohan)*	*This study will enable you to shed light or provide understanding about the factors that can influence breastfeeding. Thus, your responses shall be highly valued being deemed important in the field of nursing.* *(Kini nga pagtuon makapahimo kanimo paghatag og katin-awan o pagpasabot kabahin sa nagkalahi lahi nga mga factors nga makaimpluwensya sa pagpatotoy sa mama ngadto sa iyang anak. Ang imong mga tubag hatagan og dakong bili nga giisip nga importante sa linya sa nursing.)*
Reimbursements	There will be no monetary expenses or costs on your part as a respondent, nor any monetary compensation for your participation in this study. However, personal protective equipment

APPENDIX D Cont'd

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(Hulip nga bayad)	(PPE) like face masks, alcohol and face shields may be provided during the gathering of the research data. *(Wala kay magasto sa imong pag-apil niini nga pagtuon ug dili usab ka bayaran ug kwarta sa imong pag-apil niini nga pagtuon. Apan adunay nga personal protective equipment (PPE) sama sa face masks, alcohol ug face shields nga pwede nga mahatag sa panahon sa pagkuha sa mga datos)*
Confidentiality of Data *(Pag-amping sa Datos)*	Only the researcher will have access to the information and responses of the participants. The personal identifying information of the participants will only be used for research analysis and will be treated with the utmost confidentiality. During the study, all data will be kept in a locked, secure filing cabinet, of which will be discarded 6 months after the publication of the results. *(Ang nagtuon lamang ang makakita sa mga impormasyon ug tubag sa respondents. Ang mga datos nga makuha i-analisa ug hatagan og tumang pag-amping aron dili ibutyag. Sa panahon sa pagtuon, ipahimutang sa usa ka selyadong filing cabinet ang tanang datos nga pagagub-on human sa 6 kabulan gikan sa pag-publish sa resulta.)*
Sharing of Findings *(Pagpaambit sa Nakaplagan)*	The results of this study will be presented during the thesis/dissertation final defense of the researcher. Also, the research findings may be shared through publications and conferences with the assurance that the identities of the respondents will remain confidential. A printed copy of the completed study will be provided to the participants. *(Ang mga resulta niini nga pagtuon ipresenta sa panahon sa final defense sa thesis/ dissertation sa nagtuon. Ang mga nakaplagan sa pagtuon posible nga ipaambit pinaagi sa mga publications ug conferences nga adunay kapanigurohan nga dili mabutyag ang pagkatawo sa mga partisipante. Pagahatagan og isa ka giimprinta nga kopya sa kumpleto nga pagtuon ang mga partisipante.)*
Rights to Refuse or Withdraw *(Katungod sa Pagpalibabad o Pag-undang)*	You are free to withdraw or terminate participation at any stage of the study, without the need to give any reason. You will not be penalized in case of termination of participation. *(Gawasnon ka nga moatras or moundang sa pag-apil sa bisan asa nga punto sa pagtuon nga dili na magkinahanglan pa ug rason. Dili ka ipamulta sa pag-atras o pag-undang.)*
Who to Contact (Kinsa ang Kontakon)	Should there be any queries as a parent, you can contact the researcher through the following details: *(Kung adunay mga pangutana, mamhimo nga mokontak pinaagi aning mga detalye:)* Name of the Researcher (Ngalan sa Nagtuon): Cellphone Number/s: e-mail ad: **STATEMENT BY THE RESEARCHER** **(PAGPADAYAG SA NAGTUON)** I will read the Information sheet to the potential participant. With the best of my ability, I make sure that the participant will understand the interview questions and that possible follow-up interviews may be undertaken. *(Akong pagabasahon ang mga nasulat niining Information Sheet ngadto sa potensyal nga partisipante. Kutob sa akong mahimo siguroon nako nga masabtan sa partisipante ang mga pangutana sa interview ug ang possible nga follow-up nga interviews.)*

APPENDIX D Cont'd

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	I can assure that the participant will be given an opportunity to ask questions about the study, and all the questions raised will be answered fully. I can likewise assure that the participant will not be coerced into giving consent that must be free and voluntary. *(Gisiguro ko nga ang partisipante mahatagan og panahon sa pagpangutana kabahin niiining pagtuon og ang tanang pangutana nga iyang gihatag matubag sa hingpit. Siguroon ko usab ang maong partisipante dili mapugos sa paghatag sa pagtugot nga kinahanglan nga gawasnon og boluntaryo.)* A copy of this Informed Consent Form will be provided to the participant. (Ang kopya sa niining Informed Consent Form ihatag ngadto sa respondent.) Print Name of Researcher (Ngalan sa Nagtuon):

APPENDIX E

MEMORANDUM OF AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

This **Memorandum of Agreement** (the "MOA") is executed this _____ in the City of Ozamiz, by and between:

MISAMIS UNIVERSITY, INCORPORATED, a corporation duly organized and existing under Philippine laws with principal place of business at H.T. Feliciano Street, Aguada, Ozamiz City duly represented in this act by its President, **KAREN BELINA F. DE LEON, MD, Ed.D.**, herein referred to as the "**SCHOOL**";

-and-

The **CITY HEALTH OFFICE**, herein represented by the Local Chief Executive, **ATTY. HENRY "INDY" F. OAMINAL, JR.**, with office address at Aguada, Ozamiz City, a duly registered health care institution with the Department of Health, herein referred to as "**CHO**".

Both the SCHOOL and the CHO may also be individually referred to as "Party" and collectively as "Parties".

WITNESSETH THAT:

WHEREAS, the **SCHOOL** is one of the educational institutions in Misamis Occidental that offers Bachelor's Degree in Nursing as one of its programs in tertiary education;

WHEREAS, Higher Education Institutions (HEI) need to affiliate with hospitals and other health facilities for the supplemental learning experiences, clinical exposure, and training of students of the various health professionals;

WHEREAS, nursing schools in the Philippines incorporate community exposure into their curriculum to equip future nurses with the knowledge, skills, and values necessary to provide quality care to their communities;

WHEREAS, the Commission on Higher Education ("CHED") has issued a CHED Certificate of Accreditation to CHO to be an Affiliating Hospital to HEIs for supplementary clinical learning of students;

WHEREAS, the CHO is willing to support and accept Nursing students from the SCHOOL for affiliation for community exposure after payment of the appropriate Affiliation Fee;

NOW THEREFORE, for and in consideration of the foregoing premises and covenants, the Parties hereby agrees to the following:

I. **PURPOSE**

The purpose of this MOA is to facilitate the community exposure program and research studies of Nursing students of the SCHOOL by affiliating with the CHO.

APPENDIX E Cont'd

II. **DUTY HOURS**

The Nursing students of the SCHOOL are required to complete health/clinical care duties at the CHO for a minimum of four (4) hours but not more than eight (8) hours in a day, for five (5) days a week.

III. **AFFILIATION FEE**

The CHO shall collect an affiliation fee from the SCHOOL in the amount of FIFTY PESO (P50.00) per student per day of duty.

IV. **OBLIGATIONS OF THE PARTIES**

A. Obligations of the SCHOOL:

1. Preselect and recommend qualified students who will undergo community exposure with the CHO, it being understood that only students who needs to comply with the required Community Health Nursing (CHN) hours to complete their nursing course shall be recommended;
2. Take responsibility for securing all necessary permits, licenses and or accreditation of its College of Nursing from CHED-RO-X, Cagayan de Oro City;
3. Ensure that the nursing students undergoing community exposure with the CHO are covered by medical clearance and accident insurance;
4. Assign responsible and competent Clinical Instructors (CIs) directly responsible for the supervision and instruction of the students; provided, however that the assigned CI shall abide with the procedures, policies, rules and regulations of the CHO;
5. Shall be responsible, through its assigned CIs, for all students' good behavior and proper conduct while undergoing affiliation duties at the CHO;
6. Ensure that its students are free from the influence of alcohol and drugs while undergoing community exposure with the CHO and ensure that they are in a condition to perform their tasks without presenting a hazard to themselves, their fellow students or their clients;
7. Ensure, through its CIs, that its students never offer treatment to a client or perform a procedure without qualified personnel present to assist/instruct.

B. Obligations of the CHO:

1. Make available its facilities as learning venues for community exposure;
2. Orient the students with the policies, rules and regulations of the CHO;
3. Preselect the Barangay Health Center(s)/Clinic(s) which shall serve as Clinic for the nursing students from the SCHOOL for their community exposure duties and research in strict compliance with any and all

CHED and/or DOH Policies and Guidelines for the student's Related Learning Experience (RLE);

4. Endorse to the Barangay(s) concerned the Nursing students and the CI undergoing community exposure.

V. NON-DISCLOSURE AGREEMENT

The Parties agree that any confidential or proprietary information, including its affairs, patients, operations, trade secrets, new product developments, special or unique processes or methods, or any other information with is not otherwise public, shall be held in absolute trust and confidence and shall be used for the sole purpose of student training. Without limiting to the foregoing, the SCHOOL shall require its students to comply with all applicable laws and regulations governing confidentiality and privacy of patient information, including but not limited to Republic Act (RA) 10173, otherwise known as Data Privacy Act of 2012.

Any research studies made by the students pursuant to this MOA shall strictly comply with the provisions of RA 10173. After the accomplishment of the purposes of this MOA all confidential information, including written notes, agreements, photographs, memoranda, drawings, specifications, designs, and other documents with confidential information shall be promptly returned and no copies or written documentation relating thereto shall be retained. This information shall not be disclosed to any employee, consultant or third party unless the Parties agrees to the disclosure of the same in writing.

VI. NON-INDEMNITY CLAUSE

The Parties agrees to indemnify and hold harmless the CHO, the Local Government of Ozamiz (LGU), its doctors, officers, and employees from and against all claims, damages, liabilities, losses, and expenses that may arise in the course of its community exposure that are caused in whole or in part by the SCHOOL or its students' negligent act or omission or that of anyone either employed by the SCHOOL or for whose acts the SCHOOL may be liable.

VII. NO EMPLOYMENT RELATIONSHIP

It is expressly understood by all Parties that nothing in this MOA shall be deemed or construed as creating an employer-employee relationship between the Nursing students and the CHO or between the nursing students and the LGU.

VIII. EFFECTIVITY

This MOA shall be effective immediately upon signing and shall continue to subsist for a period of one (1) year and shall be subject to renewal at the option of the Parties herein.

APPENDIX E Cont'd

IX. PRETERMINATION

The CHO reserves the right to preterminate this MOA should it find the SCHOOL or its students noncompliant with the provisions herein. Moreover, the CHO reserves the right to dismiss any student who fails to comply with the conditions of this MOA or the rules and regulations of the CHO or for any other just causes after a written notice thereof is given to the SCHOOL.

X. WHOLE AGREEMENT

This MOA shall be governed by applicable Philippine laws and shall be considered the entire agreement between the Parties, and shall supersede any existing agreements between the Parties governing the same subject matter.

XI. AMENDMENT

No amendment shall be made to this MOA unless the same is made in writing and signed by both Parties.

XII. SEPARABILITY

In the event that any of the terms, conditions, or provisions in this MOA are declared invalid by competent authority, the terms, conditions and provisions herein not otherwise declared invalid shall continue to be in force and effect.

IN WITNESS WHEREOF, the parties hereunto set their hands this ____ day of MAR 1 7 2025 at Ozamiz City, Philippines.

MISAMIS UNIVERSITY
SCHOOL
H.T. Feliciano St., Aguada, Ozamiz City

By:

KAREN BELINA F. DE LEON, MD, EdD
University President

CITY HEALTH OFFICE
CHO
Aguada, Ozamiz City

By:

CITY VICE MAYOR

ATTY. HENRY F. OAMINAL, JR.
City Mayor

SIGNED IN THE PRESENCE OF:

SAMMY B. TAGHOY, PhD, RN
Dean, College of Nursing

MARIA FLORELYN D. YROGIROG, MD
City Health Officer

APPENDIX E Cont'd

ACKNOWLEDGEMENT

Republic of the Philippines)
City of Ozamiz) S.S.

BEFORE ME, this ___ day of _____ 2025 in the City of Ozamiz, Misamis Occidental, personally appeared the following:

Name	Government-Issued I.D. No.	Valid until
ATTY. HENRY F. OAMINAL, JR.		
DR. KAREN BELINA F. DE LEON	PRC No. 0065556	Feb. 19, 2027

and acknowledged that this Memorandum of Agreement, consisting of FIVE (5) pages, was executed by the foregoing persons in their voluntary act and deed.

WITNESS MY SIGNATURE AND NOTARIAL SEAL on the date and place first above written.

NOTARY PUBLIC

Doc. No.: 312;
Page No.: 63;
Book No.: XCII;
Series of 2025.

APPENDIX E Cont'd

Republic of the Philippines
OFFICE OF THE CITY COUNCIL
Ozamiz City
Telephone No. (088) 521-0786
Email: spozamizcity@gmail.com

EXCERPT FROM THE MINUTES OF THE **REGULAR SESSION** OF THE CITY COUNCIL, CITY OF OZAMIZ, HELD AT THE SESSION HALL, SEN. JOSE F. OZAMIZ MEMORIAL HALL ON TUESDAY, **DEC. 17, 2024.**

Certified True Copy of the Original
JOCELYN G. ALMEDA
Local Legislative Staff Officer VI

PRESENT:

Hon. Simplicia O. Neri	- -	City Vice-Mayor, Presiding Officer
Hon. Lorlie F. Cipres	- -	Member
Hon. Katherine C. Lim	- -	Member
Hon. Cecile Y. Co	- -	Member
Hon. Marcelo S. Romero II	- -	Member
Hon. Roland B. Suizo, Jr.	- -	Minority Floor Leader
Hon. Daniel C. Lao	- -	Assistant Majority Floor Leader
Hon. Juanito B. Saquin, Jr.	- -	Assistant Minority Floor Leader
Hon. Marcelian C. Tapayan	- -	Majority Floor Leader
Hon. Saulo E. Salvador	- -	Member
Hon. Sancho S. Oaminal, Jr.	- -	Member
Hon. Jun Carlo A. Murallon	- -	Ex-Officio Member (Vice-Pres., Liga Ng Mga Barangay)
Hon. John Fel D. Duhaylungsod	- -	Ex-Officio Member (SK Federation President)

ABSENT:
None

RESOLUTION NO. 498 - 2024

A RESOLUTION AUTHORIZING THE LOCAL CHIEF EXECUTIVE, HON. HENRY F. OAMINAL, JR., TO ENTER INTO AND SIGN, ON BEHALF OF CITY HEALTH OFFICE, THE MEMORANDUM OF AGREEMENT ("MOA") WITH HIGHER EDUCATION INSTITUTIONS (HEIs), IN CONNECTION WITH THE AFFILIATION OF NURSING STUDENTS FOR COMMUNITY EXPOSURE

WHEREAS, Section 16 of the Local Government Code ("LGC") empowers Local Government Units to exercise the powers expressly granted, those necessarily implied there from, as well as the powers necessary, appropriate, or incidental for its efficient and effective governance, and those which are essential to the promotion of the general welfare;

WHEREAS, the same section in the LGC mandates mandates every local government unit to ensure and support, among other things, the preservation and enrichment of culture within its respective territorial jurisdiction;

WHEREAS, Section 455(b)(1)(iv) of the abovementioned Code empowers the City Mayor, as the chief executive of the city government to represent the city in all its business transaction and sign in its behalf all bonds, contracts, and obligations, and such other documents pursuant to a Sanggunian Ordinance;

WHEREAS, Article 47(a), Rule IX of the Implementing Rules and Regulations of the Local Government Code states that Unless otherwise provided in the Code, no contract may be entered into by the local chief executive in behalf of an LGU without prior authorization by the sanggunian;

NOW, THEREFORE, on joint motion of all members present, it was:

RESOLVED, as it is hereby resolved, to authorize the local chief executive, Hon. Henry F. Oaminal, Jr. to enter into and sign on behalf of City Health Office (CHO) the Memorandum of Agreement ("MOA") with Higher Education Institutions (HEIs) in connection with the affiliation of nursing students for community exposure .

RESOLVED, further, that the City Council hereby restates, ratifies, and reaffirms each and every term and condition set forth in the MOA and all the acts of the City Mayor in relation thereto;

APPENDIX E Cont'd

REPUBLIC OF THE PHILIPPINES
OFFICE OF THE CITY MAYOR
CITY OF OZAMIZ
TELEFAX NO. (088) 521-1390
MOBILE NO. (0917) 777 6100
EMAIL: ASENSOOZAMIZMAYOR@GMAIL.COM

MEMORANDUM NO. 25-HFOJ-0011

TO: HON. SIMPLICIA "BEBIE" O. NERI
Vice Mayor
City of Ozamiz

FROM: ATTY. HENRY "INDY" F. OAMINAL, JR.
City Mayor

SUBJECT: ASSUMPTION AS ACTING CITY MAYOR ON MARCH 14-17, 2025

DATE: March 13, 2025

X----------X

In the exigency of public service and in view of my approved leave, I hereby affirm that HON. SIMPLICIA O. NERI shall assume the functions of Acting City Mayor on March 14-17, 2025 in accordance with Section 46 (a) of Republic Act No. 7160 otherwise known as the Local Government Code.

In relation to this, she shall discharge the concomitant duties and responsibilities of said position as mandated by law and as may be directed by the undersigned, which includes overseeing the overall operations of the City Government.

CERTIFIED
TRUE COPY

Copies furnished:
All Offices concerned

APPENDIX E Cont'd

RESOLVED finally, that copies of this Resolution be furnished to the City Mayor and the City Health Officer, this city.

Adopted : Dec. 17, 2024

LORLIE FUENTES – CIPRES

KATHERINE C. UM

CECILE Y. CO

MARCELO S. ROMERO II

ROLAND B. SUIZO, JR., JD

Atty. DANIEL C. LAO

JUANITO B. SAQUIN, JR.

Atty. MARCELIAN C. TAPAYAN

SAULO E. SALVADOR

SANCHO S. OAMINAL, JR.

JUN CARLO A. MURALLON

JOHN FELLO. DUHAYLUNGSOD

Approved:
17 DEC 2024

SIMPLICIA O. NERI
City Vice Mayor, Presiding Officer

Attested:

JOCELYN R. ALMEDA
Local Legislative Staff Officer VI

Certified True Copy of the Original

JOCELYN R. ALMEDA
Local Legislative Staff Officer VI

APPENDIX F

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: mu@mu.edu.ph

College of Nursing, Midwifery and Radiologic Technology

CERTIFIED: ISO 21001:2018 Educational Organizations Management Systems by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission On Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

May 2, 2025

HON. ISIDRO E. CAILING
Barangay Captain
Barangay Sta. Cruz
Ozamiz City

Dear **HON. CAILING:**

Greetings of Peace!

We, the undersigned researchers from Misamis University, currently pursuing a Bachelor of Science in Nursing, are conducting a research study titled "Healthcare Access in Relation to the Perceived Quality of Life of the Elderly Population."

This study aims to examine the relationship between healthcare access encompassing accessibility, availability, affordability, acceptability, and accommodation to the perceived quality of life among the elderly. By understanding this relationship, we hope to contribute valuable insights that can inform targeted strategies to enhance healthcare services and ultimately improve the well-being of the elderly population.

In line with this, we respectfully seek your permission and approval to conduct our research in barangay Sta. Cruz. Our intended respondents are individuals aged 60 and above, regardless of sex, ethnicity, race, education, or socio-economic background.

We assure you that all data collected will be handled with the utmost confidentiality and used exclusively for academic purposes. Your support and approval will significantly enrich the content and impact of our study. We sincerely appreciate your time and consideration and look forward to your favorable response.

Asenso Sta. Cruz!

Sincerely yours,

KIRA MAE D. PERALES
ALICK JOSH N. PERALTA
ISABELLE CASSANDRA S. RATILLA
SUZANNE MAE O. ROSAL
SOFIA LORAN L. SARZUELO
Researchers

Noted by:

SAMMY B. TAGALOY, PhD, RN
College Dean

Approved by:

HON. ISIDRO E. CAILING
Punong Barangay

APPENDIX F Cont'd

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
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May 2, 2025

HON. DIONISIO P. DETALLA
Barangay Captain
Barangay Bacolod
Ozamiz City

Dear **HON. DETALLA:**

Greetings of Peace!

We, the undersigned researchers from Misamis University, currently pursuing a Bachelor of Science in Nursing, are conducting a research study titled "Healthcare Access in Relation to the Perceived Quality of Life of the Elderly Population."

This study aims to examine the relationship between healthcare access encompassing accessibility, availability, affordability, acceptability, and accommodation to the perceived quality of life among the elderly. By understanding this relationship, we hope to contribute valuable insights that can inform targeted strategies to enhance healthcare services and ultimately improve the well-being of the elderly population.

In line with this, we respectfully seek your permission and approval to conduct our research in barangay Bacolod. Our intended respondents are individuals aged 60 and above, regardless of sex, ethnicity, race, education, or socio-economic background.

We assure you that all data collected will be handled with the utmost confidentiality and used exclusively for academic purposes. Your support and approval will significantly enrich the content and impact of our study. We sincerely appreciate your time and consideration and look forward to your favorable response.

Asenso Bacolod!

Sincerely yours,

KIRA MAE D. PERALES

ALICK JOSH N. PERALTA

ISABELLA CASSANDRA S. RATILLA

SUZANNE MAE O. ROSAL

SOFIA LOREN L. SARZUELO
Researchers

Noted by:

SAMMY B. TAGHOY, PhD, RN
College Dean

Approved by:

HON. DIONISIO P. DETALLA
Punong Barangay

APPENDIX F Cont'd

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May 2, 2025

HON. RICKY R. FUENTES
Barangay Captain
Barangay Tinago
Ozamiz City

Dear **HON. FUENTES:**

Greetings of Peace!

We, the undersigned researchers from Misamis University, currently pursuing a Bachelor of Science in Nursing, are conducting a research study titled "Healthcare Access in Relation to the Perceived Quality of Life of the Elderly Population."

This study aims to examine the relationship between healthcare access encompassing accessibility, availability, affordability, acceptability, and accommodation to the perceived quality of life among the elderly. By understanding this relationship, we hope to contribute valuable insights that can inform targeted strategies to enhance healthcare services and ultimately improve the well-being of the elderly population.

In line with this, we respectfully seek your permission and approval to conduct our research in barangay Tinago. Our intended respondents are individuals aged 60 and above, regardless of sex, ethnicity, race, education, or socio-economic background.

We assure you that all data collected will be handled with the utmost confidentiality and used exclusively for academic purposes. Your support and approval will significantly enrich the content and impact of our study. We sincerely appreciate your time and consideration and look forward to your favorable response.

Asenso Tinago!

Sincerely yours,

KIRA MAE D. PERALES

ALICK JOSH N. PERALTA

ISABELLA CASSANDRA S. RATILLA

SUZANNE MAE O. ROSAL

SOFIA COLEEN L. SARZUELO
Researchers

Noted by:

SAMMY B. TAGHOY, PhD , RN
College Dean

Approved by:

HON. RICKY R. FUENTES
Punong Barangay

APPENDIX F Cont'd

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APPENDIX G

Statistics

Variable	Mean	StDev
AVAILABILITY	3.44883	0.496769

APPENDIX G Cont'd

Pairwise Pearson Correlations

Sample 1	Sample 2	N	Correlation	95% CI for ρ	P-Value
ACCESSIBILITY	AVAILABILITY	300	0.380	(0.279, 0.473)	0.000
AFFORDABILITY	AVAILABILITY	300	0.229	(0.119, 0.334)	0.000
ACCEPTABILITY	AVAILABILITY	300	0.390	(0.290, 0.482)	0.000
ACCOMMODATION	AVAILABILITY	300	0.623	(0.549, 0.688)	0.000

APPENDIX G Cont'd

Regression Equation

PERCEIVED QUALITY OF LIFE = 2.130 + 0.0626 AVAILABILITY - 0.0244 ACCESSIBILITY
+ 0.1697 AFFORDABILITY + 0.0854 ACCEPTABILITY
+ 0.0516 ACCOMMODATION

Coefficients

Term	Coef	SE Coef	T-Value	P-Value	VIF
Constant	2.130	0.280	7.62	0.000	
AVAILABILITY	0.0626	0.0571	1.10	0.274	1.78
ACCESSIBILITY	-0.0244	0.0686	-0.36	0.723	1.48
AFFORDABILITY	0.1697	0.0607	2.79	0.006	1.36
ACCEPTABILITY	0.0854	0.0692	1.23	0.218	1.31
ACCOMMODATION	0.0516	0.0537	0.96	0.338	1.82

APPENDIX G Cont'd

Pilot Testing Results for the Healthcare Access Questionnaire

Omitted Variable	Adj. Total Mean	Adj. Total StDev	Item-Adj. Total Corr	Squared Multiple Corr	Cronbach's Alpha
Q1	81.350	6.961	0.2837	*	0.8030
Q2	81.600	6.723	0.5768	*	0.7897
Q3	81.500	6.778	0.5451	*	0.7921
Q4	81.450	6.794	0.6215	*	0.7910
Q5	81.600	6.644	0.5575	*	0.7886
Q6	81.500	6.747	0.7294	*	0.7874

APPENDIX H

APPENDIX H Cont'd

APPENDIX H Cont'd

APPENDIX I

25% Overall Similarity

The combined total of all matches, including overlapping sources, for each database.

Match Groups

- 188 Not Cited or Quoted 20%
  Matches with neither in-text citation nor quotation marks
- 59 Missing Quotations 5%
  Matches that are still very similar to source material
- 2 Missing Citation 0%
  Matches that have quotation marks, but no in-text citation
- 0 Cited and Quoted 0%
  Matches with in-text citation present, but no quotation marks

Top Sources

- 11% Internet sources
- 7% Publications
- 22% Submitted works (Student Papers)

APPENDIX I Cont'd

Research for turnit in and grammarly

by Misamis University

General metrics

87,422	12,164	763	48 min 39 sec	1 hr 33 min
characters	words	sentences	reading time	speaking time

CURRICULUM VITAE

PERSONAL DATA

Name : Kira Mae D. Perales

Date of Birth : September 8, 2003

Place of Birth : Ozamiz City

Home Address : P-3A, Lam-an, Ozamiz City

Gender : Female

Civil Status : Single

Contact No. : 09106379859

Email : kiramae.perales8@gmail.com

EDUCATIONAL BACKGROUND

Elementary : Ozamiz Central School

Tinago, Ozamiz City, Misamis Occidentale

Secondary : Ozamiz City National High School

Lam-an, Ozamiz City, Misamis Occidental

Senior High School : La Salle University

Valconcha Street, Ozamiz City, Misamis Occidental

College : Misamis University

Feliciano Street, Ozamiz City, Misamis Occidental

CURRICULUM VITAE

PERSONAL DATA

Name : Alick Josh N. Peralta

Date of Birth : March 8, 2003

Place of Birth : Pagadian City, Zamboanga Del Sur

Home Address : P-3 Annex, Ozamiz City

Gender : Male

Civil Status : Single

Contact No. : 09078442811

Email : alickjoshnperalta@gmail.com

EDUCATIONAL BACKGROUND

Elementary : Camp Abelon Elementary School
Lumbia District, Pagadian City, Zamboanga Del Sur

Secondary : Holy Child's Academy of Pagadian, Inc.
San Jose District, Pagadian City, Zamboanga Del Sur

Senior High School : Pagadian City High School
Tuburan District, Pagadian City, Zamboanga Del Sur

College : Misamis University
Feliciano Street, Ozamiz City, Misamis Occidental

CURRICULUM VITAE

PERSONAL DATA

Name : Isabella Cassandra S. Ratilla

Date of Birth : November 17, 2003

Place of Birth : Ozamiz City

Home Address : P-4, Gango, Ozamiz City

Gender : Female

Civil Status : Single

Contact No : 09980031859

Email : ratillaisabella@gmail.com

EDUCATIONAL BACKGROUND

Elementary : Medina Elementary School
Maningcol, Ozamiz City, Misamis Occidental

Secondary : Ozamiz City National High School
Lam-an, Ozamiz City, Misamis Occidental

Senior High School : Ozamiz City National High School
Lam-an, Ozamiz City, Misamis Occidental

College : Misamis University
Feliciano Street, Ozamiz City, Misamis Occidental

CURRICULUM VITAE

PERSONAL DATA

Name : Suzanne Mae O. Rosal

Date of Birth : April 8, 2003

Place of Birth : Ozamiz City

Home Address : Purok-1, Baybay Sta. Cruz,

Ozamiz City

Gender : Female

Civil Status : Single

Contact No. : 09093669379

Email : suzannerosal7@gmail.com

EDUCATIONAL BACKGROUND

Elementary : Ozamiz City SDA Elementary School
Don Anselmo Bernad, Ozamiz City, Misamis Occidental

Secondary : Sacred Heart High School Inc.
Kiwalan, Iligan City

Senior High School : Iligan Medical Center College
Pala-o, Iligan City

College : Misamis University
Feliciano Street, Ozamiz City, Misamis Occidental

CURRICULUM VITAE

PERSONALDATA

Name : Sofia Loren L. Sarzuelo

Date of Birth : August 3, 3003

Place of Birth : Ozamiz City

Home Address : P-5, Aguada, Ozamiz City

Gender : Female

Civil Status : Single

Contact No. : 09164564442

Email : sofialoren2608@gmail.com

EDUCATIONAL BACKGROUND

Elementary : Ozamiz City Central School SPED Center
Vicente Ostia Avenue, Ozamiz City, Misamis Occidental

Secondary : Ozamiz City National High School
Lam-an, Ozamiz City, Misamis Occidental

Senior High School : Ozamiz City National High School
Lam-an, Ozamiz City, Misamis Occidental

College : Misamis University
Feliciano Street, Ozamiz City, Misamis Occidental