

Exploring the Health Practices, Challenges Encountered and Best Practices employed by Public Health Workers in Third Municipalities of Samar

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Abstract

The Philippines was found to have flaws in its existing public healthcare systems, despite its status as a developing country. The country is also said to be dealing with issues such as 1) a lack of precise formal referral arrangements or guidelines between referring and receiving facilities, 2) a lack of advance arrangements for urgent/emergencies, 3) a lack of specialist services, and 4) low referral acceptance due to total capacity constraints. Addressing health system inefficiencies and inequities due to disorganized governance, fragmented health financing, and devolved and diverse service delivery, remains a significant challenge for the Philippine health system. This study is limited on the extent of health practice of Public Health Workers in terms of Assessment of the patient Records Management, Human Resources management and Resource Material Management that were gathered through questionnaire checklist and were analyzed quantitatively. In addition, challenges encountered and best practices employed by Public Health Workers were gathered through interview and were analyzed thematically. There were a total of 80 respondents composed of Doctors, Nurse, Midwives and Community Residents of the two (2) Third Class Municipalities in Samar.

Keywords: Public Health Workers; Challenges; Health Practices; Best Practices

1. Introduction

As humans, we regard health to be one of the most important aspects of our lives. It is critical to our own development as well as the nation's progress. The more influential the workforce is, the healthier the country's residents are. People who are healthier are more productive, and because people are the assets that allow a country to flourish, improving their health is necessary to keep them productive and healthy (Collins, n.d.). Primary health care must be prioritized since it is the first point of interaction for individuals and families with the health care system (Mohinuddin, 2018).

Addressing health system inefficiencies and inequities due to disorganized governance, fragmented

health financing, and devolved and diverse service delivery, remains a significant challenge for the Philippine health system. (Dayrit, Lagrada, Picazo, Pons, and Villaverde, 2018)

In this regard, the Philippines was found to have flaws in its existing public healthcare systems, despite its status as a developing country. The country is also said to be dealing with issues such as 1) a lack of precise formal referral arrangements or guidelines between referring and receiving facilities, 2) a lack of advance arrangements for urgent/emergencies, 3) a lack of specialist services, and 4) low referral acceptance due to total capacity constraints (United States Agency for International Development, 2018).

The Barangay Health Stations and the Rural Health Units are the two main facilities for primary health care (Japan International Cooperation Agency, 2012). In this regard, Barangay Health Stations, according to Belcia (2018), are the first community-based health institution. Furthermore, the Rural Health Unit is the second level of primary care and the principal source of free basic health care in rural areas (Volunteer for the Visayans Inc., n.d.). Patients can easily access preventive and promotional services such as health education, sanitation campaigns, immunization, normal delivery, prenatal and postnatal services, contact tracing, community liaison, medico-legal, and minor surgery when these two facilities are combined under primary health care.

As a result, these services may help to minimize the number of incidents of preventable morbidity and mortality among patients (Department of Health, n.d.). One of the critical systems that must be properly implemented in order to achieve a high standard and quality of treatment is a well-functioning healthcare practices among Local Government Units.

However, one of the key concerns, particularly in developing nations, is improving and providing affordable yet high-quality public health care for all people. The quality of public healthcare is frequently limited or unsatisfactory. Limited human, material, and financial resources are only a few of the factors that prevent such countries from providing high-quality care to their population. Therefore, the aim of this study is to explore the health practices, challenges encountered and best practices employed by public health workers in third municipalities of Samar.

1.1. Methodology

The study employed the mixed method design. In order to establish the study, Exploratory Method was used. To explore the Public Health Practices among Third Class Municipalities in the Province of Samar, questionnaire checklist and semi-structured interview were utilized. To strengthen the data gathered, structured interview with the Public Health Administrator specifically Medical Health Officers of identified municipality was conducted. Purposive sampling was employed to healthcare workers' respondents and random sampling to residents to incorporate respondents in the study and in choosing the municipality to be part of the study

1.2. Participants

The participants were a total of 80 categorized as Doctors, Midwives, Nurses and Community residents from the municipalities of Daram and Sta. Rita. Majority were Female with 68.75% and male with 31.25%.

Table 1. Profile of the Participants

Category	Description	Percentage
Gender	Male	31.25
	Female	68.75
Position	Doctor	3.75
	Midwife	25.00
	Nurse	6.25
	Community Residents	65.00
Municipality	Daram	41.25
	Sta. Rita	58.75

1.3. Research Instrument

The research instrument was a survey questionnaire that first inquired about some background information, but more importantly included several scales described below

Satisfaction Scale. Using a 4-point likert scale, the study utilized the satisfaction scale with Very Greatly Satisfied (3.26-4.00), Greatly Satisfied (2.51-3.25), Least Satisfied (1.76-2.50) and Very Least Satisfied (1.00-1.75).

2. Results and Discussion

Table 2. Extent health practice of Public Health Workers in terms of Assessment of the patient

INDICATORS	WM	SD	VI
1. assess the patient and gather all their basic information	3.58	0.50	VGS
2. interview the patient to know their health history	2.86	0.65	GS
3. determine the right medical procedure to be conducted	3.29	0.62	VGS
4. provide information about their health status based on the gathered data	3.26	0.72	VGS
5. refer and arrange their medical procedure as per necessary	2.48	0.97	LS
Overall Mean	3.09	0.48	GS

The scale scores for each variable were obtained by computing the mean score for each participant. Table 2 overall mean for Assessment of Patient is 3.09 verbally interpreted as Greatly Satisfied. Assessment of patient through gathering all the basic information appeared to have the highest mean of 3.58 and can be noted as Very Greatly Satisfied while referral and arrangement of patients' their medical procedure as per necessary is noted to have lowest mean of 2.48 and given Least Satisfied.

Table 2. Extent health practice of Public Health Workers in terms of Records Management

Indicators	WM	SD	VI
1. a system and procedure in managing the records in the health unit	3.54	0.65	VGS
2. complied with the Data Privacy Act for the confidentiality of the records	3.84	0.37	VGS
3. records storage that are locked up and only authorize person has access to it	3.53	0.69	VGS
4. assigned individuals that are only responsible for records-keeping	3.59	0.50	VGS
5. consolidated data of all the patient's records and has back-up for safe keeping.	3.64	0.48	VGS
Overall Mean	3.63	0.36	VGS

It can be viewed from the table that the overall mean for Records Management is 3.63 noted as Very Greatly Satisfied. Compliance with the Data Privacy Act for the confidentiality of the records appeared to have the highest mean of 3.84 noted as Very Greatly Satisfied

Table 3. Extent health practice of Public Health Workers in terms of Human Resource Management

Indicators	WM	SD	VI
1. Medical health officer in plantilla position	3.46	0.50	VGS
2. enough number of nurses in the health unit	3.91	0.28	VGS
3. sufficient number of midwives in the health unit	3.24	0.43	GS
4. enough number of health workers per barangay	3.79	0.41	VGS
5. sufficient number of manpower to man the operations of the health centers	3.76	0.43	VGS
Overall Mean	3.63	0.26	VGS

It can be reflected from the table 4 that the overall mean for Human Resources Management is 3.63 interpreted as Very Greatly Satisfied. Having enough number of nurses in the health unit appeared to have highest mean of 3.91 interpreted as Very Greatly Satisfied while Item 3 having sufficient number of midwives in the health unit obtained the lowest mean of 3.24 interpreted as Greatly Satisfied.

Table 4. Extent health practice of Public Health Workers in terms of Material Resource Management

Indicators	WM	SD	VI
1. has new and functional medical equipment in each health centers		3.69	0.47
2. has sufficient number of health centers in each barangay		3.13	0.33
3. has enough number of medical supplies		3.48	0.50
4. has enough number of administrative supplies		3.78	0.42
5. sufficient facilities for the patients and health workers.		3.85	0.36
Overall Mean		3.58	0.26

It can be noted from the table that the overall mean for Material Resource Management is 3.58 verbally interpreted as Very Greatly Satisfied. Having sufficient facilities for the patients and health worker appeared to have highest mean of 3.85 interpreted as Very Greatly Satisfied while having sufficient number of health centres in each barangay obtained the lowest mean of 3.13 interpreted as Greatly Satisfied.

Table 5. Summary of Extent of Health Practice of Public Health Workers

Factors	WM	SD	VI
Assessment of Patient	3.09	0.48	GS
Records Management	3.63	0.36	VGS
Human Resource Management	3.63	0.26	VGS
Resource Material Management	3.58	0.26	VGS
Overall Mean	3.48	0.34	VGS

The means scores for all of the factors are considerably high nearing 4.00 noted as Very Greatly Satisfied except for Assessment of Patient with 3.09 appeared to be Greatly Satisfied only.

2.1. Challenges Encountered

Based on the interview, there were three (3) themes emerged as far as the challenges of public health workers are concerned. Theme 1 "Limited Manpower" was supported by the statement of PHW1 who mentioned that "Kulang kami sa tao, lalo na sa mga midwives." PHW5 added "Hindi sapat yung mga medical staff. Sa dami ng residente na minsan sabay sabay, kaya naghihintay sila ng matagal". PHW4 supported with the statement "Need additional medical staff especially midwives since sila rin nag aact as coordinator lalo na sa mg Barangay Health Workers na nag iikot sa barangay"

Theme 2 "Inadequate Facilities" emerged based on the responses of all the respondents. PHW8

mentioned "Wala kaming malawak na space. Kulang sa equipment at facilities" PHW(added "Siksikan kame dito kaya talagang naiipon mga tao. Kailangan namin pagkasyahin yung space kaya kung mapapansin mo minsan nasa court kami o kaya sa labas o tapat ng health center."

Theme 3 "No Referral System" was supported by Nurses-participants. PHW2 "Pag need ng irefer ni patient, wala kaming magawa kundi maghintay. Since nasa island kami, malayo sa kabayanan ang hirap mag refer sa hospital." PHW7 "Wala kaming clear protocols, wala rin list of hospitals na pwedeng mag referan. We as nurses need to do the research at kailangan magtanong bago mairefer si patient. Matagal na proseso siya talaga"

2.1. Best Practices Employed

Based on the interview, there were three (3) themes emerged as far as the Best Practices employed by Public Health Workers are concerned.

Theme 1 "Communication" was supported by the statements of R1 "Nakikipag usap po sila ng maayos at mahinahon tsaka nag fofollow up po talaga sila." R2 added "Tumatawag sila o kaya pinupuntahan kami sa bahay para ipaalam samin ang results o kaya namn pag nakaschedule kame for check up."

Theme 2 "Organized Patients Records" emerged based on the responses of the participants. PHW1 "We see to it na well-documented and organized ang records especially na sobrang higpit naming because of the Data Privacy Act of 2012" PHW6 revealed "We have specific persons who are authorized to arrange and organized them, para hindi mahirap maghanap. Tsaka may mga locked cabinet din kame

Theme 3" Knowledgeable, Effective and Efficient Medical Staff" was supported by the Resident-participants who responded that "Magaling po mga nurse tsaka doctor, alam nila ginagawa nila" Another R2 revealed "Saludo po ako sa galling nila. Alam po nila at tama po mga advises nila at mga binibigay na gamot.

3. Conclusions and Recommendations

The study explored the extent of health practices, challenges encountered and best practices employed by the public health workers in third municipalities of Samar. The extent of health practice of Public Health Workers in terms of Assessment of the patient Records Management, Human Resources management and Resource Material Management were gathered through questionnaire checklist and were analyzed quantitatively. In addition, challenges encountered and best practices employed by Public Health Workers were gathered through interview and were analyzed thematically. There were a total of 80 respondents composed of Doctors, Nurse, Midwives and Community Residents of the two (2) Third Class Municipalities in Samar. Results found that the extent of health practice of Public Health Workers in terms of Assessment of the patient Records Management, Human Resources management and Resource Material Management were perceived to be Very Greatly Satisfied. Findings furthered revealed that the challenges encountered by the Public Health Workers were Limited Manpower, Inadequate Facilities and No referral system while the best practices employed were Effective Communication, Organized Patients Records and Knowledgeable, Effective and Efficient Medical Staff.

It is therefore recommended that the local government unit shall open additional plantilla positions for Health Workers to be assigned in the 3rd Class Municipality. Improvement of Facilities must be included in the Annual Local Health Investment Plan or 20% Development Fund priority projects of the LGU. Establishment of hospitals or partnership with Hospitals with Mobile Clinics that can reach the Municipality is recommended. Provisions of additional incentives or maximizing the funds of Doctor to the Barrios may be considered.

4. Limitations of the Study

This study is limited on the extent of health practice of Public Health Workers in terms of Assessment of the patient Records Management, Human Resources management and Resource Material Management that were gathered through questionnaire checklist and were analyzed quantitatively. In addition, challenges encountered and best practices employed by Public Health Workers were gathered through interview and were analyzed thematically. There were a total of 80 respondents composed of Doctors, Nurse, Midwives and Community Residents of the two (2) Third Class Municipalities in Samar.

5. Implications of the Study

The limitations notwithstanding, we believe that are some important policy-related lessons that can be learned from the study. From the descriptive statics, it can be implied that healthcare workers are having issues with regards to referral system. There is no clear system and procedure as to how patients are referred to the hospitals based on the assessments when the Rural Health Unit cannot perform nor have capacity such as manpower or facilities to address the problem being complained about the patient. Findings are supported by the study of Collado (2019) which found out on his study that some health care facilities experience a lack of communication equipment, unstable signals, and distance barriers, thus, affecting the exchange of information and the referral process in the healthcare facility.

Furthermore, healthcare workers give utmost respect to the confidentiality of the patients records. They value privacy because they believe that maintaining privacy and confidentiality helps to protect patients from potential harms including psychological harm such as embarrassment or distress and social harms. Findings support the study of Antonio, Patdu and Marcelo (2013) found that Philippine laws jurisprudence recognize and protect privacy of health information as a general rule; impose upon individual practitioners and institutions the obligation to uphold such right; and may apply in both the traditional and eHealth milieu. It was concluded that technological developments have outpaced policy and practice. There is a need to unify the patchwork of regulations governing the privacy of health information; advocate for a privacy culture among professionals and patients alike; fortify the evidence base on patient and provider perceptions of privacy; and develop and improve standards and systems to promote health information privacy at the individual and institutional levels.

In addition, in terms of Human Resources, there were enough nurse but limited midwives. The community needs more midwives as they have a multipurpose role in maternal health, public health. Community midwife is a character in the community who assists the mother during childbirth and primary maternity care. In public health, midwife is playing a positive role, promotes health care system for mother and child, and brings the good change in the maternal health conditions and newborn baby. Findings support the study of Tabbassam, H. F., & Menhas, R. (2015) wherein they concluded that at present, midwife has become a necessary and vital part in primary health care system (5). In Pakistan, childbirth cases are assisted by un-trained community midwives (CMW).. In rural areas basic health units are present but no woman doctors and nurses are available. Mostly people get medical services from untrained quacks and traditional community midwife. It is suggested that if government provide proper training to community midwife then maternal death rate can be decreased. Rural women feel hesitation from getting treatment by male doctors. Mostly community midwives are natives and preferred for treatment by female. Community midwives (CMWs) assist critical roles by facilitating education, health care and resources for women of childbearing age. The traditional role of birth attendant, a community midwife also functions in a variety of other roles

related to women. They perform routine women's health checkups, educate women on prenatal health and nutrition, provide birth education classes and assist women with breastfeeding and infant care. As labor and birth attendants, midwives provide coaching and comfort.

Moreover, since there were island municipalities, health centers and other health facilities are not really present in the place. If there were health centers, the equipment and spaces are not enough to cater all the patients as well as to deliver quality health care services among patients. Findings support the study of, Flores LJY, Tonato RR, dela Paz GA, Ulep VG (2021) where they revealed that In the Philippines, access to basic healthcare services remains a major challenge. This is largely attributed to scarcity and maldistribution of health facilities in many parts of the country. About 50% of the population do not have access to primary care facilities (PCFs) within 30 minutes

Finally, there is a shortage of manpower as well as facilities for primary health care in the community. In addition, due to distance or unavailability of hospitals, referral system becomes a challenge. Findings support the statement of Escudero (2009) where he stated that the problems of many barangays with health centers usually have to do with the unavailability of medical staff, inadequate facilities, and insufficient supply of medicines. Furthermore, recent study shows that Healthcare workforce shortages impact healthcare access in rural communities. Thus, communication play a huge role in primary healthcare especially in the rural health unit. Moreover, organization of records and documents were strictly being focused on especially since there is a Data Privacy mandate. Lastly, the ability of the health worker to do his job effectively and efficiently is a factor that makes the implementation of the primary health care among residents a success. Findings support the study of Tulane University School of Public Health (2020) reported that Communication is foundational to all layers of the healthcare system, but it's often problematic. Fortunately, professionals in this field can take steps to overcome many common barriers to effective communication in health care. Skillful communication enables healthcare providers to establish rapport with their patients, solicit crucial health information, and work effectively with all members of a care team and the public.

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PHILIPPIANS 4:13 For I can do everything through Christ, who gives me strength.

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References

- Belciña K. A. S. (2018, February). Lack of a Barangay Health Station. Retrieved from <https://delegatesonthego.wixsite.com/together/post/2018/02/09/lack-of-a-barangay-health-station>
- Bryant, J. H., & Richmond J. B. (2017). Alma-Ata and Primary Health Care: An Evolving Story. ScienceDirect. Retrieved from <https://www.sciencedirect.com/science/article/pii/B9780128036785000175>

- Butow, P., & Hoque, E. (2020). Using Artificial Intelligence to Analyze and Teach Communication in Healthcare. ScienceDirect. Retrieved from <https://www.sciencedirect.com/science/article/pii/S0960977620300096>
- Chichirez, C. M., & Purcarea, V. L. (2018). Interpersonal Communication in Healthcare. Journal of Medicine and Life. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6101690/>
- Collins, F. S. (n.d.). 10 Growing Importance of Health in the Economy. Retrieved from <https://widgets.weforum.org/outlook15/10.html>
- Collado, Z. C. (2019). Challenges in Public Health Facilities and Services: Evidence from a Geographically Isolated and Disadvantaged Area in the Philippines. Journal of Global Health Reports. Retrieved from <https://www.joghr.org/article/11962-challenges-in-public-health-facilities-and-services-evidence-from-a-geographically-isolated-and-disadvantaged-area-in-the-philippines>
- Crossman, A. (2020). Understanding Purposive Sampling. Retrieved from: <https://www.thoughtco.com/purposive-sampling-3026727>
- Data Across Sectors for Health. (2018, March). Health Care Data 101. Retrieved from <https://iphionline.org/wp-content/uploads/2020/01/Health-Care-Data-101.pdf>
- Dayrit, M.M., Lagrada, L.P., Picazo, O.F., Pons, M.C., & Villaverde, M.C. (2018). The Philippines Health System Review. World Health Organization, Regional Office for South-East Asia. Vol. 8 No. 2. <https://apps.who.int/iris/handle/10665/274579>.
- Department of Health. (2002). A Handbook on Inter-Local Health Zones. JICA. Retrieved from https://jica-net-library.jica.go.jp/lib2/09PRDM007/pdf/r4_jp.pdf
- Department of Health - Center for Health Development Northern Mindanao. (n.d.). Health Referral System and Minimum Packages of Services. Retrieved from <https://www.who.int/management/facility/ReferralPhilippines.pdf>
- Department of Health. (n.d.). Guide in Establishing a Functional Service Delivery Network (SDN) For MNCHN-FP Services. Retrieved from https://doh.gov.ph/sites/default/files/basic-page/Updated_SDNGuide_final.pdf
- Department of Health. (2016). Health Privacy Code Implementing the Joint Administrative Order No. 2016-0002 "Privacy Guidelines for the Implementation of the Philippine Health Information Exchange". Retrieved from <http://ehealth.doh.gov.ph/images/HealthPrivacyCode.pdf>
- Department of Health. (n.d.). Health Referral System Manual. Scribd. Retrieved from <https://www.scribd.com/doc/297169823/Health-Referral-System-Manual-health-Referral-Manual>
- Dick, R.S., Steen, E.B., & Detmer, D.E. (1997). The Computer-Based Patient Record: Revised Edition: An Essential Technology for Health Care. Institute of Medicine (US) Committee on Improving the Patient Record. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK233055/>
- Esparagoza, C. (2020). CHALLENGES IN THE PHILIPPINE HEALTHCARE SYSTEM: Social Determinants to health, Health System Strengthening and Health Engagement in Development Towards Issues In Equity. Retrieved from https://www.researchgate.net/publication/341370912_CHALLENGES_IN_THE_PHILIPPINE_HEALTHCARE_SYSTEM_Social_Determinants_to_health_Health_system_strengthening_and_Health_engagement_in_development_towards_issues_in_equity
- Hort, K., Gilbert, K., Basnayaka, P., & Annear, P. (2019). Strategies to Strengthen Referral From Primary Care to Secondary Care in Low- and Middle- Income Countries. New Delhi: World Health Organization Regional Office for South-East Asia. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/325734/9789290227090-eng.pdf?sequence=1&isAllowed=y>
- Japan International Cooperation Agency (JICA). (2012, December). Referral Manual. Flora Sta. Marcela ILHZ MNCHN. Retrieved May 26, 2021, from https://www.jica.go.jp/project/english/philippines/007/materials/c8h0vm000094iynv-att/materials_03_02.pdf
- Japan International Cooperation Agency (JICA). (n.d.). The Two-Way Referral System. Retrieved from https://www.jica.go.jp/project/english/philippines/007/materials/c8h0vm000094iynv-att/materials_04_12.pdf
- Lam, H. Y., de Vera, R., Rivera, A. S., Sy, T. R., Cheng, K. J. G., Farrales, ... Miguel, R. T. D. (2018). Describing the Health Service Delivery Network of an Urban Poor Area and a Rural Poor Area. Acta Medica Philippina, 52(5). Retrieved from <https://doi.org/10.27895/amp.v5i5.316>
- Merlino, J. (2017). Communication: A Critical Healthcare Competency. Patient Safety and Quality Healthcare. Retrieved from <https://www.psqh.com/analysis/communication-critical-healthcare-competency/>
- Moore, P. M., Rivera, S., Bravo-Soto, G., Olivares, C., & Lawrie, T. A. (2018). Communication Skills Training for Healthcare Professionals Working with People Who Have Cancer. Cochrane Library. Retrieved from <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003751.pub4/full>
- Nunez, R. T. (2013). Draft Ordinance on Rural Health Units. Retrieved from <https://spgensantos.ph/wp-content/uploads/2015/03/PO151054.pdf>