



# HEALTH SERVICE DELIVERY OF SELECTED MUNICIPAL HEALTH CENTER IN IV DISTRICT PROVINCE OF LAGUNA

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## ABSTRACT

The purpose of this study was to evaluate the current state of health service provision at a particular municipal health center located in District IV, Province of Laguna. 93 healthcare professionals and 253 patients from various local health institutions participated in our self-administered survey. The research design used in the study was descriptive-correlational, and statistical measures including mean, standard deviation, and Pearson Correlation Coefficient ( $r$ ) were utilized. Results showed that the correlations of quality of health service of health workers to the provided services of municipal health center are statistically significant at .05 level of significance. On the other hand, the relationship between the respondent's profile and their provided services such as outpatient consultation, minor surgery, blood donation, vaccination, cervical cancer screening, drugs screening and intervention, dental care found that there is a slight but statistically significant correlate.

Furthermore, result showed that the relationship between respondent demographic profile age, sex, marital status is statistically significantly correlate with the four quality of health services variable while, position and length of service is not statistically significantly correlate with the four quality of health service variable such as timeliness, compassion, competency and patient-centeredness. The test of significance of differences between Health Workers and Constituents in the Quality of Health Services Delivered result shows that there's no statistically significant difference found any of four quality of services variables between health workers. This could mean that a respondent will rate the quality of service regardless of whether they are a health worker or a constituent.

**KEYWORDS:** *Municipal Health Center, Health Workers, Quality of health services, Patient-Centeredness*

## INTRODUCTION

The provision of health services in Municipal Health Centers is crucial in the fast-paced world of today. Workers are essential to making sure that these services are delivered successfully and efficiently. The study intends to assist the Municipal Health Center in Laguna's IV District that has chosen to receive health services.

The Municipal health office is in charge with the delivery of basic health services, which are primitive, preventive, curative and rehabilitative in nature. It also promotes, protects and maintains the health of the citizenry. A methodical, long-term strategy for improving patient outcomes and service delivery is continuous improvement. Developing a continuous improvement culture is a journey that requires dedication, perseverance, and commitment rather than a turnaround project or a fast fix. Republic Act 11223 This Act shall be referred to as the "Universal Health Care Act" (Sowell, 2020). People-centered, culturally sensitive, and diversity-aware approach to health care delivery that emphasizes on the demands and wellbeing of individuals. Republic Act 1082, "An act strengthening health and dental services in the rural areas, and providing funds accordingly," is another relevant piece of government. Example of quality improvement initiatives are when healthcare professionals employ data-driven strategies to reduce the average length of hospital stays or examine patient data to create a plan to lower postoperative infections. One of the main functions of health systems is service delivery, which is influenced

by governance, financing, and resource development. The accomplishment of intermediate health system goals and, eventually, the ultimate health system goals are directly impacted by service delivery.

The research seeks to identify the most effective and efficient health services delivery of Municipal Health Center employees and explore how it will affect them and to the constituents they serve. The researchers intend to offer insightful analysis and helpful suggestions to enhance the overall quality of health care provided through the study's findings. The results of this study will also help municipal health centers understand the caliber of healthcare provided. All things considered, this study will offer insightful information about the ongoing quality care municipal health center staff provide to the community or clients they serve.

## MATERIALS AND METHOD

A fact-finding study using a sufficient and accurate interpretation of the results is a descriptive approach of research. It highlights the events, activities, and phenomena of the present. It makes a significant contribution to the development of quality standards and norms for the delivery of healthcare services at a particular municipal health center in Laguna's IV District. Given that this study will focus on the provision of healthcare services in a particular municipal health center, the descriptive method will be the most suitable approach to employ. In particular, the correlational research approach was utilized in this study to



examine the health services provided by a chosen municipal health center in Laguna's IV district.

The questionnaires that will be given to research participants will provide the data that this investigation will use. The demographic profile of the respondents—including age, sex, marital status, position, and length of service—is provided in Part I of the questionnaire. The status of services like consultation, dental care, cervical cancer screening, minor surgery, blood donation, drug screening and intervention, and vaccination is reported in the Part II questionnaire. A five-point rating system was used to assess each of the services mentioned above, which each had five questions. The likert scale for provided services is, 5 – Always, 4 – Often, 3 – Sometimes, 2 – Rarely, 1 – Never. Part III is a researcher-made survey instrument based on RA 1082 that will be utilized to determine the act of strengthening health services in the rural areas of the respondents in terms of health services delivery which are timeliness, compassion, competency and patient-centered. Each of the aforementioned health services delivery consisted of five questions and this will be measured using a five-point scale. The likert scale for quality of health service delivery is, 5 – Excellent, 4 – Very Satisfactory, 3 – Satisfactory, 2 – Needs Improvement, 1 – Poor. Questions on performance were also a researcher-made survey instrument based on the Validation Sheet and Cronbach alpha of nonrespondent. It will measure the health services delivery of the health workers in

terms of timeliness, compassionate, competency and patient-centered.

## RESULT AND DISCUSSION

The demographic profile of the respondents according to age reflected out of 349 respondents mostly were in the range of 18 – 30 years old a total of 173 (49.60 %) then 31 – 40 years old total of 89 (25.5%) third were 61 – 70 years old total of 35 (10%) fourth were 41 – 50 years old total of 32 (9.2%) and lastly, 51 – 60 years old total of 20 (5.7%) fall on this age. Moreover, 199 (57%) were female while 150 (43%) were male. On marital status, 187 (53.6%) or majority of the respondents were single while 117 (33.5%) were married then 25 (7.2%) were widowed Lastly 20 (5.7%) were separated. According to the study 256 or 73.4% of the respondents who took part in the research were constituents, next were administrative aide which comprises 30 or 8.60% of the total respondents, third were nurse which comprises 25 or 7.16%, fourth were midwife which comprises 16 or 4.58%, fifth were health officer which comprises 12 or 3.44% and lastly were physician which comprises 10 or 2.87% of the total respondents. Additional fall under 1 year below of service which were 66 in total (44.0%). Second largest group was 54 in total (36.0%) who had 1 – 10 years in service, third group was 20 (13.3%) who had 11 – 20 years in service while only small percentage or 0.7% fall under 21 years above in service.

**Table 1. Reliability Analysis**

LATENT CONSTRUCT	CRONBACH'S	RECOMMENDED VALUE
Outpatient Consultation	0.87	>0.7
Dental Care	0.88	>0.7
Cervical Cancer Screening	0.84	>0.7
Minor Surgery	0.81	>0.7
Blood Donation	0.93	>0.7
Drug Screening & Intervention	0.85	>0.7
Vaccination	0.87	>0.7
Timeliness	0.77	>0.7
Competency	0.83	>0.7
Compassionate	0.79	>0.7
Patient-Centered	0.72	>0.7

Reliability coefficients measured by Cronbach Alpha for each of item is 0.9 and above therefore it will be considered as "excellent", whereas if it is 0.8 will be considered as "good", if it is 0.7 will be considered as "acceptable", if it is 0.6 will be

considered as "questionable" and if it is less the 0.5 it will be considered as "poor". This study, reliability test was conducted by 10 number of samples.



**Table 2. Relationships between Five Demographic Profile and Seven Provided Services**

PROFILE VARIABLE	PROVIDED SERVICES VARIABLE						
	Outpatient consultation	Dental care services	Cervical cancer screening	Minor surgery services	Blood donation	Drug screening and intervention	Vaccination
Age	rs=-.090 Slight corr. p=.094	rs=-.104 Slight corr. p=.052	rs=-.109* Slight corr. p=.041	rs=.030 Slight corr. p=.577	rs=-.203*** Low corr. p<.001	rs=-.115* Slight corr. p=.031	rs=-.096 Slight corr. p=.073
Sex	t(337)=-0.64a p=.523	t(347)=0.73 p=.465	t(347)=1.18 p=.240	t(347)=-1.27 p=.205	t(347)=1.30 p=.195	t(347)=1.11 p=.276	t(288)=-1.57a p=.117
Marital Status	F(3,345)=1.04 p=.374	F(3,345)=3.33* p=.020	F(3,61.1)=8.10b** p<.001	F(3,54.9)=0.41b p=.744	F(3,345)=14.27** p<.001	F(3,559)=16.49** p<.001	F(3,345)=9.29*** p<.001
Position	t(147)=-2.82a* p=.006	t(347)=0.29 p=.770	t(347)=-2.16* p=.031	t(347)=0.78 p=.434	t(347)=-5.14*** p<.001	t(347)=-5.88*** p<.001	t(347)=-4.31*** p<.001
Length of Service	rs=-.15** Slight corr. p=.007	rs=.04 Slight corr. p=.498	rs=-.12* Slight corr. p=.023	rs=.06 Slight corr. p=.239	rs=-.26*** Low corr. p<.001	rs=-.30*** Low corr. p<.001	rs=-.22*** Low corr. p<.001

Table 2 show that is a statistically significant linear relationship between Position and level of Outpatient Consultation,  $t(147)=-2.82, p=.006$ . This means that health workers and constituents have different perceptions on the levels of services provided in

terms of outpatient consultation. Compared to their single coworkers, married employees are happier in their jobs.

**Table 3. Relationships Between Five Profile Variables and Four Quality of Health Services Variables**

PROFILE VARIABLE	QUALITY OF HEALTH SERVICES VARIABLE			
	Timeliness	Competency	Compassion	Patient-centeredness
Age	rs=-.31*** Low corr. p<.001	rs=-.19*** Slight corr. p<.001	rs=-.35*** Low corr. p<.001	rs=-.25*** Low corr. p<.001
Sex	t(347)=1.53 p=.026	t(284.63)=2.52a* p=.012	t(289.13)=3.37a** p<.001	t(347)=2.53* p=.012



Marital Status	F(3,58.55)=4.36b** p=.008	F(3,60.33)=4.62b** p=.006	F(3,59.26)=5.02b** p=.004	F(3,61.77)=3.13b* p=.032
Position	t(347)=-0.98 p=.330	t(144.45)=1.56a p=.121	t(347)=-0.31 p=.755	t(347)=-0.03 p=.980
Length of Service	rs=-.06 Slight corr. p=.245	rs=.05 Slight corr. p=.334	rs=-.04 Slight corr. p=.478	rs=-.03 Slight corr. p=.546

Table 3 shows that the Age, sex marital status is statistically significantly correlate with the four quality to health services variable with all p value of less than .05 level of significance. Hence, position and length of service is not statistically significantly correlate with the four quality of health service variable.

In line with Robards' (2018) research, a person's health and mortality might be affected by changes in their living arrangements and marital status as they age and reach middle age. The body of research on the relationship between marital status

and mortality has repeatedly shown that single people generally report worse health and a higher risk of dying than married people, with men being disproportionately affected. Given the increasing evidence of alterations in living arrangements and partnerships among older adults, along with the counterbalancing effect of rising divorce rates among younger generations on the likelihood of widowhood, it is crucial to take into account the potential health consequences of these changes in later life in order to minimize the need for hospital visits.

**Table 4. Correlations between Seven Provided Services Variables and Four Quality of Health Services Variables**

PROVIDED SERVICE	QUALITY OF HEALTH SERVICES VARIABLE			
	Timeliness	Competency	Compassion	Patient-centeredness
Outpatient consultation	0.21*** Low corr.	0.21*** Low corr.	0.11* Slight corr.	0.10 Slight corr.
Dental care services	0.23*** Low corr.	0.14* Slight corr.	0.27*** Low corr.	0.25*** Low corr.
Cervical cancer screening	0.54*** Moderate corr.	0.32*** Low corr.	0.45*** Moderate corr.	0.53*** Moderate corr.
Minor surgery services	0.39*** Low corr.	0.19*** Slight corr.	0.26*** Low corr.	0.34*** Low corr.
Blood donation	0.44*** Moderate corr.	0.32*** Low corr.	0.36*** Low corr.	0.36*** Low corr.
Drug screening and intervention	0.30*** Low corr.	0.29*** Low corr.	0.28*** Low corr.	0.34*** Low corr.
Vaccination	0.36*** Low corr.	0.20*** Low corr.	0.28*** Low corr.	0.27*** Low corr.

Table 4 shows that all correlation coefficients are statistically significant. A moderate and statistically significant correlation in between cervical cancer screening and timeliness,  $r=.54, p<.001$ , cervical cancer screening and compassion  $r=.45, p<.001$ , patient centeredness of  $r=.53, p<.001$  Hence, the positive correlation

coefficient indicates that the higher the services provided in terms of cervical cancer screening, the higher the quality of service in terms of timeliness, compassion and patient centeredness.



**Table 5. Test of Significance of Differences between Health Workers and Constituents in the Quality of Health Services Delivered**

Quality of service	Type of respondent and their perceived level of quality of service				<i>t</i>	<i>p</i>
	Health worker ( <i>n</i> =93)		Constituent ( <i>n</i> =256)			
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Timeliness	3.98	0.52	4.03	0.48	-0.98	.330
Competency	4.07	0.50	3.98	0.43	1.56 <sup>a</sup>	.121
Compassion	3.96	0.54	3.98	0.48	-0.31	.755
Patient- centeredness	4.04	0.47	4.04	0.42	-0.03	.980

Table 5 shows there's no statistically significant difference found any of four quality of services variables between health workers and constituents (all *p* values are greater than .05). This could mean that a respondent will rate the quality of service regardless of whether they are a health worker or a constituent.

According to Blizzard's (2019) research, there are notable differences in the patient treatment needs between men and women from a clinical standpoint. However, there is no discernible difference between hospitals and their staff in terms of their capacity to meet the demands of patients, regardless of gender, according to Gallup's patient satisfaction survey on the quality of healthcare services and loyalty scores of performance. The one significant difference is that women are generally more trusting of inpatient care than male. Hospitals should take heart from this discovery, as female staff members frequently make healthcare decisions for their families. Xiao & Barber (2018) discovered in another study that an individual's own characteristics had an impact on patient satisfaction.

### CONCLUSIONS

The study concluded that clinical worker performance in areas such as punctuality, compassion, competence, and patient-centeredness were significantly predicted by the quality of care provided in our owned municipal health clinics. This emphasizes how crucial it is to support high-quality healthcare in certain of the municipal health center's services, since doing so can enhance the delivery of healthcare services and boost public confidence in public hospitals and government agencies.

### RECOMMENDATIONS

The following are some recommendations drawn from the findings.

1. The municipal health center should prioritize the development and implementation of training programs and workshops that aim to enhance the skills of their employees. The training should focus on improving the employees' timeliness, competency, compassionate and patient centeredness. Furthermore, to be aware of the

potential for outbreaks and pandemics and to remain alert.

2. Regular monitoring and evaluation of the quality of health workers' delivery of services should be conduct by the municipal health center. By doing so, the local health center will be able to pinpoint areas that require improvement and offer the assistance and treatments that are required.
3. Future researcher should continue research the impact of health service delivery on provided services in other industries and sectors. This will assist in identifying tactics and best practices that work well in various situations.

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