



DELIVERY OF MEDICAL SOCIAL SERVICES AT SELECTED BARANGAY HEALTH CENTERS IN THE 4 TH DISTRICT OF LAGUNA PROVINCE

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ABSTRACT

The present condition of medical social services offered by a few chosen barangay health clinics in Laguna's Fourth District examined in this study. The study used a standardized, self-administered questionnaire with 225 individuals from different health locations. The study used statistical techniques like mean, standard deviation, and Pearson's correlation coefficient (r) using a descriptive-correlational methodology.

According to the results, the only demographic factor that showed a statistically significant relationship with the provision of child vaccination services and interpersonal problems in medical social services was age ($p < 0.05$). However, there was no statistically significant correlation between medical services or related issues and other demographic parameters including gender, job title, or years of service ($p > 0.05$).

Furthermore, the only factor that has shown to be significantly correlate with the timeliness of service delivery was age. Furthermore, there was no discernible effect of other demographics on the promptness, skill, or effectiveness of the services provided.

Additionally, it shown that there was no correlation between the quality of delivery or recognized service concerns and child immunization services. Nonetheless, significant connections found between these problems and the availability of prenatal and postnatal treatment as well as outpatient care. In light of the study's conclusions, it sought to discuss the characteristics of the respondents as well as the medical and social services offered in a selected barangay in Laguna's 4th District.

INTRODUCTION

In the modern era, the efficiency of health service delivery at barangay health centers is crucial. The personnel assigned to these centers play a vital role in ensuring that healthcare provided swiftly and effectively. This study assists selected barangay health centers in the Fourth District of Laguna in evaluating their delivery of medical social services. Barangay Health Centers serve as grassroots healthcare institutions that aim to provide all community members with essential services, including first aid, maternal care, child health services, and more. These centers typically act as the first point of contact between individuals and the broader healthcare system. Kirk (2021).

Republic Act No. 7883 acknowledges the essential contributions of barangay health workers (BHWs) in primary healthcare. Embedded in the communities they serve, BHWs are expect to be culturally aware and responsive to local norms, promoting community trust and participation. Furthermore, the Universal Health Care Act (RA 11223) emphasizes people-centered care that respects cultural differences and values.

MATERIALS AND METHOD

The descriptive-correlational research method is used in this study on the medical social services offered at a few barangay health clinics in Laguna Province's 4th District. A fact-finding study that incorporates detailed and accurate interpretation of the findings is part of the descriptive research approach. It draws

attention to current situations, behaviors, or phenomena. It greatly facilitates the establishment of uniform standards for the provision of healthcare and service delivery at certain barangay health facilities. Given the current study's focus on the provision of medical social services at specific barangay health facilities in Laguna Province's 4th District, the descriptive method is the best strategy to apply. The correlational research approach is used in this study, which focuses on the provision of medical social services in a few chosen barangay health centers in Laguna Province's 4th District.

The surveys that were distributed to study participants provided the data used in this investigation. The demographic details of the respondents, including age, gender, role, and length of work, are displayed in the first portion of the questionnaire. The state of barangay medical social services, such as consultations, prenatal and postnatal care, and child vaccinations, is reflected in the Part II questionnaire. The state of barangay medical social services is reflected in Part III of the questionnaire, which focuses on policy and interpersonal issues. Five questions from each of the aforementioned services were evaluated on a five-point rating system. For medical social services, the Likert scale is as follows: 1 = Never, 2 = Seldom, 3 = Sometimes, 4 = Often, and 5 = Always. Part IV is a survey tool created by the researcher and based on RA 1082. It will be used to evaluate the efforts made to improve health services in the rural areas of the respondents, with an emphasis on timely, competent, and efficient delivery of health



services. A five-point rating system was used to evaluate the five questions in each of the aforementioned medical care delivery categories. Medical social services are provided using the following Likert scale: 5 = Always, 4 = Often, 3 = Sometimes, 2 = Seldom, and 1 = Never.

RESULT AND DISCUSSION

The demographic profile of the respondents by age showed that, of the 225 respondents, 75 (33.3%) were between the ages of 18 and 30; 48 (21.3%) were between the ages of 41 and 50; 46 (20.4%) were between the ages of 31 and 40; 28 (12.4%) were between the ages of 51 and 60; and finally, 61 and 70 years old, 28 (12.4%) were within this age range. Additionally, 71 (31.6%) were men and 154 (68%) were women. According to the respondents' position distribution, 145 out of 225 respondents, or

64.4% of the total, were constituents of the research participants. Following the barangay health worker (F=45, P=20%), midwives (F=18, P=8%), nurses (F=8, P=3.6%), and barangay captains (F=8, P=3.6%) are the next most common respondents. Lastly, the group of physicians comprises all respondents (F=1, P=0.4%). Furthermore, the majority of responders—33 out of 80 employees, or F=33, P=14.7% of the study's entire workforce—had 6–10 years of service. Those with three to five years of service came next (F=32, P=14.2%), followed by those with one to two years of service (F=13, P=5.8%) of all responses. Last but not least, 10–20 years make up (F=2, P=.9%) of the total workforce. Of all respondents, the remaining participants who were not included in the length of service distribution accounted for (F=145, P=64.4%).

Table 1. Relationships between Demographic profile and Barangay Medical Social Services and Medical Social Service Issues

| Demographic Profile | | Pre Natal and | | Child | Interpersonal | Policy |
|---------------------|-----------------|---------------|------------|--------------|---------------|--------|
| | | Outpatient | Post Natal | Immunization | | |
| Age | Pearson | -0.003 | -0.085 | .173** | -.167* | .099 |
| | Correlation | | | | | |
| | Sig. (2-tailed) | .964 | .205 | .010 | .012 | .138 |
| | N | 225 | 225 | 225 | 225 | 225 |
| Sex | Pearson | -.017 | .040 | -.004 | -.122 | -.002 |
| | Correlation | | | | | |
| | Sig. (2-tailed) | .803 | .555 | .948 | .067 | .976 |
| | N | 225 | 225 | 225 | 225 | 225 |
| Position | Pearson | .052 | -.014 | .042 | .048 | -.051 |
| | Correlation | | | | | |
| | Sig. (2-tailed) | .436 | .830 | .531 | .476 | .446 |
| | N | 225 | 225 | 225 | 225 | 225 |
| Length of Service | Pearson | -.093 | -.111 | -.034 | -.112 | -.032 |
| | Correlation | | | | | |
| | Sig. (2-tailed) | .418 | .329 | .767 | .322 | .775 |
| | N | 80 | 80 | 80 | 80 | 80 |

Note. Only health workers are considered in length of service (n=80).

Only age shows a statistically significant link with child immunization (r=0.173) and interpersonal factors (r=0.167), with p values below the .05 significance threshold, according to Table

1 regarding any medical social services or associated difficulties, the remaining variables gender, sexual orientation, job position, and length of employment were not statistically significant.

Table 2. Relationships between Demographic profile and Barangay Medical Social Services delivery

| Demographic Profile | TIMELINESS | COMPETENCY | EFFICIENCY | |
|---------------------|-----------------|------------|------------|-------|
| AGE | Pearson | .234** | .085 | -.102 |
| | Correlation | | | |
| | Sig. (2-tailed) | .000 | .207 | .126 |
| | N | 225 | 225 | 225 |
| SEX | Pearson | -.055 | .003 | -.115 |
| | Correlation | | | |
| | Sig. (2-tailed) | .417 | .961 | .087 |
| | N | 225 | 225 | 225 |



| | | | | |
|----------|---------------------|------|-------|-------|
| POSITION | Pearson Correlation | .023 | .062 | .027 |
| | Sig. (2-tailed) | .730 | .355 | .691 |
| | N | 225 | 225 | 225 |
| LOS | Pearson Correlation | .073 | -.077 | -.079 |
| | Sig. (2-tailed) | .520 | .496 | .488 |
| | N | 80 | 80 | 80 |

Only age has a statistically significant correlation with the timeliness of barangay medical social services, with a p-value below the .05 level of significance, according to Table 2, which shows the relationship between demographic profiles and the provision of these services. Therefore, with p values above the .05 level of significance, sex, position, and length of service do not exhibit statistical significance in any medical social services delivery.

Since the advent of patient-centeredness in the late 1980s, modern health care has undergone tremendous change as a result of changes in the funding and structure of care delivery as well as technological improvements. Advocates of patient-centered care have typically focused on the relationship between the patient and the physician or care team. Although that relationship is still crucial, changes in the healthcare system suggest that a number of other factors may also have an impact on how patient-centered healthcare is. Greene (2019)

Table 3. Relationships between Barangay Medical social services and Medical Social Services issues and delivery

| Medical Social Services | | INTERPERSONAL | POLICY | TIMELINESS | COMPETENCY | EFFICIENCY |
|--------------------------|---------------------|---------------|--------|------------|------------|------------|
| Outpatient Consultation | Pearson Correlation | .309** | .195** | .243** | .478** | .272** |
| | Sig. (2-tailed) | .003 | .003 | .000 | .000 | .003 |
| | N | 225 | 225 | 225 | 225 | 225 |
| Pre Natal and Post Natal | Pearson Correlation | .413** | .325** | .288** | .466** | .171* |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 | .010 |
| | N | 225 | 225 | 225 | 225 | 225 |
| Child Immunization | Pearson Correlation | .292** | .197** | .318** | .313** | .213** |
| | Sig. (2-tailed) | .060 | .093 | .092 | .456 | .060 |
| | N | 225 | 225 | 225 | 225 | 225 |

The association between barangay medical social services and problems in providing these services is shown in Table 3, where a p value greater than .05 in terms of significance indicates that there is no significant relationship with regard to child immunization. Therefore, with a p-value of less than .05 for significance, there is a substantial correlation between medical social services difficulties and the provision of outpatient and prenatal and postnatal care.

According to Blizzard's (2019) research, men and women have significantly different needs for patient services from a clinical standpoint. However, there is no discernible difference in the way hospitals and their employees meet the demands of patients, male or female, according to Gallup's patient satisfaction survey on the quality of health services and loyalty performance scores. The only distinction is that, on average, women are more trusting of inpatient care than male employees are. Hospitals can benefit from this realization because female employees are often the ones who make healthcare decisions for their families.

CONCLUSION

In light of the study's conclusions, it sought to discuss the characteristics of the respondents as well as the medical and social services offered in a selected barangay in Laguna's 4th District. Local government employees are a crucial part of public administration. It has been suggested that the public sector's mission, which is founded on a common objective and higher-order needs, is reflected in the traits of the public workforce. Wright (2023)

1. The majority of research participants are in the 18–30 age range.
2. The majority of study participants are female.
3. The bulk of study participants are constituents.
4. The majority of those polled been employed for six to ten years.
5. The results of the study on the relationship between demographic profile and medical social services and medical social service concerns show that age is the only element that statistically substantially corresponds with child immunization and interpersonal interactions.



6. Age is the only demographic variable that has a statistically significant relationship with the promptness of medical social service delivery, per the findings of the demographic profile study. When it comes to the provision of any medical social services, sex, position, and length of service are not statistically significant.

7. There is no appreciable association between medical social services and childhood vaccination, according to the research. As a result, there is a strong link between delivery and outpatient, prenatal, and postnatal care, as well as between medical social services concerns and birth.

Recommendations

Based on the results of the study, the following recommendations are advanced:

1. Barangay health centers can enhance interpersonal communication in Medical Social Services by implementing training programs that focus on effective communication and empathy for healthcare providers. It is crucial to establish channels for community feedback that enable constituents to express their concerns and suggest improvements.
2. Barangay health centers must focus on creating and executing training initiatives and workshops designed to improve the abilities of their staff. The training should enhance employees' punctuality, skillfulness,

effectiveness, and communication abilities, regardless of their age or length of service.

3. Barangay health centers must consistently oversee and assess the quality of health services provided by health workers, with particular emphasis on timeliness.
4. Improving the promptness of service delivery is crucial, as age greatly influences timeliness; therefore, barangay health centers should refine their queue process. Management systems should give priority to elderly patients and young children needing immediate attention. Consultation systems based on appointments would be implemented to decrease waiting periods and enhance efficiency.

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