

# Unfolding Experiences on Healthcare Services in Geographically Isolated and Disadvantaged Areas

**Marvin Chito L. Natural**

Cebu Technological University, Cebu, Philippines

## Abstract

This study is a qualitative and quantitative inquiry on the lived experiences of the key informants towards how they personally experienced public healthcare services delivery in their respective isolated and disadvantaged communities using descriptive phenomenology approach. This study brings to light the real-time situation of public health services in Geographically Isolated and Disadvantaged Areas or GIDA barangays. Participants of this study were carefully identified using purposive sampling, they being area residents, public health services recipients, health services implementers and observers of the phenomenon being studied. Data gathering is being done through key informants' interview while data analysis utilized Colaizzi's method of thematic data analysis. The data gathered also presented the emerging themes from the key participants' narration of their lived experiences on healthcare services in geographically isolated and disadvantaged areas. Key findings from the key informants' lived experiences on healthcare services centers on two major themes which represent the challenges and efforts for improvement of healthcare services, thereby focusing on the inefficiency of health services implementation as well as the good efforts and felt positive change. Emphasis on a short-range action plan is being highlighted for the targeted results that would address the challenges of healthcare services delivery and translate the day-to-day objectives concerning the key findings of this study into quantifiable tasks.

**Keywords:** GIDA, Colaizzi, Lived Experiences, Purposive Sampling, Thematic Data Analysis

## 1. Introduction

The Philippine archipelagic geography significantly affects the allocation and distribution of essential human services, including healthcare (Caplis, 2015). While the country desires universal healthcare coverage (Tangcharoensathien et al., 2011), much is still required to improve this aspect. In 1981, the health devolution in the Philippines radically altered the healthcare delivery among the people. The 490 out of 534 public hospitals and all of the 12, 580 rural health units (RHUs), municipal health centers, and barangay health stations (BHS) under the Department of Health (DOH) were transferred to the administration of the local government units (LGUs) (Perez et al., 1995 as cited in Atienza, 2004). As a result, Philippine healthcare is delivered by public health facilities and private entities.

In the public sector, cities and municipalities provide primary medical care, the provincial governments provide secondary medical care, and the hospitals still managed by DOH serve as referral centers for tertiary medical care. Collectively, public healthcare caters to

70% of the Filipino population. The remaining 30% are serviced by private providers (profit and non-profit), considered superior to public healthcare providers in workforce, finances, and facilities (Asia Pacific Observatory on Health Systems and Practices, 2011). With this significant disparity between public and private healthcare providers in terms of served population, it is intuitive that public healthcare, much in the isolated and disadvantaged areas, received only a minimal portion of the intended public health service.

As a response to reducing health inequity, the Department of Health (DOH) issued AO 185 s. 2004 or the "Establishment of the Geographically Isolated and Disadvantaged Areas (GIDA) in Support of the Country's Local Health Systems Development. GIDA refers to generally characterized by high morbidity and mortality resulting from less access and delivery of quality health services, lack of health facilities, and inadequate logistical support. The fragmented delivery of detailed primary care services nationwide is one of the effects of the decentralized essential services of the Local Government Code of 1991.

Bird & Shepherd (2003) established a clear link between high levels of remoteness, low levels of public and private investment, and a high incidence of chronic poverty. With public health is a strong determinant. This study focused on how healthcare services were being implemented and their impact on the individual human experience living in GIDA in the Philippines. It explored how each participant relates to the conditions of public health service delivery and facilities, composing the quality of health professionals and workers, and how the state of public health services determines the trajectories of outcomes in this study. Collado (2019) found that poor management at the provincial and local levels contributed to the low-quality services in GIDA health facilities.

My study intended to examine how healthcare services in GIDA were delivered and experienced by the local community since its creation under the DOH Administrative Order No. 185, series of 2004. In this research, I specifically focused the lens on how GIDA healthcare services were being experienced by the local beneficiaries and implementors (barangay officials and residents, barangay health workers and health volunteers, rural health doctor/s, nurses, and midwives) of the six (6) barangays declared as Geographically-Isolated and Disadvantaged Areas (GIDA) in the Municipality of Pinamungajan, 3rd District of the Province of Cebu as per Municipal Resolution No. 93 series of 2018. What troubles me the most was how the constituents experienced and cope with the challenges of healthcare service delivery that isolated and disadvantaged communities faced.

#### **Atheoretical Stance**

This research was not anchored to any theory and has suspended the review of related literature. Instead, I entirely depend on how this study's critical informants shared their perspectives and lived experiences on the phenomenon being studied and make meanings out of their interactions. Furthermore, I am convinced that a particular key informant's lived experience or perspective was affected by his or her immediate surroundings and that not all key informants share the same surroundings.

Since my values as a researcher must be considered in the research undertaking, I made known my perspectives or views better to position myself throughout the research. I immersed myself in the context of the key informants to better grasp the

factors or influences that make up the meanings of their lived experiences or perspectives. I strived to be more facilitative during the interview, listen carefully, and extend the wide latitude of flexibility and consideration to the whole process to get rich and substantial data.

Using the constructivist methodology, this study focused on key informants lived experiences with GIDA healthcare programs and how these experiences affect their lives in a given place at a certain period.

This study is also related to its philosophical persuasion, which allows me, the researcher, to outline the framework to which this study is structured (Crotty, 1998). This study furthermore subscribed to a pragmatic view with the belief that meaning-making is achieved through action and interaction, through which my claims that social knowledge is an accumulation of combined experiences to create a foundation for the continued evolution of thought and societal trajectory (Corbin & Strauss, 2008). My claim was that for people, the "truth" about the phenomenon understudied was the present worldview and that new knowledge was beneficial as means of changing and improving what was previously understood as reality. Therefore, this study aimed to reveal the meaning or essence of the lived experiences of purposely selected barangay officials, health workers, health volunteers, and those who have direct access as implementors of GIDA to their community's essential healthcare services. Lastly, it geared to collect and understand these lived experiences and crafted action plans that the present problems.

#### **Philosophical Stance**

This research was based on the philosophical assumption that people's lived experiences in isolated and disadvantaged areas potentially affect their understanding of the GIDA program of the government. Subsequently, gathering descriptions and, ultimately, the meaning of these lived experiences can be used as a tool for reviewing policies, examining strategies, and formulating suggestions to re-calibrate current implementations to address the gap in public health system development in communities declared as GIDA.

This position, led the researcher to an interest in investigating the personal experiences of public healthcare services delivery, lived by the beneficiaries, such as the barangay residents, barangay officials, barangay health workers (BHW), and health volunteers

(HV), and the implementers, such as the rural health doctors, nurses, and midwives as implementors. The focus on GIDA enabled me to pinpoint and bridge the gap between knowledge, intangible thoughts, and human experiences through documenting and interpreting lived experiences. A qualitative approach was therefore needed to encourage research participants to describe their lived experiences concerning GIDA programs. In contrast, a descriptive approach was needed to analyze these descriptions to determine perceptions.

As it was beneficial within the research's unique context, I must carefully consider the philosophical stance. It included ontological and epistemological viewpoints so that decisions about the methodology to be used in attempting to address the research question or questions can be made with knowledge. The credibility of the research can be increased by defending the methodology's suitability to the research questions (Sikes, 2004), and being aware of the research's philosophical foundations can "secure the quality of the research produced" (Snape & Spencer, 2003, p. 1).

My ontological perspective of GIDA being an individual construction, made through the relationship between the experience of GIDA and the participants as an experience of GIDA, supported an epistemological stance of learning the gap and challenges of public healthcare services delivery through subjective, interpretative sense-making and meaning. This view, to conclude, has an impact both upon the way I, as a researcher, decided to obtain data about GIDA perceptions and how the data were analyzed in terms of both how GIDA knowledge was brought and how new knowledge from the research was brought about.

In this research, explored to determine the perceptions of GIDA amongst a group of barangay officials, barangay health workers, health volunteers, rural health doctors, nurses, and midwives, my positionality could not be stated without introducing bias, so the methodology had to allow participants to freely express how they felt about GIDA in light of their personal experiences, without leading questions from me as a researcher and without judgment. Therefore, prior to choosing a methodology, the researcher was aware of certain aspects of data collection due to the philosophical foundation of the study.

Similarly, to ascertain the full range of individual perceptions amongst a group of participants, all data collected need to be included without preconceived ideas from the researcher on what the range might include. Data collection was needed to be true to what the participants had to say. Therefore, a method of data collection was needed whereby the participants were free to recall and describe their experiences of GIDA in their community, and the approach of analysis whereby those descriptions could be interpreted to ascertain the scope of perceptions in a valid and reliable way.

In the research design, there was also a need to focus on ethical dimensions since, as already determined, perceptions of GIDA can be harmful as feelings towards the government's GIDA program could also be emotive and painful when the participants' potentially recalling negative health experiences in isolated and disadvantaged areas.

The methodology assumption centered on the research process that the researcher employed in the study (Creswell, 2003). The procedures I used in this study were inductive in their approach, study the topic within its context, and employ the emerging framework or model. As the research progresses, the researcher worked with the study's details to develop broader themes and categories. Through the researcher's experiences in the field, the research questions were continually revised (Guba, E., & Lincoln, Y.S., 1998).

### **Domains of Inquiry**

The study explored participants' lived experiences (barangay residents, barangay officials, barangay health workers, doctor/s, nurses, and midwives) on the delivery of healthcare services in the context of Geographically Isolated and Disadvantaged Areas (GIDA). Furthermore, this study desired to answer the following broad questions to achieve its research goals:

1. How is healthcare services delivery in Geographically Isolated and Disadvantaged Areas (GIDA) being experienced by the participants?
2. What meanings do these lived experiences have?
3. Based on the meanings or essences of the lived experiences, what learning insight does it give to the researcher?
4. What is the implication of the study?

**2. Research Methodology**

This part focused on how the research objectives were achieved. The study's design was outlined based on appropriateness and utilization. The social and geographical background of the research was also provided. Qualifying criteria for key informants was also established, and the nature of the research instrument was described. Furthermore, the systematic procedures and standardized protocols for data gathering, data analysis, and concerns for ethical considerations were defined. Lastly, criteria for credibility and reliability were also identified to produce integrity of the study.

**Research Design**

The focused of this study centered on the qualitative study with which methodology was associated with Husserl's philosophy of descriptive phenomenological research on the lived experiences of barangay officials, residents, barangay health workers (BHW), and health volunteers (HV) as recipients of GIDA healthcare services, in six (6) barangays of the Pinamungajan Municipality in the province of Cebu's third district. The use of quantitative was also employed which only focused on the counting of the number of similar responses articulated by the key informants and frequency of responses as a gauge of the relative importance of the challenges and efforts that were present.

**Research Environment**

Pinamungajan is situated on the southwestern seaboard of Cebu Island, along the scenic Tañon Strait, and with a view of the majestic Mt. Kanlaon, the most active volcano in the Visayas group of islands. Established in 1850 by the Spaniards, the municipality is a second-class town that shares its boundaries with Toledo City, Naga City, Aloguinsan, and in some portions, by the Municipality of San Fernando and Carcar. The town is a mere 70 kilometers away from Cebu City. It has 26 barangays within its total land area of 11 725.27 hectares with a mostly Roman Catholic population. Like the rest of Cebu and the tropical Philippines in Southeast Asia, Pinamungajan has wet and dry seasons, with rains mostly occurring from May to October, with January as its coolest with a mean temperature of 26.9°C and May as its warmest with a mean temperature of 29.3°C. Humidity is uniformly high, with colder nights in the last quarter of the year. The temperature is relatively colder at higher altitudes and in areas above 500 meters combined with higher precipitation. The town's name comes from the Cebuano word "Pinamu-ohan" which means a worker's share in the harvest, depicting the primarily agricultural community.

The study spanned six (6) GIDA barangays of the Municipality of Pinamungajan, 3rd district of Cebu, declared under Municipal Resolution No. 93 series of 2018 of the Sangguniang Bayan of the Municipality of Pinamungajan. The GIDA barangays were:

Barangay	Land area	Total Population	Health care facilities and equipment
Brgy. Anopog	1 110.72 hectares	4 168	Presence of shortage
Brgy. Anislag	627.89 hectares	1 753	Presence of shortage
Brgy. Binabag	684.63 hectares	2 351	Presence of shortage
Brgy. Buhing-Tubig	422. 04 hectares	1 935	Presence of shortage
Brgy. Busay	447. 07 hectares	1 226	Presence of shortage
Brgy. Tupaz	99hectares	948	Presence of shortage

1. Brgy. Anopog; 2. Brgy. Anislag; 3. Brgy. Binabag; 4. Brgy. Buhingtubig; 5. Brgy. Busay; 6. Brgy. Tupaz

**Key Informants**

In this study, I used of the key informant interviews (KIIs) among residents as recipients of health services, barangay officials and barangay health workers (BHW), and health volunteers (HV) in the respective GIDA barangays using purposive sampling while the sub-set was an open sampling or sampling until reaching saturation of data. With the presence of saturation, I came to twelve (12) informants which was composed

of three (3) Brgy. Health Workers, two (2) mothers who are plane housewives, one (1) Brgy. Councilor (Chair, Committee on Health), two (2) Brgy. Daycare Workers, two (2) Brgy. Resident/Housewife, two (2) Brgy. Chairman, one (1) RHU Physician, and one (1) RHU Head Nurse.

Another source for key information in this study was an interview with the Rural Health Unit (RHU) doctor/s, nurses, and midwives as key implementors of healthcare services in the area. Initially, I practiced open sampling- deliberately seeking as much variation as possible within the topic's limits. The number of key informants was dependent on the extent of the saturation level of the collected data or information. Saturation in this study can be simply defined as data satisfaction. It happened when I got to the point where I can no longer learn anything new from new data. In qualitative research, the saturation point established the sample size because it showed that sufficient data was gathered to conduct a thorough analysis.

Creswell (2007) advised that the provision for criterion sampling should ensure ease and validity in selecting the research participants. The researcher developed an important inclusion/exclusion criterion in this study to qualify research participants. The inclusion criteria identified the study population in a consistent, reliable, uniform, and objective manner. The exclusion criteria included elements or traits that disqualify the population recruited for the study. These factors may be confounders for the outcome parameter.

#### **Inclusion Criteria**

Establishing specific inclusion criteria was especially important in this study because it helps ensure that participating individuals can provide the information necessary to address the research questions. Therefore, the inclusion criteria for this study were as follows:

- A. A barangay official, resident, barangay health worker/barangay health volunteer in the area of study being direct recipients of healthcare services in GIDA;
- B. Has been living/ working as per designation in the barangay for at least three (3) years
- C. Has been in the barangay for six (6) months during the first community quarantine due to the pandemic.
- D. Rural health doctor/s, nurses, and midwives who directly participate as implementors in delivering healthcare services in GIDA barangays.
- E. Individuals old enough to give legal consent (typically 20 years old and above).

#### **Exclusion Criteria**

Any qualities that potential participants might possess that would preclude them from taking part in this study

were known as exclusion criteria. Exclusion criteria differ from inclusion criteria in more ways than one. Exclusion criteria were used in this study to safeguard prospective participants, uphold ethical standards, and guarantee that the sample is suitable for answering the research questions. The exclusion criteria for this study were as follows:

- A. Incarcerated individuals living in a GIDA barangay.
- B. Pregnant women
- C. Individuals with illness and disability
- D. Minors
- E. Senior Citizens

#### **Research Instrument**

Qualitative research employed by the researcher as the main instrument of the study as the principal investigator. As the researcher, my self-reflection was an essential part of this qualitative research, whatever chosen qualitative method I am using (Burnard, 1995). I took into deeper consideration my "pre-understanding," both in the planning process and during the analyzing process, to minimize any bias of my influence (Elo et al., 2014, Long and Johnson, 2000). Having preconceived knowledge of the subject and being familiar with the context can be an advantage as long as it does not impede the informants or the interpretation of the results. I also placed to understand both the context and circumstances to detect and take into account misrepresentations that may crop up in the data (Catanzaro, 1988). All qualitative research deals with some interpretation. However, the interpretations vary in depth and level of abstraction, depending on the method of analysis and on the researcher's ability to distance him/herself (Patton, 2002, Silverman, 2001).

Other instruments used were the key informants' recorded interview which I considered an internal data source of this study through the use of semi-structured questions in no predetermined order to yield the kind of rich and sensitive description of events and participants perspectives that qualitative interpretations were grounded in (Dornyei, 2003, p. 14).

#### **Data Gathering Procedures**

There were four (4) research phases for data gathering in this study that I undertake as the researcher after research planning and identifying relevant prerequisite activities. Each phase consists of steps that ensure the realization of the whole data-gathering procedure.

These research phases were as follows: 1. Pre-gathering Phase, 2 Institutional Review Board's (IRB) Approval and Issuance of Notice to Proceed (NTP), 3. Gathering Phase, and Post-gathering Phase.

**Data Analysis and Interpretation**

The use of Colaizzi's method of data analysis in this study enabled new knowledge to be divulged and provides insights into the experiences of barangay residents, barangay officials, barangay health workers, and health volunteers as recipients of GIDA healthcare services and as well as the rural health doctor/s, nurses and midwives as GIDA healthcare services implementors in areas considered isolated and disadvantaged. This may prove beneficial in exploring substantial suggestions for improving healthcare services development in the far-flung areas.

There were seven steps in Colaizzi's method of data analysis. Within these steps, I, as the researcher, held flexibility as the pursuit of meaning and essence of a phenomenon should not involve a rigid set of steps but a deep and thorough exploration of meaning. Each of these steps was presented as follows: 1. Reading and rereading the transcript, 2. Extracting significant statements, 3. Formulating meanings, 4. Creation of theme clusters and themes, 5. Exhaustive description of the phenomenon, 6. Description of the fundamental structure of the phenomenon, and 7. Participant Validation.

**3. Thematic Analysis of The Lived Experiences**

This part presented the emerging themes from the key participants' narration of their lived experiences on healthcare services in geographically isolated and disadvantaged areas. It is also equally important to reiterate this study's domain of inquiry which is to look at how healthcare services in GIDA were delivered and being experienced by the local community people. In this research, what is being highlighted is on how GIDA healthcare services were being experienced by the local beneficiaries and implementors (barangay officials and residents, barangay health workers and health volunteers, rural health doctor/s, nurses, and midwives) of the six (6) barangays declared as Geographically-Isolated and Disadvantaged Areas (GIDA) in the Municipality of Pinamungajan, 3rd District of the Province of Cebu.

**Key Informants of the Study**

Table 1 showed the profile of the 12 key informants of the study. Herein, informants were assigned as Key Informants 1 to 12. Of the 12 key informants, only one was a male. Two were both barangay chairmen and one is a mother at the same time, one was a barangay councilor and chair of the barangay committee on health. Three of the ten key informants were barangay health workers (BHWs), both also were mothers to their children, two are daycare workers and both are mothers. Two of twelve key informants are plain housewives and a mothers of their children. One of the key informants was a rural health physician, and the other one was a rural health head nurse.

The study's respective key informants were as follows:

**Table 1. Profile of the Key Informants of the Study**

Key Informant	Status	Sex	Age	Nature of Work/Occupation	No. Of Years in Service/ Residence	Location
Key Informant 1	Married	Female	58	Brgy. Health Worker	16	Brgy. Tupaz
Key Informant 2	Widowed	Female	48	Brgy. Councilor (Chair, Committee on Health)	6	Brgy. Tupaz
Key Informant 3	Married	Female	34	Brgy. Daycare Worker	8	Brgy. Tupaz
Key Informant 4	Married	Female	53	Brgy. Resident/Housewife	25	Brgy. Anopog
Key Informant 5	Married	Female	37	Brgy. Health Worker	5	Brgy. Binabag
Key Informant 6	Married	Female	48	Brgy. Chairman	3	Brgy. Binabag
Key Informant 7	Married	Male	59	Brgy. Chairman	9	Brgy. Anislag
Key Informant 8	Married	Female	35	Brgy. Health Worker	12	Brgy. Anislag
Key Informant 9	Single	Female	29	RHU Physician	3	Rural Health Unit
Key Informant 10	Married	Female	52	RHU Head Nurse	30	Rural Health unit
Key Informant 11	Married	Female	42	Brgy. Resident/Housewife	11	Brgy. Busay
Key Informant 12	Married	Female	35	Brgy. Daycare Worker	4	Brgy. Buhingtubig

**Essences of Lived Experiences**

The table below presents the essences of lived experiences on healthcare deliver in GIDA.

<b>Lived Experiences on Healthcare Delivery in GIDA</b>	<b>Essences of Lived Experiences</b>
<b>Major Theme 1: Challenges of Healthcare Services</b>	Immense impact of healthcare services is vast and unique
Subtheme 1. Uninspiring Health Station Condition Grouped codes 1.1 Poor health station status 1.1.1 Uninspiring heath station condition 1.1.2 Poor infrastructure 1.2 Weak support mechanism 1.2.1 Limited budget 1.2.2 Limited supply of medicine 1.2.3 Late supply of medicine 1.2.4 Low honorarium	A painful experience for patients and health workers as outdated facilities and equipment are present but providing ways can be proactive and informed
Subtheme 2. Geo-Cultural Constraints Grouped codes 2.1 Community-based constraints 2.1.1 Undesirable community condition 2.1.2 Wrong culture 2.1.3 Folk belief 2.1.4 Alternative healing 2.2 Isolation problem 2.2.1 Distance 2.2.2 Means of Transportation 2.2.3 Poverty	Provides profound impact on individuals and communities as it creates an open society
Subtheme 3. Human-side Constraint Factors Grouped codes 3.1 Human constraints 3.1.1 Feeling of defiance to existing system 3.1.2 Feeling of regret 3.2 Mental stress	Limitations can be overwhelming but it maximizes potentials in reaching expected goals
Subtheme 4. Other Constraint Factors Grouped codes 4.1 Internal Constraints 4.1.1 Local politics 4.1.2 Exceptions 4.2 External Constraints 4.2.1 Constraint due to pandemic 4.2.2 Potential threat to services delivery	Constraints are varied and unique to individuals but it gains a greater sense of self-worth
<b>Major Theme 2: Efforts towards Improvement of Healthcare Services</b>	Quality services continues to improve
Subtheme 1. Standardized Healthcare Services Grouped codes 1.1 Standardized healthcare delivery 1.1.1 Standard health services 1.1.2 Standard protocol during pandemic 1.1.3 Best practices	Same level and quality of care despite the differences and circumstances
Subtheme 2. Experienced Change Grouped codes 2.1 Positive feedback 2.1.1 Good report 2.1.2 Positive change 2.1.3 Hope	A level of courage and resilience is deemed significant
Major Theme 3. The Ideal Framework Grouped codes 3.1 Desirable Work Ethics 3.1.1 Commitment to work 3.1.2 Enjoyment from work 3.1.3 Healthy work relationship 3.2 Strong Institutional Support 3.2.1 Partnership 3.2.2 Shared Responsibility 3.2.3 Adequate Numbers of Manpower 3.2.4 Functional Infrastructure	Potential to create our life visions in living a life of self-acceptance and self-love

<p>Major Theme 4. Visions of the Future Grouped codes</p> <p>4.1 Continued Pursuit of Excellence</p> <p>4.1.1 Continuous education</p> <p>4.1.2 Good fiscal management</p> <p>4.1.3 Sustainable health programs</p> <p>4.1.4 Good leadership</p> <p>4.1.5 Good policy</p> <p>4.2 Direction for the Future</p> <p>4.2.1 Plans for the future</p> <p>4.2.2 Revisit existing policies</p>	<p>Visions are essentials as it provides social progress and source of inspiration and connection</p>
--	---

***The immense impact of healthcare services is vast and unique.***

The challenges of healthcare services are vast, several, and unique, and the impact of these on people's lives can be immense. As revealed in the first part, the most common challenges include uninspiring health station conditions, geo-cultural constraints, human-side constraints, and other constraints. These common challenges have brought various impacts on healthcare services. Uninspiring health station condition is a significant challenge, especially for those in low-income or rural areas. Poor health station status, which involves uninspiring health conditions and poor infrastructure, can significantly affect depressingly. Not only can there be a lack of nearby medical services, but the resources and transportation needed to travel great distances for care may be cost-prohibitive for those already struggling financially. Also, a weak support mechanism can reduce one's motivation and adequate support in striving for betterment as a limited budget, limited supply of medicine, late supply of medication, and low honorarium are encountered.

Additionally, the cost is another major challenge of healthcare service. Many people may be unable to afford the cost of care or may not have health insurance to cover the cost of necessary treatments or medications. This can lead to economic hardship and even bankruptcy, preventing people from getting the essential care. The quality of care is also a significant concern. A lack of qualified and experienced staff, outdated equipment, and a lack of resources can all lead to poor quality care. This can have a direct impact on patient outcomes and can lead to a more inferior quality of life for those who are receiving care. Safety is also a significant concern in healthcare services. Poor safety practices can lead to errors and negligence, further harming patients. This can have disturbing consequences, both in terms of health and financial losses.

***A painful experience for any patients and workers as outdated facilities and equipment are present, but providing ways can be proactive and informed.***

The uninspiring health station condition can be a difficult and disheartening experience for any patient. Poorly maintained and outdated facilities, a lack of modern equipment, and limited access to medical specialists can make it challenging to get the care needed. Patients often feel unfulfilled, overwhelmed, and powerless when faced with such an environment. Patients may also experience a sense of isolation and loneliness due to the lack of positive personal connections with staff and other patients. The lack of meaningful relationships with the team, even if only briefly, can make it harder to feel comfortable and supported during a visit. The physical environment of a health station can also be uninspiring and dull. This can lead to boredom, monotony, and a sense of being trapped in a tedious and sterile environment. The lack of color and personality, combined with the pure smell of the medical equipment, can make it challenging to maintain focus and motivation. These are just a few of the essences of lived experiences of an uninspiring health station condition. Despite the challenges, patients can make the best of their visit by being proactive and well-versed. By seeking information and being prepared, patients can make the most of their holidays and get the care they need. Sustainable development goals are focused on improving the quality of life for all people supporting SDG3. Good health and Well-being and SDG9. Industry, Innovation and Infrastructure. Updating facilities and equipment to ensure patient and worker safety is a key part of this goal. By taking proactive and informed steps to update facilities and equipment, it can help reduce the risk of painful experiences for both patients and workers.

***Provides a profound impact on individuals and communities as it creates an open society***

Geo-cultural constraints are conditions that limit or control the range of activities people can undertake in a particular geographic location due to cultural beliefs and values. These so-called constraints can range from legal and political laws to social norms and customs. These constraints can significantly impact the lived experiences of individuals and communities. For example, in societies where gender roles are rigidly defined and enforced, it can be difficult for individuals to pursue career paths not traditionally associated with their gender. Similarly, in areas where religious or cultural beliefs limit access to education, health care, and other essential services, it can be difficult for individuals to access the resources they need to thrive.

Moreover, geo-cultural constraints can lead to feelings of exclusion, discrimination, and marginalization. Sometimes, individuals may be denied opportunities because of who they are or where they come from. This can lead to feelings of alienation and isolation and profoundly impact their self-esteem and sense of belonging. In addition, geo-cultural constraints can also lead to economic disparities between regions. For instance, in some countries, certain jobs may be available only to people from specific ethnic or religious backgrounds, creating an uneven playing field regarding employment opportunities. Overall, geo-cultural constraints are an essential aspect of lived experiences and can profoundly impact individuals and communities. Therefore, it is essential to understand how these constraints shape our experiences and to strive towards creating a society open to all individuals, regardless of their background or beliefs.

***Limitations can be overwhelming, but it maximizes potential in reaching expected goals.***

Human-side constraint factors refer to the limitations individuals impose upon themselves, such as their beliefs, attitudes, and behavior patterns. These constraints can limit our ability to reach our full potential and often manifest as physical, mental, and emotional barriers. The essence of lived experiences related to human-side constraint factors is that these constraints can be both conscious and unconscious. For example, deliberate limitations may be related to our beliefs about ourselves and the world, such as "I am not good enough" or "I can't do anything right." Unconscious constraints may be related to our past experiences, such as trauma or negative memories from childhood. In addition, human-side constraint factors can be both external and internal. External

constraints may come from outside influences, such as family, friends, or society, while internal regulations may come from within, such as our thoughts, feelings, and emotions. The lived experience of dealing with human-side constraint factors can be both positive and negative. On the positive side, overcoming these constraints can lead to greater self-awareness and personal growth. On the negative side, dealing with these limitations can be overwhelming and may lead to negative self-talk and feelings of helplessness. Overall, human-side constraint factors can significantly impact our lives, and it is essential to recognize and understand them to maximize our potential and reach our goals.

***Constraints are varied and unique to individuals, but it gains a greater sense of self-worth.***

The lived experience of internal and external constraints is often challenging to describe, as it is ever-evolving and unique to each person. Internal constraints are those imposed by our thoughts and feelings, such as fear, guilt, shame, or self-doubt. These can be deeply rooted in our past experiences and challenges to overcome. External constraints are those imposed by the world around us, such as societal norms, family expectations, and cultural practices. These can be equally difficult to navigate as they are often outside our control. The essences of these lived experiences are often rooted in how we perceive them. If we view internal and external constraints as obstacles, it can be challenging to move past them.

Conversely, they can become growth opportunities if we view them as challenges to overcome. No matter how one interprets internal and external constraints, they can be essential to our lives. They can provide invaluable lessons in resilience, self-awareness, and self-confidence. They can also help us recognize our strengths and weaknesses, allowing us to develop our skills and gain greater self-worth. Ultimately, the essences of lived experiences with internal and external constraint factors are varied and unique. By understanding our constraints, we can become more resilient and be better equipped to work towards our goals and achieve them.

***Quality services continue to improve.***

Healthcare is one of the most significant and rapidly evolving industries today. As technology advances, healthcare services are becoming more efficient and helping to improve the quality of care provided to patients. In recent years, there has been an excellent

focus on improving healthcare services. These efforts are aimed at providing better access to quality healthcare and improving patients' overall experience. One of the most critical efforts toward improving healthcare services is the focus on patient-centered care. This is a holistic approach to healthcare that entails providing care that is tailored to the patient's needs and preferences. It involves listening to and understanding the patient's needs and providing care that meets those needs. This approach helps to ensure that the patient is provided with the care they need to achieve the best possible outcome.

Another critical effort toward the improvement of healthcare services involves the use of technology. Technologies such as health information systems, telemedicine, and mobile health applications are making it easier for healthcare providers to monitor and analyze patient data, provide better access to care, and improve communication between providers and patients. These technologies also help to reduce costs, increase efficiency, and improve the overall quality of care. Finally, healthcare providers are also making efforts towards improving healthcare services by increasing their focus on preventive care. This involves educating and supporting patients to encourage them to make better health decisions and reduce their risk of developing chronic diseases.

***Same level and quality of care despite the differences and circumstances.***

Standardized healthcare services are designed to ensure that patients achieve the same quality of care regardless of where they receive it. This goal of standardization is to ensure that patients receive the same treatments and services irrespective of location. In addition, standardization helps to ensure that all patients receive the same level of care, regardless of their income level, race, gender, or other factors. Standardized healthcare services help improve the quality of care by ensuring that all aspects of healthcare are provided consistently. This includes the same levels of care, access to the same information, and adherence to the same standards. All healthcare providers must adhere to the same standards and practices in order to ensure that all patients obtain the same level of care. The implementation of standardized healthcare services has also improved patient safety and has helped reduce the cost of healthcare. By having consistent standards and protocols, healthcare providers can better detect and prevent medical errors

and complications. This helps to reduce costs associated with medical errors and other adverse events.

The essence of standardized healthcare services is to ensure that everyone receives the same quality of care, regardless of their circumstances. This guides to ensure that all patients receive the same level of care and that everyone is treated with dignity and respect.

***A level of courage and resilience is deemed significant.***

Experienced change can be one of the most challenging and rewarding experiences that a person can go through. It can be a time of significant growth but also a time of intense challenge and struggle. Change can be overwhelming but can also be the catalyst for positive transformation. When experiencing change, it is essential to remember that it is a process, not a destination. Change is rarely linear and often involves both successes and setbacks. It is necessary to be patient and give yourself grace during this transition. The most critical part of experiencing change is learning to let go of the old and embrace the new. It is natural to be afraid of the unknown, but it is also important to remember that change brings the potential for fresh perspectives, new opportunities, and personal growth. Finally, experiencing change requires a certain level of courage and resilience. It is significant to remember that you are strong enough to make it through the tough times and that the other side of change is often brighter than you imagined. Experienced change can be overwhelming but can also be a source of liberation and joy. Courage and resilience are essential qualities for sustainable development.

***Potential to create our life visions by living a life of self-acceptance and self-love.***

The Ideal Framework is a concept that encourages people to live an authentic life by creating a balance between the inner and outer realms. It enables us to take an honest look at our lives and to make conscious choices that bring us closer to our ideal selves. This framework encourages us to embrace our flaws, accept our weaknesses, and appreciate our strengths. It enables us to be mindful of our thoughts and actions and the consequences of our choices. It helps us to recognize our potential, to create a vision for our lives, and to work towards achieving our goals. This framework is about living a life that is meaningful and fulfilling and that is rooted in our values and beliefs. It is about creating a life that is free from fear and

negative self-talk. It is about living a life of self-acceptance and self-love. It is about being able to make choices that are in line with our values and beliefs and that bring us closer to our ideal selves. Ultimately, The Ideal Framework is about living a life of joy, purpose, and fulfillment. One of the Sustainable Development Goals is to “promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.”

***Visions are essential as they provide social progress and inspiration, and connection.***

Visions of the future are an enthralling thing. They represent the possibilities of what could come, what could be, and the hope that we can achieve something better one day. For many, these future visions become indispensable parts of their lived experiences. For some, these visions of the future are a source of motivation and drive.

People use these visions to push them to work harder, strive for something better, and create the future they

want to see. For others, they are a source of comfort and solace. In a world of uncertainty and worry, visions of the future can provide us with hope and peace. Visions of the future can also be a source of inspiration. People can use them to dream, to explore new ideas, and to think about what could be. They can provide us with the impetus to create new technologies, push for social progress, and to strive for a better world. Lastly, visions of the future can help us stay connected and inspire each other. They provide us with hope, comfort, motivation, and inspiration. They are essential parts of our lived experiences, and they can help us stay connected, dream, and strive for a better future. Relating it to SDG9. Industry, Innovation and Infrastructure, Visions are considered essentials for sustainable development goals because they provide a sense of direction and motivation to work towards a better future. They provide a platform for innovative and collaborative solutions to global issues, such as poverty, climate change, and inequality.

**4. SWOT Analysis on Learnings**

<p><b>Internal Learning Factors: Strengths</b></p> <ul style="list-style-type: none"> <li>• Increased Accessibility</li> <li>• Qualified Staff</li> <li>• Improved Infrastructure</li> <li>• Knowledge and Awareness</li> <li>• Education</li> <li>• Cost Savings</li> <li>• Improved Patient Outcomes</li> <li>• Enhanced Quality of Care</li> <li>• Cultural Competency</li> <li>• Innovation</li> </ul>	<p><b>External Learning Factors: Opportunities</b></p> <ul style="list-style-type: none"> <li>• Increased access to telehealth services</li> <li>• Expansion of public health programs to target health care needs</li> <li>• Utilization of mobile health units to provide health care services</li> <li>• Strengthening of partnerships between health care providers and community organizations</li> <li>• Improve Healthcare services</li> <li>• Expansion access to telemedicine</li> <li>• Increase availability of public health services</li> <li>• Providing access on quality educational materials</li> <li>• Technology</li> <li>• Grants</li> <li>• Education and Training Opportunities</li> </ul>
<p><b>Internal Learning Factors: Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Limited access to healthcare providers</li> <li>• Lack of technology</li> <li>• Low funding</li> <li>• Inadequate infrastructure</li> <li>• Poor health literacy</li> <li>• Inadequate resources</li> <li>• Poor infrastructure</li> <li>• Inefficient use of technology</li> <li>• Social stigma</li> <li>• Limited Resources</li> <li>• Communication</li> <li>• Transportation</li> <li>• Funding</li> </ul>	<p><b>External Learning Factors: Threats</b></p> <ul style="list-style-type: none"> <li>• Lack of access to quality healthcare services</li> <li>• Financial barriers</li> <li>• Geographic distance</li> <li>• Transportation infrastructure</li> <li>• Cultural differences</li> <li>• Inadequate healthcare infrastructure</li> <li>• Limited access to healthcare</li> <li>• Lack of education</li> <li>• Lack of access to preventive services</li> <li>• Lack of access to healthcare in isolated and disadvantaged areas can result in higher rates of mental health problems.</li> <li>• Demographics</li> <li>• Regulations</li> <li>• Rising costs</li> </ul>

**Internal Learning Factors: Strengths**

- Increased Accessibility: Healthcare services in geographically isolated and disadvantaged areas

can be enhanced by increasing the accessibility of the services. This can be done by improving the availability of transportation, providing more convenient clinic locations, and investing in telemedicine technology to allow for remote consultations and mobile health clinics to reach patients in areas that are hard to access. Remote, geographically isolated areas can benefit from increased access to healthcare services, particularly in rural and under served areas.

- **Qualified Staff:** Hiring qualified healthcare staff knowledgeable about the local needs and challenges of geographically isolated and disadvantaged areas can help provide better care and improve patient outcomes. It includes recruiting and training local healthcare professionals and seeking out healthcare professionals with experience in rural health.
- **Improved Infrastructure:** Investing in infrastructure improvements can help to make healthcare services more accessible and efficient in geographically isolated and disadvantaged areas. It includes upgrading existing facilities, building new healthcare centers, and investing in the telecommunications infrastructure to support telemedicine services.
- **Knowledge and Awareness:** Sharing knowledge with local communities about the importance of preventive healthcare and providing resources to help them access healthcare services can help to improve healthcare outcomes in geographically isolated and disadvantaged areas. This can include providing educational materials on preventive healthcare and offering public health campaigns to promote awareness and encourage individuals to seek healthcare services. Healthcare providers in these areas often have more excellent knowledge and insight into the particular healthcare needs of their communities.
- **Education:** Healthcare professionals in remote areas can benefit from a range of educational opportunities, such as webinars and video conferencing, to stay current on the latest healthcare trends and best practices. This can help them provide better care to their patients.
- **Cost Savings:** Geographic isolation often leads to higher costs of transportation and delivery of services, but healthcare providers may be able to

minimize these costs by utilizing telemedicine and other technology-based solutions to reach patients remotely.

- **Improved Patient Outcomes:** Healthcare services in isolated and disadvantaged areas can be tailored to meet the specific needs of the local population and help improve overall patient outcomes.
- **Enhanced Quality of Care:** Healthcare providers in remote areas can use technology-based solutions to provide better quality care and patient follow-up. This can help reduce the risk of medical errors and improve overall patient outcomes.
- **Cultural Competency:** Healthcare providers in remote areas must be familiar with local cultural norms and values to provide adequate healthcare services. Training and education can help healthcare providers better understand and respect the beliefs and culture of their patients.
- **Innovation:** Geographically isolated areas often provide a unique opportunity for healthcare providers to innovate and find solutions to healthcare problems that may be absent in more populated areas.

#### **Internal Learning Factors: Weaknesses**

- **Limited access to healthcare providers:** Many are reluctant to practice in geographically isolated or disadvantaged areas due to low patient volumes and a lack of resources. This limits the availability of healthcare services and can create long waiting lists for appointments. This can lead to poor health outcomes due to a lack of preventative care and timely access to treatment.
- **Lack of technology:** Many geographically isolated and disadvantaged areas need access to the latest healthcare technology, such as diagnostic machines, which can reduce the quality of care available.
- **Low funding:** Healthcare services in these areas often need more budget, making it challenging to hire and retain personnel and purchase equipment.
- **Inadequate infrastructure:** Healthcare services in geographically isolated and disadvantaged areas are often provided in outdated or ineffective buildings, which can be unsafe and unhygienic.
- **Poor health literacy:** People in economically disadvantaged areas often need more education

and resources to understand preventive healthcare's importance, leading to poor health outcomes.

- Inadequate resources: Healthcare services in these areas often need more help, such as personnel, equipment, and funding, to meet the needs of their population. This can lead to a lower quality of care.
- Poor infrastructure: Healthcare services in these areas may need more infrastructure to provide care effectively. This can include inadequate roads, electricity, or telecommunications.
- Inefficient use of technology: Technology can significantly improve access to healthcare services in these areas. However, there is often a need for more understanding of digital systems and a lack of access to the necessary technology.
- Social stigma: Social stigma and discrimination can prevent people from seeking healthcare services, leading to poor access to care. This can be particularly true for marginalized populations, such as those living with HIV/AIDS.
- Limited Resources: Healthcare providers in these areas often need more access to the same resources as their counterparts in more populated areas. This can lead to inadequate staffing levels, lack of access to cutting-edge technology, and fewer treatment options.
- Communication: Communication between healthcare providers and patients can be difficult in these areas due to the need for more reliable internet access.
- Transportation: Transportation to and from healthcare facilities can be difficult in these areas due to the lack of public transportation options.
- Funding: Healthcare providers in these areas often need access to the same funding sources as their counterparts in more populated areas.

#### **External Learning Factors: Opportunities**

- Increased access to telehealth services in geographically isolated and disadvantaged areas: Telehealth services can help bridge the gap between healthcare providers and patients in remote areas, allowing better access to timely diagnosis and treatment.

- Expansion of public health programs to target health care needs in geographically isolated and disadvantaged areas: By targeting health care needs in these areas, public health programs can help close the gap in health care access.
- Utilization of mobile health units to provide health care services to geographically isolated and disadvantaged areas: Mobile health units can provide health care services to those in rural and underserved areas, helping to reduce the disparities in access to health care services.
- Strengthening partnerships between health care providers and community organizations: By supporting the associations between health care providers and community organizations, health care providers can better understand the needs of the communities they serve, ultimately providing better access to health care services.
- Improve Healthcare services: Healthcare services in geographically isolated and disadvantaged areas are often limited or inadequate due to the need for more resources and access to quality care. Despite this, various opportunities are available to improve healthcare services in these areas.
- Expansion access to telemedicine: One potential opportunity is expanding access to telemedicine, which allows for remote patient-provider consultations via video conferencing or audio/video chat. Telemedicine can provide access to healthcare services in areas where traditional healthcare is unavailable or is limited. This technology can also reduce the need for expensive or time-consuming patient travel to receive care.
- Increase availability of public health services: Another opportunity is to increase the availability of public health services such as immunizations and screenings. These services can help prevent or reduce the spread of preventable diseases in isolated communities.
- Providing access to quality educational materials: Additionally, educational materials on health topics can help people in these underserved areas make informed decisions about their health. Finally, increasing access to affordable medications and supplies is a significant opportunity to improve healthcare services in isolated and disadvantaged areas. This can include providing access to generic

medicines and supporting programs offering prescription drug discounts.

- **Technology:** Increasing access to technology can help bridge the gap between healthcare providers in these areas and their counterparts in more populated areas.
- **Grants:** Grants and other forms of funding may be available to help healthcare providers in these areas purchase necessary equipment and supplies.
- **Education and Training Opportunities:** Healthcare providers in these areas can benefit from increased education and training opportunities to help them stay up-to-date with the latest treatments and technologies.

#### **External Learning Factors: Threats**

- **Lack of access to quality healthcare services:** Geographically isolated and disadvantaged areas often lack access to quality healthcare services. This lack of access can be caused by various external learning factors, including financial barriers, geographic distance, cultural differences, and inadequate healthcare infrastructure.
- **Financial barriers:** One of the most significant external learning factors contributing to inadequate healthcare services in geographically isolated and disadvantaged areas. These areas tend to have a lower median income and fewer financial resources, meaning they cannot afford the cost of quality medical care. This lack of financial resources can lead to delays in care, inadequate medical treatments, and access to specialist care.
- **Geographic distance:** It can also be a significant external learning factor contributing to inadequate healthcare services in geographically isolated and disadvantaged areas. These areas are typically located in rural or remote locations, making it difficult for residents to access medical care.
- **Transportation infrastructure:** In addition, transportation infrastructure in these areas needs to be improved, making it difficult for residents to access medical facilities that are located further away.
- **Cultural differences** can also be an external learning factor contributing to inadequate healthcare services in geographically isolated and disadvantaged areas. These areas often have

populations of different ethnicities, languages, and religions. This can lead to communication barriers between healthcare providers and patients and a need for understanding these populations' medical needs.

- **Inadequate healthcare infrastructure:** It can be an external learning factor that contributes to inadequate healthcare services in geographically isolated and disadvantaged areas. These areas often need more medical infrastructure, such as hospitals, clinics, and medical personnel, essential for quality healthcare services. This can lead to a lack of access to medical care, delays in care, and inadequate treatments.
- **Limited access to healthcare:** Geographically isolated and disadvantaged areas pose unique threats to healthcare services. Access to healthcare is a significant challenge in rural and remote areas, and those living in such places often need access to proper healthcare facilities and resources.
- **Lack of education:** These areas are often characterized by poverty and lack of education, leading to poor health outcomes and limited access to preventive services. The lack of access to healthcare in these areas can result in higher rates of preventable illnesses and diseases. Without adequate healthcare, individuals in these areas may suffer from untreated or under treated conditions, leading to serious health complications.
- **Lack of access to preventive services:** Additionally, the lack of access to preventive services can lead to higher rates of infectious diseases, such as HIV/AIDS, and chronic and degenerative diseases. The lack of access to healthcare in isolated and disadvantaged areas can also lead to high mortality rates. Without access to proper healthcare, individuals in these areas may be at greater risk of death or disability due to preventable and treatable conditions.
- **Demographics:** Healthcare providers in these areas can be at risk of a shrinking patient base due to out-migration.
- **Regulations:** Healthcare providers in these areas may be subject to more stringent regulations due to the lower population density and lack of competition.

- **Rising Costs:** Healthcare providers in these areas may face increased costs due to purchasing and maintaining expensive equipment and supplies.

**5. Action Plan**

The key findings from the key informants’ lived experiences on healthcare services center on two major themes: the **challenges** and **efforts to improve healthcare services**, thereby focusing on the inefficiency of health services implementation as well as the reasonable efforts and felt positive change. Hence, a tactical plan is being developed to enable the concerned agency to push the organization to be successful at some points within the next 1-3 years through a more redefined tactical implementation of steps. Furthermore, the action plans are aligned with the strategic plan mandated primarily by the agency’s

vision to provide “A healthy and dynamic community whose constituents have active participation in all health endeavors” and with its mission “To upgrade human dignity through individualized and quality healthcare delivery system.

Emphasis on a short-range action plan is needed to highlight the targeted results that would address the action plans’ evaluation of processes for effectiveness and efficiency. Each tactical program with its essential elements, namely; actions/activities, persons responsible, evidence of implementation, monitoring strategies, and results, is designed to translate the day-to-day objectives concerning the main findings of this study into quantifiable tasks.

Challenge	Persons Responsible: BHW, B Officials, Health Professionals, Residents	Evidence of Implementation	Monitoring Strategies	Results or Target Indicator
<b>Subtheme 1. Uninspiring Health Station Condition</b>				
1.1 Poor health station status	Barangay officials and health professionals	Memorandum of agreement and deed of donation	Inventory checklist on availability of equipment and facilities	Acquire minimum supply of equipment and facilities to improved health station status thru Networking
1.1.1 Uninspiring health station condition	Barangay officials and health professionals	Memorandum of agreement and deed of donation	Inventory checklist on availability of equipment and facilities	Acquire minimum supply of equipment and facilities to improved health station status
1.1.2 Poor infrastructure	Barangay officials	Deed of donation	Customers satisfaction survey	Provide minimum standard of infrastructure to barangay health center
1.2 Weak support mechanism	Barangay officials Health personnel BHW Local government	Meetings Resolutions Document	Customers satisfaction survey	Provide minimum standard of communication and organizational structure
1.2.1 Limited budget	Barangay officials and health professionals	Barangay resolution to increase barangay health care budget	Book of account	Improve health care delivery services
1.2.2 Limited supply of medicine	Barangay officials and health professionals	Memorandum of agreement and deed of donation	Inventory checklist on supply of medicines	Providing 100% supply of medicines after consultations
1.2.3 Late supply of medicine	-Head BHW -Brgy. Chairman -RHU Staff assigned to barangays	-Use of scheduling plan in the follow up of due medicine delivery schedule	-Checking of schedules -Follow up of supply before scheduled delivery	Concerned person/s are duly notified of due medicine delivery schedule
1.2.4 Low honorarium	Barangay officials	Barangay resolution	Employee job satisfaction survey	Provide motivating salaries and honorarium
<b>Subtheme 2. Geo- Cultural Constraints</b>				
Challenge	Persons Responsible: BHW, B Officials, Health Professionals, Residents	Evidence of Implementation	Monitoring Strategies	Results or Target Indicator
2.1 Community-based constraints	-Head BHW -Brgy. Chairman -RHU Staff assigned to barangays -LGU -Barangay officials	Establish a committee of community members and local stakeholders who are dedicated to monitoring environmental constraints.	Appoint representative for monitoring and inspecting.	Provide motivating salaries and honorarium

2.1.1 Undesirable community condition	BHW, Public official and constituents	Reduce barangay diseases inflection and attain constituents-wellness	Barangay health care record book and ocular inspection report	Develop and livable, clean and safe environment
2.1.2 Wrong culture	BHW, health personnel	Adopt new practices through assimilating new cultures	BHW home visit report	Assimilating blended cultures
2.1.3 Folk belief	Constituents	Longer life expectancy and reduce medical cases caused by wrong folk belief	Barangay health care record book and BHW home visit report	Adopt new technology to improve persons fitness and wellness
2.1.4 Alternative healing	Health personnel and BHW	Constituents best practices on the promotion of better health and sanitation	Barangay health center record book and BHW home visit report	Adopt new technology to improve persons fitness and wellness
2.2 Isolation problem	Constituents	Longer life expectancy and reduce medical cases caused by isolated issues and concerns	Barangay health care record book and BHW home visit report	Adopt new technology to improve persons fitness and wellness
2.2.1 Distance	BHW and health professionals	Provide periodic health services among remote areas	Customer satisfaction survey and customer feedback	Provide accessible health services among remote areas in the barangay.
2.2.2 Means of Transportation	Barangay officials	Deed of donations on public vehicle	Permit to use public vehicle records	To provide access to use public vehicle as means of transportation to emergency cases
2.2.3 Poverty	Barangay officials	Implementation on sustainable livelihood projects	Conduct impact assessment on the implementation of livelihood projects	Zero hunger. Reduce malnutrition and provide descent work
2.1 Community-based constraints	-Head BHW -Brgy. Chairman -RHU Staff assigned to barangays -LGU -Barangay officials	Establish a committee of community members and local stakeholders who are dedicated to monitoring environmental constraints.	Appoint representative for monitoring and inspecting.	Provide motivating salaries and honorarium
<b>Subtheme 3. Human- side Constraint Factors</b>				
<b>3.1 Human constraints</b>				
3.1.1 Feeling of defiance to existing system	BHW, barangay officials and health personnel	Active participation of constituents on fitness and wellness programs	Registration on fitness and wellness program and BHW home visit report	Community involvement of constituents on promoting better health and wellness
3.1.2 Feeling of regret	BHW, Barangay officials and health personnel	Implementation on transformational leadership styles, social responsibility and crisis management system	Constituents active involvement on barangay health and wellness program	Attain quality management system on health care delivery services
3.2 Mental stress	BHW, barangay officials and health personnel	Conduct seminar on mental stress management	Ocular observation and BHW home visit report	Achieve stress free environment
<b>Subtheme 4. Other Constraint Factors</b>				
4.1 Internal Constraints	BHW, barangay officials and health personnel	Memorandum of agreement and memorandum of understanding	Semi-annual or annual accomplishment report	Provide management strategies in handling possible internal constraints
4.1.1 Local politics	Barangay officials	Memorandum of agreement and memorandum of understanding	Semi-annual or annual accomplishment report	Obtain minimum standard of public health care unit
4.1.2 Exceptions	Health personnel	Memorandum of agreement	Employee performance evaluation	Improve the delivery on quality barangay health care services

4.2 External Constraints	BHW, barangay officials and health personnel	Memorandum of agreement and memorandum of understanding	Semi-annual or annual accomplishment report	Provide management strategies in handling possible constraints
4.2.1 Constraint due to pandemic	BHW, barangay officials and health personnel	Barangay health care medical log book	Barangay health care record book on constituents positive for COVID-19	To monitor efficiently and effectively patients inflicted with COVID-19
4.2.2 Potential threat to services delivery	Barangay-officials health personnel and BHW	Memorandum of understanding	Complaint report and performance evaluation	Deliver minimum functions as barangayhealthcare unit

Efforts	Persons Responsible: BHW, B Officials, Health Professionals, Residents	Evidence of Implementation	Monitoring Strategies	Results or Target Indicator
<b>Subtheme 1. Standardized Healthcare Services</b>				
1.1 Standardized healthcare delivery	Health professionals and BHW	Accreditation certificate and positive feedback on customer satisfaction	Customer satisfaction survey	Provide 100% standard health service delivery in barangay health center
1.1.1 Standard health services	Health professionals and BHW	Accreditation certificate and positive feedback on customer satisfaction	Customer satisfaction survey	Provide 100% standard health services in barangay health center
1.1.2 Standard protocol during pandemic	BHW, barangay officials and health care professionals	Incident report on COVID-19 infliction	Barangay health center medical record book	Zero or minimal COVID-19 infliction
1.1.3 Best practices	BHW and health professionals	Certificate of award, diminishing constituent medical consultation	Periodic ocular inspection and promotional campaign	Benchmarking
<b>Subtheme 2. Experienced Change</b>				
2.1 Positive feedback				
2.1.1 Good report	BHW, barangay officials and health professionals	Periodic-annual report	Accurate and relevant data are recorded in the medical record book	Develop comprehensive strategic short, medium, and long-term health care delivery services plan
2.1.2 Positive change	BHW and health personnel	Barangay survey result on continued implementation towards constituent best practices on health and sanitation	BHW house to house report and customer satisfaction survey	100% customer satisfaction rating on the quality of health care delivery services
2.1.3 Hope	BHW, barangay officials and health professionals	Barangay health care news later publication	Constituents feedbacking and customer satisfaction survey	Continued support from the collaborators and non-government agencies to improve barangay health care delivery services
<b>Major Theme 3. The Ideal Framework</b>				
3.1 Desirable Work Ethics	BHW, barangay officials and health care professionals	Employees adherence to the organizational policies cooperativeness, teamwork, integrity, and honesty to one's work	Customer positive feedback and periodic customer satisfaction survey	Deliver 100% quality and proper ethical commitment
3.1.2 Enjoyment from work	BHW, barangay officials and health professionals	Employee job satisfaction rating sheet and customer satisfaction feedback	Annual employee job satisfaction survey, IPCR and customer satisfaction feedback	Develop proficient health care personnel in barangay health care units
3.1.3 Healthy work relationship	BHW, barangay officials and health personnel	Abide to company's policies, establish cooperativeness and teamwork among co-employees and display integrity and honesty to their work	Employee annual performance evaluation, IPCR and periodic satisfaction survey	Develop a proficient health care personnel among barangay health care unit

3.2 Strong Institutional Support	BHW, barangay officials and health personnel, LGU	Strengthen company's internal and external support. Build a strong partnership and collaboration thru crafting memos	Customer positive feedback and periodic customer satisfaction survey	Deliver 100% minimum functions as barangay health care unit on the aspect of partnerships
3.2.1 Partnership	Barangay officials and health personnel	Memorandum of agreement	Performance evaluation	Deliver 100% minimum functions as barangay health care unit on the aspect of promotion and rehabilitation functions
3.2.2 Shared Responsibility	BHW, barangay officials and health care personnel	Memorandum of agreement and deed of donation	Barangay health center performance evaluation and annual accomplishment report	Provide 100% customer satisfaction on the quality of health care delivery services
3.2.3 Adequate Numbers of Manpower	Barangay officials	Barangay resolution	Barangay health care performance evaluation	Employ minimum standard of health personnel in barangay health care centers
3.2.4 Functional Infrastructure	Barangay officials	Deed of donation	Inventory list on equipment and facilities	Obtain minimum standard of tools, equipment and facilities available and a barangay health center unit
<b>Major Theme 4. Visions of the Future</b>				
4.1 Continued Pursuit of Excellence				
4.1.1 Continuous education	BHW and health personnel	Certificate of participation	Certificate of attendance or transcript of credentials	Enhance knowledge and skills on the delivery of health care services
4.1.2 Good fiscal management	Barangay officials and rural health unit	Implement quality management system for check and balance RHU expenditures	Annual audit report	Transparency on RHU fiscal transaction
4.1.3 Sustainable health programs	Barangay officials and health personnel	Implementation on viable short, medium, and long-term barangay health care programs	Accomplishment report	To provide strategic direction towards the attainment of short, medium, and long-term barangay health care programs
4.1.4 Good leadership	Barangay officials and health personnel	Implementation on strategic transformational leadership styles among the constituents	Barangay accomplishment report	Formulate crisis management system to provide solutions relating to health problems
4.1.5 Good policy	Barangay officials and health personnel	Strategic direction on sustainable health program	Barangay health center accomplishment report	Achieve 100% good fiscal management
4.2 Direction for the future				
4.2.1 Plans for the future	Barangay officials and health personnel	Short, medium and long-term plan on sustainable health programs	Barangay health center accomplishment report	Attainment 100% on sustainability goals on sustainable health programs
4.2.2 Revisit existing policies	Barangay officials and health personnel	Barangay resolution and archive	Barangay health center annual health program	Develop a well sound and effective health program policies

**6. Research Implications and Learning Insights**

This section presents the research implications and learning insights of the key findings from the key informants' narration of their lived experiences on

healthcare services in geographically isolated and disadvantaged areas.

**Research Implications for Practice**

As presented in the preceding results and discussions about Lived Experiences on Healthcare Delivery in GIDA, Meanings or Essences of Lived Experiences, SWOT Analysis on Learnings and Action Plan, several implications then for practice can be exposed.

My realizations in this study needs further triggers me to underscore on the need for a patient-centered approach to healthcare delivery in GIDA, a much emphasis in providing quality care that is entailed to patients' needs and preferences. Moreover, healthcare providers should strive to build strong relationships with geographically isolated and disadvantaged communities and work to understand their perspectives and experiences. This can be done through community engagement activities like focus group discussions, monthly surveys, and random interviews. With this, this will lead to create and promote an environment of inclusion and respect for diversity, in order to foster an environment of trust and understanding between healthcare providers and patients.

The implications towards the meanings or essences of lived experiences in geographically-isolated and disadvantaged areas can be far-reaching. Results in this study can give various insights to unique and vast challenges and efforts facing such communities and as well as building coping strategies and mitigating measures to face these difficult circumstances. Health policy makers and other stakeholders needs to develop effective and standardized policies and services that meets the needs of the GIDA. Additionally, the presence of these essences increases deep understanding and genuine empathy within the wider population. Lastly, this study informs and supports advocacy efforts, serving to guarantee that the voices of these communities in GIDA are heard and their needs are addressed.

The SWOT Analysis on Learnings creates a deeper understanding of the strengths and weaknesses of health systems and help to identify the strategies and interventions that can address the weaknesses and capitalize on the strengths of these health systems. Moreover, the results of the SWOT analysis provide an evidence for the development of targeted interventions and mitigating measures for improving health system outcomes as well as the development of measures for monitoring and evaluating progress.

The implications on action plan for both challenges and efforts brings encouragement to invest in infrastructure in order to improve access to healthcare service delivery. Also, the use of community health workers and volunteers can help bridge the gap between healthcare providers and patients in these areas. Governments should invest in training and education programs to ensure that healthcare providers-are more knowledgeable about the particular health-related issues facing in such communities. Then lastly, government should consider providing financial incentives to encourage providers to work in these areas.

### **7. Research Implications for Future Studies**

Future studies should further explore the factors and effects contributing to unfolding experiences on healthcare services in geographically isolated and disadvantaged areas. For example, future research could describe and explain the impact of economic disparities, cultural and religious differences, and other socio- economic factors on access to and utilization of healthcare services. Additionally, studies should explore how access to and utilization of healthcare services can be improved in these areas by providing adequate resources, such as healthcare professionals, medical equipment, and technology. Finally, research should also focus on how best to engage with and support local communities to ensure their healthcare needs are met.

### **References**

- [1] Anfara, V. (2013). *Theoretical Frameworks*. SAGE Encyclopedia of Qualitative Research Methods. Thousand Oaks, CA: SAGE Publications, Inc. Retrieved from <http://dx.doi.org/10.4135/9781412693909.n453>
- [2] Bird K, McKay A, Shinyekwa I. (2012). *Isolation and Poverty: The relationship Between Spatially Differentiated Access to Goods and Services and Poverty*. Overseas Development Institute 2010.
- [3] Capilis, RM. (2015). *Universal Healthcare in the Philippine Setting*. Retrieved from <https://www.researchgate.net/publication/283052132>
- [4] Chanco, B. (2019). *Crisis in Healthcare: Demand and Supply Column*, The Philippine Star.
- [5] Collado ZC. (2019). *Challenges in public health facilities and services: Evidence from a Geographically isolated and disadvantaged area*

- in the Philippines*. Journal of Global Health Reports. 2019; 3:e2019059. doi:10.29392/joghr.3.e2019059
- [6] Department of Health (DOH) Administrative Order No. 185. (2004). "ESTABLISHMENT OF THE GEOGRAPHICALLY ISOLATED AND DISADVANTAGED AREAS (GIDA) TO SUPPORT LOCAL HEALTH SYSTEMS DEVELOPMENT."
- [7] Jackson, E. (2013). *Choosing a Methodology: Philosophical Underpinning. Practitioner Research in Higher Education*. University of Cumbria, Vol. 7, pp. 49-62
- [8] Peters DH, Garg A, Bloom G, Walker DG, Brieger WR, Hafizur Rahman M. (2008). *Poverty and access to health care in developing countries*. Annals of the New York Academy of Sciences. 1136(1):
- [9] Angara, H. *Philippine rural areas suffer most from poor health Care system: Bridging urban-rural gap through Telehealth system*. Press Release. May 2009. Retrieved from [https://www.senate.gov.ph/press\\_release/2009/0527](https://www.senate.gov.ph/press_release/2009/0527)
- [10] Quigley H., Jirhandeh N. *Resilient and People-Centered Health Systems: Progress, Challenges and Future Directions in Asia*. Asia Pacific Observatory on Health Systems and Policies
- [11] Republic Act 7160 otherwise known as the Local Government Code of 1991, mandates the process of decentralization to the Local Government Units which includes the integration of health care delivery system.
- [12] Resolution No.93 Series of 2018, "DECLARING SIX (6) BARANGAYS OF THE MUNICIPALITY OF PINAMUNGAJAN AS GEOAGRAPHICALLY ISOLATED AND DISADVANTAGED AREAS (GIDA) TO SUPPORT HEALTH SYSTEMS DEVELOPMENT."
- [13] Schellenberg JA, Victoria CG, Mushi A, et al. (2003). *Inequities among the very poor: Health care for children in rural southern Tanzania*. The Lancet. doi:10.1016/s0140-6736(03)12515-9 Google Scholar.