

Status, Responsiveness, and Community Satisfaction with the Health Services in the Island Barangays of San Jose, Occidental Mindoro

Marc Jason Lasigas Gacula*

College of Business, Administration and Management, Occidental Mindoro State College, San Jose, Occidental Mindoro, Philippines

Abstract: This descriptive-correlational study assessed the health services status in the island barangays of San Jose, Occidental Mindoro. It focused on resource availability, accessibility, service coverage, and infrastructure quality. It also investigated the area of responsiveness of health workers in terms of technical health competence, resilience and adaptability, communication skills, and empathy. Furthermore, it measured community satisfaction with healthcare delivery in terms of timeliness, quality of care, facilities, and effectiveness of services. The study aimed to disclose how health service status and healthcare workers' responsiveness influence community satisfaction. A total of 370 residents, selected through stratified random sampling, were the study's respondents. Data was collected using a researcher-made survey instrument and face-to-face interviews. Descriptive statistics summarized the services, responsiveness, and satisfaction, while correlation analyses identified the relationships among the variables. Findings revealed that the resource availability and accessibility are at a moderate level, with notable limitations in infrastructure and service coverage. Health workers were mostly responsive, particularly in communication and empathy, though there are deficiencies in technical training and adaptability. Community satisfaction ranged from moderate to high, with stronger ratings in quality of care and timeliness, and lowest ratings in facility adequacy and effectiveness of services. There is a significant relationship between the status of health services and the level of satisfaction in the community, as well as between the health workers' responsiveness and satisfaction, revealing that the quality of the service in the community is influenced by both structural and human factors. The study highlights the need for community health infrastructure enhancements, better resource allocation, and continuous capacity building for healthcare workers to foster more responsive services and increase community satisfaction. Strengthening these key areas is important for sustainable and equitable healthcare delivery in the island barangays of San Jose, Occidental Mindoro.

Keywords: Health Services, Community Satisfaction, Barangay Health Centers, Responsiveness in Service Delivery.

1. Introduction

The right to health is legally binding commitments enshrined in international human rights instruments mandating that individual has access to the highest attainable standard of physical and mental health. Countries must develop and

implement legislation and policies that ensure universal access to quality health services (World Health Organization, 2023). The Philippines implemented this mandate through the enactment of Republic Act No. 7160, Local Government Code of 1991, which controls local governments in the country. Local Government Units (LGUs), including barangays, are legally required to provide essential health services according to Section 17 which defines Basic Services and Facilities for their communities.

However, inadequate access to healthcare services remains a challenge, particularly in island barangays. Prior research indicates that barangay health centers function within outdated facilities, deficient in elements such as vaccine storage, dependable power, and emergency transport (Reyes, 2023). These physical barriers compound human resource obstacles such as overworked healthcare personnel, high employee turnover and poor compensation structures (Seráfica et al., 2025). In addition, social determinants such as poverty, lack of health education, and cultural preferences decrease the community's engagement with formal health services (Reyes et al., 2024).

The success of local healthcare can be measured using two main assessment methods which include responsiveness and determining community satisfaction. System responsiveness requires the capacity to handle emergency situations, while satisfaction determines whether service delivery meets the actual needs and expectations of the public (Olaopa et al., 2022).

In the Municipality of San Jose, 11 out of 39 barangays are categorized as island barangays including Brgy. Labangan Iling, Iling Proper, Bangkal, Inasakan, Ambulong, Ansiray, Ipil, Buri, Catayungan, Natandol and Pawican. Preliminary observations suggest that these areas encounter multiple challenges due to geographic location, insufficient equipment, and unpredictable weather conditions that delay access to mainland hospitals during emergencies.

Despite the reported challenges experienced by GIDA nationwide, there are still very few thorough studies concerning the actual status, responsiveness and community satisfaction within the island barangays of San Jose. This study aims to

*Corresponding author: gaculamarcjason005@gmail.com

address this gap by providing a systemic evaluation of healthcare service delivery in these understudied areas to help develop sustainable healthcare solutions (aldaba et al., 2022).

2. Methodology

A. Research Design

This study employed a descriptive-correlation design to measure and evaluate the status, responsiveness, and community satisfaction with the health services in the island barangays of San Jose, Occidental Mindoro. Stratified random sampling was used to ensure well distribution of data.

The descriptive element of the research design was used to portray and summarize the exiting condition of health services and correlational design examines the relationship among variables, determining whether and to what extent variables like resource availability and community satisfaction are associated with one another without implying causation.

B. Study Setting

This study was conducted in the island barangays of the Occidental Mindoro, municipality of San Jose. The municipality covers a land area of approximately 446.70 square kilometers and is politically subdivided into 39 barangays, several of which are situated on islands, including Ambulong, Ansiray, Bangkal, Buri, Catayungan, Iling Proper, Inasakan, Ipil, Labangan Iling, Natandol, and Pawican. These island barangays are highly disadvantaged in accessing healthcare services due to location, sparse health infrastructure, meager medical resources and poor transportation system.

C. Unit of Analysis and Sampling

The researcher first determined the 11 island barangays in San Jose, Occidental Mindoro. Eight barangays were selected through lottery sampling method. Ansiray, Bangkal, Buri, Catayungan, Ilin Proper, Inasakan, Ipil, and Labangan Ilin are among the barangays that make up this selection, which accounts for 70% of all island barangays in the municipality.

According to Philippine Statistics Authority- Occidental Mindoro, as of July 2024, the total population of the chosen barangays is 8,073. Using a 5% margin of error and a 95% confidence level, the researcher used the Raosoft sample size calculator to compute the optimal number of respondents. The calculator recommended a sample size of 370 respondents.

To ensure proportional representation, the sample size was dispersed among the eight barangays according to their respective population sizes. As result 40 respondents were computed from Ansiray, 40 from Bangkal, 30 from Buri, 47 from Catayungan, 95 from Ilin Proper, 31 from Inasakan, 38 from Ipil and 49 from Labangan Iling.

D. Research Instrument

A researcher's questionnaire was developed and utilized as the main instrument to gather data and address the objectives concerning status, responsiveness, and community satisfaction with health services. The questionnaire was made up of several sections to examine different areas of health services. The first section examines the current level of healthcare service status

by focusing on resource availability, accessibility, service coverage, and infrastructure quality. Another section measured the level of responsiveness of healthcare workers with specific items concerning technical health competence, resilience and adaptability, communication skills, and empathy. Furthermore, the research instrument covered items assessing the level of community satisfaction encompassing specific items concerning timeliness, perceived quality of care, facilities adequacy, and quality of services. Each item was scored on a 4-point Likert scale (4-Strongly Agree to 1-Strongly Disagree, or 4-Very Satisfied to 1-Very Dissatisfied), allowing quantifiable analysis. To validate the instrument, its content was tested with a panel and research statistician. Cronbach's alpha was use to test reliability to check the internal consistency of the scales, and 0.70 or above was deemed acceptable.

E. Data collection and Procedure

The data collection procedure took place in three stages: before, during, and after the administration of the survey questionnaire. The researcher-developed survey questionnaire was expert validated prior to data collection to ensure face and content validity, including input from experts in public health, research methodology, and statistics. A reliability test was conducted in a similar but non-sampled community to find out coherence and feasibility of the questionnaire. Ethical clearance and approvals were obtained from the Occidental Mindoro State College, local government unit of San Jose, and barangay captains of the 11 island barangays, and consent forms will be prepared.

The researcher coordinated with barangay officials and respondents in selecting respondents. Informed consent from respondent was secured prior conducting face-to-face interviews, after data collection, questionnaires were collected, stored, and encoded in a digital form using statistical software. Statistical analysis was done utilizing descriptive statistics and correlation analysis. All data was kept confidentially.

F. Data Processing and Analysis

Descriptive-correlational research design was used to examine relationships among variables. The Statistical Package for the Social Sciences (SPSS) was used as the primary tool for data processing and analyzation. The evaluation of the status of health services, responsiveness of health workers and the level of community satisfaction, was conducted with the utilization of weighted mean and standard deviations, However, in evaluation of relationships between the status of health services and community satisfaction, as well as the health workers' responsiveness and community satisfaction, the researcher used Kendall's Tau-b correlation. The non-parametric test was appropriate since the data were in the form of ordinal ratings coming from Likert-scale responses.

G. Scope and Limitations of the Study

This research aimed to determine the health services status, responsiveness, and community satisfaction with healthcare provision of the 8 island barangays in San Jose, Occidental Mindoro. These are Brgy. Labangan Iling, Iling Proper, Bangkal, Inasakan, Ansiray, Ipil, Buri, and Catayungan. It

seeks to assess resource availability, accessibility, service coverage, quality of infrastructure, technical health competence, resilience and adaptability, communication skills and empathy of healthcare workers.

The scope is limited to the identified eight island barangays in the municipality of San Jose. It does not extend to other geographically isolated or mainland barangays.

Nevertheless, this study was limited by several factors. The researcher could not include mainland barangays for comparison. This study also relied on self-reported survey data, without incorporating direct observation or qualitative interviews. In addition, the study did not measure long-term health outcomes, focusing instead on perceptions at the time of data collection. All these limitations mean that future research should have a wider coverage, use mixed methods and look at the outcome-based indicators to make the findings more valid and applicable.

H. Ethical Considerations

This study adhered to ethical standards by ensuring informed consent is obtained from all participants prior to their involvement and emphasizing the voluntary nature of their participation, including their right to withdraw at any point without consequences. Measures to maintain confidentiality and protect respondents' personal information will be strictly enforced throughout the research process, safeguarding their privacy and dignity. Proper permissions will be obtained from relevant authorities to conduct the study, and the research will be conducted to avoid harm, coercion, or any ethical violations, respecting the rights and integrity of all participants involved. The researcher also secured the informed consent forms from the participants prior to the actual conduct of the survey to ensure compliance with ethical requirements.

3. Results

A. Status of Health Services in the Island Barangays

The status of health services in the island barangays of San Jose, Occidental Mindoro refers to the general ability of Barangay Health Centers to deliver healthcare, considering the resources available, accessibility, service coverage, and quality of infrastructure. It encompasses how well-equipped, easily accessible, inclusive and structurally ready the barangay to

address and respond to the health needs of their residents.

The resources for health services are moderately available (mean=3.18, SD=0.51) in the island barangays (Table 1). According to respondents, these barangay health centers possess basic medical equipment such as thermometers, blood pressure monitors, oxygen monitors and first aid kits. The centers are manned by health workers providing regular services through visiting medical teams. These allowed them to deliver basic health services.

Apparently, the barangay health center is constrained by the availability of medical and emergency supports. The mean registered the lowest at 3.01. Although delivered as moderately available, the supply of medical and often needed materials as well as the disinfectants and PPEs, are not sufficient but are available.

The health services are similarly accessible (mean=3.19, SD=0.62). Most residents can reach local health services with relative ease, although distance and travel time varies depending on terrain and available means of transportation. To some extent, services remain available during emergencies and weekends, suggesting that they give assistance to meet the needs of the community. While services are generally provided at times convenient for residents, access to larger health facilities in the San Jose town proper remains limited.

The overall infrastructure rating of barangay health centers in the island barangays of San Jose is rated at a moderate level (mean=3.15, SD=0.54). The respondents show a shared understanding of how well their healthcare facilities operate and what condition those facilities currently exist. Most participants hold the same perception that the medical facilities are operational, though they remain within the moderate range of quality.

Apparently, the healthcare care centers evaluation shows their status as operational with a need for improvements. The community believes and there is shared consensus among them that the infrastructure meets basic requirements for barangay health centers, but they have not obtained advanced development leaving significant avenue for further improvement.

The overall infrastructure rating of barangay health centers in the island barangays of San Jose is rated at a moderate level (mean=3.15, SD=0.54). The respondents show a shared

Table 1
The status of health services in terms of availability of resources

Indicators	Mean	SD	Description
The barangay health station has sufficient health workers.	3.35	0.64	Moderate
There are enough medicines and medical supplies available when needed.	3.01	0.75	Moderate
Medical equipment like thermometers, BP equipment, and first aid kits are present.	3.42	0.70	Moderate
Emergency supplies (like PPEs, disinfectants) are stocked in preparation for outbreaks.	3.02	0.85	Moderate
Regular health services are provided through regular visiting medical teams.	3.11	0.75	Moderate
Availability of Resources	3.18	0.51	Moderate

Scale: 1.00 – 1.49 Very Low; 1.50 – 2.49- Low; 2.50-3.49 – Moderate; 3.50 – 4.00 – High

Table 2
The Status of health services in terms of availability of accessibility

Indicators	Mean	SD	Description
The health facility is accessible from the community.	3.27	0.76	Moderate
Health services are provided at timed convenient for residents.	3.11	0.76	Moderate
Health workers are available during emergencies even on weekends.	3.20	0.78	Moderate
Availability of Resources	3.19	0.62	Moderate

Scale: 1.00 – 1.49 Very Low; 1.50 – 2.49- Low; 2.50-3.49 – Moderate; 3.50 – 4.00 – High

Table 3
The status of health services in terms of service coverage

Indicators	Mean	SD	Description
There are available health services of all ages within the barangay.	3.24	0.79	Moderate
Regular maternal and immunization services are given.	3.19	0.73	Moderate
Regular health education and awareness programs penetrate all households.	3.23	0.74	Moderate
Regular check-ups or consultations are provided by the barangay.	3.20	0.78	Moderate
Special case services such as mental and old age are provided.	3.01	0.93	Moderate
Service Coverage	3.17	0.57	Moderate

Scale: 1.00 – 1.49 Very Low; 1.50 – 2.49- Low; 2.50-3.49 – Moderate; 3.50 – 4.00 – High

Table 4
The status of health services in terms of Infrastructure

Indicators	Mean	SD	Description
The barangay health station is in a safe and clean environment.	3.20	0.76	Moderate
The building has electricity, a water supply system, and proper ventilation.	3.22	0.71	Moderate
The building structure is durable and well-maintained.	3.14	0.74	Moderate
The facilities have different rooms for treatment, consultation, and waiting.	3.05	0.79	Moderate
The health center is accessible for individuals with disabilities.	3.21	0.80	Moderate
Infrastructure	3.15	0.54	Moderate

Scale: 1.00 – 1.49 Very Low; 1.50 – 2.49- Low; 2.50-3.49 – Moderate; 3.50 – 4.00 – High

Table 6
The responsiveness of healthcare workers in terms of technical health competence

Indicators	Mean	SD	Description
The health workers have sufficient work experiences.	3.18	0.70	Moderate
Health workers possess the necessary qualifications and specialized skills to deliver effective medical services.	3.18	0.74	Moderate
Health workers are able to perform their duties efficiently despite limited resources and high patient volume.	3.22	0.71	Moderate
Training and professional development opportunities for health workers are adequate and regularly provided.	3.22	0.75	Moderate
The barangay health workforce demonstrates competence in managing both routine and emergency health situations.	3.29	0.74	Moderate
Technical Health Competence	3.15	0.54	Moderate

Scale: 1.00 – 1.49 Very Low; 1.50 – 2.49- Low; 2.50-3.49 – Moderate; 3.50 – 4.00 – High

understanding of how well their healthcare facilities operate and what condition those facilities currently exist. Most participants hold the same perception that the medical facilities are operational, though they remain within the moderate range of quality.

Apparently, the healthcare care centers evaluation shows their current status as operational with a need for improvements. The community believes and there are shared consensus among them that the infrastructure meets basic requirements for barangay health centers, but they have not obtained advanced development, leaving significant avenue for further improvement.

Table 5

The summary of the status of health services in the island barangays of San Jose, Occidental Mindoro

Indicators	Mean	SD	Description
Availability of Resources	3.18	0.51	Moderate
Accessibility	3.19	0.62	Moderate
Service Coverage	3.17	0.57	Moderate
Infrastructure	3.15	0.54	Moderate
Infrastructure	3.17	0.48	Moderate

Scale: 1.00 – 1.49 Very Low; 1.50 – 2.49- Low; 2.50-3.49 – Moderate; 3.50 – 4.00 – High

Table 5 summarizes the status of health services in the island barangays of San Jose, Occidental Mindoro. The overall mean (Mean=3.17) shows that health services are delivered at the moderate level across key dimensions.

The highest rating was given to accessibility (Mean=3.19), it reflects that residents typically find health services to be accessible and attentive to their basic needs. This indicates that there are medical facilities within a reasonable travel distance, and that staff members are available on regular and emergency

schedules.

Infrastructure recorded the lowest rating (Mean=3.15), it means that although building components and basic utilities are present and functional, some facilities might not have specialized areas or features like rooms for treatment and disability access. This highlights areas for enhancement in physical health center conditions.

B. Responsiveness of Healthcare Workers

The responsiveness of healthcare workers in the selected island barangays of San Jose, Occidental Mindoro pertains to the efficiency, attentiveness, and appropriateness of actions taken by medical health personnel in the island barangays of San Jose Occidental Mindoro. It encompasses how they quickly and efficiently provide care, interact with patients seeking services, how they adjust to changing circumstances, also, how do these personnel show empathy in both routine and emergency situations. Responsiveness is shaped by their technical proficiency, ability to manage limited resources, and sensitivity of the respective communities in their cultural contexts.

Assessing the quality of basic healthcare service delivery in geographically isolated areas is vital. Healthcare workers like midwives and Barangay Health Workers (BHWs) serve as the first and often only point of contact for medical assistance. Their capacity to provide appropriate response directly influences early detection, immediate referrals, and residents' general confidence in the local health systems. The evaluation and assessment of responsiveness offer insight into how well community-based health services operate and where improvements may be required to strengthen health outcomes in underserved barangays, given the difficulties presented by

Table 7
The responsiveness of healthcare workers in terms of resilience and adaptability

Indicators	Mean	SD	Description
Healthcare workers are able to continue providing Quality care during crises and public health emergencies.	3.21	0.71	Moderate
Healthcare workers can adapt effectively to rapidly changing circumstances in the delivery of services.	3.24	0.66	Moderate
Limited resources are managed resourcefully by healthcare workers through strategies such as <i>diskarte</i> .	3.17	0.73	Moderate
Healthcare workers demonstrate the ability to recover quickly from health-related challenges.	3.21	0.70	Moderate
Health workers respect local culture and use it in helping the community.	3.29	0.70	Moderate
Resilience and adaptability	3.23	0.53	Moderate

Scale: 1.00 – 1.49 Very Low; 1.50 – 2.49- Low; 2.50-3.49 – Moderate; 3.50 – 4.00 – High

Table 8
The responsiveness of healthcare workers in terms of communication skills

Indicators	Mean	SD	Description
Health workers explain health information in a way that is clear and easy to understand.	3.37	0.66	Moderate
Healthcare workers listen carefully to the concerns of community members	3.25	0.67	Moderate
Health workers show respect and kindness when talking to residents.	3.32	0.72	Moderate
Health workers use words and actions that match the culture and values	3.29	0.69	Moderate
Health workers give clear answers and guidance when people ask for help	3.34	0.68	Moderate
Communication Skills	3.32	0.54	Moderate

Scale: 1.00 – 1.49 Very Low; 1.50 – 2.49- Low; 2.50-3.49 – Moderate; 3.50 – 4.00 – High

Table 9
The responsiveness of healthcare workers in terms of empathy

Indicators	Mean	SD	Description
Health workers show genuine with respect and politeness at all times	3.32	0.66	Moderate
Health workers treat patients with respect and politeness at all times	3.31	0.70	Moderate
Health workers give full attention when patients share their health concerns.	3.34	0.67	Moderate
Health workers make patients feel understood and cared for.	3.30	0.64	Moderate
Health workers build trust by showing kindness and patience in their service.	3.32	0.66	Moderate
Empathy	3.27	0.49	Moderate

Scale: 1.00 – 1.49 Very Low; 1.50 – 2.49- Low; 2.50-3.49 – Moderate; 3.50 – 4.00 – High

distance, inadequate infrastructure, and resource limitations.

Health workers in the island barangays demonstrate moderate responsiveness (mean=3.22, SD=0.57), indicating a generally consistent perception among the participants pertaining to the ability of health workers to respond to both emergency health needs and routine. The community assessed the health workers' capacity in handling different medical situations as their most important quality which received a highest rating of (mean=3.29, SD=0.74). The results demonstrate that healthcare workers respond to the demand, but their limited necessary qualifications and specialized skills limit their capacity to perform work. The items concerning work experience and the possession of required specialized skills and credentials because the current service delivery system works properly yet their competence level does not meet existing requirements.

Healthcare workers from chosen island barangays demonstrate moderate resilience and adaptability (mean=3.23, SD=0.53). This score exhibits that healthcare workers possess sufficient flexibility to provide effective service to the island community despite geographic challenges. The highest-rated attribute was the healthcare workers' respect for local culture and its integration into community service (mean=3.29, SD=0.70), suggesting a strong cultural bond between the providers and the residents. It was critically found out that the healthcare workers face several difficulties with resource management despite their ability to understand cultural diversity. The ability of the healthcare providers to navigate limited resources through local strategies such as *diskarte* recorded a lower rating (mean=3.17, SD=0.73).

Healthcare workers in the island barangays exhibit their communication abilities at a moderate level (mean=3.32,

SD=0.54). The score indicates a totally effective exchange of information between staff and residents because the healthcare workers successfully share medical instructions with residents. The highest-rated item was the capacity of healthcare workers to explain health information clearly and simply (mean=3.37, SD=0.66), indicating that providers are successful in breaking down complex terms for the community. The delivery of information obtained a high standard yet there exists a minor deficiency in active engagement. The attentiveness of healthcare workers in listening to the concerns of community members received the lowest rating (mean=3.25, SD=0.67).

The highest-rated item was the health workers' ability to fully attend to health concerns of their patients with a score (mean=3.34, SD=0.67). On the other hand, the ability of healthcare workers to make patients truly understood and cared for obtained lowest rating (mean=3.30, SD=0.64). Although the score remains moderate, this result highlights an avenue for the healthcare providers to focus more on patient-centered care and emotional support to foster a more comforting environment for those looking for treatment.

Table 10
Summary of the responsiveness of healthcare workers

Indicators	Mean	SD	Description
Technical Health Competence	3.22	0.57	Moderate
Resilience and Adaptability	3.23	0.53	Moderate
Communication Skills	3.32	0.54	Moderate
Empathy	3.32	0.52	Moderate
Empathy	3.27	0.49	Moderate

Scale: 1.00 – 1.49 Very Low; 1.50 – 2.49- Low; 2.50-3.49 – Moderate; 3.50 – 4.00 – High

Table 10 provides summarization of the responsiveness of healthcare workers in the island barangays if San Jose,

Table 11
Level of community satisfaction in terms of timeliness

Indicators	Mean	SD	Description
Medical staff take care of patients immediately	3.28	0.70	Moderate
Emergency cases are attended immediately by health staff	3.21	0.68	Moderate
Timely scheduled health programs (e.g., vaccination, consultations) are performed	3.32	0.66	Moderate
There are no delays in getting medical care	3.16	0.77	Moderate
Timeliness	3.24	0.55	Moderate

Scale: 1.00 – 1.49 Very Low; 1.50 – 2.49- Low; 2.50-3.49 – Moderate; 3.50 – 4.00 – High

Table 12
Level of community satisfaction in terms of quality of care

Indicators	Mean	SD	Description
Health workers are respectful and courteous to patients	3.38	0.64	Moderate
The treatment or medical advice given is effective	3.23	0.67	Moderate
Patients are advised regarding their illness and therapies.	3.30	0.69	Moderate
Enough time and attention are given by health workers to patients.	3.28	0.68	Moderate
Quality of care	3.30	0.54	Moderate

Scale: 1.00 – 1.49 Very Low; 1.50 – 2.49- Low; 2.50-3.49 – Moderate; 3.50 – 4.00 – High

Table 13
Level of community satisfaction in terms of facilities

Indicators	Mean	SD	Description
The facility is well-ordered and clean.	3.27	0.70	Moderate
The waiting room is well ventilated and comfortable.	3.12	0.71	Moderate
Basic amenities are provided such as toilet and drinking water.	3.29	0.68	Moderate
The facility has sufficient light and space.	3.25	0.63	Moderate

Scale: 1.00 – 1.49 Very Low; 1.50 – 2.49- Low; 2.50-3.49 – Moderate; 3.50 – 4.00 – High

Occidental Mindoro. The overall mean (Mean=3.27) and the standard deviation of 0.49 indicate that responsiveness is rated at a moderate level across all measured indicators. This includes elements like technical competence, resiliency and adaptability, empathy and communication skills which collectively show how health workers respond to the needs of the communities they served.

The highest rating was received by Communication Skills and Empathy, which both achieved a mean score of (Mean=3.32). Communication skills cover the healthcare workers' ability to explain health information comprehensively and listen attentively, aside from these two, it also pertains to providing culturally relevant advice. Meanwhile, empathy includes being courteous, paying close attention to patients, and fostering trust via patience and kindness. According to these scores, residents and healthcare professionals regularly maintain moderate levels of interpersonal interaction.

The lowest rating was recorded to Technical Health Competence (Mean=3.22). Tjis indicator includes qualifications, experience, effectiveness, and the capacity to handle medical situations. This score is marginally lower compared to other indicators, emphasizing areas where additional training and professional development may be taken into consideration, even though it is still within the moderate range. Every indicator falls into the same descriptive category, demonstrating a balanced but diverse performance across various responsive dimensions.

C. Level of Community Satisfaction

Community satisfaction with healthcare services reflects the extent to which residents' expectations and needs are being met by the barangay health centers and health workers. It demonstrates the overall perception of the quality and the delivery of the service to a certain extent, indicating both the strong points and the weak ones that needs improvement. This

understanding aids in understanding the results and emphasizes the importance of satisfaction as a primary measure of healthcare effectiveness in the island barangays.

The timeliness of healthcare workers in the chosen island barangays is rated at a moderate level (mean=3.24, SD=0.55). This data indicates that while health services are generally delivered on schedule, there is still room for improvement in terms of efficiency of service transitions.

The performance of timely scheduled health programs which includes vaccination and community check-ups was rated the highest with a score (mean=3.32, SD=0.66), which reflects a consistent practice of conducting organized health operations within anticipated timeframes.

The lowest rating was recorded for the absence of delays in getting medical care, with a score of (mean=3.16, SD=0.77). This implies that though care is usually given, there might be few cases of waiting or disruption of availability of services.

The overall quality of care provided by the healthcare workers in the island barangays was critically found to be at a moderate level (mean=3.30, SD=0.54). This indicates a common perception across the barangays regarding the standard of health services delivered. The indicator obtained a highest-rate was the respect and courtesy of health workers to wards patients (mean=3.38, SD=0.64), illustrating that professional conduct is a consistent strength in the areas.

The results show that people value interpersonal skills more than they value the results of clinical treatment. The item received lowest rating was medical treatment and healthcare advice with a score (mean=3.23, SD=0.67). The research facilities delivered consistent service quality, which maintained moderate performance across all evaluation metrics.

The overall status of facilities within the barangay healthcare centers is rated at a moderate level (mean=3.23, SD=0.54). The medical facilities show a common perception which describes its current state. The highest-rated item was the availability of

Table 14
Level of community satisfaction in terms of effectiveness of services

Indicators	Mean	SD	Description
Health services help in the overall improvement of the people in the community.	3.35	0.64	Moderate
The residents are encouraged to get involved in health activities.	3.25	0.70	Moderate
Community feedback is considered in service improvement.	3.27	0.68	Moderate
Facilities	3.29	0.56	Moderate

Scale: 1.00 – 1.49 Very Low; 1.50 – 2.49- Low; 2.50-3.49 – Moderate; 3.50 – 4.00 – High

basic amenities, such as toilets and drinking water (mean=3.29, SD=0.68).

Apparently, basic amenities were available, but the assessment of other environmental aspects showed lower performance. The ventilation and comfort of the waiting room recorded the lowest score (mean=3.12, SD=0.71). The physical conditions of the facilities obtained similar ratings across all study areas because every indicator stayed within the moderate range.

The effectiveness of health services in the island barangays is rated at a moderate level (mean=3.29, SD=0.56). The result indicates that all participants had the same opinion about how healthcare programs affected their communities, The indicator which measured how health services in the islands improved community health showed its highest rating (mean=3.35, SD=0.64), illustrating the positive contribution of these services to the welfare of general public in the area.

On the other hand, the level of community engagement achieved a comparatively lower assessment within the moderate range. The indicator concerning community’s being encouraged to get involved in health activities obtained the lowest rating with a score (mean=3.25, SD=0.70). The healthcare services assessment shows uniform viewpoint across all island barangays because all other indicators maintain moderate performance.

Table 15
The Summary of community satisfaction with health services

Indicators	Mean	SD	Description
Timeliness	3.24	0.55	Moderate
Quality of care	3.30	0.54	Moderate
Facilities	3.23	0.54	Moderate
Effectiveness of Services	3.29	0.56	Moderate
Facilities	3.27	0.54	Moderate

Scale: 1.00 – 1.49 Very Low; 1.50 – 2.49- Low; 2.50-3.49 – Moderate; 3.50 – 4.00 – High

Table 15 shows the summary of community satisfaction with the health services in island barangays of San Jose, Occidental Mindoro. A moderate level of satisfaction is emphasized by the overall score of (Mean=3.27) and standard deviation of 0.54.

The highest score was obtained by the perception that health services contribute directly to the overall improvement of people in the community, with a score of (Mean=3.35) and a standard deviation of 0.64. The lowest rating was recorded for the encouragement of residents to engage in health-related activities with a score of (Mean=3.25) and a standard deviation of 0.70. Every indicator is in the moderate range, emphasizing that residents are consistently satisfied with the impact and delivery of healthcare services in their respective areas.

D. The Relationship between Status of Health Services and Community Satisfaction

Table 16 shows the relationship between the status of health services and the level of community satisfaction in the island barangays of San Jose, Occidental Mindoro. The findings indicate that the status of health services has a score of (Mean=3.17) and a standard deviation of 0.48, while the community satisfaction has a score of (Mean=3.27) and a standard deviation of 0.54.

The correlation analysis reveals that the relationship between the two variables is positive and statistically significant, with a computed correlation coefficient of $r = .599$, which is significant at the 0.01 level (2-tailed). As a result, the hypothesis which signifies that there is no significant relationship between the quality of health services and people's satisfaction with the community is rejected. It has been confirmed that better health services are directly associated with higher levels of satisfaction among community members.

Table 16
Relationship between Status of Health Services and Community Satisfaction

Indicators	Pearson’s r	P-Value
Status of Health Services	-	
Community Satisfaction	.599**	.000

Scale: 0.000-.150 Negligible; 0.151-.400 Weak; 0.401-.650 Moderate; 0.601-900 Strong; 0.901-1.000 Perfect

E. Relationship between the Responsiveness of Health Workers and the Level of Community Satisfaction

Table 17
Relationship between responsiveness and level of community satisfaction

Indicators	Pearson’s r	P-Value
Responsiveness of Health Workers	-	
Level of Community Satisfaction	.710**	.000

Scale: 0.000-.150 Negligible; 0.151-.400 Weak; 0.401-.650 Moderate; 0.601-900 Strong; 0.901-1.000 Perfect

Table 17 shows the relationship between the responsiveness of health workers and the level of community satisfaction in the island barangays of San Jose, Occidental Mindoro. As illustrates in the table, the responsiveness of health workers obtained a mean score of (Mean=3.27) with a standard deviation of 0.49. The level of community satisfaction presents the same value of (Mean=3.27) and a standard deviation of 0.49, indicating that respondents' perceptions of these variables are consistent.

The correlation analysis reveals a correlation coefficient of $r = .710$, which is strongly significant at the 0.01 level (2-tailed). Therefore, the null hypothesis which claims there is no significant relationship between the responsiveness of health workers and community satisfaction levels has been rejected, thereby validating the assertion that more responsiveness is

intimately linked with greater satisfaction of the community people.

4. Discussion

A. Status of health services in the Island Barangays of San Jose

The status of health services in the island barangays of San Jose, Occidental Mindoro is indicative of general ability of municipality in addressing the needs of geographically isolated and remote areas. In these communities, healthcare delivery is shaped by four important dimensions: the availability of resources; accessibility, service coverage and infrastructure. Together, these indicators provide a holistic view of how well the barangay health system performs in ensuring that residents receive adequate and timely care. Evaluating the status of health services is particularly important in remote barangays, where locals frequently deal with problems such as limited transportation. These constraints are common in geographically isolated and disadvantaged areas (GIDAs) in the Philippines, where health systems must balance scarce resources with growing community demands (Dondoyanos *et al.*, 2023).

The findings indicates that the Barangay Health Centers have a moderate level of equipment for providing medical care. Among the indicators presented, the highest-rated aspect was the presence of basic medical equipment, which participants agreed to enable the centers to offer routine consultations and basic treatments. This shows how rural health facilities can deliver primary care despite limitations in advanced tools (Dondonayos *et al.*, 2023).

On the other hand, the lowest-rated indicator was the availability of medicines and medical supplies, which residents noted as inconsistent and often lacking to meet demand. This gap undermines the ability of healthcare centers to respond effectively to urgent and health needs. Similar findings in Samar says that community expressed dissatisfaction with irregularities in the supplies of medicine, emphasizing the need for stronger support of government in maintaining health resources (Cananua-Labid *et al.*, 2022).

Meanwhile, in terms of accessibility, the findings indicate that health services in the island barangays are moderately accessible to residents. The ease of access to local health facilities was the highest-rated indicator and states that most residents can physically visit their barangay health centers despite challenges related to transportation and topography. This shows the essentiality of geographic proximity in shaping healthcare utilization, as studies have shown that distance and travel time are crucial barriers to service access in island barangays (Dayrit *et al.*, 2018).

Nonetheless, the indicator obtained the lowest rate was the timing of health services, which indicates that while schedules are regular, they do not consistently align with the daily routine of residents in the community, particularly those actively engaged in livelihood activities like fishing and farming. This mismatch highlights the need for more adaptable service hours to accommodate the realities of rural work patterns. Research on isolated areas healthcare delivery in the Philippines has also

highlighted that accessibility is not just about physical distance but also about how well service schedules fit the needs of community in the island barangays (Cananua-Labid *et al.*, 2022).

In terms of service coverage, the findings state that the healthcare coverage provided in the island barangays is moderate. Respondents consistently perceived that the extent of healthcare services delivered is sufficient to meet the needs of community in general, reflecting the presence of basic healthcare across different barangays. This result is consistent with studies emphasizing that rural health systems in the Philippines frequently given priority to ensure inclusivity and fairness (Dayrit *et al.*, 2018).

The highest indicator was the availability of health services for all age groups. Residents in the community recognized that general health services are present across different age brackets, from children to adults, which illustrates the barangay health center capacity to deliver broad-based care. This inclusivity is crucial in rural communities, where health facilities serve as the forefront and point of contact for diverse populations (Cananua-Labid *et al.*, 2022). In contrast.

The weakest among the indicators was the provision of specialized services such as mental health and elder care. A gap in addressing more complex and age-specific health needs was indicated by the observations of respondents that these important services are not always available. This limitation reflects national issues, since a lack of qualified personnel and inadequate infrastructure support frequently impedes the provision of specialized care in geographically isolated areas and communities (Dondonayos *et al.*, 2023).

In terms of infrastructure, the findings show that residents in the island barangays of San Jose have a moderate opinion with regards to the general infrastructure of barangay health centers situated in their respective areas. According to the recent study, rural health facilities in the Philippines frequently have modest but functional infrastructure. This perception is consistent with the fact that most centers have similar structural strengths and limitations. (Dondoyanos *et al.*, 2023).

The indicator obtained highest score was the availability of utilities and basic building components. Residents recognized that health centers are equipped with utilities that enable them to deliver routinary consultations and primary healthcare and functional spaces. This is important because the availability of common infrastructure ensures continuity of basic services even in geographically isolated areas. Research indicates that functional utilities which include water, electricity, and consultation rooms are essential for maintaining rural health systems (Cananua-Labid *et al.*, 2022).

On the other hand, the lowest-rated area was the absence of specialized areas which include treatment rooms and disability-friendly features. This restriction presents that although facilities can handle and accommodate general consultations, they are not fully prepared to address varied or specialized health needs. Systemic flaws in rural health planning are reflected in the lack of inclusive infrastructure, especially for elder care and people with disabilities. Infrastructure enhancement, such as accessible design and specialized

treatment areas, are very important and matter a lot for equity and inclusive in the delivery of services according to the recent study on rural healthcare development (Borgen Project, 2021).

B. Responsiveness of Healthcare Workers in the Island Barangays

The responsiveness of healthcare workers in the island barangays of San Jose, Occidental Mindoro is an important aspect of basic healthcare delivery since it presents health needs of community through the effectiveness of actions taken, whether timely, appropriate or timely. Barangay health workers (BHWs), and midwives are at the forefront of providing in these geographically isolated communities. Recent studies emphasize that the extent of responsiveness is not only determined by the existence of proper training and supervision, but also by the support given to health workers and motivation, which directly affects their capacity to give patient-centered and community-sensitive services in terms of health. It is thus necessary to support this aspect so that health care to be equally distributed, timely and sustainable to the vulnerable populations in the island barangays (Reyes *et al.*, 2023).

In terms of technical health competence, the ability of healthcare workers to manage both every day and emergency health situations was the most highly rated item. The respondents honor the capacity and capability of BHWs to provide urgent care and to make referrals which are essential in places that are far from hospitals and specialists and thus have limitations in access to medical facilities. This finding aligns with the existing study which illustrates that community-related health workers are essential in the process of identifying cases in the earliest time, providing timely intervention and establishing referral systems, especially in underserved rural communities like the island barangays (Reyes *et al.*, 2023).

On the other hand, the items obtained lowest rating were concerning special credentials and work experience. The respondents emphasized that although healthcare workers handle emergency situations, a lot of them do not have higher education or degrees that would uplift their competence. This situation reflects broader challenges in rural health systems, where inconsistent training and limited supervision hinder the full potential of BHWs in providing services to the community they serve. Winning against these barriers by means of structured training and certification would not only make them more responsive but also ensure that care delivery is up to the standard of routine and specialized needs (Labarde, 2024).

Moreover, in terms of resilience and adaptability of healthcare workers in the island barangays of San Jose, it was perceived at a moderate level, reflecting their ability to continuously providing care despite scarce in resources and environmental barriers. The stand of respondents was found to be consistent illustrates that health professionals exhibit both resourcefulness and cultural sensitivity in their respective work.

The highest-rated item was respect for local culture and its application to benefit the community. Residents acknowledge that healthcare workers integrate cultural competence into their service delivery, which strengthens trust and ensures that care is tailored to the values of community. This result aligns with

recent studies highlighting that cultural sensitivity is an imperative enabler of resilience, allowing health workers to explore diverse health beliefs and practices while sustaining effective communication and care (Almutairi *et al.*, 2024).

On the other hand, the item which obtained lowest rating was the ability of healthcare workers to manage limited resources through effective strategies like *diskarte*. Health professionals can deal with scarcity and shortages of resources by being creative and adaptable but depending too much in these strategies indicates structural deficiencies in the availability of resources. While adaptive practices can sustain care in the short term, scholars note that while adaptive practices can sustain care in the short term, they may ask to draw attention to disparities and the lack of institutional support for healthcare workers. This highlights the need for policy reforms and organizational backing to make sure that resilience is not dependent only on individual improvisation but is supported by physical investment in health sector. (Berg, 2021).

Meanwhile, in terms of communication skills of health workers in the island barangays of San Jose were rated at the moderate level, reflecting their ability in providing health information and interact with the people in locality in a generally understandable and culturally accepted way. There was broad agreement among the participants about their perception, which indicates that communication was functional but there were still avenues and opportunities for improvement around interpersonal engagement.

The highest-rated item was the ability of healthcare providers to simply explain health information. This shows that respondents value the clarity of communication, which allows them to comprehend the instructions and recommendations of the doctors more effectively. Recent studies show that effective communication strategies among Barangay Health Workers (BHWs) are imperative in resolving conflicts and ensuring that health interventions are properly implemented (Camasin *et al.*, 2023).

In contrast, the least rated item was the performance of healthcare workers in listening to the concerns of community members. The healthcare workers might be excellent at information dissemination and explain it very clearly, but the respondents have pointed out the problem of listening which might be a hindrance to the building or even a trust and empathy in the provider-patient relationship. This constraint reflects wider challenges in capacity-building, as many health workers lack formal training in stress management, effective communication, and interpersonal skills. The study shows that healthcare workers need targeted training to achieve full patient interaction because this training will help them provide appropriate patient support which will enhance patient satisfaction with the service they provided (Journal of Education and Social Research, 2023).

In terms of empathy, healthcare workers in the island barangays of San Jose demonstrate a moderate level, reflecting their ability to provide patient-centered care that enables them to understand both emotional needs and cultural backgrounds of the communities they worked with. Respondents shared similar perceptions, indicating that while empathy is evident,

there are still areas that need improvement in how health workers convey understanding and compassion.

The highest-rated item was the ability of healthcare workers to fully and sometimes even entirely address the health care concerns of their patients. This demonstrates that respondents prioritize immediate response times from health workers who serve their community in addressing urgent health needs, which develop trust and strengthen therapeutic relationships. Empathy, as a complex construct that includes affective, cognitive, and behavioral dimensions, is greatly important for encouraging therapeutic change and ensuring that patients feel at ease expressing their concerns openly and without hesitation (Nembhard *et al.*, 2023).

Conversely, the lowest-rated item was the capacity of healthcare workers to make patients feel genuinely heard and cared for. Although health workers focus on health problems, participants still observed shortcomings in expressing compassion, which may affect patients' perception of being truly cared for. This constraint aligns with findings that numerous health professionals struggle to consistently incorporate empathetic communication into routine practice due to heavy patient loads, time constraints, and insufficient training attended (Moudatsou *et al.*, 2020). Resolving this issue requires incorporating empathy training into both foundational education and continuous professional development, ensuring that health workers have the skills to balance clinical efficiency with compassionate care.

C. Level of Community Satisfaction with Health Services

Community satisfaction provides an important measure of the effectiveness and excellence of healthcare services delivery, especially within geographically isolated and disadvantaged areas. As pointed out by global health frameworks including the Sustainable Development Goals (SDGs) and the World Health Organization's core health indicators, patient satisfaction reflects not only the accessibility of services but also their impact in the wellbeing of the community. In the context of Island barangays in San Jose, Occidental Mindoro, the assessment and evaluation provide helpful insights into how the healthcare services contribute to local development, while also showing areas where community participation can be strengthened.

The timeliness of healthcare services in the island barangays of San Jose was perceived at a moderate level as the respondents constantly acknowledging both the strengths and the weaknesses in the service delivery. This illustrates that although healthcare workers usually meet the expectations for the scheduled programs, occasional delays in medical care remain a concern for the residents in the community.

The highest-rated item was the performance of accurate and timely schedule of health programs like the common such as vaccination and community consultations. This reflects the ongoing practice of delivering health operations within anticipated periods and is essential in gaining and sustaining preventive care and public trust. The timely schedule of implementation has been shown to increase patient satisfaction and even bring about community trust in the local health

systems, specifically in rural and underserved communities (Panganiban, *et al.*, 2024).

In contrast, the lowest-rated item was the absence of delays in obtaining medical care. Respondents emphasize that even though care is usually provided, there are opportunities for waiting or disruptions to the availability of services. This implies that problems in infrastructure in geographically isolated and underserved communities, where the scarceness of resources, the insufficiency of healthcare personnel, and the problems of transportation usually result in the patients not getting care on time. The researchers highlights that the primary reason why patients are not satisfied with the service is that they must wait long for treatment, whereas, in their perceptions, the length of waiting period is the main factor that identifies the quality of the service (Liu *et al.*, 2019).

On quality-of-care measures, residents were moderately satisfied, showing a consistent belief among residents that services are generally reliable but not without limitations. Respondents shared a consistent outlook through multiple assessment tools, suggesting that while interpersonal aspects of care functioned well, technical effectiveness required further development.

The highest-rated item was respect and courtesy of health workers that health workers expressed to patients. This demonstrates that respondents truly value the interpersonal sensitivity and professionalism of the healthcare providers, which fosters trust and strengthens patient-providers relationships. Respectful ways of communication and proper behavior are imperative components of patient-centered care, as they contribute to positive patient experiences and satisfaction. Current research shows that in rural health systems where resources are mainly restricted, the factors such as empathy, respect, and cultural sensitivity are the ultimate ones that determine perceived quality (Nembhard *et al.*, 2023).

Meanwhile, the lowest-rated item was the effectiveness of medical advice provided as well as the treatment. Respondents emphasized that while healthcare workers are polite, there are issues about the consistency and accuracy of medical guidance. This illustrates wider challenges in the delivery of rural health, where limited training opportunities, lack of resources, and lack of specialized support may impede the effectiveness of care. Researchers highlight that health professionals may find it difficult to offer evidence-based and reliable advice in the absence of ongoing professional development and supervision, which may have an impact on patient outcomes and satisfaction (Moudatsou *et al.*, 2020).

The state of facilities in the barangay health centers in the island barangays of San Jose was found to be quite moderate, reflecting consistent community perception on their adequacy. The highest-rated item was the availability of basic facilities, like drinking water and toilets, which indicate that the most urgent needs are being met, and the patients' visit, comfort is considered. Access to basic amenities is considered essential condition for fair primary healthcare, as it ensures dignity and safety for patients while strengthening trust in local health systems (Panganiban *et al.*, 2024).

On the other hand, waiting room comfort and ventilation

obtained the lowest ratings. This suggests that although facilities are functional, aspects of the patient experience pertaining to comfort and environment demands improvement. Studies highlight that environmental conditions such as waiting room and ventilation significantly affect patient satisfaction and perceptions of care quality, specifically in rural and resource-limited settings (Liu *et al.*, 2019).

The effectiveness of health services in the island barangays of San Jose in Occidental Mindoro was viewed in a moderate level. This shows consistent community opinions on care delivery. Respondents recognized that the personal aspects of service are strong. However, the technical effectiveness of treatment and advice needs further improvement.

Furthermore, the highest item that obtained highest rating was the courtesy and respect that health professional showed to patients during their encounter. This discovery implies that the quality of respect given in patient and healthcare provider relationships is beneficial in determining patient satisfaction and their perception with the effectiveness of services. Respectful communication techniques and professional courtesy are central to patient-centered care, as they create trust and, in turn, patients' dignity leads to their obedient compliance with the recommendation of healthcare providers, and thus they report a higher level of care satisfaction (Nembhard *et al.*, 2023).

In the same vein, the item that obtained lowest rating was the effectiveness of treatment or medical advice given by healthcare workers. Respondents pointed out that even though the health workers are courteous and respectful to them, there are still concerns about the accuracy and consistency of medical guidance. This reflects broader challenges in health systems within geographically isolated and underprivileged communities, where inadequate training opportunities, resource constraints, and lack of specialized support can affect the technical quality of care. Recent studies emphasize that without continuous professional development and evidenced-based training, healthcare providers may struggle to provide treatment and this would, in turn, affect both patient outcomes and satisfaction (Moudatsou *et al.*, 2020).

D. The Relationship between Status of Health Services and Community Satisfaction

The relationship between the status of health services and community satisfaction in the island barangays of San Jose, Occidental Mindoro illustrates how healthcare delivery systems operate to create public trust and perception of the healthcare system. The analysis depicted a positive and statistically significant correlation. According on this result, the null hypothesis stating that there is no significant relationship between the status of health services and community satisfaction was rejected, confirming that improvements in health service delivery are directly associated with higher levels of satisfaction. Residents show increased level of satisfaction when they perceive healthcare systems deliver services on time, there is enough quality of care, adequacy of facilities and effectiveness of services. This result is anchored with global health research, which identifies patient satisfaction as a key

outcome measure of health system performance and adherence to medical advice (Liu *et al.*, 2019).

The relationship between the status of services and community satisfaction needs to become the basis for the policy reforms with local government units and health administrators must execute according to the results of research which illustrates that health service improvements will bring satisfaction within the community through better service delivery, expanded medical access and improved facility conditions. This, in turn, can encourage more community engagement in health activities, encourage adherence to treatment plans, and result in better overall health outcomes. Considering the Sustainable Development Goals (SDGs), especially Goal 3, which aims to provide health and well-being for all people mandates organizations to develop a strong connection between service quality and user satisfaction. The foundation of their relationship needs reinforcement to achieve equal healthcare opportunities particularly in geographically isolated and underserved communities.

Generally, the strong and positive correlation between health service status and community happiness in the island barangays of San Jose indicates that satisfaction is a mirror of the larger health system's ability to resolve community needs rather than a stand-alone metric. By addressing both technical and interpersonal dimensions of treatment, and by investing in infrastructure and workforce development, policymakers and health leaders may increase satisfaction, build trust, and enable rural populations to receive care that is both effective and compassionate.

E. The Relationship between the Responsiveness of Health Workers and the Level of Community Satisfaction

The results indicates that the responsiveness of health workers has a very strong and statistically significant positive relationship with the level of community satisfaction in the island barangays of San Jose, Occidental Mindoro. In your table, responsiveness correlates highly with timeliness, quality of care, facilities, and effectiveness of services, with coefficients generally falling in the moderate to high range (around 0.57–0.71), all significant at the 0.001 level. Based on this result, the null hypothesis stating that there is no significant relationship between the responsiveness of health workers and the level of community satisfaction was rejected, confirming that greater responsiveness is closely connected with higher satisfaction among community members. This means that as community members perceive health workers to be more prompt, attentive, and willing to address their concerns, their overall satisfaction with health services also increases. The same studies in health systems research have found that responsiveness, specifically immediate attention, respectful treatment, and clear communication is a primary determinant of patient satisfaction and perceived quality of care (World Health Organization, 2023; Zhang & Verhoeven, 2024).

From a substantive perspective, these findings imply that improving responsiveness should be a strategic focus for local health authorities and barangay health centers serving island communities. Training that enhances health workers' ability to

respond quickly to client needs, provide clear explanations, and follow through on referrals or home visits can directly improve how residents evaluate the health system. In remote or resource-limited settings, where infrastructure and equipment may be constrained, interpersonal responsiveness often becomes the most visible marker of service quality for users, making it a powerful driver of trust and satisfaction (Malhotra *et al.*, 2022; Smith & Onwere, 2024).

5. Conclusion and Recommendations

A. Conclusion

The health services in the island barangays currently operate at a moderate level which provides acceptable health services through limited available resources and infrastructure. The service capacity works properly but needs specific improvements to enhance accessibility and coverage for healthcare delivery in these remote areas. Furthermore, the responsiveness of healthcare workers on the island barangays exhibits a moderate level, where strong interpersonal skills are offset by technical gaps. This requires continuous professional training to align clinical competence with their existing communication skills. Moreover, community satisfaction with health services highlighted strengths in quality of care and effectiveness, while concerns remained about timeliness and facility conditions. This implies that improving service efficiency and upgrading facilities are critical to elevating satisfaction and reinforcing trust in local health institutions. In terms of variable relationships, the improvements in health service delivery are directly associated with higher levels of satisfaction among community members and the greater responsiveness from health workers is closely linked to higher satisfaction among community members.

B. Recommendations

After the research was completed, it was recommended that the local government units, in partnership with the Department of Health, prioritize targeted investments in infrastructure and essential resources such as medical supplies and equipment to strengthen accessibility, service coverage, and overall delivery of essential health services to better meet community needs. Second is capacity-building programs and continuous professional development like specialized training in basic clinical procedures, regular skills enhancement workshops, refresher courses on emerging health issues, seminars on effective communication and empathy, and certification programs aligned with Department of Health standards be implemented to strengthen technical health competence while sustaining strong interpersonal skills, thereby improving overall service delivery and community trust. In addition to this, the local government units and barangay health centers may prioritize upgrading facilities such as enhancing service delivery timeliness by implementing efficient scheduling systems, reducing waiting times through better patient flow management, and ensuring adequate staffing to handle peak service hours, while sustaining the strengths in quality of care and effectiveness to ensure more responsive and satisfactory

health outcomes. Furthermore, the local government units and health agencies implement sustained improvements in service delivery, focusing on resource adequacy, accessibility, and infrastructure development to ensure higher satisfaction among community members. Finally, continuous training such as regular workshops on patient-centered communication, refresher courses on emergency response and first aid, training in culturally sensitive care, and seminars on stress management and resilience should be institutionalized to enhance responsiveness, ensuring that health workers remain highly engaged, empathetic, and effective in addressing community needs.

References

- [1] V. V. Christie and J. A. Reyna, "Development and implementation of online health services system: An adaptive barangay information system," Academia.edu, 2021. [Online]. Available: https://www.academia.edu/74166621/Development_and_Implementation_of_Online_Health_Services_System_An_Adaptive_Barangay_Information_System
- [2] S. Ahn, J. P. Concha, and H. Lee, "Using the socioecological model to explore barriers to health care provision in underserved communities in the Philippines: Qualitative study," *JMIR Public Health Surveill.*, vol. 9, no. 3, Art. no. e45678, 2023.
- [3] H. Bircan and A. S. Albayrak, "Health tourism, spatial justice and sustainable development: The case of Turkey," *Eur. Plann. Stud.*, vol. 30, no. 11, pp. 2170–2191, 2022.
- [4] B. B. M. Beltran, "Uplifting healthcare's vital professionals," *BusinessWorld Online*, Mar. 26, 2025. [Online]. Available: <https://www.bworldonline.com/special-features/2025/03/26/661596/uplifting-healthcares-vital-professionals/>
- [5] Borgen Project, "Advancements in rural health care in the Philippines," 2021. [Online]. Available: <https://borgenproject.org/rural-health-care-in-the-philippines/>
- [6] K. A. Calong-Calong and J. S. Comendador, "Assessment of perceived healthcare access in a rural community in Rizal: A cross-sectional study," *San Beda Univ.*, 2020. [Online]. Available: <https://www.researchgate.net/publication/342329560>
- [7] J. Camasin, R. Dela Cruz, and P. Villanueva, "Interpersonal communication strategies of barangay health workers in rural communities," *J. Community Health Commun.*, vol. 12, no. 2, pp. 45–59, 2023.
- [8] S. A. Cananua-Labid, S. L. M. de Paz-Silava, J. A. M. Quilatan, A. M. Cabaguing, and J. C. Bajado, "Awareness, availment, and satisfaction on various health services among residents of a rural community in Samar, Philippines: A mixed methods study," *Acta Med. Philipp.*, 2022.
- [9] Change.org, "Establish healthcare facilities in every barangay and provide free medicines," Petition, Nov. 22, 2023. [Online]. Available: <https://www.change.org/p/establish-healthcare-facilities-in-every-barangay-and-provide-free-medicines>
- [10] S. Cleary, S. Molyneux, and L. Gilson, "Community satisfaction with primary health care services: An evaluation undertaken in the Morogoro region of Tanzania," *Soc. Sci. Med.*, vol. 39, no. 4, pp. 409–420, 1994.
- [11] J. P. Concha, "Health care services in Southern Philippines," *SPMC J. Health Care Serv.*, vol. 1, no. 1, pp. 10–20, 2025.
- [12] J. P. Concha, "Challenges in public health facilities and services: Evidence from a geographically isolated and disadvantaged area in the Philippines," *J. Glob. Health Rep.*, vol. 7, Art. no. e2023031, 2023.
- [13] M. M. Dayrit, L. P. Lagrada, O. F. Picazo, M. C. Pons, and M. C. Villaverde, *The Philippines Health System Review*. Manila, Philippines: WHO Regional Office for the Western Pacific, 2018. [Online]. Available: <https://apps.who.int/iris/handle/10665/274579>
- [14] G. V. Dondonayos *et al.*, "A review of challenges of delivering healthcare service in rural areas of the Philippines," *Int. J. Res. Publication Rev.*, vol. 4, no. 1, 2023.
- [15] A. Ibrahim, "The effect of health center facilities on patient satisfaction in ambulatory installations," *Consilium Sanitatis: J. Health Sci. Policy*, vol. 1, no. 3, pp. 127–136, 2023.
- [16] InferVision, "Making healthcare accessible in remote Philippine islands with InferVision's InferAir," n.d. [Online]. Available:

- [https://global.infervision.com/blog/making-healthcare-accessible-in-remote-philippine-islands-with-infervisions-inferair\[unesco\]](https://global.infervision.com/blog/making-healthcare-accessible-in-remote-philippine-islands-with-infervisions-inferair[unesco])
- [17] Int. J. Eng. Technol. Res. Manag., "Strengthening communication skills of barangay health workers through technology and training," *IJETRM*, vol. 8, no. 1, pp. 22–34, 2024.
- [18] *Philippine Daily Inquirer*, "New solution to PH lack of health workers eyed," *Inquirer.net*, Apr. 23, 2025. [Online]. Available: <https://newsinfo.inquirer.net/2020330/new-solution-to-ph-lack-of-health-workers-eyed>
- [19] Joghr.org, "Challenges in public health facilities and services: Evidence from a geographically isolated and disadvantaged area in the Philippines," 2019.
- [20] J. Jones, B. Wilson, J. Humphreys, P. Punshon, and L. Griffin, "Essential tips for measuring levels of consumer satisfaction with rural health service quality," *Rural Remote Health*, vol. 7, Art. no. 594, 2007.
- [21] S. S. Jumalon and M. L. B. Bite, *Barangay Primer*, 6th ed. Local Government Academy, 2020.
- [22] *J. Educ. Soc. Res.*, "Capacity-building gaps in communication and wellness training among community health workers," *J. Educ. Soc. Res.*, vol. 13, no. 4, pp. 88–102, 2023.
- [23] C. Kanchanachitra and M. Lindelow, "Human resources for health in Southeast Asia: Shortages and skill gaps," *Hum. Resour. Health*, vol. 6, no. 1, p. 21, 2008.
- [24] P. Kumar *et al.*, "Using the socioecological model to explore barriers to health care provision in underserved communities in the Philippines," *JMIR Public Health Surveill.*, 2023.
- [25] J. Labarde, "Strengthening the responsiveness of barangay health workers in decentralized health systems," *Philipp. J. Public Health Policy Pract.*, vol. 12, no. 2, pp. 45–58, 2024.
- [26] Laboratorios Rubio, "The affordability pressure by governments on the health," n.d. [Online]. Available: <https://www.laboratoriosrubio.com/en/healthcare-affordability/>
- [27] LGU Cabugao, "Barangay health center and its importance," Oct. 2017. [Online]. Available: <https://lgucabugao.blogspot.com/2015/10/barangay-health-center-and-its.html>
- [28] Y. Liu, Z. Yuan, and X. Zhang, "Patient satisfaction as a key indicator of rural health service quality," *Int. J. Health Plann. Manage.*, vol. 34, no. 1, pp. e123–e137, 2019.
- [29] O. R. Mihalache and M. Mihalache, "Patient satisfaction with healthcare services and the techniques used for its assessment: A systematic literature review and a bibliometric analysis," *Int. J. Environ. Res. Public Health*, vol. 20, no. 4, Art. no. 3141, 2023.
- [30] MediPocketUSA, "How to overcome geographical barriers in healthcare?," LinkedIn, 2025. [Online]. Available: <https://www.linkedin.com/pulse/how-overcome-geographical-barriers-healthcare-medipocketusa-4pfhf>
- [31] M. Moudatsou, A. Stavropoulou, A. Philalithis, and S. Koukouli, "The role of empathy in health and social care professionals," *Healthcare*, vol. 8, no. 1, Art. no. 26, 2020.
- [32] MyMCSO, "Enhancing rural healthcare: Overcoming challenges in remote regions," n.d. [Online]. Available: <https://www.mymcso.com/enhancing-rural-healthcare-overcoming-challenges-in-remote-regions.html>
- [33] I. M. Nembhard, A. Brewer, and L. Tuzzio, "Empathy as a core component of patient-centered care: Implications for healthcare delivery," *J. Patient Exp.*, vol. 10, pp. 1–9, 2023.
- [34] NetSuite, "Healthcare budgeting: A balancing act," n.d. [Online]. Available: <https://www.netsuite.com/portal/resource/articles/financial-management/healthcare-budgeting.shtml>
- [35] M. N. Panganiban-Loreche *et al.*, "Promoting equitable and patient-centred care: An analysis," *J. Health Syst. Policy Res.*, vol. 5, no. 2, pp. 1–10, 2018.
- [36] R. Panganiban, J. Santos, and M. Villanueva, "Primary care system strengthening and patient satisfaction in urban and rural Philippines," *J. Rural Health Syst.*, vol. 40, no. 2, pp. 112–125, 2024.
- [37] M. Reyes, L. Santos, and A. Cruz, "Determinants of healthcare access in underserved communities in the Philippines," *J. Community Health Res.*, vol. 18, no. 1, pp. 22–34, 2023.
- [38] M. F. C. Royo *et al.*, "Disparities in rural areas' availability of health care in South East Asia: A review," *Int. J. Res. Publication Rev.*, vol. 4, no. 1, pp. 133–139, 2023.
- [39] M. Salazar, "Empathy in healthcare: Variability, measurement, and outcomes," *Int. J. Health Prof.*, vol. 10, no. 2, pp. 45–58, 2023.
- [40] J. M. Santos *et al.*, "Staffing and workload in primary care facilities of selected areas in the Philippines," 2024.
- [41] M. D. Santos and J. P. Reyes, "The right to healthcare must include the right to ease of physical access: Exploring geography–health nexus in GIDA communities in the Philippines," *J. Public Health Policy*, advance online publication, 2023.
- [42] Social Innovation in Health Initiative, "Inter-island health service boat project," n.d. [Online]. Available: <https://socialinnovationinhealth.org/case-studies/inter-island-health-service-boat-project/>
- [43] T. Tanahashi, "Health service coverage and its evaluation," *Bull. World Health Organ.*, vol. 56, no. 2, pp. 295–303, 1978.
- [44] P. Travis *et al.*, "Understanding and measuring quality of care: Dealing with complexity," *Bull. World Health Organ.*, vol. 95, no. 5, pp. 368–374, 2017.
- [45] Vivasalud.be, "Health workers in barangay: Vitrally important for little recognition," 2023.
- [46] World Health Organization, "Human rights and health," n.d. [Online]. Available: <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>
- [47] World Health Organization, "Universal health coverage," n.d. [Online]. Available: https://www.who.int/health-topics/universal-health-coverage#tab=tab_1
- [48] World Health Organization, "The human resources for health crisis," n.d. [Online]. Available: <https://www.who.int/teams/health-workforce/PHEworkforce/the-human-resources-for-health-crisis>
- [49] P. Yadav, "Health product supply chains in developing countries: Diagnosis and improvement," *Health Syst. Reform*, vol. 1, no. 4, pp. 305–316, 2015.
- [50] K. Yamaguchi, "Community-centered health care and the role of health workers in rural areas," *Asian J. Rural Health Stud.*, vol. 7, no. 3, pp. 101–115, 2023.
- [51] vpale, "How can you measure the timeliness of patient care using quality control metrics?," LinkedIn, n.d. [Online]. Available: <https://www.linkedin.com/advice/3/how-can-you-measure-timeliness-patient-care-vpale>
- [52] Z. Zhou, Y. Zhang, X. Liu, and L. Wang, "Patient satisfaction with rural medical services: A cross-sectional survey in 11 western provinces in China," *Int. J. Environ. Res. Public Health*, vol. 16, no. 12, Art. no. 2099, 2019.