HEALTH SYSTEM RESPONSIVENESS OF PRIMARY HEALTH CARE NURSING IN RURAL HEALTH UNIT OF IGUIG, CAGAYAN: A TRIANGULATION STUDY

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ABSTRACT

This research study determined and documented the level of the health system responsiveness of nurses in the Rural Health Unit (RHU) of Iguig, Cagayan, as described by clients and Primary Health Care (PHC) Nurses. Specifically, this study presents data focusing on three significant aspects of health system responsiveness in the Philippines; namely: (1) health service delivery, (2) health regulation, and, (3) good governance. The researchers scientifically chose a descriptive triangulation approach. Quota sampling among RHU clients was adopted based on set eligibility criteria. As such, 434 RHU clients were involved; whereas, total enumeration of the 14 PHC Nurses assigned at the RHU participated. The developed instrument used in this research study was based on the World Health Organization's (WHO's) (2000) 7th module on the evaluation of the health system. The instruments underwent experts' panel review that yielded S-CVI scores of 0.95 and 0.98 for the instruments for clients and nurses, respectively. Data were statistically analyzed using T-test and ANOVA at 0.05 level of significance through the Statistical Package for the Social Sciences (SPSS version 21.0). Further and based on the 5-point Likert-scale used, the mean of sum of the scores were interpreted. Prior to data gathering, this research endeavor was given Ethical Clearance with tracking number 94382 by the University Research Ethics Board (UREB). Results show that the mean of sum of PHC Nurses on their level of responsiveness according to their health service delivery, health regulation and good governance towards clients are 4.76, 4.84 and 4.93, respectively; hence, they described themselves as very responsive. However, based on the perception of clients, PHC Nurses are very responsive only on good governance, with a mean score of 4.53; whereas, they are simply responsive in terms of health service delivery and health regulation, with mean scores of 4.49 and 4.48, respectively. In conclusion, PHC Nurses and RHU clients agree that Nurses are very responsive just on the aspect of good governance. In light of the differences on the descriptions of PHC Nurses and RHU clients on the level of responsiveness of Nurses in terms of health service delivery especially with relative consideration to clients' responses that yielded lower scores than that of Nurses, the researchers recommend the need for evaluation mechanisms and further trainings on the following: (1) provision of thorough explanation of relevant procedures and health education; (2) maintenance of privacy during interactions; and, (3) strengthening of therapeutic nurse-initiated interaction. As regards the difference on the perception on health regulation, evaluation and trainings on the following areas are needed: (1) prioritization of clients based on health complaints; (2) equity and justice on the distribution of free medicines; and, (3) extensive implementation of government health programs.

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INTRODUCTION

Primary Health Care (PHC) is a universal health care system that made healthcare accessible to everyone through the participation of the national government and the local government in a country. PHC is offered in the Philippines and this made the traditional healthcare delivery system accessible and affordable. The healthcare delivery system in the Philippines is composed of: Health Service Delivery, Health Regulation, Good Governance, and Health Financing. Through these components, health care providers are able to prevent the spread of diseases and disseminate the health care programs of the government.

The primary facet of the accomplishment of care in a health system is the health system responsiveness. The involvement or participation of the healthcare providers is connected to the notion of responsiveness as regards the complaints of the clients (Rottger, Blumel, Linder & Busse, 2017). The health system responsiveness measures how well PHC addresses client's concern regarding their visit; whether PHC is very responsive or not with the necessities of clients.

However, this level of health care system faces some challenges that need improvement in order to keep the quality care given to clients. Some challenges include: unavailability of nurses, poor prioritization of the problem, limited resources, dissemination of critical information was sometimes not done, and sterility of instruments especially for wound cleaning was not practiced(Smith & Yolanda, 2016). How can nurses improve patient care by undertaking proper application of services?

Healthcare providers often seek feedback, but they do not have formal documentation on the level of satisfaction, the latter is the aspect of the general concept of health care responsiveness.

This study offers holistic data focusing not only on health service delivery but also on health regulation and good governance since the data of RHU Iguig only focused on the previous aspect. The objective of this study was to determine and document the level of the health system responsiveness of nurses in the rural health unit of Iguig, Cagayan, as described by clients and primary health care nurses.

Research Questions

1. What is the demographic profile of the two groups of participants in terms of the following:
   a. Age
   b. Sex
   c. Highest educational attainment
   d. Frequency of RHU visit for the past year
2. What is the level of the health system responsiveness of PHC nurses as described by the clients and PHC nurses?
   a. Health service delivery
   b. Health regulation
   c. Good governance

3. Is there a significant difference between the levels of health system responsiveness of PHC nurses when grouped according to the participants' demographic profile?
   a. Clients
   b. PHC nurses
4. Is there a significant difference between the levels of health system responsiveness perception among clients and PHC nurses?

Hypotheses

There is no significant difference in the level of health system responsiveness of PHC nurses when grouped according to the participants' demographic profile.

There is no significant difference in the levels of health system responsiveness perception among clients and PHC nurses.

Significance of the study

This survey is developed and conducted for the clients in order to assess the quality and performance of the nurses in PHC system in the RHU grounded on the perception of the clients and PHC nurses in Iguig, Cagayan. This survey is directed to articulate and depict clients' preferences on the efficiency and constancy of services; in contrast, it also serves as self-evaluation of the nurses mainly on their service delivery. This survey determined the consistency of care as perceived by nurses and the clients. These statements profoundly offer the grounds for enhancement of services on the PHC system.

Literature Review

Health Care Delivery System of the Philippines

Successful implementation of evidence-based practices represents a substantial facet of the healthcare delivery system. The healthcare delivery system does not only integrate but it delivers a significant degree of quality care with consistent interpretation of results that are not affected to any changes leading to secondary-level performance; creating a loophole between the best evidence-based practices influencing clients' health and interest (Espehaug, Nortvedt, Olsen & Stokke, 2014; Fineout-Overholt, Gallagher-Ford, Long & Melnyk, 2014; Williams, 2017).

The healthcare delivery system is a systematic approach to deliver and implement appropriate interventions for the client's necessities focused on evidence-based practices that have proven to be effective in delivering care to clients. Providing quality care has been documented to speed-up the recovery from a particular injury or disease that a client has experienced throughout confinement and best contribute in the totality of clients' health. Evidence-based practices, contrariwise, are the administration of the clinical-evidenced in considering client care decision (Choy, Fineout-Overholt, Giggleman & Melnyk, 2017; Dang & Dearholt, 2017; Hall & Roussel, 2016;).

The healthcare system in the Philippines can be recognized to have an excellent standard in delivering quality care and yet some of the facilities are not quite impressive as those equipment found in some countries such as the US and European hospitals. The fact that the Philippines has scarcity on resources such as healthcare facilities and equipment, the health care system of the Philippines still provide its best effort to sustain what are lacking, such as some alternatives provided that it serves the same purpose so as to give quality care to clients (Abdulrahman, Dakata, Gwarzo, Jegede, Kuliya-Gwarzo & Mbah, 2016; Adedokun, Jegede, Mbah, Negedu-Momoh, Torpey & Yakubu, 2014; Agyeman-Duah, Alide, Munthali, Neuhann & Theurer, 2014).

In order for the nurses to perform effectively, they must address first the healthcare delivery system in their working area wherein, it influences their status and functions. They need to appropriately relate with the undercurrents of organizational structure encompassing their situation in the healthcare system (Black, 2016; El-Demerdash & Obied, 2016; Shariff, 2015).

Health System Responsiveness

Responsiveness of a health system shows a vital role in rendering care to our clients. The receptiveness of the health system to the necessities of the clients is a fundamental element and a basis of assessment for the accomplishments of a

health system (Blumel, Busse, Engel, Fuchs, Grenz-Farenholtz, Linder, Rottger & Verheyen, 2015). The primary responsibility of a health system is to anticipate and adopt the current and future needs of the clients to render a better quality of healthcare (Kane & Mirzoev, 2017). As the demands of the people change, the health system must continue to adapt to this changes (Harris & Macinko, 2015).

Throughout the years, many things have changed in our lives, to our needs. With the fast-growing population, the health system responsiveness of the healthcare providers focuses mainly in the number of workers to sustain the need of the people and sometimes the quality care delivered to the clients is not the ideal care that must be given. Numerous problems contribute to these circumstances such as the inappropriate ratio of clients to the healthcare providers and the way on how they render their services (Abdel-Hady, El-Gamal, Hamdy & Hegazi, 2015; Chen & Crisp, 2014; Lasala 2017).

In a situation similar to this, health workforce is the key to mask the needs of the clients and to supply the expansion of the health programs of the government (MacPherson, McCollum, REACHOUT, Theobald & Tolhurst, 2015). Furthermore, the maximization of the consumption of the fund of the health systems is very crucial in the low-income setting because it will be directly proportional to the attainment of objectives in providing health services to the preponderance of the population (Bradley, Cuellar & Taylor, 2015; Darr 2015). Increasing the number of health workforce will solely depend on the decisions of the government. In contrast, the maximization of handling funds will depend on how efficient the health system in facilitating the funds of the health sector.

The ratio of nurses to clients is unstable that is why the responsiveness of nurses to health concerns of the clients is not addressed correctly as a result of underemployment of healthcare providers (Carnevale, Gulish & Smith, 2015; Darden & Rogers, 2014; Coventry, Maslin-Prothero & Smith, 2015). The components of PHC, as the source for the implementation of care, can help with the application of nursing services to clients.

Purpose and Benefits of Healthcare Delivery System

A health system is composed of organizations, people, and actions with a primary intent of promoting, maintaining or reestablishing health. This includes the effort to influence the determinants of health as well as more direct health-improving activities. A health system, therefore, is more than a pyramid of publicly owned facilities that deliver personal health services. Healthcare system objectives are good health for the citizens, understanding the prospects of the population, and the fair measure of funding operations. Progress towards them builds upon on how systems accomplish four vital functions, provision of health care services, resource generation, financing and stewardship (Aboneh, Busse & Tefera, 2014; Bastian,

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DeFlitch, Griffin, Kang, Munoz & Nembhard, 2016; Curry, Ghahramani, Kang & Nembhard, 2018).

Healthcare delivery system purpose can be attained with a pluralistic approach to the financing, organization, and delivery of health care. A pluralistic healthcare delivery approach naturally involves competition based on quality, cost, and service. The objective of the healthcare delivery system is to promote maximum health outcomes by supplying cost-effective, patient-centered, quality care with a service emphasis. Healthcare delivery system should be the blueprint to motivate patients and healthcare provider to accomplish decisions consistent with this goal (Bhargava, Ericson, Hagmann, Kessler, Loewenstein, Nussbaum & Schwartz, 2017; Davis, Eccles, Grol & Wensing, 2013; Sturmberg, 2018).

Nurses play an integral part of the healthcare delivery system since they are the ones who provide quality care and treatment to clients. They provide primary care to clients which involves effective communication, identifying gaps and care and ensuring better health outcomes (Baker & Fatoye, 2017; Brufola, Corsaro, Damiani, De Vito, Marzuillo, Massimi & Migliara, 2017; Kemppainen, Tossavainen & Turunen, 2013).

Components of the Health System of the Philippines

The population of the Philippines continuously grows. It needs change and increase. Enforcing change plays a vital role in healthcare organizations and affects the rendered care to the clients (Almeida, Atun, Cotlear, De Andrade, De Paula, Dmytraczenko & Frenz, 2015; Lv & Zhang, 2017; Shore, 2014). Like in the health system in the Philippines it must always be changing in order to adapt to the needs of the people.

Health financing, health regulation, health service delivery, and good governance are the components of the health system of the Philippines. Health financing pertains to the management of the budget of the health system of the DOH. The health regulation ensures the services of the health sector is affordable and of decent quality. Health service delivery is about the primary and necessary healthcare in both public, and private facilities and services are accessible and available. Good governance focuses on the management in improving the level of the national and local health system (Chichevalieva, Milevska, Ponce & Winkelmann, 2017; Flessa, Ngoli & Scholz, 2015; Maglaya, 2007).

The four components of the health system are essential mechanisms of a well-functioning health system. Each component focuses on the different features of the health system to improve and maintain the care rendered to the shifting needs of the individuals. These components must be comprehended and practiced in all healthcare facilities in order to be responsive to the present and future clients' needs. Each component is essential and must be equally addressed in providing

care to the clients (Bawah, Condo, Fernandes, Kanté, Mutale & Sherr, 2017; Bawah, Drobac, Gimbel, Mutale, Phillips & Rwabukwisi, 2017; Chilengi, Gremu, Henley, Hirschhorn, Sindano & Wagenaar, 2017)

Health Regulation

The main problem of health regulation is how it is implemented to maintain the affordability and quality of goods and services. Due to the geographical location of the Philippines, this is becoming a problem on how to disseminate the new health regulations to the far-flung areas. The equipment and medical practices keep on changing in the cities, but some provinces are a bit outdated. As a consequence, the health regulations that are being executed are sometimes delayed to be implemented or sometimes it will not be implemented at all in some areas of the Philippines (Blustein & Weinstein, 2016; Danhauer, Jilla & Johnson, 2018; Flatla & Gorman, 2017).

An example of this is the smoking ban on public places that President Rodrigo Duterte implemented during his first year of being elected. Aggressive tobacco tax, on-pack health warnings, and advertising bans are the other approaches that our government is doing besides the Presidential Decree on smoking ban (Delany, Edwards, Thomson & Wilson, 2016; Freeman, 2016; Aarø, Mazur, Samdal & Zatoński 2016). The public does not seem to care regarding their health until they get illnesses due to smoking.

Health Service Delivery

The health service delivery mainly lies in the rendering of services in the healthcare facilities. The dynamics and complexities of the healthcare system are desired to be fused to the health service delivery system in providing clients' quality care (Carter, Marshall, Noseworthy & Vanderby, 2015; Crown, Higashi, IJzerman, Liz, Marshall, Osgood, Padula, Pasupathy & Wong, 2015; Duffy, Mishra, Padula & Yilmaz, 2014). In order to provide quality care, the healthcare providers must deliver care to the clients accordingly.

The substantial component of health service delivery is the competent health workforce because it will define the capabilities in retorting to the altering needs of the clients (Barbazza, Kluge, Langins & Tello, 2015; Buchan, Ono & Schoestein, 2016; Greer, Kosinska & Wismar 2015). The emphasis here is the healthcare provider's capability and awareness on how to handle diverse types of circumstances. In rendering to the distresses of the clients, an underlying issue here might signify that there is a problem.

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Good Governance

The good governance in the health sector relates to the administration of all employees and resources. The administration makes guidelines in order to gain control and utilize all the resources and workforce in conducting the health programs of the government. Policy-makers must recognize, evaluate and apply evidence to decipher the problems separated by personal interest and political agenda (Abeysinghe & Parkhurst, 2016; Barnes & Parkhurst, 2014; Hawkins & Parkhurst, 2016).

Policies that embody the government must be engrossed on the necessity of the clients (Greer, Wismar, Figueras & Mckee, 2016; Greer, Wismar, Figueras & Vansev, 2016; Reich & Shibuya, 2015). The failure to discourse the difficulties in a healthcare facility might end-up in more significant issues concerning the client's health, for example, the appropriate waste disposal of the healthcare facility. The spread of diseases in the area might be a result of the improper waste disposal of infectious waste.

Research Simulacrum
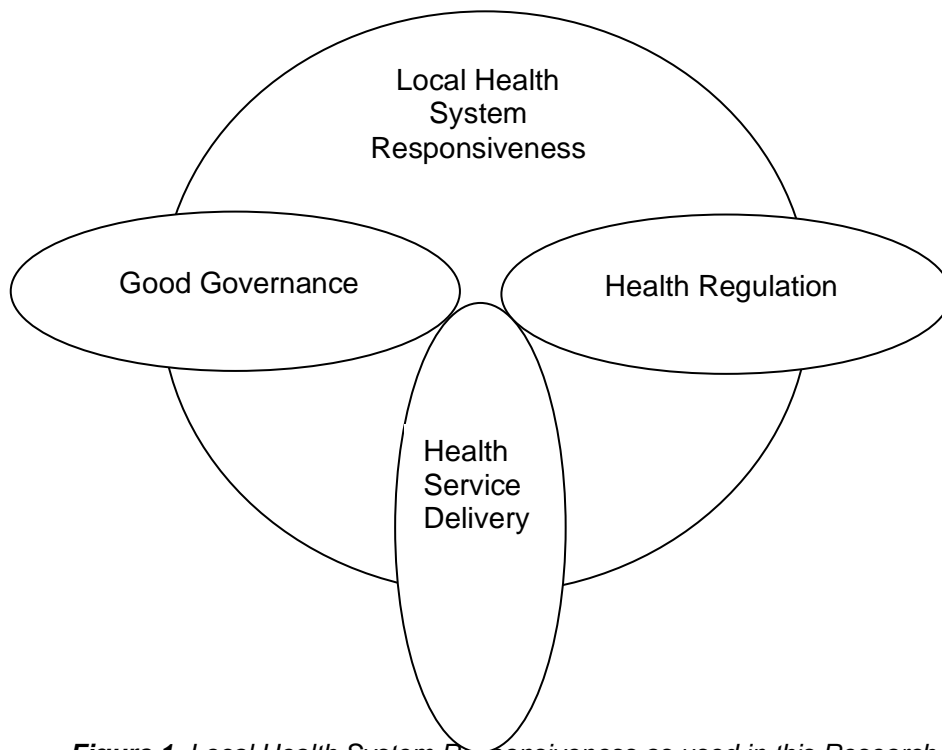
Figure 1. Local Health System Responsiveness as used in this Research Study

This simulacrum shows that the local health system responsiveness encompasses health service delivery, good governance, and health regulation; these components of the health care delivery system of the Philippines that is being regulated to comprehend the changing needs of the people.

METHODS

Research Design

The researchers utilized a descriptive triangulation approach in this study. The researchers had triangulated the perception of nurses and clients along the health regulation, good governance, and health service delivery. One of the limitations of our study is the health financing component due to some issue regarding confidentiality.

Locale of the Study

The study was conducted in the Rural Health Unit of Iguig, Cagayan.

Participants of the Study

This research utilized a purposive quota sampling in identifying client-participants. The researchers set the criteria in selecting 500 eligible pariticipants through quota sampling. The said criteria include clients: (1) who are 18 years old and above; (2) who are residents of Iguig, Cagayan for the recent ten years; (3) who visit the RHU more than three times; and (4) who manifest interest to participate in the research study.

This stydy also employed total enumeration of PHC nurses in the RHU of Iguig, Cagayan; hence, 14 nurses were involved.

During the conduct of the study, 434 participants participated in the study while the 66 participants declined their invitation. All the nurses in the RHU of Iguig, Cagayan participated in the study.

Instrumentation

The researchers utilized a newly developed questionnaire is based on the World Health Survey (WHS) questionnaire of the WHO (2000), particularly, on the 7th module and in the section of "Needing Health Care and General Evaluation of Health System," and "Importance." The tool underwent Content Validity Index (CVI) measurements guided by the expert panel. The tool for the nurses has an S-CVI of 0.98, and the tool for the clients has an S-CVI of 0.95. With the study conducted by

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Beck and Polit (2006) the accepted score for SCVI is greater or equal to 0.80 and therefore the tool is valid.

Data Collection Procedure

Researchers sought permission to conduct the study from the (1) Academic Dean, School of Education, Arts, Sciences and Health; (2) Associate Dean of Health and Allied Sciences; (3) University Administration; (4) University Research Ethics Board; (5) Municipal Mayor; and (6) Eligible participants. The researchers personally floated the questionnaires to eligible participants to address inquiries and clarification. Upon completion, the researchers personally retrieved them.

Data Analysis

The research was analyzed through frequency and mean. Further data were statistically analyzed with T-test and ANOVA utilizing the Statistical Package of Social Sciences (SPSS) at 0.05 level of significance. The table below was used as the basis in interpreting the evaluation of the participants.

Table 1. *Interpretation of the Mean of Sum*

Mean Score	Descriptive Statistics
4.50- 5.00	Very Responsive- Staff nurses respond or react appropriately or sympathetically to the needs of the clients. Providing prompt interventions regarding the concerns of the client.
3.50- 4.49	Moderately Responsive- Staff nurses respond or react gradually to the needs of the client. Providing delayed interventions regarding the concerns of the client.
2.50- 3.49	Responsive- Staff nurses respond or react to some extent and with a need of supervision.
1.50- 2.49	Barely Responsive- Staff nurses respond or react to some extent and with a need of close and maximum supervision.
1.00-1.49	Not Responsive- Staff nurses do not react or respond appropriately or sympathetically to the needs of the client.

Ethical Considerations

Participation in this research study is voluntary. The researchers have assured the participants that anonymity of their identity and privacy of information have been protected. All field notes and records of participants' profile were destroyed after the completion of the study. The researchers also emphasized that

they could still withdraw participation amidst the ongoing research investigation. Ethical Clearance number: 94382

RESULTS

This descriptive triangulation study presents the health system responsiveness of primary health care nurses of the rural health unit of Iguig, Cagayan and its relation to selected demographic variables which will form a basis for the improvement and development of primary health care. This portion of the study will answer the research questions stated through quantitative results.

Table 2a. *Demographic Profile of the Clients*

Gender	Frequency	Percentage
Male	211	48.60%
Female	223	51.40%
Total	**434**	**100%**
Age Range	**Frequency**	**Percentage**
30 years old and below	123	28.30%
31-40	118	27.20%
41-50	76	17.50%
51-60	67	15.40%
61 years old and above	50	11.50%
Total	**434**	**100%**
Mean age	41 years old	
Educational Attainment	**Frequency**	**Percentage**
High School Graduate	217	50.00%
College Undergraduate	75	17.30%
College Graduate	142	32.70%
Total	**434**	**100%**
Number of Times Visited RHU	**Frequency**	**Percentage**
3-6	209	48.20%
7-10	107	24.70
11-13	66	15.20%
14-16	32	7.40%
17-20	17	3.90%
21 and above	3	0.70%
Total	**434**	**100%**

Table 2a shows the demographic profile of the client participants. Regarding sex, most of the participants were female clients with a total percentage of 51.40%. For the profile of participants according to age, the majority of the participants are below age 30 which accounts for 28.30%.

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Furthermore, high school graduates have the highest number of participants which garnered 50.00%. For the number of times the patients have visited the RHU this year, most of the clients visited 3-6 times since last May 2017 until May 2018 with 48.20%.

Table 2b. *Demographic Profile of the Nurses*

Gender	Frequency	Percentage
Male	2	14.30%
Female	12	85.70%
Total	**14**	**100%**
Age	**Frequency**	**Percentage**
30 years old and below	7	50%
31-40	5	35.70%
41-50	2	14.30%
Total	**14**	**100%**
Mean age	31 years old	
Educational Attainment	**Frequency**	**Percentage**
College Graduate	11	78.60%
Master's Degree Holder	3	21.40%
Total	**14**	**100%**
Employment	**Frequency**	**Percentage**
1-2	5	35.70%
3-4	3	21.40%
5-6	2	14.30%
9-10	2	14.30%
11 years and above	2	14.30%
Total	**14**	**100%**

Table 2b shows the demographic profile of the PHC nurses in the RHU of Iguig. Regarding sex, 12 out of 14 of the nurses are female. As for the age, most of them are 30 years old and below with a total percentage of 50%.

Moreover, 11 out of 14 of them are registered nurses and did not undertake the master's degree. For the profile of the nurses according to employment, most of them are 1-2 years employed with an average of 35.70%.

Table 3. *Health Responsiveness of the PHC Nurses*

Indicators	Nurses		Clients		Overall	
	Mean	Description	Mean	QD	Mean	Description

Health Service Delivery	4.76	Very Responsive	4.49	Moderately Responsive	4.62	Very Responsive
Health Regulation	4.84	Very Responsive	4.48	Moderately Responsive	4.66	Very Responsive
Good Governance	4.93	Very Responsive	4.53	Very Responsive	4.73	Very Responsive
Overall	**4.84**	**Very Responsive**	**4.50**	**Very Responsive**	**4.67**	**Very Responsive**

Table 3 show that the mean of sum of PHC Nurses on their level of responsiveness according to their health service delivery, health regulation and good governance towards clients are 4.76, 4.84 and 4.93, respectively; hence, they described themselves as very responsive. However, based on the perception of clients, PHC Nurses are very responsive only on good governance, with a mean score of 4.53; whereas, they are simply moderately responsive in terms of health service delivery and health regulation, with mean scores of 4.49 and 4.48, respectively.

Table 4a. *Health Service Delivery of Nurses according to Clients' Profile*

Profile	t-value/ f-value	p-value	Decision
Gender	0.329	0.742	Accept Ho1
Age	0.501	0.735	Accept Ho1
Educational Attainment	0.324	0.724	Accept Ho1
Number of Times Visited RHU	0.840	0.522	Accept Ho1

Table 4a shows that with respect to clients' profile, the health service delivery of nurses has no significant difference.

Table 4b. *Health Service Delivery of Nurses according to their Profile*

Profile	t-value/ f-value	P-value	Decision
Gender	-3.259	0.739	Accept Ho1
Age	3.504	0.066	Accept Ho1
Educational Attainment	1.120	0.311	Accept Ho1
Length of Employment	1.153	0.392	Accept Ho1

Table 4b shows that according to nurses' profile and with p-values greater than 0.05, there is no significant difference on their perception on their health service delivery.

Table 4c. *Health Regulation of Nurses according to Clients' Profile*

Profile	t-value/ f-value	p-value	Decision
Gender	0.127	0.722	Accept Ho1
Age	0.959	0.467	Accept Ho1

Educational Attainment	0.944	0.300	Accept Ho1
Number of Times Visited RHU	1.154	0.326	Accept Ho1

Table 4c shows that with respect to clients' profile, the health regulation of nurses has no significant difference.

Table 4d. *Health Regulation of Nurses according to their Profile*

Profile	t-value/ f-value	p-value	Decision
Gender	1.203	0.435	Accept Ho1
Age	0.874	0.707	Accept Ho1
Educational Attainment	0.885	0.320	Accept Ho1
Length of Employment	1.423	0.420	Accept Ho1

Table 4d shows that according to nurses' profile and with p-values greater than 0.05, there is no significant difference on their perception on their health regulation.

Table 4e. *Perception on Good Governance of Nurses according to Clients' Profile*

Profile	t-value/ f-value	p-value	Decision
Gender	0.220	0.826	Accept Ho1
Age	1.584	0.178	Accept Ho1
Educational Attainment	2.010	0.135	Accept Ho1
Number of Times Visited RHU	1.432	0.212	Accept Ho1

Table 4e shows that with respect to clients' profile, nurses' performance on good governance has no significant difference.

Table 4f. *Perception on Good Governance of Nurses according to their Profile*

Profile	t-value/ f-value	p-value	Decision
Gender	1.403	0.520	Accept Ho1
Age	0.775	0.410	Accept Ho1
Educational Attainment	0.780	0.250	Accept Ho1
Length of Employment	0.851	0.400	Accept Ho1

Table 4f shows that according to nurses' profile and with p-values greater than 0.05, there is no significant difference on their performance on good governance.

Table 5. *Comparison between Nurses' and Clients' Perception on Health System Responsiveness*

Indicators	t-value/ f-value	P-value	Decision
Health Service Delivery	1.250	0.840	Accept Ho2

Health Regulation	1.400	0.700	Accept Ho2
Good Governance	0.740	0.423	Accept Ho2

Table 5 shows that there is no significant difference on nurses' and clients' perceptions on the health regulation, good governance, and health regulation performances of nurses.

DISCUSSION

The study is focused on the perception of the nurses and clients on the health system responsiveness of the primary health care nurses in the RHU of Iguig, Cagayan. This triangulation study evaluated the three components of the health system, mainly the health service delivery, health regulation, and good governance.

The overall results of the study showed that the nurses and the clients have the same view with the care provided by the nurses and the care received by the clients. Both of their perceptions show that nurses are very responsible, but nurses provided higher perception on themselves than those provided by the clients. However, both of the scores still fall in the very responsive rating based on Table 1. The nurses should maintain and continue to match the changing needs of the clients while sustaining the quality of care. The clients should also adhere to the policies and health programs of the government (Greer, Kosinska & Wismar 2015).

As regards the study of Bates et al., (2016) attaining great gratification with regard to the care provided, managing client's assumptions is required. Nurses convey optimism about activities concerning clients satisfaction, guaranteeing the worth of communication with clients about their satisfaction level and their presumptions. Having high evaluation from the clients means that nurses are addressing their needs during consultations. Being content with the services that they are receiving gives them a reason to trust the PHC nurses in the RHU of Iguig, Cagayan.

Participation of nurses and clients in the study is a way of exchanging information. Similar to the piloted study of Bucknall, Chaboyer, Guinane, Marshall, and Tobiano (2015) client's knowledge builds and shares with health professionals help in addressing their necessities. Being aware of how clients view their work as a nurse and getting feedback that they are satisfied is everything that they want to know. They function as a base data for the client's perception of the nurse's performance.

Being compassionate when dealing with clients places them at ease and increases the likelihood of building rapport by stating all the facts related to their concern during their visit to RHU. Described by Matiti and Bramley(2014), communication is the key in being more compassionate. Empathizing with the

clients during their consultation makes them feel that they are with them when they are feeling their suffering. Merely doing this increases the health service delivery experience of the client.

The analysis of the study of Alharbi, Carlström, Ekman, Jarneborn, and Olsson, (2014), the patient felt listened when the nurses treated them as partners in improving the health services. In continually improving the experiences of the clients going to RHU for consultation continued effort must be exerted on both sides. The clients will feedback their needs to the nurses, and the nurses will respond to their needs.

The clients request aid from nurses with their basic needs, particularly in assisting, health teaching, and responding to an emergency. Contemplation and observation regarding responsiveness to the clients' necessities depend on the case for establishing the requisition clients (Lavenberg, Mitchell, Trotta & Umscheid, 2015). In responding to their needs, the clients feel their worth and dignity, and this makes them more comfortable during consultation in the RHU.

Leadership and good governance in the RHU result in clients acquiring high-quality care; therefore, the participation and management of PHC nurses are essential in ensuring effective governance. Good governance is primarily based on addressing client concern, managing nursing services, and accessibility and administration of medications. A good leadership removes the perception from the nurses that high quality of care can only be given if the staffing is adequate (Fida & Laschinger; 2015).

The adequate number of nurses in the RHU of Iguig, Cagayan also has an impact in providing care to the clients. Parallel in the study conducted by Kvist, Voutilainen, Mäntynen, and Vehviläinen-Julkunen(2014), the number of nurses significantly affect the care rendered to the clients. The workforce in a healthcare facility is a huge factor when it comes to catering number of clients at the same time. Proper management of the workforce especially in staffing became the key to cover the whole area of Iguig.

The beneficial effect of a positive health regulation for nurses is that they were able to deliver the care to the clients despite the scarcity of resources and still maintain the highest quality of client care proficiently and ethically. On the other hand, for the clients, they were able to receive optimum care given by the nurses. Providing the environment for interaction to arise between nurses and patients and appropriately targeted interventions aimed at expanding patient control may be needed to ensure patient involvement in patient safety (Bishop & Macdonald, 2017).

The goal of carrying quality patient care is accountable in sustaining patient-centered groups. Nonetheless, we have to close a hole between conventional

practices and the new attitudes required from active group to accomplish such an incredible ambition (Babiker, Husseini & Zamil, 2014). To overcome this, there must be a constant study of patients' complaints and discover ways to better serve them (Ofili, 2014).

Ayyub and Kanji (2015), asserts that the basis of healthcare and quality care can be a positive recovery and well-being for clients. Quality care ingredients are the characteristics of nurses, such as a positive and caring attitude, including good clinical skills. Since clients provide valuable information about quality care, their involvement in healthcare planning could further improve and maintain the quality of care.

In all healthcare institutions, client satisfaction surveys should become a regular monitoring feature. Service training programs are also required for nurses with a particular focus on communication and should become a regular exercise. Dikmen and Yilmaz (2016), agree that it is also essential that clients' perception of care be regularly evaluated in order to ensure the sustainability of quality care services.

Implications to Nursing

Health system responsiveness is the aim of PHC in giving services to the clients. It is necessary to know the clients' and nurses' perception of the service delivery of the nurses. The self-evaluation of the nurses becomes the baseline data for comparing the perception of the clients regarding the care provided. Nurses can utilize the evidence from this research study in order to promote approaches through enforcement of competent nursing care, for the advancement of the condition of nursing services and for achieving and broadening nursing care.

CONCLUSION

The study concludes that PHC Nurses are very responsive in addressing the healthcare needs of the community.

RECOMMENDATIONS

In light of the results of this research study, the researchers recommend that the nurses used to sustain the degree of the responsiveness to the healthcare needs of the community.

Also, PHC Nurses within the locality should share their experiences to other PHC Nurses from other regions on health system responsiveness in order to inspire one another become more community-centered care givers.

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