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## Research Article

### Patient Satisfaction on Services Rendered by Malasakit Center in Amang Rodriguez Memorial Medical Center

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#### ABSTRACT

This study was carried out to determine the level of patient satisfaction with the services rendered by the Malasakit Center in Amang Rodriguez Memorial Medical Center. It aimed to identify the service frequently requested by the patient and/or their representative and its frequency, as well as the level of satisfaction. This study employed descriptive research to describe the nature of the situation that existed in the study together with a survey questionnaire as the research instrument tool. The 125 respondents were selected through convenience sampling. The findings of this study revealed that most of the patients and their representatives' access Malasakit centers with the query on the document requirement. Eight other services were also sought from the Malasakit Center such as medical help/aid, follow up and status of the documents submitted. These services were rated with a high level of satisfaction with a weighted mean rating of 3.84. The study concluded that various services were accessed by the patients and/or patients' representatives. The patients' and/or patients' representatives' degree of satisfaction with the service of the Malasakit Center at the Amang Rodriguez Memorial Medical Center is extremely high or highly satisfactory. The health practitioners will be educated and equipped to handle the services provided by the Malasakit Center as a result of these measures.

**Keywords:** *Descriptive research, Health care system, Health services, Malasakit center, Patient satisfaction, Philippines*

#### Introduction

Being unwell can cause a lot of issues like loss of income, worry, and financial concerns. Having to pay for medical expenses can be very

stressful, especially if there aren't enough resources to attend to an emergency. The price of medical care, prescription drugs, lodging in a hospital, and other supplies can be

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overwhelming. This is the reason someone might be asking for financial support to pay for medical expenses.

The management of the public healthcare system in the Philippines is the responsibility of PhilHealth, a government-owned organization. PhilHealth pays for several medical procedures, including non-emergency surgeries and inpatient care. Both legal residents and local inhabitants are eligible for a PhilHealth program. Though it does cover some, like as inpatient care and non-emergency operations, Philhealth does not cover all medical procedures and costs. Additionally, Filipinos believed that private hospitals offer specialist care for conditions including orthopedics and cardiovascular problems. Treatment delays are typical at public hospitals because of the personnel shortages and the increased patient volume make.

Moreover, Filipinos seek means to make it possible for them to access medical care at a lower cost or with additional resources to cover medical costs. In response to this situation in Philippine Health Care, Republic Act No. 114631 also known as Malasakit Center Act, declared that the state shall have to provide medical and financial assistance to fund health and medical services under a multi-sectoral and streamlined approach. Financial assistance refers to monetary aid in the form of a guaranteed letter, coupon, voucher, and other allied assistance to financially incapacitated and indigent patients who both demonstrated inability to pay as certified by the medical social worker or the Department of Social Welfare and Development worker of the facility. The Malasakit Center gives patients a way to simultaneously obtain financial and medical aid from organizations like PhilHealth, the Philippine Charity Sweepstakes Office, and the Department of Social Welfare and Development. The program also intends to reduce medical bills, including out-of-pocket expenses for underprivileged Filipinos, to the lowest level possible.

Applications for financial aid are accepted by the Malasakit Center, which points them in the direction of various government departments found in one setting. Even in anticipation of how universal health care will bring about a significant shift in how patients can more freely access individual health care through secured

health financing through PhilHealth and more effectively and efficiently implement public health programs by the DOH for population-based services for the community, the challenge remains in how the gap between impoverished, marginalized families and those who can afford can be close to avail of basic and specialty medical services in the community. Thus, the purpose of the study is to ascertain how patients feel about the Malasakit Center in Amang Rodriguez Memorial Center and what advantages they believe to exist.

### ***Government Health Services in Different Countries***

World Health Organization (WHO, 2017) related a sizable portion of households is driven into poverty as a result of having to pay for medical expenses, specifically 800 million people spend at least 10% of their household income on medical costs for themselves. The result of the monitoring report published in Tracking Universal Health Coverage: 2017 Global Monitoring Report and Lancet Global Health stated that these costs are so exorbitant for over 100 million individuals that they are forced to live on \$1.90 or less each day to survive.

In the US, there are more than 100 million Americans, including 41% of adults, who are affected by a health care system that routinely drives patients into massive debt. (Levey, 2022) More than half of American adults say they have incurred debt as a result of medical or dental expenses. One-fourth of those who have medical debt owe \$5,000 or more. About 1 in 5 people with any level of debt said they don't anticipate ever paying it off. People with cancer and other chronic illnesses are experiencing increased problems because of medical debt.

Roth et al., (2021) cited the majority of US hospitals offer financial assistance programs. Hospitals donated a total of \$26 billion to charity in 2018, of which \$20 billion went to uninsured patients and \$6 billion went to patients with insurance. The majority of Americans are instead treated by a combination of publicly and privately funded programs and healthcare systems, in keeping with the free-market virtue paradigm. National insurance covers around

20% of the cost; the remaining 80% is covered by private patients and copayments (Thomas, 2022; Klein, 2022).

In the UK, there is this health care system for all Britons (Klein, 2020). The difference was most pronounced when it came to dental treatment, as 32% of Americans and only 11% of Britons claimed they delayed necessary dental care due to expense. This is because, the UK covers everyone with organization named as National Health Service, rarely allows cost to be a deterrent for people seeking care and claims better health outcomes. However, it is based on political and social solidarity as well as faith in the administration. Burn-Murdoch (2022) related that since the beginning of 2022, hundreds of Britons have used GoFundMe to seek money for private medical costs, frequently expressing their desperation after waiting for months or even years on NHS waiting lists.

Then, Singapore utilizes the 3Ms system, which consists of a public statutory insurance program, MediShield Life for significant hospital expenses, and some upscale outpatient procedures (Thomas, 2022; Klein, 2022). According to Healthhub (2021), patients or family members who are having trouble paying their medical costs at public hospitals in Singapore may be able to make use of financial assistance programs or funding for the needy offered by the hospital and the Singaporean government. Three M's institutions, MediShield Life, Medisave, and Medifund, offer aid. For instance, the government established Medifund, a medical endowment fund, to assist needy Singaporeans who are struggling financially. The family's financial status and the cost of the bill will determine how much financial aid is provided

### **Theoretical Framework**

This study anchored its foundation on the Expectancy theory and Systems theory (HBM). Expectation theory (Song et al, 2020), asserts that behavior is motivated by two factors: expectation (expectancy), and the perceived value (valence) of the result of the action.

The concept is often referred to as "expectancy-valence." Expectancy theory first primarily addresses a person's behavioral intentions in a variety of contexts, including employee mo-

tivation and organizational behavior. The Expectation Theory gets its name from the first aspect of motivation, which is expectancy. Expectancy's fundamental goal is to establish a direct, causal link between effort and output. When a consumer achieves the expected outcome from their applied effort, that is when performance occurs. Expectancy evaluates how closely effort and output are linked. An individual will be more motivated if that connection is evident. This is so because anticipation motivates people to exert the effort necessary for performance. With more refinement and application, this theory offers insights into the decision-making process required to accomplish objectives in an organization, such as supplier development and exporting strategy.

Next, the foundation of systems theory in social work is the notion that a system of interconnected elements influences behavior. Family, friends, social contexts, economic class, and the home environment are a few of these elements. According to the theory, these and other aspects affect how people think and behave, so studying social structures to identify solutions for any gaps or ineffective components of a system can have a positive impact on behavior. Concepts from the theory aid in defining program elements and stakeholder responsibilities, outlining stakeholder boundaries and interactions, and pinpointing program strengths and weaknesses. Systems theory is crucial for discovering interventional elements.

The systems theory in social work places a strong emphasis on having the client identify their goals in terms of behavior. It also offers resources and encouragement to help clients move closer to their goals and assists them with a variety of issues. The success of patient satisfaction with the service is evaluated by a positive level of satisfaction. This suggests that patient satisfaction with the service can employ approaches to improve the services by setting up favorable circumstances or measures including self-management programs and self-directed behaviors on the part of the Malasakit Center and its personnel.

In the present study, expectancy theory and system theory posit that patient satisfaction with the services in the Malasakit Center cre-

ates the motivation of both the applicant for financial aid and the staff. The patient and/or patient's representative with the belief of financial help be granted to them, will be

enough push or motivation to undergo the process or the services offered by the Malasakit Center.

### Conceptual Framework

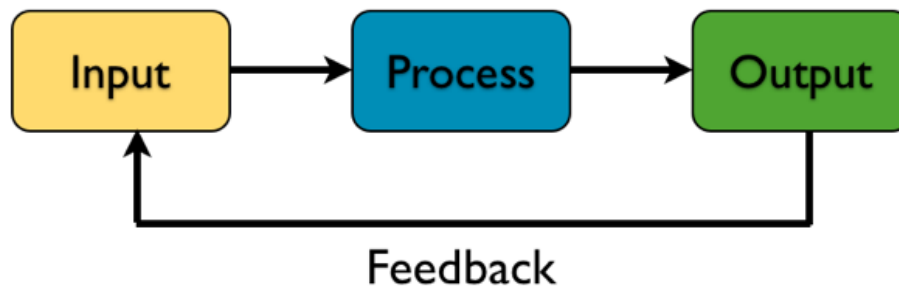


Fig.1. Conceptual Framework

Fig.1 presents the conceptual framework of the study using the IPO model. The IPO model can be applied to a wide range of systems, including physical systems, biological systems, and information systems. It is a useful tool for understanding how a system works and for identifying areas for improvement.

First, the Input frame includes the services sought by the patients. Next, the Process frame comprises the respondents' satisfaction with the services provided. Lastly, the Output frame encompasses the recommendations to raise the degree of client satisfaction with the services provided by the Malasakit Center of the Amang Rodriquez Memorial Medical Center.

The feedback component of the IPO model refers to the information that is returned to the system from the output. This feedback can be used to monitor the performance of the center and to adjust the input or process as needed to improve the output. The feedback loop is an important part of the IPO model because it allows the health service providers to adapt and improve over time.

### Research Questions:

The study focused on patient satisfaction with the services rendered by Malasakit Center in Amang Rodriquez Memorial Medical Center. Specifically, it answered the following questions:

1. What are the services sought by the patients or patient representatives from Malasakit

Center of Amang Rodriquez Memorial Medical Center?

2. What is the respondent's perception of the level of patient satisfaction with the services provided by the Malasakit Center of Amang Rodriquez Memorial Medical Center?

3. What actions might be recommended to raise the degree of client satisfaction with the services provided by the Malasakit Center of the Amang Rodriquez Memorial Medical Center?

### Methods

**Research Design.** The study is a quantitative descriptive type of research. This study described the level of patient satisfaction with the services of the Malasakit Center in Amang Rodriquez Memorial Medical Center. These were measured in terms of service sought by the patients and/or their representative, and the level of satisfaction with the services rendered by the personnel in the said Malasakit Center.

**Setting and Participants of the study.** The primary source of data in this study was taken from the responses of the patients and patients' representatives in the questionnaires specifically designed or chosen for them based on the problems of the study.

The study utilized convenience sampling for the selection of the respondents. The researcher subjected the patients and/or patient representatives who availed of the service to the Malasakit Center in Amang Rodriquez

Memorial Medical Center. Convenience sampling sometimes referred to as incidental sampling or grab sampling, (Simkus, 2022) is a non-probability sampling technique in which researchers select their sample only for convenience. Because the community is difficult to reach and patient representatives or former patients may come from different locations, testing the entire population is almost impossible. The ability to participate in the sample depends on the proximity of the researcher to all population segments. The use of relevant statistics in analyzing the data and interpreting results made this a quantitative type of research. This is important to be able to formulate evidence-based inferences and recommendations.

**Research Instruments.** This study made use of a survey questionnaire as its main data gathering tool adopted from the Department of Health, Monitoring of Health Facilities. The said research instrument was provided by the head of the Malasakit Center in Amang Rodriquez Memorial Medical Center during the preliminary visit to their office. The first part of the questionnaire entails the collection of the services sought by the patient and/or patient representative from the Malasakit Center. The second portion aimed to describe the level of satisfaction with the services rendered by the personnel in the said Malasakit Center. Six indicators were rated using a 4-point Likert

**Procedures.** An initial visit to the Malasakit Center in Amang Rodriquez Memorial Medical Center was the instrument for selecting the

locale of the study. After personal consultation and conversation with the head of the Medical Social Work Service, permission was granted to the researchers to conduct the study. The head of the Medical Social Work Service immediately suggested the satisfaction survey that the office uses for the study. With such permission granted and a ready-made tool, available data gathering was started.

This study involved a one-time interaction with the respondents only and did not follow a certain group of individuals over time. This process of obtaining data made it a descriptive study concerning the time or period of conduct. The researcher collected data from the respondents only once through the survey. This study then limited itself to complement the quantitative descriptive-analytical design of the research.

## Results and Discussion

This section presents the findings and results of this investigation. Implications of findings are given to give a more in-depth analysis and interpretation of the data.

**Services sought by the Patients and/or patients.** The respondents of the study sought 10 different services from the Malasakit Center. From among the service, “*Magtanong, humiling ng kailangang impormasyon o dokumento,*” got the highest frequency of 99 or 67.81 percent. Likewise, all respondents agreed that waiting time consumed minutes.

Table 1. Services sought by the Patient and/or Patients’ Representative and Waiting Time

Services	Frequency	Percentage
Submit information or document ( <i>Magbigay ng ulat o dokumento</i> )	12	8.22
Inquire and ask needed information or documents ( <i>Magtanong, humiling ng kailangang impormasyon o dokumento</i> )	99	67.81
Ask for technical help ( <i>Magpatulong ng technical</i> )	3	2.05
Ask for legal help ( <i>Magpatulong ng legal</i> )	0	0.00
Ask for medical help ( <i>Magpatulong medical</i> )	15	10.27
Interview or research ( <i>Magpanayam or magsaliksik</i> )	2	1.37
Find out the state or condition of the document needed ( <i>Alamin ang estado o kalagayan ng dokumentong kailangan</i> )	9	6.16
Apply for a license ( <i>Dumulog para sa Lisensya</i> )	1	0.68
Apply for accreditation ( <i>Dumulog para sa Accreditation</i> )	2	1.37
Apply for listing ( <i>Dumulog para Sa Pagtatala</i> )	1	0.68
Authetication	2	1.37

Services	Frequency	Percentage
Total	146	
Waiting time		
Hours	1	0.8
Minutes	124	99.2

The responses indicated the total number of services that were accessed by the patients or by their representative. Though there were a total number of 125 respondents surveyed in the study a total number of 146 responses were collected in terms of the services access. It can be deemed from the result that some of the respondents requested more than 1 service. By this, the total number of responses recorded is more than 125. It is also indicative of the characteristics and the purpose of why the Malasakit Centers were established. As a one-stop center, different services can be offered thereby allowing access more.

The respondents chose the indicator, "Submit information or document" (Magtanong, humiling ng kailangang impormasyon o dokumento), as the primary service sought at Malasakit Center." This is the first step in securing financial assistance. The patient or in most cases patient's representative inquires from the agency or institution providing help, the necessary documents, and the process by which one must go through. This is followed by the indicator, "Ask for medical help" (*magpatulong medical*), which implies that patients seek medical help or assistance. The trend in the frequency somehow follows the order of how one would secure financial help in any agency or institution. If one would like to secure financial assistance, the first visit is asking for information about the process. This is followed by the action of asking for medical help. The submission of necessary documents and follow-up will be the next steps.

Likewise, the researchers see this trend that many would inquire about the documentary requirement and the process. This is followed by seeking medical help and submitting documents. It implies that the respondents of the study are beginning clients of the Malasakit centers and/or clients that were served with financial aid even with one-time transactions.

Likewise, it can be deemed that others who have submitted and followed up must have been already served by the center. This can be attributed to the other part of Table 1, the waiting time. All respondents agree that it will take minutes to available the services in government agencies. This implies that the service delivery of the center is fast.

Relative to the waiting time, the studies of Alrasheedi, et al. (2019) related patient satisfaction to waiting time. Waiting periods for medicine dispensing, vital sign assessment, dental consultations, and radiological examinations were the biggest source of dissatisfaction for patients. Similarly, the study of Xie and Or (2017) presented that patient satisfaction with several aspects of their service was inversely related to actual waiting times. Though the present study did not seek the relationship between waiting time the patient satisfaction, the researchers believe that there is a directly proportional relationship between the two variables. Thus, contrary to the result of the study by Xie and Or (2017), the present study believes that the longer the waiting time the lower the patient satisfaction there is.

Also, it can be also noted from table 1 that the service, ask for legal help, has zero (0) frequency. It can be deemed that the idea of the Malasakit Center to the public is an institution only related to provision of financial assistance for hospitalization. Thus, there is a need to provide the public information dissemination of the other services provided by the Malasakit Center.

**Level of Satisfaction on the Services Rendered by Malasakit Center.** The respondents of the study rated the level of satisfaction with the service rendered by the Malasakit Center with a weighted mean rating of 3.84 or very satisfied. Also, all the indicators received very high weighted mean ratings.

Table 2. Rating on the Level of Satisfaction on the Services Rendered by Malasakit Center

Indicators	Weighted Mean	Interpretation
Received the services rendered ( <i>Natanggap ang serbisyong kailangan</i> )	3.85	Very High / Very Satisfied
Fast and prompt services ( <i>Mabilis at maagap ang serbisyo</i> )	3.82	Very High / Very Satisfied
Employee have enough knowledge ( <i>Ang kawani ay may sapat na kaalaman</i> )	3.84	Very High / Very Satisfied
Employee is courteous and provides enough services ( <i>Ang kawani ay magalang at sapat ang serbisyong ibinigay</i> )	3.86	Very High / Very Satisfied
Give fair, truthful and provides the required services ( <i>Patas,tapat at sapat ang serbisyong ibinigay</i> )	3.85	Very High / Very Satisfied
Clean and presentable workplace ( <i>Malinis at maayos ang opisina</i> )	3.82	Very High / Very Satisfied
Overall	3.84	Very High / Very Satisfied

Legend: 1.00 – 1.75 - Poor/ Very Dissatisfied; 1.76 – 2.50 - Moderate/Dissatisfied; 2.51 – 3.25 - High/Satisfied; 3.26 – 4.00 - Very High/Very Satisfied

As shown in Table 2, all indicators were rated with very high levels of satisfaction. From among the indicators, the indicator, “Employee is courteous and provides enough services” (*Ang kawani ay magalang at sapat ang serbisyong ibinigay*), obtained the highest weighted mean rating of 3.864. This is followed by two indicators that obtain a rating of 3.848. They are: (1) Received the services rendered (*Natanggap ang serbisyong kailangan*); and (2) Give fair, truthful and provides the required services (*Patas,tapat at sapat ang serbisyong ibinigay*). It implies that the respondents are very satisfied with the services rendered in the Malasakit Center of Amang Rodriguez Memorial Medical Center. This finding can only mean that the patients were ensured and were given the assistance they sought in the said center. The ratings can be attributed to the convenience that the different agencies by which they needed to approach for assistance are found in one setting. This was explained by Santiago et al (2021) stating that the program seeks to improve convenience.

In contrast with the present study, the study of Orte et al, (2020), looked into the delivery of health services is the process through which local, secondary, or tertiary hospitals provide care to patients a few levels 1 hospital institutions in Mabalacat and Angeles City, the

Philippines. Many patients are quite satisfied overall with the medical services. Though patient satisfaction was sought in different aspects of the two studies, both had an assumption that patient happiness is attracted by high-quality service. Overall satisfaction findings in the two studies come from the high-quality care they require.

**Measures to continuously improve the level of satisfaction of the Malasakit Center.** Based on the result on the level of satisfaction of the services of the Malasakit Center, it can be deemed that it has achieved its purpose of its establishment because of highly favorable level of satisfaction. However, but then there are still some other areas that need improvement, so that the researchers would like to recommend the following:

First, an infographic display/ information board display of other services may provide patient and their representative additional information about the services. From the results of the services accessed by the patients and their representatives, three services were recorded with the lowest frequency. These are: (1) seek for legal advice/aid (*magpatulong ng legal*); (2) apply for a license (*Dumulog para sa Lisensya*); and (3) Apply for listing (*Dumulog para Sa Pag-tatala*). A public relations effort should be launched to let people know that the center

also provides certain services. The public has already benefited from some of the areas, and the adoption of other parts might make it easier for people to use the government services. While the first suggestion extends outward, people coming to the Malasakit Center can be informed and provided with information through infographic display in the center itself. In this way, they will be able to seek other services that the Malasakit Center offer like seeking for legal advice.

The service “apply for listing” may also be availed by patient specially when they need to apply for membership to the PhilHealth or update their membership from previously non-active status. Many voluntary membership in PhilHealth are only renewed in times of hospitalization. According to Taclino (2021), application for PhilHealth is facilitated for patient once found that the patient is not a member. This is part of the process in the Malasakit center. To obtain medical assistance, the patients and/or their representative must fill out the Malasakit Unified Form at the facility. The center's social worker will direct them to the Philhealth desk for coverage. If patient has membership, he/she will be granted it right away. Then, this is followed by forwarding patients and/or their representative to the direction of the PCSO, DOH, and hospital counters for further assistance.

Legal advice or legal aid may be provided to the patients. As patients and their representatives apply for financial assistance, they would in some cases will be needing legal assistance for the preparation of the documents, thus, legal assistance are made available. However, this kind of service must be made known to the patients and their representatives. The idea of Malasakit Center must cover this kind of service, must be viewed as one-stop shop and not only for financial assistance purposes.

Second, community awareness and advocacy campaign will help sustain the quality of services or continue the quality of services provided to the general public or enhance to get a higher weighted mean rating in the client satisfaction assessment of the center. According to Manalansan (2020), Senator Bong Go hoped that the program is sustained, and continued support and advancement of the process in the

Malasakit Center are deemed significant. For Filipinos, especially the poor and financially disadvantaged who sorely need help, it is quite favorable.

This is supported by the DILG Memorandum Circular 2021-138 by Año (Philippine News Agency, 2021), who instructed punong barangays, city and municipal mayors, and province governors to promote access to Malasakit Centers and take the lead in various information programs in their communities. This is supported by the DILG Memorandum Circular 2021-138 by Año, who instructed punong barangays, city and municipal mayors, and province governors to promote access to Malasakit Centers and take the lead in various information programs in their communities. This can be done through advocacy activities to increase the awareness of the community and inform them how they could take advantage of the health services offered by the government in Malasakit Centers. Barangay officials and functionaries may participate in the conduct of the advocacy campaign. Another, print Malasakit Center information and advocacy materials and post and hang them on conspicuous places within the barangay; and collaborate and seek necessary assistance from the city and municipal governments.

Third, staff training for improving KSA may be provided. The researchers also look into the areas of patient satisfaction through the quality of service provided by the staff in the center. The KSA (knowledge, skills, and attitude) of the staff is very significant to the perceived quality of service provided. Thus, staff training for improving is suitable. This is taken from the result of the study by Alrasheedi, et. al (2019) and Xie, & Or (2017). The level of care provided by hospitals and other medical facilities is used to gauge patient satisfaction. Registration and payment, doctor visits, providing radiation and tests, and dispensing medication were the services that were evaluated for patient satisfaction. Additionally, patients may not be pleased with the dispensing of medications, the monitoring of their vital signs, their dental appointments, or their radiological exams. One of the proposals is to give better, more transparent information to keep patients informed about the prospective healthcare services they will



receive and the healthcare experts in charge of those services. This can also be done in the Malasakit center. To provide services with personnel committed to serving the patients and their representative with the quality service, they must be equipped with know-how to deal with the patients and their representative in any case. They must also be able to display the appropriate behaviors towards their task and toward the people that they serve. To achieve this, staff and personnel should be equipped and trained with appropriate and correct KSA.

The study's findings indicate that the public is extremely satisfied with the services they currently receive at the Malasakit Center, however the system still operates by hand at the moment. An e-streaming application for financial assistance can be made available for the patients and their representative. This is suggested not only to maintain public satisfaction levels but also to enhance services provided. The Republic Act No. 11032, commonly known as the "Ease of Doing Business and Efficient Government Service Delivery Act of 2018," (Miranda, et al, 2021) is also translated in this measure. It was enacted into law to ensure that public service, regardless of its type, will be the main factor in hiring decisions, speeding up the hiring process and raising the bar for performance.

The Law carries out the government's pledge to institutionalize the creation of a one-stop shop where patients can access the medical and other financial aid offered by various authorities which can be done through a program or system mechanism like streamlining the business process. The study by Santiago et al (2021) revealed positive feedback on the services of the Malasakit Center. The Center's improved service accessibility was highlighted by the outcome. To maximize its advantages, information communication should be expanded, and the province and the Philippines should be made aware of its presence. Another key step that could significantly increase interest in the Malasakit Center's services is posting the prerequisites for using them.

Thus, the first recommendation is to gear towards making the application available, connected to systems of DOH hospitals, and maybe even online. The present study suggests that

only the application and the documents can be accessed under the connected systems of the hospital and the Malasakit Center be streamlined but the processing, the interview, and validation must be made face to face.

Collaboration with both public and private parties can be possible to make this streamlining possible. Technology and infrastructure are needed in this kind of advancement. Partnering with the private sector would significantly replenish the limited resources of the government, much like in the many Public-Private Partnership projects driving this administration's key infrastructure and public services projects. This study further recommends the following for further improvement of the service and expansion of coverage. The first four recommendation address the program sustainability. The next set of recommendations tackle about expansion of coverage or areas which might be of help to other needs of patients like access to medicine, laboratory needs as well as need for blood.

A voucher system may be recommended for securing the supply of medication for the patient or integrated drug, medicine and laboratory scheme. This must be worked out that guidelines for assisting be extended to helping the patient get access to some medicine that is hard to find even with those enough resources to purchase the prescribed medication, but especially for those who can't afford the medicines.

At the moment looking for blood is one of the common concerns of families having family members with ailments. At present, securing blood for an ailing member of the family also can be stressful and overwhelming. The researchers propose that guidelines for assistance in securing blood be part of the Malasakit Center. In this way, not only that financial assistance is provided, but lifesaving aid is also fostered by the center. This may hard to accomplish given the situation for Amang Rodriguez Memorial Center because this move entails law writers for additional guidelines to be crafted. Administrators of Amang Rodriguez Memorial Medical Center may include this recommendation in any avenue that can be presented to the Malasakit Center Administration, who in turn may be able to include such suggestion in the

review or policy recommendation to higher administration of the Malasakit Center.

## Conclusion

Most patients and their representatives inquire about the document requirements when they enter Malasakit clinics. The Malasakit Center was also asked for eight other services, including medical assistance, follow-up, and the status of filed paperwork. These services had high weighted mean ratings which indicate high degree of satisfaction. The survey found that patients and/or patients' representatives used a variety of services. The service was made available by having representative from the DOH, DSWDO, and PCSO collect requests and process paperwork under one roof which served the purpose of its establishment. It brought the pertinent government agencies under one roof and their services closer to the patients and their loved ones who are pressed the needs for their care or discharge. The Malasakit Center of the Amang Rodriguez Memorial Medical Center has exceptionally high or highly satisfied ratings from patients and/or patient representatives. The Malasakit Center's services will be handled by the health professionals thanks to measures that will improve their capacity.

## Acknowledgment

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