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Public Service Delivery in a Primary Healthcare Facility

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Abstract:

This study sought to assess the level of public service delivery in a primary healthcare facility located in a highly urbanized city in the Philippines while focusing on four (4) significant areas of service delivery, these are efficiency, quality, accessibility, and responsiveness. A descriptive research design was employed for this study, while a total of 379 respondents were selected using a purposive sampling technique. The study found that all four areas were given a "high level" rating by the respondents however, based on the interpretation of data there are aspects of health service delivery that require further improvements. Among the four (4) areas, quality of public service delivery was given the lowest mean score, while responsiveness obtained the highest rating. Key findings of this study include gaps in the efficiency of administrative procedures, quality of water within the facility, availability of vaccines and medicines, and effectiveness of communications on delays. Furthermore, the data supports that among the variables of this study, significant differences in age were seen in all four (4) areas of service delivery. Hence, the researcher recommends tailoring healthcare services where they can be inclusive to the needs of the younger populations.

Keywords: Accessibility, Efficiency, Quality, Primary Healthcare Facility, Public Service Delivery, Responsiveness

Introduction:

Nature of the Problem

To ensure public satisfaction, health services must meet expectations for efficiency, quality, accessibility, and responsiveness. As stated in the 2017 report integrated by the World Health Organization, International Bank for Reconstruction and Development, and the World Bank, the 17 Sustainable Development Goals established by the United Nations General Assembly included health-related objectives, with SDG 3 emphasizing attaining universal health coverage (UHC) through accessible, effective, and safe quality healthcare services. Primary healthcare reduces health inequalities by providing direct, accessible, and equitable services to communities (Crooks & Andrews, 2009, as cited in Shan et al., 2024).

Dayrit et al. (2018) pointed out that the Philippine healthcare system faces challenges in tackling inefficiencies and unfair treatment in the health system due to ineffective governance, disintegrated health funding, and decentralization and inconsistencies in service delivery. Inefficiency in service delivery remains a persisting issue due to the poor gatekeeping and referral system (Romualdez et al., 2011, as cited in Cuenca, 2020). A 2018 report by the OECD, WHO, and World Bank highlighted that poor healthcare services impede health development across nations, regardless of income level (World Health Organization, 2018). In 2021, Luu et al. found that women in a highly urbanized city prefer private healthcare services when they require emergency care, provided they have enough financial capacity. Moreover, this perception was influenced by the belief that health services in private institutions have greater efficiency and quality than public healthcare institutions.

The researcher of this study is an employee of a public healthcare facility, which exposed the researcher to the day-to-day practices in the facility and witnessed firsthand the challenges related to service delivery. This study was initiated to assess further the prevailing gaps in public service delivery regarding its efficiency, quality, accessibility, and responsiveness. Following this, a rational and practical recommendations was established in this study to help address the present issues that affect service delivery in the primary healthcare facility.

Current State of Knowledge

Efficiency pertains to saving the time of a common person through service provision. As Adams et al. (2024) emphasized, the patient experience of young adults can be improved by streamlining services, increasing healthcare staff attentiveness, and addressing the issues of long waiting times. Similarly, Capuno et al. (2019) explored the factors affecting delays in inpatient and outpatient care in the Philippines, noting comparable findings that college-educated and vulnerable young and old patients experience shorter delays in services.

In the study of Ajoud and Jouili (2021) on the quality of service in government-owned health facilities, it was found that patient satisfaction in healthcare is significantly influenced by the physical aspects of the facility and the ability of healthcare personnel to demonstrate compassion towards patients while responsiveness had the least impact on overall satisfaction. Likewise, in the Municipality of Jomalig in Quezon Province, Collado (2019) reiterated that the underlying issues affecting the efficiency and quality of health services in the rural area are the absence of electricity, reliable communication services, absence of adequate facilities, access to laboratory tests, and lack of vehicles intended for emergencies.

Accessible healthcare can be determined by the constant availability of care, which relies on having enough medical professionals to meet patient needs (Lomigo & Salapa, 2023). Access to healthcare remains an issue in the health sector. Expensive health services can prevent people from seeking medical care due to possible out-of-pocket expenses, which means that affordability also plays a key role in improving accessibility. In relation to this, Lam et al. (2018) explored the issues impacting healthcare services in Naro and Navotas, Philippines, where it was found that a shortage of essential facilities and equipment has affected the delivery of healthcare services. Financial limitations are also prevalent, resulting in the delay of PhilHealth insurance reimbursements.

Balamiento (2018) explored the structure of Philippine insurance through PhilHealth. In this study, it was discovered that the respondents would prefer private healthcare services for outpatient consultation and treatment because they are more satisfied with the services delivered by the private facilities. Moreover, the author also emphasized that indigent PhilHealth members were unaware of the benefits they were entitled to, leading to underutilization of their coverage.

Low responsiveness is caused by issues in training health professionals in primary healthcare facilities and assigning them to low-lying areas (Kesale, 2024). In Vietnam, Vui et al. (2025) highlighted in their results that the country has a poor level of responsiveness in terms of maternal health. The same study pointed out that pregnant women experienced delayed assistance and communication. At the same time, Kapologwe et al. (2020) also reported that responsiveness is poorly observed across regions. Regarding responsive communication, patients are willing to wait for their treatments as long as they are informed prior (Shah et al., 2015). In the Philippine setting, a report by Jimeno and Onagan (2018) revealed that many adult Filipinos consider the Philippine healthcare system responsive. The same study also revealed that around half of the respondents from the Visayas stated that information on alternative treatment options was rarely or never discussed with them.

Theoretical Underpinnings

This study is grounded on the New Public Management (NPM) Theory. According to this theory, public service delivery can be improved by adopting practices similar to those of the private sector to manage bureaucracy in the public sector. The term New Public Management Theory was first introduced by Christopher Hood in 1991 (Indahsari & Raharja, 2020), one of the significant scholars who pioneered and made crucial contributions to the study of NPM theory. Hood (1995, as cited in Ferdous 2016) emphasized the importance of NPM in addressing the service gap between public and private institutions and paying attention to accountability for outcomes rather than following procedures without critical thought.

Several studies have also utilized this theory to observe its influence on service delivery (Nelipa et al., 2020; Walther, 2015; Kalimullah et al., 2012. Aligbe and Momoh (2024) claimed that NPM was formulated to look into the structural issues in the public sector to promote reforming government practices by adopting methods inspired by private institutions. Moreover, the Philippines implemented the Universal Health Care Act in the context of health service delivery. R.A. 11223 to adhere to the Primary Health Care (PHC) Declaration of the World Health Organization and improve accessibility and equality in healthcare (Domingo et al., 2023).

The New Public Management theory is relevant to this study as its principles apply to improving the efficiency, quality, accessibility, and responsiveness of public service delivery. It has been observed that the theory focuses mainly on methods for delivering public service to pave the way for convenient operations and fair access (Nwokwu et al., 2023). Moreover, the NPM theory has also been used by various studies as a framework for assessing service delivery in different fields (Nwokwu et al., 2023; Mwita et al., 2022; Isolana, 2020; Simonet, 2008), implying that the NPM theory can provide the appropriate foundations for building an action plan to improve public service delivery in healthcare facilities.

Objectives

This study determined the level of public service delivery in a primary healthcare facility within a highly urbanized city for the 1st Quarter of Calendar Year 2025. Specifically, this study answers the following questions: 1) what is the profile of the respondents in terms of age, sex, civil status, highest educational attainment, and average family monthly income; 2) what is the level of public service delivery in a primary healthcare facility according to the area

of efficiency, quality, accessibility, and responsiveness; 3) is there a significant difference in the level of public service delivery in a primary healthcare facility when grouped and compared according to the aforementioned variables.

Methodology

This section of the study discusses the research design, locale of the study, respondents, data gathering instrument, data gathering procedure, the validity and reliability of the study, analytical schemes, and the statistical tools used to explain the collected data.

Research Design

This study employed the Descriptive Research Design to deduce the factors influencing the level of public service delivery in a primary healthcare facility. According to Siedlecki (2020), descriptive research describes people, phenomena, or situations by investigating them in their usual state. Moreover, in this type of research design, both single and multiple variables can be explored. However, the researcher is limited to describing the data and variables without manipulating them.

A descriptive research design is suitable for this study since it focuses on observing and describing the present situation of public service delivery in a primary healthcare facility. Furthermore, using descriptive research design, the study can collect data on how services are delivered in terms of efficiency, quality, accessibility, and responsiveness.

Study Respondents

The respondents for this study consisted of male and female patients ages 18 years old and above. The purposive sampling technique was used for this study, noting that the respondents who participated in the survey were patients who visited the primary healthcare facility during the weeks of the data collection, which was conducted during the 1st quarter of the calendar year 2025. As Nyimbili and Nyimbili (2024) explained, in purposive sampling, respondents are chosen by the researcher based on their experience and knowledge of the subject studied.

Due to the scope and limitations of the study, the sample size was based on the average monthly visits to the primary healthcare facility for the first ten months of the calendar year 2024. Cochran's formula was employed to come up with the 379-study population.

Instruments

A survey questionnaire was distributed to the respondents to determine the level of public service delivery in a primary healthcare facility. Before its distribution, the questionnaire was subjected to validity and reliability tests to ensure its credibility. The questionnaire was composed of two parts. The first part of the questionnaire included questions about the profile of the respondents, such as their age, sex, civil status, highest educational attainment, and average family monthly income. The second part of the questionnaire included questions relevant to determining the level of public service delivery. This study measures four areas of public service delivery: efficiency, quality, accessibility, and responsiveness. Eight (8) line-item questions were included for each of these areas, for a total of thirty-two (32) items.

A five-item Likert scale was included in the survey questionnaire for the respondents to rate. The following is the numerical score for the scale: 5 is the highest or "Always," 4 is "Often," 3 is "Sometimes," 2 is "Rarely," and the lowest is 1, interpreted as "Almost Never." Each question is translated into a local dialect to make the questionnaire comprehensive for the respondents. The validity test recorded a 4.48 overall mean from the collected ratings of the chosen validators while the reliability index was 0.985, interpreted as "Excellent," proving the instrument reliable.

Data Gathering Procedure

After the validity and reliability of the instruments had been identified, the researcher sent emails to the sales managers of respondents for permission to conduct the study and sent the questionnaire to them. The respondents' sales managers were assured of the confidentiality of the data. After the communication letters were approved, the researcher administered the questionnaires to the target respondents. The researcher instructed the respondents on how to complete the questionnaire objectively and honestly. After answering, the questionnaires were retrieved, compiled, and then tabulated. Computation was processed using the Statistical Package for Social Sciences (SPSS) software. Likewise, statistical tables were constructed based on the objectives stated in the study. The results were interpreted and analyzed considering the study's objectives and hypotheses.

The researcher wrote a letter addressed to the head of the primary healthcare facility to permit the conduct of the study. Upon approval, the researcher conducted an in-person survey and met with the study's respondents to discuss the purpose of the study. Then, the researcher gave the appropriate measures to answer the questionnaires objectively and honestly. Before this, the researcher conducted the reliability test on the same primary healthcare facility.

Furthermore, researcher briefed the respondents on how to answer the research questionnaires accurately. The researcher also assured the respondents that the data gathered was solely for research purposes. During the data collection, the researcher asked for the help of primary healthcare facility personnel to assist respondents with difficulty answering the survey form, especially those of older age.

Data Analysis and Statistical Treatment

Objective No. 1, which aimed to determine the profile of the respondents in terms of age, sex, civil status, highest educational attainment, and average family monthly income, used a descriptive-analytical scheme.

Objective No. 2, which aimed to determine the factors influencing the efficiency, quality, accessibility, and responsiveness of public service delivery in a primary healthcare facility, used descriptive-analytical methods.

Objective No. 3, which aimed to determine the factors influencing the efficiency, quality, accessibility, and responsiveness of public service delivery in a primary healthcare facility when the respondents are grouped and compared according to the aforementioned variables, the comparative-analytical scheme was used.

Ethical Consideration

The researcher asked for the respondents' consent before participating in the survey. Furthermore, the researcher did not compel the respondents to complete the questionnaire, and confidentiality was observed during the data-gathering process. After the completion of this study, the data collected, including sensitive information about the respondents, were deleted. Sound procedures for safely keeping, storing, delivering, and discarding data are essential to maintaining and preventing unintentional loss of research data (Corti et al., 2019). Additionally, the researcher assured the respondents that their information would only be used to interpret the results and discuss this study. To ensure the anonymity of the study's locale, the facility will be addressed as a primary healthcare facility. The city where this study was conducted is not disclosed in this study to adhere to the ethical protocol for research.

Results and Discussion

This chapter presented, analyzed, and interpreted the study data. The presentation order followed the study's objectives in the statement of the problem.

Table 1

Profile of Respondents

Variables	Categories	Frequency	Percentage
Age	Younger (less than 34 years old)	223	58.80
	Older (34 years old and above)	156	41.20
	Total	**379**	**100**
Sex	Male	129	34.00
	Female	250	66.00
	Total	**379**	**100**
Civil Status	Single	219	57.80
	Married	160	42.20
	Total	**379**	**100**
Highest Educational Attainment	Lower (Non-degree holder)	231	60.90
	Higher (College Graduate)	148	39.10
	Total	**379**	**100**

Average Family Monthly Income	Lower (less than 19,100)	267	70.40
	Higher (19,100 and above)	112	29.60
	Total	**379**	**100**

Table 1 shows the profile of the respondents in terms of age; 58.80% or 223 were younger, and 41.20% or 156 were older. In terms of sex, the female group garnered a numerical rating of 66% or 250, and 34% or 129 respondents belonged to the male counterpart. When civil status was taken as a variable, the single group garnered a numerical rating of 57.80% or 219, and the married group accounted for 42.20% or 160. When highest educational attainment was considered a variable, the group with lower educational attainment, composed of non-degree holders, garnered a numerical rating of 60.90% or 231 respondents. In comparison, 39.10% or 148 were college graduates. When average family monthly income was taken as a variable, the group with lower income (less than PHP 19,100) garnered a numerical rating of 70.40% or 267 respondents, while 29.60% or 112 belonged to the group with higher income (PHP 19,100 and above). The data illustrates that most respondents belonged to the younger group, were female, single, non-degree holders, and had lower average family monthly income.

Table 2

Level of Public Service Delivery in a Primary Healthcare Facility in Efficiency

Area		
A. Efficiency	**Mean**	**Interpretation**
The public service delivery in the Primary Healthcare Facility is efficient because...		
1. the facility minimizes unnecessary steps in service delivery to reduce patient inconvenience.	3.72	High Level
2. the personnel of the facility coordinate with one another to ensure seamless services.	4.10	High Level
3. I am provided with information about the services provided by the facility.	4.07	High Level
4. I am being informed of the government benefits I can acquire.	3.74	High Level
5. the health personnel/professionals ensure the accuracy of the tests and treatments they provide.	4.26	High Level
6. the health personnel/professionals are available during my visit.	4.11	High Level
7. available medical equipment is always functioning and used effectively.	4.03	High Level
8. the facility has enough physicians to efficiently deliver health services.	3.93	High Level
Overall Mean	**4.00**	**High Level**

Table 2 presents the data on the level of Public Service Delivery in a Primary Healthcare Facility in the area of Efficiency, wherein the overall mean score is 4.00, which can be interpreted as "high level." This outcome opposes the study of Lavado et al. (2010), noting in their research that only 9 out of 77 provinces are efficient in delivering healthcare programs. Item number 5, "The health personnel/professionals ensure the accuracy of the tests and treatments they provide," obtained the highest means score of 4.26, interpreted as "high level." Item number 1, "The facility minimizes unnecessary steps in service delivery to reduce patient inconvenience," received the lowest mean score of 3.72, interpreted as "high level."

The data suggests that while service accuracy and efficiency in terms of minimizing processes in service delivery received a high level of service delivery, there are still possible improvements that can be done to hasten the process in service delivery to reduce inconvenience experienced by patients. The lower mean score for streamlining processes in service delivery might mean that patients continue to encounter bureaucratic inefficiencies, particularly in administrative requirements.

Table 3

Level of Public Service Delivery in a Primary Healthcare Facility in Quality

Area		
B. Quality	**Mean**	**Interpretation**
The public service delivery in the Primary Healthcare Facility is efficient because...		
1. the health facility staff are courteous and approachable.	3.91	High Level

2. I am confident in the level of expertise of the health professionals attending to me.	4.29	High Level
3. consultations are not rushed and are performed thoroughly.	4.01	High Level
4. I promptly received the appropriate services needed.	3.90	High Level
5. the health services/treatments I am in need of are available at the facility.	3.93	High Level
6. the quality of services provided in the public healthcare facility is comparable to those of private facilities.	3.82	High Level
7. the restrooms and waiting area are clean and well-maintained.	3.65	High Level
8. the facility has clean water to be used by the patients/clients.	3.64	High Level
Overall Mean	**3.90**	**High Level**

Table 3 presents the data on the level of Public Service Delivery in a Primary Healthcare Facility in the area of Quality. Item Number 2, "I am confident in the level of expertise of the health professionals attending to me," received the highest mean score of 4.29. In contrast, Item Number 8, "The facility has clean water to be used by the patients/clients," obtained the lowest mean score of 3.64. Both items were interpreted as "high level." Overall, the primary healthcare facility achieved a mean score of 3.90, also interpreted as a "high level" regarding the level of Public Service Delivery for quality.

Patients often prefer private healthcare facilities due to shorter waiting times and higher-quality treatment (Wellay et al., 2018). However, the findings of this study regarding the quality of service in public healthcare facilities contradict the study of Collado (2019), which attributes the low quality of healthcare services in the Municipality of Jomalig, Quezon Province, to ineffective management at both local and provincial levels.

Table 4

Level of Public Service Delivery in a Primary Healthcare Facility in Accessibility

Area		
C. Accessibility	**Mean**	**Interpretation**
The public service delivery in the Primary Healthcare Facility is efficient because...		
1. the healthcare facility is accessible to individuals with disabilities.	4.11	High Level
2. the facility is located in a highly convenient area within the city.	4.14	High Level
3. the operation hours of the healthcare facility are convenient for most residents.	4.10	High Level
4. the services provided by the facility are affordable for individuals of all income levels.	4.15	High Level
5. there are financial assistance programs available for those who need them.	3.80	High Level
6. I can easily find information about the services provided by the healthcare facility.	4.02	High Level
7. the facility has clear and visible signage to help patients find their way.	4.18	High Level
8. there is sufficient availability of vaccines and medicines in the facility.	3.78	High Level
Overall Mean	**4.04**	**High Level**

As seen in Table 4, the level of Public Service Delivery in a Primary Healthcare Facility in the area of Accessibility has obtained an overall mean score of 4.04, which translates to "high level." Item number 7, "the facility has clear and visible signage to help patients find their way," has the highest mean score of 4.18, interpreted as "high level." In contrast, item 8, "there is sufficient availability of vaccines and medicines in the facility," obtained the lowest mean score of 3.78, also interpreted as "high level."

Based on the data, it is understood that the respondents found the primary healthcare facility to be an accessible place to seek basic preventive care. Moreover, patients perceive the facility as accessible as it is easy to navigate due to signages placed in conspicuous areas, improving their experience. The lower mean score on the availability of vaccines and medicines could mean that there might be instances where there are shortages in the supply of vaccines and medicines. Similarly, in the study of Lam et al. (2018), the inconsistent delivery of medicines was seen as a hampering issue in providing effective service delivery in Navotas. Furthermore, Lam et al. (2018) reiterated that the availability of medicines and having enough health professionals significantly impact patient satisfaction.

Table 5

Level of Public Service Delivery in a Primary Healthcare Facility in Responsiveness

Area		
D. Responsiveness	**Mean**	**Interpretation**
The public service delivery in the Primary Healthcare Facility is efficient because...		
1. the healthcare personnel listen carefully to my concerns.	4.12	High Level
2. I am being encouraged by the healthcare personnel/professionals to ask questions about my condition/concerns.	4.15	High Level
3. the medical staff clearly explains the requirements and processes to acquire health services.	4.19	High Level
4. the facility shows commitment to resolving patient/client concerns or complaints.	4.08	High Level
5. the health facility communicates any delays in services effectively.	3.98	High Level
6. the health personnel strictly observe confidentiality regarding patients' profile and conditions.	4.20	High Level
7. the medical personnel do not discriminate the patients and treat all patients with equal attention, regardless of their social status.	4.01	High Level
8. scheduled appointments and line queues are consistently followed on time.	4.04	High Level
Overall Mean	**4.10**	**High Level**

As seen in Table 5, the level of Public Service Delivery in a Primary Healthcare Facility in the area of Responsiveness achieved an overall mean score of 4.10 or "high level." At the same time, item number 6, "The health personnel strictly observe confidentiality regarding patients' profile and conditions," received the highest mean score of 4.20, and item number 5, "The health facility communicates any delays in services, effectively" received the lowest mean score of 3.98, both items are interpreted as "high level."

Given this data, it is implied that patients are satisfied with the facility's responsiveness and that it has met their expectations regarding the confidentiality of their conditions. Communication on delays was rated slightly lower among the listed items because patients may experience instances where updates on service delays were not directly conveyed, which resulted in prolonged waiting times.

In contrast, pregnant women in Vietnam perceived maternal care responsiveness as poor (Vui et al., 2025), mainly in terms of communication, timely response, and selection of health providers. Likewise, the same study pointed out that dignity and trust were rated highly. Kapologwe et al. (2020) carried the same notion, confidentiality was rated highly among the responsiveness domains.

Table 6

Difference in the Level of Public Service Delivery in a Primary Healthcare Facility in Efficiency when grouped and compared according to the aforementioned variables

Variable	**Category**	**N**	**Mean Rank**	**Mann Whitney U**	**p-value**	***Sig. level***	**Interpretation**
Age	Younger	223	179.78	15114.000	0.029	0.05	Significant
	Older	156	204.62				
Sex	Male	129	190.61	16046.000	0.938		Not Significant
	Female	250	189.68				
Civil Status	Single	219	181.86	15737.500	0.090		Not Significant
	Married	160	201.14				
Highest Educational Attainment	Lower	231	190.17	17054.000	0.969		Not Significant
	Higher	148	189.73				
Average Family Monthly Income	Lower	267	190.11	14921.500	0.975		Not Significant
	Higher	112	189.73				

Table 6 illustrates the comparative analysis of the level of "Public Service Delivery in a Primary Healthcare Facility" in the area of efficiency according to the five (5) variables. The p-value of the age variable is 0.029, which is lower than the significance level (0.05). This indicates that a significant difference exists in the level of public service delivery when respondents are grouped according to age. This implies that respondents have varying perceptions of the efficiency of public service delivery in a primary healthcare facility when grouped based on their age.

Younger respondents are more exposed to faster ways of transacting things due to the digitalization of many administrative processes. Conversely, older respondents are more accustomed to the traditional methods that were implemented prior to the adoption of digital systems. Patients within the age bracket of 18-34 are more critical in assessing their experiences. In contrast, patients aged 65 and above are more laid back in rating their experiences in these facilities (Adam et al., 2024). Perhaps one factor influencing respondents' experiences according to their age is that older patients are likely to be assisted when they acquire healthcare services, making it more efficient on their end.

Conversely, p-values of sex, civil status, highest educational attainment, and average family monthly income are higher than the significance level of 0.05, which means that there is no significant difference in the level of public service delivery in the area of efficiency when respondents are grouped according to their sex, civil status, highest educational attainment, and average family monthly income.

Table 7

Difference in the Level of Public Service Delivery in a Primary Healthcare Facility in Quality when grouped and compared according to the aforementioned variables

Variable	Category	N	Mean Rank	Mann Whitney U	p-value	*Sig. level*	Interpretation
Age	Younger	223	177.63	14634.500	0.008	0.05	Significant
	Older	156	207.69				
Sex	Male	129	188.41	15919.500	0.839		Not Significant
	Female	250	190.82				
Civil Status	Single	219	184.25	16260.500	0.231		Not Significant
	Married	160	197.87				
Highest Educational Attainment	Lower	231	195.46	15833.000	0.224		Not Significant
	Higher	148	181.48				
Average Family Monthly Income	Lower	267	198.86	12587.500	0.015		Significant
	Higher	112	168.89				

The statistical data in Table 7 reveals that the age and average family monthly income have a significant difference in the level of public service delivery in the area of quality. The age variable's p-value is 0.008, while the p-value of the average family monthly income variable is 0.015, both of which are lower than the significant level of 0.05.

Consequently, no significant difference was seen in the level of public service delivery in a primary healthcare facility regarding its quality when grouped and compared to the variables of sex, civil status, and highest educational attainment. This implies that the null hypothesis of this test is that there is no significant difference in the level of public service delivery in a primary healthcare facility. Quality is accepted, considering that the abovementioned variables have a p-value greater than the significance level of 0.05.

Younger and older respondents have varying expectations of the quality of healthcare service delivery. Perhaps older respondents have a better perception of the quality of health service in the facility as they are given priority. Ogunleye et al. (2020) noted that the courteousness of nurses positively influences the patients' experience, especially in scheduling an appointment with the physician.

Lannes (2015) cited that a lack of healthcare facilities, insufficient medicines and medical tools, misassignment, and a shortage of a health workforce result in poor quality services. Respondents with higher income levels are likely to have access to private healthcare facilities, making the standard of care and quality of service from the private

healthcare facilities their point of comparison when they seek public health services. On the other hand, lower-income respondents are most likely to visit public healthcare facilities because of their affordability. As a result, they have adapted to the typical quality of service provided in these settings.

Table 8

Difference in the Level of Public Service Delivery in a Primary Healthcare Facility in Accessibility when grouped and compared according to the aforementioned variables

Variable	Category	N	Mean Rank	Mann Whitney U	p-value	*Sig. level*	Interpretation
Age	Younger	223	180.56	15289.000	0.044	0.05	Significant
	Older	156	203.49				
Sex	Male	129	184.89	15465.500	0.513		Not Significant
	Female	250	192.64				
Civil Status	Single	219	184.05	16218.000	0.215		Not Significant
	Married	160	198.14				
Highest Educational Attainment	Lower	231	195.49	15826.500	0.222		Not Significant
	Higher	148	181.44				
Average Family Monthly Income	Lower	267	194.70	13696.000	0.195		Not Significant
	Higher	112	178.79				

Table 8 breaks down the data on the level of "Public Service Delivery in a Primary Healthcare Facility" in Accessibility when grouped and compared according to five (5) variables: age, sex, civil status, highest educational attainment, and average family monthly income.

The Mann-Whitney Test was employed to determine whether there is a significant difference in the respondents' rating of the level of public service delivery in accessibility when grouped and compared according to the aforementioned variables. It was found that sex, civil status, highest educational attainment, and average family monthly income do not have a significant difference in the level of public service delivery in a primary healthcare facility in the area of accessibility. The said variables recorded p-values of 0.513, 0.215, 0.222, and 0.195, respectively, all higher than the significant level of 0.05.

However, the age variable yielded a p-value of 0.044, which means that the null hypothesis that there is no significant difference in the level of Public Service Delivery in a Primary Healthcare Facility in accessibility is rejected. This implies that age is an important indicator of how the patient perceives the accessibility of public healthcare delivery in the facility. Older patients are likely to seek healthcare services for chronic diseases usually covered by government programs. In comparison, younger patients might have visited the facility for preventive care or non-clinical services (e.g., processing medical certificates, sanitary permits, death certificates, etc.). Cost is an important consideration for healthcare accessibility. There is an existing inequality in access to healthcare between socio-economic groups, forcing patients to experience out-of-pocket payments instead of the limited coverage of PhilHealth (Işik et al., 2015).

Table 9

Difference in the Level of Public Service Delivery in a Primary Healthcare Facility in Responsiveness when grouped and compared according to the aforementioned variables

Variable	Category	N	Mean Rank	Mann Whitney U	p-value	*Sig. level*	Interpretation
Age	Younger	223	180.61	15300.000	0.045	0.05	Significant
	Older	156	203.42				

Sex	Male	129	183.29	15259.000	0.389	Not Significant
	Female	250	193.46			
Civil Status	Single	219	183.66	16132.000	0.185	Not Significant
	Married	160	198.68			
Highest Educational Attainment	Lower	231	194.89	15963.500	0.275	Not Significant
	Higher	148	182.36			
Average Family Monthly Income	Lower	267	195.21	13561.500	0.151	Not Significant
	Higher	112	177.58			

In Table 9, a significant difference in the level of public service delivery in a primary healthcare facility in responsiveness was reported in the variable of age. The null hypothesis is rejected if the p-value of the variable is 0.05 or. Less. The p-value of the said variable is 0.045, higher than the significant level (0.05). Therefore, the null hypothesis is rejected.

Meanwhile, there is no significant difference in variables like sex, civil status, highest educational attainment, and average monthly family income. The result implies that the null hypothesis is accepted, indicating no significant difference in the responsiveness level of public service delivery in a primary healthcare facility when respondents are grouped according to sex, civil status, highest educational attainment, and average family monthly income.
This implies that statistically, the respondents' rating on the responsiveness of the services in the public healthcare facility is only significant if they are grouped and compared by age. This conforms with Lannes (2015), which observed that older respondents have positive experiences in terms of waiting time. Older respondents may find the services in the facility more responsive than their younger counterpart group since healthcare staff are more attentive to their needs due to their age and vulnerability.

Conclusions

The data gathered revealed that public service delivery in a primary healthcare facility has a high level of efficiency, quality, accessibility, and responsiveness. Public healthcare facilities are often given a lower rating on patient satisfaction. Perhaps one of the explanations for why patients reported a higher rating on efficiency, quality, accessibility, and responsiveness is that respondents' expectations of public healthcare may be inherently low or that the primary healthcare facility is managed better than other healthcare facilities. In addition, Philippine healthcare is construed with many challenges that have prevailed for many years; perhaps Filipino patients have become accustomed to these situational gaps, such as long waiting times, insufficient medical resources, and inconsistent quality of healthcare service delivery. A healthcare facility performing slightly beyond the public's expectations may have better performance.

Age was seen as a consistent factor in determining the level of public service delivery. The consistent significant differences were found in this study's four (4) areas. To address this, the primary healthcare facility should consider tailoring its services to be inclusive to the needs of the younger populations, especially students. Employing feedback mechanisms for this age group can also help address their concerns since the facility can consider and adopt the suggested policies or recommendations from younger respondents.

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References

Adams, C., Walsan, R., Schembri, A., Sharma, A., Walpola, R., & Harrison, R. (2024). Does Patient Experience Change with Age? Exploring Associations Between Patient Experience, Gender and Age. Patient Experience Journal, 11(1), 141–148. https://doi.org/10.35680/2372-0247.1890

Ajoud, M. E. K., & Jouili, T. A. (2021). Healthcare Service Quality in Government Hospitals: Evaluating Patients' Satisfaction: Acces la Success. Calitatea, 22(182), 106-109. https://www.proquest.com/scholarly-journals/healthcare-service-quality-government-hospitals/docview/2526905093/se-2

Aligbe, B. A., & Momoh, M. M. (2024). The Impact of New Public Management on Public Service Delivery in Nigeria: Emergence and Importance. Journal of Arts and Sociological Research.

Balamiento, N. C. (2018). The impact of social health insurance on healthcare utilization outcomes: evidence from the Indigent Program of the Philippine National Health Insurance [Master's Thesis]. http://hdl.handle.net/2105/46445

Capuno, J. J., Kraft, A. D., Poco, L. C., Quimbo, S. A., & Tan, C. A. R. (2019). Health conditions, payments, proximity, and opportunity costs: Examining delays in seeking inpatient and outpatient care in the Philippines. Social Science & Medicine, 238. https://doi.org/10.1016/j.socscimed.2019.112479

Collado, Z. (2019). Challenges in public health facilities and services: evidence from a geographically isolated and disadvantaged area in the Philippines. Journal of Global Health Reports, 3. https://doi.org/10.29392/joghr.3.e2019059

Corti, L., Van, Bishop, L., & Woollard, M. (2019). Managing and Sharing Research Data (p. 135). SAGE Publications Ltd.

Cuenca, J. S. (2020). Efficiency of Local Governments in Health Service Delivery: A Stochastic Frontier Analysis. RePEc: Research Papers in Economics. https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsdps2006.pdf

Dayrit, M., Lagrada, L., Picazo, O., Pons, M., & Villaverde, M. (2018). The Philippines Health System Review European Union. https://iris.who.int/bitstream/handle/10665/274579/9789290226734-eng.pdf

Ferdous, J. (2016). THE JOURNEY OF NEW PUBLIC MANAGEMENT: AN ANALYSIS. International Journal of Business, Economics and Law, 11(2). https://ijbel.com/wp-content/uploads/2017/01/BUS-139.pdf

Indahsari, C. L., & Raharja, S. J. (2020). New Public Management (NPM) as an Effort in Governance. Jurnal Manajemen Pelayanan Publik, 3(2), 73. https://doi.org/10.24198/jmpp.v3i2.25342

Işik, A., Gunda, A. M., & Topçu, B. (2015). The Philippine Health Care Delivery System and Health Expenditure. Handbook of Research on Behavioral Finance and Investment Strategies: Decision Making in the Financial Industry. https://doi.org/10.4018/978-1-4666-7484-4.ch016

Isolana, J. B. (2021). Public-Private Partnership (PPP) as an Alternative Model to Public Infrastructure Development and Service Delivery: The Case of PPP-Public Markets in the Philippines. Journal of Public Administration and Governance, 11(1), 40. https://doi.org/10.5296/jpag.v11i1.18213

Jimeno, K. J. J. M., & Onagan, F. C. C. (2018). How responsive is the Philippine Health Care System? Results of the First Health System Responsiveness Survey in the Philippines. Health Research Brief, 4(5). https://region1.healthresearch.ph/index.php/research-news/130-philippine-health-care-system-doh-region1healthresearch

Kalimullah, N. A., Nour, M. M. A., & Ashraf, K. M. (2012). New Public Management: Emergence and Principles. BUP JOURNAL, 1(1), 1–22.

Kapologwe, N. A., Kibusi, S. M., Borghi, J., Gwajima, D. O., & Kalolo, A. (2020). Assessing health system responsiveness in primary health care facilities in Tanzania. BMC Health Services Research, 20(1). https://doi.org/10.1186/s12913-020-4961-9

Kesale, A. M. (2024). Do community health committees participate in governing health workers in primary healthcare facilities under fiscal decentralization?—An explanatory qualitative study from Tanzania. Health Science Reports, 7(2)https://doi.org/10.1002/hsr2.1866

Lam, H. Y., De Vera, R., Rivera, A. S., Sy, T. R., Cheng, K. J. G., Farrales, D. B., Lopez, J. C. F., & Miguel, R. T. DP. (2018). Describing the Health Service Delivery Network of an Urban Poor Area and a Rural Poor Area. Acta Medica Philippina, 52(5). https://doi.org/10.47895/amp.v52i5.316

Lannes, L. (2015). An analysis of health service delivery performance in Rwanda. https://etheses.lse.ac.uk/3093/1/Lannes_An_analysis_of_health_service_delivery.pdf

Lavado, R. F., Lagrada, L. P., & Gozun, B. C. (2022). Improving the delivery of health care services in the Philippines. Animo Repository. https://animorepository.dlsu.edu.ph/faculty_research/7274/

Lomigo, A. C. D., & Salapa, A. (2023). Health Care Delivery In The Local Government Of Tulunan: Its Loopholes And Challenges . International Journal of Novel Research and Development, 8(5), 105. https://www.ijnrd.org/papers/IJNRD2305612.pdf

Luu, K., Brubacher, L. J., Lau, L. L., Liu, J. A., & Dodd, W. (2022). Exploring the Role of Social Networks in Facilitating Health Service Access Among Low-Income Women in the Philippines: A Qualitative Study. Health Services Insights, 15, 117863292110689. https://doi.org/10.1177/11786329211068916

Mwita, B. K., Awino, Z., Ogutu, M., & Njeru, W. (2022). The Nexus Between Strategic Planning and Service Delivery Among Agribusiness State Corporations in Kenya. European Journal of Business and Management Research, 7(4), 362–366. https://doi.org/10.24018/ejbmr.2022.7.4.1462

Nelipa, D. V., Tsvykh, V. F., Zubchyk, O. A., Sytnyk, G. P., & Hrebonozhko, Y. P. (2020). The New Public Management paradigm as a further interaction of the public and private sectors. Revista San Gregorio, 42. https://doi.org/10.36097/rsan.v1i42.1552

Nwokwu, M., Nwambe, S. N., & Nwankwo, L. (2023). Service Compact (SERVICOM) and Service Delivery in the Nigerian Public Sector: A Study of Alex Ekwueme Federal University Teaching Hospital, Abakaliki. African Journal of Politics and Administrative Studies, 16(2), 607–627. https://doi.org/10.4314/ajpas.v16i2.31

Nyimbili, F., & Nyimbili, L. (2024). Types of Purposive Sampling Techniques with Their Examples and Application in Qualitative Research Studies. British Journal of Multidisciplinary and Advanced Studies, 5(1), 90–99. https://doi.org/10.37745/bjmas.2022.0419

Ogunleye, T. S., Ogunleye, O. R., Ajayi, P. O., & Ip. Uneven primary healthcare supply of rural doctors and medical equipment in remote China: community impact and the moderating effect of policy intervention. International Journal for Equity in Health, 23(1). https://doi.org/10.1186/s12939-024-02183-7

Shah, S., Patel, A., Rumoro, D., Hohmann, S., & Fullam, F. (2015). Issue 2 Article 6 2015 Part of the Health and Medical Administration Commons, Health Policy Commons, Health Services Administration Commons, and the Health Services Research Commons Hohmann, Samuel; and Fullam. Patient Experience Journal, 2(2). https://doi.org/10.35680/2372-0247.1090

Shan, L., Gan, Y., Yan, X., Wang, S., Yin, Y., & Wu, X. (2024). Uneven primary healthcare supply of rural doctors and medical equipment in remote China: community impact and the moderating effect of policy intervention. International Journal for Equity in Health, 23(1). https://doi.org/10.1186/s12939-024-02183-7

Siedlecki, S. L. (2020). Understanding Descriptive Research Designs and Methods. Clinical Nurse Specialist, 34(1), 8–12. Researchgate. https://doi.org/10.1097/NUR.0000000000000493

Simonet, D. (2008). The New Public Management theory and European health-care reforms. Canadian Public Administration, 51(4), 617–635. https://doi.org/10.1111/j.1754-7121.2008.00044.x

Vui, L. T., Quy, L. X., Thi, L. M., Cronin, A., Manzano, A., Lakin, K., Kane, S., Thu, T., Hicks, J., Tolib Mirzoev, Ha, N. T., Hanh, T., & Chi. (2024). Health systems responsiveness towards needs of pregnant women in Vietnam. BMC Health Services Research, 24(1). https://doi.org/10.1186/s12913-024-12040-6

Walther, F. (2015). New public management: the right way to modernize and improve public services? International Journal of Business & Public Administration, 12(2), 132–143.

Wellay, T., Gebreslassie, M., Mesele, M., Gebretinsae, H., Ayele, B., Tewelde, A., & Zewedie, Y. (2018). Demand for health care service and associated factors among patients in the community of Tsegedie District, Northern Ethiopia. BMC Health Services Research, 18(1). https://doi.org/10.1186/s12913-018-3490-2

World Health Organization, International Bank for Reconstruction and Development, & World Bank. (2018). Tracking Universal Health Coverage: 2017 Global Monitoring Report Public Disclosure Authorized Public Disclosure Authorized Public Disclosure Authorized Public Disclosure Authorized. https://documents1.worldbank.org/curated/en/640121513095868125/pdf/122029-WP-REVISED-PUBLIC.pdf