

Awareness And Satisfaction Of Patients On The Medical Assistance To Indigent And Financially Incapacitated Patient Program

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Abstract

- **Background**

The research is about the extent of awareness and satisfaction as well as the challenges and coping mechanism employed of patients on the Medical Assistance to Indigent and Financially Incapacitated Patient Program at the facility. This study is about patient's perception and understanding in the implementation of the program in which most patients rely on assistance.

- **Objective(s):**

It aims to evaluate the program execution which has been implemented for more than a decade in the facility and to gather the view of the beneficiaries of the program to better understand and strategize on the execution of the guidelines.

- **Methods:**

The research design used in this study is a concurrent mixed method; instruments are survey questionnaire which is a researcher made questionnaire crafted from the program guidelines and key informant interview. The respondents are patients who were classified as indigent and financially incapable admitted for 3 days and above in any ward type of room for a duration of two months.

- **Results:**

The extent of awareness has a mean of 2.93 with a high awareness and extent of satisfaction with a mean of 3.85 with a very high satisfaction. Challenges encountered were pre-determined which was categorized as unfamiliarity of the program and institutional factors. While the results may show high awareness and satisfaction the researcher assumes that some respondents answer the questionnaire just to comply. Pearson correlation of .191 with significance of 0.059 having no significant influence.

- **Conclusion:**

This implies that the respondents have a certain knowledge of the program due to repetitive availment while first time seeking experience some difficulties in accessing the program.

Keywords: *indigent, financially incapacitated, medical assistance.*



1. Introduction

- Background and rationale

Based on St. George's University- College of Medicine (2023), the global health prominent issues include economic disparities and access to health care. Despite relentless progress in the field of medicine, communities across the world still lack access to basic health care, which is often related to geography. Other disparities are the result of income inequality, with individuals and families simply unable to afford health care that is otherwise unavailable. Likewise, the Sustainable Development Goal prioritizes good health and well-being because the data have shown that a significant portion of the global population still lacks access to vital healthcare services. To bridge this gap and ensure equitable healthcare provision, addressing disparities is critical. Various determinants of health, including environmental and commercial factors, need attention to pave the way in achieving the common objective of Health for All and achieving the Sustainable Development Goal Targets. Thus, access to basic healthcare has been the battle cry of most of the population, especially middle-class citizens, to the government. The government has devolved the health service to the local government to have full authority and responsibility in healthcare delivery from the Department of Health to the Local Government Units. This effort was made to ensure that every individual in the community can access the healthcare services available in their respective Municipalities and Cities.

As a result, the Department of Health has executed the Program of Medical Assistance for Indigent Patient (MAIP) Program intended to provide assistance for patients seeking consultation, rehabilitation, or examination, or confined in a government hospital. According to Department of Health Administrative Order No. 2020-0060, the General Appropriations Act has increased the funds available for medical assistance to indigent patients' program to extend and continue rendering medical assistance to indigent patients and financially incapacitated patients to maintain the program's effective, efficient, and transparent use in the various health facilities the government operates.

The researcher has purposely undergone this study to evaluate the implementation program after a decade of implementation at the facility. This study intends to examine the phenomena of the patients, workers, and other personnel involved in the execution of the Medical Assistance to Indigent and Financially Incapacitated Patient Program. The researcher deliberately chose the institution because the researcher supervised and rendered the Medical Assistance Program for almost eight years, which may be beneficial to the institution as well as the workers implementing the program.

- Review of related literature

As cited by the World Health Organization (2018) based on the Committee's case law, medical assistance is entitled to everyone in the state party's territory who lacks adequate resources and must be able to obtain the necessary medical care free of charge. Also, medical assistance includes free or subsidized health care or payments to enable people to receive the care required by their condition. Furthermore, the Universal health coverage (UHC) as stated by



the World Health Organization (2024) means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. To deliver on this promise, countries need to have strong, efficient, and equitable health systems that are rooted in the communities they serve. Primary health care (PHC) is the most effective and cost-efficient way to get there. Every country has a different path to achieving UHC and to deciding what to cover based on the needs of its population and the resources at hand. In today's fast-paced, interconnected world, medical assistance services are a vital part of ensuring health and wellness for patients across the globe cited by Health Case (2024). Medical assistance services are a crucial component of global healthcare, providing essential support to patients across borders. The World Health Organization (2024) has set its work aligned with the Agenda of Sustainable Development Goals for 2030 (SDG) target 3.8, which focuses on achieving universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all. Globally, progress towards universal health coverage is a challenge. Progress in service coverage has stalled while the proportion of the population facing catastrophic out-of-pocket health spending increases continuously. Based on the data issued by The World Bank (2020) All Filipinos using health services in government facilities or obtaining medicines through the DOH's medicines access programs benefit from the DOH and/or LGU subsidies. Under Section II of Article XIII of the 1987 Constitution of the Republic of the Philippines, under Health states that "The state shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority favor the needs of the underprivileged, sick, elderly, disabled, women and children. The State shall endeavor to provide free medical care to indigents". In line with the policy of the state that protects and promotes the right of health of every Filipino, the Congress of the Philippines (2018) Republic Act No. 11223 An Act Instituting Universal Health Care for All Filipinos, Prescribing Reforms in the Health Care System, and Appropriating Funds Therefor. It is the policy that emphasizes that Filipinos and instill health consciousness among them that the state shall adopt An integrated and comprehensive approach to ensure that all Filipinos are health literate, provided with healthy living conditions, and protected from hazards and risks that could affect their health, a health care model that provides all Filipinos access to a comprehensive set of quality and cost-effective, promotive, preventive, curative, rehabilitative and palliative health services without causing financial hardship, and prioritizes the needs of the population who cannot afford such services, a framework that fosters a whole-of-system, whole-of-government, and whole-of-society approach in the development, implementation, monitoring, and evaluation of health policies, programs and plans; and a people-oriented approach for the delivery of health services that is centered on people's needs and well-being, and cognizant of the differences in culture, values, and beliefs. Similarly, all Filipinos with health insurance through PhilHealth, currently equivalent to 91 percent of the population, are covered for services purchased by PhilHealth. Indigents and other vulnerable groups are granted special entitlements beyond those of the average Filipino in that their premium contributions to PhilHealth are 100% subsidized by government, a 'no balance billing' (NBB) policy applies when they seek care, and they are eligible for additional benefit packages (focused on diseases that disproportionately affect these groups) for which other groups



are not eligible. Based on the National Objectives for Health of 2017-2022 Department of Health (2020) the DOH and the associated organizations will look at alternatives to the onerous bureaucratic processes that patients and family members must navigate when seeking financial assistance for medical care. To make it easier for people experiencing poverty to get subsidies, medical assistance for indigent and vulnerable groups would be merged into a single fund.

Statement of the problem

This study is composed of five statement of the problem which are what is the extent of awareness of patients on the MAIFIP Program in terms of documentary requirements, availment procedure, provision of service and service coverage; What is the extent of satisfaction of patients with the MAIFIP Program along the following documentary requirements, availment procedure, provision of service, and service coverage; does the extent of awareness of the MAIFIP program significantly influence the satisfaction of patients; what are the challenges encountered and coping mechanisms employed by the patients in the availment of the MAIFIP program; and lastly what intervention plan may be proposed based on the results of the study.

This research aims to evaluate the perception of patients and relatives on the medical assistance being provided by Department of Health which is being facilitated at the institution. Through this evaluation, the study seeks to offer information that can boost the effectiveness of the institution's medical assistance programs while improving patient-centered healthcare support. In this study, there is a significant influence on the extent of awareness on the Medical Assistance to Indigent and Financially Incapacitated Patients Program and patient's satisfaction of the program.

Materials and Methods

- **Research Design:** (e.g., “a quasi-experimental pretest-posttest design”)

The researcher used a concurrent mixed-methods research design to thoroughly collect, evaluate, and interpret the data required for the study. This strategy made it possible to employ both quantitative and qualitative techniques at the same time, giving the researcher a more comprehensive grasp of the respondents' viewpoints and experiences with the medical aid program. In this study, the quantitative design the researcher used a modified and researcher made questionnaire as the main data gathering tool. The questionnaire was designed in accordance with the existing guidelines and provisions of the medical assistance program to ensure that the data collected were relevant and in line with the objectives of the study. Likewise, the researcher has used to analyze the gathered data from the four-part questions of the awareness and satisfaction of patients on the medical assistance program. Correlational research was performed to examine the statistical relationship or associations between the awareness and satisfaction of patient. The quantitative data collected were then analyzed using appropriate statistical and computational techniques to produce objective interpretations and support evidence-based conclusions. On the other hand, the qualitative design involved collecting descriptive data through direct interaction with selected respondents, allowing them to provide more complete explanations and personal insights about their experiences with the medical



assistance program. to gather participants the researcher used a key informant interview to identify to the challenges and coping mechanisms and was able to elicit respondents' experiences, perceptions, and behavior in the availment of medical assistance. This qualitative data served to support and clarify the quantitative findings from the survey questionnaire. The researcher conducted a pilot testing of the researcher-made questionnaire among selected patients inside the facility before the actual data gathering. This approach allowed the researcher to determine the applicability of the questions to the purposes of the study and the questions' relevancy to the respondents' level of understanding. The process also helped to determine the suitability of the questionnaire to the target respondents and improve the overall validity of the research instrument before administering it to the actual participants of the study.

- **Participants:** (e.g., “purposive sample of 50 parents of SPED learners...”)
- The respondents in this study were the patients admitted to the hospital from a duration of two months data gathering, who were confined for 3 days or more in various charity wards, including Pediatrics, Medical Adult, Obstetric-Gynecological, and Surgical. These patients were classified as indigent or financially incapacitated based on the Classification of Indigence from the date of data collection. The respondents were patients who sought medical assistance for the hospital bill resulting from an excess amount under the Philhealth package coverage, or for a bill for a non-claimable disease under Philhealth. On the other hand, to answer which is to identify the challenges encountered in the availment of the MAIFIP Program and the patient coping mechanism employed by every respondent of the study. The researcher conducted an in-depth interview with 6–10 patients using the interview guide questionnaire after completing the survey.
- **Instruments:** (e.g., “validated Likert scale questionnaires”)
- The researcher utilized the Guidelines on the Implementation of Medical Assistance to Indigent and Financially Incapacitated Patient Program of the Department of Health as a tool in this study. The tool was altered into a questionnaire to fit in the problem stated in this research. The researcher developed a 2-part questionnaire based on the DOH MAIFIP program implementation guidelines, which served as the tool used in this study. The First part was a checklist questionnaire about the extent of awareness of the patient on the program of the MAIFIP Program which were rated using the 4-point Likert Scale. Where 1 stands for Very Low Awareness, 2 – Low Awareness, 3 – High Awareness and 4 – Very High Awareness. The Second part of the tool refers to the extent of satisfaction, where respondents rated using the 1 – 4 Likert Scale where 1 stands for very low satisfaction, 2 – Low Satisfaction, 3 – High Satisfaction and 4 – Very High Satisfaction. Lastly, the researcher conducted an in-depth interview with 6–10 patients using the interview guide questionnaire in relation to the challenges encountered and coping mechanism employed after completing the survey.
- **Procedure:** (e.g., “pretest, 4-week mobile coaching intervention, posttest”)
- In this study, the researcher has used a Likert scale to answer the statement of the problem that includes the following such as the extent of awareness and the extent of satisfaction of the patients in the availment of medical assistance. Similarly, the researcher has used random sampling on chosen respondents to collect data on the key informant interview guide in order to identify the challenges experienced by the



respondents and their employed coping mechanisms during the availment of the program. With this, data gathering was conducted with a certain number of respondents with a duration of two months using the researcher-modified questionnaire after the medical social worker had rendered Medical Assistance to patients. In this study, every respondent received a consent form in advance to ask for their permission to answer the survey's questions. Following that, every respondents received the questionnaire along with instructions explaining each section and the rating legend of Likert scale for the four part survey question. The researcher has chosen a specific number of respondents through a random sampling to answer the tool for qualitative research as the key informant interview. Each set of questions aimed to elicit responses that will help the researcher understand the scope of each variable from each patient, which will benefit both the patients and the researcher.

- **Data Analysis:** (e.g., “paired-sample t-tests using SPSS vXX”)
- To ensure a better and clear interpretation of the quantitative data, the researcher gathered, tallied, and tabulated and subjected to data analysis which determined the extent of awareness of the MAIFIP Program and extent of satisfaction in the avaiement of the program. Likewise, Pearson Product Moment correlation was utilized to measure the relationship of two variables between Awareness and Satisfaction. This instrument is appropriate when Awareness and Satisfaction are being compared at a continuous level of measurement. Furthermore, Qualitative Data Collection along the challenges and coping mechanism employed by the patients were interpreted utilizing the Researchers firsthand knowledge and original insights based on the responses of the patients during the interview. The researcher employed a thematic analysis and content analysis to explore how patients make

3. Results

Extent of Awareness on the Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) Program

Tables 1 to 4 present the extent of awareness of the patients on the MAIFIP Program in terms of their knowledge of the program and its provisions. Table 1 presents the extent of awareness on the documentary requirements.

Table 1**Extent of Awareness of the Documentary Requirements of MAIFIP Program**

Requirements	Mean	Interpretation
Valid ID or Medical Social Service Issued ID	3.15	High
Laboratory / Diagnostic Request / Prescription issued by the Physician of MLEGH	3.13	High
Hospital Bill / SOA / Charges / Fees	3.03	High
Average Weighted Mean	3.10	High

Legend: 1.00 – 1.75 (very low), 1.76 – 2.50 (low), 2.51 – 3.25 (high), 3.26 – 4.00 (very high)

Table 2**Extent of Awareness on Availment Procedure of the MAIFIP Program**

Requirements	Mean	Interpretation
Processing of Medical assistance based on assessment and recommendation of MSW	2.84	High
Eligibility Assessment – (Assessment of MSW based on AO No. 2021 – 0044)	2.75	High
Average Weighted Mean	2.79	High

Legend: 1.00 – 1.75 (very low), 1.76 – 2.50 (low), 2.51 – 3.25 (high), 3.26 – 4.00 (very high)

Table 3

Extent of Awareness on Provision of Service of the MAIFIP Program

Requirements	Mean	Interpretation
Awareness that I can repetitively avail Medical Assistance whenever the needs arise	2.84	High
Awareness of the Fund Approval of MAIFIP per transaction is up to 250,000.00 maximum	2.50	low
Average Weighted Mean	2.67	High

Legend: 1.00 – 1.75 (very low), 1.76 – 2.50 (low), 2.51 – 3.25 (high), 3.26 – 4.00 (very high)

Table 4

Extent of Awareness on Service Coverage of MAIFIP Program

Requirements	Mean	Interpretation
Laboratory, X-ray, Ultrasound, CT scan	3.13	High
Hospital Bill / Charges / Fees	2.98	High
Drugs and Medicines Approved by the FDA	2.80	High
Referral to other Hospital with Memorandum of Agreement	2.75	High
Professional fee of doctors not exceeding 50% of the approved amount of medical assistance	2.65	High
Average Weighted Mean	2.86	High

Legend: 1.00 – 1.75 (very low), 1.76 – 2.50 (low), 2.51 – 3.25 (high), 3.26 – 4.00 (very high)

Satisfaction of Patients on the Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) Program

Tables 5 to Table 8 illustrate the extent of satisfaction of the patients on their experience in the availment of the program at the facility. Table 5 presents the extent of satisfaction on the documentary requirements.

Table 5
Extent of Satisfaction on the Documentary Requirements of the MAIFIP Program

Requirements	Mean	Interpretation
Laboratory / Diagnostic Request / Prescription issued by the Physician of MLEGH	3.89	Very High
Valid ID or Medical Social Service Issued ID	3.88	Very High
Hospital Bill / SOA / Charges / Fees	3.83	Very High
Average Weighted Mean	3.87	Very High

Legend: 1.00 – 1.75 (very low), 1.76 – 2.50 (low), 2.51 – 3.25 (high), 3.26 – 4.00 (very high)

Table 6
Extent of Satisfaction on the Availment Procedure of the MAIFIP Program

Requirements	Mean	Interpretation
Processing of Medical assistance based on assessment and recommendation of MSW	3.89	Very High
Eligibility Assessment – (Assessment of MSW based on AO No. 2021 – 0044)	3.86	Very High
Average Weighted Mean	3.87	Very High

Legend: 1.00 – 1.75 (very low), 1.76 – 2.50 (low), 2.51 – 3.25 (high), 3.26 – 4.00 (very high)

Table 7**Extent of Satisfaction on the Provision of Service of the MAIFIP Program**

Requirements	Mean	Interpretation
Satisfaction that I can repetitively avail Medical Assistance whenever the needs arise	3.98	Very High
Satisfaction of the Fund Approval of MAIFIP per transaction is up to 250,000.00 maximum	3.88	Very High
Average Weighted Mean	3.93	Very High

Legend: 1.00 – 1.75 (very low), 1.76 – 2.50 (low), 2.51 – 3.25 (high), 3.26 – 4.00 (very high)

Table 8**Extent of Satisfaction on the Service Coverage of the MAIFIP Program**

Requirements	Mean	Interpretation
Laboratory, X-ray, Ultrasound, CT scan	3.92	Very High
Hospital Bill / Charges / Fees	3.82	Very High
Drugs and Medicines Approved by the FDA	3.76	Very High
Professional fee of doctors not exceeding 50% of the approved amount of medical assistance	3.75	Very High
Referral to other Hospital with Memorandum of Agreement	3.74	Very High
Average Weighted Mean	3.79	Very High

Legend: 1.00 – 1.75 (very low), 1.76 – 2.50 (low), 2.51 – 3.25 (high), 3.26 – 4.00 (very high)

Significant Influence Between Extent of Awareness and Extent of Satisfaction

Table 9 illustrates the significant influence between the awareness of patients and satisfaction on the MAIFIP Program. This presents that patients are aware of the purpose, advantages, services and procedures of the program, the more satisfied they will be with the help and support they receive.

Table 9
Significant Influence Between Awareness and Satisfaction

Variables	r	r squared	Sig	Interpretation
Level of Awareness	0.191	0.036	0.059	Not significant
Level of Satisfaction				

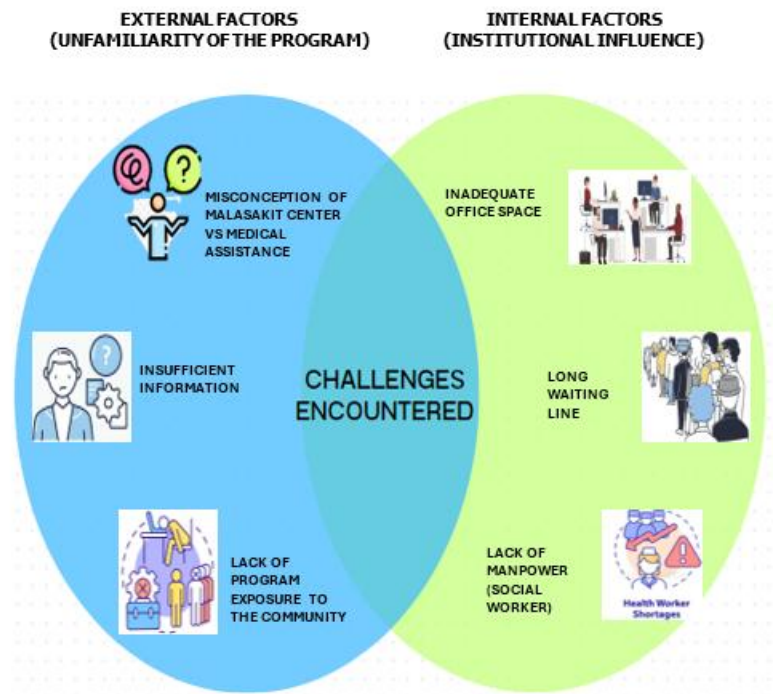


Figure 2. Challenges Encountered by Patients

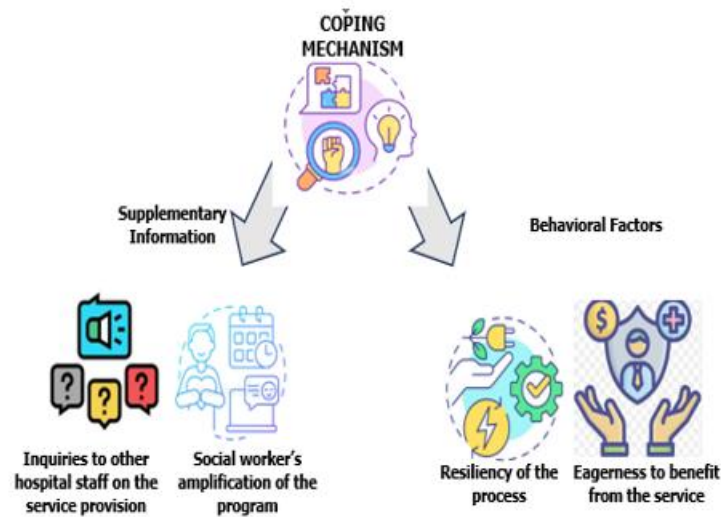


Figure 3. Coping Mechanism Employed

4. Discussion

Extent of Awareness on the Documentary Requirements of the MAIFIP Program

The data gathered in Table 1 showed that the patient is aware of the documentary requirements to be submitted, such as a copy of a valid ID with a mean of 3.15 with an interpretation of high. While, the laboratory, diagnostic request, prescription issued by the physician have a mean of 3.13 with an interpretation of high. Lastly, the documentary requirement of hospital bill, statement of account, charges or fee with an average mean of 3.03 with an interpretation of high. In summary, there is a high extent of awareness among patients on the MAIFIP Program documentary requirements. This data reveals that the patient has knowledge of the various documentary requirements of the program because some patients have repeatedly availed the program for their monitoring of the laboratory test or maintenance medicines. The Medical Social Work Department has posted materials containing the documentary requirements of MAIFIPP in the hallway near the Pharmacy, Cashier, and outside the Malasakit Center on the documentary requirements for availing medical assistance. The high extent of awareness of patients implies that the poster of the requirements placed in different areas of the hospital is effective in enlightening the patient of the requirements of the program. This shall enable the patients to navigate the assistance process more efficiently and ensure continuous, transparent, and streamlined implementation of the program at the facility. The MAIFIP Program has been administered at Maria L. Eleazar General Hospital since 2014 up to the present, since it is a program of the Department of Health that aims to provide free and accessible quality healthcare for the indigent and later for the financially incapacitated patients.



In relation to this, this implies that patients rendered of medical assistance have an understanding on the different aspects in availing the program. As a result of Table 1, this implies that patients going to the facility understand the program because some patients regularly visit the hospital for consultation or admission, and they also seek medical assistance whenever they settle the hospital bill. Correspondingly, some of the patients were referred by physicians of the facility to inquire about the medical assistance provided by the facility in order to avail the diagnostic procedures outside the facility, professional fee of the physicians, or excess on their Philhealth package.

The data presented in Table 2 showed in this table the extent of awareness of patients on the availment procedure of the medical assistance program on the eligibility assessment with a mean of 2.75 with an interpretation of high and processing of medical assistance based on assessment and recommendation with a mean of 2.84 with an interpretation of high. In summary, the result of this table shows that the patient has the high extent of awareness on the availment procedure of the MAIFIP Program being offered at the hospital. This interprets that due to the familiarity of patients with the program, the patient or watcher has obtained some knowledge in availing of medical assistance due to their frequent visits to the hospital. It is equally evident that the patients demonstrate a clear understanding that medical assistance is processed through proper evaluation of their financial status and medical conditions, and that recommendations from authorized personnel are necessary prior to approval of the assistance to be given. The high extent of awareness implies that information dissemination through pre-counseling or answering to queries of the patients regarding this aspect of the program is effective. This implies that it enables patients to navigate the assistance process more efficiently. Furthermore, this implies that the high extent of awareness suggests that the communication strategies being implemented are effective for the patients or the patient's watcher because they are being understood clearly. This indicates that an individual who is well informed of the policy, procedure, and requirements is most likely to become compliant with the procedure.

In this study, the information gathered in Table 3 indicates the extent on the awareness of patients on the provision of medical assistance service with the repetitive availment of program with a mean of 2.84 with an interpretation of high. While, the awareness of patients on the provision of service of the program with the Fund Approval with a mean of 2.50 with an interpretation of low. This summarizes the result, the extent of awareness of patients in the provision of service of the MAIFIP Program is high. This data showed that the patients have a certain knowledge of the repetition of availing the program because some of the respondents have experienced firsthand of availing the program within the same day from different diagnostic requests and hospital bill. Also, some respondents queried the workers regarding the provision of service comparing it to the other agencies with the limited provision of service within the same patient. However, the fund of approval of MAIFIP per transaction of patient was barely discussed with every patient who were granted medical assistance due to the voluminous number of patients being accommodated by the social worker. The social workers usually focus on classifying patients but has limited time in educating the patients in the program's different aspects especially on the Funding Approval of the medical assistance that every patient can be granted up to 250,000.00 per transaction depending on the approval of the Medical Center Chief of the facility.



The high extent of awareness on the provision of service implies that there is generally a familiarity of patients to confidently repeatedly avail the program because of its accessibility within the facility. However, the low extent of awareness implies that patients may not be fully informed regarding the fund approval transaction limit due to several influences which may result to dissatisfaction of patient on the program. This implies to provide a clear guidance on the assistance being given to patients whether in a form of postage or signage for a better understanding of the program.

In this study, the data revealed on Table 4 the extent of awareness of patients on the service coverage of the medical assistance on the laboratory, x-ray, ultrasound and CT-Scan with a mean of 3.13 with an interpretation of high. Likewise, the hospital bill/ charges/ fees satisfaction in the service coverage with a mean of 2.98 with an interpretation of high; another variable is the drugs and medicines approved by FDA with a mean of 2.80 with an interpretation of high; extent of satisfaction in the service coverage of the program on referral to other hospitals with Memorandum of Agreement with a mean of 2.75 with an interpretation of high; and lastly the MAIFIP Program is the provision of service on the Professional fee of doctors not exceeding 50% of the approved amount of medical assistance with an average mean of 2.65 with an interpretation of very high. In summary, there is a high extent of awareness among patients of the service coverage of the MAIFIP Program being implemented at the facility. The result of this study implies that the high extent of awareness may contribute to improved utilization of referral services and timely access to appropriate healthcare facilities. Even so, further strengthening of information dissemination regarding the referral process and the specific hospitals covered under Memoranda of Agreement is recommended to enhance patients' knowledge and maximize the benefits of the program. Similarly, the professional fee of the physician shall only be charged by the visiting medical specialist on the facility as directed on the implementing rules of the program. On the other hand, the data interpreted in Table 5 on the extent of satisfaction of patients with the documentary requirements for medical assistance in the laboratory, diagnostic, or prescription, with a mean of 3.89 with a very high interpretation. Similarly, this table shows the extent of satisfaction with the valid ID or the medical social service-issued ID, with a mean of 3.88 with an interpretation of very high. Lastly, the extent of satisfaction on the hospital bill, soa, charges or fees in the documentary requirements with a mean of 3.83 with an interpretation of very high. In this table, it summarizes the extent of satisfaction of the patients with the documentary requirements are very high. This implies that the patients repetitively access medical assistance offered by the Department of Health because it does not have a limit in availing medical assistance. Most of these patients who repetitively avail medical assistance are those who have monitoring of diagnostic tests, maintenance medicine, admitted due to their condition. This also implies that patients are pleased with the services that the social work department have been giving quality service to every patient who seek for medical assistance that makes them regularly visit the facility. The positive feedback reflects on the good attitude of every personnel accommodating patient and handling of patients even in the limited resources such as manpower, office equipment, and limited space in the Malasakit Center.



Extent of Satisfaction on the Documentary Requirements of the MAIFIP Program

While in this table, the study showed that the data gathered on the extent of satisfaction on the availment procedure of patient on the medical assistance on the processing of medical assistance based on assessment and recommendation of MSW with a mean of 3.89 with an interpretation of very high, and the extent of satisfaction with the eligibility assessment with a mean of 3.86 with an interpretation of very high. This summarizes that the extent of satisfaction of patients with the availment procedure of the MAIFIP Program is very high. The very high level of satisfaction suggests that patients perceive the assessment process as fair, transparent, and supportive of their needs, which facilitates timely access to medical assistance. Moreover, this positive evaluation reflects the competence and professionalism of the MSWs in guiding patients throughout the availment process. Sustaining these practices is essential to maintain patient satisfaction and ensure the continued effectiveness of the MAIFIP Program. This can result to enhancement of the patients' continuous utilization of the program while ongoing evaluations and changes to the process could make clients' experiences even better, making sure that the program keeps up with the changing needs of the community.

The data gathered in this table infers that patients' satisfaction with the medical assistance in the provision of service is very high due to the repeated availing of medical assistance. The very high level of satisfaction reflects patients' confidence in the program's capacity to consistently support their medical needs over time, reinforcing their willingness to seek assistance whenever necessary. Such satisfaction highlights the effectiveness of the program in addressing recurrent healthcare needs among indigent and financially incapacitated patients. In this table, the study illustrates the extent of satisfaction of patients on the provision of service of the MAIFIP Program on the Satisfaction on the repetitive availment of medical assistance whenever the need arises with a mean of 3.98 with an interpretation of very high while the satisfaction of the Fund Approval of MAIFIP per transaction with a mean of 3.88 with an interpretation of very high. In this table, it summarizes that there is a very high extent of satisfaction among patients with the provision of service of the MAIFIP Program. This implies that the very high satisfaction of patients with the availment procedure, the patients are relying on the program's reliability and ease of accessing the program without a transaction limit. This implies that continuous monitoring and improvement of the present method of providing the assistance would help the continuous success of the implementation. Maintaining clear communication regarding eligibility and availment conditions is essential to sustain this high level of patient satisfaction and trust in the program.

Moreover, in this study the data gathered displayed the extent of satisfaction of patients of medical assistance on the service coverage as the laboratory, x-ray, ultrasound, ct scan with a mean of 3.92 with an interpretation of very high. Similarly, the extent of satisfaction on the service coverage of the MAIFIP Program on the Hospital bill, charges, or fees with a mean of 3.82 with an interpretation of very high; the extent of satisfaction on the service coverage on the drugs and medicines approved by the FDA with a mean of 3.76 with an interpretation of very high; the extent of satisfaction on the service coverage on the professional fee of doctors not exceeding 50 % of the approved amount of medical assistance with a mean of 3.75 with an interpretation of very high; and lastly, the extent of satisfaction on the service provision on the referral to other hospitals with Memorandum of Agreement with a mean of 3.74 with an



interpretation of very high. In this study, there is a very high extent of satisfaction with the service coverage of the MAIFIP Program. This result demonstrates that respondents are highly satisfied with the range of diagnostic services covered by the MAIFIP Program, even during their confinement period the MAIFIP Program covers a diagnostic test which is not available in the hospital that needs to be sent out to other diagnostic laboratory. As well as the drugs and medicines which are not available in the facility, shall be provided to the patient and be covered by the program in compliance to the guidelines of the MAIFIP Program. The patients also demonstrate a very high satisfaction on the professional fee because they rarely pay for the professional fee. After all, most of the hospital charges are covered by the Philhealth package. The very high level of satisfaction suggests that patients perceive the program as responsive to their diagnostic and healthcare needs, thereby reducing financial barriers to accessing essential medical examinations. Such comprehensive service coverage contributes significantly to positive patient experiences and supports timely and accurate medical diagnosis. Ensuring the continuous availability of diagnostic services is essential to maintaining patient satisfaction and enhancing the overall effectiveness of the MAIFIP Program.

Significant Influence Between Extent of Awareness and Extent of Satisfaction

In this study, in order for the researcher to test the hypothesis that there is a significant influence between the extent of awareness to the extent of satisfaction of patient in the Medical Assistance to Indigent and Financially Incapacitated Patient Program. An r square of .036 means that only 3.6% of the change in the level of awareness influences the change in the level of satisfaction. The sig. value of .059 which is greater than .05 further indicates that the level of awareness is a less likely predictor of the level of satisfaction.

The result showed that there is no significant influence between the extent of awareness to the extent of satisfaction of patient. The findings indicate that the extent of awareness of patients regarding the different criteria for the availment of the medical assistance program does not have a significant influence on the extent of satisfaction with the experience of every patient or relative in the process of availment. Awareness of the patients reflects their knowledge and understanding of the program, whereas satisfaction relates to the actual service experience. The findings demonstrate that awareness and satisfaction are two different dimensions of the patient experience. Awareness primarily refers to the knowledge, understanding & familiarity of the patients regarding the policies, qualifications & processes involved in the medical assistance program. Satisfaction on the other hand is more related to actual experiences of patients or their relatives during the availment process such as the efficiency of delivery of services, responsiveness of personnel, accessibility of assistance, waiting time and the way they were treated. This implies that patients' satisfaction is not primarily determined by their prior knowledge or understanding of the program's eligibility requirements and procedures. Instead, the result of Table 9 suggests that satisfaction may be more strongly associated with other factors encountered during or after the availment process that could shape the satisfaction of the patients, such as the quality-of-service delivery, timeliness of assistance, staff responsiveness, and the actual benefits received. Therefore, while awareness of program criteria is important for access and utilization, it does not necessarily translate into a more satisfactory patient experience.



Challenges encountered during the availment of MAIFIP Program The figure illustrates the identified common barriers faced by individuals in accessing healthcare, which could inform future interventions. In this figure, the challenges encountered were grouped and categorized into themes based on the responses given by the respondents during data collection. The challenges encountered is composed of external factors as the unfamiliarity of the program of the respondents while internal factors are the institutional influence within the facility implementing the program.

In this study, the researcher has identified the challenges encountered by the respondents which was the misconception of Malasakit Center versus the Medical Assistance Program, Insufficient information, and lack of program exposure to the community. These findings is purely due to the respondents first time visiting the facility and first time seeking medical assistance. A significant number of the respondents could not specifically identify the functions and scope of coverage of the Malasakit Center from other medical assistance programs which caused confusion in the process of seeking for assistance. Furthermore, low dissemination of information was also a factor that contributed to the respondents' lack of awareness of the requirements, procedures and benefits available to them. The study also revealed that the community has not been exposed enough to these healthcare assistance programs, so there is little familiarity and understanding among potential beneficiaries.

On the other hand, the respondents also identified several internal factors affecting the delivery of services in Malasakit Center such as inadequate office space, long waiting lines or queues, and lack of manpower especially the number of medical social workers. These concerns have an important impact on the effectiveness and efficiency of program implementation. The offices are small and it is difficult to fit in the many patients and their companions. This makes the facility overcrowded and uncomfortable. As a result, beneficiaries may experience delays in processing documents, receiving assessments, and obtaining approval for assistance.

Coping Mechanism employed during the availment of MAIFIP Program

The statement of the problem in this study have investigated the coping mechanism employed in the challenges experienced during the availment of the program. The researcher has used key intake interview to collate the responses of the patients about coping mechanisms with the challenges experienced by the patients during the availment of the program. This figure illustrates the responses gathered to provide valuable insights into the emotional and psychological resilience of the patients. Understanding these coping mechanisms can help improve the program and better support those in need. Some of the narrative of the respondents have expressed some of their coping strategies such as gathering supplementary information of the program and process resiliency in order to access the medical assistance program. The coping mechanism employed by patients collated from the responses of the respondents are grouped into two different themes such as gather supplementary requirements and process resiliency. These themes were supplementary information such as the inquiries to other hospital staff on the service provision and the social worker's amplification of the program. Likewise, the respondents also revealed some of the coping mechanisms they employed on the behavioral factors such as the resiliency of the process and eagerness to benefit from the service.



- Comparison to existing studies
- The different researchers focused on the consciousness and knowledge of the patient in utilizing the program, their awareness, and other determining factors that may be hindrances to the patient in the availment of the program being offered in a healthcare facility. Some studies have focused on the psychological, social, and economic aspects of the beneficiaries of the assistance they have received and its impact on their recovery or other treatment. While the present study focuses not only examine the availability of medical assistance programs, but also integrates the concepts of awareness, utilization, accessibility, and patient satisfaction in evaluating the effectiveness of healthcare assistance services among beneficiaries. While previous studies focused separately on healthcare access, socioeconomic factors, program utilization, or patient satisfaction, this study provides a more comprehensive analysis by connecting these variables to determine how they influence the overall experience of beneficiaries in availing medical assistance programs.
- Implications for practice and policy

The implication of this study in the existing practice and policy of the program is that this will be a evidence based reference that will be a useful basis for policy improvement and enhance the implementation. Thus, the implementor will have a reference on which areas of the program has an existing gap or on which areas of the program requires a revision or review of the implementing guidelines.

Likewise, the implication of this study is that the findings of the study shall serve as a reliable reference for annual reviewing and revisions of the program's guidelines. The identified challenges by the client shall be a basis for the formulation of more patient centered approach in the guidelines that shall benefit the patient and the implementing institution.

Lastly, the implication of this study is the researcher had come up with an internal policy and an action plan that intends to promote the program based on the identified challenges by the patient which can enhance the implementation of the program to make it more efficient.

- Study limitations

The limitation of this study is that the policy may be only suitable for the institution since that respondents were performed in the facility.

Conclusion

This concludes that the patients who received medical assistance at Maria L. Eleazar General Hospital have high awareness on the program that Malasakit Center offers Medical Assistance, the necessary documentary requirements, and provision of service of the program due to the repetitively availment of medical assistance either from the Outpatient Department or from different Ward Type Admission. This gives them advantage to have an easier access to the program because of the familiarity on the process. The awareness of these patients is also the



helping hand of the department to the other patients whom are not familiar with the program or obtaining the medical assistance for the first time. The satisfaction of patients on the MAIFIP Program are the repetition of the availment of program, provision of service, documentary requirements, and the availment procedure. This concludes that the patients are pleased with the service of the social workers who assess and classify patients based on the category of indigence. There is no significant relationship between the extent of awareness and extent of satisfaction of patients on the MAIFIP Program. The researcher concludes that patients who have encountered different pre-determined challenges, such as lack of awareness of the program and its process, during the availment of medical assistance. However, some patients used a coping strategy of resilience during program implementation, as the program was still well organized and well maintained by the staff, despite limited manpower in the unit. As a result, many patients reported feeling more empowered and motivated to manage their health effectively, driven by satisfaction with non-healthcare aspects and the accessibility of medical assistance.

The researcher recommends to the facility to intensify information dissemination of the Social Service Department on the provision of Medical Assistance to Indigent and Financially incapacitated Patient Program, the researcher recommends having Patient Education during the admission of patients, relatives, or patient's watcher concerning the streamlining of Program to have a knowledge and better understanding maximize the MAIFIP Program. Also, to have Information, Education, Communication Materials via video presentation and leaflets placed in a designated area within the facility. The researcher recommends to the ARTA Focal Person to conduct a satisfaction survey to every patient after availing the MAIFIP Program to evaluate the worker and to know their strengths and weaknesses to public relations for the continuity of good service to every patient. This feedback will be vital in identifying areas for improvement and ensuring that the program continues to meet the needs of the patients effectively. The researcher also recommends a quarterly appreciation to the outstanding worker from the department to be endorsed at the Praise and Awards Committee for recognition. The researcher recommends to submit comprehensive intervention plan for the Social Service Department to the Office of the Medical Center Chief to present and discuss the necessary findings and recommendations from this study located at the last part of the Chapter 4 page . The Social Work Reforms intends for the enhancement and continuous betterment of the implementation and utilization of the MAIFIP Program.

References

(APA 7th edition or journal-specified format)