

Competence and Commitment of Barangay Health workers: An Opportunity for Better Health Promotion Services

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ABSTRACT

Several research studies were conducted in the Philippines on the Competence of Barangay Health Workers on the context of the procedural delivery of the health services. This study was conducted to highlight the results of the seminar-training on Health Promotion Services conducted and assess the BHWs' Commitment to the work. **Methods:** This research study has utilized the quantitative approach. The purpose of this study is to look into the BHWs' Competence and Commitment to assist target the specific areas that still needs to be improved. The research was conducted using a survey questionnaires among 100 BHWs at the end of their seminar training conducted. **Findings:** The study revealed that the Competence in terms of Task Skills indicates a degree to a great extent of enhanced skills and knowledge; Competence in terms of Management skills, the study showed that the respondents rarely demonstrates their management skills. On the other hand, the respondents' level of Affective Commitment is unlikely to feel the need to commit themselves however, respondents have showed commitment to Continue their services to the organization as volunteers. However, with their continued commitment, the study showed that the respondents have not seen themselves being obligated to work with the organization (Normative) to fully commit themselves in a long term commitment.

Keywords: *competence, commitment, barangay health workers, health promotion services*

INTRODUCTION

Barangay Health Workers (BHWs) are essential for grassroots healthcare, particularly in promoting health in rural and underserved areas. Their effectiveness depends on both competence and commitment. Competence, which includes knowledge and skills, is improved through training and education. This study aims to answer the following questions: 1. What is the level of Competence in terms of: 1.1 Task skills 1.2 Management skills 2. What is the level of Commitment in terms of: 2.1 Affective 2.2 Continuance 2.3 Normative 3. Is there a significant relationship between Competence and Commitment of Barangay Health Workers in Health Promotion Services? 4. Is there a significant difference in Competence and Commitment of Barangay Health Workers in Health Promotion Services when classified according to: 4.1 Sex 4.2 Civil Status 4.3 education 4.4 years of services

Studies show that well-trained health workers provide better services and outcomes. Commitment, driven by intrinsic motivation, also impacts performance and satisfaction. Schneider et al. (2008) found that community health workers in South Africa with strong community ties were more effective, while Perry et al. (2014) identified commitment as key to health program success in Bangladesh. Muldoon et al. (2021) emphasized the role of committed health workers in

managing public health crises in Canada, and DOH (2019) highlighted the critical role of BHWs in health initiatives in the Philippines. Globally, community health workers are vital for reducing health disparities and achieving universal health coverage, as noted by the World Health Organization (2020) and the Global Health Workforce Alliance (2018).

Most studies provide a general view, but there is a need for research that delves into regional variations within the Philippines. This study could provide insights into unique factors affecting competence and commitment in the Philippine context. Further, this study aims to explore the relationship between BHWs' competence and commitment in delivering health promotion services to develop strategies that support these workers and improve community health outcomes.

This study used a descriptive-correlation design to determine how a set of variables is related or to test hypotheses regarding expected relations. Further, the study found that the Competence of BHWs' is high to a great extent, but the Commitment may show some insignificant results.

LITERATURE REVIEW

Competence

The High Competence demonstrated by the Barangay Health Workers (BHWs') is significantly enhanced by participating in trainings and seminars thereby improving their performance in the field (Taburnal, 2020, Dodd et al., 2021). They can be trained in advising in health promotion, administering basic treatments and some referrals for cases other than the primary health care (WHO, 2018). Their competence however, may be influenced by different factors such as personal, political or any influenced by the community officials (IMVA, n.d.) or environmental factors (Taburnal, 2017).

Competence can also be said as one's ability to meet proficiently to the organizational goals (Dhir et al, 2020). One must have the motivation to deliver what is expected of him (Hasibuan, 2012).

Task Skills

Various studies indicate that some training programs and seminars that are structures such as enhanced performance in handling emergencies (Iturralde, 2010). However, their competence is sometimes challenged by different factors such as economic burdens, lack of resources, lack of support from their organization and lacking facilities which could be addressed (Palileo-Villanueva et al., 2023).

Often, the recruitment of employees in the community is dependent on their political alliances and not based on their educational qualifications which may have an impact on the quality of care that they can provide (Gozon & Lee, 2023), hence the importance of providing trainings, and support to BHWs to address the need and challenges on competencies of these employees.

Management Skills

The effectiveness of managerial skills of Barangay health workers (BHWs) revealed that the roles, challenges and support is needed to enhance its effectiveness, such that trainings (Philippine Normal University Research Portal, 2023), (Taburnal, 2020) in health care delivery, preventing non communicable disease underscoring on the screening, promoting healthy behaviors (Healthcare, 2023) and even identifying limitations in resources and the support they received (Baliolaa et al., 2023) are of high importance.

Additional research says that there are also personal and professional challenges that the BHWs encounter in the service, thus, the need for policy reforms (SSRN, 2023).

Commitment

Committed employees are perceived to deliver quality service to the community, leading to a more satisfied community (Murale et al., 2015). Though enough support and resources such as medicines and allowances, the BHWs are able to execute their tasks and contributes to their decision to a better delivery of health services, hence a better overall impact on the programme (Mallari et al, 2020).

Continuance Commitment

Research studies have shown that the BHWs' commitment to continue to work and believed that they are more needed by their community, thus they stay in faithful to their oath (Asuncion et al., 2022). Furthermore, these workers uses their willingness to serve as their motivation to remain volunteers, however is used by other administrators to excuse their inadequacy to look for resources in order to compensate them (Hartigan- Go et al., 2023).

Another study that involves that quality of work life highlighting the fact that if the employees are content with their quality of work life, the higher their commitment to the organization and their intention to continue to stay (Agus et al., 2020).

Affective Commitment

Employee's loyalty and sense of belonging to an organization can be enhanced by a high level of affective commitment. Consciously, employees maintain good behavior and improve their work performance (Yang et al, 2017) Also, verbal appreciation has a positive effect on employees' affective commitment, which can further influence employees' behavior in the organization. (Zao et al, 2022)

Normative Commitment

Normative commitment is defined as employees' sense of obligation to the employing organization (Yousef, 2016). Normative commitment has the highest degree of relation and significance with job satisfaction (Gunda, 2017). Workers with high normative commitment stay with an organization because they believe it is the right thing. Healthcare workers had a strong sense of obligation to their organization and believed that not leaving employment was "the right thing to do." Analysis also revealed toxic leadership was not significantly correlated with normative commitment, explaining that even in the presence of toxic leaders, employees may continue to have a sense of obligation to remain with their employing organizations (Honer et.al, 2022).

Sex

Studies showed that sex did not affect performance among community health workers if it is augmented by series of trainings and first-hand experiences (Patel et al ,2022; Smith et al., 2023; Liu et al., 2022). Both genders performed equally well in their roles (Rodriguez et al., 2021). Sex was not seen as a factor in assessing the competency of a worker (Green et al., 2021) in the Philippines, rather the support systems (Thompson et al, 2023) and trainings and resources were noted to be more important.

Marital Status

Recent studies offer insights into how marital status and related factors affect health workers' competence and commitment. Patel and Fink (2020) report that work-family conflict, often related to marital status, negatively impacts job satisfaction and organizational commitment. Overall, these studies indicate that marital and family factors significantly influence job

satisfaction, commitment, and competence, emphasizing the need for supportive work environments.

Conversely, other research suggests that marital status may not significantly impact health workers' competence and commitment. Gordon and Davidson (2020), Lin and Wang (2019) , Ramos and Martinez (2020), found no significant effect of marital status on job satisfaction and performance among healthcare professionals. These studies suggest that while marital status is a relevant personal factor, it may not significantly affect competence and commitment, with other factors potentially playing a more critical role.

Years of Service

Recent research highlights that impact of years of service in the competence and their performance as barangay health workers. Some studies suggests that years of service does not affect the health workers’ level of commitment or it may have a minimal effect on commitment among barangay health workers in the Philippines (Dela Cruz et al., 2019), with other motivators present in their work area such as community support, personal motivation (Lopez at al., 2022), job satisfaction, recognition (Santos et al., 2020).

Torres and Aquino (2021) in their study emphasize that work environment, leadership, personal values and professional development opportunities (Nguyen et al., 2023) is highly significant in the commitment of the BHWs.

METHODS

This quantitative study employed the descriptive-correlation design intended to examine the relationship of Competence and Commitment of 90-Barangay Health workers in Health Promotion services. The sampling technique employed was a purposive sampling technique.

The research instrument utilized in this study was a standardized instrument based on the Three-Component Model (TCM) of commitment (Meyer & Allen, 1991;1997) which measures the forms of employees’ competence and commitment to an organization: affective commitment, normative commitment and continuance commitment. These instruments were validated and tested using confirmatory factor analysis (CFA), and their reliabilities were tested using the Cronbach alpha method.

This study used Statistical Package for Social Science (SPSS) and Jamovi to treat the data statistically. *Means and standard deviations* were used to present a description of the subjects’ competence and commitment. *Pearson – r Correlations* were utilized to compute the relationship between Competence and commitment over the sub-variables used in the study. Other non-parametric tests such as *Kruskal-Wallis test* and *Mann-Whitney U test*.

RESULTS AND DISCUSSIONS

This chapter presents the quantitative results of the study which focuses on the different variables that describe the work of Barangay Health Workers in Health Promotion Services.

Table 1
 The Level of Competence of the Respondents
Descriptive Results of Items under Competence in Terms of Task Skills

	N	Minimum	Maximum	Mean	Standard Deviation
Competence	90	3.12	5.29	4.2645	.49700
Valid N (listwise).	90				

The overall results showed that the Barangay Health workers showed an indication of enhanced skills and knowledge **To a great extent**, after a series of structured training programs conducted focused on managing specific conditions that includes identifying the conditions that entails further management or referrals. This is supported by a study conducted by Iturralde, 2010 and Palileo-Villanueva et al., 2023 that BHWs play a crucial role in preventing noncommunicable disease through screening, patient management and promoting health behaviors. It is therefore vital that a continuous education and support are scheduled for maintaining high levels of competence among BHWs.

Table 2

The level of Competence in Terms of Management Skills

Descriptive Results of Items under Competence in Terms of Management Skills

	N	Minimum	Maximum	Mean	Standard Deviation
Management Skills	90	3.12	5.29	4.2645	.49700
Valid N (listwise)	90				

The overall results showed that the Barangay Health workers are **rarely demonstrating** their management skills. Various studies have shown that these members of the health care team are used to demonstrate skills according to the structured training programs set for them (Alfaro, 2018), however they play an active part in the remote health care delivery (Taburnal, 2020).

The *Philippine Normal University Research Portal* (2023), evaluates the competencies of BHWs and underscores the need for better training and support systems (Philippine Normal University Research Portal, 2023).

Table 3

The Level of Commitment of the Respondents in Terms of Affective

Descriptive Results of Items under Commitment in Terms of Affective

	N	Minimum	Maximum	Mean	Standard Deviation
Affective	90	3.17	6.17	5.1185	.68068
Valid N (listwise)	90				

The overall result showed that the Barangay Health workers are somewhat in agreement on their Affective commitment to the organization. This may mean that they are somewhat unlikely to commit themselves to the organization for a long time. Factors affecting this area may come from financial or non-financial incentives to any support that they are receiving from the organization.

This study was supported resulting to BHWs showed their willingness to help as their driving force to remain volunteers. However, this commitment to serve is used to excuse the inadequacy of their compensation and excessive workload. (Hartigan-Go et al, 2023)

Table 4

The Level of *Commitment in Terms of Continuance*

Descriptive Results of Items under Commitment in Terms of Continuance

	N	Minimum	Maximum	Mean	Standard Deviation
Continuance	90	2.00	6.83	4.7296	.94465
Valid N (listwise)	90				

The overall result showed that the barangay health workers are **In agreement** to continue their commitment to the organization (LGU of Indang, Cavite) and cite their willingness to help

as their driving force to remain volunteers. However, this commitment to serve is used to excuse the inadequacy of their compensation and excessive workload (Hartigan-Go et al, 2023).

This is supported by a study which showed that they are also faced with some personal consequences of physical burnout, stress due to the high demand and pressure (Luceño-Moreno et al.,2020; Maraqa et al., 2020; Waring and Giles, 2021).

Table 5.

The Level of Commitment in terms of Normative
Descriptive Results of Items under Commitment in Terms of Normative

	N	Minimum	Maximum	Mean	Standard Deviation
Normative	90	2.33	7.00	5.6852	.82276
Valid N (listwise)	90				

The overall result showed that the Barangay Health Workers are “somewhat in agreement” on their Normative commitment to the organization. This may mean that they are unlikely to reach; at this time; the highest form of Commitment (Normative) which may mean that they are not “totally committed” to the organization as they have not seen their work as an obligation or necessity. This may also be affected by the support they receive from their organization.

This result is supported by the study that the normative form of commitment has the highest degree of correlation with job satisfaction (Gunda, 2017) as well as job satisfaction (Yousef, 2016). Further, workers with high normative commitment remain with an organization because they believe it is the right thing. Healthcare workers had a strong sense of obligation to their organization and believed maintaining employment was "the right thing to do."

Table 6

Correlation results between Competence and Commitment of
Barangay health workers in health promotion services

		Task Skills	Management Skill	Commitment	Affective	Continuance	Normative
Task skills	Pearson Correlation	1	.172	.513	.109	.186	.361
	Sig.(2 tailed)		.106	<.001	.304	.080	<.001
Management skills	Pearson Correlation	.172	1	.934	.136	.090	.013
	Sig.(2-tailed)	.106		<.001	.201	.399	.904
Competence	Pearson Correlation	.513	.934	1	.158	.146	.142
	Sig.(2-tailed)	<.001	<.001		.136	.170	.181
Affective	Pearson Correlation	.109	.136	.158	1	.059	.182
	Sig.(2-tailed)	.304	.201	.136		.583	.086
Continuance	Pearson Correlation	.186	.090	.146	.059	1	.371

	Sig.(2-tailed)	.080	.399	.170	.583		<.001
Normative	Pearson Correlation	.361	.013	.142	.182	.371	1
	Sig.(2-tailed)	<.001	.904	.181	.086	<.001	
	N	90	90	90	90	90	90

**Correlation is significant at the 0.01 level (2-tailed)

The table shows that task skills are moderately to strongly positively correlated with normative commitment, indicating that the improved task skills of BHWs’ brought about by their trainings have increased their sense of obligation to the institution (normative commitment) (Yousef, 2016).

The BHWs’ Management skills are significantly related to their commitment, however weak, suggesting that their management skills have only a minimal impact on their sense of obligation to the institution (normative commitment).

Further, the BHWs’ task skills competence has a very strong relationship with their management skills. This implies that as task skills of the BHWs’ improve, their competence also increases significantly.

The BHWs’ commitment to continue to serve (Continuance commitment) has a moderate positive relationship with normative commitment, meaning that higher normative competence is associated with higher continuance competence.

Finally, the BHWs’ sense of obligation to serve (Normative competence) is strongly related to their ability to perform their task skills and continue their commitment (continuance) to a longer period of time.

These results, thus sat correctly supported with some research results that the decision makers in the health care sector should consider employee commitment as a competitive variable in their strategic plans. This may lead to more satisfied patients and community (Murale et al., 2015). In conclusion, if employees are content with their quality of work life, the stronger the employee’s commitment will be in the organization and ultimately their intention to stay (Agus et al, 2020).

Table 7
Comparison of Competence in terms of
Sex, Civil Status, Years in Service, Education

	Task skills	Management skills	Competence
Sex			
Mann-Whitney U	173.000	122.000	156.500
Wilcoxon W	3828.000	137.000	171.500
Z	-.697	-1.603	-.987
Asymp. Sig. (2-tailed)	.486	.109	.324
Civil Status			
Kruskal-Wallis H	3.923	2.130	4.676
df	2	2	2
Asymp.Sig.	.141	.345	.097
Years in Service			
Kruskal-Wallis H	6.920	4.967	4.474
df	6	6	6
Asymp.Sig.	.328	.548	.613

Education

Kruskal-Wallis H	.118	2.281	1.395
df	2	2	2
Asymp.Sig.	.943	.320	.498

With these results, the null hypotheses that “there is no significant difference in the Competence in terms of Sex, Civil status, Years in Service and Education is accepted. This implies that the Competence of a BHW is not dependent on these variables.

This result is supported by the study of Patel M, et al (2022) that Sex, Civil status, years in service and educational background of health workers does not determine their performance and competence, rather their training and experience. Furthermore, Rodriguez, Fernandez, and Garcia (2021) evaluated the effectiveness of barangay health workers from a gender perspective and discovered that both male and female workers performed equally well in their roles, with the effectiveness of health interventions being unaffected by the gender of the health worker.

Also, Lee and Kim (2018) assessed how work-life balance affects job satisfaction, with findings indicating that marital status did not significantly alter job satisfaction levels. Ramos and Martinez (2020) reported minimal impact of marital status on work-related outcomes such as job satisfaction and organizational commitment.

Furthermore, the result of this study does not show any significant impact of the years of service to the workers’ competence. Mendoza and Alcantara (2022) evaluated that experienced workers exhibited more advanced professional skills and provided higher-quality services.

Lastly, the result of this study does not show any significant impact of Educational background to the workers’ competence. Several research studies supports this result, in fact, Navarro and Alonzo (2019) explored strategies to enhance BHW skills and knowledge, finding that mentoring, peer support, and incorporating local health issues into training were effective in addressing competency gaps (Navarro & Alonzo, 2019). This thus mean that Training on the job develops Competence among barangay health workers, enhancing educational programs and providing better access to resources could significantly improve BHW competencies (Molina & Cruz, 2023).

Table 8

Commitment in terms of Sex, Civil Status, Years in Service, Education
Comparison of Commitment in terms of Sex, Civil Status, Years in Service, Education

	Affective	Continuance	Normative	Commitment
Sex				
Mann-Whitney U	171.000	120.500	211.500	165.000
Wilcoxon W	186.000	135.500	226.500	180.000
Z	-.734	-1.624	-.018	-.838
Asymp.Sig. (2-tailed)	.463	.104	.986	.402
Civil Status				
Kruskal-Wallis H	1.342	1.482	1.055	2.346
Df	2	2	2	2
Asymp.Sig.	.511	.477	.590	.310
Years in Service				
Kruskal-Wallis H	9.049	11.475	5.373	5.772
Df	6	6	6	6
Asymp.Sig.	.171	.075	.497	.449
Education				

Kruskal-Wallis H	2.816	3.731	3.528	3.593
Df	2	2	2	2
Asymp.Sig.	.245	.155	.171	.166

This implies that the Commitment of BHW is not dependent on these variables.

This result is supported by the studies that say that both sexes exhibited comparable dedication and effectiveness in their roles. Similarly, Patel, Davis, and Wong (2022) concluded that sex did not significantly influence the commitment of community health workers in rural areas. Instead, factors such as training and experience played a more crucial role. Rodriguez, Fernandez, and Garcia (2021) supported these findings by showing that both male and female barangay health workers demonstrated similar levels of commitment, with sex not affecting the effectiveness of health interventions.

Also, several recent studies have pointed that Wang et al. (2019) provide evidence that civil status affects professional commitment among healthcare workers, showing that personal life factors have measurable effects on professional attitudes. However, in this study, it is not significant. Lee and Kim (2018) assessed how work-life balance affects job satisfaction, with findings indicating that civil status did not significantly alter job satisfaction levels. Ramos and Martinez (2020) reported minimal impact of civil status on work-related outcomes such as job satisfaction and organizational commitment.

Furthermore, Molina and Cruz (2023) conducted a nationwide survey to assess BHW professional development needs, discovering that while BHWs were committed to their roles, they often lacked access to advanced training and resources, which may not be affected by their years of service in the organization.

Lastly, Nguyen and Ruiz (2023) conducted a critical review of existing research and also concluded that years of service did not significantly impact commitment among barangay health workers. They noted that **personal values, job satisfaction, and professional development opportunities** had a stronger influence on commitment than service duration.

CONCLUSION, IMPLICATION, SUGGESTION, AND LIMITATIONS

Competence and Commitment are two entities, one does not follow the other. Competence at our delivery of skills at work is an important tool in the delivery of care which could be augmented by trainings, however commitment of an employee, a Barangay Health worker, should also be looked into as this would bridge opportunities to a better delivery of Health Promotion services in the long run. Hence, the need for the administrators to include how to increase the commitment levels of their employees in their strategic planning for the future.

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