

Awareness and Availment of Healthcare Financing Services

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Date Submitted:
April 19, 2026

Date Accepted:
May 17, 2026

Date Published:
June 09, 2026

DOI:
10.5281/zenodo.20603124

ABSTRACT

Access to healthcare financing helps patients obtain essential medical services while reducing the risk of financial hardship. This study determined the level of awareness and extent of availment of healthcare financing services among patients of Camiguin General Hospital. A quantitative descriptive-correlational design was employed among 372 respondents selected through convenience sampling. The respondents included recently discharged patients and outpatients who had accessed hospital services. An adapted and modified survey questionnaire was used, with supplementary casual interviews to clarify patient experiences and identify service-navigation challenges. Frequency, percentage, weighted mean, standard deviation, independent-samples t-test, one-way analysis of variance, Tukey post-hoc test, and Pearson product-moment correlation coefficient were

applied. Awareness of healthcare financing services was high ($M = 3.40$, $SD = 0.75$), while availment was moderate ($M = 2.75$, $SD = 1.11$). The highest awareness indicator was knowing where to seek financial assistance ($M = 3.55$), whereas awareness of PCSO medical assistance obtained the lowest mean ($M = 3.15$). The Malasakit Center one-stop program was the most frequently availed service ($M = 3.14$), while NGO or charitable assistance received the lowest availment rating ($M = 2.16$). Awareness significantly differed according to educational attainment, $F(4, 367) = 3.04$, $p = .017$. Availment significantly differed according to family monthly income, $F(3, 368) = 9.50$, $p < .001$, and educational attainment, $F(4, 367) = 5.38$, $p < .001$. Awareness and availment had a statistically significant positive relationship, $r(370) = .615$, $p < .001$. The findings support clearer patient navigation, plain-language information materials, stronger multi-agency referral systems, and continuing staff orientation.

Keywords: *awareness, availment, Camiguin General Hospital, healthcare financing, Malasakit Center, patient navigation*

INTRODUCTION

Healthcare financing is an important component of equitable access to medical services. When individuals cannot afford consultations, hospitalization, procedures, medicines, or follow-up care, illness may deepen existing economic hardship. Government-supported financing programs can reduce out-of-pocket expenses and help patients obtain timely treatment, particularly among financially vulnerable households.

In the Philippines, social-health-insurance reforms and public-assistance mechanisms have been developed to strengthen financial-risk protection. PhilHealth remains a major source of coverage, while public hospitals also coordinate assistance from agencies such as the Department of Health, Department of Social Welfare and Development, Philippine Charity Sweepstakes Office, and local government units. The establishment of Malasakit Centers further sought to simplify access by bringing selected assistance channels into a one-stop service area (Santiago et al., 2021).

At Camiguin General Hospital, patients may access healthcare-financing support through the hospital's Malasakit Center and related assistance mechanisms. The effectiveness of these services depends not only on their availability but also on whether patients know that the programs exist, understand the requirements, receive clear guidance, and can navigate application procedures.

The source manuscript identified limited localized evidence on patient awareness and utilization of healthcare financing services in Camiguin Province. This study therefore assessed respondents' demographic profile, level of awareness, extent of availment, group differences, and the relationship between awareness and availment. The findings served as the basis for an action plan designed to improve information dissemination, staff support, and multi-agency coordination.

Literature Review

Healthcare Financing and Universal Health Coverage

Healthcare-financing systems aim to reduce the financial burden associated with illness and improve access to needed services. In the Philippine context, the expansion of public-health financing and PhilHealth coverage has been linked to the broader pursuit of universal health coverage. Ulep et al. (2021) discussed continuing challenges in hospital-service capability, while Nisperos and Ornos (2022) examined the Universal Health Care Law and its implications for the health system.

Malasakit Centers and Patient Navigation

The Malasakit Center model was designed to simplify access to medical and financial assistance by consolidating selected government-support channels within public hospitals. Santiago et al. (2021) examined the benefits of a one-stop medical and financial support program, while Louart et al. (2021) highlighted the importance of patient navigation in preventing vulnerable individuals from being left behind. Clear guidance, visible procedures, and coordinated referrals can help patients use available programs more effectively.

Awareness and Utilization of Healthcare Services

Awareness is an important precursor to service utilization. Patients are more likely to seek assistance when they know where to go, understand program coverage, and perceive application requirements as manageable. James et al. (2020) linked health-insurance literacy with health-service utilization. Dawkins et al. (2021) likewise identified multiple factors affecting access to healthcare, including informational and procedural barriers.

Demographic Factors and Access

Healthcare-financing awareness and availment may differ according to income, educational attainment, residence, and service needs. Individuals with stronger health literacy or more practical exposure to documentary procedures may navigate assistance systems more easily. Lower-income households may also utilize public assistance more often because of greater financial need. These differences support the use of plain-language communication and targeted navigation assistance.

Theoretical Foundation

The study was anchored on the Health Belief Model. The model explains that individuals are more likely to take health-related action when they recognize a need, perceive the benefits of available support, and view barriers as manageable. Applied to healthcare financing, patients who understand assistance programs and believe that these services can reduce their medical expenses are more likely to avail themselves of the available support.

METHODS

Research Design

The study employed a quantitative descriptive-correlational design. The descriptive component assessed awareness and availment of healthcare-financing services. The correlational component examined whether awareness was associated with availment. Supplementary casual interviews were conducted to clarify survey findings and identify common patient-navigation experiences.

Research Locale

The study was conducted at Camiguin General Hospital in Mambajao, Camiguin. The hospital serves as a major provincial referral facility and operates a Malasakit Center that consolidates selected medical and financial assistance services for patients.

Participants and Sampling Technique

The participants were 372 respondents who had recently accessed hospital services, including discharged patients and outpatients. The source manuscript states that convenience sampling was used to include readily available and willing patients, caregivers, and family members who had direct interaction with hospital financial-assistance processes. Data collection was conducted from December 2025 to February 2026.

Research Instrument

An adapted and modified questionnaire based on Santiago et al. (2021) was used. Part I gathered demographic and socioeconomic information. Part II assessed awareness of available healthcare-financing programs. Part III assessed the extent of availment of financing services. The questionnaire used a four-point scale: 3.26-4.00, High Extent; 2.51-3.25, Moderate Extent; 1.76-2.50, Less Extent; and 1.00-1.75, No Extent.

Validity and Reliability

Subject-matter experts from the hospital and related healthcare-financing functions reviewed the questionnaire for content relevance and clarity. A pilot test was conducted among 35 mixed inpatient and outpatient respondents. The source manuscript reports a Cronbach's alpha value of .70 and identifies the instrument as reliable.

Data Gathering Procedure

Approval and ethical clearance were secured before data gathering. Potential respondents received information about the study and signed informed-consent forms. The researcher administered the questionnaires and conducted supplementary casual interviews. Completed records were stored securely and used only for research purposes.

Data Analysis

Frequency and percentage summarized the respondents' profile. Weighted mean and standard deviation described awareness and availment. Independent-samples t-tests examined differences according to sex and patient type. One-way analysis of variance examined differences according to age, income, educational attainment, and residence. Tukey post-hoc tests were used for significant group differences. Pearson product-moment correlation coefficient tested the relationship between awareness and availment at the .05 level of significance.

Ethical Consideration

The study observed voluntary participation, informed consent, confidentiality, privacy, and secure data handling. The Research Ethics Committee of Camiguin General Hospital reviewed the study procedures. The researcher used the information only for academic purposes and reported findings in aggregate form.

RESULTS AND DISCUSSION

Profile of the Respondents

Table 1. *Selected Profile Characteristics of Respondents (N = 372)*

Profile Variable	Largest Category	Frequency	Percentage
Sex	Female	265	71.24%
Age	22-34 years old	236	63.44%
Family monthly income	PHP 9,520 and below	141	37.90%
Educational attainment	Bachelor's degree	196	52.69%
Type of patient	Outpatient	316	84.95%
Place of residence	Mambajao	282	75.81%

Most respondents were female, belonged to the 22-34 age group, and accessed outpatient services. The largest income group reported PHP 9,520 and below per month. More than half held a bachelor's degree, and most resided in Mambajao. The profile reflects the experiences of patients who were geographically close to the hospital and who frequently interacted with outpatient services.

Level of Awareness of Healthcare Financing Services

Table 2. *Awareness of Healthcare Financing Services*

Selected Awareness Indicator	Mean	Interpretation	Rank
I know where to seek assistance if I need financial support for medical expenses.	3.55	High Extent	1
I know that PhilHealth provides financial assistance for hospitalization and procedures.	3.54	High Extent	2
I am aware of the DOH Medical Assistance to Indigent and Financially Incapacitated Patients program.	3.53	High Extent	3
I am aware that LGUs provide financial support for medical expenses.	3.52	High Extent	4
I understand the coverage and limitations of available financing services.	3.26	High Extent	9
I know that PCSO offers medical assistance for hospitalization and treatment.	3.15	Moderate Extent	10
Overall mean	3.40	High Extent	
Standard deviation	0.75		

Awareness of healthcare-financing services was high overall ($M = 3.40$, $SD = 0.75$). Respondents were most aware of where to seek assistance, PhilHealth coverage, the DOH program, and LGU support. Awareness of PCSO medical assistance received the lowest rating. Supplementary interviews indicated that repeated exposure, prior use, and explanations from hospital staff helped patients understand routine assistance pathways.

Differences in Awareness According to Respondent Profile

Table 3. *Differences in Awareness According to Profile Variables*

Profile Variable	Test	Statistic	p-value	Decision
Sex	Independent-samples t-test	$t(370) = 0.817$	.414	Not significant
Type of patient	Independent-samples t-test	$t(370) = 1.14$	.253	Not significant
Age	One-way ANOVA	$F(3, 368) = 0.284$	.837	Not significant
Family monthly income	One-way ANOVA	$F(3, 368) = 2.16$	.093	Not significant
Educational attainment	One-way ANOVA	$F(4, 367) = 3.04$	.017	Significant
Place of residence	One-way ANOVA	$F(4, 367) = 1.12$	.349	Not significant

Awareness did not significantly differ according to sex, type of patient, age, income, or residence. Educational attainment was the only significant profile variable, $F(4, 367) = 3.04$, $p = .017$. Vocational-course completers reported the highest awareness ($M = 3.62$), followed by bachelor's degree holders ($M = 3.40$), respondents with master's units or degrees ($M = 3.37$), elementary graduates ($M = 3.32$), and high-school graduates ($M = 3.21$).

Table 4. *Tukey Post-Hoc Results for Awareness According to Educational Attainment*

Comparison	Mean Difference	Test Value	p-value	Decision
Elementary graduate vs. vocational course	0.2913	3.091	.019	Significant
High-school graduate vs. vocational course	0.4038	2.743	.050	Significant at .05 level

Extent of Availment of Healthcare Financing Services

Table 5. *Extent of Availment of Healthcare Financing Services*

Selected Availment Indicator	Mean	Interpretation	Rank
I have benefited from the Malasakit Center's one-stop financial-assistance program.	3.14	Moderate Extent	1
I have availed of discounts or subsidies through government programs.	3.01	Moderate Extent	2
I have accessed PhilHealth benefits for medical expenses.	2.95	Moderate Extent	3.5
I have received assistance from the DOH MAIFIP program.	2.95	Moderate Extent	3.5
I have applied for DSWD-AICS financial support.	2.71	Moderate Extent	8
I have used private health insurance or HMO coverage.	2.30	Less Extent	9
I have received medical aid from NGOs or charitable institutions.	2.16	Less Extent	10
Overall mean	2.75	Moderate Extent	
Standard deviation	1.11		

Availment was moderate overall ($M = 2.75$, $SD = 1.11$). The Malasakit Center one-stop program received the highest utilization rating, followed by government discounts and subsidies. Private insurance, HMO coverage, and NGO or charitable assistance were less frequently availed. Interview responses emphasized convenience, staff guidance, familiarity with procedures, and the accessibility of the one-stop assistance process.

Differences in Availment According to Respondent Profile

Table 6. *Differences in Availment According to Profile Variables*

Profile Variable	Test	Statistic	p-value	Decision
Sex	Independent-samples t-test	$t(370) = 0.506$	.613	Not significant
Type of patient	Independent-samples t-test	$t(370) = 1.43$	.153	Not significant
Age	One-way ANOVA	$F(3, 368) = 0.976$	.404	Not significant
Family monthly income	One-way ANOVA	$F(3, 368) = 9.50$	< .001	Significant
Educational attainment	One-way ANOVA	$F(4, 367) = 5.38$	< .001	Significant
Place of residence	One-way ANOVA	$F(4, 367) = 0.396$	.811	Not significant

Availment did not significantly differ according to sex, type of patient, age, or residence. Significant differences were found according to family monthly income and educational attainment. The lowest-income group reported the highest availment mean ($M = 3.02$). Vocational-course completers likewise reported the highest availment mean ($M = 3.13$), indicating the importance of both financial need and procedural familiarity.

Table 7. *Selected Tukey Post-Hoc Results for Availment*

Comparison	Mean Difference	Test Value	p-value	Decision
PHP 9,520 and below vs. PHP 9,521-PHP 21,194	0.346	3.78	.001	Significant
PHP 9,520 and below vs. PHP 21,195-PHP 43,828	0.495	4.67	< .001	Significant
PHP 9,520 and below vs. PHP 43,829 and above	0.506	2.930	.019	Significant
Vocational course vs. high-school graduate	0.900	4.039	< .001	Significant
Vocational course vs. bachelor's degree	0.360	2.812	.041	Significant
Vocational course vs. master's units or degree	0.620	3.522	.004	Significant

Relationship Between Awareness and Availment

Table 8. *Relationship Between Awareness and Extent of Availment*

Variables	Pearson r	p-value	df	Interpretation
Awareness and extent of availment of healthcare-financing services	.615	< .001	370	Significant positive relationship; reject H0

Awareness had a statistically significant positive relationship with availment, $r(370) = .615, p < .001$. Patients who reported stronger awareness of available programs also tended to report greater utilization. The result supports the Health Belief Model: patients are more likely to act when they understand available support, recognize its value, and perceive service-navigation barriers as manageable.

Proposed Action Plan

The findings support an action plan focused on patient navigation, multi-agency coordination, and staff capacity. The plan prioritizes areas where awareness and utilization can be strengthened, particularly for technical or less familiar assistance pathways.

Table 9. *Proposed Action Plan for Healthcare-Financing Awareness and Availment*

Objective	Strategy	Key Actions	Timeline	People Involved	Budget	Verification
Strengthen patients' understanding of financing pathways.	Implement point-of-care financial-navigation support.	Establish a help desk near admissions or billing; provide plain-language posters, brochures, and QR-coded guides; orient frontline staff on standardized navigation scripts.	3rd Quarter 2026	Hospital administration, Social Service Unit, Billing/Claims Office, Malasakit Center staff	PHP 10,000	Attendance sheets, photos, IEC materials, activity reports
Increase informed access to DSWD-AICS, PCSO, and LGU assistance.	Strengthen cross-agency coordination and referrals.	Conduct joint information sessions; implement a single-window referral checklist; display an assistance-mapping matrix.	4th Quarter 2026	Social Service Unit, DSWD, PCSO, LGU offices, Malasakit Center	PHP 5,000	Attendance sheets, referral logs, updated checklists
Build staff capacity for clear and consistent financing guidance.	Conduct micro-trainings and update huddles.	Provide sessions on benefit coverage, eligibility, communication skills, and the teach-back method; hold refresher huddles when programs change.	1st Quarter 2026	HR/Training Unit, Nursing Service, Billing/Claims, Social Service Unit, Malasakit Center staff	PHP 10,000	Training attendance, evaluation forms, supervision checklists, feedback reports

CONCLUSION

Patients of Camiguin General Hospital demonstrated a high level of awareness but only a moderate extent of availment of healthcare-financing services. Awareness was strongest for routine pathways, including where to seek assistance, PhilHealth, DOH support, and LGU assistance. Technical or less familiar assistance mechanisms, particularly PCSO support, require clearer communication. Availment was highest for the Malasakit Center one-stop program and government-linked services but lower for private insurance, HMO coverage, and NGO assistance. Educational attainment influenced awareness, while income and educational attainment influenced availment. The

positive relationship between awareness and utilization confirms that clear information, patient guidance, and manageable processes can strengthen access to healthcare-financing support.

Recommendations

1. The Department of Health and partner agencies may strengthen information campaigns for DSWD-AICS, PCSO, LGU support, and other less familiar healthcare-financing programs.
2. Camiguin General Hospital may improve patient navigation through visible signage, plain-language information materials, QR-coded guides, and a clearly located financing help desk.
3. The hospital and partner agencies may develop a unified referral checklist and assistance-mapping matrix to clarify requirements, coverage, and service pathways.
4. Frontline personnel may receive short recurring orientations and teach-back training to ensure that patients understand program eligibility, procedures, and documentary requirements.
5. Patients may be encouraged to ask questions, seek guidance from hospital personnel, and retain updated information on assistance options before medical needs become urgent.
6. Future researchers may examine health literacy, digital access, cultural beliefs, objective utilization records, and patient experiences across additional hospitals and municipalities.

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