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**Queenne Kimverlee Claro  
Landingin**  
Assistant Professor II, College  
of Nursing, Public Health and  
Midwifery University of La  
Salette, Inc., Santiago City,  
Philippines

**Corresponding Author:  
Queenne Kimverlee Claro  
Landingin**  
Assistant Professor II, College  
of Nursing, Public Health and  
Midwifery University of La  
Salette, Inc., Santiago City,  
Philippines

## Job performance of barangay health workers (BHWS): An assessment

**Queenne Kimverlee Claro Landingin**

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### Abstract

The performance and competence of barangay health workers play a significant role in the success of any healthcare system that contributes meaningfully to the overall healthcare of the world. This study was able to determine the plant performance of community healthcare workers in Santiago City.

**Methodology:** Includes descriptive cross-sectional quantitative design by using a convenient sampling technique. One hundred Barangay Health Workers were included. Descriptive and Inferential statistics were utilized and data were presented with the use of Tables.

**Results:** Revealed that 28% of BHWs were aged 32-35 years old and 60% were working for about 1-3 years. Also, results show “very good” in their work performance and revealed that age has a relationship to task performance and Job tenure to counterproductive work behavior.

**Keywords:** Job performance, work performance, barangay health workers, community health workers, community health nursing

### 1. Introduction

It is said to be that Barangay Health Workers (BHWs) has a vital role in supporting health service delivery worldwide. Numerous activities they encounter daily made them face vast challenges which affect their performance <sup>[1]</sup>. Any healthcare system that makes a major contribution to global healthcare must prioritise the effectiveness and efficiency of its healthcare workforce. The performance, consequently, has a boundless impact on the quality, efficiency and effectiveness of healthcare system. Today, this healthcare setting are currently facing several challenges due to the dynamic nature of the environment. One of the many challenges for a healthcare system is to satisfy its healthcare members to cope with the ever-changing and evolving milieu, achieve success, and remain in the competition. Utilizing the potential of every of Barangay health workers (BHWs) can help overcome a range of health systems dilemmas and challenges to help accelerate progress toward Universal Health Care (UHC) according to the World Health Organization (2018) <sup>[2]</sup>.

According to the study of Mpenbeni *et al.* (2015) <sup>[3]</sup>, acute shortage of health care workers is delaying the improvements in the area of Maternal and Child Health Nursing that threatening the country’s potential for achieving the Millennium Development Goals (MDGs). Moreover, the study of Sarin *et al.* (2017) <sup>[4]</sup> stated that despite of the effective performance of CHWs globally they still face barriers to improving their performance. These factors were identified as social, organizational/Institutional, and interpersonal. There are factors that contributes to improve the said performance this is motivation and satisfaction. Moreover, it is said that these are key not only for retention but also for their work performance. Better job performance is positively related to higher job satisfaction, and low levels has an adverse effect in every worker’s commitment and sequentially affect the achievement of organizational objectives and performance. To increase the efficiency, effectiveness, productivity, and job commitment of employees, the health care management must satisfy the needs of its employees so long as they have a good working situation. <sup>[5]</sup>. Healthcare workers in the community have a unique intermediary position between communities and the Local Government Unit. They form an essential group of health workers in many low- and middle-income countries, delivering mostly promotive, preventive not limited to rehabilitative and curative healthcare services. Moreover, they have been shown to contribute to the improved health of rural and poor community people <sup>[6]</sup>.

Also, National Heart, Lung and Blood Institute (2014) <sup>[7]</sup>, stated that Barangay Health Workers (BHWs) are lay members of the community who work either for pay or as levies in association with the original health care system in both civic and pastoral surroundings. Since BHWs generally live in the community they serve, they've the unique capability to bring information where it's demanded most. They can reach community residences where they live, eat, play, work, and deification. BHWs are frontline agents of change, helping to reduce health differences in underserved communities. Hence, with a broad compass of their work, BHW programs must balance the breadth and depth of tasks to maintain BHWs provocation for high-quality care delivery. Papers and inquiries were veritably limited about the work performance and work satisfaction of Health workers assigned in the community. Hence, they're vital in assessing the health of the community and delivering quality care to all, from family to the whole population but also they're still underrated and occasionally inconspicuous. In some places, like pastoral areas, BHWs face challenges in doing their daily tasks affecting their overall performance. According to Rural Health Information (2022) some of these unique challenges like the populations that CHWs serve frequently have limited access to transportation, they may travel to remote areas where roads may be unsafe or impenetrable due to tempestuous rainfall they may also encounter safety issues when working in cases' homes. Also, lack of program resources, patient referral issues and cooperation issues. The performance of BHWs can be measured in different ways, it could be at the position of the individual BHWs, and there are factors similar as capability, guidelines adherence, job satisfaction and capacity to grease the commission of communities <sup>[8]</sup>. Therefore, the foremost idea of this research study was to determine the job performance of community healthcare workers in Santiago City.

### Literature Review

Community Health Workers (CHWs) or also known as Barangay Health Workers (BHWs) are trained individuals with limited to no formal medical education who give case-facing support and services in primary care. BHWs carries out functions that are person-centered, support the healthcare team, address social factors of health, and also promote health care access to every community member, and also addressing the patient's appointment and health issues. Historically, these Barangay Health Wokers (BHWs) have been particularly effective when they partake race, language, socioeconomic status, and life gests through the communities they serve, reflecting peer support <sup>[9]</sup>.

Barangay Health Workers (BHWs) are decreasingly honored as an essential element of the health pool demanded to achieve public health pretensions in low- and middle-income countries. Numerous issues that influence cross to have an impact on their job performances <sup>[6]</sup>. These factors impacting the job performance can be divided into intervention design factors that can be directly shaped and acclimated (similar to supervision, impulses, training, and monitoring and evaluation mechanisms) and factors that represent the environment in which an intervention is taking place, which are less fluently malleable <sup>[10]</sup>. Pressing issues contribute to outgrowth situations that constitute the performance of a Barangay Health Workers (BHWs), eventually contributing to changes in the health of the population <sup>[11]</sup>. Alongside, essential medicine supply gaps

and a countless of service delivery challenges, the small number of declared healthcare workers is a major challenge to furnishing quality healthcare services as well as for the attainment of the health- linked to Sustainable development Goals (SDGs) <sup>[12]</sup>.

Numerous studies concentrate on these health workers and the work they do. There's confirmation that Barangay Healthcare Workers (BHWs) subsidize the delivery of mothers, maternal Nursing and child health (MNCH) services similar to infant immunization, prenatal care, and deliveries within Primary Health Care settings. Likewise, the perpetration of the task shifting and participating policy has empowered numerous community health workers, through training and capacity structure, to acquire chops that are pivotal for promoting maternal and child health in Nigeria <sup>[13]</sup>. Still, a limited substantiation approximately the job performance of barangay health workers vis-à-vis invigorated and child health service delivery in other countries. Consequently, it is delicate for health care policymakers and health care administrators to ascertain what specific changes to the health pool that perhaps needed to expressively target better health issues <sup>[13]</sup>. Still, many have examined their gests and identity and how that might impact how they view and perform their places <sup>[14]</sup>. With these comprehensions, it may have a remarkable influence on their provocation and commitment to contribute meaningfully in primary health care. Their position within the healthcare system can either toughen or break the healthcare system if the program isn't managed successfully <sup>[15]</sup>.

Many methodical reviews have stressed a broad range of factors that impact the performance of CHWs. They've linked factors impacting performance at three situations at the position of the individual CHW, at the position of the programme or interventions the CHW is part of, and at a broader contextual position <sup>[16]</sup>. According to American Public Health Association (2009) <sup>[17]</sup>, a growing body of exploration illustrates different ways that community health workers, best known for their part in community and global settings can be employed in primary care. Despite its implicit role as healthcare members, the Barangay Health Workers (BHWs) involvement remains very limited. Guidance is demanded on ways to best promote and expand BHWs including their appropriate places vary across different needs of healthcare system with multitudinous job titles and duties, making it delicate to identify their specific roles and responsibilities.

## 2. Materials and Methods

**2.1 Research Design:** This study has been described in a descriptive cross-sectional quantitative design.

**2.2 Instrument:** To collect quantitative data, a questionnaire was used. The first part was about sex, age and job tenure. The second part was the adapted instrument, Individual Work Performance (IWP) Questionnaire. It is an 18-item question scale divided into three (3) main dimensions of job performance such as task performance, contextual performance, and counterproductive work behavior.

As a guide to statistics, a 5- point Likert rating scale (0-seldom to 4-always for the task and contextual performance; and 0-never to 4-often for counterproductive work behavior) was employed. A mean score for each IWPQ scale can be

calculated by adding the item scores and dividing their sum by the number of items on the scale.

**2.3 Study Site and Participants:** The source population for this research study was the Barangay Health Workers (BHWs) of the different thirty-seven (37) barangays in the City of Santiago. One hundred (100) respondents voluntarily joined. Every BHW who had more than or equal to six (6) months of work experience was included and those who were on leave and training/seminar during the data collection were excluded.

**2.4 Data Analysis:** The study used descriptive like percentage, frequency, means and standard deviation, and inferential statistics was used to determine the correlation of each variable in this study.

**2.5 Ethical Considerations:** To safeguard the individuals as well as the agencies concerned, the ethical consideration was deemed crucial. Participants gave their informed consent after being made aware of the nature of the survey questions and receiving the necessary authorization. To protect the privacy of the data, participant confidentiality was also scrupulously upheld. Additionally, in order to protect the respondent's identity, anonymity was maintained, and names, ages, and other private information are explicitly indicated. Additionally, as participation in the survey is voluntary, participants may opt out at any time by not completing the informed consent form or responding to the questionnaire.

**3. Results**

**A. Profile of the respondents:** This study involved 100 Community Health Workers found in the City of Santiago. All of the CHWs were female (100%), Majority were aged 32-35 years old (28%) and worked as a CHW for a 1-3 years (60%).

**Table 1:** Profile of the respondents

<b>Sex</b>	<b>F</b>	<b>%</b>
Female	100	100
Male	0	0
<b>Age Bracket</b>	<b>F</b>	<b>%</b>
24-27	9	9
28-31	10	10
32-35	28	28
36-39	18	18
40-43	13	13
44-47	10	10
48-51	3	3
52-55	7	7
56-59	2	2
<b>Job Tenure</b>	<b>F</b>	<b>%</b>
3-6 months	8	8
7-11 months	0	0
1-3 years	60	60
4-6 years	27	27
7-10 years	5	5

**B. Individual Workplace Performance:** The individual workplace performance of the Barangay Health Workers (BHWs) in the City of Santiago is shown in Table 2.

**Table 2:** Item descriptive of individual workplace performance of BHWs, N=100

<b>No.</b>	<b>Dimensions</b>	<b>Mean</b>	<b>SD</b>	<b>Interpretation</b>
1	I managed to plan my work so that I finished it on time	3.55	0.64	Always
2	I kept in mind the work result I needed to achieve	2.76	0.68	Often
3	I was able to set priorities	2.49	0.80	Often
4	I was able to carry out my work efficiently	3.07	0.43	Often
5	I managed my time well	3.91	0.32	Always
6	On my own initiative, I started new task when my old tasks were completed	3.35	0.56	Always
7	I took on challenging tasks when they were available	3.25	0.69	Always
8	I worked on keeping my job-related knowledge up-to-date	3.59	0.57	Always
9	I worked on keeping my work skills up-to-date	3.60	0.49	Always
10	I came up with creative solutions for new problems	2.96	0.72	Often
11	I took on extra responsibilities	2.63	0.91	Often
12	I continually sought new challenges in my work	3.30	0.70	Always
13	I actively participated in meetings and/or consultations	3.24	0.74	Always
14	I complained about minor work-related issues at work	1.88	0.71	Sometimes
15	I made problems at work bigger than they were	1.76	0.71	Sometimes
16	I focused on the negative aspects of situation at work instead of the positive aspects	1.67	0.60	Sometimes
17	I talked to colleagues about the negative aspects of the work	1.86	0.86	Sometimes
18	I talked to people outside the organization about the negative aspects of my work	1.72	0.77	Sometimes
	Mean	2.81	0.75	Often

Table 2 displays the individual workplace performance of CHWs. The Grand Mean was 2.81 (SD=0.75), which can be translated as Often. Therefore, the study discovered that CHWs consistently used good time management skills while

evaluating their work performance according to item descriptions (M= 3.91, SD=0.31). Keep their job-related information updated (M=3.59, SD0.59) as well as their work-related abilities up-to-date (M=3.60, SD=0.49).

**Table 3:** Summary individual work performance based on dimensions

<b>Dimensions</b>	<b>M</b>	<b>SD</b>	<b>Quantitative Interpretation</b>	<b>Verbal Interpretation</b>
Task performance	3.16	0.58	Oftentimes	Very good
Contextual performance	3.24	0.32	Always	Excellent
Counterproductive work behavior	1.78	0.09	Sometimes	Good
Grand Mean	2.72	0.33	Oftentimes	Very good



Table 3 displays the individual workplace performance of barangay health workers along the three key dimensions of task performance ( $M=3.16$ ,  $SD=0.58$ ), contextual performance ( $M=3.24$ ,  $SD=0.32$ ), and counterproductive work behavior ( $M=1.78$ ,  $SD=0.09$ ). As a summary, there is a Very Good Individual Workplace performance of the CHWs of Santiago City ( $M=2.72$ ,  $SD=0.33$ ).

### C. Relationship of IWP to Profile of Respondents

**Table 4:** Relationship between IWP among the Respondent's Demographic Profile

Variable		Age	Job Tenure
Task Performance	R	-0.263	0.104
	P-Value	0.008	0.305
Contextual Performance	R	-0.042	-0.177
	P-Value	0.678	0.078
Counterproductive Work Behavior	R	0.095	-0.211
	P-Value	0.349	0.035
Overall	R	-0.105	-0.172
	P-Value	0.298	0.087

The Table 4 shows the Pearson Product Moment Correlation which was conducted to determine if there is a relationship between individual workplace performance and the profile of the Barangay Health Workers (BHWs). The test result revealed that age has a relationship to task performance ( $r=-0.263$ ,  $p=0.008$ ) and Job tenure to counterproductive work behavior ( $r=-0.211$ ,  $p=0.035$ ). It implies that the younger Community Health Workers have good task performance and as per job tenure, the new ones at work were encountering counterproductive work behavior like complaining about slight work-related issues, concentrating on negative aspects of situations, and the like.

Moreover, A Scheffe test was performed to check variables with significant relationships. P-value of 0.04 was found in task performance to age brackets 32-35 and 56-59. Also, a significant relationship was found between job tenure and counterproductive work behavior in CHWs who work 1-3 years compared to 7-10 years ( $p$ -value= 0.03). The rest of the profile variables are not related to the other dimensions of IWP.

### 4. Discussion and Conclusion

Overall, CHWs performance found out was very good. The study assessed the Individual Workplace performance of CHWs in Santiago City, Isabela Philippines. Their performance which rated was measured based on the main three (3) dimensions of IWP (Task Performance, Contextual performance and Counterproductive work performance). It found out that BHWs oftentimes manage their task performance, and roles including setting priorities, able to do their work efficiently which is affected if their time is well managed and planned. While on their Contextual performance which is found in the result as "always", these are roles on updating their knowledge and work skills to the needed current situation and looking up to start a new task when the old task was completed. Lastly, the counterproductive work behavior found that CHWs sometimes do complain and encounter dilemmas with minor work-related issues, it includes talking about negative aspects of their work to their colleagues and individuals outside the healthcare team. In comparison, it is identified that CHWs in Bangladesh and Ethiopia show that most of

their CHWs were female and said to be that they are more effective in some contexts in performing their roles as CHWs. Similar to this study, that 100% of the respondents were female, aged bracket 32-35 years old (28%) and 60% were working as CHW for 1-3 years.

Connected to the study of Crispin (2012) [18], females Barangay Health workers dominated during their collection of data (60%), their study established sociodemographic profile (age, sex, and experiences) of the batangay health workers are important characteristics to consider in their programmes. Moreover at about thirty to fifty which are females are best suitable are most appropriate for selection as a member of healthcare team partly because this age group is not only still energetic but also apparently socially settled and will likely exhibit a good interpersonal relation to the community people.

In addition they are considered good to undertake maternal, newborn, child health and nutrition interventions because they counsel and enable clients better than their male counterparts. The fact that areas with low literacy level barangay health workers could perform home visits effectively by satisfying and enabling their clients implies that can be implemented in all areas, particularly in low-income countries with limited access to education despite the fact that literate barangay health workers (BHWs) grasp concepts quickly. Supported by the study of Kinshella *et al.* (2022) [19], barangay health workers who are considered female tended to elaborate more on community awareness and perceptions of their increased values and status as health care providers than those of males.

### 5. Recommendations

Every Barangay Health Workers (BHWs) of every community must have the chance to continue their training, seminars, and workshops in order to maintain their current knowledge and skills and to enhance their performance, where in Barangay Health Workers (BHWs) are portion of the civil service and thus highly qualified and eligible for government-sponsored training programs, and supervision with the BHWs is a priority. In addition, emphasis on career advancement opportunities helps to elevate their workplace performance since it can serve as a motivation.

Moreover, it can be suggested to design an incentive system that could work for Barangay Health Workers (BHWs) with further complex sets of jobs and tasks. It is good to have a combination of monetary and non-financial honorarium or incentives required to support motivation and satisfaction among Barangay Health Workers.

Furthermore, Barangay Health Workers (BHWs) must have access to sufficient resources, even though their labor is often unpaid or voluntary. They must have the tools and equipment necessary to do extra-demanding duties in the community to improve the BHWs productivity, it can be suggested the use of technology like mobile phones for data collection, monitoring and evaluation.

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### Competing Interests

The researcher has no competing interests.

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