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RESEARCH ARTICLE

# Perceptions on the Return Service Obligation Rendered by Alumnae of UP Manila-School of Health Sciences Main Campus, Leyte

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The study aimed to determine the perceptions of three groups of raters comprising of supervisors, couples of reproductive ages/clients/patients, and alumnae on the return service obligation [RSO] rendered by graduates from Region 08 in the University of the Philippines Manila-School of Health Sciences [UPM-SHS], Main Campus, Leyte. A descriptive analytical design utilizing six sets of pilot-tested questionnaires with Five-Point Likert Scale was employed. The respondents were chosen through a pre-determined inclusion and exclusion criteria; while the raters were selected using the distribution free, non-probability purposive sampling [Downie and Heath, 1984; Talbot, 1995; Gay, 2003]. Kruskall-Wallis Analysis of Variance [Gay, 2003] revealed that among the RMs, significant difference in Community Organization and Community Development [COCD] [KW-computed value=6.709 with p-value= 0.035] and Manager of Barangay Health Station [KW-computed value=10.478 with p-value=0.005] at 0.05 level of significance; rejecting therefore the null hypothesis of no significant difference on the two functional areas. Among the RM-RNs, two of six indicators showed to be significant at 0.05 level of significance, that is, COCD [KW-computed value=8.573 obtained p-value=0.014]; and Manager and Supervisor [KW-computed value=6.804 with obtained p-value=0.033]; rejecting the null hypothesis of no significant difference. The results were descriptive of the respondents and a validation study is highly recommended using a larger population to achieve generalizability.

**Keywords:** *Return service obligation; UPM-SHS graduates; perception by raters, millennium development goals, universal health care*

## Introduction

UPM-SHS, Main Campus, Leyte was established on 19 April, 1976 [UPBOR, 1976]. Its students are registered in the University of the Philippines on full scholarship with a social contract to render RSO to the endorsing community when one becomes a licensed professional. Its

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**Figure 1**
Rationale of the Study


students are the only group in the UP System that is exempted from the UPCAT requirement prior to admission to the University. The RM-RNs of UPM-SHS in Leyte were the graduates that achieved self-actualization, the highest ladder in the pyramid of Maslow's Hierarchy of Needs, in terms of needs fulfillment from the nursing profession during practice [Magsambol, 2009].

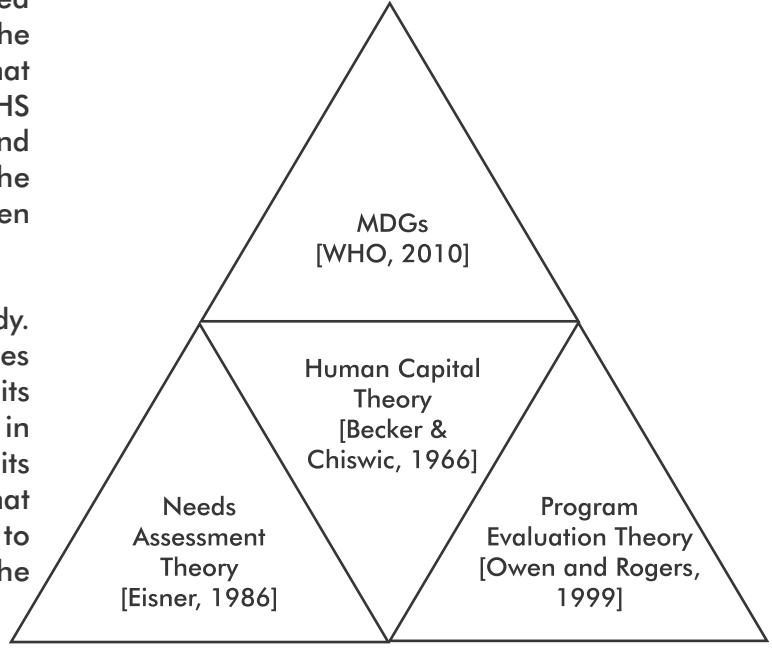
The largest portion of government outlays goes to education [Waud, 1986]. The logistics provided by the Philippine government is derived from the taxes of its citizens. Therefore, it is but a must that the RSO should be rendered by the UPM-SHS graduates to the underserved, the unserved, and the marginalized. From its creation till the completion of this study, no research has yet been conducted related to the objectives of this study.

Figure 1, shows the justification of the study. UPM-SHS as part of the University of the Philippines needs to produce graduates that should satisfy its utmost goals and therefore render RSO provided in the social contract so as to give justice to its endorsing communities and the taxpayers that supply the funds needed by the government to support educational institutions such as the University of the Philippines.

## Theoretical Framework

The study anchored on needs assessment theory, the human capital theory, the millennium development goals, and the program evaluation theory. As illustrated in Figure 2, the core in developing a health professional is that of establishing the very human capital by investing in his/her education (Becker and Chiswick, 1966). To ascertain that academic programs are relevant to the health needs of the clientele, needs assessment and program evaluation has to be consistently administered (Eisner, 1986). The Millennium Development Goals (Chan, WHO, 2012) guide the performance of the UPM-SHS alumnae to gear towards quality assurance in the provision of health care services.

**Figure 2**
Theoretical and Conceptual Framework of the Study




## Objectives

The main objective of the study was to determine the perceptions on the RSO rendered by the UPM-SHS RM and RM-RN graduates from Region 8. Specifically, it aimed to: (1) determine the profile of the respondents;(2) determine the level of compliance to RSO; (3) determine the

perceptions on the RSO rendered by the RMs; (4) determine the perceptions on the RSO rendered by the RM-RNs; (5) determine the significant difference between the perceptions of the raters on the RSO.

**Null Hypothesis**

Ho1. There is no significant difference in the perceptions on the quality of RSO by the RMs and the RM-RNs set at 0.05 level of significance.

**Methods**

The study utilized the descriptive analytical design; descriptive because "it is concerned with conditions or relationships that exist; perceptions that are held; processes that are going on; effects that are being felt; or trends that are developing" [Calmorin-Laurentina, 1994]. It covered Region 08 as research locale, inclusive of its six provinces: Biliran, Leyte, Southern Leyte, Eastern Samar, Northern Samar and Western Samar [Figure 3]. It involved thirty seven municipalities, a barangay from which endorsed a resident high school graduate to UPM-SHS. Biliran had one barangay scholar; Leyte, fifteen; Southern Leyte, five; Eastern Samar, five; Northern Samar, two; and Western Samar, nine.

The respondents were from the barangays of Region 8 because "they are the alumni easiest to contact; reaching those from other regions through survey yielded hardly any information" (Tayag and Clavel (Eds.) 2010). They all engaged in community-based jobs.

The study did not employ anything that would invade the human body of the participants nor degrade their human dignity. It had an Informed Consent that highly respected their autonomy to freely decide participation or non-participation in the study. Experts reviewed and evaluated said Informed Consent.

It had six sets of pilot tested researcher-developed questionnaires that utilized the Five-Point Likert Scale: for the RMs; for the RMs Supervisors [Public Health Nurses]; for the MCRAs, for the RM-RNs; for the RM-RNs Supervisors [Municipal Health Officers/Public Health Nurses]; for the recipients of the RM-RNs health services. Prior to pilot testing, experts reviewed and examined said instruments. The data were statistically analyzed using the Kruskall-Wallis ANOVA [Gay, 2003].

**Figure 3** Research Locale

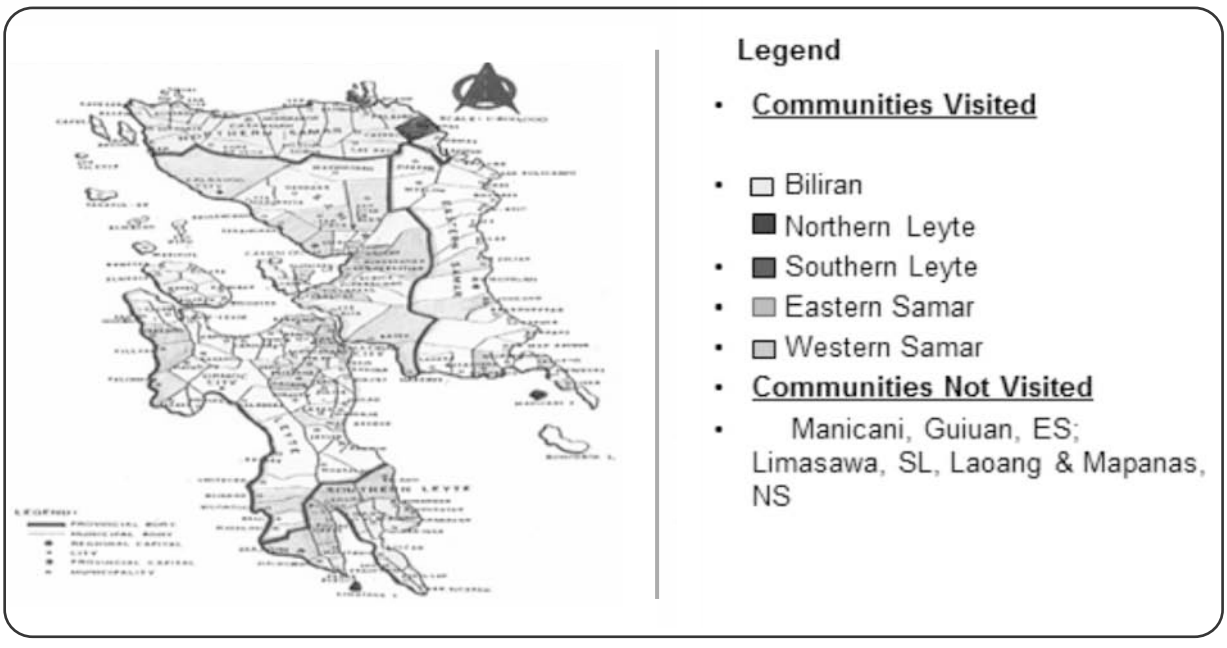


**Table 1** Personal Profile of Respondents

| Personal Profile Variables | | RM Alumnae | | RM-RN Alumnae | |
|---|---|---|---|---|---|
| | | Frequency | Percent | Frequency | Percent |
| **Age** | 21-30 years old | 10.0 | 52.64 | 6.0 | 31.59 |
| | 31-40 years old | 1.0 | 5.26 | 0.0 | 0.0 |
| | 41-50 years old | 0.0 | 0.0 | 1.0 | 5.26 |
| **Sex** | Male | 1.0 | 5.26 | 2.0 | 10.52 |
| | Female | 10.0 | 52.64 | 6.0 | 31.59 |
| **Civil Status** | Single | 8.0 | 42.10 | 5.0 | 26.30 |
| | Married | 3.0 | 15.80 | 3.0 | 15.80 |
| **Religion** | Protestant | 1.0 | 5.26 | 2.0 | 10.52 |
| | Roman Catholic | 10.0 | 52.64 | 6.0 | 31.58 |
| **Monthly Income** | 8,000 and below | 6.0 | 31.59 | 2.0 | 10.52 |
| | 8,001-15,000 | 0.0 | 0.0 | 0.0 | 0.0 |
| | 15,001-20,000 | 1.0 | 5.26 | 0.0 | 0.0 |
| | 20,001-30,000 | 0.0 | 0.0 | 2.0 | 10.52 |
| | 30,001-50,000 | 0.0 | 0.0 | 0.0 | 0.0 |
| | 50,001 and above | 0.0 | 0.0 | 0.0 | 0.0 |
| | Nonresponse | 4.0 | 21.05 | 4.0 | 21.05 |
| **Year Graduated** | SY 2005-2006 | 7.0 | 36.84 | 1.0 | 5.26 |
| | SY 2006-2007 | 1.0 | 5.26 | 5.0 | 26.52 |
| | SY 2007-2008 | 3.0 | 15.80 | 2.0 | 10.52 |
| **Educational Attainment** | CHW | 10.0 | 52.63 | 0.0 | 0.0 |
| | BSN | 1.0 | 5.26 | 8.0 | 42.10 |

## Results

1. **Profile of the Respondents**

1.1. **Personal Profile**. The respondents consisted of a young population of 21-30 years old, dominated by Roman Catholic single females, majority of which RMs respondents received a monthly salary of Php 8,001 - 15,000 and a 100% finished the CHW program in SY 2005-2006. Among RM-RNs, 22% had an unreliable and unpredictable income; but all of them graduated from the BSN program (Table 1).

1.2. **History of previous employment**. One hundred per cent of the RMs were employed in Region 08 as Rural Health Midwives either in the Rural Health Unit or in a birthing facility for 4-6 years. From the RM-RNs, 15.8% worked as midwives, and 26.3% were employed as nurses for four to six years (Table 2).

1.3. **On present employment**, 100% RMs were employed in a health agency; 26.3% were working as rural health midwives in the RHU; 42% served the employer for 1-3 years either under a contractual or casual appointment. Among RM-RNs, 10.5% worked as community health nurses with one on permanent appointment; and 11% had been employed as police officers with permanent appointment [Table 3].

2. **Level of compliance to RSO**. Only 51% of the total population/samples complied with the RSO. [Figure 4].

3. **Perceptions on the RSO rendered by the RMs**. The Overall Mean on the perceptions of the RSO rendered by the RMs based on the raters: Supervisors ($\dot{X}=4.08$, Very Satisfactory); MCRAs ($\dot{X}=4.22$, Very Satisfactory); Alumnae ($\dot{X}=4.34$, Very Satisfactory). Study revealed that the RMs incurred remarkable ratings in some functional areas: (1) As Manager of the Barangay Health Station, the MCRAs provided four Outstanding ratings on four functions; (2) On Health Care Services, the Supervisors rated Outstanding on

**Table 2** History of Previous Employment

| Indicators | | RM Alumnae | | RM-RN Alumnae | |
|---|---|---|---|---|---|
| | | Frequency | Percent | Frequency | Percent |
| **Position designation** | Rural Health Midwife | 3.0 | 15.79 | 1.0 | 5.26 |
| | Midwife | 7.0 | 36.84 | 2.0 | 10.53 |
| | Community Health Nurse | 0.0 | 0.0 | 2.0 | 10.53 |
| | Nurse | | | | |
| | None | 0.0 | 0.0 | 2.0 | 10.53 |
| | | 1.0 | 5.26 | 1.0 | 5.26 |
| **Length of service** | Less than 1 year | 2.0 | 10.53 | 3.0 | 15.79 |
| | 1-3 years | 3.0 | 15.79 | 3.0 | 15.79 |
| | 4-6 years | 5.0 | 26.32 | 0.0 | 0.0 |
| | 7 years and above | 1.0 | 5.26 | 1.0 | 5.26 |
| | None | 0.0 | 0.0 | 1.0 | 5.26 |
| **Place of work** | Mother Bless Clinic | 1.0 | 5.26 | 0.0 | 0.0 |
| | Tabon-tabon, Leyte | 1.0 | 5.26 | 0.0 | 0.0 |
| | Calbiga, Samar | 1.0 | 5.26 | 0.0 | 0.0 |
| | Tacloban City, Leyte | 1.0 | 5.26 | 2.0 | 10.53 |
| | Zumarraga, Samar | 1.0 | 5.26 | 0.0 | 0.0 |
| | San Jose de Buan, Samar | 1.0 | 5.26 | 0.0 | 0.0 |
| | Maydolong, Eastern Samar | | | | |
| | San Julian, Eastern Samar | 1.0 | 5.26 | 0.0 | 0.0 |
| | San Jorge, Samar | | | | |
| | Bato, Leyte | 1.0 | 5.26 | 0.0 | 0.0 |
| | Mondragon, Northern Samar | | | | |
| | MacArthur, Leyte | 1.0 | 5.26 | 0.0 | 0.0 |
| | Paranas, Samar | 0.0 | 0.0 | 1.0 | 5.26 |
| | Salcedo, Eastern Samar | 1.0 | 5.26 | 1.0 | 5.26 |
| | Almeria, Biliran | 0.0 | 0.0 | 1.0 | 5.26 |
| | | 0.0 | 0.0 | 1.0 | 5.26 |
| | | 0.0 | 0.0 | 1.0 | 5.26 |
| | | 0.0 | 0.0 | 1.0 | 5.26 |

three functions; Outstanding ratings on two functions; from the alumna; (3) On Records Management the Supervisors had given an Outstanding rating on one function [Table 4].

4. **Perceptions on the RSO on health services rendered by the RM-RNs**. Findings revealed that in two functional areas, which were COCD and Manager and Supervisor, the Supervisors had given the RM-RNs a Satisfactory rating in COCD ($\dot{X}$= 3.19) and Manager and Supervisor ($\dot{X}$= 3.47). The RM-RNs had been granted Very Satisfactory assessment by the raters to the rest of the functional areas [Table 5].

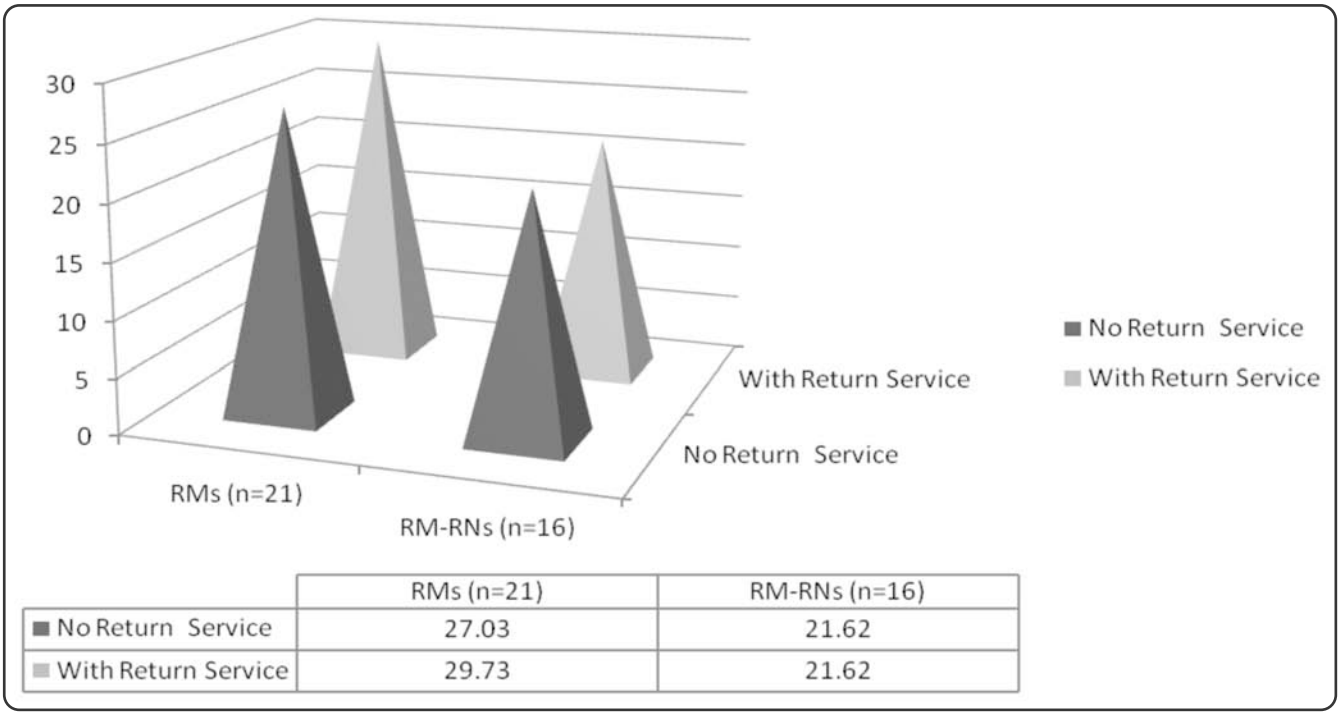
5. **The significant differences on the RSO by the RMs based on the perceptions of the raters**. Using the Kruskall-Wallis One Way Analysis of Variance, the findings revealed that significant difference existed on two indicators only, namely, the Community Organization and Community Development which computed value was 6.709 with a p-value of 0.035 interpreted as significant at 0.05 level of significance; and the Manager of Barangay Health Station which computed value was 10.478 with a p-value of 0.005 interpreted as significant at o.05 level of significance. The null hypothesis therefore of no significant difference between the ratings given by the raters, on COCD and Manager of Barangay Health Station was rejected being of no significant difference [Table 6].

**Table 3** Present Employment

| Indicators (Present Employment) | | RM Alumnae | | RM-RN Alumnae | |
|---|---|---|---|---|---|
| | | Frequency | Percent | Frequency | Percent |
| **Position Designation** | Rural Health Midwife | 5.0 | 26.32 | | |
| | Private Midwife | 2.0 | 10.52 | | |
| | RMPP Midwife | 3.0 | 15.79 | | |
| | Outreach Service Provider | 1.0 | 5.26 | | |
| | Community Health Nurse | | | 2.0 | 10.53 |
| | Nurse | | | 1.0 | 5.26 |
| | Medicine Storekeeper | | | 1.0 | 5.26 |
| | RN HEALS Staff | | | 1.0 | 5.26 |
| | Police Officer | | | 2.0 | 10.53 |
| | Unemployed | | | 1.0 | 5.26 |
| **Place of work** | Julita, Leyte | 1.0 | 5.26 | | |
| | San Miguel, Leyte | 1.0 | 5.26 | | |
| | Catbalogan, SAMAR | 1.0 | 5.26 | | |
| | Tacloban City, Leyte | 1.0 | 5.26 | 2.0 | 10.53 |
| | Zumarraga, Samar | 1.0 | 5.26 | | |
| | San Jose de Buan, Samar | 1.0 | 5.26 | | |
| | Maydolong, Eastern Samar | 1.0 | 5.26 | | |
| | Bato, Leyte | 1.0 | 5.26 | | |
| | Jaro, Leyte | | | 1.0 | 5.26 |
| | Tanauan, Leyte | | | 1.0 | 5.26 |
| | Palo, Leyte | 1.0 | 5.26 | 1.0 | 5.26 |
| | Metro Manila | 1.0 | 5.26 | 1.0 | 5.26 |
| | MacArthur, Leyte | | | 1.0 | 5.26 |
| | Salcedo, Eastern Samar | | | 1.0 | 5.26 |
| | San Julian, Eastern Samar | 1.0 | 5.26 | | |
| **Employer** | LGU/RHU | 5.0 | 26.32 | 3.0 | 15.79 |
| | Mother Bless Birthing Clinic | 2.0 | 10.52 | | |
| | DOH | 3.0 | 15.79 | | |
| | Population Service Provider, Inc | 1.0 | 5.26 | 1.0 | 5.26 |
| | PNP | | | 2.0 | 10.52 |
| | Clemen's Medical Clinic (Manila) | | | 1.0 | 5.26 |
| | Unemployed | | | 1.0 | 5.26 |
| **Length of service** | Less than 1 year | 3.0 | 15.79 | 3.0 | 15.79 |
| | 1-3 years | 8.0 | 42.10 | 2.0 | 10.54 |
| | 4-6 years | | | 1.0 | 5.26 |
| | 7 years and above | | | 1.0 | 5.26 |
| | None | | | 1.0 | 5.26 |
| **Status of appointment** | Permanent | 1.0 | 5.26 | 3.0 | 15.79 |
| | Temporary | 2.0 | 10.54 | | |
| | Contractual/Casual | 8.0 | 42.10 | 4.0 | 21.05 |
| | Unemployed | | | 1.0 | 5.26 |
| **Employer's setting** | Health Agency | 11.0 | 57.90 | 5.0 | 26.32 |
| | Non-Health Agency | | | 2.0 | 10.52 |
| | NA | | | 1.0 | 5.26 |

The significant differences on the RSO by the RM-RNs based on the perceptions of the raters. Study revealed that only two of the six indicators showed to be significant. One of the indicators COCD has shown KW-computed value of 8.573 and obtained a p-value of 0.014 interpreted as Significant. Hence, the null hypothesis of no significant difference on COCD ratings given by the supervisors, MCRAs/patients/clients and the alumnae was rejected at 0.05 level of significant. The other indicator which has revealed significant difference is Manager and Supervisor with KW-computed value is 6.804 at p-value of 0.033 at 0.05 level of significance. To this second indicator, the null

**Figure 4** Level of Compliance to RSO Rendered by Respondents




| | RMs (n=21) | RM-RNs (n=16) |
|---|---|---|
| No Return Service | 27.03 | 21.62 |
| With Return Service | 29.73 | 21.62 |

hypothesis of no significant difference is likewise rejected [Table 7].

## Discussions

The inner core of the theoretical framework of the study was the human capital theory by Eisner [Becker and Chiswick, 1966]. It could be noted that education in UP Manila-School of Health Sciences [UPM-SHS] is an economic good because it builds improved citizens and contributes to upgrading the general standard of living among its graduates [Kremer, 2005]. Human capital theorists argue that a productive population is an evidence of an educated population [Olaniyan and Okemakinde, 2008; Mancoy, 2006; Johns, et.al, 2001; Waud, 1986]. The respondents of the study arose from the indigent families of the remote, unserved and underserved communities of the country and were products of barangay and municipal high schools [Borrinaga and Koh, 1993]. A graduate of the diploma in midwifery program/CHW Program if unable to qualify readmission to the BSN program], as a RM graduate competently performed the professional duties and responsibilities of a midwife. A BSN graduate that qualified for registration as nurse, executed the functions of a registered nurse at field of nursing practice [Borrinaga and Koh, 1993]. All these were proven through the findings of the study. Yet, some of them evolved as individuals that later acquired three PRC certificates of registration [as registered midwife-registered nurse-licensed doctor of medicine licenses in one single graduate] and therefore entitled to corresponding professional compensation [UPM-SHS Recruitment and Admissions Policies, 2009].

According to Olaniyan and Okemakinde [2008], the economic prosperity and functioning of a nation depend on its physical and human capital stock. With products of UPM-SHS since 1976 till the present, it could be deduced that productivity of health workforce increased in the country's remote, unserved and underserved communities [Aquino, 2003; Armstrong, 2003; Bratton, 2003].

The Millennium Development Goals [MDGs] is the other theoretical framework of the study. It is part of the Universal Health Care [UHC] umbrella as the World Health Organization puts it:

**Table 4** Perceptions on the RSO Rendered by the RMs [Remarkable Findings]

| RMs RSO Activities | Raters | | | | | |
|---|---|---|---|---|---|---|
| | Supervisors | | MCRAs | | Alumnae | |
| | Mean | Descrip-tion | Mean | Descrip-tion | Mean | Descrip-tion |
| Community Organization and Community Development (COCD) | | | | | | |
| **1. Established a good working relationship with the community.** | | | | | 4.82 | O |
| **Sub-Mean** | 3.78 | VS | 3.88 | VS | 3.92 | VS |
| Manager of the Barangay Health Station | | | | | | |
| **8. Maintained a functional barangay health station.** | | | 4.52 | O | | |
| **8.1. Maintained Set-up and cleanliness of the barangay health station.** | | | 4.54 | O | | |
| **12. Services rendered were affordable by patients.** | | | 4.54 | O | | |
| **14. Conducted over-all supervision of all community health volunteers.** | | | 4.56 | O | | |
| **Sub-Mean** | 3.97 | VS | 4.48 | VS | 4.18 | VS |
| **Health Services Rendered** | | | | | | |
| **15. Established rapport with patients.** | | | | | 4.64 | O |
| **17. Attended to patients beyond office hours.** | | | | | 4.55 | O |
| **18. Rendered emergency services at any time of the day.** | | | | | 6.64 | O |
| **21. Made services available even at night time during emergencies.** | | | 4.58 | O | | |
| **22. Attended To Facility-Based Delivery when on duty.** | | | | | 4.64 | O |
| **25. Provided range of maternal-child health (MCH) services relevant to client needs** | | | 4.56 | O | | |
| **25.1. Rendered pre-natal check-up to pregnant women.** | | | | | 4.73 | O |
| **25.2. Conducted postpartum health services.** | | | | | 455 | O |
| **26.1. Conducted health education classes.** | 4.55 | O | | | | |
| **26.2. Provided sufficient health information to people in the community.** | 4.64 | O | | | | |
| **26.6. Taught the people in the barangay on care of the sick in the family.** | 4.64 | O | | | | |
| **Sub-Mean** | 4.09 | VS | 4.31 | VS | 4.29 | VS |
| Records Management | | | | | | |
| **29. Assured an organized recording system of all services rendered to the pregnant patients; records those activities in the pink card.** | 4.73 | O | | | | |
| **Sub-Mean** | 4.41 | VS | 4.32 | VS | 4.38 | VS |
| Professional Growth and Development | | | | | | |
| **Sub-Mean** | 4.41 | VS | 4.13 | VS | 4.00 | VS |
| OVER-ALL MEAN | **4.08** | **VS** | **4.22** | **VS** | **4.14** | **VS** |

*Legend:* O-Outstanding [4.51-5.0]
VS-Very Satisfactory [4.0-4.5]
S-Satisfactory [3.5-3.9]

**Table 5** Perceptions on the RSO Rendered by the RM-RNs [Remarkable Findings]

| RMs RSO Activities | Raters | | | | | |
|---|---|---|---|---|---|---|
| | Supervisors | | MCRAs/Clients/Patients | | Alumnae | |
| | Mean | Description | Mean | Description | Mean | Description |
| **Community Organization and Community Development (COCD)** | | | | | | |
| **Sub-Mean** | 3.19 | VS | 4.21 | VS | 3.59 | VS |
| **Manager and Supervisor** | | | | | | |
| **Sub-Mean** | 3.47 | S | 4.32 | VS | 3.72 | VS |
| **Health Care Services** | | | | | | |
| **Sub-Mean** | 3.61 | VS | 4.18 | VS | 4.0 | VS |
| **Records Management** | | | | | | |
| **Sub-Mean** | 3.68 | VS | 4.30 | VS | 3.97 | VS |
| **Professional Growth & Development** | | | | | | |
| **Sub-Mean** | 3.57 | VS | 4.39 | VS | 4.13 | VS |
| **OVERALL MEAN** | 3.54 | VS | 4.25 | VS | 3.56 | VS |

*Legend:* O-Outstanding [4.51-5.0] VS-Very Satisfactory [3.51-4.5] S-Satisfactory [2.51-3.50]

**Table 6** Test of Difference on the Perceptions of the RSO Rendered by the RMs

| Indicators | KW-Comp. Value | p-value | Interpretation |
|---|---|---|---|
| **Community Organization and Community Development (COCD)** | 6.709 | 0.035 | Significant |
| **Manager of the Barangay Health Station** | 10.478 | 0.005 | Significant |
| **Health Care Services** | 3.317 | 0.190 | Not Significant |
| **Records Management** | 0.217 | 0.897 | Not Significant |
| **Professional Growth and Development** | 3.028 | 0.220 | Not Significant |

*Note:* p-value less than 0.05 is interpreted as SIGNIFICANT.

"Universal Health Care is the single most powerful concept that public health has to offer… the umbrella concept that demand solutions to the biggest problems facing health systems… the anchor of WHO". [Chan, WHO, 2012]

To date, a great majority of the Filipinos die without seeing a licensed physician is an irony to the annual production of a bulk of health professionals in the Philippines. The most influencing factor behind the situation is the brain drain problem of the health workforce even before the 70's [XXXIInd World Medical Assembly, 1978]. To address the brain drain problem of health professionals in the country, UPM-SHS was created on 1976 and was established as a regular unit of UP Manila on 1989 [Tayag & Clavel [Eds], 2010]. UPM-SHS was designed to answer the need for health manpower in remote, unserved and underserved communities of the Philippines [UPBOR, 1976; XXXIInd World Medical Assembly, 1978; Borrinaga & Koh, 1993].

Education in the University of the Philippines, being the national university of the country (RA 9500, New UP Charter, 2007), is expensive compared to other state colleges and universities in the country. It is therefore a must that the graduates of UPM-SHS comply with the required return service obligation as its social accountability (RA 9500, New UP Charter) to its people and to give justice to the taxpayers that provide funds to sustain the educational objectives of the University, and most particularly support the mission, vision and goals through which UPM-SHS has been created. UPM-

**Table 7** Test of Difference on the Perceptions of the RSO Rendered by the RM-RNs

| Indicators | KW-Comp. Value | p-value | Interpretation |
|---|---|---|---|
| **Community Organization and Community Development (COCD)** | 8.573 | 0.014 | Significant |
| **Manager and Supervisor** | 6.804 | 0.033 | Significant |
| **Health Care Services** | 4.024 | 0.134 | Not Significant |
| **Trainer** | 3.085 | 0.214 | Not Significant |
| **Records Management** | 4.978 | 0.083 | Not Significant |
| **Professional Growth and Development** | 4.628 | 0.099 | Not Significant |

*Note:* p-value less than 0.05 is interpreted as SIGNIFICANT.

SHS licensed graduates should fill-up positions for health service manpower in the communities where they came from and therefore serve as health resources of their very own communities most particularly the local government units that endorsed them to UPM-SHS (UPM-SHS RAC Policies, 2009).

This year, 19 April 2016, UPM-SHS celebrated its 40th Founding Anniversary. If the graduates would only be provided with the highest level of support through plantilla positions for the RSO, they would have been the strong health workforce of the nation. The study revealed however that only 51% of the respondents did comply with the RSO quite similar to the findings of the study entitled "Student Loans in the Philippines: Lessons from the Past". It published low repayment rate on the Study Now Pay Later Plan (SNPLP) by the Commission on Higher Education (Kitaev, et.al. 2003). Therefore, all health professionals that are recipients of government scholarships must be required of RSO [return service obligation]. This could only be accomplished with government positions created for the following purposes: (1) compliance of RSO; (2) counteract the brain drain of health manpower; (3) ascertain accessibility and availability of health workforce in geographically isolated and disadvantaged areas/communities (GIDA). All these could only materialize through legislation.

Moreover, this study revealed that the respondents rendered very satisfactory to outstanding RSO based on the raters (the supervisors, the MCRAs/Clients/Patients that were recipients of the RSO and the alumnae themselves). The perceptions were grounded on the activities [categorized according to functional areas] they conducted during their academic training. According to the raters, the RMs had demonstrated outstanding performance in some activities under the CHW functional areas. The RM-RNs executed very satisfactorily. That is, in spite of the secondary school academic preparation beyond compare to those that entered the University with a passing UPCAT. Nevertheless, they executed health services at par with the rest in terms of skills execution at community work [O'Neille and Fletcher, 1998; Johnson and Breckson, 2007]. The findings, however, was non-conclusive because of a small population of respondents, in which connection, a validation study on the perception of the return service obligation of the UPM-SHS licensed graduates, has been submitted to the University for funding purposes to achieve the purpose of generalizability.

The study employed the program evaluation theory as another basic framework [Eisner, 1986; Owen and Rogers, 1999; Payne, 2000; Zulueta, 2002]. Findings revealed that the step-ladder program continues to be relevant to the need of competent health workforce that had been originally designed by the medical experiment [XXXIInd World Medical Assembly, 1978]; turned

into a regular unit of UP Manila on 1989 [UP Manila Catalogue of Information, 2005-2010]. The source employed by the study in evaluating the step-ladder program was the actual functional areas and its corresponding activities conducted by the graduates while on training at the academic institution. The program evaluation theory stressed appraisal of academic programs to ascertain its relevance to the health needs of its clientele [Eisner, 1986; Johnston, 1995; Coleman, et.al, 1966 Bratton, 2003; Glewee, 2005;].

As an academic institution, UPM-SHS continuously holds on to the following philosophy: (1) health is a universal birthright; therefore, it should be made available even to remote rural communities; [2] in universal educability; therefore, given the opportunity to appropriate education, the rural communities can develop their own health manpower; thus, the school's admissions policies are not tied to the trappings of academic excellence, but yield to more pragmatic imperatives of working within the human resources and communities it serves; [3] relevance of training to community needs; therefore the school's academic training is balanced with field work where abstract principles are made concrete by field experiences. Its objectives: [1] to produce a broad range of health manpower who will serve the depressed and the underserved communities; [2] to design and test models for health manpower development that would be replicable in various parts of the country, and hopefully, in other countries similarly situated as the Philippines. Today, UPM-SHS has three campuses: [1] UPM-SHS, Main Campus, Leyte [1976]; [2] Baler, Aurora Extension Campus [2008]; [3] Koronadal, South Cotabato Extension Campus [2010] [UPM-SHS RAC Policies, 2009; UP Manila Catalogue of Information, 2005-2010].

Based on Kruskall-Wallis One-Way Analysis of Variance, significant differences existed only on two functional areas: in COCD and in Management of Barangay Health Station among the RMs; and COCD and Manager and Supervisor among the RM-RNs. Therefore, the Philippine Government is at an advantage should it support the RSO through legislation. Then, taxpayers get the drift of its contributions for the social welfare services of the citizenry.

The study further disclosed that respondents had difficulty in complying with the RSO because of unavailability of positions in their LGUs in spite of the willingness and desire to serve their communities. The licensed graduates should develop a sustainable provider trust with their very own people and therefore should be granted priority when employment opportunities exist [Chu-Weininger and Balkrishnan, 2006]. The trained health resources that worked away from home could no longer accomplish the purpose of their admission to UPM-SHS. Lack of administrative support, better opportunities in the business world, student discipline problems, and politics have been identified as causes of turnover of employees [Nelson 2001]. In this study, lack of support from the LGUs [endorsing/communities], politics, lack of opportunities for employment, presence of licensed health professionals from traditional schools vying for plantilla positions, were identified causes why a number of UPM-SHS licensed graduates got employed outside their endorsing communities.

The findings of the study proved that the philosophy is clearly demonstrated and that the step-ladder program has achieved it. Yet, looking into the rationale by which this study has been established, a need is still presented, that is, compliance to RSO by the licensed graduates so that the following purposes are attained and accomplished: [1] universal health care amongst the people residing in geographically isolated and disadvantaged areas; [2] definitive solution to the brain drain problem in the country; [3] continue supporting the UPM-SHS ladder program because it produces the health workforce needed to achieve the MGDs and thenceforth promote the universal health care in GIDA communities (Chan, WHO, 2012).

To synthesize it all, the findings is a confirmation revealed in an investigation about international education quality [Heyneman, 2004]. The author argued that:

> "Children from more educated homes performed significantly better than children from

> less educated houses in Australia, England and Hungary; but tended to be less true in Thailand, Columbia and India. When the explanatory power of school quality in models of schools achievement was compared systematically across 29 countries with that of socio-economic status [SES], the conclusion was that school quality explained more of the variance than SES. In fact, the studies demonstrated that school quality was a more predictor of achievement in the poorer countries" [Heyneman, 2004, p441].

Recent development transpired in UP Manila College of Medicine. The Return Service Agreement was produced at the opportune time [UPCM RSA, 2012]. It stipulates the necessity to payback all the expenses incurred by the studies in UP College of Medicine if unable to comply the RSA. The UPM-SHS graduates however come from indigent families and are therefore incapable to do payback.

In view of these findings, this study concluded that only legislation could regulate RSO; produce employment jobs for the RSO of all recipients of government scholarships to include UPM-SHS licensed graduates, graduates from state colleges and universities, and graduates from private academic institutions; and create legal sanctions for non-compliance.

## Conclusion

In view of these findings, this study concluded the need for legislation on RSO to promote its compliance from the graduates at all UPM-SHS campuses. They should be held responsible and socially accountable to the demand the country has on them as regards provision of health services to the remote, unserved, underserved and marginalized people of the society, most particularly the GIDA communities. Only legislation could produce specific employment jobs to be occupied by the UPM-SHS scholars and all the other health professionals that are recipients of government scholarships and student loans must be required of RSO [return service obligation]. The legislation should stipulate sanctions as well so that these government scholars would really be obliged to comply with the provisions of the contract they have made with the government.

Even if the findings of the study are non-generalizable, it presents the baseline data, which interested researchers could further investigate for a conclusive outcome.

## Recommendations

1. DOH [as a stakeholder] grant higher priority to the scholars of UPM-SHS in hiring employees who are to render health services to the people situated in the remote areas of the country, most particularly, the endorsing communities of the UPM-SHS scholars while legislation still has to find the long process for its creation.
2. Policy Makers create a legislation approved by the Philippine Congress for a government regulated and well-defined conduct of RSO - legislation that would establish an Administrative Body that would regulate RSO and most particularly address the following national concerns:

    2.1. Create positions for RSO purposes only.
    2.2. Strict compliance of RSO by all health professionals that were recipients of government scholarships or student loans to include: UPM-SHS graduates, graduates of state colleges and universities, graduates from private academic institutions.
    2.3. Counteract brain drain of health manpower in the country.
    2.4. Ascertain accessibility and availability of health workforce [RMs, RM-RNs, RNs, licensed MDs in GIDA communities to attain health equity and universal health care.]
3. LGUs grant UPM-SHS licensed graduates work opportunities and assignments to motivate them compliance of RSO.
4. RHUs require a regular orientation and reorientation of their roles on assessment, planning, implementation and monitoring of the RSO in terms of identified functional areas.
5. UPM-SHS strengthen the linkages with stakeholders and motivate them to create programs that motivate compliance of RSO.
6. Endorsing communities engage in active participation to all health services facilitated by

their scholars and promote optimum utilization of those services.

7. Graduates demonstrate the best of their abilities and professional competencies when conducting RSO; even if job items are yet unavailable, they should make their services accessible at the health units at all times.
8. Community in General need to actively participate in the health programs, projects, activities that the licensed graduates facilitate in their areas.
9. Researchers could derive insights in formulating other studies of related significance; and/or conduct similar investigation to validate the findings of this study.

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***from page 49***

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