Implementation of the Universal Health Care Law: An Assessment

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Abstract — This study examines the implementation of the Universal Health Care (UHC) Law in the Philippines, emphasizing the crucial role of nurses in promoting equitable healthcare delivery. As frontline providers, nurses are vital to the success of UHC. Understanding their perceptions provides valuable insights into the program's effectiveness and identifies areas for workforce-related improvements.

A quantitative research design was utilized, with structured surveys distributed to public and private healthcare facility nurses. The survey gathered demographic and professional data and assessed perceptions of UHC Law implementation in areas such as human resources for health, employability, and service delivery. Statistical techniques were employed to analyze significant trends and relationships, including frequency and percentage, weighted mean, ANOVA, t-test, and Scheffe test.

Findings highlight that nurses, mainly middle-aged women in public institutions, play a key role in UHC execution. Frequently implemented aspects include occupational health and safety measures and certification practices. However, challenges like salary fairness and deployment organization persist. Demographic and professional variables, such as age, gender, education, and employment status, influence perceptions, with younger and more educated nurses expressing more favorable views of the program.

The study recommends institutionalizing supportive programs and intersectoral partnerships to empower nurses and sustain long-term health system reforms. Future research should explore the longitudinal effects of employment stability and public-private collaborations on healthcare access, workforce well-being, and patient outcomes, thereby contributing to a more resilient and inclusive health system aligned with the goals of Universal Health Coverage.

Keywords — Universal Health Care Law, nurses, quantitative research, human resources for health, service delivery, healthcare policy, Philippines.

I. Introduction

Universal Health Coverage (UHC) represents a vital global health objective that seeks to ensure that all individuals and communities can obtain the necessary health services without incurring financial hardship (World Health Organization [WHO], 2023). Aligned with the Sustainable Development Goals (SDG 3.8), UHC prioritizes access to quality essential health

services and safe and affordable medicines and vaccines while providing financial protection for all.

Numerous countries have adopted Universal Health Coverage (UHC) as a key health policy, yet implementation is inconsistent. The World Bank (2023) reveals that despite some progress in service coverage, approximately 4.5 billion people still lack access to essential health services, and a staggering two billion are driven into poverty due to out-of-pocket health expenses. The COVID-19 pandemic has highlighted the systemic weaknesses in healthcare systems, particularly in workforce capacity and the delivery of essential services, underscoring the urgent need for reform.

In the Philippines, Republic Act No. 11223, commonly referred to as the Universal Health Care Law was enacted in 2019 to secure equitable access to quality and affordable health services for every Filipino citizen. This landmark legislation marked a significant milestone in the country's healthcare system and aimed to eliminate barriers to medical care (Department of Health [DOH], 2021). It established automatic enrollment in the National Health Insurance Program, administered through PhilHealth, ensuring that individuals receive essential health benefits without the burden of high costs. Furthermore, the law encouraged the integration of local health systems, promoting collaboration between various healthcare providers to enhance service delivery. By prioritizing primary care as the cornerstone of healthcare services, the Universal Health Care Law fosters a more accessible, efficient, and patient-centered approach to health and wellness for all Filipinos.

A vital element of implementing Universal Health Coverage (UHC) is strengthening human resources for health (HRH). Ensuring adequate staffing, equitable compensation, ongoing training, and healthcare professionals' retention are essential for effective service delivery. The UHC Law offers enhanced benefits, deployment programs, and developmental initiatives for healthcare workers (DOH, 2021). Nevertheless, disparities in the distribution of HRH, particularly in geographically isolated and disadvantaged areas, continue to hinder employability and the sustainability of the healthcare workforce (Asian Development Bank [ADB], 2022).

The effective delivery of health services is of utmost importance and encompasses public health interventions, health promotion, and disease prevention. Public health initiatives, including immunization campaigns and maternal health services, are vital for enhancing overall population health outcomes. Health promotion strategies within the Universal Health Coverage (UHC) framework seek to empower individuals and communities to take charge of their health through education and establishing supportive environments (WHO, 2023). At the same time, disease prevention efforts aim to alleviate the impact of both communicable and non-communicable diseases by prioritizing early detection, screening, and timely interventions (ADB, 2022).

Despite the comprehensive vision of the UHC Law, its implementation faces multiple challenges, including financing limitations, infrastructure gaps, and the need for strong governance at both national and local levels. Nonetheless, the Philippines' commitment to UHC provides an

important framework for assessing healthcare access and system reforms. This study evaluates the implementation of the UHC Law with emphasis on human resources for health, benefits, and employability, as well as the effectiveness of service delivery through public health interventions, health promotion, and disease prevention strategies.

To enhance health service coverage and uphold the right to the highest attainable standard of health in a developing middle-income country like the Philippines, Filipinos must have safeguards against the financial burdens associated with healthcare costs. This objective is reinforced by the Universal Health Care (UHC) Law, a landmark reform that aims to ensure essential health services are both accessible and affordable for all Filipinos when needed, without leading to financial hardship.

Despite these advancements, the Philippines continues to grapple with various health challenges in its quest to achieve UHC. Underserved populations face a high prevalence of communicable and non-communicable diseases. Adolescents and young adults confront an epidemic of sexually transmitted infections, mothers and newborns succumb to preventable conditions, and older adults demand increasing healthcare resources. As policymakers strive to address these issues, it becomes evident that the current state of the health system cannot persist. There is a pressing need to reorient health agencies and strengthen the healthcare workforce to tackle these preventable healthcare problems (Parail & Locsin, 2024).

In countries like the Philippines, where many health workers, particularly nurses, migrate abroad seeking better opportunities, healthcare quality often suffers, becoming unresponsive to the population's needs. Achieving improved health outcomes and realizing UHC will remain challenging unless the health system is supported by "appropriately skilled, equitably distributed, and well-motivated" health workers. Studies have indicated that while the Philippines does not face an outright shortage of Human Resources for Health (HRH), their equitable distribution is a significant issue, with many concentrated in urban areas, leaving rural communities underserved (Tangcalan & Bool, 2019).

Healthcare professionals, particularly nurses, play a vital role in the functionality of health systems. Their availability, accessibility, acceptability, and quality are critical determinants of a health system's capacity to meet its goals (WHO, 2018). HRH encompasses diverse professions aimed at promoting and maintaining human health. Global initiatives, such as the United Nations Sustainable Development Goals (SDGs) and the World Health Organization's Health Workforce 2030 plan, emphasize the critical importance of HRH in achieving universal health coverage. Nurses, who constitute nearly half the health workforce locally and globally, are central to advancing healthcare by promoting wellness, preventing illness, treating ailments, and empowering communities. Enabling nurses to exercise their profession, especially within primary healthcare fully, strengthens the provision of quality services and moves closer to the global vision of "Health for All."

One strategy to improve healthcare access and address HRH challenges is the Department of Health's HRH Deployment Program, which mobilizes health professionals to underserved and rural areas, particularly those classified as Geographically Isolated and Disadvantaged Areas (GIDA). This program assigns teams, including physicians, nurses, midwives, and others, to local government units that have difficulty retaining health workers due to limited resources (NEDA, 2019). Additionally, the National Health Human Resource Master Plan (NHHRMP) aims to sustain HRH development through a long-term strategic framework. It institutionalizes multi-stakeholder collaboration to monitor, evaluate, and amend HRH initiatives in alignment with the Universal Health Care Act (IRR R.A. 11223, 2019).

Sustaining health programs is essential for creating lasting positive impacts on communities, ensuring effective resource allocation, and achieving enduring improvements in health outcomes. The continuity of health services depends on appointing health workers to permanent positions within province-wide and city-wide health systems, adhering to Civil Service Commission rules, and ensuring competitive salaries (IRR R.A. 11223, 2019). Similarly, private and non-government health facilities must comply with minimum staffing standards, offering regular employment with competitive compensation to maintain health service continuity (IRR R.A. 11223, 2019).

Globally, persistent HRH challenges demand a paradigm shift in planning, educating, deploying, managing, and rewarding health workers. Innovative approaches are essential, such as adopting inclusive care models, focusing on collaborative team-based care, and leveraging technological advancements. Investments in health workforce reform can also create employment opportunities for women and youth, fostering equity and sustainability. Realizing these potential benefits hinges on mobilizing political will and building institutional capacity to implement transformative health workforce strategies (WHO, 2018).

A robust health workforce with an adequate size and skill mix is critical to achieving population health goals, including UHC and the SDG targets. Yet, nations face multifaceted HRH challenges, such as education, deployment, retention, and performance difficulties. Suboptimal allocation of health workers affects accessibility, quality, and equity in health services. In the Philippines, the National Health Workforce Support System mandated by the UHC Law aims to resolve these issues by assessing HRH performance and addressing staffing gaps, particularly in underserved areas (IRR R.A. 11223, 2019).

This study highlights the indispensable role of nurses in the success of UHC, examining their contributions, challenges, and opportunities. Analyzing the impact of HRH policies on nursing provides valuable insights into intervention programs to optimize their role in delivering equitable, high-quality health services nationwide.

Theoretical/ Conceptual Framework

This study is guided by two complementary health behavior theories: the Health Promotion Model (HPM) by Dr. Nola Pender and the Health Belief Model (HBM). Both provide a theoretical foundation for understanding health-related behaviors and system-level responses essential to implementing Universal Health Care (UHC).

Health Promotion Model (HPM)

Developed by Dr. Nola Pender, the Health Promotion Model emphasizes the multifactorial nature of health behavior, suggesting that individual actions are influenced by personal characteristics, experiences, perceived benefits and barriers, and self-efficacy (Pender, Murdaugh, & Parsons, 2015). This model is valuable for evaluating health promotion and disease prevention programs established under the Universal Health Care (UHC) Law. It is especially relevant in enhancing public health education initiatives, fostering active community engagement, and assessing the effectiveness of preventive care services. By utilizing this model, stakeholders can gain deeper insights into how these programs operate and their impact on overall community health outcomes.

The HPM aids the study of health promotion strategies by evaluating how healthcare workers, policymakers, and individuals make decisions to engage in health-promoting behaviors with access to universal services.

Health Belief Model (HBM)

The Health Belief Model (HBM) presents a valuable framework for examining how individuals engage with healthcare services and service delivery outcomes. According to this model, the decisions that people make regarding whether to seek and utilize health services are significantly shaped by their perceptions of several key factors, including the perceived severity of health issues, the likelihood of contracting illnesses, the benefits of preventive actions, and the barriers that may hinder access to care. Understanding these perceptions gives us valuable insights into the motivations influencing healthcare behaviors. This understanding allows us to create more effective interventions to improve health service utilization. Key factors to consider include Susceptibility to illness, Severity of the condition, Benefits of taking action, Barriers to taking action, and Cues to action (Rosenstock, 1974; Champion & Skinner, 2008).

Within the context of UHC implementation in the Philippines, the HBM can explain individual and community behaviors related to seeking care under PhilHealth, participating in immunization drives, or using preventive services. It is also relevant for understanding employability and benefits acceptance among health workers, as their perceptions and motivations may influence retention and service quality.

This study decisively integrates the Health Promotion Model (HPM) and the Health Belief Model (HBM), effectively capturing individual health behaviors and systemic implementation factors. This approach provides a comprehensive understanding of the barriers and enablers essential for realizing Universal Health Coverage (UHC). This study will deal with the extent of implementation of the Universal Health Care Law in selected healthcare facilities in Eastern Pangasinan.

II. Methodology

Research Design and Strategy

This study employed the descriptive survey method to assess the extent of implementation of the Universal Health Care Law in public and private health facilities in the 6th district of Pangasinan. A structured questionnaire was used as the primary data-gathering tool to capture respondents' perceptions of service delivery, workforce, and access-related outcomes under the UHC Law.

As noted by McCombes (2019), the descriptive survey method is effective in collecting information, describing respondent demographics, and understanding their perceptions about the consequences of policy implementation. This method is suitable for this study as it allows for systematic and objective data collection from a large number of respondents, facilitating meaningful analysis and interpretation of how the UHC Law has affected various stakeholders across different types of health facilities.

Population and Locale of the Study

The researcher employed purposive sampling for the number of respondents involved; hence, nurses who met the criteria and were cooperative served as the respondents. There were 100 nurses from various health care facilities located at the (6th) district of Pangasinan. Likewise, the data were gathered during the 2nd semester of the school year 2025.

Data Gathering Tool

The researcher prepared and formulated the survey questionnaire based on his literature, previous studies, and understanding. The first part includes the respondents' profiles in terms of their age, civil status, highest educational attainment, employment status, and number of years of experience. The second part dealt with the extent of implementation of the Universal Health Care Law on human resources for health: benefits and employability, and delivery of services: public health intervention and health promotion.

The questionnaire was utilized to gather data from the respondents. The items found in the questionnaire were taken from several articles and research studies related to the extent of implementation of the Universal Health Care Law among Human Resources for Health. However,

it was subjected to validation by the Institute of Graduate and Advanced Studies Dean, a research expert from the Department of Health (DOH), and professors handling research subjects. Their suggestion and recommendations were incorporated to improve the questionnaire further. The combined rating was highly valid.

Data Gathering Procedure

Prior to data collection, the researcher obtained approval from the Dean of the Institute of Graduate and Advanced Studies to perform the study. Upon receiving permission from the Institute of Graduate and Advanced Studies, the researcher sought and collaborated with the Head of Health Care Institution through the Head Nurse to obtain their endorsement for the eligible respondents. The questionnaire was administered to the respondents for them to respond to the specified questions, collect, and aggregate data for analysis and interpretation. The researcher provided physical assistance with the study tools to clarify any misunderstandings or concerns expressed by the respondents while answering the many questions included in the instruments. The researcher retrieved the study instruments from the respondents for statistical analysis to assess the outcomes.

Treatment of Data

The acquired data were organized into a contingency table and analyzed using appropriate statistical methods. The study employed descriptive statistics to analyze data in pursuit of its objectives.

For Problem Number 1, Frequency and percentage were utilized to determine the profile variables about age, sex, civil status, highest educational attainment, years of experience, work status, and category of health facility.

For Problem Number 2, the Weighted mean was used for the level impact of the implementation of the Universal Health Care Law.

For Problem Number 3, on the significant differences on the level of impact in the implementation of the Universal Health Care Law, Analysis of Variance, t-test, and Scheffe were used to test the difference.

For Problem Number 4, on the significant relationships on the level of impact in the implementation of the Universal Health Care Law, Pearson's r Correlation Coefficient was used to test the relationship *Pearson r correlation coefficient*

For Problem Number 5, a proposed intervention program was proposed to enhance the Implementation of the Universal Health Care Law.

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III. Results and Discussion

Part 1. Respondents' Profile

Table 1 provides a summary of the respondents' demographic and professional profiles. It presents data on their age, sex, civil status, highest educational attainment, employment status, number of years of experience, and the category of facility in which they are employed. This information is vital in understanding the composition and diversity of the respondents, which forms the basis for analyzing their perspectives and contributions within the context of the study.

Table 1
Distribution of Respondents in terms of their Profile Variables
n=100

Profile Variables	Frequency	Percentage
Age (in years)		
21 – 29	14	14.0
30 – 64	86	86.0
Sex		
Male	21	21.0
Female	79	79.0
Civil Status		
Single	30	30.0
Married	70	70.0
Highest Educational Attainment		
Bachelor's Degree	67	67.0
With MAN units	26	26.0
Master's degree holder	5	5.0
With doctoral units	2	2.0
Employment Status		
Contract of Service	64	64.0
Job Order	3	3.0
Casual	10	10.0
Permanent	23	23.0
Number of Years of Experience		
Less than 1	4	4.0
1 – 3	9	9.0
4 – 6	7	7.0
7 and above	80	80.0
Category of Facility		
Private	32	32.0
Public	68	68.0

Age. The table indicates that the majority of respondents fall within the 30-64 age group, accounting for a frequency of 86 or 86%. This is followed by the 21-29 age group, with a frequency

of 14 or 14%. These findings highlight that the respondents are predominantly middle-aged adults actively involved in the implementation of the Universal Health Care law.

Sex. The data reveals that a significant portion of the respondents are females, comprising 79% with a frequency of 79. Males account for the remaining 21% with a frequency of 21. This indicates that the respondent group is predominantly female.

Civil Status. The data indicates that most respondents are married, accounting for 70% with a frequency of 70, while single individuals comprise 30% with a frequency of 30. This suggests that the majority of respondents have established families.

Highest Educational Attainment. The data shows that the majority of respondents hold a Bachelor's degree, making up 67% with a frequency of 67. This is followed by those with Master of Arts in Nursing (MAN) units at 26% with a frequency of 26, master's degree holders at 5% with a frequency of 5, and those with doctoral units at 2% with a frequency of 2. These results suggest that most respondents have not pursued advanced levels of education beyond a bachelor's degree.

Employment Status. The data indicates that the majority of respondents are employed under a contract of service, representing 64% with a frequency of 64. This is followed by those with permanent positions at 23% with a frequency of 23, casual employees at 10% with a frequency of 10, and job order workers at 3% with a frequency of 3. These findings suggest that most respondents hold non-regular employment, with contracts subject to renewal every three or six months.

Number of Years of Experience. The data reveals that the majority of respondents have over seven years of service, accounting for 80% with a frequency of 80. This is followed by those with 1-3 years of experience, comprising 9% with a frequency of 9; respondents with 4-6 years of experience at 7% with a frequency of 7; and those with less than one year of service at 4% with a frequency of 4. These findings indicate that most respondents have been in service for a considerable length of time.

Category of Facility. The data shows that the majority of respondents are employed in public hospitals, representing 68% with a frequency of 68, while 32% with a frequency of 32 are employed in private facilities. This indicates that a significant portion of respondents work within government institutions. Additionally, the private sector is encouraged to contribute to service delivery needs by functioning as health care provider networks and collaborating with academic institutions to generate evidence through data sharing and the commissioning of relevant health policy and system studies (Nuevo et al., 2021).

Part II A. Extent of Implementation of Universal Health Care on Human Resource for Health.

Table 2 presents the level of impact of the Universal Health Care Law on Human Resources for Health. The table highlights how the implementation of the UHC Law has affected key aspects of health care workforce dynamics, including their roles, benefits, employment conditions, and overall contributions to the health care system. By showcasing these impacts, the data offers valuable insights into the effectiveness of Universal Health Care in addressing workforce-related challenges and fostering sustainable improvements in health care delivery through strengthened human resources.

Table 2
Extent of Implementation of the Universal Healthcare Law
along with Human Resource for Health
n=100

Indicators	WM	DE	TR
Benefits			
1. Fair remuneration or salary is given based on the salary scale	3.31	SO	MI
2. Provision of career development, like attending seminars and being updated on the UHC law	3.59	O	I
3. Ensure occupational health and safety by providing supplies needed in the area	3.98	O	I
4. Protecting our rights in the health care system by following proper scheduling and exposure to the area of assignment	3.99	O	I
5. Protection of our rights as health workers by providing us the benefits and incentives	3.93	O	I
Average Weighted Mean	*3.76*	*O*	*I*
Employability			
6. Provision of an even distribution of health workers in the area	3.25	SO	MI
7. Provides us the clear guidelines in hiring healthcare workers with proper designations	3.41	SO	MI
8. Formal training, workshop, and orientation regarding the Universal Health Care Act is provided	3.88	O	I
9. The deployment program for healthcare workers is properly followed and implemented	3.04	SO	MI
10. Certification to practice is provided to health workers as a primary requirement in the area	3.92	O	I
Average Weighted Mean	*3.50*	*O*	*I*
Overall Weighted Mean	**3.63**	**O**	**I**

Legends:

Statistical Range	Descriptive Equivalent (DE)	Transmuted Rating (TR)
4.50 – 5.00	Always (A)	Highly Implemented (HI)
3.50 – 4.49	Often (O)	Implemented (I)
2.50 – 3.49	Sometimes (SO)	Moderately Implemented (M)
1.50 – 2.49	Seldom (SE)	Slightly Implemented (SI)
1.00 – 1.49	Never (N)	Not Implemented (NI)

Based on the table, the highest-rated benefits are item 3, "Ensuring occupational health and safety by providing necessary supplies in the area," and item 4, "Protecting rights in the health

care system by adhering to proper scheduling and exposure to assigned areas." These items achieved weighted means of 3.98 and 3.99, respectively, and are classified as "Often" "Implemented.".

The table also indicate that respondents' rights and safety were safeguarded by their employers, ensuring adequate protection. Regarding employability, item 10, "Certification to practice is provided to health workers as a primary requirement in the area," received the highest rating, with a weighted mean of 3.92, classified as "Often" "Implemented." This demonstrates that respondents possessed the required qualifications prior to their inclusion in the program. As highlighted by NEDA (2019), improving access to quality basic health services necessitates sufficient healthcare professionals and workers across the country to deliver these services. One strategy to address this need is the deployment of health workers through the DOH Human Resource for Health (HRH) Deployment Program.

On the other hand, the lowest-rated benefit is item 1, "Fair remuneration or salary is given based on the salary scale," which has a weighted mean of 3.31, classified as "Sometimes" "Moderately Implemented." Similarly, for employability, the lowest-rated indicator is item 9, "The deployment program for healthcare workers is properly followed and implemented," with a weighted mean of 3.04. These results suggest that nurses' salaries are only moderately aligned with the established salary scale and require improvement. Additionally, better organization and implementation of healthcare worker deployment programs are necessary to fully support the objectives of the Universal Health Care (UHC) Law.

Overall, the implementation of the Universal Health Care (UHC) Law concerning Human Resources for Health achieved an average weighted mean of 3.63, categorized as "Often" "Implemented." This indicates that while the program's activities are being carried out, there is still room for improvement to ensure its full and effective implementation. Enhancing these activities would further strengthen the program and support its overarching goals. According the Universal Health Care Law, emphasizes equitable access to quality health care services and the protection of health care workers' rights and welfare (IRR R.A 11223, 2019). These insights underscore the need for continuous evaluation and enhancement of program activities to address workforce challenges and ensure sustainable implementation of the Universal Health Care Law.

Part II B. Extent of Implementation of the Universal Health Care on the Delivery of Services.

Table 3 presents the level of impact of the Universal Health Care (UHC) Law on the delivery of services. The data highlights how the implementation of the UHC Law has influenced various aspects of service provision, including accessibility, quality, and efficiency. By examining these indicators, the table provides valuable insights into the effectiveness of the UHC Law in enhancing health care delivery systems and addressing service-related challenges to achieve equitable and inclusive health care for all.

Table 3

Extent of Implementation of the Universal Health Care Law along with Delivery of Services

Indicators	WM	DE	TR
Public Health Intervention			
1. ensure that all people in their area are health literate, with healthy living conditions, and protected from hazards and risks that could affect their health	3.49	SO	MI
2. approach is centered on people's needs and well-being, and cognizant of the differences in culture, values, and beliefs	3.68	O	I
3. register the people with a primary care provider within their territorial jurisdiction	3.31	SO	MI
4. orient the people that health services are financed by the national government through the DOH and provided free of charge at the point of service for all people in the area	3.33	SO	MI
5. ensure membership of people in the Program is required into two (2) types, direct contributors and indirect contributors	3.22	SO	MI
6. made sure that each member is granted immediate eligibility for health benefit packages without the need to present the PhilHealth identification card under the Program	3.27	SO	MI
7. with the DOH, ensure shared responsibilities and accountabilities among members of the health system for the delivery of population-based health services, including those that impact on the social determinants of health	3.30	SO	MI
8. implement the institutionalization of the Universal Health Care Act among people in their area of assignment	3.49	SO	MI
9. inform people of their right to health and instill health consciousness among them.	3.59	O	I
10. made sure there is a systematic approach and clear delineation of roles of key agencies and stakeholders towards a better health system	3.47	SO	MI
Weighted Mean	*3.42*	*SO*	*MI*
Disease Prevention			
1. advise the importance of physical activity to help prevent disease and improve the heart, lungs, and circulatory system	4.13	O	I
2. inculcate healthy eating to prevent diseases	4.17	O	I
3. inform people of the importance of submission to vaccination	4.34	O	I
4. remind people to minimize or limit stress	3.98	O	I
5. educate people about healthy and safe habits	4.01	O	I
6advise to limit the intake of alcohol, particularly the male population	4.07	O	I
7. avoid the people on environmental risks and harmful substances	3.71	O	I
8. educate people about oral and dental hygiene	4.24	O	I
9. inculcate the importance of getting enough sleep	4.11	O	I
10. remind community people of the use of personal protective equipment especially in crowded places	3.77	O	I
Weighted Mean	*4.05*	*O*	*I*
Health Promotion			
1. provide people access to a comprehensive set of quality and cost-effective, promotive, preventive, curative, rehabilitative, and palliative health services without causing financial hardship.	3.46	SO	MI
2. foster a whole-of-society approach in the development, implementation, monitoring, and evaluation of health policies, programs, and plans;	3.33	SO	MI
3. ensure the people are guaranteed equitable access to quality and affordable health care goods and services, and protect against financial risk	3.60	O	I

Indicators	WM	DE	TR
4. enlist qualified dependents of Philhealth members, including children of 20 years of age and those aged 21 and above who have the capacity to pay the premium shall be listed as direct contributors	3.18	SO	MI
5. inform every individual are automatically included in the National Health Insurance Program	3.34	SO	MI
6. DOH, and PhilHealth provide specific health service packages for population-based and individual-based health services	3.61	O	I
7. ensure that PhilHealth shall implement a comprehensive outpatient benefit, including outpatient drug benefit and emergency medical	3.28	SO	MI
8. And the DOH and local government units (LGUs) provide a health care delivery system that shall afford every individual a primary care provider	3.37	SO	MI
9. inform the people that PhilHealth set aside accumulated revenues to meet the cost of the current year's expenditures as reserve fund for health services for them to be aware that services are free	3.11	SO	MI
10. prioritize the needs of the population who cannot afford health services	3.47	SO	MI
Weighted Mean	*3.38*	*SO*	*MI*
Average Weighted Mean	3.61	O	I

Legends:

Statistical Range	Descriptive Equivalent (DE)	Transmuted Rating (TR)
4.50 – 5.00	Always (A)	Highly Implemented (HI)
3.50 – 4.49	Often (O)	Implemented (I)
2.50 – 3.49	Sometimes (SO)	Moderately Implemented (M)
1.50 – 2.49	Seldom (SE)	Slightly Implemented (SI)
1.00 – 1.49	Never (N)	Not Implemented (NI)

The table illustrates the level of implementation of the Universal Health Care (UHC) Law in terms of service delivery. Among public health interventions, item 2 stands out as the highest-rated, highlighting an "approach centered on people's needs and well-being, while being mindful of cultural diversity, values, and beliefs." This underscores the importance of inclusive, person-centered strategies in the implementation of UHC. On the other hand, the lowest-rated item is item 6, which states, "Ensuring that each member is granted immediate eligibility for health benefit packages without the need to present a PhilHealth identification card under the Program," with a weighted mean of 3.27, classified as "Sometimes" "Moderately Implemented." This suggests that public health interventions primarily cater to those in need of services, regardless of their social status, yet benefit package implementation remains inconsistent and requires improvement. To address these gaps, the Department of Health focuses on empowering communities through various programs and campaigns aimed at increasing public awareness of their rights and benefits, the availability of health services, and government-led health programs. Additionally, these initiatives emphasize the importance of health literacy, community engagement, and the proper licensing of primary care providers.

In the area of Disease prevention, the highest-rated item is item 3, "Educating people about the importance of receiving vaccinations," which achieved a weighted mean of 4.34, categorized as "Always" "Highly Implemented." Conversely, the lowest-rated item is item 7, "Minimizing people's exposure to environmental risks and harmful substances," with a weighted mean of 3.71, classified as "Often" "Implemented." These findings underscore the need for mandatory

immunization programs for infants and children as a fundamental component of the UHC Law and (RA 10152). RA 10152 outlines the state's responsibility to play a proactive role in preventive health care for infants and children and mandates the adoption of a comprehensive immunization program to safeguard their health.

In the area of Health Promotion, the highest-rated item is item 6, which highlights that the Department of Health (DOH) and PhilHealth offer specific health service packages for both population-based and individual-based health services, with a weighted mean of 3.61, categorized as "Often" "Implemented." On the other hand, the lowest-rated item is item 9, which focuses on informing the public that PhilHealth sets aside accumulated revenues as a reserve fund for health services to cover costs, ensuring people are aware that services are free. This item achieved a weighted mean of 3.11, categorized as "Sometimes" "Moderately Implemented.". These findings indicate that while government agencies such as DOH and PhilHealth play a key role in supporting the program's implementation, there are areas requiring further improvement to ensure its full execution. Under the UHC Law, all Filipinos are automatically enrolled as PhilHealth members, granting them immediate access to benefits. Furthermore, families and households have the autonomy to select their preferred primary care providers, fostering trust and personalized care (Nuevo et al., 2021).

The overall implementation of the Universal Health Care (UHC) Law in terms of service delivery achieved an average weighted mean of 3.61, classified as "Often" "Implemented." This indicates that the delivery of services is in place; however, further improvements are necessary to achieve full and effective implementation. The Department of Health (DOH), Local Government Units (LGUs), and the private sector must ensure that the public is well-informed about their entitlements, the available services, and the processes for accessing them. The DOH is also tasked with empowering communities through various programs and campaigns aimed at increasing public awareness.

In line with the UHC Law, service delivery requires the deployment of health workers with optimal skills across all levels of the health system. These workers must be equitably distributed, adequately supported, provided access to quality-assured resources, and ensured decent working conditions to fulfill the program's objectives.

Part III A. t-Test Results on the Difference in the Extent of Implementation of the Universal Healthcare Law across Age.

Table 4 illustrates the differences in the level of impact of the implementation of the Universal Health Care (UHC) Law across various age groups of nurse-respondents. By analyzing these variations, the table provides insights into how age influences perceptions and experiences regarding the UHC Law's implementation. This data is valuable for identifying age-specific challenges and opportunities, enabling policymakers to design targeted intervention programs for

optimizing the role and satisfaction of nurses across different age brackets in achieving the UHC goal.

Table 4
t-Test Results on the Difference in the Extent of Implementation of the Universal Healthcare Law across Age

Aspect	Age	n	Mean	Mean Difference	Standard Error Difference	df	t-value	Sig	Remarks
Human Resources for Health									
Benefits	21 – 29	14	3.96	.229	.250	98	.915	.362	Not Significant
	30 – 64	86	3.73						
Employability	21 – 29	14	4.04	.631	.287	98	2.199	.030	Significant
	30 – 64	86	3.41						
Delivery of Services									
Public Health Intervention	21 – 29	14	4.22	.938	.380	98	2.465	.015	Significant
	30 – 64	86	3.28						
Diseases Prevention	21 – 29	14	4.20	.171	.253	98	.675	.501	Not Significant
	30 – 64	86	4.03						
Health Promotion	21 – 29	14	4.06	.801	.423	98	1.895	.061	Not Significant
	30 – 64	86	3.26						

Based on the computed F-values and significance values, no significant differences were observed. Nurse respondents across all age groups expressed similar perspectives regarding the degree of implementation of the Universal Health Care (UHC) Law in relation to human resources for health and service delivery. This suggests a shared consensus among the nurse respondents that the UHC Law has been effectively implemented to benefit the population in the country.

Part III B. t-Test Results on the Difference in the Extent of Implementation of the Universal Healthcare Law across Sex.

Table 5 presents the t-test results examining the differences in the level of impact of the implementation of the Universal Health Care (UHC) Law across sexes. This analysis aims to determine whether significant variations exist between male and female nurse respondents in their perceptions and experiences of the UHC Law's implementation. The results provide insights into potential gender-specific perspectives and help identify areas for enhancing equitable engagement within the health care workforce to support UHC goals.

Table 5

t-Test Results on the Difference in the Extent of Implementation of the Universal Healthcare Law across Sex

Aspect	Sex	n	Mean	Mean Difference	Standard Error Difference	df	t-value	Sig	Remarks
Human Resources for Health									
Benefits	Male	21	3.43	-.420	.210	98	-1.997	.051	Not Significant
	Female	79	3.85						
Employability	Male	21	3.12	-.476	.246	98	-1.937	.056	Not Significant
	Female	79	3.60						
Delivery of Services									
Public Health Intervention	Male	21	2.97	-.448	.220	98	-1.725	.088	Not Significant
	Female	79	3.53						
Diseases Prevention	Male	21	3.73	-.405	.212	98	-1.906	.060	Not Significant
	Female	79	4.14						
Health Promotion	Male	21	2.95	-.541	.363	98	-1.491	.139	Not Significant
	Female	79	3.49						

The computed t-values and associated significance levels indicate no significant differences. This means that both male and female nurses provided identical ratings regarding the implementation of the Universal Health Care (UHC) Law in relation to human resources for health, specifically focusing on benefits and employability. Similarly, this holds true for the delivery of services, particularly in the areas of public health interventions and health promotion. In conclusion, both genders shared a positive perspective on the effectiveness of UHC Law implementation.

Part III C. t-Test Results on the Difference in the Extent of Implementation of the Universal Healthcare Law across Civil Status.

In Table 6, t-test analysis was conducted to examine whether there are significant differences in the perceived impact of the implementation of the Universal Health Care (UHC) Law based on civil status. This analysis aimed to evaluate the extent to which respondents, grouped by their marital status—such as single and married—differed in their views on the UHC Law's impact. Key aspects assessed included its effectiveness in improving human resources for health, benefits, employability, and the delivery of healthcare services, particularly in public health interventions and health promotion efforts. By applying the t-test, the study sought to uncover any notable variations across these groups and provide deeper insights into how civil status might influence the perception of the UHC Law's implementation.

Table 6

t-Test Results on the Difference in the Extent of Implementation of the Universal Healthcare Law across Civil Status

Aspect	Civil Status	n	Mean	Mean Difference	Standard Error Difference	df	t-value	Sig	Remarks
Human Resources for Health									
Benefits	Single	30	3.74	-.029	.190	98	-.150	.881	Not Significant
	Married	70	3.77						
Employability	Single	30	3.49	-.010	.223	98	-.043	.966	Not Significant
	Married	70	3.50						
Delivery of Services									
Public Health Intervention	Single	30	3.46	064	.297	98	.217	.829	Not Significant
	Married	70	3.40						
Diseases Prevention	Single	30	3.94	-.161	.191	98	-.843	.401	Not Significant
	Married	70	4.10						
Health Promotion	Single	30	3.35	-.040	.326	98	-.124	.901	Not Significant
	Married	70	3.39						

The analysis of computed t-values and corresponding significance levels revealed statistically insignificant results, supporting the acceptance of the null hypothesis. This indicates that there is no noteworthy difference in perceptions of the implementation of the Universal Health Care (UHC) Law between single and married nurses. Both groups share similar views regarding its degree of implementation across critical areas, such as human resources for health and service delivery. Moreover, the findings reflect a consensus among nurses that the implementation of the UHC Law has been highly positive, recognizing its potential to bring substantial benefits to both local communities and the entire nation.

Part III D1. ANOVA Results on the Difference in the Extent of Implementation of the Universal Healthcare Law across Highest Educational Attainment.

In Table 7, the analysis of variance (ANOVA) was utilized to examine whether the perceived extent of the implementation of the Universal Health Care (UHC) Law differed significantly across groups based on their highest educational attainment. This statistical approach allowed for a comprehensive comparison of perceptions among nurses with varying levels of education, including those holding bachelor's degrees, master's degrees, and higher qualifications. The key areas of focus included human resources for health and service delivery, aiming to determine whether educational background influenced nurses' evaluations of the UHC Law's effectiveness. By analyzing these differences, the study sought to provide deeper insights into how educational attainment shapes the understanding and appraisal of health policy implementation

Table 7
ANOVA Results on the Difference in the Extent of Implementation of the Universal Healthcare Law across Highest Educational Attainment

Aspect	Source of Variation	Sum of Squares	df	Mean Squares	F-value	Sig	Remarks
Human Resources for Health							
Benefits	Between Groups	8.975	3	2.992	4.374	.006	Significant
	Within Groups	65.665	96	.684			
	Total	74.640	99				
Employability	Between Groups	2.494	3	.831	.802	.496	Not Significant
	Within Groups	99.546	96	1.037			
	Total	102.040	99				
Delivery of Services							
Public Health Intervention	Between Groups	9.525	3	3.175	1.774	.157	Not Significant
	Within Groups	171.763	96	1.789			
	Total	181.288	99				
Disease Prevention	Between Groups	14.765	3	4.922	7.720	.000	Significant
	Within Groups	61.204	96	.638			
	Total	75.969	99				
Health Promotion	Between Groups	18.909	3	6.303	3.026	.033	Significant
	Within Groups	199.958	96	2.083			
	Total	218.868	99				

The analysis indicates that there are no significant differences in perceptions regarding human resources for health, particularly in the area of employability, across various levels of educational attainment. Similarly, no notable variation was found in views on the delivery of services, specifically in relation to public health interventions. These findings suggest that nurses, irrespective of their highest educational qualification, share a consistent experience and perspective on the implementation of the Universal Health Care (UHC) Law within these dimensions. This uniformity highlights a shared understanding and agreement on the effectiveness of the law's execution in these key areas.

On the other hand, the analysis revealed significant differences in perceptions related to human resources for health, particularly concerning benefits. Similarly, notable disparities were observed in the delivery of services, specifically in areas such as disease prevention and health promotion. Further insights into these differences are detailed in the subsequent table, which presents the results of the Scheffe test.

Part III D2. Scheffe Test Results on the Significant Difference in the Extent of Implementation of the Universal Healthcare Law across Highest Educational Attainment.

The Scheffe test was employed to determine the presence of significant differences in the degree of implementation of the Universal Health Care (UHC) Law among nurses grouped by their highest educational attainment. This post hoc analysis followed the identification of statistical significance in the ANOVA results, offering a detailed comparison of group means. By evaluating how nurses with varying levels of education—such as bachelor's degrees, master's degrees, or other advanced qualifications—perceived the UHC Law's implementation, the test provides

valuable insights into the impact of educational background on attitudes toward human resources for health and the delivery of healthcare services. The results of the Scheffe test are presented in the subsequent table to highlight the specific areas of divergence across educational attainment groups.

Table 8: Scheffe Test Results on the Significant Difference in the Extent of Implementation of the Universal Healthcare Law across Highest Educational Attainment

	Aspect	Compared Groups	Mean Difference	Sig
Human Resources for Health	Benefits	Bachelor's Degree vs Master's Degree holder	-1.243	.018
Delivery of Services		Bachelor's Degree vs. Doctoral Units	2.481	.001
	Disease Prevention	With MAN units vs with doctoral units	2.673	.000
		Master's degree holder vs. doctoral degree holder	1.920	.047

The analysis revealed significant positive mean differences in the area of disease prevention under the delivery of services, suggesting that nurses with a Bachelor's degree, MAN (Master of Arts in Nursing) units, or Master's degrees perceive a higher degree of implementation of the Universal Health Care (UHC) Law compared to those with doctoral-level education. These differences reflect variations in perceptions tied to educational attainment. Despite this, both groups uniformly recognize and agree on the substantial positive impact of the UHC Law in improving health outcomes and benefiting communities across the country.

This finding aligns with the concept that educational experiences and professional roles shape perceptions of policy implementation. According to Park et al. (2018), individuals with varying levels of education often view health policy initiatives through the lens of their professional responsibilities and practical experiences, which can influence their evaluation of effectiveness. Additionally, Wilson and Cleary (2016) emphasized that shared positive evaluations among healthcare professionals reflect a common understanding of the benefits that equitable health policies bring to society as a whole. Such perspectives validate the importance of inclusive health programs like the UHC Law in fostering collective well-being.

Part III E1. ANOVA Results on the Difference in the Extent of Implementation of the Universal Healthcare Law across Employment Status

The ANOVA (Analysis of Variance) test was conducted to evaluate differences in how nurses with varying employment statuses perceived the impact of the Universal Health Care (UHC) Law's implementation. This analysis sought to compare perspectives among nurses employed in different capacities, such as Contract of Service, Job Order, Casual, and permanent status, on the law's effectiveness. Key areas of focus included its influence on human resources for health and the delivery of services, particularly in terms of employability, benefits, disease prevention, and health promotion. By uncovering potential variations across these employment

categories, the results provide meaningful insights into the role of job status in shaping nurses' evaluations of health policy implementation. The findings, presented in the succeeding sections, highlight areas of agreement and divergence.

Table 9
ANOVA Results on the Difference in the Extent of Implementation of the Universal Healthcare Law across Employment Status

Aspect	Source of Variation	Sum of Squares	df	Mean Squares	F-value	Sig	Remarks
Human Resources for Health							
Benefits	Between Groups	7.890	3	2.630	3.783	.013	Significant
	Within Groups	66.750	96	.695			
	Total	74.640	99				
Employability	Between Groups	11.926	3	3.975	4.235	.007	Significant
	Within Groups	90.114	96	.939			
	Total	102.040	99				
Delivery of Services							
Public Health Intervention	Between Groups	39.463	3	13.154	8.904	.000	Significant
	Within Groups	141.824	96	1.477			
	Total	181.288	99				
Disease Prevention	Between Groups	9.339	3	3.113	4.485	.005	Significant
	Within Groups	66.630	96	.694			
	Total	75.969	99				
Health Promotion	Between Groups	42.796	3	14.265	7.778	.000	Significant
	Within Groups	176.072	96	1.834			
	Total	218.868	99				

The computed F-values, which yielded significance levels below the threshold of 0.05, confirm the presence of significant differences in perceptions among nurses with varying employment statuses. This indicates that nurses' views on the degree of implementation of the Universal Health Care (UHC) Law differ across employment categories, particularly in the areas of human resources for health and delivery of services. The Scheffe test results, detailed in the subsequent table, identify the specific groups that demonstrate these significant differences.

Despite these variations, all respondents, regardless of employment status, expressed agreement with the overarching goals and intentions of the UHC Law. Their differing perceptions reflect individual experiences and contexts in relation to its implementation. However, a common thread is evident—most nurses perceive the program positively and acknowledge its benefits for the health system.

This finding is consistent with contemporary literature. For instance, Lee et al. (2023) highlight that employment conditions can influence healthcare workers' perspectives on policy implementation due to differences in job stability, workload, and access to resources. Similarly, Smith and Gray (2022) argue that while perceptions of implementation may vary, shared

professional commitment to improving public health fosters generally positive views among healthcare professionals. These studies support the notion that individual opinions may differ, but there is often a collective acknowledgment of the value and positive impact of well-designed health policies like the UHC Law

Part III E2. Scheffe test Results on the Difference in the Extent of Implementation of the Universal Healthcare Law across Employment Status

The Scheffe test was conducted as a follow-up to the ANOVA results to further analyze the differences in the perceived level of impact of the implementation of the Universal Health Care (UHC) Law across nurses grouped by their employment status. This post hoc analysis aimed to identify which specific employment categories—such as Contract of service, Job Order, Casual and Permanent status—exhibited significant differences in perceptions regarding the law's implementation. The focus was on key areas, including human resources for health and delivery of services, particularly employability, benefits, disease prevention, and health promotion. By presenting the Scheffe test results, the study provides deeper insights into the unique perspectives of nurses based on their employment status, highlighting areas of alignment and divergence in their evaluations of the UHC Law's impact. The detailed findings are presented in the subsequent table for further examination.

Table 10
Scheffe test Results on the Significant Difference in the Extent of Implementation of the Universal Healthcare Law across Employment Status

	Aspect	Compared Groups	Mean Difference	Sig
Human Resources for Health	Employability	Contract of Service vs Casual	-.941	.049
Delivery of Services	Public Health Intervention	Contract of Service vs Casual	-1.825	.000
		Contract of Service vs Permanent	-.999	.013
	Disease Prevention	Contract of Service vs Casual	-.958	.012
		Casual vs Permanent	-.906	.047
	Health Promotion	Contract of Service vs Casual	-1.901	.001
		Contract of Service vs Casual	-1.901	.001
		Contract of Service vs Permanent	-.990	.034

In the context of the delivery of services, particularly in public health interventions and health promotion, permanent and casual nurses demonstrated a higher perception of the degree of implementation of the Universal Health Care (UHC) Law compared to those employed under a contract of service. In the area of disease prevention, casual position nurses reported a stronger perception of implementation compared to nurses under contract of service. Furthermore, significant differences were also noted between permanent and casual employees in this regard. These findings underscore that nurses with higher employment status, such as permanent or casual positions, generally perceive a higher degree of UHC Law implementation.

This aligns with studies highlighting the influence of employment conditions on healthcare workers' perspectives. Research by Santos and Reyes (2023) indicates that permanent or more stable employment often fosters a stronger sense of institutional support and empowerment, contributing to positive evaluations of health programs like the UHC Law. Moreover, Parial and Locsin (2024) emphasize that casual employees, who often have semi-stable roles, tend to view implementation more favorably than contractual employees due to better access to training and resources. These insights suggest that employment stability plays a critical role in shaping perceptions of health policy effectiveness.

These findings underscore the importance of addressing disparities in employment conditions to ensure equitable support for all healthcare workers, enabling a more unified and effective implementation of the UHC Law across various employment categories.

Part III F1. ANOVA Results on the Difference in the Extent of Implementation of the Universal Healthcare Law across Years of Experience

The Analysis of Variance (ANOVA) was utilized to examine potential differences in how nurses, categorized by their years of experience, perceive the impact of the Universal Health Care (UHC) Law's implementation. This comparative analysis considered groups such as less than 1 year, 1 – 3 years, 4 – 6 years and 7 years and above. The study specifically focused on critical aspects of the UHC Law, including its effects on human resources for health and the delivery of services. The aim was to investigate how professional tenure shapes nurses' evaluations of the law's effectiveness. Detailed findings are outlined in the following sections, showcasing areas where perceptions align and differ among the various experience levels.

Table 11
ANOVA Results on the Difference in the Extent of Implementation of the Universal Healthcare Law across Years of Experience

Aspect	Source of Variation	Sum of Squares	df	Mean Squares	F-value	Sig	Remarks
Human Resources for Health							
Benefits	Between Groups	6.103	3	2.034	2.849	.041	Significant
	Within Groups	68.537	96	.714			
	Total	74.640	99				
Employability	Between Groups	13.326	3	4.442	4.807	.004	Significant
	Within Groups	88.714	96	.924			
	Total	102.040	99				
Delivery of Services							
Public Health Intervention	Between Groups	22.468	3	7.489	4.527	.005	Significant
	Within Groups	158.819	96	1.654			
	Total	181.288	99				
Disease Prevention	Between Groups	7.734	3	2.578	3.627	.016	Significant
	Within Groups	68.236	96	.711			
	Total	75.969	99				

Health Promotion	Between Groups	22.492	3	7.497	3.665	.015	Significant
	Within Groups	196.375	96	2.046			
	Total	218.868	99				

The computed F-values and corresponding significance levels reveal the presence of significant differences, indicating that nurses' perceptions of the implementation of the Universal Health Care (UHC) Law vary when categorized by their length of service. This suggests that the differences in their years of professional experience influence their views, as those with longer service may have had greater exposure to the program and its initiatives, while less experienced nurses might interpret its impact differently based on their limited engagement.

Despite these differences in perception, there is a shared acknowledgment across all groups of the UHC Law's positive intentions and its potential to improve healthcare access and equity for the benefit of the population. According to Bautista and Santos (2023), healthcare professionals' experiences often shape their understanding and appraisal of policy implementation, as exposure to real-world applications can influence their perspectives on effectiveness and impact. Furthermore, Lee et al. (2022) emphasize that while length of service may lead to differing views, a collective agreement on the overarching goals of health programs often unites healthcare workers, reflecting their shared commitment to advancing public health.

These findings highlight the importance of fostering inclusive perspectives that accommodate diverse experiences among nurses, ensuring that both seasoned and less experienced professionals are equally supported in contributing to the successful implementation of health policies like the UHC Law. This approach strengthens the program's effectiveness and reinforces its positive impact on communities.

Part III F2. Scheffe test Results on the Difference in the Extent of Implementation of the Universal Healthcare Law across Years of Experience.

The Scheffe test was conducted to further analyze the differences identified in the Analysis of Variance (ANOVA) results regarding the perceived impact of the implementation of the Universal Health Care (UHC) Law across nurses grouped by years of experience. The findings presented in Table 12 provide a detailed comparison of the specific groups that exhibited statistically significant differences. This post hoc analysis was performed to verify and validate the statistical data outlined in Table 11, offering a clearer understanding of how professional tenure influences nurses' evaluations of the UHC Law's implementation. By identifying the groups with significant variations, the Scheffe test results enhance the interpretation of the overall analysis, contributing to a deeper appreciation of the role that years of service play in shaping perspectives on health policy implementation.

Table 12

Scheffe test Results on the Significant Difference in the Extent of Implementation of the Universal Healthcare Law across Years of Experience

	Aspect	Compared Groups	Mean Difference	Sig
Human Resources for Health	Employability	1-3 vs 7 & above	1.078	.021
Delivery of Services	Public Health Intervention	1-3 vs 7 & above	1.352	.035
	Disease Prevention	1-3 vs 7 & above	.933	.024
	Health Promotion	1-3 vs 7 & above	1.478	.040

The analysis, as presented in the table, reveals a significant difference in perceptions between nurses with 1-3 years of service and those with 7 years or more of experience. Nurses in the 1-3 years group reported a notably higher degree of implementation of the Universal Health Care (UHC) Law, particularly in areas such as employability under human resources for health, compared to their counterparts with longer tenure. Similarly, this trend extended to delivery of services, specifically in public health intervention and health promotion. These findings suggest that less experienced nurses perceive the program's implementation more favorably, which could be attributed to their fresher engagement and optimism toward policy reforms. Meanwhile, nurses with extended service may hold more nuanced perspectives due to their extensive exposure and deeper familiarity with the program's operational realities.

These variations align with current literature emphasizing how professional experience influences perceptions of policy effectiveness. According to Garcia and Bautista (2023), newly practicing healthcare professionals often exhibit enthusiasm and positive outlooks toward innovations in health systems, while those with longer tenure might have richer insights shaped by years of navigating challenges in implementation. Moreover, studies by Parial and Locsin (2024) highlight that seasoned healthcare workers are likely to develop critical assessments of programs based on their comprehensive understanding of systemic issues and long-term observations of outcomes.

By appreciating these differing perspectives, policymakers can leverage the valuable insights of both less experienced and seasoned nurses to enhance the implementation strategies of the UHC Law, ensuring it addresses the needs and expectations of healthcare professionals across varying levels of tenure. This balanced approach contributes to the program's effectiveness and sustainability.

Part III G. t-Test Results on the Difference in the Extent of Implementation of the Universal Healthcare Law across Categories of Facility

The t-test was conducted to evaluate whether there are notable differences in how nurses perceive the impact of the Universal Health Care (UHC) Law's implementation based on the category of healthcare facility in which they are employed. The analysis examined responses from nurses working in various facility types, including public and private, to determine how workplace settings shape their perspectives on the UHC Law. Key focus areas included human resources for

health and service delivery, specifically in terms of employability, benefits, disease prevention, and health promotion. The findings offer meaningful insights into how facility types influence differing viewpoints. Subsequent sections will offer a comprehensive analysis of areas of agreement and disagreement.

Table 13
t-Test Results on the Difference in the Extent of Implementation of the Universal Healthcare Law across Categories of Facilities

Aspect	Category of Facility	n	Mean	Mean Difference	Standard Error Difference	df	t-value	Sig	Remarks
Human Resources for Health									
Benefits	Private	32	2.93	-1.228	.140	98	-8.768	.000	Significant
	Public	68	4.15						
Employability	Private	32	2.40	-1.618	.145	98	-11.124	.000	Significant
	Public	68	4.02						
Delivery of Services									
Public Health Intervention	Private	32	1.74	-2.467	.151	98	-16.297	.000	Significant
	Public	68	4.20						
Diseases Prevention	Private	32	3.58	-.703	.175	98	-4.020	.000	Significant
	Public	68	4.28						
Health Promotion	Private	32	1.65	-2.537	.192	98	-13.193	.000	Significant
	Public	68	4.19						

Table 13 highlights the significant difference in the perceived degree of implementation of the Universal Health Care (UHC) Law across various categories of healthcare facilities. The computed t-values and corresponding significance levels confirm the presence of statistically significant results. Notably, the negative mean differences suggest that nurses working in public healthcare facilities reported higher mean values compared to their counterparts in private facilities. This indicates that healthcare providers in the public sector generally perceive a stronger implementation of the UHC Law than those in private institutions.

This disparity may be attributed to the fact that public sector facilities often cater to a larger patient population, providing healthcare professionals with broader exposure and richer experiences with program implementation. Nurses in these settings are more likely to encounter the direct impact of policies aimed at addressing underserved communities, which may deepen their understanding and appreciation of the UHC Law. Nonetheless, both groups share a common recognition of the program's benefits and collectively acknowledge its positive intentions.

These findings align with existing literature, such as Reyes et al. (2023), which emphasizes the higher patient volumes and complex cases typically managed in public facilities, offering healthcare workers a more substantial engagement with policy-driven programs. Similarly, Santos and Locsin (2024) argue that public sector healthcare workers often report greater familiarity with government policies due to their direct involvement in initiatives aimed at expanding access to healthcare for vulnerable populations. This shared awareness across public and private sector

nurses highlights the universal relevance of the UHC Law in improving healthcare delivery and outcomes nationwide.

Part IV. Relationship Between the Extent of Implementation of the Universal Healthcare Law and Profile Variables of the Respondents

The part examined the relationship between the perceived level of impact of the implementation of the Universal Health Care (UHC) Law and the profile variables of the respondents, such as age, sex, civil status, Highest educational attainment, employment status, years of experience, and Category of facility they employed. By analyzing these variables, the study aimed to determine how demographic and professional characteristics influence nurses' perceptions of the UHC Law's effectiveness and implementation. This relationship provides insights into whether specific respondent profiles are associated with varying evaluations of the UHC Law, particularly in areas such as human resources for health and delivery of services. The findings shed light on how individual and professional backgrounds contribute to diverse perspectives on health policy, further emphasizing the importance of considering these variables in shaping targeted interventions and strategies for successful policy implementation. Detailed results and statistical analyses are presented in the succeeding sections.

Table 14
Relationship Between the Extent of Implementation of the Universal Healthcare Law and Profile Variables of the Respondents

| | Human Resources for Health | | | | Delivery of Services | | | | | |
| | Benefits | | Employability | | Public Heath Intervention | | Disease Prevention | | Health Promotion | |
Profile Variable	r-value	sig	r-value	sig	r-value	sig	r-value	sig	r-value	Sig
Age	-.092	.362	-.217*	.030	-.242	.015	-.068	.501	-.188	.061
Sex	-.198*	.049	.192	.056	.172	.088	.189	.060	.149	.139
Civil status	.015	.881	.004	.966	-.022	.829	.085	.401	.013	.901
Highest Educational Attainment	.267*	.007	.073	.472	.194	.053	-.241*	.016	.145	.149
Employment Status	.259*	.009	.288*	.004	.358*	.000	.077	.446	.326*	.001

Number of Years of Experience	-.150	.136	-.342*	.001	-.329*	.001	-.233*	.019	-.304*	.002
Category of Facility	.663*	.000	.747*	.000	.855*	.000	.376*	.000	.800*	.000

*Significant at .05 level

The analysis reveals that significant negative r-values were observed for age under employability within human resources for health and public health intervention in the delivery of services. This indicates that younger nurses tend to have a more favorable perception of the degree of implementation of the Universal Health Care (UHC) Law in these areas. Younger nurses, being newer to the system, may demonstrate enthusiasm and optimism about health policy reforms, as highlighted by Garcia and Santos (2023), who argue that younger professionals often view reforms as opportunities to create meaningful change.

Similarly, the negative r-values for sex suggest that female nurses perceive a higher degree of implementation of the UHC Law, specifically in terms of benefits under human resources for health. This finding resonates with Paterno et al. (2024), who noted that gender-based perspectives in the healthcare workforce often emphasize the critical role of equitable benefits in driving satisfaction and policy effectiveness among female professionals.

A significant positive relationship was found between benefits under human resources for health and the profile variables of highest educational attainment, employment status, and category of facility. This implies that nurses with higher education levels and employment statuses—particularly those in public facilities—are more likely to perceive the implementation of the UHC Law as effective in delivering benefits. Santos and Locsin (2024) observed a similar trend, noting that advanced education and stable employment enhance healthcare workers' capacity to engage with policies and recognize their impact.

Regarding employability, the findings indicate that nurses with higher employment status but fewer years of experience in public facilities perceive a higher degree of implementation of the UHC Law. The same pattern is evident in public health intervention and health promotion within the delivery of services. According to Reyes et al. (2023), this could be due to less experienced nurses benefiting from structured employment programs and initial policy exposure, which shape their positive perceptions.

In the area of disease prevention, nurses with lower educational attainment and fewer years of experience in public facilities report a stronger perception of the UHC Law's implementation. This aligns with Green et al. (2022), who found that less experienced nurses often focus on direct, localized impacts of policies, interpreting them as more effective due to their immediate relevance in practice.

These insights underscore the interplay between demographic and professional factors in shaping perceptions of health policy implementation. They emphasize the need for tailored strategies that leverage the unique strengths and perspectives of diverse groups within the nursing workforce to strengthen the overall effectiveness of UHC programs.

Part V. Proposed intervention program to enhance the Universal Health Care Law Implementation.

Strengthening the Universal Health Care (UHC) Law's implementation requires targeted and innovative strategies to bridge gaps and optimize healthcare delivery. This proposed intervention program focuses on empowering healthcare workers, expanding access to underserved areas, and fostering collaboration to ensure equitable and sustainable health services. By addressing key challenges and leveraging opportunities, this program aims to turn the vision of "Health for All" into a reality for every Filipino.

Proposed Intervention Program to Enhance the Universal Health Care Law Implementation

General Objective: To enhance the implementation of the Universal Health Care Law in the 6th District of Pangasinan through a context-specific intervention program focused on strengthening human resources, optimizing service delivery systems, and promoting preventive health measures.

Key Areas	Strategies	Activities	Persons Involved	Resources Needed	Time Frame	Budget Allocation	Expected Outcome
1. Human Resources for Health	Enhance recruitment and retention	Implement local incentives and training programs for health workers	LGUs, DOH, HR officers	Training funds, incentives, and an HR database system	Q1–Q4 2025	PHP 2,000,000	Improved staffing levels and retention rates in underserved areas
2. Service Delivery	Strengthen facility integration and referral systems	Develop and roll out referral guidelines and integration plans	Health facility administrators, DOH, PhilHealth	Operational manuals, training modules, and coordination meetings	Q2–Q4 2025	PHP 1,500,000	Better coordination between primary, secondary, and tertiary health facilities
3. Health Promotion	Community-based health education campaigns	Conduct barangay-level health forums and school-based health sessions	Barangay health workers, school nurses, and NGO partners	IEC materials, venue, honoraria, logistics	Q1–Q3 2025	PHP 800,000	Increased awareness and adoption of healthy behaviors in the community
TOTAL						PHP 4,300,000.00	

IV. Conclusion

Based on the study's findings, the conclusions outlined below summarize its key observations and consequences.

The demographic profile of the respondents indicates that a majority are middle-aged adults (30-64 years old) (86%) actively engaged in the implementation of the Universal Health Care (UHC) law. The workforce is predominantly female (79%), with most respondents being married (70%) and holding a bachelor's degree (67%). Furthermore, employment data reveals that a significant portion are under contract-based (64%) arrangements rather than permanent positions, highlighting potential concerns regarding job stability. Additionally, most respondents have extensive experience, with over seven years in service (80%), and are primarily employed in public hospitals (68%). These findings emphasize the crucial role of government institutions in health care delivery while also underscoring opportunities for greater collaboration between public and private sectors to enhance workforce conditions and service accessibility.

Moreover, the level of impact of the implementation of the Universal Health Care (UHC) Law has significantly influenced both human resources for health and healthcare service delivery, ensuring stronger occupational health protections, worker rights, and proper certification of health professionals. However, persistent challenges—such as fair remuneration, structured deployment programs, and inconsistent access to health benefit packages—continue to impact workforce stability and equitable service distribution. While public health interventions, including disease prevention and vaccination programs, have been prioritized, efforts to improve environmental risk mitigation and health literacy require reinforcement. Despite these advancements, gaps in employment conditions, healthcare accessibility, and public awareness remain, requiring strengthened collaboration among government agencies, local units, and private sector stakeholders. By addressing these issues through policy refinement and strategic coordination, the UHC Law can fully realize its goal of a sustainable, inclusive, and responsive healthcare system for all Filipinos.

In addition, for the significant difference between the level of impact of universal health care implementation suggest that nurses across various demographic categories generally share a unified perspective on the implementation of the Universal Health Care (UHC) Law, particularly in relation to human resources for health and service delivery. While perceptions remain consistent in areas such as employability and public health interventions, significant differences emerge in benefits, disease prevention, and health promotion, influenced by educational attainment, employment status, length of service, and facility category. Permanent and casual nurses perceive a higher degree of UHC implementation compared to contractual workers, likely due to greater job stability and institutional support. Similarly, nurses with fewer years of experience view the law's implementation more favorably, possibly due to their optimism and recent engagement with policy reforms, while those in public healthcare settings report stronger implementation than their counterparts in private institutions. Despite these variations, nurses collectively recognize the UHC

Law's positive contributions to healthcare accessibility and delivery, reinforcing its critical role in improving health outcomes nationwide. Thus, addressing disparities in employment conditions and institutional support will be essential to ensuring a more equitable and effective implementation of the UHC Law across all healthcare sectors.

On the other hand, the significant relationship between the level of impact of Universal Health Care (UHC) implementation highlights how demographic and professional factors influence nurses' perceptions of the law's execution. Younger nurses tend to view UHC more favorably, driven by their enthusiasm and optimism toward policy reforms, while female nurses report higher implementation in terms of benefits, reinforcing the need for equitable workplace conditions. Additionally, nurses with higher educational attainment, stable employment, and placement in public healthcare facilities perceive stronger implementation, emphasizing the role of institutional support and policy engagement. Likewise, less experienced nurses, particularly those in structured employment programs, demonstrate greater confidence in public health interventions and disease prevention efforts. These findings underscore the importance of tailored strategies that address employment disparities and professional development, ensuring that diverse nursing groups contribute effectively to UHC implementation and the broader goal of improving healthcare accessibility.

Ultimately, enhancing the implementation of the Universal Health Care (UHC) Law demands strategic interventions that address existing gaps and maximize healthcare accessibility. By empowering healthcare workers, expanding services to underserved areas, and fostering collaboration among key stakeholders, this proposed intervention program aims to create a more equitable and sustainable healthcare system. Through targeted efforts and resource optimization, the program seeks to overcome challenges and capitalize on opportunities to bring the vision of "Health for All" to life, ensuring that every Filipino receives the quality healthcare they deserve.

V. Recommendations

Based on the conclusions formulated, the following are hereby recommended:

To strengthen the implementation of the Universal Health Care (UHC) Law, efforts must prioritize enhancing job stability for healthcare workers. Providing permanent employment opportunities and ensuring fair remuneration will not only promote long-term professional security but also improve job satisfaction among medical personnel. Establishing structured career pathways will further enable healthcare professionals to advance in their roles, equipping them with the necessary skills to deliver high-quality care and contribute effectively to the healthcare system.

Alongside employment stability, continuous professional training and capacity-building initiatives should be developed to equip healthcare workers with the knowledge and expertise required to adapt to evolving healthcare demands. Training programs tailored for both seasoned

and younger nurses will support their ability to engage with policy implementations and healthcare innovations. Furthermore, targeted mentorship opportunities can help bridge experience gaps and promote knowledge-sharing, ensuring healthcare professionals remain motivated and committed to service excellence.

Optimizing collaboration between public and private healthcare sectors is another critical component in advancing UHC implementation. Strengthening these partnerships will enable better workforce distribution and expand access to essential healthcare services, particularly in underserved areas. Public healthcare facilities must be adequately resourced to maintain efficiency, while private institutions should complement these efforts by broadening service reach and introducing innovative solutions that enhance care delivery.

Additionally, reinforcing disease prevention and health promotion initiatives will be crucial in improving long-term public health outcomes. Prioritizing vaccination programs and environmental health interventions can help mitigate risks and safeguard community well-being. Furthermore, promoting health literacy among individuals will empower them to make informed health decisions, increase engagement with healthcare services, and foster a proactive approach to disease prevention.

Ensuring an inclusive, sustainable, and high-quality healthcare system requires a multi-faceted approach. Strengthening employment conditions, enhancing institutional support, expanding collaboration, and prioritizing public health initiatives will drive the successful implementation of the UHC Law. Through coordinated efforts among government agencies, healthcare institutions, and private sector stakeholders, every Filipino can have equitable access to healthcare services, reinforcing the fundamental goal of "Health for All."

For future research, it is essential to explore the long-term effects of employment stability on healthcare service quality and the well-being of medical personnel. Investigating the impact of structured professional development programs on healthcare efficiency can provide insights into optimizing workforce capabilities. Additionally, further studies should focus on the effectiveness of public-private sector partnerships in enhancing healthcare accessibility, particularly in rural and underserved communities. Examining these areas will contribute to evidence-based policymaking, ensuring continuous improvement in implementing the UHC Law and healthcare services nationwide.

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