

〈教育報告〉

Human Resource Development in Rural Health Units and City Health Offices in the Philippines

<Team No.2>

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フィリピン国の第1次保健医療施設における人的資源に関する課題について

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. INTRODUCTION

1. Human resource development

Human resource development is a very important part of health service delivery and includes a broad range of activities such as career development, workforce planning, training, motivation and working environment to develop personnel within organizations.

In the Philippines, available domestic health human resources is dependent on the number of students admitted to health schools and the number exiting into the health profession. The domestic supply is affected by the large number entering the foreign labour markets either temporarily or permanently. Most of the health human resources are concentrated in the urban and richer regions of the country¹⁾.

This study focuses on assessing the current situation on training, motivation and working environment aspects of human resource development (HRD).

2. Overview of the health services offered by facilities

As part of the health services devolution in 1990 the Rural Health Units (RHU) and the Barangay Health Stations (BHS) came under the Municipal/City Mayors' administration. In the cities, the City Health Offices (CHO) became responsible for the administration of health services and the Barangays in the cities.

The services provided by the CHO include; overall in-charge of the health operation, ensure implementation of Department of Health (DOH) programs, receive and execute communication from local Chief executives, DOH and other agencies, issuance of health certificates for employment and sanitary permits for establishments among others.

The RHUs including BHS in Municipality and BHC in the city provide the following services. Medical and dental consultations and treatment, first aid management of emergency cases, pre and post

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consultation and health education, provision of information, education and communication (IEC) materials to patients, recording and reporting and referral of patients to hospitals.

3. Objectives

The general objective of this study is to assess the current situation of human resource development focusing on training, motivation and working environment in the Rural Health Units and City Health Offices in the Philippines. The specific objectives are: 1) assess topic area, frequency and effectiveness of trainings which the health workers have attended; 2) find out the factors motivating health workers; 3) assess communication/information sharing among health workers; 4) identify problems and solutions related to the physical working environment.

. METHODOLOGY

1. Study Sites and Subjects

Seventy-seven (77) health workers (33 in two RHUs and 44 in two CHOs) were interviewed. Study sites were selected with the assistance of College of Public Health, University of Philippines, Manila. All health professionals who were available at RHUs, CHOs and Centers were recruited for our survey.

The survey was conducted at Santa Cruz Health Centre (Laguna), at Pila Health Centre (Laguna), Muntinlupa City Health Office and Paranaque City Health Office in November 2006.

2. Study design

A cross sectional descriptive survey was conducted.

3. Method

A self-administered questionnaire survey was completed using semi-structured questionnaire by the subjects.

The main contents of the questionnaire were:

- (i) Socio-demographic Details which included gender, age, profession, number of working years and the current work location;
- (ii) Training Details which included the latest four trainings attended in the last five years, the topic area and effectiveness of the trainings. Training was also included the perceived needs of training in other areas;
- (iii) Motivating factors for the health workers, and ;

- (iv) Working environment which included information sharing at work, decision making in the work place and problems related to the physical working environment of the staff.

Field interviews were conducted in English and the subjects received in-time explanation from group members using a questionnaire guideline which was developed for standardization of explanations. Each group member was responsible to guide one respondent at a time.

4. Data analysis

Manual coding was done and missing values were assigned codes. Data was entered into Ms Excel and analyzed using Excel.

. RESULTS

1. Socio-demographic characteristics of subjects

The socio-demographic part of the results describes the basic characteristics of the respondents such as age and gender and their work history.

A total of 77 respondents were recruited of which 33 (43%) were from RHUs and 44 (57%) from CHOs with 81.8% being females. Health workers in RHUs were generally older than those in the city health facilities. Out of the health workers in RHUs, 20 respondents (60.6%) were more than 50 years old while 11 respondents (25%) in CHOs were over 50 years old (Mean \pm SD =46.6 \pm 6.8 years old). More than 90% of the respondents (n=71) had been working for more than 10 years as health workers. Respondents' professions were: 13 Doctors (16.9%); 14 Nurses (18.2%); 26 Midwives (33.8%); 10 Dentists (13%); 11 Sanitary Inspectors (14.3%); and 3 Other professions (3.9%).

2. Training

In the training section, the questions asked were targeted towards finding out whether staff had been trained recently, what types of training were being given to them, the frequency and effectiveness of the training to assess human resource development in their work performance.

Figure 1 shows most of the staff had attended some training within the last five years. A comparatively larger percentage of the midwives (19.2%) and the Sanitary Inspectors (18.2%) had not attended any training within the last five years.

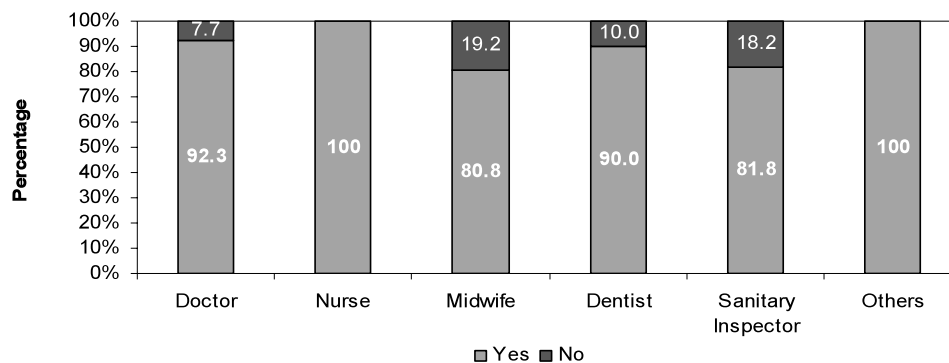


Figure 1. Training Attended Within the Last Five Years by Profession

Table 1 describes the effectiveness of training by scale among the staff. The majority of the respondents rated the effectiveness of the organized trainings as *Good* and *Excellent* by *Appropriateness of training materials*, *Improvement of their Skills and Knowledge*, and *Application at their workplace and*

Information sharing. The majority of the respondents were satisfied with the materials used for training them. They indicated that they had improved their knowledge and skills after attending the training and that they were able to apply the newly acquired knowledge and skill at their work place.

Table 1. Effectiveness of training by scale among the Staff

	Scale										Total n
	Very Poor		Poor		Fair		Good		Excellent		
	n	%	n	%	n	%	n	%	n	%	
Appropriateness of training materials	1	0.4	1	0.4	27	11.8	150	65.8	49	21.5	228
Improve your knowledge & skill	1	0.4	-	-	12	5.3	157	68.9	58	25.4	228
Application at your work	1	0.4	7	3.1	30	13.2	128	56.1	62	27.2	228
Information sharing	2	0.8	3	1.3	27	11.8	139	61.0	53	23.2	224

As shown in Table 2, many staffs were able to practice what they learnt (38.4%) and trainings improved their knowledge for their work (30.0%) as well as for advocacy (12.1%). Some staffs could not apply their new knowledge and skills because there

were no cases of the specific diseases such as SARS, Avian Influenza and HIV/AIDS (1.2%), No funding (0.3%), Insufficient material (2.2%), Insufficient manpower (1.5%) and Not applicable for work (1.2%).

Table 2. Reasons for Application at Work after Training (Multiple answers)

Reasons	n	%
Practice what learned	124	38.4
Improve knowledge	97	30.0
Advocacy and awareness	39	12.1
Improve services	15	4.6
Client demand	11	3.4
Political reasons	6	1.9
Improve management	10	3.1
Insufficient manpower	5	1.5
Insufficient materials	7	2.2
No funding	1	0.3
No case	4	1.2
Not applicable for work	4	1.2
Total	323	100

Table 3 presents training needs of topic area by profession. A high percentage of the doctors indicated a need for training on Health Information System (62.0%), STI/HIV/AIDS (54.0%) and Health Management (46.0%). Most public health nurses

indicated a need for training in STI/HIV/AIDS (36.0%), Dengue Fever (35.7%) and Family Planning (29.0%). Most midwives indicated a need for training on Health Management (50.0%), STI/HIV/AIDS (42%) and Nutrition (38%).

Table 3. Training Needs of Topic Area by Profession (%)

	(Multiple answers)												
	TB	Mal	STI	DF	MCH	IMCI	Nut	San	HIS	IEC	HM	FP	Other
Doctor	7.7	7.7	54.0	7.7	-	15.0	-	7.7	62.0	31.0	46.0	23.0	7.7
Nurse	14.0	7.1	36.0	35.7	28.6	7.1	7.1	7.1	-	14.0	21.0	29.0	21.0
Midwife	19.0	-	42.0	26.9	26.9	27.0	38.0	12.0	15.0	19.0	50.0	7.7	-
Dentist	10.0	10.0	30.0	10.0	-	-	40.0	40.0	-	20.0	40.0	-	40.0
Sanitary Inspector	9.1	27.0	9.1	54.5	-	-	18.0	73.0	9.1	9.1	36.0	-	9.1
Others	-	-	-	33.3	33.3	33.0	33.0	-	33.0	33.0	67.0	-	-

n=201 responses: Number of selected topics; Doctors (n=35), Nurses (n=32), Midwives (n=74), Dentists (n=24), Sanitary Inspectors (n=28) and Other professions (n=8)

As can be seen in Table 4, the major skills needed by the respondents were Planning (17.1%), Monitoring (17.1%), Management (13.8%) and Evaluation (12.4%). Others included need to learn Teaching / Training (12.0%) and Communication (8.8%).

Table 4. Perceived Skill Needs of the Respondents (Multiple answers)

Skill	n	%
Planning	37	17.1
Monitoring	37	17.1
Management	30	13.8
Evaluation	27	12.4
Teaching/Training	26	12.0
Budgeting	25	11.5
Communication	19	8.8
Reporting	13	6.0
Other	3	1.4
Total	217	100

3. Motivation

Table 5 shows there were slight differences among motivating factors by the different professional groups. For Doctors, Nurses and Midwives self-esteem as a health worker was identified as the most influential factor (38.5%, 64.3% and 38.5% respectively) while Dentists recognised salary as the most influential factor (50.0%). Sanitary inspectors selected recognition by community as the strongest motivating factor (36.4%).

As shown by the data in Table 6, factors that would have a strong impact on motivation of the staff are self-esteem as a health worker and recognition by the community. Factors that may not have much impact are financial incentives and available vehicle/fuel.

Table 5. Percentage of Most influential motivating factor by profession

Motivation Factors	Profession													
	Doctor		Nurse		Midwife		Dentist		Sanitary Inspector		Others		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Salary	1	7.7	2	14.3	6	23.1	5	50.0	1	9.1	-	-	15	19.5
Financial incentives	-	-	-	-	-	-	-	-	1	9.1	-	-	1	1.3
Promotion or Career Development	2	15.4	-	-	5	19.2	3	30.0	3	27.3	-	-	13	16.9
Opportunity to participate training	1	7.7	3	21.4	2	7.7	1	10.0	1	9.1	1	33.3	9	11.7
Self-esteem as a health worker	5	38.5	9	64.3	10	38.5	1	10.0	-	-	1	33.3	26	33.8
Recognition by community	-	-	-	-	3	11.5	-	-	4	36.4	1	33.3	8	10.4
Working environment	1	7.7	-	-	-	-	-	-	-	-	-	-	1	1.3
Others	3	23.1	-	-	-	-	-	-	1	9.1	-	-	4	5.2
Total	13	100	14	100	26	100	10	100	11	100	3	100	77	100

Table 6. Frequency of scale for each motivating factor

Factors	Scale of Factors													
	Very weak		Weak		Fair		Strong		Very Strong		Not Applicable		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Salary	-	-	3	3.9	40	52.6	19	25.0	14	18.4	-	-	76*	100
Financial incentives	2	2.6	8	10.5	32	42.1	21	27.6	7	9.2	6	7.9	76*	100
Promotion/career development	1	1.3	5	6.5	27	35.1	26	33.8	16	20.8	2	2.6	77	100
Opportunities to participate training	1	1.3	2	2.6	15	19.7	40	52.6	18	23.7	-	-	76*	100
Self-esteem as health worker	-	-	-	-	7	9.1	42	54.5	28	36.4	-	-	77	100
Recognition by community	1	1.3	1	1.3	14	18.2	35	45.5	26	33.8	-	-	77	100
Recognition by colleagues	1	1.3	1	1.3	24	31.2	31	40.3	20	26.0	-	-	77	100
Available food allowance	-	-	7	9.2	17	22.4	11	14.5	5	6.6	36	47.4	76*	100
Available vehicle/fuel	5	6.6	10	13.2	8	10.5	15	19.7	8	10.5	30	39.5	76*	100
Working environment	-	-	5	6.2	22	29.3	26	34.7	22	29.3	-	-	75**	100

*One missing data was excluded **Two missing data were excluded

4. Working environment

Table 7 shows information sharing among health staff. The most common mode of information sharing among staff within the health facilities was through

staff meetings (87.8%), by reports (9.4%) and through trainings (2.7%). There were no major differences among the different professions and modes of information sharing.

Table 7. Information sharing among health staff

Profession	Staff Meeting		Report		Training		Total	
	n	%	n	%	n	%	n	%
Doctor	12	92.3	1	7.6	-	-	13	100
Nurse	13	92.9	1	7.1	-	-	14	100
Midwife	22	80.0	-	-	1	4.3	23	100
Dentist	8	72.7	1	10.0	1	10.0	10	100
Sanitary inspector	8	72.7	3	27.2	-	-	11	100
Others	2	66.7	1	33.3	-	-	3	100
Total	65	87.8	7	9.4	2	2.7	74	100

As shown in Table 8, the suggested ways of improving staff meetings within health facilities differ slightly between the RHUs and the CHOs. At the RHU, the most suggested ways of improving staff meeting were participation, observation of meeting norms and attendance. At the CHO/BHC, agenda preparation in advance and full attendance of staff were the suggested ways of improving the staff meetings.

Table 9 presents the problems related to working environment. The most frequent problems related to working environment in both rural and city health facilities were poor facilities (RHU=32.1%, CHO=22.1%), and lack of medical equipment /materials (RHU=17.9%, CHO=32.4%). In the RHUs, insufficient drugs/supplies (19.6%) and insufficient working place (16.1%) were also major problems faced by staff whereas in the city facilities poor amenities were a major problem as well.

Table 8. Ways to improve staff meeting in different Health Facilities
(Multiple answers)

Suggested ways to improve staff meeting	RHU		CHO	
	n	%	n	%
Room and equipment	9	15.8	4	6.3
Participation	10	17.5	8	12.7
Observe of meeting norms	10	17.5	8	12.7
Agenda preparation	3	5.3	12	19.0
In time feedback	1	1.8	3	4.8
Attendance	10	17.5	10	15.9
Hold Regularly	2	3.5	3	4.8
Time management	5	8.8	5	7.9
Food/Snack and Drinks	-	-	4	6.3
No problem	7	12.3	-	-
Others			6	9.5
Total	57	100	63	100

Table 9. Problems related to working environment

(Multiple answers)

Problems of working environment	RHU		CHO	
	n	%	n	%
Poor facility/building	18	32.1	15	22.1
Insufficient drugs and supplies	11	19.6	8	11.8
Lack of medical equipment and materials (vehicle/computer)	10	17.9	22	32.4
Insufficient working place	9	16.1	6	8.8
Amenities (poor ventilation and water supply etc.)	4	7.1	12	17.6
No problem related to working environment	1	1.8	1	1.5
others	3	5.4	4	5.9
Total	56	100	68	100

As can be seen in Table 10, most health workers suggested reconstruction and renovation of the health facility (in RHUs=28.6%, in CHOs=22.7%) and local government coordination and support (in RHUs=17.9%, in CHOs=24.2%) was needed to solve

problems related to physical working environment. Increasing donations is a suggested way of improving the staff working environment for the staff in the RHU (7.1%).

Table 10. Solutions to the problems of the working environment by facilities

(Multiple answers)

Suggested solutions of the problems	RHU		CHO	
	n	%	n	%
Reconstruction and renovation	16	28.6	15	22.7
Improve availability of drugs and supplies	9	16.1	3	4.5
Provision and maintenance of medical equipment	2	3.6	11	16.7
Local government coordination and support	10	17.9	16	24.2
Government funding	9	16.1	8	21.1
Donation	4	7.1	1	1.5
Provision of amenity	3	5.4	9	13.6

DISCUSSION

We examined current situation of Human Resource Development focusing on training, motivation and working environment in the Rural Health Units and the City Health Offices in order to promote their skills and provide effective health services to people in their communities in the Philippines.

1. Demographic Details of Health professionals in the RHUs and the CHOs

Health workers in RHUs were generally older than those in the city health facilities (Table 1). Interestingly, the average of age of all health workers was very high. The age difference may be attributed to the younger health professionals' preference to living and working in an urban area as compared to a rural area²⁾. Generally, the older workforce in both the rural and urban health facilities suggests that the younger graduates in health professions may be leaving the country for work overseas. This is apparent in the international nurse market which shows the Philippines and South Africa as primary donor countries from the developing nations from which nurses are recruited to fill manpower shortages in the developed nations³⁾. However, the small number of subjects and sites may have portrayed a biased view on the age differences and a tendency towards older health workforce in the Philippines.

2. Training

In the training section, the questions asked were targeted towards finding out whether staff had been trained recently, what types of training were being given to them, the frequency and effectiveness of the training to assess human resource development in their work performance.

Trainings have been held regularly for the staff (Fig. 1); however, midwives and sanitary inspectors who had attended trainings within the last five years were less than among the other professions (Fig. 1). In the circumstances of limitation on medical staff, doctors and nurses shoulder a role of managers especially in decentralized health sectors⁴⁾. It is inferred from the Philippines circumstances that they were given the opportunities more than the other medical professions because of the managerial roles. However, for the workforce, continuous distribution of the opportunity of training is needed to enhance

performance of all medical staff^{5,6)}. Providing opportunities to participate in trainings could be a motivating factor and improves the quality of care. Thus, there is a need to equally distribute the trainings to the different professions as much as possible.

When asked about the effectiveness of trainings the respondents had attended, most of the respondents had a positive opinion, good and excellent, about effectiveness of training in relation to Appropriateness of training materials, Improvement of their Skills and Knowledge, and Application at their workplace (Table 1). Furthermore, the effectiveness of trainings was evaluated by asking reasons for "Application at your work". There were positive reasons that evaluated their trainings as effective. It is likely that most training could positively influence work performance. No funding, insufficient materials and manpower and being in a discordant position to implement new knowledge as well as not applicable to their work were other reasons. Providing a supportive work place to apply new knowledge is important to develop new practices and capabilities of staff. A study showed that a comprehensive and supportive health system is important to strengthen effective performances⁷⁾.

The perceived training needs of the staff for the future were then assessed. STI/HIV/AIDS was ranked high among the different professions such as doctors, nurses and midwives (Table 3). The Philippines, unlike its Southeastern neighbors still does not have a large problem with HIV infection. However, the threat of HIV/AIDS is real for every country. The health policies of the Philippines have been prepared in case of an emergency of infectious diseases⁸⁾, thus, the trainings of SARS, Avian Influenza and HIV/AIDS have been provided for part of health workforces. But then, the health workforce may need more trainings about HIV/AIDS in advance⁹⁾.

The next highest ranked training needs among Doctors were Health Information System and Health Management. This need is consistent with their roles as managers of the health services in their respective municipalities, health centers and programs. For nurses, Dengue Fever and Family Planning were indicated as higher needs for training next STI/HIV/AIDS. This may be due to the Nurse's role as manager in the Philippines requiring them to manage several different diseases or health topics at work.

For Midwives, Health Management and Nutrition were indicated as high training needs after STI/HIV/AIDS. Their perceived need for training on management may be attributed to the managerial position they are placed in while working in the Barangays. They may need new knowledge to manage people based on evidence. Sanitary Inspectors indicated "Sanitation" as the first training need. Giving training based on the training needs assessment on the different profession is important to enhance work performances¹²⁾. Further research on this type of training needs assessment, would clarify the training plan for the future.

The perceived training Needs of skills for the future was assessed (Table 4). The results suggest that all cadres of the health care workers feel the need for some form of knowledge and skills training on aspects of management to be able to plan, carry out and monitor the progress of their tasks or projects or their activities.

3. Motivation

The attributes of motivating factors among health professionals in the RHUs and CHOs are shown in Tables 5. Generally, self-esteem as a health worker was recognized as the most influential motivating factor followed by salary. According to scoring of the different motivating factors, 90.9% of respondents considered self-esteem as a health worker as very strong or strong motivating factor (Table 6). Following that, opportunities to participate trainings, recognition by the community and recognition by colleague were also identified as very strong or strong motivating factors. The study by Inke et al in Benin and Kenya showed that professional value or professional satisfaction was a strong aspect of work that encouraged health workers to do their tasks well¹¹⁾. LM Franco et al also showed some commonalities of motivation that exist in developing and transition country health sector environments. Self-efficacy, pride, and values were included in important aspects of motivation¹²⁾. These professional values found among the Filipino health professionals in the RHUs and CHOs will lead to continued improvement in their work performance. Non-financial incentives, such as those that improve motivation need to be addressed and built upon especially in developing countries like the Philippines.

Salary was the second most influential factor (Table 5), in spite of it not being considered as a very

strong/strong motivating factor but a fair motivating factor (Table 6). The results revealed that even though the health professionals were not satisfied with their current salary, it can greatly influence the motivation of health professionals in the RHUs and CHOs. According to the supplemental interview with one of the health officers, it is legal for government employed health professionals in the Philippines to operate private practice outside the official working hours. It means that even if the salary from local government is not sufficient, they can make money by other business besides their official work. This survey did not ask whether they have other businesses. Consequently, it is difficult to mention how much this influenced their responses towards salary as being a motivating factor in their professions.

4. Working Environment

This part focused on information sharing among the staff and physical working environment in the health facilities. The most common mode of information sharing among staff within the health facilities was through staff meetings (Table 7). During these meetings, the most common topics of discussion revolved around problems encountered during the staff's routine work rather than management aspects of the health services.

Most respondents suggested many ways to improve staff meetings in both CHO/BHC (Table 8). These suggestions show that staff meetings would be improved for more effective meetings. Effective meeting tips (Susan M Heathfold) are divided into three parts. Before meeting – important preparations are plan meeting, ensure appropriate participation, prepare and distribute agenda. During meeting – they are effective facilitation, use the agenda, involve each participant in actions, and create an effective meeting follow-up plan. After meeting – important tips are effective follow-up, accountability for follow-up for next meeting¹³⁾.

Most of the Health workers suggested that reconstruction and renovation of the health facility and local government coordination and support is needed to solve problems related to physical working environment (Tables 9 and 10). This would be because the local government is now responsible for the management of the local health facilities since the devolution of health services in the Philippines¹⁾. In the RHUs, improved availability of drugs and supplies

would be part of the solution to improve the staff's working environment. Increasing donations is a suggested way of improving the staff working environment for the staff in the RHUs.

The working environment, especially in developing countries, has a great impact on the quality and quantity of health services provided by the health care professionals¹⁴⁾. With its shortage in human resources, aging human resources, continuing existence of workplace hazards and the lack of equipment, the Philippines will also be affected. As described above, the strengths of the working network of the Philippines need to be complemented with a continuing push to improve the working conditions of the health care professionals for them to provide the best services they possibly can with the resources available to them.

5. Limitations of the study

There was limited time to conduct the field questionnaires and so a more in-depth qualitative study on the health workers' training, motivational factors and working environment was not possible.

The study sites and subjects were not randomly selected thus, the findings of this study cannot be seen as representative of all the health workers in the Philippines.

Prior to starting the field study, there was very limited information available on other issues affecting the RHUs and the CHOs and the organizational structure of these offices.

Despite the fact that there were several limitations in the study, we believe that our findings show the current situation on HRD in the four selected study sites.

. CONCLUSIONS

The majority of health staff had the opportunity to participate in training within the last 5 years. Most were satisfied with the training materials and improvement in their knowledge and skills from the trainings they received. A high number of staff indicated a need for further training in Health Management, STI/HIV/AIDS and Dengue control. The major skills needed by the respondents were the skills related to management.

Self-esteem was the most influential motivating factor for doctors, nurses and midwives. However, recognition by community was the most influential motivating factor for sanitary inspectors. Self-

esteem, recognition by community and opportunity to participate in training were recognized as strong or very strong motivating factors for the staff. The health professionals were not satisfied with their current salary, it can greatly influence the motivation of health professionals in the RHUs and CHOs.

The most common mode of information sharing among staff within the health facilities was through regular staff meetings. The suggested ways to improve staff meetings were: Active participation by all staff; Observation of meeting norms; Full attendance of all staff at meetings and Agenda to be prepared in advance. Most of the Health workers suggested that reconstruction and renovation of the health facility and local government coordination and support is needed to solve problems related to physical working environment.

. RECOMENDATIONS

The current level of training provided for the staff in the RHUs and CHOs is generally good and should be continued but with more focus on the midwives and the sanitary inspectors. Provision of the training opportunity on regular basis could enhance the work performance at the primary level of health care facilities.

Self-esteem is the most motivating factor for the health professionals. Therefore, there is need an appropriate mechanism and action to maintain self-esteem as an important motivator for the health professionals.

The staff meetings being held in the CHOs and the RHUs are the main source of information sharing among staff which is working relatively well in both facilities. In order to maintain this situation and further improve information sharing among staff, these meetings need to be strengthened some areas such as observation of meeting norms or protocols, active participation, agenda preparation in advance and by full attendance of all the health staff.

The local government units and municipal offices need to assist the health professionals by way of moral and financial support as well as to help them to coordinate activities to utilize the limited resources available to provide better and efficient health services.

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