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Live Experiences of Healthcare Workers in the Implementation of Prenatal Program in Iloilo Rural Health Unit (RHU)

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ABSTRACT

This phenomenological study explored the lived experiences of 9 healthcare workers who implemented the Prenatal Care Program in Rural Health Units across Iloilo Province. Data were collected through semi-structured interviews and analyzed using Braun and Clarke's thematic analysis. Findings revealed that participants remained committed to providing quality maternal care despite challenges, including limited medical supplies, transportation barriers, geographic constraints, and poor patient compliance. They addressed these through health education, counseling, home visits, community-based monitoring, and collaboration with Barangay Health Workers. The study highlights the need for stronger health system support, adequate resources, and sustained community partnerships to improve maternal health outcomes.

Keywords: *Prenatal care; healthcare workers; Rural Health Units (RHUs); maternal health; Live experiences; Iloilo Province.*

INTRODUCTION

Prenatal care is recognized globally as a vital tool for reducing maternal and neonatal mortality through early detection and health education. However, in the Philippines, the implementation of these services remains fragmented, particularly in rural areas where system-level gaps and limited resources create a structural divide. While statistics often capture service availability or patient outcomes, the actual experiences of the healthcare workers—who navigate geographical isolation, patient overload, and sociocultural barriers—remain largely undocumented. Geographically isolated and disadvantaged areas (GIDA) in provinces like Iloilo often operate under serious limitations, including shortages of nurses, midwives, and basic medical supplies. This research aims to fill that gap by providing a deep narrative understanding of how these workers personally experience and adapt within this challenging environment.

Statement of the Purpose

This study aimed to explore the lived experiences of healthcare workers in implementing the Prenatal Care Program in Rural Health Units (RHUs) in the Province of Iloilo.

Specifically, this study sought to answer the question: What were the lived experiences of healthcare workers during the implementation of the Prenatal Care Program in Rural Health

Units (RHUs) in Iloilo, including the challenges they encountered, the strategies they employed, and the impact on their well-being and professional growth?

Scope and Delimitations

This study employed a qualitative phenomenological design to explore the lived experiences of healthcare workers implementing the Prenatal Care Program in a selected Rural Health Unit in Iloilo Province. Participants were purposively selected nurses, midwives, and Barangay Health Workers with direct experience in delivering prenatal care. Data were collected through semi-structured, in-depth interviews to capture participants' experiences, challenges, coping strategies, and perceptions. The study was limited to one Rural Health Unit and focused solely on healthcare workers' perspectives.

Review of Related Literature

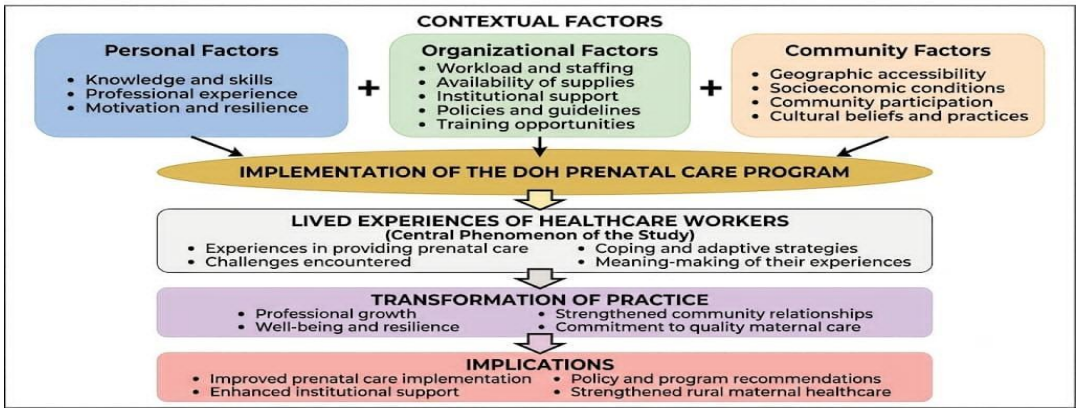
Recent literature indicates that implementing prenatal care programs in rural settings is challenged by limited resources, workforce shortages, geographic barriers, and socioeconomic inequalities, all of which reduce access to quality maternal healthcare (WHO, 2023; DOH, 2023). Studies emphasize that strengthening primary healthcare systems, supportive supervision, community engagement, and culturally responsive interventions improves prenatal care utilization and service delivery (UNICEF, 2023; World Bank, 2022). Evidence also shows that healthcare workers' well-being, organizational support, and positive work environments enhance resilience, reduce burnout, and sustain high-quality maternal health services, particularly in resource-constrained rural communities (Brown-Kaiser & Vyas, 2024; WHO, 2023).

Theoretical Framework -

This study is grounded in a triangulated framework that combines three essential nursing theories. First, **Patricia Benner's Novice to Expert Theory** helps us understand that clinical competence evolves through experience; we see how workers progress through experiential learning as they adapt to real-world rural constraints. Second, **Jean Watson's Theory of Human Caring** emphasizes that prenatal care is grounded in compassion and emotional connection. It explains how workers provide holistic support despite systemic exhaustion. Finally, **Nola Pender's Health Promotion Model** frames healthcare workers as catalysts. It illustrates how they design strategies to mitigate rural barriers and empower pregnant women to embrace positive maternal practices within their community context.

Conceptual Framework

Figure 1. Conceptual Framework of the Study



METHODOLOGY

This qualitative research study examines the lived experiences of healthcare workers during the implementation of prenatal care programs at the Iloilo RHU.

Research Design

This study employed a qualitative phenomenological design to explore and understand the lived experiences of healthcare workers involved in implementing the Prenatal Care Program in selected RHUs in Iloilo Province. The insights were essential to understanding the complexities of implementing prenatal care in rural health systems and served as a basis for improving program delivery, strengthening health policies, and enhancing support systems for healthcare workers at the local level (WHO, 2023).

Research Steps

Following ethical approval, participants were purposively selected based on their direct involvement in implementing prenatal care services. Informed consent ensured voluntary participation, confidentiality, anonymity, and the right to withdraw (Fazail, 2024). Data were collected through semi-structured interviews conducted face-to-face or online, audio-recorded with consent, and transcribed verbatim. Field notes and member checking enhanced the credibility of the data. All research data were securely stored, retained for 3 years, and disposed of in accordance with ethical data management guidelines.

Data Collection and Sample Selection

Participants were healthcare workers from selected Rural Health Units in Iloilo who were directly involved in implementing the Prenatal Care Program. Purposive sampling was employed to recruit licensed nurses, midwives, and public health workers with at least three years of experience in prenatal care and who were willing to participate (Campbell et al., 2022).

The final sample consisted of nine participants, as data collection ceased upon reaching data saturation, at which point no new themes emerged. This sampling approach ensured that participants possessed rich, firsthand knowledge and relevant experiences necessary to address the study objectives.

Data Analysis Methods

Data were analyzed using Braun and Clarke's thematic analysis to identify and interpret patterns across participants' lived experiences (Braun & Clarke, 2022; Christou, 2022). Interview recordings were transcribed verbatim, coded, and systematically organized into themes through familiarization, coding, theme development, review, and refinement. Credibility was enhanced through member checking and field notes to provide contextual understanding (Birt et al., 2023). As a qualitative phenomenological study, no statistical analyses were performed, with findings presented as themes addressing the study objectives.

Research Validation

The semi-structured interview guide was reviewed by three experts in public health and qualitative research to ensure its clarity, relevance, and alignment with the study objectives (Taherdoost, 2022). Feedback from experts on the instrument was used to refine and strengthen the interview guide.

Study Limitations and Ethical Considerations

The study adhered to the ethical principles of respect for persons, beneficence, and justice by ensuring voluntary participation, informed consent, confidentiality, and the right to withdraw without penalty (Arellano et al., 2023). Participants were selected fairly according to the inclusion criteria, and interviews were conducted respectfully to minimize emotional discomfort. The study involved minimal risk and was limited to healthcare workers from selected Rural Health Units in Iloilo, which may limit the transferability of the findings to other settings.

RESULTS AND DISCUSSION

The findings revealed that healthcare workers demonstrated strong commitment and compassion in implementing the Prenatal Care Program despite challenges such as limited resources, transportation barriers, geographic isolation, and poor patient compliance. To address these barriers, they employed community-based strategies, including health education, counseling, home visits, follow-up monitoring, and collaboration with community stakeholders. These experiences strengthened their resilience, professional growth, and relationships with the communities they served. The study highlights that effective prenatal care implementation in rural settings requires committed healthcare workers, strong community partnerships, adequate resources, and sustained health system support to improve maternal health outcomes.

SUMMARY

This phenomenological study explored healthcare workers' lived experiences in implementing the Department of Health Prenatal Care Program in Rural Health Units in Iloilo. Despite resource and access challenges, participants remained committed to providing quality maternal care through community-based strategies. Their experiences strengthened resilience, professional growth, and community partnerships, highlighting the need for sustained health system support to improve maternal healthcare delivery.

CONCLUSIONS

The study concludes that implementing the Department of Health Prenatal Care Program in rural areas requires healthcare workers' commitment, resilience, and active community engagement. Participants viewed prenatal care as a holistic service that extends beyond clinical responsibilities to include continuity of care and relationship building. Despite challenges such as limited resources, staffing shortages, and infrastructure constraints, healthcare workers adapted through community-based approaches to sustain quality maternal care. Their experiences promoted professional growth, resilience, and stronger community partnerships. Effective prenatal care depends on dedicated healthcare workers, adequate resources, and strong health system and community support.

RECOMMENDATIONS

Based on the findings and conclusions of the study, the following recommendations are suggested:

Healthcare professionals should strengthen peer support, self-care, and continuous professional development to enhance service quality and well-being. Policymakers and health administrators should invest in adequate staffing, resources, transportation, and psychosocial support to improve the delivery of prenatal care in rural communities. Community members should actively participate in prenatal care and collaborate with healthcare providers to improve maternal outcomes. Academic institutions should integrate these findings into health education and encourage further research on rural maternal healthcare, provider well-being, and intervention strategies that improve prenatal care services.

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AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

REFERENCES

Arellano, J., et al. (2023). *Informed consent in health research: Principles and practice*. *Journal of Health Ethics*. https://www.journalofhealthethics.org

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Addison-Wesley.

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2023). Member checking: A

systematic review of qualitative research. *International Journal of Qualitative Methods*. https://doi.org/10.1177/16094069231100012

Brown-Kaiser, C., & Vyas, A. (2024). Subjective well-being and burnout among the maternal and child health workforce. https://doi.org/10.1177/21501319241263443

Campbell, J., Cometto, G., & Rasanathan, K. (2022). Health workforce development in rural and remote settings: System challenges and policy responses. *The Lancet Global Health, 10*(8), e1194–e1203. https://doi.org/10.1016/S2214-109X(22)00214-7

Fazail, M. (2024). Ethical considerations in qualitative health research. *Research Ethics*. https://doi.org/10.1177/17470161241234567

Taherdoost, H. (2022). Validity and reliability of research instruments. *International Journal of Academic Research in Management*. https://doi.org/10.2139/ssrn.4000869

Watson, J. (2008). *Nursing: The philosophy and science of caring* (Rev. ed.). University Press of Colorado.

World Health Organization. (2023). *Health workforce and primary health care strengthening*. https://www.who.int/teams/health-workforce

UNICEF. (2023). *Maternal and newborn health in underserved communities*. https://www.unicef.org