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Lived Experiences of Community Health Officers in Policy Advocacy for Health System Strengthening: Basis For Awareness Program

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ABSTRACT

This study explored the lived experiences of Community Health Officers (CHOs) in policy advocacy for health system strengthening at the selected government hospital. Guided by a descriptive phenomenological design and Colaizzi's method of analysis, in-depth interviews were conducted with nine CHOs selected through purposive sampling. Findings revealed that CHOs perceive policy advocacy as both empowering and challenging. Their roles extend beyond service delivery to include community representation, participation in planning activities, collaboration with local government units, and contribution to policy implementation. Participants identified barriers such as limited institutional support, heavy workload, insufficient policy literacy, and hierarchical decision-making structures. Despite these constraints, CHOs demonstrated resilience through coping strategies including peer collaboration, reflective practice, and sustained commitment to community welfare. Advocacy efforts were perceived to contribute to improved coordination, enhanced service accessibility, and strengthened community engagement. The study underscores the need for structured awareness and capacity-building initiatives to enhance CHOs' advocacy competencies. Based on the findings, an awareness program grounded in participants' lived experiences is proposed to strengthen their roles as policy advocates and support sustainable improvements to the health system.

Keywords: *Advocacy, Awareness Program, Community Health Officers, Health System Strengthening, Lived Experiences, Policy Advocacy*

INTRODUCTION

Health systems rely on frontline health workers, especially Community Health Officers (CHOs), who bridge the gap between policy and practice in delivering community-based health programs. In the Philippines, CHOs play a key role in primary healthcare services, including health education, maternal care, disease prevention, and outreach activities. However, their participation in policy advocacy is often limited by challenges such as insufficient resources, lack of training, and weak institutional support. The evolving health landscape highlights the need for stronger CHO engagement in policy advocacy to improve health system responsiveness and equity. Thus, this study explores the lived experiences of CHOs in policy advocacy at a selected government hospital to inform the development of an awareness program that strengthens their role in health system improvement.

SCOPE AND LIMITATIONS

This study explores the lived experiences of Community Health Officers (CHOs) in policy advocacy to strengthen the health system at a selected government hospital. It aims to describe how CHOs perceive, carry out, and cope with their advocacy roles, and how their experiences can inform the development of an awareness program to enhance their advocacy capacity. The study involves nine CHOs, including public health nurses, barangay health workers, and midwives who are actively engaged in community health programs and local policy implementation. Participants will be selected through purposive sampling and must have at least one year of experience and voluntarily agree to participate. Although the study is limited by its small, localized sample and reliance on self-reported data, it is expected to provide valuable insights for improving policy advocacy and capacity-building initiatives.

REVIEW RELATED LITERATURE

The reviewed literature shows that Community Health Officers (CHOs) play a vital role in bridging community health needs and policy actions through advocacy, education, and service delivery. Studies from the World Health Organization (2021; 2022), Nair et al. (2021), Kok et al. (2021), and George et al. (2021; 2022) highlight their contribution to improved health programs, stronger community engagement, and more responsive health systems. However, CHOs face challenges such as heavy workloads, limited policy literacy, inadequate training, and weak institutional support, which affect their participation in advocacy. While existing studies emphasize system-level outcomes and recommend capacity-building measures, they rarely explore the lived experiences and personal perspectives of CHOs, especially in the Philippine context. This gap highlights the need for further qualitative research to better understand their experiences and to develop a context-specific awareness program to strengthen policy advocacy in healthcare settings.

THEORETICAL FRAMEWORK

This study is anchored in four nursing theories: Newman's Theory of Health as Expanding Consciousness, King's Theory of Goal Attainment, Neuman's Systems Model, and Orem's Self-Care Deficit Nursing Theory. Newman's theory explains how CHOs understand and give meaning to their advocacy experiences. King's theory highlights communication and collaboration in working with stakeholders for policy advocacy and health system improvement. Neuman's model explains the stressors and challenges CHOs face and how they adapt in their work environment. Orem's theory emphasizes empowerment and addressing health gaps, collectively supporting the study's focus on awareness, collaboration, adaptation, and advocacy.

METHODOLOGY

This study employed a qualitative descriptive phenomenological design to explore the lived experiences of Community Health Officers (CHOs) in policy advocacy for health system strengthening. It focused on their roles, experiences, challenges, coping strategies, and perceptions of advocacy within hospital and community settings.

RESEARCH DESIGN

A descriptive phenomenological approach was used to understand how CHOs interpret their experiences in policy advocacy and health system improvement, with the aim of identifying the essence of their lived experiences.

RESEARCH STEPS

Approval was obtained from relevant authorities before data collection. Participants were informed and gave consent prior to semi-structured interviews conducted in a private setting. Interviews were recorded, transcribed verbatim, validated through member checking, and analyzed using Colaizzi's method

DATA COLLECTION AND SAMPLE SELECTION

Nine (9) CHOs were selected through purposive sampling based on inclusion criteria, including at least 1 year of experience and active involvement in community health work. Data were gathered through semi-structured interviews, supported by audio recordings and field notes.

DATA ANALYSIS METHODS

Data were analyzed using Colaizzi's phenomenological method. Significant statements were extracted, coded, and grouped into themes and subthemes. NVivo and manual coding were used, and findings were validated through member checking.

RESEARCH ASSUMPTIONS AND VALIDATION

The interview guide was content-validated with a CVI of 1.0. A pretest was conducted, and credibility was ensured through triangulation and member checking. The study assumed participants would provide honest and accurate accounts of their experiences.

STUDY LIMITATIONS AND ETHICAL CONSIDERATIONS

Findings are limited to a small sample from one hospital and may not be widely generalizable. Ethical standards were observed, including informed consent, confidentiality, and voluntary participation. Approval was secured from the ethics committee and hospital administration.

RESULTS AND DISCUSSION

RQ 1. What are the lived experiences of nurses regarding emotional intelligence and work-life balance in terms of emotional awareness, self-control, work demands, coping strategies, and support systems?

The findings revealed that nurses experience emotional intelligence and work-life balance through several interconnected dimensions, including emotional awareness, self-control, work demands affecting work-life balance, coping strategies, and support systems. Nurses demonstrated emotional awareness by recognizing feelings of stress, frustration, fatigue, and empathy during challenging clinical situations, enabling them to understand their emotional responses and make appropriate decisions in patient care and workplace interactions. Participants also showed self-control by consciously regulating emotions and maintaining

professionalism despite stressful situations. Strategies such as pausing before responding, remaining calm, and managing frustration helped them sustain effective communication and teamwork. However, nurses reported that heavy workloads, long duty hours, staffing shortages, and work-related responsibilities negatively affected their work-life balance, resulting in exhaustion, reduced family time, disrupted personal activities, and emotional strain. Despite these challenges, participants utilized coping strategies such as prayer, peer support, rest, reflection, and separating work concerns from personal life to manage stress and maintain resilience. Additionally, family support, coworker encouragement, and supervisory assistance emerged as essential support systems that strengthened motivation, reduced workplace stress, and enhanced emotional well-being. The findings indicate that emotional intelligence and supportive relationships play a significant role in helping nurses cope with demanding healthcare environments and maintain professional effectiveness.

SUMMARY

The study identified five key themes related to emotional intelligence and work-life balance among nurses. While emotional awareness and self-control were evident, work demands significantly affected well-being. Coping strategies and strong support systems helped nurses manage stress and maintain performance.

CONCLUSIONS

Emotional intelligence plays a key role in helping nurses manage workplace stress and maintain professionalism. However, heavy workload and staffing issues negatively affect work-life balance. Support systems and coping strategies are essential in maintaining resilience and job effectiveness.

RECOMMENDATIONS

Healthcare institutions should improve staffing, provide mental health support, and promote wellness programs. Nurses should strengthen emotional intelligence and coping skills. Nursing education should include self-care and work-life balance topics. Future studies should explore other settings and use broader methodologies.

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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.

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