

# Health Promotion Practices of Nurses In Rural Health Units in Third District of Tarlac: Basis for an Enhancement Program

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*Abstract* — Health Promotion practices are essential strategies aimed at enhancing individual and public health through health communication, health education and health policy implementation. This research sought to determine the health promotion practices of Rural Health Unit nurses in Third District of Tarlac, recognizing the factors and problems in terms of health communication, health education and health policy implementation. Descriptive correlational study was utilized and was focused on finding the relationship of the demographic profile and health promotion practices of rural health nurses. Total enumeration method was used in the selection of the respondents. The study's conclusions showed that many respondents are ages 35-49, female and are bachelor's degree holder. In addition, this study emphasized the vital role of nurses in health promotion, particularly in rural settings, highlighting their effectiveness in communication, education, and policy implementation. The results suggested that demographic factors do not influence health promotion practices. Problems encountered are identified such as cultural health beliefs, faith on religious practices and social stigma and privacy issues influencing their ability to deliver optimal care. Addressing these issues are critical for sustainable public health improvement. Further research is recommended for further study to explore other health promotion practices to ascertain the results.

*Keywords* — rural health nurses, health promotion, health communication, health education, health policy

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## I. INTRODUCTION

Health promotion has evolved beyond focusing on individual behavior, becoming a comprehensive strategy to enable people and communities to take charge of their own health and make improvements. As a key concept of public health, it provides governments, communities, and individuals with the tools needed to manage health crises. This is accomplished by developing health-promoting governmental policies, creating suitable settings, and strengthening both community action and individual abilities (World Health Organization, 2018).

The goal of health promotion is to improve living and working circumstances that affect people's health as well as healthy behavior in both individuals and societies. According to (Colorado Technical University, 2016) nurses can perform health promotion tasks by enhancing the quality of life for all people through the assessment of individual and community needs, education, identification of resources, and the evaluation and implementation of programs to help reduce premature deaths and decrease costs in both financial and human terms.

Moreover, older adults are among the large number of patients catered to in community health units (Zare et al., 2015). In relation to Nola Pender's Health Promotion Theory, a study conducted by Chen and Hsieh (2021) investigated factors influencing older adults' participation in community-based health initiatives. However, the study showed that self-efficacy, age, and perceived advantages were significant predictors of participation, where perceived benefits having the highest correlation.

Health communication and education implementation will influence the effectiveness of health promotion activities. If there is no adequate foundation in knowledge to provide health promotion, it can influence people's health to a greater extent. This is what Da Silva et al.(2020) that assessed Family Health Strategy nurses' health promotion practices and knowledge. They realized that nurses struggled to understand health promotion and associated this term with prevention of disease. Individual action and individual consultation continued to rule even though group activity was being targeted to promote health.

In the Philippines, the Department of Health provides a wide range of healthcare programs addressing various health needs of Filipinos. However, issues such as mis implementation of these programs can occur. Based on the study of Moreland-Russell et al. (2022) emphasized that in preventing mis implementation is essential for sustaining public efforts and the resources required to enhance the health and wellbeing.

Challenging the existing health model is one of the ways in which health promotion made improvements in The Department of Health issued an administrative order that builds the basis for city-wide and public health systems (P/CWHS) to implement Universal Health Care (UHC) Law requirements on health promotion programs. This order constitutes the Health Promotion Framework Strategy (HPFS) and will guide development and implementation of health promotion plans and programs throughout provincial as well as municipal health care systems. Specifically, the strategic approaches to be taken include the Life-course Approach, the Lifestyle and Behavioral Approach, and Unlimited Coordination Initiative (Administrative Order No. 2020-0042, 2020).

The significance of this research lies in its potential in determining the health promotion practices of nurses in rural health units, focusing on health communication and health education. The study investigated how the demographic characteristics of the nurses such as their years of employment, designation, age, and gender—influence their efforts to promote health. Moreover, it will analyze the problems nurses face related to patients' health promotion behaviors. This analysis aimed to identify strategies for strengthening an

### **Statement of the Problem**

The study sought to ascertain how nurses in rural health centers in Tarlac's Third District promotion practices.

Specifically, this study sought to answer the following questions:

1. How are the respondents described in terms of:
  - a) Age:

- b) Gender:
  - c) Highest Educational Attainment:
  - d) Designation; and
  - e) Years of Service?
2. How are the health promotion practices of the respondents described in terms of:
  - a) Health Communication in Promoting Health Programs:
  - b) Health Education in Delivering Health Care Practices; and
  - c) Health Policy Implementation Strategies in Strengthening Health Regulations
3. Is there a significant relationship between the demographic profile and health promotion practices of the respondents?
4. What are the problems encountered by the respondents in relation to the health promotion practices to Nursing practice?
5. What intervention measures could be proposed to enhance the health promotion practices of the respondents?

## II. METHODOLOGY

Descriptive correlational study was utilized considering its applicability which indicates the connection between two (or more) variables and investigates their relationship without manipulation (Bhandari, 2023). In this study finding the relationship of the demographic profile and health promotion practices of rural health nurses were the focus.

The study was conducted in the Third District of Tarlac Province. Composed of the municipalities of Capas, La Paz, Bamban and Concepcion.

Nurses from the rural health units in Tarlac Province's Third District participated in the study. To validate the results, the respondents were chosen using total enumeration method. Sixty (60) rural health unit nurses made up the entire number of responders in the selected location. Through the analysis of all members' qualities, attributes, or experiences, total enumeration looked at the complete population with certain characteristics of interest, offering insights into a phenomenon (Gautam, 2021).

Data were collected via a researcher-made questionnaire. The researcher collected data from rural health nurses in Tarlac Province's Third District. The first part determined the respondents' demographic profile, including age, sex, highest educational attainment, designation, and years of service. The second part of the survey used a 5-Point Likert Scale to assess the level of health promotion practices related to health communication and health education. Three experts evaluated the face validity of the questionnaire. using the Survey/Interview Validation Rubric for Expert Panel (VREP©) by Simon and White. The face validity of the research instrument using the following scores are: four (4) for Exceeds Expectations, three (3) for Meets Expectations, two (2) for Below Expectation, and one (1) for Not Acceptable. The computed mean score for face validity was 4.0,

indicating that the instrument *Exceeds Expectations*. This high score ensured the questionnaire's accuracy and effectiveness in gathering data for the intended purpose.

### III. RESULTS AND DISCUSSION

**Table 1**  
**Age Distribution of the Respondents**

Category	Frequency	Percentage
50-64	7	11.67
35-49	32	53.33
20-34	21	35.00
Total	60	100.00

As shown in Table 1, the age distribution of the respondents indicates a predominance of nurses in the 35 to 49 years age group, with 53.33% of the total sample falling within this category. The 20 to 34 years age group, comprising 35% of the respondents, represents a younger segment of the workforce. While the 11.67% of nurses in the 50 to 64 years' age group shows a smaller representation of older nurses.

**Table 2**  
**Gender Distribution of the Respondents**

Gender	F	%
Male	19	31.67
Female	41	68.33
Total	60	100.00

Table 2 shows that majority of the respondents are female nurses, comprising 75% or 45 respondents. On the other hand, male nurses account for 25% of the respondents, with 15 individuals. This confirms the finding of the researcher that the nurses are predominantly females.

**Table 3**  
**Highest Educational Attainment**

Highest Educational Attainment	F	%
College Degree	46	76.67
Masters' Degree	13	21.67
Doctorate Degree	1	1.67
Total	60	100.00

Table 3 reveals the highest educational attainment of the respondents. It shows that majority of the

respondents with 76.67% or 46 hold a bachelor’s Degree followed by 21.67% or 13 hold a master’s degree. Meanwhile, only 1.67% or 1 of the respondents have attained a Doctorate Degree. These figures indicate that a great majority of the rural health center nurses have only.

**Table 4**  
**Health Communication in Promoting Health Programs**

SITUATION	MEAN	VERBAL DESCRIPTION
Listening actively by paying careful attention to what the client is saying.	4.73	Highly Efficient
Explaining effectively the importance health programs.	4.68	Highly Efficient
Conversing with nurses and client through polite and respectful manner.	4.63	Highly Efficient
Providing clear and understandable instructions on how to manage health conditions.	4.62	Highly Efficient
Providing sufficient information on the benefits of regular physical activity.	4.60	Highly Efficient
Using words and ideas that fit with the local culture.	4.58	Highly Efficient
Using simple and non-technical language to explain health promotion practices.	4.58	Highly Efficient
Demonstrating empathy and understanding towards health challenges.	4.57	Highly Efficient
Communicating in a way that motivates the adoption of healthier habits.	4.55	Highly Efficient
Using open-ended questions encouraging to express opinions and ideas on their health conditions.	4.53	Highly Efficient
<b>Grand Mean</b>	<b>4.61</b>	<b>Highly Efficient</b>

The Table 4 outlines various health communication strategies used by nurses to promote health programs and their corresponding mean scores. The overall mean score of 4.61 categorizes these practices as *highly efficient*. Among the evaluated practices, “Listening actively by paying careful attention to what the client is saying” has the highest rating with a mean score of 4.73 with a verbal description as *highly efficient*. Lastly, “Using open-ended questions to encourage clients to express opinions and ideas about their health conditions” with a mean of 4.53 has the lowest rating among

the practices with a verbal description as *highly efficient*. The findings revealed that rural health nurses are highly efficient in listening to what their clients say and in providing clear accurate instructions to their clients.

**Table 5**  
**Health Education in Delivering Health Care Practices**

SITUATION	MEAN	VERBAL DESCRIPTION
Health education is always integrated into routine patient assessments and consultations.	4.72	Highly Efficient
Health education messages are always customized to meet the specific needs of different patient groups.	4.65	Highly Efficient
Extending health education efforts beyond the health unit is frequently done through participation in community outreach program (medical mission).	4.63	Highly Efficient
Active participation from patients is always encouraged during sessions.	4.55	Highly Efficient
Follow-up sessions to reinforce health education messages are frequently done.	4.50	Highly Efficient
Organization of health education events are collaborated with community leaders is frequently done in related to the different DOH programs.	4.48	Efficient
Health education materials are regularly updated to reflect the latest evidence-based practices and guidelines.	4.42	Efficient
Health education sessions is always done during weekly routine activities in every barangay.	4.40	Efficient
Feedback forms from patients on the effectiveness of health education interventions are always available.	4.35	Efficient
Family Development Session for the community are frequently organized in our rural health unit.	4.27	Efficient
<b>Grand Mean</b>	<b>4.50</b>	<b>Highly Efficient</b>

As shown in table 5, the overall mean score of 4.50 categorizes these practices as *highly efficient*. The highest-rated practice was integrating “Health education into routine patient assessments and

consultations” with a highest mean of 4.72 with a verbal description of *highly efficient*. Furthermore, “Family development sessions for the community are frequently organized in our rural health unit” has a mean of 4.27 was the lowest-rated practices, but still classified as *efficient*.

**Table 6**  
**Health Policy Implementation Strategies in Strengthening Health Regulations Practiced**

SITUATION	MEAN	VERBAL DESCRIPTION
Involving communities in the development, implementation, and evaluation of health promotion policies.	4.62	Highly Efficient
Strengthening personal and community health promotion capacity.	4.62	Highly Efficient
Promoting health literacy and raising awareness to individuals about the importance of health promotion practices (campaigns on topics like vaccination, smoking cessation, and nutrition.)	4.60	Highly Efficient
Intensifying and promoting strategies of disease prevention in the community	4.60	Highly Efficient
Reorienting health services and communities to health promotion.	4.58	Highly Efficient
Ensuring that health promotion efforts are sustainable through capacity development and fostering leadership within communities.	4.55	Highly Efficient
Fostering supportive and conducive environments/settings through the life course.	4.50	Highly Efficient
Establishing partnerships with government and nongovernment organizations and other stakeholders on the health promotion of initiatives and create sustainable interventions.	4.48	Efficient
Developing strong collaborative	4.48	Efficient

intersectoral partnerships and collective efforts in the community setting.		
Conduct research to determine effectiveness of health promotion interventions and policies.	4.27	Efficient
<b>Grand Mean</b>	<b>4.53</b>	<b>Highly Efficient</b>

Table 6 above shows that the rural health center nurses were rated with an indicating that they are highly efficient in implementing health policies and strategies in strengthening health practices. Among the highest-rated strategies, “Involving communities in the development, implementation, and evaluation of health promotion policies” and “Strengthening personal and community health promotion capacity” both received a mean score of 4.62 with a verbal description of *highly efficient*. The practice of “Conducting research to determine the effectiveness of health promotion interventions and policies” received the lowest rating mean of 4.27 with a verbal description of *efficient*. This indicates that while research is valued as a component of health policy implementation, there may be challenges in regularly conducting or applying research findings to enhance health promotion strategies.

## DISCUSSION

### Demographic Profile of the Respondents

The age distribution is consistent with the nurses' designations in rural health units in the Third District of Tarlac. The majority of nurses (53.33%) fall within the 35 to 49 age range, (68.33%) holding junior supervisory positions. The smaller number in the 50 to 64 age group (11.67%) corresponds to the senior supervisory role (15%), indicating that older nurses are more likely to hold higher leadership positions. Younger nurses (20 to 34) are likely to be in more junior roles, supporting their role as clerical staff or junior supervisors.

Likewise, the respondents' years of service reflect a mix of experience levels. The largest group (6 to 10 years) is moderately experienced and well-positioned to implement and oversee health promotion programs. The 1 to 5 years group, though smaller, is adaptable to new methods and benefit from additional training. Their experience is very crucial for sustainability, and efforts should be made to transfer their knowledge, particularly in leadership and complex health interventions.

Similarly with the study by Abu Baker (et, al 2022) indicates a strong correlation between nurses' attitudes and their educational attainment. The results of a study done in the UK, which showed that years of schooling have a significant impact on nurses' attitudes and importance of level education in health promotion practices. However, there was no connection between health promotion and nurses' attitudes or training.

This finding would suggest that the training being offered now is insufficient to improve the attitudes of skilled nurses relative to those who are not, highlighting the need for more thorough



and regular training.

### **Health Communication in Promoting Health Programs**

The findings suggest that nurses employ a variety of health communication strategies that are highly efficient in promoting health programs. The highest rated practice, active listening, suggests that nurses place significant importance on active listening, which is a key component in building trust and understanding between healthcare providers and clients (McKenna et al., 2020). Explaining the importance of health programs is another highly efficient practice, reflecting the nurses' capability to clearly communicate the relevance and benefits of health programs. Likewise, effective explanation is critical in motivating clients to participate in health initiatives and to appreciate the impact these programs can have on their well-being.

In relation to the study of Sharkiya (et al., 2023), effective communication is a cornerstone of improved patient-centered outcome involving younger population and older adults in this rapid review also supported the idea that effective communication with older adults involves the combination of verbal and nonverbal communication cues. This is supported with the study of Kwame and Petrucka (2021) on the cultural relevance in health communication is crucial in ensuring that messages resonate with the community while the use of non-technical language ensures that health information is accessible to individuals with varying levels of health literacy. Motivation is a key factor in behavior change, and this score indicates that nurses are skilled in framing health messages in a way that empowers clients to act.

Although it scored the lowest grade, using open-ended inquiries to enable clients to share their thoughts and opinions on their health issues is still considered extremely effective.

### **Health Education in Delivering Health Care Practices**

With the grand mean of 4.50, highly efficient, reflect various aspects of health education practices which was categorized as highly efficient. The highest-rated practice is the integration of health education into routine patient assessments and consultations indicating that nurses effectively incorporate health education as a fundamental part of their regular interactions with patients. This integration ensures that health messages are specified to individual needs, allowing for a personalized approach to health promotion that is essential for improving patient outcomes (Menichetti, et al., 2021).

While the previously discussed practices received higher ratings, other important health education activities (i.e. collaborating with community leaders to organize health education events, regular updating of health education materials to reflect the latest evidence-based practices, and health education sessions during routine weekly activities in barangays) also received positive ratings but were categorized as efficient rather than highly efficient. These practices suggest that nurses are making deliberate efforts to stay informed about the latest health guidelines, engage with community leaders, and provide regular education to residents in local communities.

Similar with the study of Tulane et. al (2021). In primary health care, integration into regular patient evaluations and consultations is essential because individuals who have lifetime access to high-quality education typically maintain better health than those who do not. In addition to providing opportunities for upward mobility, which puts people in a better financial position to receive high-quality healthcare, education also keeps people more knowledgeable about how to maintain their health.

### **Health Policy Implementation Strategies in Strengthening Health Regulations**

The grand mean result indicates that nurses are highly efficient in involving communities in the development, implementation and evaluation of health promotion policies same with strengthening personal and community health promotion capacity. This is supported with the study of Shahid et. al (2022), highly efficient rating on the practice of reorienting health services and communities toward health promotion emphasizes the nurses' efforts to shift from a traditional focus on treatment to a more preventive and proactive approach to health care. Another key strategy is ensuring the sustainability of health promotion efforts through capacity development and fostering leadership within communities. This strategy helps create a long-term foundation for health promotion, as community leaders and members become actively involved in health initiatives and can continue these efforts beyond the immediate involvement of health professionals.

### **Limitations of the study**

Although the goal of this study is to offer insightful information about the health promotion strategies used by nurses in Tarlac Province's rural health units, there are several limitations that could affect the generalizability and interpretation of the findings. Due to insufficient source of funds and other resources necessary for the conduct of the study, the following limitations was perceived:

1. The study is geographically limited to the third district of Tarlac Province, specifically the municipalities of Capas, La Paz, Bamban, and Concepcion. With a sample size of only 60 rural health unit nurses, the results may not be generalizable to all rural health units across the country or to urban healthcare settings.
2. The study employs a total enumeration sampling method, meaning that all rural health nurses in the selected municipalities are included in the sample. Since the study only includes nurses who work in rural health units, it does not account for the perspectives of nurses in urban settings, private healthcare facilities, or those in other regions of the country.
3. The study focuses on a relatively narrow set of variables: demographic profile (age, sex, educational attainment, designation, and years of service) and health promotion practices. While this allows for a focused analysis, it does not account for other potentially important factors such as nurses' personal health beliefs, the socio-economic conditions of the communities they serve, or the influence of healthcare policies and resources.

#### **IV. CONCLUSION**

Based on the analysis of demographic profiles, health promotion practices, and challenges faced by nurses in rural health units in the third district of Tarlac, the following conclusions were drawn:

1. Nurses efficiently use communication skills, cultural sensitivity, and health education to promote patient understanding and public health.
2. No significant relationships were found out between nurses' demographic factors (age, sex, education, designation, or years of service) and their health promotion practices, as statistical analysis showed p-values above 0.05.
3. The study identified problems in health promotion, including that involve cultural beliefs, social stigma, privacy concerns, transportation issues, and shortages of resources and healthcare professionals, all of which hinder progress.

The study emphasizes nurses' key role in health promotion, with effective communication and education despite demographic factors. Overcoming barriers like related to cultural beliefs, logistical issues, and resource shortages is essential for improving public health in rural areas.

#### **V. RECOMMENDATIONS**

After a thorough analysis of the research findings, the researchers have drawn the following recommendations:

1. To foster group discussion focusing on reorienting program that would be beneficial to them.
2. Expanding the availability of or access for transportation in rendering services to isolated areas with the help of the Local Government Unit.
3. Providing continuous professional development and skill building opportunities to staff to become more efficient in promoting health.
4. Advocate for policies that prioritize workforce planning, better compensation, flexible work arrangements to retain existing staff.
5. Future research may consider use of other factors and/or mediating variables and methodology to further explore health promotion practices of nurses at rural health units.

The study's conclusions provide valuable information about the health promotion strategies used by nurses employed by Tarlac's rural health units in the Third District of Tarlac. These skills include communication, health education and policy implementation, among which health

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promotion effectiveness is one of the most valued. This kind of capability helps to gain trust from patients and enhance their understanding--in a rural area without readily available medical facilities and limited community health services for the poor People in general. So the study also points out several ways Chinese nurses can use health education methods under these circumstances. These difficulties include beliefs about health (such as witchcraft being equal to illness) that are deep-rooted and very difficult to remove; transportation problems, which make it hard no matter how strenuously efforts might be made for health promotion campaigns among rural residents--even at present there is no public transit in most rural parts of China; resource shortage, this means not only hospitals, doctors or medicines but also many staff of every kind needed for health promotion work. These problems indicate that interventions are required to better support nurses in their efforts to get round these barriers, and thereby improve health in the country's health care system.

This information has implications for proceeding with both policy and practice. Policymakers may use this data when drawing up strategies which will further health promotion. For example, running health education activities which really are based on a local population's own beliefs and habits, providing mobile health services that are relevant to travel difficulties, or putting in place resources and hence facilities for preventive care. Nurses 'demographic characteristics did not show a significantly impact on health promotion practices, therefore this practice may also be applied widely in a rural environment.

## COMPLIANCE WITH ETHICAL STANDARDS

In the conduct of the study, the ethical considerations were strictly observed. The study seeks permission from concerned authorities prior to conducting the study. An informed consent was obtained from the respondents. The participation of the respondents was voluntary, and the respondents were informed that they could withdraw anytime without perjury. All the information gathered was not shared with anyone and was treated with confidentiality. The anonymity was observed where names of the respondents and facility as well as other personal data were not included. The questionnaire followed the ethical standards of research for an online survey. The study was conducted without conflict of interest and took measure against plagiarism. There findings of the study was interpreted without bias and the results were used for the advancement of the research.

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