

Assessing the Implementation of the Financial Assistance Program in Paracelis District Hospital, Mountain Province

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Abstract

The Financial Assistance Program of Paracelis District Hospital plays an important role in helping patients manage medical expenses; however, limited information is available about its implementation and the challenges beneficiaries experience. This study assessed the program's implementation and identified the problems beneficiaries encountered in availing of its services. A quantitative descriptive-survey research design was employed involving 189 beneficiaries selected through stratified random sampling from a population of 346 inpatients and outpatients at Paracelis District Hospital, Mountain Province. Data were gathered using a researcher-made questionnaire that underwent expert validation and pilot testing, with a Cronbach's Alpha reliability coefficient of 0.794. The data were analyzed using frequency counts, percentages, weighted mean, Mann-Whitney U Test, Kruskal-Wallis H Test, and Spearman's Rho Correlation. The results showed that most respondents were female, unemployed, and outpatient beneficiaries. The implementation of the program was rated highly satisfactory, with respondents strongly agreeing that budget allocation, application procedures, and information dissemination were carried out effectively. Beneficiaries reported only minimal problems in accessing the program. Statistical analysis further revealed no significant differences in respondents' assessments when grouped according to age, sex, employment status, and type of patient. Likewise, no significant relationship was found between the level of program implementation and the problems encountered by beneficiaries. The study concludes that the Financial Assistance Program is effectively implemented and significantly reduces patients' financial burden. The findings highlight the importance of sustaining effective program management while strengthening information dissemination, administrative processes, and monitoring mechanisms further to improve the accessibility and quality of financial assistance services.

Keywords: Financial Assistance Program, Budget allocation, Application process, Information dissemination, Paracelis District Hospital.

1. Introduction

Financial assistance programs play an important role in helping individuals cope with financial difficulties, particularly during medical emergencies. These programs provide economic support through grants, subsidies, and other forms of assistance to reduce the financial burden on patients and their families. Financial assistance enables individuals to access essential healthcare services that they might otherwise be unable to afford. According to Adams et al. (2022), financial assistance programs help individuals overcome financial hardship and encourage them to seek necessary medical care despite high healthcare costs. Such programs are especially important for vulnerable groups, who are more likely to face financial barriers to accessing healthcare services.

Previous studies have highlighted the positive contribution of financial assistance programs in improving healthcare access and reducing financial stress among beneficiaries. Adams et al. (2022) emphasized the role of financial assistance in helping patients obtain needed medical services and continue pursuing essential life goals despite economic challenges. Similarly, Khanal (2023) noted that financial assistance programs are particularly beneficial for vulnerable populations, including persons with disabilities and senior citizens, who often incur higher healthcare costs. While both studies recognized the value of financial support in improving access to healthcare, Adams et al. (2022) focused on the general benefits of financial assistance during financial hardship, whereas Khanal (2023) highlighted its importance for specific population groups with greater healthcare needs. These studies collectively demonstrate that financial assistance programs are essential in promoting equitable access to healthcare services.

In the Philippines, the government has established several programs to support individuals experiencing financial difficulties. These include the Assistance to Individuals in Crisis Situations (AICS) program and other forms of medical assistance provided to vulnerable sectors such as beneficiaries of the Pantawid Pamilyang Pilipino Program (4Ps), senior citizens, and persons with disabilities. One of the most recognized initiatives is the Malasakit Center program, which serves

as a one-stop shop for medical and financial assistance. According to Esguerra (2024), Malasakit Centers help individuals access financial support for healthcare services and reduce the burden of medical expenses. Consistent with the findings of Adams et al. (2022) and Khanal (2023), Esguerra (2024) highlights the importance of financial assistance in improving healthcare access. However, it focuses specifically on the Philippine setting and the government's efforts to make healthcare assistance more accessible to citizens.

Despite the recognized benefits of financial assistance programs, implementation challenges continue to undermine their effectiveness. Issues related to budget allocation, application procedures, information dissemination, and administrative processes may limit beneficiaries' access to available assistance. Logistical constraints, inadequate coordination among implementing agencies, and limited awareness among potential beneficiaries can also hinder program delivery. As a result, some eligible individuals may still have difficulty obtaining financial assistance despite the availability of support programs. Although existing studies have established the importance of financial assistance programs in healthcare, limited research has examined how these programs are implemented in district hospitals located in geographically isolated and disadvantaged areas such as Paracelis, Mountain Province. Most available studies have focused on national programs, urban healthcare institutions, or broader healthcare financing systems. Furthermore, there is limited evidence regarding beneficiaries' assessment of budget allocation, application processes, information dissemination, and the challenges they encounter when availing of financial assistance in district hospital settings. This gap indicates the need for a localized assessment of program implementation to understand beneficiaries' experiences better and identify areas for improvement.

Therefore, this study assessed the implementation of the Financial Assistance Program of Paracelis District Hospital and examined the challenges encountered by beneficiaries in availing of the program. Specifically, it evaluated the program in terms of budget allocation, application process, and information dissemination, and determined whether beneficiaries' assessments differed by demographic characteristics. It also examined the relationship between program implementation and the problems beneficiaries encountered. The findings of this study are expected to provide valuable information to hospital administrators, local government units, policymakers, and program implementers in improving the delivery of financial assistance services. The results may also contribute to the enhancement of policies and strategies that promote accessible, efficient, and responsive healthcare assistance programs. Most importantly, the study may help ensure that financial support reaches individuals who need it most, particularly those residing in geographically isolated and underserved communities.

2. Material and methods

2.1 Research Design

The research adopts a descriptive survey design using a quantitative approach to systematically evaluate the problems of the Financial Assistance Program of Paracelis District Hospital. Survey research is appropriate for collecting measurable data from a target population and for analyzing respondents' perceptions, experiences, and attitudes. Furthermore, quantitative research provides objective, data-driven findings that can be statistically analyzed to assess program performance, accessibility, and outcomes (Lim, 2024; Sheikh et al., 2024).

2.2 Locale of the Study

The research took place at Paracelis District Hospital, which operated financial assistance programs for patients in need. The research site was the hospital because it actively provided financial assistance to patients and supported a wide range of patients.

2.3 Respondents of the Study

The respondents of the study were beneficiaries of the Financial Assistance Program at Paracelis District Hospital. They included patients whose applications for financial assistance were either approved or denied, provided that they had availed of the hospital's financial assistance services. Eligible respondents consisted of inpatients, outpatients, and family members or guardians who participated in the application process or assisted with the patient's care and financial matters. Only adult respondents aged 18 years and above were included to ensure their capacity to provide informed consent. Individuals who had never applied for or availed of the hospital's Financial Assistance Program, those below 18 years of age, and persons who were not directly involved in the financial assistance application or related financial matters were excluded from the study.

2.4 Sample and Sampling Procedure

The study population consisted of 346 beneficiaries of the Financial Assistance Program at Paracelis District Hospital, comprising 154 inpatients and 192 outpatients. Using the appropriate sample size determination, a total of 189 respondents were selected to participate in the study, consisting of 81 inpatients and 108 outpatients. The study employed stratified random sampling to ensure adequate representation of both inpatient and outpatient beneficiaries. The population was first divided into two strata based on patient classification (inpatients and outpatients). Respondents were then randomly

selected from each stratum in proportion to its size within the population. This sampling technique ensured that both groups were fairly represented, thereby providing a balanced assessment of the accessibility, efficiency, and effectiveness of the Financial Assistance Program at Paracelis District Hospital.

2.5 Research Instrument

The study utilized a self-constructed survey questionnaire as the primary instrument for data collection. It was designed to gather data on respondents' demographic profiles, their assessments of the implementation of the Financial Assistance Program, and the problems they encountered in availing themselves of the program at Paracelis District Hospital. The questionnaire consisted of three parts: Part I covered demographic information such as age, sex, employment status, and patient type; Part II assessed program implementation in terms of budget allocation, application process, and information dissemination; and Part III identified the problems encountered by respondents. The questionnaire items were developed based on the study objectives, conceptual framework, and related literature and studies, with a focus on key indicators, including financial assistance processes and beneficiary challenges. To ensure content validity, the instrument was evaluated by three healthcare administration experts for clarity, relevance, organization, and appropriateness, using the Research Office's official validation tool. A pilot test with 30 similar respondents who were not part of the actual study was conducted to assess the instrument's clarity and suitability. Reliability testing using Cronbach's Alpha produced a coefficient of 0.794, indicating acceptable internal consistency and confirming that the instrument was reliable for data collection.

2.6 Data Gathering Procedure

The information collection procedure was executed in sequential steps to achieve precise results, uphold ethical standards, and maximize data efficiency. Survey questionnaires were distributed to participants directly at a specified time at Paracelis District Hospital. The researcher obtained formal permission from the hospital administration and the relevant authorities before starting the survey. All participants received consent forms for voluntary participation in the survey process, and the researcher explained the study's goals, participants' rights, and data confidentiality protocols. The questionnaire was distributed through direct interaction with participants. Data collectors with training assisted survey participants who needed help interpreting survey questions, ensuring respondents provided accurate answers. The survey completion period lasted two to three weeks, depending on the response rate. The researcher examined all collected survey responses to eliminate incomplete, inconsistent, or duplicate information before proceeding to data cleaning. The researcher then encoded the cleaned data through SPSS (Statistical Package for the Social Sciences) for systematic statistical analysis. This structured data collection method ensured the collection of ethical, reliable data from the implementation of the financial assistance program at Paracelis District Hospital.

2.7 Data Analysis Techniques

The data collected from the respondents were organized, encoded, processed, and analyzed using the Statistical Package for the Social Sciences (SPSS). Both descriptive and inferential statistical tools were used to address the study's research questions. Frequency counts and percentages were used to describe the demographic profile of the respondents by age, sex, employment status, and patient type. Weighted mean was used to assess the implementation of the Financial Assistance Program in terms of budget allocation, application process, and information dissemination, as well as to determine the extent of problems encountered by respondents. The results were interpreted using a five-point Likert scale ranging from Strongly Disagree to Strongly Agree, with numerical ranges from 1.00–1.80 to 4.20–5.00. To determine significant differences in respondents' assessments by demographic profile, the Mann-Whitney U Test was used for sex and patient type, and the Kruskal-Wallis H Test for age and employment status. Spearman's Rho Correlation Coefficient was used to determine the relationship between program implementation and the problems encountered. All inferential tests were evaluated at the 0.05 level of significance, with p-values < 0.05 considered significant.

2.8 Ethical Considerations

The researcher adhered to strict ethical principles when studying the Financial Assistance Program at Paracelis District Hospital to protect participants and maintain the study's integrity. Confidentiality, privacy, voluntary participation, and respect for individuals were strictly observed throughout the research process. All participants were assured of anonymity, and their personal and identifying information was kept undisclosed. Informed consent was obtained from both hospital staff and Financial Assistance Program beneficiaries before data collection. Participants were fully informed about the purpose of the study, procedures, possible risks, and benefits, allowing them to make an informed decision about their participation. They were also informed of their right to withdraw from the study at any time without any negative consequences. The study ensured that participants were protected from physical, psychological, and emotional harm and that no coercion or undue influence was applied during participation. Data collection was conducted respectfully and carefully to ensure accurate and ethical gathering of information. All data obtained was handled with strict security measures and stored safely, accessible only to authorized individuals for research purposes. Measures were also implemented to prevent unauthorized access, data breaches, and misuse of information. Overall, the ethical framework

ensured that participants' rights and dignity were upheld while supporting the development of meaningful findings to improve the Financial Assistance Program at Paracelis District Hospital.

3. Results and Discussion

3.1 Demographic Profile of the Respondents

Table 1 shows the distribution of respondents by demographic profile. Regarding age, the largest percentages of respondents were 35 years old (24.30%), 56 years and older (23.80%), and 36-45 years old (22.80%). The highest percentage of respondents was 19 years old (46-55 years old), and the lowest was 18-25 years old (10.10%).

Table 1. *Distribution of the Patients According to Their Demographic Profile*

Profile	Category	F	%
Age	18–25 years old	19	10.10
	26–35 years old	46	24.30
	36–45 years old	43	22.80
	46–55 years old	36	19.00
	56 years and above	45	23.80
Sex	Male	61	32.30
	Female	128	67.70
Employment Status	Employed (Government)	24	12.70
	Employed (Private Sector)	32	16.90
	Self-employed	39	20.60
	Unemployed	94	49.70
Type of Patient	Inpatient	81	42.90
	Outpatient	108	57.10

The demographic profile suggests that financial assistance programs are primarily used by people in economically disadvantaged circumstances, especially the unemployed. The result is consistent with other works highlighting that financial aid is also a key factor in accessing healthcare among low-income groups that might not otherwise afford medical services (Adams et al., 2022; McGarry, 2021). The higher percentage of female respondents suggests that women may be more inclined to access healthcare services and take advantage of financial support programs. This result is consistent with the current literature, indicating that women tend to exhibit higher healthcare utilization rates than men, particularly for preventive and outpatient care (Mastylak et al., 2022). Moreover, the prevalence of outpatient respondents indicates that financial assistance is used more often for non-hospitalized care. This result confirms that financial aid programs enhance access to outpatient and routine medical services and, consequently, lead to earlier diagnosis and treatment of health conditions (Cai et al., 2025; Gizaw et al., 2022). In general, the findings emphasize the importance of financial assistance programs in supporting disadvantaged groups and expanding access to healthcare, particularly among unemployed people and outpatient services users.

3.2 Assessment of the Implementation of the Financial Assistance Program

In Terms of Budget Allocation

Table 2 presents the evaluation of the financial assistance program's execution of budgetary allocation. The mean scores for all items range from 4.36 to 4.54, with all scores interpreted as "strongly agree".

Table 2. *Assessment of the Implementation of the Financial Assistance Program in terms of Budget Allocation*

Indicators	M	Interpretation
The program has adequate funding to support all qualified patients.	4.43	Strongly Agree
We were informed that funds are available before applying.	4.36	Strongly Agree
The amount of assistance given was enough to ease our financial burden.	4.40	Strongly Agree
The financial aid covered the most important medical expenses.	4.38	Strongly Agree
We were not required to make informal payments.	4.38	Strongly Agree
We believe the funds are distributed fairly among patients.	4.52	Strongly Agree
The hospital staff explained the limits or scope of financial coverage.	4.49	Strongly Agree
The program prioritizes patients who need help the most.	4.53	Strongly Agree
We were not denied assistance due to budget limitations.	4.43	Strongly Agree
The availability of funds is consistent throughout the year.	4.48	Strongly Agree
Financial assistance is available for both inpatient and outpatient services.	4.47	Strongly Agree
I understand how the hospital decides who gets financial aid.	4.49	Strongly Agree
The assistance given helped reduce our need for borrowing money.	4.54	Strongly Agree
We were told where the financial assistance funds come from.	4.37	Strongly Agree

I trust the hospital uses the financial aid budget responsibly.	4.41	Strongly Agree
Category Mean	4.44	Strongly Agree

The Assessment of the Implementation of the Financial Assistance Program in terms of Budget Allocation aligns with prior research indicating that sufficient funding is a decisive factor in the effectiveness of financial aid initiatives. With sufficient resources, hospitals can provide patients with continuous and equal support (Bai et al., 2020; Sherman et al., 2023). Additionally, the high consensus across all items suggests that the respondents are unlikely to have financial difficulties. This result contrasts with other studies that identify budget constraints as a significant problem in the healthcare sector, especially in rural and resource-constrained environments (Jabbari et al., 2022; Bernal-Sundiag et al., 2023). The results also indicate that effective strategies for financial planning and resource allocation exist within the institution. It has been demonstrated that effective allocation of financial resources enhances healthcare delivery and ensures that aid reaches target beneficiaries as quickly as possible (Webb & Lee, 2022). In general, the high score for budgetary allocation indicates that the financial assistance program is well-managed and can support the patient population by improving access to healthcare services.

In Terms of the Application Process

In Table 3, the evaluation of the implementation of the financial assistance program concerning the application process is given. The mean score for all items is between 4.41 and 4.62; all are strongly agree.

Table 3. *Assessment of the Implementation of the Financial Assistance Program in terms of the Application Process*

Indicators	M	Interpretation
The application process was easy to follow.	4.43	Strongly Agree
We were guided properly by the hospital staff during the application.	4.50	Strongly Agree
We did not feel intimidated or discriminated against when asking for help.	4.43	Strongly Agree
The requirements were explained clearly.	4.46	Strongly Agree
I was able to complete the application without needing to go back repeatedly.	4.42	Strongly Agree
We did not experience long delays in the process.	4.50	Strongly Agree
The process respected our privacy and dignity.	4.44	Strongly Agree
Hospital staff were courteous and empathetic.	4.41	Strongly Agree
The entire process was done in a timely manner.	4.53	Strongly Agree
The hospital has a designated person or unit to handle financial assistance.	4.57	Strongly Agree
We were informed about our application status without repeated follow-ups.	4.56	Strongly Agree
There was no need to “know someone” to receive help.	4.62	Strongly Agree
The process was available even outside regular working hours.	4.50	Strongly Agree
We felt genuinely supported while applying for aid.	4.45	Strongly Agree
Category Mean	4.49	Strongly Agree

The Assessment of the Implementation of the Financial Assistance Program in terms of Application Process supports the literature highlighting the importance of simplified, transparent application procedures as key to increased access to financial assistance programs. Having well-understood and manageable procedures motivates an increasing number of patients to apply and effectively obtain support (Hanson et al., 2022; Biddell et al., 2023). Moreover, the degree of consensus is high, indicating that the hospital's administrative systems are operating efficiently. Effective processing mechanisms and the availability of requirements minimize delays and enhance overall patient satisfaction (Coughlin et al., 2021; McCormick, 2023). Unlike research that identifies complex documentation and bureaucratic barriers as key hindrances, the current results indicate that these factors have little impact in this environment (Ho et al., 2024). This finding can be attributed to enhanced administrative discipline, staff support, and streamlined work processes. On the whole, the findings reveal that the hospital has developed a successful, patient-focused application process, which is one of the factors that help implement the financial assistance program.

In Terms of Information Dissemination

Table 4 represents the evaluation of the implementation of the financial assistance program on information dissemination. The mean scores for all items range from 4.47 to 4.61, and all scores are strongly in agreement.

Table 4. *Assessment of the Implementation of the Financial Assistance Program in terms of Information Dissemination*

Indicators	M	Interpretation
I was aware of the financial assistance program before arriving at the hospital.	4.54	Strongly Agree
Hospital staff informed us proactively about the availability of aid.	4.61	Strongly Agree
There are posters, flyers, or signs explaining the program.	4.57	Strongly Agree
The information is easy to read and understand.	4.58	Strongly Agree
I found out about the program through community health workers or LGU staff.	4.51	Strongly Agree

The program was introduced clearly during admission or consultation.	4.53	Strongly Agree
Staff used our local language or dialect.	4.59	Strongly Agree
Family members are also informed about how to apply.	4.49	Strongly Agree
Information is visible even in outpatient areas.	4.59	Strongly Agree
We received assistance in understanding the process.	4.49	Strongly Agree
I learned about the program through social media or announcements.	4.53	Strongly Agree
Information about eligibility was made clear.	4.56	Strongly Agree
The hospital updates the community about changes.	4.48	Strongly Agree
People in remote barangays are reached with this information.	4.47	Strongly Agree
The way information is shared builds trust.	4.51	Strongly Agree
Category Mean	4.54	Strongly Agree

Efficient information sharing is one of the essential success factors of financial assistance programs. Research has revealed that insufficient awareness is one of the main obstacles to program use; therefore, straightforward and transparent communication has a significant impact on patient involvement (Colizzi et al., 2020; Potnis & Gala, 2020). The high scores also suggest that patients have sufficient knowledge of how to obtain financial support, which will ease confusion and enhance the overall experience. This provides evidence that effective communication plans can boost health care access and help patients access medical services at the right time (Cai et al., 2025; Gizaw et al., 2022). Furthermore, the findings indicate that the hospital might be using viable communication channels, including direct support of personnel, straightforward guidelines, or conspicuous information resources. These methods have been cited as key in enhancing access and minimizing obstacles in healthcare systems (Tan et al., 2020; Naria-Maritana et al., 2020). On balance, the high level of information dissemination demonstrates a well-coordinated, patient-centered strategy that significantly contributes to the successful implementation of the financial assistance program.

Summary of the Assessment of the Implementation of the Financial Assistance Program

Table 5 shows the summary of the assessment of the implementation of the financial assistance program.

Table 5. Summary of the Assessment of the Implementation of the Financial Assistance Program

Indicators	M	Interpretation
Budget Allocation	4.44	Strongly Agree
Application Process	4.49	Strongly Agree
Information Dissemination	4.54	Strongly Agree
Overall Mean	4.49	Strongly Agree

The top score in information sharing underscores the importance of effective communication in improving access to healthcare. It has been demonstrated in previous studies that awareness and knowledge of available services are important factors that impact patient utilization of financial assistance programs (Colizzi et al., 2020; Potnis & Gala, 2020). With well-informed patients, the likelihood of seeking help and adhering to required procedures is higher. Good performance on the application process implies that administrative procedures are smooth and available. This result contrasts with other studies in which complex requirements and bureaucratic inefficiencies are barriers to accessing financial aid (Hanson et al., 2022; Biddell et al., 2023). These findings indicate that the hospital has been able to downplay these obstacles. Although budget allocation had the lowest mean among the three categories, it was still rated as "strongly agree," indicating that, generally, financial resources are available to meet patient needs. Funding will be necessary to sustain the financial operations of financial assistance programs and to ensure uninterrupted service provision (Bai et al., 2020; Sherman et al., 2023). In general, the results show that the financial assistance program is well implemented, contributing to improved access to healthcare and reduced financial burden among patients. This result supports the broader role of financial assistance programs in promoting equitable healthcare and enhancing patient outcomes (Adams et al., 2022; McGarry, 2021). From a theoretical perspective, the findings demonstrate the relevance of both Coping Theory and Resilience Theory in understanding how patients respond to financial difficulties related to healthcare. The effective implementation of the program provides patients with resources that help alleviate stress and strengthen their ability to adapt to financial challenges as they access needed medical services.

3.3 Problems Encountered in the Implementation of the Financial Assistance Program

In implementing the financial assistance program, Table 6 shows the problems respondents have faced in expressing emotions. All the items received mean scores between 1.39 and 1.73, which is understood as strongly disagree.

Table 6. Problems Encountered in Accessing the Financial Assistance Program

Indicators	M	Interpretation
I was not aware that the program existed.	1.73	Strongly Disagree
The application process was difficult to understand.	1.51	Strongly Disagree

Requirements were too many or hard to complete.	1.52	Strongly Disagree
There was no one available to guide us.	1.39	Strongly Disagree
Funds were not available at the time.	1.47	Strongly Disagree
Assistance was delayed or insufficient.	1.40	Strongly Disagree
Category Mean	1.50	Strongly Disagree

The Problems Encountered by the Respondents in the Implementation of the Financial Assistance Program, in terms of Expressions of emotion, are contrary to the findings of several research studies, which emphasize emotional distress as the prevalent outcome of financial struggles in healthcare. Financial strain is often associated with anxiety, uncertainty, and psychological burden among patients (Mearns & Thompson, 2021; Usher, 2023). Nevertheless, the current results also indicate that these adverse experiences are mostly counteracted in this context. The observed low emotional load can be explained by the program's successful implementation, particularly through effective communication and smooth procedures. When patients are informed and supported, the likelihood of feeling stressed and confused during the application and processing is minimal (Coughlin et al., 2021; Hanson et al., 2022). Moreover, the results may be influenced by supportive mechanisms within the hospital, including staff support and processes that enable patients to address their financial issues. This result is consistent with coping and resilience theories, which emphasize that supportive environments alleviate stress and enhance individuals' coping capacity to deal with challenging circumstances (Den Hartigh & Hill, 2022). Altogether, the findings suggest that the financial assistance program is rather effective in reducing emotional difficulties and making the healthcare experience more positive and patient-centered. These findings support the Coping Theory of Lazarus and Folkman (1984), which posits that individuals employ cognitive and behavioral strategies to manage stressful situations. The low level of problems encountered by the respondents suggests that the financial assistance program helped reduce financial stress and enabled beneficiaries to cope effectively with healthcare-related challenges. The availability of support mechanisms, clear procedures, and guidance from hospital personnel may have strengthened the respondents' problem-focused coping strategies, thereby minimizing emotional distress and enhancing their overall experience. Likewise, the findings support Resilience Theory, as outlined by Garmezy (1991), which emphasizes individuals' ability to adapt positively despite adversity. The respondents' ability to access and utilize available financial assistance demonstrates their capacity to mobilize available resources and overcome financial barriers to healthcare. The program served as a protective mechanism, enhancing beneficiaries' resilience during periods of financial hardship.

3.4 Significant Difference in the Implementation of the Financial Assistance Program

Grouped according to Age

The differences in the implementation of the financial assistance program when respondents were categorized by age, as shown in Table 7, are presented using the Kruskal-Wallis H Test. Regarding budget allocation, the calculated p-value of .773 indicates no statistically significant difference between the age groups. In the same vein, the p-value for the application process was .979, whereas the p-value for information dissemination was .216. All of the p-values exceed the 0.05 level of significance. These results show that there are no significant differences in the implementation of the financial assistance program across categories and age groups.

Table 7. *Differences in the Implementation of the Financial Assistance Program When Grouped According to Age*

Category	Age Group	N	Mean Rank	H	df	P-value	Decision
Budget Allocation	18–25 years old	19	103.71	1.80	4	.773	Not Significant
	26–35 years old	46	86.36				
	36–45 years old	43	97.21				
	46–55 years old	36	96.53				
	56 years and above	45	96.82				
Application Process	18–25 years old	19	92.29	0.44	4	.979	Not Significant
	26–35 years old	46	93.80				
	36–45 years old	43	99.73				
	46–55 years old	36	94.31				
	56 years and above	45	93.40				
Information Dissemination	18–25 years old	19	91.50	5.78	4	.216	Not Significant
	26–35 years old	46	84.95				
	36–45 years old	43	103.70				
	46–55 years old	36	85.38				
	56 years and above	45	106.14				

The Differences in the Implementation of the financial assistance program when grouped by age indicate that age is not a significant factor affecting respondents' perceptions of the program's implementation. This implies that the program is executed regularly and fairly to all age groups. The absence of significant differences indicates that the hospital has established standard procedures that ensure equal access to financial assistance regardless of age. It promotes the concept of equity in the healthcare sector, where healthcare services are to be distributed equally among people (Wilson & Green, 2020; Webb & Lee, 2022). Additionally, the results suggest that the program is effective in meeting the requirements of different age groups, including younger and older patients. It is the opposite of certain studies that have indicated differences in healthcare access across age categories, especially among older people (Mastylak et al., 2022). However, the homogeneity of these responses suggests that the financial assistance program is effective at reducing these differences. Overall, the results demonstrate that the implementation of the financial assistance program is inclusive and unbiased, ensuring that all patients receive comparable levels of support regardless of age.

Grouped according to Sex

Table 8 shows the differences in the implementation of the financial assistance program when respondents were divided by sex, using the Mann-Whitney U Test.

Table 8. *Differences in the Implementation of the Financial Assistance Program When Grouped According to Sex*

Category	Sex	N	Mean Rank	U	P-value	Decision
Budget Allocation	Male	61	88.90	3532.00	.288	Not Significant
	Female	128	97.91			
Application Process	Male	61	91.90	3715.00	.589	Not Significant
	Female	128	96.48			
Information Dissemination	Male	61	88.02	3478.50	.223	Not Significant
	Female	128	98.32			

In calculating the budget allocation, the p-value of .288 indicates no statistically significant difference between male and female respondents. Similarly, the application process returned a p-value of .589, and information dissemination returned a p-value of .223. The p-values are all above the significance level of 0.05. These findings indicate that no significant differences were found between male and female respondents in the implementation of the financial assistance program across all categories. The results indicate that sex is not a significant factor in respondents' perceptions of the financial assistance program's implementation. This indicates that male and female clients are equally represented in the program.

Grouped according to Employment Status

Table 9 shows the differences in the implementation of the financial assistance program when respondents were grouped by employment status, as assessed using the Kruskal-Wallis H Test.

Table 9. *Differences in the Implementation of the Financial Assistance Program When Grouped According to Employment Status*

Category	Employment Status	N	Mean Rank	H	df	P-value	Decision
Budget Allocation	Employed (Government)	24	101.67	2.89	3	.410	Not Significant
	Employed (Private Sector)	32	89.36				
	Self-Employed	39	105.97				
	Unemployed	94	90.66				
Application Process	Employed (Government)	24	87.81	1.37	3	.713	Not Significant
	Employed (Private Sector)	32	94.19				
	Self-Employed	39	89.76				
	Unemployed	94	99.29				
Information Dissemination	Unemployed	94	99.29	6.67	3	.083	Not Significant
	Employed (Government)	24	114.17				

Based on the calculated p-value of .410, there is no statistically significant difference among the employment groups. Similarly, the application process had a p-value of .713, and information dissemination had a p-value of .083. The p-values of all the p-values are above the level of significance of 0.05. These results show no significant differences in the implementation of the financial assistance program when respondents are clustered by employment status across all categories. The results indicate that employment status is not a significant factor affecting respondents' perceptions of the application of the financial assistance program. This result implies that the program will be provided at a constant rate regardless of whether patients own businesses.

Grouped according to Type of Patient

Table 10 shows the variations in the application of the financial assistance program when respondents were categorized by patient type using the Mann-Whitney U Test.

Table 10. *Differences in the Implementation of the Financial Assistance Program When Grouped According to Type of Patient*

Category	Type of Patient	N	Mean Rank	U	P-value	Decision
Budget Allocation	Inpatient	81	61.14	1631.50	<.001	Significant
	Outpatient	108	120.39			
Application Process	Inpatient	81	68.14	2198.00	<.001	Significant
	Outpatient	108	115.15			
Information Dissemination	Inpatient	81	71.43	2465.00	<.001	Significant
	Outpatient	108	112.68			

To allocate the budget, process the application, and disseminate information, all calculated p-values were below .001, which was a statistically significant difference between inpatient and outpatient respondents. In all categories, outpatients rated higher on average than inpatients. This result means that outpatients are better evaluated in the implementation of the financial assistance program than inpatients. These findings indicate that the application of the financial assistance scheme varies greatly by patient type. The findings reveal a significant difference in the implementation of the financial assistance program when respondents are grouped by patient type. Outpatients always had more positive perceptions than inpatients in all categories.

3.5 Significant Relationship of Implementation of the Financial Assistance Program and Its Challenges

The correlation between the implementation of the financial assistance program and the challenges faced by respondents is presented in Table 11 and calculated using Spearman's correlation coefficient.

Table 11. *Relationship between the Implementation of the Financial Assistance Program and Its Challenges*

Variables	r	P-value	Interpretation	Decision
Implementation of Financial Assistance Program and Challenges	-.16	.031	Weak Negative Correlation	Significant

The calculated correlation coefficient ($r = -.16$) indicates a weak negative association between the two variables. The p-value is 0.031, which is below the significance level of 0.05, indicating that the two variables are statistically related. These findings indicate that the greater the implementation of the financial assistance program, the fewer challenges respondents seem to face. The results indicate a statistically significant yet weak negative correlation between the respondents' use of the financial assistance program and the difficulties they face. This result shows that enhancing program implementation is associated with a decrease in the challenges patients face. The significant negative relationship between program implementation and challenges further supports the assumptions of Coping Theory. As the financial assistance program improves, patients gain greater access to resources to address financial difficulties and reduce stress associated with medical expenses. Improved implementation, therefore, strengthens patients' capacity to cope with healthcare-related financial burdens. Similarly, the findings are consistent with Resilience Theory, which suggests that access to supportive systems and resources enhances an individual's ability to adapt to adverse situations. The effective implementation of the financial assistance program appears to function as a resilience-building mechanism by helping patients overcome economic barriers and maintain access to healthcare services.

4. Conclusion & Recommendations

According to the study results, the sample's demographic profile showed that most respondents were aged 26–35 years, female, unemployed, and outpatients. This result implies that the financial assistance program is primarily used by economically disadvantaged individuals and those requiring outpatient services, underscoring its role in improving access to healthcare for vulnerable groups. The financial assistance program was found to be highly effective in all aspects, including budgetary allocation, application process, and information dissemination. Among these, information dissemination received the highest rating, indicating that respondents were well informed about the program. Overall, the results suggest that the program is effectively implemented, accessible, and responsive to the needs of its beneficiaries. Regarding the issues encountered, the findings revealed that respondents experienced few difficulties, particularly with emotional concerns. This finding suggests that the financial assistance program is implemented to minimize stress and burden for patients, reflecting an effective and patient-centered approach. In terms of implementation, no significant differences were found when respondents were grouped by age, sex, and employment status, indicating that the program

is implemented fairly across these demographic variables. However, a significant difference was observed when grouped by patient type, with outpatients rating the program more favorably than inpatients. This result suggests variations in service delivery between inpatient and outpatient settings. Lastly, the study found a statistically significant but weak negative correlation between the implementation of the financial assistance program and the challenges respondents encountered. This result indicates that as program implementation improves, patients' problems tend to decrease. Overall, the findings suggest the need to strengthen program implementation further to reduce patient challenges and improve access to healthcare services.

Based on these findings, it is recommended that Paracelis District Hospital continue strengthening the implementation of the Financial Assistance Program by sustaining adequate budget allocation, simplifying application procedures, and enhancing information dissemination to ensure that beneficiaries remain well informed. Particular attention should be given to improving service delivery for inpatient beneficiaries, considering the differences observed between inpatient and outpatient respondents. Continuous monitoring and evaluation of the program, capacity-building activities for personnel, and strengthened collaboration with local government units and other stakeholders are likewise recommended to further improve the accessibility, efficiency, and effectiveness of the program. Future researchers may also conduct similar studies in other healthcare institutions and include additional variables to further validate and expand the findings of this study.

This study was limited to beneficiaries of the Financial Assistance Program at Paracelis District Hospital; therefore, the findings may not be generalized to other healthcare institutions with different settings and policies. Moreover, the study employed a quantitative cross-sectional design and relied on self-reported responses, which reflected the respondents' perceptions and experiences at the time of data collection. Only selected demographic variables were examined, and other factors that may influence the implementation of the Financial Assistance Program were not included. Despite these limitations, the study provides valuable insights that may serve as a basis for improving the implementation of financial assistance programs and for guiding future research in similar healthcare settings.

Compliance with ethical standards

The study adhered to established ethical standards to protect the rights, dignity, privacy, and well-being of all participants throughout the research process. Prior to data collection, formal permission was obtained from the administration of Paracelis District Hospital and other concerned authorities. Participation in the study was entirely voluntary, and informed consent was obtained from all respondents after they were provided with sufficient information regarding the purpose, procedures, potential benefits, and their rights as participants. Respondents were informed that they could decline or withdraw from the study at any time without any penalty. Confidentiality and anonymity were strictly maintained by excluding personally identifiable information from the research records and securely storing all collected data, which were accessible only to the researcher and used solely for academic purposes. The study was conducted with respect, fairness, and integrity, ensuring that no participant was exposed to physical, psychological, or emotional harm. The researcher likewise declares that there were no conflicts of interest in the conduct of the study. All sources of information were properly acknowledged and cited to uphold academic integrity, and the researcher assumes full responsibility for the originality, accuracy, and ethical conduct of the study while recognizing the valuable contributions of the research adviser, validators, hospital administration, and all respondents who participated in the research.

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