

Responsive Implementation Model of RA 7305, the Magna Carta of Public Health Workers, in the Province of Albay

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ABSTRACT

This study evaluated its implementation in the Province of Albay, specifically in terms of promoting social and economic well-being, developing skills and capabilities, and encouraging qualified individuals to join and remain in government service. Findings showed that implementation was partially implemented, with overall weighted means of 1.79 for social and economic well-being, 2.43 for skills development, and 2.30 for recruitment and retention. Key informants likewise identified financial limitations, administrative delays, and shifting local priorities as barriers to full implementation. Across the three cities, politicized hiring and promotions, the “palakasan” or padrino system, and delays in granting permanent positions emerged as major concerns. The proposed Responsive Implementation Model emphasizes that effective implementation of RA 7305 requires strengthened financial allocation, streamlined administrative processes, clear governance structures, and sustained local commitment beyond the mere existence of the law.

INTRODUCTION

The Magna Carta for Public Health Workers, officially known as Republic Act No. 7305, was enacted in 1992 to safeguard the rights, well-being, and professional conditions of public health workers in the Philippines. This law ensures that health workers receive fair compensation, work reasonable hours, and are entitled to benefits such as hazard pay, subsistence allowances, and laundry allowances (Young et al., 2024). Additionally, it guarantees equal opportunities for career advancement and training. The law also includes provisions for leave privileges, job security, and safe working conditions, all designed to uphold professionalism in the health sector while attracting and retaining skilled workers through benefits that reflect the importance of their roles (Unto et al., 2023).

Despite being in effect for over three decades, the implementation of the Magna Carta remains inconsistent. The global shortage of healthcare workers poses a significant threat to the delivery of essential health services in many countries. The World Health Organization (WHO) emphasizes that an adequate number of trained healthcare professionals is crucial for ensuring accessible, safe, and high-quality care. However, workforce shortages persist due to factors such as migration, burnout, an aging workforce, and inadequate workforce planning. To address these challenges, the WHO recommends a minimum threshold of 44.5 healthcare workers per 10,000 people—a standard necessary for achieving sufficient healthcare coverage.

The Philippines faces a particularly severe workforce gap, reflecting broader global trends while presenting unique national challenges. According to the Second Congressional Commission on Education (EDCOM II) in its report *Turning Point: A Decade of Necessary Reform 2026–2035*, the country currently has only 21.2 healthcare workers per 10,000 people—less than half of the WHO-recommended ratio. This shortage highlights systemic issues in sustaining an adequate workforce capable of meeting the needs of the country's growing population. Without urgent interventions, the Philippines is projected to face a shortfall of approximately 290,000 healthcare professionals by 2030, placing immense pressure on healthcare facilities and service delivery (Communications, 2026).

In the province of Albay, which relies on provincial and municipal hospitals, understanding the implementation of the Magna Carta is critical for improving workforce retention and ensuring equitable access to quality care (Robredo et al., 2022). Nurses play a central role in the healthcare system, serving as the primary point of contact for patients. They monitor health conditions, administer treatments, develop care plans, and educate patients and families (Smith, 2019). As the largest segment of the global healthcare workforce, nurses significantly influence patient outcomes, satisfaction, and safety. Studies show that adequate nurse staffing is associated with lower mortality rates, faster recovery, and higher patient satisfaction (Phillips et al., 2021; Lasater et al., 2021).

This study examines the implementation of the Magna Carta for Public Health Workers in selected Level I government hospitals in Albay, specifically in Legazpi, Tabaco, and Ligao City. The primary participants are nurses holding

regular, permanent positions, as they are the employment category fully covered by RA 7305 (Pepito et al., 2025). Nurses employed under temporary arrangements—such as Job Order (JO), Contract of Service (COS), or casual status—are not included, as their employment terms do not entitle them to the full benefits, job security, and protections mandated by the law. Distinguishing respondents by employment status ensures an accurate assessment of the law's implementation and prevents conflating issues related to contractual employment with those of policy compliance.

Assessing RA 7305 in Albay—particularly in Legazpi, Tabaco, and Ligao City—is both relevant and urgent. Provincial and city hospitals often operate under resource constraints and bureaucratic challenges, yet they play a vital role in delivering essential health services. These settings remain understudied in research on the Magna Carta's implementation. By examining how the law applies to permanent nursing staff in Albay's public hospitals, this study aims to determine the extent to which policy objectives are being met, identify existing gaps and challenges, and provide evidence-based recommendations to guide legislators, administrators, and policymakers in strengthening health workforce policies and improving the work experience of public health workers.

In the early 2000s, the Magna Carta for Public Health Workers (Republic Act 7305) gave healthcare workers hope for better protections, fairer pay, and improved working conditions. Over twenty years later, however, its implementation across local government units (LGUs) has been inconsistent. Some LGUs have taken steps to put the law into practice, but many struggle due to limited funds, overburdened staff, competing priorities, or simply not knowing enough about the law (Ulep et al., 2025). This gap between policy and reality is not unique to the Philippines. Other countries have faced similar problems when laws are passed without enough funding or support to make them work (Ballard et al., 2021; Matsuoka et al., 2021).

At the local level, the benefits promised by RA 7305 often reach workers unevenly. Those in rural areas or lower-level positions are most affected. These inequalities are built into the system, worsened by weak complaint processes, little accountability, and a long-standing bias in the health sector that favors urban workers over rural ones (Reyes et al., 2020; Schaaf et al., 2023; Baliola, 2024). The COVID-19 pandemic made these problems worse. It revealed poor coordination between national and local agencies, delays in delivering benefits, and excessive paperwork that added to the workload of already overworked healthcare workers (Leyva et al., 2024).

This study aimed to explore the implementation of the Magna Carta for health workers in the province of Albay. Specifically, it addressed the following objectives: to determine the implementation of the Magna Carta for Public Health Workers in the Province of Albay in terms of: promoting and improving the social and economic well-being of the health workers, their living and working conditions, and terms of employment; developing the health workers' skills and capabilities in order to be more responsive and better equipped to deliver health projects and programs; encouraging those with proper qualifications and excellent abilities to join and remain in Government service; to identify

constraints in the implementation of the Magna Carta of Public Health Workers in the Province of Albay along; promoting and improving the social and economic well-being of the health workers, their living and working conditions, and terms of employment; and developing the health workers' skills and capabilities in order to be more responsive and better equipped to deliver health projects and programs.

THEORETICAL REVIEW

The Magna Carta for Public Health Workers (RA 7305) was enacted in 1992 to safeguard the rights and welfare of public health workers in the Philippines. However, current compliance with this law remains inadequate in many areas, including Albay. Numerous cities and municipalities often provide only a limited range of benefits, such as hazard pay, meal allowances, or laundry allowances.

Several factors contribute to this persistent issue. Primarily, financial constraints are a significant barrier, as many local government units lack the necessary budget to provide these benefits. Furthermore, a lack of political commitment and the absence of legal penalties for non-compliance with the law exacerbate the problem (Carpio et al., 2021). Ineffective public administration, combined with these factors, further hinders proper implementation. As Ulep's 2025 study highlights, municipalities with fewer resources are less likely to deliver the benefits stipulated by RA 7305, directly linking resource availability to benefit provision.

The national government has a crucial role in addressing this disparity. Without national intervention and sufficient resource allocation, public health workers in economically disadvantaged regions will remain underserved and unsupported. Moreover, the inadequate enforcement of RA 7305, often overlooked in health policy discussions, significantly contributes to attrition among health workers. This represents a subtle but significant crisis. Research indicates that a lack of adequate support and delayed or absent benefits lead to professional burnout among workers. This reduces job satisfaction, prompting many, particularly nurses, to seek opportunities abroad. The departure of nurses, in turn, weakens the entire healthcare system (Leyva et al., 2024).

Systemic weaknesses in healthcare impede the effective implementation of the Magna Carta, necessitating strategies that prioritize health worker retention. Recognizing the persistent challenges in enforcing the Magna Carta, the legislative branch has initiated efforts to address the inadequate provision of benefits to health workers. The 2025 enactment of the Magna Carta of Barangay Health Workers exemplifies this legislative commitment, seeking to reinforce provisions for improved remuneration and benefit accessibility for community health workers, thereby promoting compliance with RA 7305 (Uni Global Union, 2025). Ongoing research consistently identifies substantial implementation gaps in RA 7305, primarily due to budgetary limitations, inefficient administration, and the lack of enforcement mechanisms. Addressing these challenges requires concerted action from both national and local government levels to ensure the full realization of the law's stipulated rights and benefits. Such efforts would

enhance the morale, goodwill, and retention of public health employees, ultimately leading to improved quality and equity of healthcare services for the Filipino population.

METHODOLOGY

This study used a mixed-methods research design to thoroughly assess how Republic Act 7305, also known as the Magna Carta for Public Health Workers, has been put into practice in the Province of Albay. The quantitative part of the study examines how well the Magna Carta has been implemented and what challenges it faces regarding: (a) improving the social, economic, and working lives of health workers, including their employment terms; (b) helping them develop their skills to provide better services; and (c) encouraging skilled professionals to join and stay in government jobs. The qualitative part supports this by looking at the challenges and experiences of those putting the law into practice, focusing on the same areas. It also gathers information that will help create an implementation framework for the Magna Carta in Albay that fits its specific local situation. Combining both types of data allows the study to understand not just how much the law is followed, but also the real-world organizational factors that affect how policies are carried out. This design facilitates the accumulation, analysis, categorization, and interpretation of data regarding current conditions, practices, beliefs, strategies, and trends, thereby facilitating the comprehension of cause-and-effect relationships (Logroño, et al, 2023).

For the quantitative phase, the study included permanent nurses working in specific government hospitals within Albay Province. A total enumeration approach was employed, meaning all eligible permanent nurses from these hospitals were invited to participate. In total, 77 permanent nurses completed the survey, comprising 25 from Ligao City, 39 from Legazpi, and 13 from Tabaco City. These participants were selected because their official coverage under RA 7305 made them the most appropriate group for evaluating the law's implementation regarding welfare benefits, professional development opportunities, and retention in government service. Nurses employed under Job Order (J.O.) or Contract of Service (COS) arrangements were excluded because their employment status does not grant them full entitlement to the benefits and protections mandated by the Magna Carta, which could have potentially confounded the assessment of the law's application.

For the qualitative component, the study included key implementers and decision-makers from the same selected hospitals. These individuals, specifically Administrative Officers, Chiefs of Hospitals, and Chief Nurses, voluntarily agreed to participate in interviews. Their direct involvement in policy implementation, personnel management, and benefit allocation provided them with a strategic perspective to discuss institutional constraints, administrative processes, and potential solutions related to the Magna Carta. A total of six implementers participated: one from Ligao City, two from Legazpi City, and three from Tabaco City.

A quantitative survey questionnaire was utilized to assess respondents' perceptions of RA 7305's implementation. Both instruments underwent expert validation by specialists in public administration and nursing leadership. This process ensured their content relevance, clarity, and alignment with the study objectives. A pilot test was also conducted outside the Province of Albay, specifically at the Castilla District Hospital in Sorsogon, which was not among the main study sites. Participants included permanent nurses and implementers. The purpose of this pilot was to establish reliability and refine the instruments before full-scale data collection.

To facilitate data collection, the researcher initially submitted a formal letter to the Dean of the University's Graduate School, requesting permission to conduct the study. This letter detailed the research objectives, methodology, and potential benefits. After receiving the Dean's approval, the researcher then submitted the study proposal to the Research Ethics Committee (REC) to ensure adherence to ethical guidelines throughout the study.

The research strictly adhered to all applicable ethical protocols and standards. All participants provided voluntary informed consent and were informed of their right to withdraw from the study at any time without penalty. Following data abstraction, all participants were anonymized. Collected data were maintained as private and confidential, with no personally identifiable information disclosed. Data were stored in secured, password-protected filing systems for the research duration. Following the study, all data were permanently deleted, in accordance with the Data Privacy Act of 2012 (RA 10173). All aspects of the study were designed to ensure that discussions of sensitive topics, including critiques of management, would not compromise participant safety. This commitment extended to their mental, physical, and occupational well-being.

RESULTS

Regarding the promotion and improvement of the social and economic well-being, living and working conditions, and terms of employment for public health workers, the Magna Carta's implementation in Albay Province shows a total weighted mean of 1.79. This indicates that these specific provisions are only partially implemented across the province. Similarly, the cities of Ligao ($M = 1.80$), Legazpi ($M = 1.76$), and Tabaco ($M = 1.88$) also show partial implementation. This suggests that while RA 7305 is being followed, its application varies across different areas and benefits.

Significantly, the highest mean scores, indicating full implementation, were observed for entitlements such as vacation leave ($M = 2.84$), sick leave ($M = 2.77$), and maternity leave ($M = 3.00$). Compliance with the salary scale under Republic Act 6758, including various allowances ($M = 2.68$, $M = 2.74$, $M = 2.77$), was also categorized as fully implemented. These findings suggest that benefits integrated into established payroll and human resource systems are implemented more consistently.

Table 1. Promotion and Improvement of the Social and Economic Well-being of the health workers, their living and working conditions, and terms of employment

Indicators	Ligao City; N = 25		Legazpi City; N = 39		Tabaco City; N = 13	
	Mean	Adjectival Description	Mean	Adjectival Description	Mean	Adjectival Description
1. Normal hours of work: Shall not exceed eight (8) hours a day or forty (40) hours a week.	2.12	Partially Implemented	2.44	Partially Implemented	2.77	Fully Implemented
2. When placed on an "on call" status, shall be paid fifty percent (50%) of his/ her regular wage.	1.00	Not Implemented	1.15	Not Implemented	1.15	Not Implemented
3. When required to render overtime work, shall be paid an additional compensation in accordance with existing laws and prevailing practices.	1.24	Not Implemented	1.26	Not Implemented	1.31	Not Implemented
4. Where a public health worker is made to work on his/her scheduled rest day. He/she shall be paid an additional compensation in accordance with existing laws.	1.48	Not Implemented	1.46	Not Implemented	1.46	Not Implemented
5. Where a public health worker is made to work in any special holiday, he/she shall be paid additional compensation in accordance with existing laws. Where such holidays work fall on the workers' scheduled rest day, he/she shall be entitled to additional compensation as may be provided by existing laws.	1.76	Partially Implemented	1.56	Partially Implemented	1.69	Partially Implemented
6. Shall be paid a night-shift differential of ten percent (10%) of his/her regular wage for each hour of work performed during the night shift customarily adopted by hospitals.	1.24	Not Implemented	1.05	Not Implemented	1.15	Not Implemented
7. If required to work on the period covered after his/her regular schedule, shall be entitled to his/her regular wage plus the regular overtime rate and an additional amount of ten (10%) of such overtime rate per each hour of work performed between ten (10) o'clock in the evening to six (6) o'clock in the morning.	1.00	Not Implemented	1.18	Not Implemented	1.31	Not Implemented

8. Salary scale should be in accordance with RA No. 6758 or the Salary Standardization law. Shall receive the following: Hazard allowance, subsistence allowances, longevity pay, laundry allowance, and remote assignment allowance.	2.68	Fully Implemented	2.74	Fully Implemented	2.77	Fully Implemented
9. Those who are on tour of duty and those were because of unavoidable circumstances are forced to stay in the hospital, sanitarium, or health infirmary premises, shall be entitled to free living quarters within the hospital, etc. or if such quarters are no available, shall receive quarters allowance as may be determined by the DOH secretary and other appropriate government agencies concerned.	2.04	Partially Implemented	1.79	Partially Implemented	1.85	Partially Implemented
10. Compulsory medical examinations shall be provided free of charge before entering the service in the government or its subdivision and shall be repeated once a year during the tenure of employment.	1.72	Partially Implemented	1.64	Partially Implemented	2.00	Partially Implemented
11. Shall be protected against the consequences of employment injuries. Injuries incurred during overtime work shall be presumed work-connected.	2.52	Fully Implemented	2.03	Partially Implemented	2.15	Partially Implemented
12. Entitled to vacation and sick leaves, women health workers are entitled to maternity leave. And term separation from services, they are entitled to accumulated leave credits with pay.	2.84	Fully Implemented	2.77	Fully Implemented	3.00	Fully Implemented
Weighted Mean	1.80	Partially Implemented	1.76	Partially Implemented	1.88	Partially Implemented
Over-all Weighted Mean	1.79			Partially Implemented		

In contrast, the lowest mean scores were observed for on-call pay (M = 1.00, M = 1.15, M = 1.15), night shift differential (M = 1.24, M = 1.05, M = 1.15), and overtime compensation (M = 1.24, M = 1.26, M = 1.31). These compensation types were consistently reported as not implemented. This pattern indicates ongoing deficiencies in remunerating non-regular work hours, which are crucial for effective health service delivery. Such findings highlight areas where policy implementation remains notably inadequate.

The overall weighted mean of 2.43 for the Province of Albay suggests that provisions for developing public health workers' skills and capabilities are partially implemented. Specifically, the City of Ligao (M = 2.39) and the City of Legazpi (M = 2.41) also showed partial implementation, whereas the City of Tabaco (M = 2.61) demonstrated full implementation. These results indicate that

professional development support is present but varies significantly in its consistency across different localities.

The highest mean scores were observed in encouraging participation in professional organizations, conferences, and technical forums (M = 2.80, M = 2.69, M = 2.92). This suggests strong support for continuing education and short-term capacity-building initiatives. Conversely, the lowest mean score was for the provision of position upgrading or salary increases for health workers pursuing postgraduate studies (M = 2.04, M = 2.18, M = 1.85), which remains only partially implemented. This finding indicates that while short-term learning opportunities are encouraged, long-term professional advancement linked to higher education receives less comprehensive support, potentially attributable to limited funding and restricted training opportunities.

Table 2. Development of skills and capabilities, in order to be more responsive and better equipped to deliver health projects and programs.

Indicators	Ligao City; N = 25		Legazpi City; N = 39		Tabaco City; N = 13	
	Mean	Adjectival Description	Mean	Adjectival Description	Mean	Adjectival Description
1. Right to self-organization; however, those on duty cannot declare, join, or stage any strike or cessation of their service to patients in the interest of public health safety or survival of patients.	2.44	Partially Implemented	2.26	Partially Implemented	2.46	Partially Implemented
2. Shall have freedom from interference or coercion.	2.32	Partially Implemented	2.26	Partially Implemented	2.69	Fully Implemented
3. Opportunity for health workers to grow and develop their potential, and experience a sense of worth and dignity in their work.	2.56	Fully Implemented	2.54	Fully Implemented	2.77	Fully Implemented
4. Those who undertake postgraduate studies in a degree course shall be entitled to an upgrade in their position or a raise in pay.	2.04	Partially Implemented	2.18	Partially Implemented	1.85	Partially Implemented
5. Enable rank and file workers to avail of educational opportunities for personal growth and development.	2.24	Partially Implemented	2.44	Partially Implemented	2.23	Partially Implemented
6. Health workers are given access to in-service training, seminars, or continuing professional development (CPD) programs relevant to their functions.	2.28	Partially Implemented	2.41	Partially Implemented	2.85	Fully Implemented

7. The agency supports attendance in trainings or further studies through official time, study leave, or flexible work arrangements when applicable.	2.40	Partially Implemented	2.49	Partially Implemented	2.77	Fully Implemented
8. Skills enhancement programs are provided to improve competence in health service delivery, program implementation, and patient care.	2.56	Fully Implemented	2.46	Partially Implemented	2.85	Fully Implemented
9. Equal opportunities for training and professional development are provided regardless of position, status, or length of service	2.32	Partially Implemented	2.33	Partially Implemented	2.54	Fully Implemented
10. Health workers are encouraged to participate in professional organizations, conferences, and technical forums to enhance their skills and knowledge.	2.80	Fully Implemented	2.69	Fully Implemented	2.92	Fully Implemented
11. Training and development programs provided by the agency are aligned with current health needs and national health priorities.	2.40	Partially Implemented	2.54	Fully Implemented	2.69	Fully Implemented
12. The agency allocates adequate support or resources for the continuous professional development of public health workers.	2.36	Partially Implemented	2.28	Partially Implemented	2.69	Fully Implemented
Weighted Mean	2.39	Partially Implemented	2.41	Partially Implemented	2.61	Fully Implemented
Over-all Weighted Mean	2.43		Partially Implemented			

This analysis examines the extent to which provisions designed to attract and retain qualified and competent individuals within government services have been implemented. Overall, the weighted mean score of 2.30 indicates that these provisions are only partially implemented. While Republic Act (RA) 7305 aids in retaining skilled public health workers, it does not entirely address long-term retention challenges. Specifically, the Cities of Ligao (Mean [M] = 2.24) and Legazpi (M = 2.25) also demonstrate partial implementation. In contrast, the City of Tabaco (M = 2.54) has fully implemented these provisions.

The highest mean scores were observed in the area of incentives and benefits provided under RA 7305 (M = 2.76, 2.69, 2.92). These scores indicate full implementation in this aspect, underscoring the critical role of statutory benefits and employment security in encouraging health workers to remain in government service. Conversely, maintaining adequate staffing patterns received the lowest mean scores (M = 1.80, 1.90, 1.90), indicating partial implementation that is notably close to a low level. This finding suggests persistent difficulties in workforce planning and equitable human resource management.

Table 3. Encourage those with proper qualifications and excellent abilities to join and remain in the government services.

Indicators	Ligao City; N = 25		Legazpi City; N = 39		Tabaco City; N = 13	
	Mean	Adjectival Description	Mean	Adjectival Description	Mean	Adjectival Description
1. The DOH shall assess the national policy on the exportation of skilled health human resources.	2.44	Partially Implemented	2.44	Partially Implemented	2.77	Fully Implemented
2. Upgrading of working conditions, reclarification of position, and salaries to correct disparity vis-à-vis other professions.	2.00	Partially Implemented	2.18	Partially Implemented	2.54	Fully Implemented
3. Highest basic salary upon retirement: three (3) months prior to the compulsory retirement, the PHW shall automatically be granted one (1) salary raise on a grade higher than his/her basic salary and his/her retirement benefit thereafter, computed on the basis of his/her highest salary.	2.40	Partially Implemented	2.28	Partially Implemented	2.46	Fully Implemented
4. Competitive compensation packages are provided to attract qualified health professionals to government service.	1.96	Partially Implemented	1.95	Partially Implemented	2.31	Partially Implemented
5. Clear career progression and promotion pathways are available for public health workers in government service.	1.96	Partially Implemented	2.10	Partially Implemented	2.46	Partially Implemented
6. Security of tenure and stability of employment are ensured for qualified public health workers.	2.68	Fully Implemented	2.62	Fully Implemented	2.85	Fully Implemented
7. Incentives and benefits under RA 7305 (e.g., hazard pay, subsistence, longevity pay) encourage health workers to remain in government service.	2.76	Fully Implemented	2.69	Fully Implemented	2.92	Fully Implemented
8. The agency provides recognition and rewards for excellent performance and long years of service.	2.44	Partially Implemented	2.54	Fully Implemented	2.69	Fully Implemented
9. Adequate staffing patterns are maintained to prevent excessive workload and burnout among public health workers.	1.80	Partially Implemented	1.90	Partially Implemented	2.00	Partially Implemented
10. Recruitment and hiring processes prioritize merit, qualifications, and competence.	1.68	Partially Implemented	1.85	Partially Implemented	2.31	Partially Implemented

11. Opportunities for professional growth and continuing education encourage health workers to remain in government service.	2.20	Partially Implemented	2.15	Partially Implemented	2.54	Partially Implemented
12. Government policies and benefits under RA 7305 contribute to job satisfaction and long-term commitment of public health workers.	2.52	Fully Implemented	2.33	Partially Implemented	2.69	Fully Implemented
Weighted Mean	2.24	Partially Implemented	2.25	Partially Implemented	2.54	Fully Implemented
Over-all Weighted Mean	2.30			Partially Implemented		

Table 4. Constraints in the implementations of the Magna Carta in Promotion and Improvement of the Social and Economic Well-being of the health workers, their living and working conditions, and terms of employment.

Indicators	Ligao City N = 25			Legazpi City N = 39			Tabaco City N = 13		
	F	%	Rank	F	%	Rank	F	%	Rank
1. Lack of funds for payment of overtime pay, night shift differential, and other benefits.	25	100%	1	38	97%	1	13	100%	1
2. Lack of manpower, as the eight (8) hours per week or forty (40) hours per week normal hours of work are not followed.	22	88%	2	30	77%	2	11	85%	2
3. Salary is way below what the law (RA 6758) mandates to be given to Public Health Workers.	14	56%	6	15	38%	8	5	38%	7
4. Hazard allowances, subsistence allowance, longevity pay, laundry allowance, and remote assignment allowance are not included in the budget preparation.	4	16%	9	6	15%	10	4	31%	9
5. There are no available free living quarters within the hospital.	9	36%	8	24	62%	3	4	31%	9
6. Free medical examinations are not availed by the health workers due to a lack of knowledge or awareness.	18	72%	5	22	56%	5	7	54%	5
7. Vacation and sick leaves cannot be availed of due to lack of manpower.	4	16%	9	8	21%	9	5	38%	7
8. Delayed or inconsistent release of benefits and	22	88%	2	23	59%	4	10	77%	3

allowances mandated under the Magna Carta of Public Health Workers.									
9. Inadequate provision of safety measures, protective equipment, or occupational health support in the workplace.	12	48%	7	21	54%	7	9	69%	4
10. Weak monitoring, enforcement, or prioritization of RA 7305 provisions by implementing agencies.	19	76%	4	22	56%	5	6	46%	6

The results show that the most common challenge faced by respondents is insufficient funding for overtime pay, night shift differentials, and other required benefits. All participants from Ligao City (N=25) and Tabaco City (N=13) reported this issue, while 97% of those from Legazpi City (N=38) did the same. The second major concern is understaffing, reported by 88% of Ligao City respondents, 77% from Legazpi City, and 85% from Tabaco City. This shortage leads to difficulties in adhering to the standard eight-hour workday or 40-hour workweek.

Table 4 outlines the obstacles that hinder the development of public health workers' skills and capabilities, which are essential for improving their ability to deliver health programs effectively. This section examines the barriers to implementing the Magna Carta in strengthening health workers' skills and competencies, enabling them to perform more effectively in health projects and programs. The data were gathered from health workers in Ligao City (N=25), Legazpi City (N=39), and Tabaco City (N=13), focusing on workforce development challenges such as training, continuing education, and career growth.

Table 5. Constraints in the implementation of Magna Carta in developing the health workers' skills and capabilities in order to be more responsive and better equipped to deliver health projects and programs.

Indicators	Ligao City N = 25			Legazpi City N = 39			Tabaco City N = 13		
	F	%	Rank	F	%	Rank	F	%	Rank
1. Public health workers are prohibited by the management to self-organize.	3	12%	10	8	21%	10	4	31%	8
2. "Palakasan" system or "padrino" system exists in the workplace.	25	100%	1	27	69%	3	8	62%	4
3. Lack of funds for attendance in trainings, seminars, and continuing education.	24	96%	2	30	77%	2	9	69%	1

4. The management and co-workers are not supportive to those who are undertaking post-graduate studies.	6	24%	9	9	23%	8	6	46%	5
5. Access to scholarships or educational programs is not available.	14	56%	5	15	38%	5	6	46%	5
6. Lack of study leave, official time, or flexible work arrangements to support continuing education.	10	40%	7	12	31%	7	4	31%	8
7. Unequal access to training opportunities based on position, employment status, or length of service.	10	40%	7	14	36%	6	5	38%	7
8. Absence of a clear training and career development plan for public health workers.	12	48%	6	7	18%	9	4	31%	8
9. Limited availability of in-service trainings relevant to current health programs and service needs.	22	88%	3	32	82%	1	9	69%	1
10. Insufficient institutional support for continuing professional development (CPD) as mandated or encouraged under RA 7305.	20	80%	4	27	69%	3	9	69%	1

Across all three cities, the "palakasan" or patronage system was consistently identified as a significant concern. This issue ranked highest in Ligao City (100%, Rank 1) and was among the top challenges in Legazpi City (69%, Rank 3) and Tabaco City (62%, Rank 4). Similarly, a lack of funds to attend training sessions, seminars, and continuing education also presented a considerable obstacle. This issue ranked second in Ligao City (96%) and Legazpi City (77%), and first in Tabaco City (69%).

Furthermore, a limited supply of in-service training programs relevant to current health initiatives and inadequate institutional support for continuing professional development (CPD) were also critical issues. These concerns were especially prominent in Legazpi City, where they ranked first (82%) and third (69%) respectively, and in Tabaco City, where both ranked first (69%). In Ligao City, they were ranked third (88%) and fourth (80%).

Table 6. Constraints in the implementation of Magna Carta in encouraging those with proper qualifications and excellent abilities to join and remain in Government service.

Indicators	Ligao City N = 25			Legazpi City N = 39			Tabaco City N = 13		
	F	%	Rank	F	%	Rank	F	%	Rank

1. Slow process of promotion.	23	92%	3	28	72%	4	12	92%	1
2. There is no upgrading of working conditions, reclassification of positions, and salaries.	22	88%	4	27	69%	5	9	69%	5
3. Hiring and promotion are highly politicized so much on that the "palakasan" and "padrino" system exists in the organization.	25	100%	1	30	77%	2	11	85%	2
4. Basic pay has a big disparity with other professions.	12	48%	8	16	41%	8	6	46%	8
5. It takes a long time for contractual, casual, and job order employees to be given permanent positions.	25	100%	1	38	97%	1	11	85%	2
6. Inadequate incentives and benefits (e.g., hazard pay, subsistence, longevity pay) that discourage long-term government service.	8	32%	9	7	18%	9	3	23%	9
7. Weak implementation of retirement benefits and end-of-service incentives under RA 7305.	6	24%	10	4	10%	10	3	23%	9
8. Heavy workload and understaffing that lead to burnout and discourage retention in government service.	22	88%	4	29	74%	3	10	77%	4
9. Limited recognition or reward systems for outstanding performance and long years of service.	16	64%	6	21	54%	7	9	69%	5
10. Lack of clear and transparent career progression and succession planning for public health workers.	14	56%	7	23	59%	6	9	69%	5

A study examined perceived barriers to implementing the Magna Carta of Public Health Workers, focusing on challenges in attracting and retaining qualified and competent personnel in government service. Data were gathered from respondents in Ligao City (N = 25), Legazpi City (N = 39), and Tabaco City (N = 13). Across all three cities, the most frequently reported constraints included politicized hiring and promotion practices, notably the prevalence of the "palakasan" or padrino system (favoritism), and delays in granting permanent employment positions. In Ligao City, both issues were reported by 100% of

respondents, ranking first. In Legazpi City, delays in permanent positions ranked first (97%), while politicized promotions ranked second (77%). In Tabaco City, both issues ranked second (85%).

DISCUSSION

The research indicates that provisions for the social and economic well-being of public health workers in Albay Province are only partially implemented. This suggests that although RA 7305 is formally acknowledged, its enforcement is inconsistent. Some benefits are regularly provided, while others are poorly enforced. Notably, the highest compliance was observed for vacation, sick, and maternity leaves, alongside adherence to salary standardization and basic allowances. These benefits are usually integrated into established civil service regulations and payroll systems, which facilitates their institutionalization and monitoring. Research on public sector labor policy implementation highlights that benefits integrated into standardized administrative systems tend to achieve higher compliance than those dependent on discretionary funding or managerial approval (Vivarelli & Fenga, 2024).

Conversely, the lowest compliance scores were recorded for on-call pay, overtime compensation, night shift differentials, and extra pay for work on rest days or holidays. These provisions, despite being clearly mandated by RA 7305, necessitate additional financial resources and rigorous monitoring mechanisms, which seem to be absent. Existing literature consistently indicates that insufficient compensation for extended working hours contributes to job dissatisfaction, fatigue, and burnout among health workers, especially in public health facilities often facing staffing shortages (Gunn et al., 2022). The partial implementation suggests that health workers are frequently required to work beyond regular hours without receiving appropriate compensation, thereby undermining the protective purpose of the Magna Carta.

An implementer provided further insight: *"So, regarding Magna Carta Implementation, all PGA-managed hospitals, since we are under local devolution already, are managed by the provincial Government of Albay, uhm, which is local government. Uhm, I think they have insufficient, I'm not sure. They don't have sufficient funding for the implementation of the Magna Carta. Uhm, and maybe because they don't have the willingness, I don't know, the willingness to provide us with that. Although some... Some benefits are indeed being given, but not everything the Magna Carta says. So, it's not really followed entirely."*

The most frequently cited constraint in improving health workers' social and economic well-being is the lack of funds for overtime pay and other benefits. Fiscal limitations remain the primary obstacle to full implementation, aligning with research showing that underfunded local health systems often selectively comply with labor laws (Xueyun et al., 2023). An implementer explained: "We are operating under the limitations of being an LGU-managed hospital. While some benefits like salary standardization, hazard pay, and leave benefits are provided, not all Magna Carta provisions are fully implemented. The challenge is not unwillingness to comply but limited funding and bureaucratic processes. We cannot release funds without proper documentation and approvals, which often cause delays." Manpower shortages, delayed benefit disbursements, and

weak enforcement mechanisms further exacerbate these issues, revealing governance and administrative inefficiencies that hinder policy execution. Literature emphasizes that policy effectiveness depends not only on legal frameworks but also on institutional capacity and accountability (Nabawanuka & Ekmekcioglu, 2022). Without adequate funding, workforce planning, and monitoring, the Magna Carta's provisions remain aspirational rather than fully realized. The development of health workers' skills and capabilities in Albay is constrained by structural and governance-related barriers, despite RA 7305's provisions for continuing professional development.

Retention of qualified health workers is further undermined by persistent human resource management problems, including delayed regularization of contractual employees, politicized hiring, heavy workloads, and limited career progression. The Manual on Hospital Staffing Standards specifies required nursing positions based on hospital level and bed capacity, yet many facilities rely on temporary staff, increasing workloads and reducing retention (Ferran, 2025). Delayed regularization fosters job insecurity, lowering job satisfaction and increasing turnover intentions (Lorica et al., 2022). Politicized hiring and promotion processes erode trust in government institutions, while understaffing contributes to burnout (Meghrajani et al., 2023). An implementer described the bureaucratic challenges: "We operate under a centralized HR system where benefits like night differential and overtime are not fully implemented due to budget priorities and multi-layered approval processes. Even if we prepare documents, they must pass through multiple offices, causing delays." These systemic issues highlight that RA 7305 alone is insufficient to retain competent health workers without complementary reforms in human resource governance. The Manual on Hospital Staffing Standards specifies required nursing positions based on hospital level and bed capacity, yet many facilities rely on temporary staff, increasing workloads and reducing retention (Ferran, 2025). Delayed regularization fosters job insecurity, lowering job satisfaction and increasing turnover intentions (Lorica et al., 2022). Politicized hiring and promotion processes erode trust in government institutions, while understaffing contributes to burnout (Meghrajani et al., 2023). An implementer described the bureaucratic challenges: "We operate under a centralized HR system where benefits like night differential and overtime are not fully implemented due to budget priorities and multi-layered approval processes. Even if we prepare documents, they must pass through multiple offices, causing delays." These systemic issues highlight that RA 7305 alone is insufficient to retain competent health workers without complementary reforms in human resource governance. Transparent recruitment, timely regularization, adequate staffing, and structured career pathways are critical to sustaining workforce commitment and preventing brain drain.

CONCLUSIONS AND RECOMMENDATIONS

Based on the findings, the Province of Albay has established mechanisms to support the social, economic, and professional welfare of public health

workers under RA 7305; however, implementation remains constrained by uneven budget distribution, delayed benefit payments, limited promotion opportunities, employment insecurity among contractual staff, complex administrative procedures, and insufficient access to training and professional development, all of which weaken workforce stability and motivation, thereby highlighting the need for a responsive implementation model that strengthens financial management, merit-based career advancement, equitable benefit delivery, streamlined governance processes, and sustained monitoring to improve workforce retention and public health service delivery.

Recommendations

Based on the findings, policymakers and stakeholders in the Province of Albay are recommended to strengthen the implementation of the Magna Carta of Public Health Workers through improved financial planning and budget allocation, transparent merit-based recruitment and promotion systems, structured professional development programs, risk-based benefit disbursement mechanisms, and stronger inter-agency coordination to ensure equitable compensation, workforce stability, and sustainable public health service delivery.

FURTHER STUDY

Future research may expand this study by conducting comparative analyses across provinces and examining the impact of RA 7305 implementation on workforce retention, professional development, and public health service delivery.

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