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Impact of COVID-19 Pandemic on the Clinic Operations of Primary Care Physicians in Southern Negros Occidental

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Abstract. The clinic operations of primary care physicians experienced an economic downturn affecting the delivery of healthcare services since the start of the pandemic. Thus, this research study determines the impact of the COVID-19 pandemic on the clinic operations of primary care physicians in Southern Negros Occidental in terms of business operation and marketing viability. The study also intended to discover the opportunities and challenges in primary care facility operations. The descriptive-comparative research design was used. Research findings show that the COVID-19 pandemic had a substantial impact on the clinic operations of primary care physicians. Moreover, age has a significant difference in the degree of impact of the COVID-19 pandemic on the clinic operations in both business operations and marketing viability. The study essentially addresses the limited data on the impact of the COVID-19 pandemic on the clinic operations. The medical society may utilize this study to look for strategies to minimize the impact of COVID-19 on primary care physicians and maintain the delivery of health services in a non-hospital-based setting.

Keywords. Pandemic, clinic operations, primary care physicians, business operation, marketing viability, descriptive, Philippines

I. Introduction

I.1 Background of the Study

Globally, clinic operations of primary care physicians have been modified due to the coronavirus disease 2019 (COVID-19) since it has affected the business operation and marketing viability of the outpatient service unit. According to the World Health Organization (WHO), medical functions, including operating hours, number of patients, diagnostics and procedures performed, staffing, income, and expenses, were remarkably affected (WHO 2020). The National Center for Immunization and Respiratory Diseases (NCIRD) has altered the delivery of essential services in response to pandemic. Strategies involved were modifications in service access such as screening and triaging, ensuring physical distancing and changes in service delivery safeguarding healthcare workers' safety and offering non-contact services (NCIRD, 2020).

In the Philippines, the local government units designated networks for primary

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healthcare providers in the public and private sectors, prioritizing the COVID-19 care model.

The recommendation of telemedicine to minimize contact was employed in health clinics, consulting suspected patients and booking their appointments in succession to ensure the operational continuity of primary care facilities. Also, a proposal on infection prevention and control measures for working strategies was presented to tackle possible human resource scarcities such as screening and training clinic secretaries and encouraging immunization (Department of Health [DOH], 2020). The Philippine Society for Microbiology and Infectious Disease (PSMID), Philippine Hospital Infection Control Society (PHICS), and Philippine College of Physicians (PCP) formed guidelines on the resumption of outpatient services in the context of COVID-19. These include scheduled and limited consultation time, the safety of clinic staff, ventilation and barriers inside the clinics, and disinfection before and after clinic hours (PSMID & PHICS, 2020).

According to reports from DOH Western Visayas, changes during the pandemic regarding clinic operations vary between institutions. Each hospital with an outpatient department imposed different strategies to limit the transmission of infection. The strict appointment process, wearing of a face mask and face shield, sanitation before and after consults, social distancing, and providing health declaration forms have discouraged some patients from seeking consult (DOH, 2020). Based on the aforementioned guidelines, private clinics in Negros Occidental adopted the set of procedures in resuming their clinic operations. Telemedicine and home services were the most common amenities offered, while safety measures such as consistent social distancing, separate waiting areas, frequent sanitation, and labeling of chairs in waiting areas were posted on their official Facebook page (Dr. Pablo O. Torre Memorial Hospital, n.d.).

Recent studies on the impact of COVID-19 on general practitioners and non-general practitioner specialists in private practice (Scott, 2020) dealt more with examining and assessing the working patterns of doctors. The impact of COVID-19 on health services utilization (Singh et al., 2021) generally discussed the threats affecting the delivery of essential health services; however, they never included clinic operations of primary care physicians during the COVID-19 pandemic. With this lacking information as the gap in the literature, it would be noteworthy to know the impact of the COVID-19 pandemic on the primary care physicians in the local setting.

Hence, this study assessed the degree of impact on the clinic operations of the primary care physicians during a pandemic in terms of business operations and marketing viability and discovered the opportunities and challenges in primary care facilities. It also determined the significant difference in the degree of impact of the COVID-19 pandemic on clinic operations when they are grouped according to demographics. The study proposed a strategic business plan to handle effectively the impact of the pandemic on the clinic operations of primary care physicians. This plan includes strategies that will maximize the opportunities to strengthen the outpatient services to avoid losses and keep these doctors from experiencing high-stress levels without financial, moral, or logistical support. This will also provide economic assistance to private primary care physicians and insinuate important policies that protect their practice while establishing social and economic aids through coordinated multidisciplinary collaborations, which will help, protect, and support the primary care physicians as the first line of defense in this emerging outbreak.

II. Method

This study utilized a quantitative research design using descriptive-comparative

Technium Social Sciences Journal
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approaches. The design was used to determine the degree of impact of the COVID-19 pandemic on the clinic operations of primary care physicians in Southern Negros Occidental in terms of essential business operations and marketing viability when they are taken as a whole and grouped according to age, sex, marital status, living arrangement, field of specialty, and years of medical practice. The purpose was to describe and interpret the existing conditions, trends, and relationships of phenomena as they naturally occur. More specifically, the descriptive-comparative was used to measure the extent of the relationship between the demographic profile of the respondents and their assessment of the clinic operations in terms of essential business functions and marketing viability using appropriate statistical data.

III. Literature Review

III. 1 Impact of COVID-19 pandemic on clinic operations

This pandemic has presented many challenges to private medical practice; the significant turbulence and variation have led to new functioning, systematizing care models for patients (Scott, 2020). Moreover, clinic operations of primary care physicians in terms of business operation and marketing viability have been underrated since the start of the pandemic because most health care concerns were focused on frontline hospital workers. Furthermore, the long-term impact of the COVID-19 pandemic accelerated the trend in health system delivery that substantially hits clinicians managing their own clinics, which are not publicly funded (Nilakantam et al., 2020). According to the guidelines of the Philippine Society for Microbiology and Infectious Diseases (PSMID) and the Philippine Hospital Infection Control Society (PHICS), clinicians must be ready to manage the hospital and non-hospital ambulatory clinics to resume outpatient services during a pandemic. The implementation of administrative and engineering controls were the main strategies applied (PSMID et al., 2020).

III.2 Business operations

There had been a consistent decline in work hours by some primary care physicians because of the suspension of non-urgent and elective cases (Scott, 2020). The dramatic decrease in inpatient volumes caused lower healthcare utilization, resulting in a significant revenue loss and increased use of resources (Nilakantam et al., 2020). The change in the nature of consultations was made possible by implementing telemedicine through virtual platforms and phone calls, which were widely operationalized (Sek et al., 2020).

While others remain traditional in seeing patients through face-to-face consults or home visits, stringent safety precautions and personal protective equipment were implemented (Homeniuk & Collins, 2021). Guidelines were implemented to minimize transmission, and strategies have been developed to safeguard business continuity (Sek et al., 2020). Several recommendations from different countries were applied to operationally maintain the primary care level. Organizing clinical services enables effective infection control inside the clinics by installing sanitation devices and protective equipment for the staff and doctors.

Recommendations were the one-way flow of patients, use of clear signages of directions, use of footbaths and disinfection mats, a physical distancing of 1-2 meters apart, adequate ventilation, preventive strategies and clothing for medical staff, no accompanying person for patients unless necessary, removal of reading materials inside the clinic to avoid contamination, and presence of alcohol, soap, sink, trash can, and tissues. While inside the clinic, they maintain physical distancing and limited consultation time (PSMID et al., 2020).

The WHO interim guidance also recommended the rational use of physical barriers, the proper use of protective equipment, hand hygiene, physical distancing, disinfection of clinic

Technium Social Sciences Journal
Vol. 34, 41-53, August, 2022
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www.techniumscience.com

environment, frequency of cleaning, use of ultraviolet for disinfection of machines, and additional benefit from high-efficiency particulate air (HEPA) filters in improving air quality (WHO, 2020). Cost-cutting strategies were also employed in decreasing staff salaries and reducing operating services, while others opted to sell or temporarily close their practice due to low revenues and high expenses. Furthermore, declining outpatient consults have been noticed to have worsened this condition (Song et al., 2020).

The emerging outbreak had forced the small to medium-sized clinics to temporarily close, while others opted to decrease operating hours because of the increasing expenses for infection control (Williams, 2020). Typically, primary care physicians were known to be the vital source of care, and clinic closure was not an option. Some chose to continue preventive and routine care services despite risking themselves and their staff sustaining operational expenses. Conversely, other primary care physicians chose to close or reduce clinic operations due to the lack of personal protective equipment such as face masks, goggles, gloves, and gowns. This was particularly true in small clinics that competed with larger health facilities for medical supplies.

Likewise, electronic programs have become a substantial twist in delivering health services. Despite the change in marketing strategies, these methods caused a decline in clinic income, but expenses in electricity, monthly rentals, staff salaries, and other expenses remained at cost. Besides, some practices were also shut down because physicians or staff got infected with the virus. Despite this outbreak, these primary care physicians universally demonstrated perseverance and organized their clinic workflow to provide quality service (Corlette et al., 2021).

III.3 Marketing viability

Products and medical services are delivered through consultation for acute and chronic illnesses, prescribing medications, and requesting and providing diagnostics and laboratory tests, vaccinations, and minor procedures.

The practice of tele-consult for vulnerable patients was also recommended to continue clinic practice (PSMID et al., 2020). Additional factors to give better perspective to patients were the clinic's reputation, educational background, success rate, and medical expertise of the medical provider, which are considered valuable in patients' promoted satisfaction (Ravangard et al., 2020).

Price, the costing approach, was a remarkable decision in selecting clinics, especially in low-income communities; hence, free services, discounts, and affiliated healthcare insurance were important (Ravangard et al., 2020). The price of the services is largely based on the expense of the provision of services while calculating the total cost of service (Sreenivas et al., 2013).

Place, location indicator of the clinic, and adequate transport system would make it accessible to patients in discovering the place, and the convenience of other medical services will also be considered in the marketing strategy (Ravangard et al., 2020). The availability of home visits and telemedicine would also play an essential marketing strategy during this pandemic (Song et al., 2020). The safety of the clinic environment, including a well-ventilated treatment facility, will also help market the clinic to boost patients' confidence during their consults (PSMID et al., 2020).

Appropriate *promotion* tools advertise clinic services and facilities through advertising, sales promotion, and publicity. The use of print and electronic media, such as posters, catalogs, flyers, and social media pages, will build up the clinic's image and display its services

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(Sreenivas et al., 2013). Added health advertisements can be delivered through speaking on virtual platforms and participating in private and public health awareness programs (Mheidly & Fares, 2020).

People, the physician, and clinic staff were an important component of marketing that would encourage these patients to choose their clinics. Their responsiveness to service provision and patience in explaining the medical condition and answering all queries were important (Ravangard et al., 2020). To ensure the clarity of expectations and deliver the expectation completely, people involved in providing the service must be skillful and have interpersonal capabilities to deliver high-quality service (White & Abrams, 2017).

Process, patient-friendly, and time-saving procedures were of paramount importance; thus, an organized and systematic approach must be applied. The appointment process and well-ordered arrangement during consultations will be useful. Clinic procedures must be standardized while maintaining high sanitary standards and short waiting times (Sreenivas et al., 2013). The upgraded assessment methods and other modes of consultation like home visits and telemedicine must be scheduled ahead of time, ensuring all lines of communication are strong and clear (Gray & Sanders, 2020).

Physical evidence essentially summarizes the overall experience of the patient for the services provided. Clear and simple signages, like handwashing and sanitizing, wearing facemasks, and social distancing, communicate with patients. The entry and exit from the clinic must be posted clearly through written directions ((PSMID et al., 2020). More physical evidence can be displayed for accreditation certificates and awards of the clinic or the medical provider (Sreenivas et al., 2013). Likewise, patient satisfaction and feedback were important for improving the services; hence, comment forms may also be provided (Lau et al., 2021b).

III.4 Opportunities in clinic operations during the COVID-19 pandemic

The strategized medical practice during the pandemic that ultimately allowed the continuous delivery of health services that gave hope to the practice of primary care physicians was the deployment of telemedicine. It created a safe environment for the clinicians and staff to expose to transmissible infectious diseases; it minimized personal protective equipment and resources and avoided congestion of patients in a healthcare setting (Van Olmen et al., 2020). The widespread use of telehealth technology was adopted by most health care workers, enabling remote patient consultation, follow-up, and monitoring that initiated active patient and family participation in health education and awareness.

III.5 Challenges in clinic operations during the COVID-19 pandemic

COVID-19 pandemic's impact on private healthcare services posed relatively discernable economic losses and observable damage to healthcare organizations and had resulted in lower health care utilization. These challenges corresponded to the decrease in the number of patients seen and the less utilization of services affecting clinic functions. Declining income but increasing operating costs were cruel to clinic finances (Nilakantam et al., 2020). Additional problems were the resource-limited supply of protective equipment for healthcare providers and the additional expense of installing safety devices for infection control. Then, determining a system for remote consultations like an internet connection added burdens to this private primary care practitioner. They may also need support for general operating expenses due to depressed patients and other elective services (Corlette et al., 2021). Primary care physicians also perceived that contracting the disease would put their families at risk, while

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www.techniumscience.com

some decided to temporarily close clinics because of fear of added burden revenue losses (Lau et al., 2021b).

III.6 Degree of the impact of COVID-19 pandemic on the clinic operation of primary care physicians when they grouped according to demographics

Age. The impact of age on the medical practice during the COVID-19 pandemic in Morocco showed that younger (<50 years old) respondents required a more strict appointment process and had more difficulty in getting necessary protective equipment for their clinic use (Adarmouch, 2021). Meanwhile, older primary care physicians were generally affected by fear of mortality and permanent disability from contracting the infection (Lau et al., 2021a). Moreover, online consultation platforms and home visits were more practiced by younger clinicians due to their level of technology adaptation compared to older clinicians (Gudi et al., 2021).

Sex. The activity of private medical practice showed that female physicians also required a rigid appointment process for consults compared to males due to the nature of care required during lockdown for female clinicians, especially with additional tasks to take care of their children since schools were closed (Adarmouch, 2021).

Living arrangement. There is a degree of impact on the psychosocial aspect of the physicians during severe acute respiratory syndrome (SARS) outbreak because these same professionals were treated with fear and prejudice by lay people due to their exposure risk, thus affecting their area of practice and living arrangement (Bai et al., 2004). In a study on the impact of COVID-19 on private and public primary care physicians, issues that had been faced by healthcare providers were high risk of exposure to COVID-19 and concern of risking their loved one's health and safety; hence, living arrangements were greatly affected (Lau et al., 2020a).

Medical specialty. Clinic practices vary among physicians' medical specialties because of the nature of the approach to management and patient's condition. General practitioners served as the first-line clinicians dealing with emergent cases prior to referring patients to more specialty or sub-specialty physicians. Likewise, specialists were only seen during more complex cases and elective procedures (Adarmouch et al., 2021). However, in a health report done at Melbourne institute during the pandemic, the general practitioners were greatly affected by the changes in their workflow strategies and the persistence of uncertainties during the pandemic (Scott, 2020).

Length of medical practice. The length of the medical experience of the primary care physician corresponds to the greater impact of the outbreak. Thus, prolonged practice means more exposure to SARS and the H5N1 outbreak (Lau et al., 2021b).

IV. Result and Discussion

IV.1 Profile of the Respondents

Table 1 shows the demographic profile of ninety-nine respondents that participated in the study, which consisted of primary care physicians practicing medicine in Southern Negros Occidental. Based on age, 60.6% of the respondents were younger (39 years old and below), and 39.4% were older (40 years old and above). In terms of sex, more female respondents (56.6%) participated than male respondents (43.4%). Most of them were married (58.6%), and 41.4% were single. Many of them were living with their family (83.8%) compared to living alone (13.1%) and living with friends and colleagues (3%). Meanwhile, practicing medical specialists were more (72.7%) compared to general practitioners (16.2%) and both practicing

Technium Social Sciences Journal
Vol. 34, 41-53, August, 2022
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www.techniumscience.com

general and specialty medicine (11.1%) and more physicians with shorter years of medical practice (7 years below) at 51.5% than longer years of medical practice (8 years and above) at 48.5%.

Table 1. Demographic Profile of the Respondents

Variable	f	%
Age		
Younger (39 years old and below)	60	60.6
Older (40 years old and above)	39	39.4
Sex		
Male	43	43.4
Female	56	56.6
Marital Status		
Single	41	41.4
Married	58	58.6
Living Arrangement		
Living Alone	13	13.1
Living with Family	83	83.8
Living with Friends and Colleagues	3	3.0
Medical Specialty		
Both	11	11.1
General Practitioner	16	16.2
Specialist	72	72.7
Years of Medical Practice		
Shorter (7 years and below)	51	51.5
Longer (8 years and above)	48	48.5
Total	*99*	*100.0*

Note: Average age=39.3 years, average years of Medical Practice=7.9 years

IV.2 Degree of Impact of COVID-19 on the Clinic Operations of Primary Care Physicians in terms of Business Operations and Marketing Viability

Table 2 shows the degree of impact of the COVID-19 pandemic on the clinic operations of primary care physicians in Southern Negros Occidental in terms of business operation and marketing viability when they are taken as a whole and grouped according to age, sex, marital status, living arrangement, field of specialty, and years of medical practice. Generally, the result revealed a strong impact on both business operation and marketing viability when they are taken as a whole with the mean of (M=3.18, SD=0.56) and (M=3.17, SD=0.52), respectively. Furthermore, older age-grouped physicians showed a very strong impact on both business operation and marketing viability with the mean of (M=3.37, SD=0.52) and (M=3.29, SD=0.51), consequentially. The reason is that older clinicians were more likely to be at high risk of the infection because of comorbidities and lower technology adoption than younger clinicians; hence, adapting to the new normal affected their clinic operations (Scott, 2020). Moreover, a strong impact on both business operation and marketing viability was noted regardless of sex, marital status, and living arrangement of primary care physicians since clinic revenues were declining due to a decrease in patient consults and canceled elective procedures

Technium Social Sciences Journal
Vol. 34, 41-53, August, 2022
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www.techniumscience.com

while surging expenses due to increasing demand of personal protective equipment (Lau et al., 2020a).

Meanwhile, in the medical specialty, general practitioners responded with a very strong impact (M=3.36, SD=0.62) in terms of business operation and responded with a strong impact (M=3.21, SD=0.56) in terms of marketing viability, while specialists and both generalists and specialists responded with a strong impact in both aspects. Most general practitioners were assigned as the first line of defense; thus, fear of permanent disability and life-threatening infection and the shortage in personal protective equipment made their business operations more affected. Although specialists and both generalists and specialists responded with a strong impact on both business operation and marketing viability, they are mostly in the second line of defense as they usually receive patients through referrals (Gudi et al., 2021). Subsequently, in years of medical practice, longer practicing physicians answered very strong impact on their business operation (M=3.27, SD=0.56) versus a strong impact on marketing viability (M=3.22, SD=0.52), while shorter practicing physicians answered a strong impact on both aspects. The duration of the medical practice of longer practicing physicians could have evoked the experiences during the past outbreaks affecting their fear of mortality (Lau et al., 2021b).

Table 2. Degree of Impact of the COVID-19 Pandemic on the Clinic Operations of the Primary Care Physicians in terms of Business Operation and Marketing Viability

Variable	Business Operations			Marketing Viability		
	M	SD	Int	M	SD	Int
Age						
Younger (39 years old and below)	3.06	0.56	Str	3.08	0.51	Str
Older (40 years old and above)	3.37	0.52	VS	3.29	0.51	VS
Sex						
Male	3.17	0.58	Str	3.14	0.50	Str
Female	3.18	0.55	Str	3.18	0.53	Str
Marital Status						
Single	3.07	0.57	Str	3.07	0.49	Str
Married	3.26	0.55	Str	3.23	0.53	Str
Living Arrangement						
Living Alone	3.08	0.60	Str	3.12	0.59	Str
Living with Family	3.20	0.56	Str	3.18	0.51	Str
Living with Friends and Colleagues	3.02	0.70	Str	3.02	0.68	Str
Medical Specialty						
Both	3.03	0.49	Str	3.09	0.56	Str
General Practitioner	3.36	0.62	VS	3.21	0.57	Str
Specialist	3.16	0.56	Str	3.17	0.51	Str
Years of Medical Practice						
Shorter (7 years and below)	3.09	0.55	Str	3.11	0.51	Str
Longer (8 years and above)	3.27	0.56	VS	3.22	0.52	Str
Whole	***3.18***	***0.56***	***Str***	***3.17***	***0.52***	***Str***

Note: Str=Strong, VS=Very Strong, M=Mean, SD=Standard Deviation, Int=interpretation

Technium Social Sciences Journal
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www.techniumscience.com

IV.3 Difference in the Degree of Impact of the Covid-19 Pandemic on the Clinic Operations of Primary Care Physicians in terms of Business Operations

Table 3 shows the difference in the degree of impact of the COVID-19 Pandemic on the clinic operations of primary care physicians in terms of business operation. The finding shows no significant difference in the degree of impact of the COVID-19 pandemic on the clinic operations of primary care physicians in terms of business operations when they are grouped according to sex [U=1196.500, p=0.958], marital status [U=968.000, p=0.116], living arrangement [$\chi^2(2) = 0.698$, p=0.705], medical specialty [$\chi^2(2) = 3.070$, p=0.215], and years of medical practice [U=996.500, p=0.111]. However, there is a significant difference in the degree of impact of the COVID-19 pandemic on the clinic operations of primary care physicians in terms of business operations when they are grouped according to age [U=791.000, p=0.007]. The significant difference in terms of age is that older primary care physicians were more susceptible to infection because of their underlying comorbidities, and they were more concerned about their healthcare (Corlette et al., 2021).

In addition to age, the emergence of telehealth enables younger physicians to engage in remote consultations as they are more technology adapters compared to older ones (Scott, 2021). Thus, the declining clinic income due to lesser clinic hours and consults due to fear of infection for older physicians is consistent with the study of Nilakantam et al., (2020), while engaging in tele consult would mean additional expenses on internet services that generate an impact on the business operation (Sek et al., 2020).

Table 3. Difference in the Degree of Impact of the Covid-19 Pandemic on the Clinic Operations of Primary Care Physicians in terms of Business Operations

Variable	**U**	**z**	**p**
Age	791.000*	-2.718	0.007
Sex	1196.500	-0.053	0.958
Marital Status	968.000	-1.572	0.116
Years of Medical Practice	996.500	-1.595	0.111
Variable	**χ^2**	**df**	**p**
Living arrangement	0.698	2	0.705
Medical Specialty	3.070	2	0.215

Note: *the difference is significant when $p \leq 0.05$

IV.4 Difference in the Degree of Impact of the Covid-19 Pandemic on the Clinic Operations of Primary Care Physicians in terms of Marketing Viability

Table 4 shows the difference in the degree of impact of the COVID-19 pandemic on the clinic operations of primary care physicians in terms of marketing viability. The finding also shows no significant difference in the degree of impact of the COVID-19 pandemic on the clinic operations of primary care physicians in terms of marketing viability when they are grouped according to sex [U=1137.500, p=0.639], marital status [U=961.000, p=0.105], living arrangement [$\chi^2(2)=0.349$, p=0.840], medical specialty [$\chi^2(2)=0.376$, p=0.829], and years of medical practice [U=1055.500, p=0.238]. However, there is a significant difference in the degree of impact of the COVID-19 pandemic on the clinic operations of primary care physicians in terms of marketing viability when they are grouped according to age [U=884.000, p=0.040].

Technium Social Sciences Journal
Vol. 34, 41-53, August, 2022
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www.techniumscience.com

The significant difference in age in marketing viability is because older physicians may not engage in virtual advertisements (Mheidly & Fares, 2020) and require more stringent appointment process and strict clinic practices causing them a lower number of consultations, thereby affecting the marketing viability of their clinic operations (Adarmouch, 2021).

Table 4. Difference in the Degree of Impact of the Covid-19 Pandemic on the Clinic Operations of Primary Care Physicians in terms of Marketing Viability

Variable	U	z	p
Age	884.000	-2.049	0.040
Sex	1137.500	-0.470	0.639
Marital Status	961.000	-1.620	0.105
Years of Medical Practice	1055.500	-1.180	0.238
Variable	**χ^2**	**df**	**p**
Living arrangement	0.349	2	0.840
Medical Specialty	0.376	2	0.829

Note: *the difference is significant when $p \leq 0.05$

IV.5 Opportunities for Primary Care Facility Operations

Table 5 shows opportunities for primary care physicians during the pandemic. Most of the respondents answered that the pandemic opened windows for telemedicine and made a convenient appointment process, with 64.6% in both areas. While 56.6% believed that it expanded their area of clinic practice, and 44.4% thought that it saved their clinic amenities, including rentals, electricity, and staff salary. Lastly, they believed it gives them the advantage of working from home with 37.4. %. The role of telehealth had increased exponentially during the pandemic as a substitution for the non-emergent and non-COVID cases as support to continue medical interventions to primary care. These technologies bridge existing gaps in health service delivery while offering a wide range of clinical practices to primary care physicians (Song et al., 2020). Aside from expanding the area of practice for clinicians, it can also give them a lot of savings while maintaining their safety and their family with the additional advantage of staying at home (Gudi et al., 2021).

Table 5. Opportunities of Primary Care Physicians during Pandemic

Item	f	%
Opened windows for telemedicine	64	64.6
Convenient appointment methods through online platforms	64	64.6
Expanded area of clinic practice	56	56.6
Saved expenses for rentals, electricity, and staff salary	44	44.4
Work from home advantage	37	37.4

IV.6 Challenges of Primary Care Facility Operations Pandemic

Table 6 shows the challenges of primary care physicians during the pandemic. Most respondents answered that they had difficulty procuring personal protective equipment (78.8%), while others believed that it was a risk to their personal health and safety (76.8%), and it added clinic expenses with a revenue loss (71.7%). Some had toiled in implementing safety protocols

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www.techniumscience.com

and complying with minimum health standards at 69.7% and 66.7%, respectively. Lastly, some opted for the closure of clinics and other services (37.4%). The significance of this finding is that substantial product disruption resulted from forced business closure and the inability of workers to get work during the pandemic that had resulted in limited medical equipment manufacturers resulting in skyrocketing prices of medical supplies (Abiad et al., 2020). Meanwhile, infection risk for a novel coronavirus posed a great challenge to primary care physicians, leading to the burden of acquiring ideal protective equipment and causing a decrease in clinic visits and clinical activities (Song et al., 2020). Furthermore, the crisis brought about by the pandemic disrupted private practitioners, especially by small and medium-size practices and clinics that forced them to close and were ill-suited to service continuity due to viral crisis (Williams, 2020).

Table 6. Challenges of Primary Care Physicians during the Pandemic

Item	f	%
Procurement of personal protective equipment	78	78.8
Risk of personal health and safety	76	76.8
Added clinic expenses with revenue loss	71	71.7
Implementing safety protocols	69	69.7
Complying with minimum health standards	66	66.7
Closure of clinic and other services	37	37.4

V. Conclusion

The overall assessment of the degree of impact of the COVID-19 pandemic on the clinic operations of the primary care physicians in Southern Negros Occidental is generally strong in both business operations and marketing viability. Moreover, age was the only variable that posed a significant difference in the impact of the COVID-19 pandemic. Meanwhile, opportunities and challenges faced by these clinicians during the pandemic greatly affected the business operation more than its marketing viability.

Comparing the assessment by demographic profile, physicians who descriptively rated "very strong" impact of the pandemic were older than forty years in both business operations and marketing viability and general practitioners who were longer than eight years as practicing physicians in terms of business operations. Meanwhile, the impact of the COVID-19 pandemic was rated "strong" regardless of sex, marital status, and living arrangement in both business operation and marketing viability. In terms of medical specialty, the specialist and both generalist and specialist rated the impact as "strong." Also, in terms of years of medical practice, those shorter than seven years of practicing as physicians rated "strong." Moreover, in terms of age, there is a statistically significant difference between the clinic operations of primary care physicians and their assessment of the business operation and marketing viability.

In addition, opportunities came across despite the effect of the outbreak. These primary care physicians engage in distant consultation and remote scheduling processes with the use of the internet. Thus, this method of clinic operations protects them from the risk of getting infected and, at the same time, saves clinic expenses.

However, challenges were also encountered during the pandemic. One is difficulty obtaining personal protective equipment mainly because of insufficient supply of medical supplies, thus risking their health and safety. Also, due to public safety demands, guidelines on regulating the spread of infection require multiple compliances from regulatory sources.

The impact of the COVID-19 pandemic is generally strong on the clinic operations of primary care physicians in Southern Negros Occidental regardless of age, sex, marital status, living arrangement, medical specialty, and years of medical. The findings of the study basically imply that age has a significant difference in the impact of the COVID-19 pandemic on the clinic operations of primary care physicians in both essential business operation and marketing viability.

References

[1] World Health Organization (WHO). (2020). Maintaining essential health services: Operational guidance for the COVID-19 context. WHO Interim Guidance 1 June 2020.https://apps.who.int/iris/handle/10665/332240.

[2] National Center for Immunization and Respiratory Diseases (U.S). Division of Viral Diseases. (2020). Maintaining essential health services during COVID-19 in low resource, non-U.S. settings. https://stacks.cdc.gov/view/cdc/97609

[3]. Department of Health (DOH). *(2020).* Interim guidelines on healthcare provider networks *during COVID-19 Pandemic.* Republic of the Philippines *Department Memorandum No.2020-0178.* https://issuu.com/inquirerdotnet/docs/dm2020-0178-04262021/1

[4] Philippine Society of Microbiology and Infectious Diseases (PSMID), Philippine Hospital Infection Control Society (PHICS), & Philippine College of Physician (PCP). (2020). Infection prevention and control guidelines for outpatient clinic resumption in the context of COVID-19. PSMID-PHICS Guidelines on out-patient clinic resumption during COVID-19, Version 1.0. https://www.psmid.org/infection-prevention-and-control-guidelines-for-outpatient-clinic-resumption-in-the-context-of-covid-19/

[5] Dr. Pablo O. Torre Memorial Hospital. (n.d.). Riverside Medical Center Inc. Facebook. https://www.facebook.com/Riverside-Medical-Center-Inc-132893413501652

[6] Scott, A. (2020). The impact of COVID-19 on GPs and non-GP specialists in private practice. Melbourne: Melbourne Institute: Applied Economic and Social Research, The University of Melbourne.

[7] Singh, D. R., Sunuwar, D. R., Shah, S. K., Karki, K., Sah, L. K., Adhikari, B., & Sah, R. K. (2021). Impact of COVID-19 on health services utilization in Province-2 of Nepal: a qualitative study among community members and stakeholders. Biomed Central Health Services Research, 21(1), 1-14. https://doi.org/10.1186/s12913-021-06176-y

[8] Nilakantam, S. R., Kishor, M., Dayananda, M., & Shree, A. (2020). Novel Coronavirus–19 pandemic impact on private health-care services with special focus on factors determining its utilization: Indian scenario. International Journal of Health and Allied Sciences, 9(5), 77-77. https://doi.org/10.4103/ijhas.IJHAS_69_20

[9] Sek, K. S. Y., Tan, A. T. H., Yip, A. W. J., Boon, E. M. E., Teng, G. G., & Lee, C. T. (2020). Singapore's experience in ensuring continuity of outpatient care during the COVID-19 pandemic. International Journal of Clinical Practice, 74(10). https://doi.org/10.1111/ijcp.13573.

[10] Homeniuk, R. & Collins, C. (2021). How COVID-19 has affected general practice consultations and income: general practitioner cross-sectional population survey evidence from Ireland. British Medical Journal Open 2021. https://doi.org/10.1136/ bmjopen-2020-044685

[11] Song, Z., Giuriato, M., Lillehaugen, T., Altman, W., Horn, D., Phillips, R., Barnett, K. G., Bitton, A., Edgman-Levitan, S., Choi, E., Hattis, P., Mckee, D., & Auerbach D. (2020 September 11). Economic and clinical impact of COVID-19 on provider practices in Massachusetts. New England Journal of Medicine (NEJM) Catalyst Innovations in Care Delivery. https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0441

[12] Williams, O. D. (2020). COVID-19 and private health: Market and governance failure. Development, 63(2), 181-190. https://doi.org/10.1057/s41301-020-00273-x
[13] Corlette, S., Berenson, R., Wengle, E., Lucia, K., & Thomas, T. (2021). Impact of the COVID-19 pandemic on primary care practices. Washington, DC: The Urban Institute.
[14] Ravangard, R., Khodadad, A., & Bastani, P. (2020). How marketing mix (7Ps) affect the patients' selection of a hospital: Experience of a low-income country. Journal of the Egyptian Public Health Association, 95(1), 1-8. https://doi.org/10.1186/s42506-020-00052-z
[15] Sreenivas, T., Srinivasarao, B., & Rao, U. S. (2013). 7Ps in corporate hospital-administrators perspective. Academic Journals, 7(43), 4363-4379, https://doi.org/10.5897/AJBM12.1441.
[16] Mheidly, N. & Fares, J. (2020). Leveraging media and health communication strategies to overcome the COVID-19 Infodemic. Journal of Public Health and Policy, 41(4), 410–420. https://doi.org/10.1057/s41271-020-00247-w
[17] White, K. & Abrams, M. (2017). Leveraging the 7Ps of marketing in healthcare. Becker's Hospital Review. https://www.beckershospitalreview.com/hospital-transactions-and-valuation/leveraging-the-7p-s-of-marketing-in-healthcare.html
[18] Gray, R. & Sanders C. (2020). A reflection on the impact of Covid-19 on primary care in the United Kingdom. Journal of Interprofessional Care, 34(5), 672-678. https://doi.org/10.1080/13561820.2020.1823948
[19] Lau, J., Tan, D. H. Y., Wong, G. J., Lew, Y. J., Chua, Y. X., Low, L. L., Koh, G. C. H., Kwek, T. S., Toh, S. A. E. S., & Tan, K. K. (2021b). The impact of COVID-19 on private and public primary care physicians: A cross-sectional Study. Journal of Infection and Public Health 14 (2021), 285-289. https://doi.org/10.1016/j.jiph.2020.12.028
[20] Van Olmen, J., Remmen, R., Van Royen, P., Philips, H., Verhoeven, V., & Anthierens, S. (2020). Regional coordination and bottom-up response of general practitioners in Belgium and the Netherlands. British Medical Journal Open, 369. https://doi.org/10.1136/bmj.m1377
[21] Adarmouch, L., Tourari, S., Sebbani, M., & Amine, M. (2021). Impact of the COVID-19 pandemic on the activity of private medical practices in Morocco. International Journal of Clinical Practice, 75(6). https://doi.org/10.1111/ijcp.14127
[22] Lau, J., Tan, D. H. Y., Wong, G. J., Lew, Y. J., Chua, Y. X., Low, L. L., Koh, G. C. H., Kwek, T. S., Toh, S. A. E. S., & Tan, K. K. (2021a). Prepared and Highly Committed Despite the Risk of COVID-19 Infection: a cross-sectional survey of primary care physicians' concerns and coping strategies in Singapore. Biomed Central Family Practice, (22) (1). https://doi.org/10.1186/s12875-021-01370-7.
[23]. Gudi N., Konapur, R., John, Oommen, Sarbadhikari, S., & Landry, M. (2021). Telemedicine supported strengthening of primary care in WHO Southeast Asia Region: Lessons from the COVID-19 pandemic experiences. British Medical Journal Innovation, 7 (3), 580–585. https://doi.org/10.1136/bmjinnov-2021-000699.
[24] Bai, Y., Lin, C. C., Lin, C. Y., Chen, J. Y., Chue, C. M., & Chou, P. (2004). Survey of stress reactions among health care workers involved with the SARS outbreak. Psychiatric services, 55(9), 1055-1057. https://doi.org/10.1176/appi.ps.55.9.1055
[25] Abiad, A., Arao, R. M., & Dagli, S. (2020). The economic impact of the COVID-19 outbreaks on developing Asia. http://dx.doi.org/10.22617/BRF200096