

Public Policies and Health Services in Establishments with Difficult Geographical Access

Edwyn Williams Marín Tapia¹, Alejandra Yadira España Merchán²

Abstract

This analysis focuses on the effectiveness of government policies in the field of health, specifically in a difficult-to-access region of the Ecuadorian Amazon, classified as type A. It also seeks to uncover the categories and dimensions that intervene in this process. According to the data obtained, 78.8% of the public officials surveyed perceive that public policies present an insufficient level. Of these, 36.4% rate health services as regular, 45.5% consider that infrastructure and equipment are deficient, 33.3% believe that the service portfolio is insufficient, and 66.7% believe that leadership is insufficient. It is concluded that if public policies are oriented and focused more effectively towards difficult-to-access areas type A and B, it will be possible to improve health services, guarantee the service through better infrastructure and equipment, and promote better leadership by the highest authority and the technical administrators of health centers.

Keywords: policy, right to health, health policy, health.

INTRODUCTION

The World Health Organization (WHO) has identified that health services in rural or remote areas are precarious and have less access than urban areas. The population in these areas is poorer, with 51% to 67% of them having little access to basic health services. Children in these areas are 1.7 times more likely to die before the age of five. In addition, only 67% of rural women give birth with the help of skilled birth attendants (World Health Organization, 2021).

The third goal of the 2030 Agenda seeks to promote healthy lives and well-being in all age groups. There has been significant progress in increasing life expectancy and decreasing the causes of infant and maternal death (United Nations, 2018). However, 56 per cent of the rural population lacks legal health coverage. The geographical location of households can be an obstacle to accessing health services (Sanz & Oliva, 2020).

At the international level, Colombia has implemented a comprehensive health care model for rural areas and dispersed populations. In 2016, the state launched the Comprehensive Health Care Model (MIAS), with the goal of increasing efficiency and effectiveness. In the municipality of Guainía, which has 46,446 inhabitants, 85% belong to eight indigenous communities and 60% are rural, with an area of 72,238 km² and a population density of 0.5 inhabitants per km² (Arias and Mattos, 2022).

In Peru, the Ministry of Health (MINSA) has struggled to provide health services in areas of extreme poverty through the First Level of Care (PNA), despite the fact that it solves between 70% and 80% of the most common health problems. In Ayacucho, the density of

¹ Universidad Cesar Vallejo, Piura – Perú, emarinta@ucvvirtual.edu.pe, <https://orcid.org/0000-0003-4144-5359>

² Universidad César Vallejo, Piura – Perú, aespaña@ucvvirtual.edu.pe, <https://orcid.org/0000-0002-5791-284X>

doctors is 8.5, nurses 19.1 and obstetricians 12 professionals per 10,000 inhabitants. There are 50 facilities that do not have all health professionals (Miranda, et al., 2021).

In Brazil, specifically in the municipalities of the Amazon, which cover 1,559,162 km² and have 62 municipalities with low population density, the health workforce is composed of 60.7% nurses, 21.7% dentists and 17.6% doctors, which does not fully reflect the local reality. Poor health services are the cause of some health complications (Miranda, et al., 2021).

A study conducted in Argentina's Santiago del Estero province, which has 874,006 inhabitants, revealed that 76% of the population lives in highly dispersed areas, while 24% lives in rural concentrations. Although the province has 21 health centers, they do not have the capacity to hospitalize patients. However, they can provide diagnosis and treatment. With a total of 15 beds, the ratio is 0.08 beds per inhabitant, compared to 3406 beds in Santiago del Estero. Of these, 12 beds belong to the district hospital of Bandera Bajada and 3 to the La Cañada hospital (Arias & Mattos, 2022).

The Amazon region, shared by countries such as Colombia, Ecuador, Peru and Brazil, has similar characteristics in terms of territory, geography, population, transport, communications, climate and deficiency of services. This research will allow us to understand the challenges in the provision of health services, their causes and limitations. Public policies are likely to remain insufficient if they do not specifically target hard-to-reach areas.

Morona Santiago, a rural province that has been neglected for decades, has seen significant improvements from 2013 to 2018. These improvements include the construction of health centres, the upgrading of existing ones, the acquisition of equipment and the recruitment of health professionals. In these areas, the first level of care solves 80% of health problems in rural areas (Miranda, et al., 2021).

In this context, the following general question arises: How do public policies affect health services in geographically hard-to-reach areas in Ecuador in 2023? In addition, the following specific questions are asked: How do public policies influence the efficiency of health services in geographically difficult to access places in Ecuador in 2023? How do public policies impact the equipment and infrastructure of establishments in areas of difficult geographical access in Ecuador in 2023? and How do public policies affect the leadership of establishments in geographically hard-to-reach areas in Ecuador in 2023?

The practical justification of this research lies in its territorial approach, addressing a reality that directly affects rural communities and is closely related to the problem in question. The theoretical justification of this study is based on the analysis of issues related to public policies and health services, especially in areas that are difficult to access. It provides scientific concepts that help to understand these variables in their context. In terms of methodological justification, this study adopts a quantitative approach and a non-experimental cross-sectional design. Disciplinary procedures are used to construct and validate information-gathering instruments through expert judgment.

The overall objective of the study is to analyze how public policies affect health services in facilities located in geographically hard-to-reach areas in Ecuador in 2023. The specific objectives are to determine how public policies affect the efficiency of health services, equipment and infrastructure, and the leadership of these facilities. Therefore, the hypothesis of the study is formulated as follows: Public policies have a direct impact on health services in geographically difficult to access facilities in Ecuador in 2023.

METHODS

Research is closely linked to the use of the scientific method, especially when seeking to gather relevant information in a clear and precise manner. Through analysis, it seeks to

apply human knowledge, understand phenomena, and verify discoveries in a specific field. To do this, it is crucial to apply a research method that offers a series of tools and stages (García & Sánchez, 2020).

Scientific research provides a strength that allows significant benefits to be obtained for humanity (San Miguel, 2021). The use of this scientific tool in higher education allows the researcher to be guided to obtain high-impact contributions that are relevant and of quality, while expanding the understanding of the application of scientific support processes, techniques and tools (García & Sánchez, 2020).

Research is classified according to the type of approach you want to work on. Thus, (San Miguel, 2021) indicates that, according to the purpose, it is divided into basic and applied research. Basic research is subdivided into exploratory, descriptive, and explanatory basic research. Basic research seeks to know and study the essence of nature and the surrounding universe, and then establish theories, paradigms or laws that facilitate the understanding of a phenomenon and its effect on the community, seeking answers in the basic aspects or foundations of science. It is composed of experimental and theoretical contributions, aimed at discovering new knowledge of tangible and observable phenomena without taking into account the short-term social context.

In contrast to the previous author, Ortega (2017) in a letter to the editor, equates basic research with the terms pure, theoretical, and dogmatic. It is characterized by arising from a theoretical framework. He agrees with Castro et al. (2022) that their goal is to propose new theories or modify existing ones. It focuses on generating new knowledge that is strictly theoretical, so it does not deal with practical aspects. For this reason, applied research, whether practical or empirical, is responsible for the application of the knowledge acquired (Ortega, 2017).

Vera et al (2018) indicate that research design is a model that allows the comparison of events and theories. It is a plan that frames the activities required to conduct an investigation. This plan or strategy helps select the right technique for obtaining, collecting, and analyzing certain information. It allows scientific postulates to be specified through organized and chronological activities that include the tests to be carried out and the techniques for collecting information and analyzing data.

The research design is established based on two aspects: the type of research to be developed and the hypothesis to be demonstrated. Many experts agree that explanatory or causal research, which analyzes the causes and effects of the dynamic interrelationship of variables, is the highest point of non-experimental research. Its essential support is to test hypotheses and ensure that the conclusions lead to the establishment or comparison of scientific laws and principles (García & Sánchez, 2020).

This study is related to the quantitative approach. It will not only be considered to carry out an investigation taking into account the numerical qualities of the objects, events and phenomena to be investigated, measuring only as a quantitative result and considering certain rules. It is also necessary to do this through qualitative categories and the system of quantitative categories. Therefore, measuring a variable not only means developing a quantitative process to obtain a numerical product, but also an intellectual process to know how an observation will be carried out, taking into account certain guidelines for comparing an observation with others or relating abstract theoretical concepts (Cohen & Gómez, 2019).

The scientific method is a process consisting of several stages, techniques, procedures, and rules, which are employed to formulate and solve problems by testing or demonstrating hypotheses. The results, which will be verified through the experiment, must be accepted as valid by the scientific community with rational rigor. To do this, scientific methods such as Baconian, Galilean, Cartesian, inductive, deductive, hypothetical deductive, analytical, and synthetic are used. Of these, for the development

of this scientific work, the deductive method will be considered, which is characterized by collecting scientific information through the observation of the phenomenon to be investigated; It starts from a hypothesis, which allows us to understand the phenomenon to be investigated, deduces the most relevant incidents and verifies the truth contained in the deduced findings, verifying them with experience (García & Sánchez, 2020).

Non-experimental, cross-sectional, descriptive, and explanatory research designs use various symbols. M refers to the sample; Or it involves observing or measuring a variable; T refers to the time the investigation is conducted; and r represents the correlation coefficient. Among others, the most important features are: observing events that have already occurred, without having to be provoked by the researcher; the independent variable arises by itself, so it cannot be manipulated, since there is no control over it, nor can it be influenced, simply because it has already occurred, as well as its effects occurred at certain times (Romero, et al., 2021).

Cross-sectional research collects data at a single point in time, with the aim of explaining variables and analysing their effects and how they are interrelated over a given time. As an example, several scenarios can be cited: identifying the number of people who engage in sports behaviors; explain the level of motivation of a group of employees in a health district; to analyze the perception of health services in a group of pregnant women in a community (Huaire, 2019).

Correlation, a term used in statistics, implies that a change in one measurable variable (usually independent) causes a change in another variable (dependent). This concept should be handled with care by researchers. To carry out tests, a sufficient amount of data is needed, based on aspects such as the correlation coefficient, the proportion of losses, and the approach, to allow an adequate evaluation in descriptive studies (Romero, et al., 2021).

Explanatory research is characterized by identifying the cause-effect relationship between variables. It is deeper and more structured than previous approaches. Independent variables determine causes, and dependent variables involve effects. In this context, hypotheses can be formulated in a way that suggests causation. The independent variable can be used in two ways: to observe and measure, and to manipulate, knowing that doing so will not measure the independent variable (Arias et al., 2022).

Descriptive research is crucial for non-experimental, exploratory, and observational studies. Phenomena are studied as they appear in reality, considering space, context, time, and culture. In this scenario, nothing is changed or manipulated. This research uses surveys with the aim of recording the current circumstances of a population at a specific time, when conducting the survey (Huaire, 2019).

On the other hand, population refers to the group of individuals who will be the subject of research. It is crucial for the researcher to identify the elements to be studied in order to observe their location. To select a study population, it is necessary to perform a selection analysis that meets certain criteria according to the objective of the research (Arias et al., 2022). This is the first important aspect, where the problem to be studied is located, it is the totality of elements, people or things to be analyzed, which share common characteristics and infinite variables (Huaire, 2019).

In this context, the population that will be part of the research is made up of health professionals, general and family doctors, dentists, nurses, obstetricians, psychologists, from six health facilities, as well as district analysts, totaling 107.

Due to the large number of individuals in a population, it is difficult to apply a tool to each of them. Therefore, in such situations, a representative sample of the population to be studied will be used. This has several advantages, such as reduced costs and less time required to gather information. The sample must be representative and maintain the general characteristics of the population, which allows the results to be applied to the

entire population to which it belongs (Romero, et al., 2021). In this case, the sample will consist of 33 individuals, including health professionals and district analysts, distributed in the district office and six health centers.

The goal of a research project is to collect data that provides an overview of the topic of study. To this end, various techniques and instruments used in various disciplines are used. Once analyzed, this data is transformed into scientific knowledge. In this context, research helps to identify which techniques or instruments to apply, and it is possible that several may be used at the same time in a specific study (Sánchez, 2022).

Research involves specific procedures and unique activities that assist the researcher in gathering pertinent information to answer the research question (Arias et al., 2022). To measure the variables, techniques such as documentary review, interview, survey, in-depth session, observation, sociometry are used; and tools such as the knowledge test, the interview guide, the questionnaire, the test, the observation guide, the sociometric test (Useche, 2019). For the current research purpose, the survey technique will be applied, as it is scientifically adapted to collect the relevant information that will be analyzed.

The variety of methods for collecting data through an appropriate technique will make it possible to obtain indirect information from the study subjects, in addition to knowing their attitude, motivation, feelings and beliefs in a specific situation (Sánchez, 2021). The instruments to be used in the analysis must be valid, i.e. objective and reliable. Otherwise, they will be useless and the resulting information will lack legitimacy (Arias et al., 2022). A questionnaire will be applied to each variable, each with 40 items, taking into account the dimensions and indicators developed.

The data obtained through the questionnaire applied to health professionals will be subjected to descriptive and inferential statistical analyses. The descriptive analysis will be supported by frequency tables that will represent the results of the variables and their dimensions in percentages. Inferential statistics will help to observe and explain the perceived relationship between the dependent and independent variable. Excel will be used to tabulate the data collected with the instruments. The statistical test that will be used will be Pearson's Chi-square, which will also allow the hypothesis of the research to be tested. After applying the instruments, the SPSS V.25 program will be used, with Cronbach's alpha.

RESULTS

Board 1 Relationship between public policies and health services

Public Policies

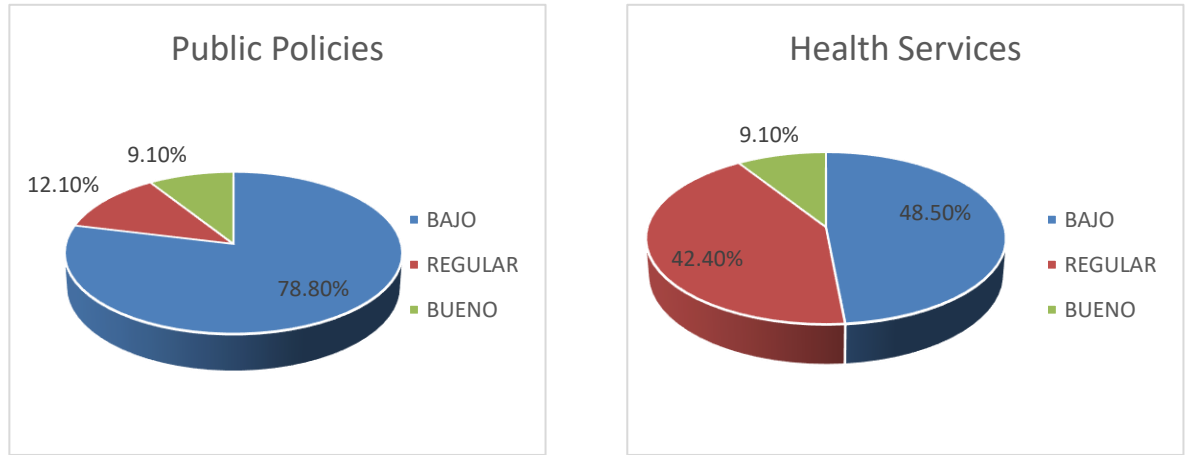
		Low		Regular		Well		Total	
Health Services	Low	11	33,3%	2	6,1%	3	9,1%	16	48,5%
	Regular	12	36,4%	2	6,1%	0	0,0%	14	42,4%
	Well	3	9,1%	0	0,0%	0	0,0%	3	9,1%
Total		26	78,8%	4	12,1%	3	9,1%	33	100,0%

Source: Questionnaire applied to health professionals.

Elaboration: Author of the thesis.

According to table number five, 78.8% of the public servants surveyed consider that the public policy variable maintains a low level; Of these, 36.4% consider health services to be regulated. In this sense, public policies should aim directly at improving public health services, so that they respond to the realities of rural Amazonian communities.

Figure 1 Public Policies and Health Services



Board 2 Relationship between public policies and equipment and infrastructure

Public Policies

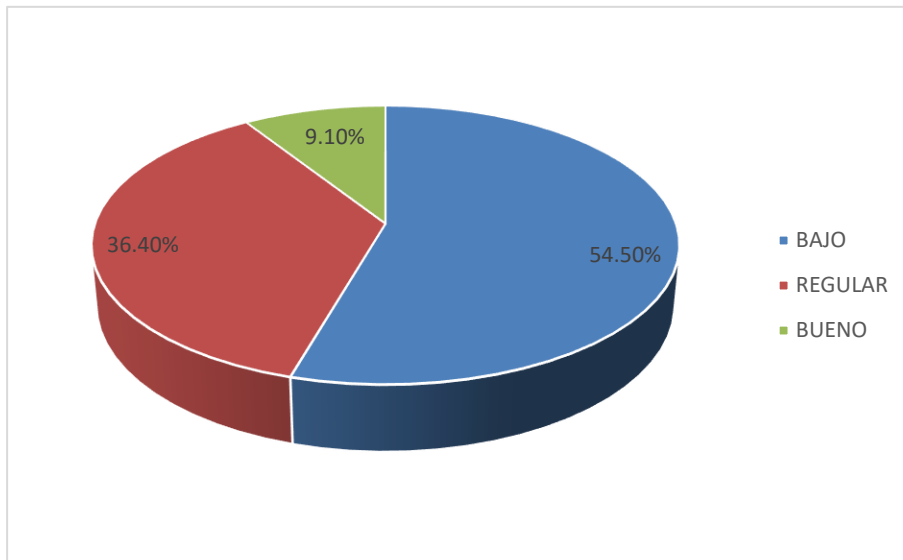
		Low		Regular		Well		Total	
Equipment and infrastructure	Low	15	45,5%	1	3,0%	2	6,1%	18	54,5%
	Regular	10	30,3%	1	3,0%	1	3,0%	12	36,4%
	Well	1	3,0%	2	6,1%	0	0,0%	3	9,1%
Total		26	78,8%	4	12,1%	3	9,1%	33	100,0%

Source: Questionnaire applied to health professionals.

Elaboration: Author of the thesis.

According to table number six, 78.8% of the public servants surveyed maintain that the incidence of public policies has a low level; of which, 45.5% consider that the equipment and infrastructure is low. It means that public policies, when formulated, must contemplate essential aspects such as the adaptation and implementation of better infrastructure and equipment for health facilities, so as to contribute to the strengthening of this dimension and achieve the expected results.

Figure 2 Relationship between public policies and equipment and infrastructure



Board 3 Relationship between public policies and service portfolio

Public Policies

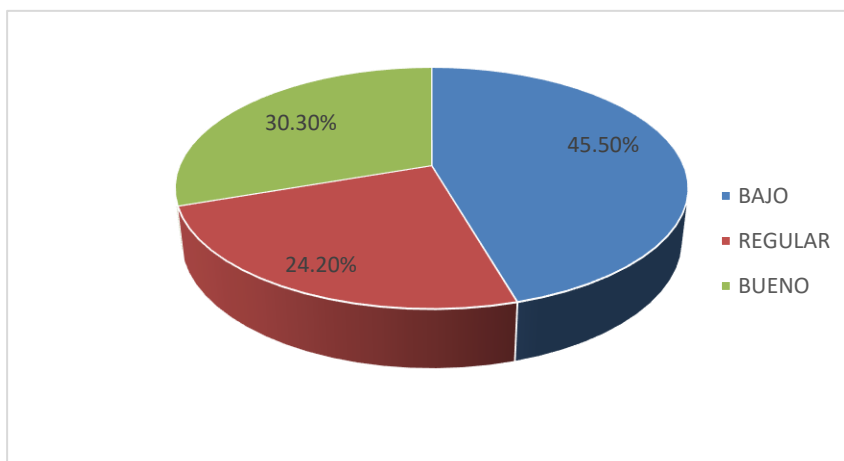
		Low	Regular	Well	Total
Portfolio of services	Low	11 33,3%	3 9,1%	1 3,0%	15 45,5%
	Regular	6 18,2%	1 3,0%	1 3,0%	8 24,2%
	Well	9 27,3%	0 0,0%	1 3,0%	10 30,3%
Total		26 78,8%	4 12,1%	3 9,1%	33 100,0%

Source: Questionnaire applied to health professionals.

Elaboration: Author of the thesis.

According to table number seven, 78.8% of the public servants surveyed say that the public policy dimension has a low level; Of these, 33.3% say that the portfolio of services is low. Therefore, public policies should include strengthening and expanding the portfolio of health services in rural areas that are difficult to access.

Figure 3 Relationship between public policies and service portfolio



Board 4 Relationship between public policy and leadership

Public Policies

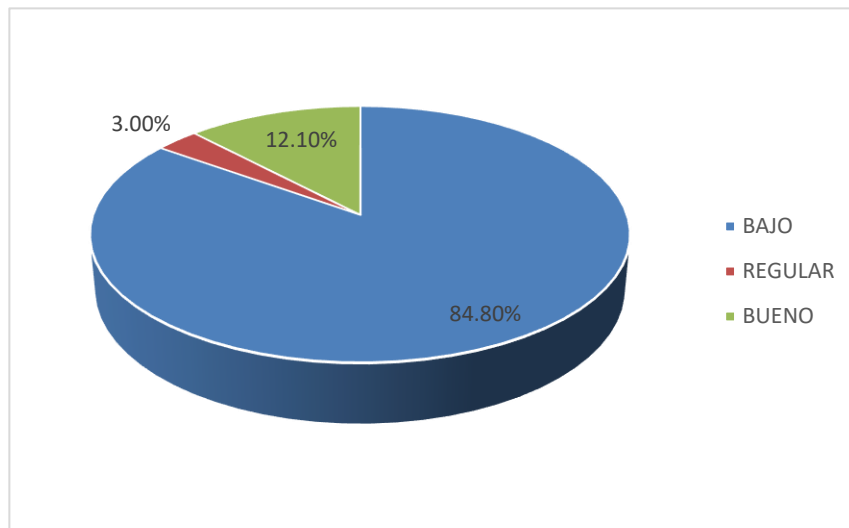
		Low		Regular		Well		Total	
Leadership	Low	22	66,7%	4	12,1%	2	6,1%	28	84,8%
	Regular	1	3,0%	0	0,0%	0	0,0%	1	3,0%
	Well	3	9,1%	0	0,0%	1	3,0%	4	12,1%
Total		26	78,8%	4	12,1%	3	9,1%	33	100,0%

Source: Questionnaire applied to health professionals.

Elaboration: Author of the thesis.

According to table number eight, 78.8% of the public servants surveyed report that the incidence of public policies is at a low level; of which, 66.7% consider leadership to be low. To this end, public policies must be strengthened through strategies for the application of current regulations in parallel with the modalities of hiring public servants and supervision of the zonal hierarchical level, in order to control the incidents of the district administration, outside the legal framework.

Figure 4 Public Policy & Leadership



Normality Test

Board 5 Normality Test

Normality Tests

	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistical	Gl	Gis.	Statistical	Gl	Gis.
POLPU	,206	33	,001*	,817	33	,000
SERVSAL	,175	33	,011	,930	33	,035

to. Lilliefors Significance Correction

* Non-parametric correlations

To know the statistic to be used, the Kolmogorov-Smirnov and Shapiro-Wilk Normality Test was applied, results in which it can be observed that the sample is $33 > 30$ (Kolmogorov-Smirnov) and as the level of significance 0.001 and $0.011 < 0.05$ that are not normal, then Spearman's non-parametric Rho test will be used. Shapiro-Wilk is not used because the sample should be ($n < 30$)

Inferential results

Board 6 Correlation between public policies and health services

		Public Policies	Health Services-
Public Policies	Correlation coefficient	1,000	,268**
	Follow-up (bilateral)	.	,132
	N	33	33
Health Services	Correlation coefficient	,268**	1,000
	Follow-up (bilateral)	,132	.
	N	33	33

** . The correlation is significant at the 0.05 level (two-sided)

Table 6: A statistically low positive correlation between public policies and health services is observed, with an $Rho = 0.268$, and a significance scale ($0.132 > 0.05$); Consequently, the null hypothesis is accepted. In other words, as public policies are better directed, focused on hard-to-reach areas such as A and B, they will contribute to improving health services.

Board 7 Correlation between public policies and equipment and infrastructure

		Public Policies	Equipment and infrastructure
Public Policies	Correlation coefficient	1,000	,109**
	Follow-up (bilateral)	.	,545
	N	33	33
Equipment and infrastructure	Correlation coefficient	,109**	1,000
	Follow-up (bilateral)	,545	.
	N	33	33

** . The correlation is significant at the 0.05 level (two-sided)

Table 7: A weak positive correlation between public policies and equipment and infrastructure is observed, with an $Rho = 0.109$, and a significance scale of ($0.545 > 0.05$); therefore, the null hypothesis is accepted; It is interpreted that public policies must be improved to guarantee the health service through better equipment and infrastructure.

Board 8 Correlation between public policies and service portfolio

		Public Policies	Portfolio of Services-
Public Policies	Correlation coefficient	1,000	,142**
	Follow-up (bilateral)	.	,430
	N	33	33
Portfolio of services	Correlation coefficient	,142**	1,000
	Follow-up (bilateral)	,430	.
	N	33	33

** . The correlation is significant at the 0.05 level (two-sided)

Table 8: A statistically low positive correlation between public policies and health services is observed, with an $Rho = 0.268$, and a significance scale ($0.132 > 0.05$); Consequently, the null hypothesis is accepted. In other words, as public policies are better directed, focused on hard-to-reach areas such as A and B, they will contribute to improving health services.

Board 9 Correlation Between Public Policy and Leadership

		Public Policies	leadership
Public Policies	Correlation coefficient	1,000	,019**
	Follow-up (bilateral)	.	,915
	N	33	33
Leadership	Correlation coefficient	,019**	1,000
	Follow-up (bilateral)	,915	.
	N	33	33

** . The correlation is significant at the 0.05 level (two-sided)

Table 9: A weak positive correlational between public policies and leadership is observed, with an $Rho = 0.019$, and a significance scale ($0.915 > 0.05$); Therefore, the null hypothesis is accepted. This means that, by improving public policies, it will contribute to a better development of leadership of the Highest Authority and the technical administrators of health facilities.

DISCUSSION

Considering the main objective, descriptive statistical data indicate that public policies, especially in hard-to-reach areas such as the Amazon region of Ecuador, are perceived as

insufficient by 78.8% of the public officials surveyed. Of these, 36.4% rate health services as regular.

Therefore, it is essential that public policies focus on improving public health services to meet the needs of rural Amazonian communities. There is a low but statistically significant positive correlation ($0.132 > 0.05$) between public policies and health services. This suggests that as public policies are better targeted towards hard-to-reach areas, they will contribute to improving health services.

Public policies should be tools for the State to solve health problems and provide well-being to the population (Ferrer & Morejón, 2021), with specific actions in disease prevention, diagnosis and treatment (Universidad Autónoma de Manizales, 2017), as part of the government agenda, with adequate implementation and evaluation (Ferrer & Morejón, 2021).

Ideally, aspects such as drinking water, housing, environmental sanitation and health services should be considered simultaneously, including: prevention, rehabilitation, supply of medicines and medical supplies. This will allow equitable and socially just access, seeking to improve the well-being and quality of life of citizens (Rondón & Quiñones, 2021).

It is necessary to have the resources to implement effective plans, programs and projects that meet the health needs of citizens, providing comprehensive, quality, timely and equitable health services (National Assembly of Ecuador, 2006), with a public strategy and priority (Salas, 2021).

This must be done on an ongoing basis, controlling threats such as the change of authorities and inefficient or fragmented political systems. Incentives should be created for health professionals in hard-to-reach areas to enable sustainable, efficient, effective, and coherent public policies (Ferrer & Morejón, 2021).

In this way, health services can remain free, including the provision of medicines, and economic, work, and academic incentives can be offered to health professionals (Vera et al., 2018). This will provide the community with technical health solutions or responses to health problems, allowing an optimal impact on improving the quality of life and local development, achieving goals and objectives (Bravo et al., 2019), and a specific approach, whose plans and programs must be effective and respond to the subcategories (Marín, 2022).

Following Edgar Morin's theory of complexity, it is crucial to address health problems in hard-to-reach rural areas in the Amazon, considering the multiple dimensions and factors that influence public policy outcomes. These territories, characterized by highly dynamic systems, require first-class health care and various medical disciplines that interact transversally and simultaneously (Salas, 2021).

Jürgen Habermas' Communicative Theory is also relevant, as it highlights the importance of effective communication between citizens and the State for the design and redesign of efficient public policies (Marín, 2022). The actions implemented in rural health will have a direct impact on the beneficiaries, so it is essential to consider the results. Cause-and-effect theory underlines the importance of having a direct impact on rural Amazonian areas (Escola Nacional de Administração Pública, 2019).

In relation to objective 1, equipment and infrastructure, 78.8% of the public officials surveyed consider that the impact of public policies is low; Of these, 45.5% consider that the equipment and infrastructure is insufficient. This implies that public policies must contemplate essential aspects such as the improvement of the infrastructure and equipment of health centers to strengthen this dimension and achieve the expected results. A weak positive correlation was observed between public policies and equipment and infrastructure, with an $Rho = 0.109$, and a significance scale of ($0.545 > 0.05$); therefore,

the null hypothesis is accepted; It is interpreted that public policies must be improved to guarantee the service through better equipment and infrastructure.

In line with this dimension, it is a challenge for hospital management to address and solve one of the main problems in health centers in hard-to-reach areas; poor infrastructure, which is often aggravated by insufficient allocation of resources for the improvement of equipment and infrastructure. It should be a priority to provide health services in a timely and effective manner that solve health needs efficiently and satisfy users (Vera et al., 2018). The infrastructure and equipment in the health centers include the number of beds, dentistry, general medicine, family medicine, gynecology, psychology, etc.

It is important to recognize that compliance with public policies, especially in hard-to-reach areas, depends to a large extent on the adequate provision of optimal infrastructure and equipment; this is in line with the theory of service quality management, to gain the trust of citizens, providing quality services, which increase collective well-being, improve quality of life, in an environment of democracy, freedom and rights, with rationality (Max Weber and Frederick Taylor), efficiency (Marín, 2022).

In relation to objective 2, the portfolio of services, 78.8% of the public officials surveyed indicate that public policies are insufficient; Of these, 33.3% consider the portfolio of services to be low. Therefore, it is necessary for public policies to focus on strengthening and expanding the portfolio of health services in hard-to-reach rural areas. There is a weak positive correlation ($Rho = 0.142$, significance $0.430 > 0.05$) between public policies and the portfolio of services, suggesting that the improvement of public policies will improve the portfolio of health services in areas that are geographically difficult to access. The different health centers reach the communities through a portfolio of services, which is of great importance to citizens, as it offers a variety of specialties or medical disciplines to treat various conditions. These health services are offered at three levels of complexity in health centers (Rondón & Quiñones, 2021).

A health center's portfolio of services must be optimal, as suggested by quality management theory. This approach sees the portfolio as an innovative administrative tool that is related to the continuous improvement of institutional objectives and goals, driving corporate growth and organizational competitiveness, and leaving users highly satisfied because processes are carried out by paying attention to all the details of a product or service (Ormaza & Guerrero, 2021).

With regard to objective 3, leadership, according to table number eight, 78.8% of the public officials surveyed indicate that the impact of public policies is low; Of these, 66.7% consider leadership to be low. Therefore, public policies must be strengthened through strategies that apply the regulations in force in parallel with the modalities of hiring public servants and the supervision of the zonal hierarchical level, in order to control the incidents of the district administration outside the legal framework. There is a weak positive correlation ($Rho = 0.019$, significance $0.915 > 0.05$) between public policies and the service portfolio, which means that improved public policies will contribute to better leadership development.

In district entities, it is crucial that the principal be a leader, not just a boss. A leader is someone who leads a team of collaborators, exceeds average standards in results, and is recognized by his team due to his ability to influence the attitudes of his collaborators, thus achieving the desired results. A leader possesses personal qualities such as charisma, self-confidence, ability to motivate, communicate, sensitivity, and the ability to instill trust, as well as the ability to lead an organization or part of it, thus achieving goals. Employee motivation is an important value generator for leadership and organizational success, acting as a driver for continuous improvement (Díaz, Quintana, & Fierro, 2021).

The importance of exceptional leadership lies in its emotional and psychological impact on public servants. Psychologist Abraham Maslow, in his theory of human motivation,

argues that in order for a person to enjoy adequate mental health, they first need to experience self-actualization and self-actualization, without forgetting internal motivation, interpreted as the drive that human beings need to achieve their goals, resulting in positive progressive change. On the other hand, the economist Manfred Max Neef, who is dedicated to the study of existential human needs, refers to nine basic human needs, placing man as the essential protagonist, that is, on a human scale, who has infinite, universal and perpetual needs in history (Ferrer & Morejón, 2021).

References

- Arias-Murcia, S. E., & de Mattos Penna, C. M. (2022). Primary Health Care in a Region of the Colombian Amazon: An Approach to Everyday Life. *Saúde Debate*, p. 721-733.
- National Assembly of Ecuador. (2006). Organic Law on Health. Quito.
- Castro, J., Gómez, L., & Camargo, E. (2022). Applied research and experimental development in strengthening the competencies of the 21st century society. *Tecnura*, 140-17.
- Cohen, N., & Gómez, G. (2019). Research methodology, what for?: data production and design. Buenos Aires:: Editorial Teseo.
- Escola Nacional de Administração Pública. (2019). Theories and Analyses on the Implementation of Public Policies in Brazil. Brasília: https://repositorio.enap.gov.br/bitstream/1/4162/1/Livro_Teorias%20e%20An%20c3%a1ises%20sobre%20Implementa%20c3%a7%20c3%a3o%20de%20Pol%20c3%a1ticas%20P%20c3%a1blicas%20o%20Brasil.pdf.
- Díaz, G., Quintana, M., & Fierro, D. (2021). Competitiveness as a growth factor for organizations. *Innova Research Journal*, 145-161.
- Ferrer, Y., & Morejón, Y. (2021). Intersectoral management, a tool for the management of public policies. *Panorama Cuba and Health*, 142-145.
- García, J., & Sanchez, P. (2020). Theoretical design of research: methodological instructions for the development of scientific research proposals and projects. *Technological Information*, 45-58.
- Huaire, E. (2019). Research method. Peru: <https://www.aacademica.org/edson.jorge.huaire.inacio/78>.
- Marín, B., & Gonzalez, J. (2022). Ergonomic risks and their effects on health in nursing staff. *Journal of Scientific Information*, 161-199.
- Miranda, E., Zeladita, J., & Ronceros, S. (2021). Priorities in university education that promote job retention, perspective of the health professional in Ayacucho. *Journal of Scientific Research Agora*, 74-80.
- United Nations. (2018). The 2030 Agenda and the Sustainable Development Goals. Santiago: (LC/G.2681-P/Rev.3), Santiago.
- World Health Organization. (2021). WHO Guidelines on the Development, Recruitment, Recruitment and Retention of Health Personnel in Rural and Remote Areas. New York: UN.
- Ormaza, M., & Guerrero, M. (2021). Quality Management and Business Growth: Bibliometric Analysis. *Revista Venezolana de Gerencia (RVG)*, 318-333.
- Ortega, G. (2017). How scientific research is generated that is then published in the first place. *Journal of the Andean Jungle Research Society*, 155-156.
- Romero, H., Real, J., Ordoñez, J., Gavino, G., & Saldarriaga, G. (2021). Research methodology. *Miracle* : Edicumbre Editorial Corporativa.
- Rondón, E., & Quiñones, D. (2021). Health systems and the definition of the concept of public health, a dilemma in times of pandemic. *Cuban Journal of Comprehensive General Medicine*, 1-5.

- San Miguel, J. (2021). General principles governing scientific research in the context of high altitude, Bolivia case: diagnosis of anemia at altitude. *Cuadernos Hospital de Clínicas*, 111-118.
- Salas, J. (2021). Public Policies to Improve the Quality of Health Services. *Ciencia Latina*, 253-266.
- Sanz, E., & Oliva, J. (2020). Local perceptions of access to health services in rural areas. The case of the Navarrese Pyrenees. *An. Sist. Sanit. Navar.*, 185-194.
- Universidad Autónoma de Manizales . (2017). Public policy on mental health in the department of Caldas: a contribution to well-being and inclusion. *Manizales: Editorial Universidad Autónoma de Manizales*.
- Vera, J., Castaño, R., & Torres, Y. (2018). *Fundamentals of scientific research methodology*. Guayaquil: Ediciones Grupo Compás.