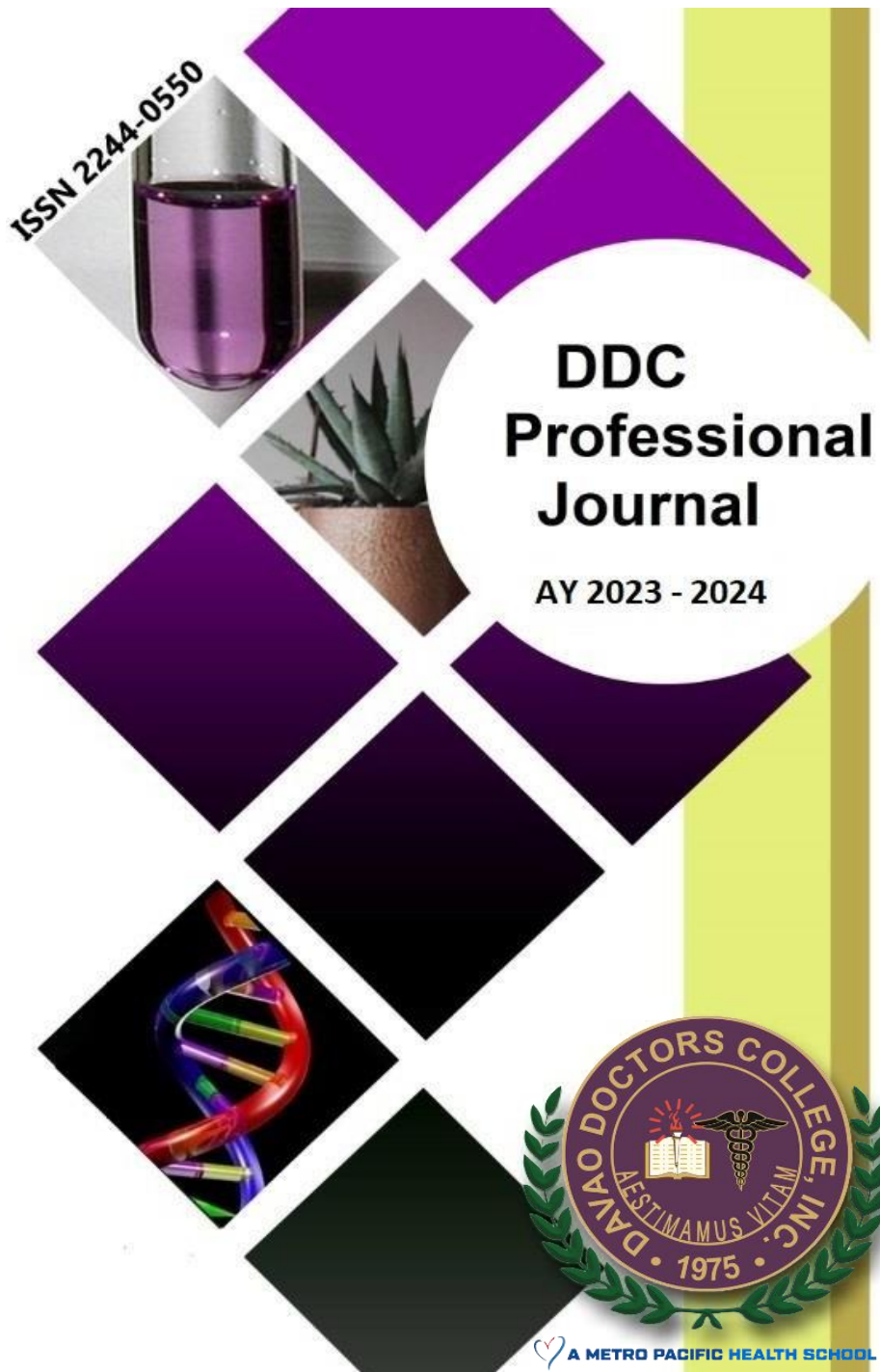
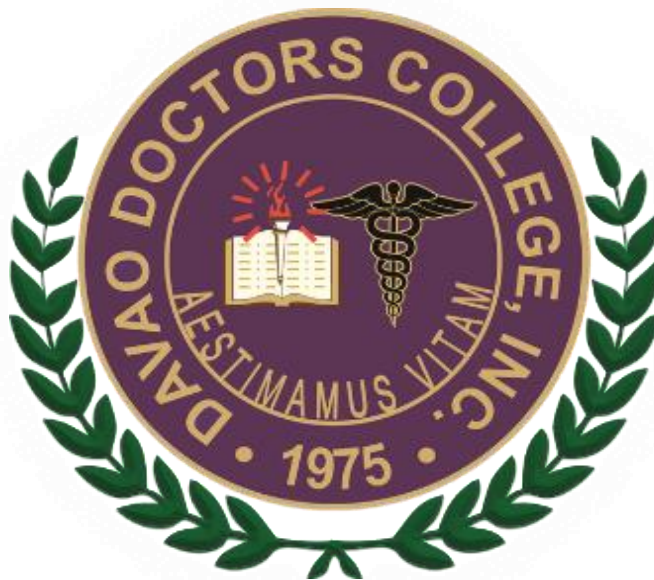


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 **A METRO PACIFIC HEALTH SCHOOL**

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Faculty Paper

Impact of the Biases of Heads of the Higher Education Institutions to the Job Commitment of Faculty: A
Phenomenological Study
Christine M. Fiel, PhD

Impact of the Biases of Heads of the Higher Education Institutions to the Job Commitment of Faculty: A Phenomenological Study

Christine M. Fiel, PhD

Davao Doctors College

Abstract

A faculty member who is committed to work is less likely to leave the organization while non-committed faculty can work against and hold back the organization's success. The purpose of this study is to explore the impact of the biases of heads of private higher education institutions on the job commitment of faculty. The study utilized the qualitative research design using the phenomenological approach. The participants were six faculty members of private higher education institutions and for triangulation, two Focus Group Discussions (FGD) were conducted with five faculty in the first FGD and five school heads in the second FGD. An interview guide was used flexibly during the interview. Thematic analysis was used in extracting the emerging themes from the interview transcriptions. The findings of the study revealed that the challenges experienced by the faculty members included difficulty in work-related tasks, being unengaged due to negative school head practices, and being depressed due to the challenges. They applied better scheduling of time, being rejuvenated, and being secured by having a support system to cope. Lastly, the faculty members reported learnings from such experiences like better management of challenges and compliance of tasks. Implications for this study provide information on the internal and external factors affecting the job commitment of the faculty.

Keywords: *Bases of school heads, Social Sciences, Phenomenology, Philippines*

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Introduction

Employee commitment is seen as an important predictor of employee loyalty and the performance of an organization. In schools, committed faculty members bring added value to the organization, including through their determination, proactive support, relatively high productivity, and an awareness of quality. A faculty member who is committed to work is also less likely to leave the organization while non-committed employees can work against the organization and hold back the organization's success. The overall success of an educational institution depends on teachers' commitment

which is directly related to the level of motivation they have within the institution. In schools, discussions of faculty job commitment often lead to questions about factors that affect it which may include the biases of school heads.

Bias is inevitable in human judgment and could be positive as well as negative. School heads are responsible for the administrative and instructional supervision of the school and biases may arise from these situations. Biases of school heads are not often seen as alarming, but faculty members often look up to their school heads for guidance, fair evaluation, and judgment. These biases may affect a faculty's job commitment in many ways whether personally or professionally.

In a global scenario, in the United States, there is a high cost for employees and organizations when individuals perceive bias from their managers. Based on a survey of 3,570 college-educated professionals working full-time in white-collar professions, they discovered how individuals perceived bias in six categories typically used to judge employee potential: ability, ambition, commitment, connections, emotional intelligence, and executive presence. Across the board, 9.2% of respondents at large companies perceive bias in the way their superiors judge their potential on two or more elements from all different groups and demographics (Hewlett, Rashid & Sherbin, 2017).

In the Philippines, the country faced a net loss of 132 teachers every year which meant that more individuals left the profession as compared to the ones entering it (Philippine Statistics Authority, 2018). One of the factors that served as a consistent major catalyst of teacher attrition is the detrimental school system. A detrimental school system is the teacher's recount of events or practices while employed within a school system. An example of a factor included in the detrimental school system is the lack of administrative support. Educators claimed that their commitment to and passion for education was lessened when their administrators were not supportive and innovative to both the teachers' and schools' needs (Cabigas, 2019). Thus, the administration is a vital factor in teacher's well-being and the teachers who are struggling and needs to be supported are disappointed in not having any, leave the profession.

In a local scenario, as a faculty of a private higher education institution, I have witnessed my colleagues go through different challenges in dealing with our school heads. Some of the difficulties included unequal dissemination of tasks wherein a certain faculty would have the taxing and laborious paperwork and the others would only have little or no task at all. There are also instances that faculty members became doubtful of the school head's decision when it comes to who gets to have overloads and

overtime, my colleagues would call it unfair. As a result, some faculty are not more participative in the activities of the department and would neither do voluntary work. Some would resort to avoiding the school head. In my experience, this dilemma is not openly discussed during faculty meetings, it only resonates in gossip and talks between faculty members. The common studies made to address this educational dilemma usually focus on the faculty's job commitment affected by extrinsic and intrinsic factors like salary, career growth, reward system, organizational benefits, and job satisfaction to name a few. With this consideration, the gap that had been observed is the factor that faculty's job commitment may also be affected by the biases of the school heads, thus, there is a need to conduct this study.

The purpose of this phenomenological study is to explore the lived experiences brought about by the impact of the biases of heads of higher education institutions on the job commitment of faculty. Beneficiaries of the study will therefore benefit in one way or another. The outcomes of this study can provide the Commission on Higher Education Officials *with* an understanding of the challenges brought about by the impact of the biases of heads of higher education institutions. In this connection, the problems of this nature under the Commission on Higher Education may be given meaningful solutions and actions. As part of the school management, the school administrators could create a strategic plan wherein school heads can undergo training, workshops, or seminars that tackle accountability, building strong relationships with the faculty, trust, communication, and most especially, awareness of the common biases of heads. The findings of this study will allow school heads of private higher education institutions to have a larger view of their faculty's challenges and how they affect their job commitment. School heads can have a guide on managing emerging problems where certain situations create biases and can formulate solutions or programs to improve faculty job commitment. Also, private higher education institutions' faculty can use the substantial findings of this study to have a better understanding of their

difficulties and challenges and will better formulate ways to cope with the school head biases. Lastly, this research may serve as a guide or reference for future researchers who will conduct the same nature of study.

The purpose of the study is to understand the impact of biases of school heads of higher education institutions on the job commitment of faculty. The objectives of the study are to describe the lived experiences, explore the coping mechanisms, and draw the insights of the faculty on their job commitment concerning the biases of their heads in private higher education institutions.

Relevant information, readings on various literature, and studies provide insights into the theoretical and conceptual background of this study. Determining the best way to accomplish relationship building with faculty members and finding a way to forge consensus to improve instructional practices and work relationships is a skill set that must be acquired and refined by a school head. In this study, a school head's disposition refers to their inherent qualities and character. As reflected in many studies, a school head's disposition is a vital factor in their relationship with faculty members and the success of the organization. Specifically in this study, the biases of school heads are considered. A bias is an irrational preference or prejudice held by an individual, which may also be subconscious. It's a uniquely human foible. Psychologists have identified more than a dozen kinds of biases, and any or all of them can cloud the judgment of a person (Hayes, 2019). A bias is a type of prejudice against a person, event, situation, or group. In simple terms, it's when a person or group of people is treated unfairly. You're probably not even aware of the bias that happens in our everyday lives. We see bias in the media, medicine, and even education. Educational settings have several factors that naturally lend themselves to opportunities for bias intentional or not (Pestano, 2019).

In the globalization world, concepts such as equality, transparency accountability, rights, and fairness have been very often pronounced in every aspect of life and the administrators who do not give importance to these concepts in their applications have been at the center of the criticism. The

administrators who consider the aforementioned concepts while carrying out management activities are mostly appreciated whereas the administrators who do not take the objective criteria such as competence and proficiency into account in their practices have been criticized because they are favoring (Dağlı & Akyol, 2019.) In addition, school leadership behaviors are consistently acknowledged as a core factor in influencing school improvement, and have been linked to teachers' emotions and wellbeing (Berkovich and Eyal, 2017).

Another common bias is favoritism. Favoritism in the workplace is when a person (usually a manager) demonstrates preferential treatment to one person over all of the other employees for reasons unrelated to performance (Lucas, 2020). According to the results obtained in the research of Toytok and Uçar (2018), it is seen that teachers working in central Siirt, Turkey, believed that school managers exhibit favoritism in some applications like assignments, rewards, and additional classes and favoritism especially increases when it comes to townsman and kin and relatives. Teachers think that favoritism of school management mostly negatively affects schools and operational processes.

Furthermore, when either favoritism or nepotism takes place in the workplace, the effect is usually the same. It leads to several negative results such as lower morale, resentment, desertion, overlooked potential, stunted growth, and legal implications. With a decline in morale, growing resentment, and overlooked potential, a manager who unfairly favors one employee is also hurting the company overall by stunting the growth that would come from moving the best employees forward to management positions. This also is a consequence of losing employees who may have been of great value (Hrab, 2019).

According to the study of Dağlı and Akyol (2019), when it is believed that favoritism exists in an organization, it can decrease the performance of the employees, reduce organizational commitment, and increase stress and dissatisfaction. This condition may result in reactions such as other employees disliking the workplace, keeping information, frequent discussions, lack of

confidence, and having an attitude against the boss or the person who is favored.

Employee's Commitment to the organization is important for deriving efficient organizational outcomes and performance (Mugizi, Nuwatuhaire, & Turyamureeba, 2019). Organizational loyalty also affects the performance and outcome of an organization through employees, but organizational commitment and organizational loyalty are different. Employee Loyalty is a form of deliberative commitment to the organization and employer to do the required work even after sacrificing some self-interest (Murali, Poddar, & Seema, 2017).

Furthermore, job satisfaction plays an essential role in the overall commitment and productivity of the school organization. The teachers' job satisfaction significantly influenced their commitment to the organization. Teachers who are satisfied with the job are also committed to working in the organization. The more the employers are satisfied with the job; the better their participation and commitment to the organization. The happy or satisfied feeling of the teachers towards the organization affects the overall process in carrying their job, thus, contributing to the school's success as a whole (Baluyos et al., 2019).

In the Philippines, most of the private colleges and universities face difficulties in maintaining the commitment of teachers. Substantial evidence shows that teachers in private schools are having an exodus to public schools. Moreover, this predicament in teachers' commitment is undoubtedly due in part to the low salary and benefits, poor working conditions, and lack of prestige of the teachers in some private colleges and universities. The resignations of tenured and qualified faculty members have caused a dearth of qualified faculty members in the said colleges and universities (Batugal, 2019).

The theory that affirmed this study was the Three Component Model of Commitment by John Meyer and Natalie Allen (1991). This study helped to understand the factors affecting the job commitment of faculty. Organizational Commitment is, in general terms, an employee's sense of attachment and loyalty to the work organization with

which the employee is associated. It is defined in terms of an employee's attitudes and intentions (understood as the precursors of behavior). Employees are said to be committed to the organization when their goals are congruent with those of the organization, when they are willing to exert effort on behalf of the organization, and when they desire to maintain their connection with the organization. Unsurprisingly, organizational commitment is a key antecedent of other important attitudes and behaviors, including those related to performance and turnover (Cohen, 2014.)

The three-component model proposes that organizational commitment is experienced by the employee as three simultaneous mindsets encompassing affective, normative, and continuance organizational commitment. Affective Commitment reflects commitment based on emotional ties the employee develops with the organization primarily via positive work experiences. Normative Commitment reflects commitment based on perceived obligation towards the organization, for example, rooted in the norms of reciprocity. Continuance Commitment reflects commitment based on the perceived costs, both economic and social, of leaving the organization. This model of commitment has been used by researchers to predict important employee outcomes, including turnover and citizenship behaviors, job performance, absenteeism, and tardiness (Meyer et al., 2002).

It is important to understand that the level of commitment depends on multiple factors and can vary from one individual to another. This theory may serve as a guide to this study. Using this as the main framework, this study will be conducted to describe the experiences of faculty in private higher education institutions on their job commitment regarding the impact of school head biases. These experiences will be related to each type of commitment to determine how the experience influenced the faculty's behavior and thought processes according to the theory.

Another theory that supports the main theory is Victor Vroom's Expectancy Theory (1964) which assumes that behavior results from conscious choices among alternatives whose purpose is to maximize pleasure and to minimize pain. Vroom realized that an employee's performance is based on individual

factors such as personality, skills, knowledge, experience, and abilities. He stated that effort, performance, and motivation are linked to a person's motivation. He uses the variables Expectancy, Instrumentality, and Valence to account for this.

Expectancy is the belief that increased effort will lead to increased performance such as “if I work harder then this will be better”. This is affected by such things as having the right resources available (e.g., raw materials, time), having the right skills to do the job, and having the necessary support to get the job done (e.g., supervisor support, or correct information on the job). Instrumentality is the belief that if you perform well a valued outcome will be received. The degree to which a first-level outcome will lead to the second-level outcome like “if I do a good job, there is something in it for me”. This is affected by such things as a clear understanding of the relationship between performance and outcomes such as the rules of the reward 'game', trust in the people who will make the decisions on who gets what outcome, and transparency of the process that decides who gets what outcome. Valence is the importance that the individual places upon the expected outcome. For the valence to be positive, the person must prefer attaining the outcome to not attaining it. For example, if someone is mainly motivated by money, he or she might not value offers of additional time off.

At first glance expectancy theory would seem most applicable to a traditional attitude work

situation where how motivated the employee is depends on whether they want the reward on offer for doing a good job and whether they believe more effort will lead to that reward. Thus, Vroom's expectancy theory of motivation is not about self-interest in rewards but about the associations people make towards expected outcomes and the contribution they feel they can make towards those outcomes (Montana & Charnov, 2008).

The utilization of the Expectancy Motivation Theory as a supporting theory to the main theory provided a better understanding of the impact of extrinsic and intrinsic factors that affect a faculty's motivation and job commitment. Using the components of the Expectancy Theory, expectancy (effort), instrumentality (performance), and valence (rewards), it has guided in understanding the motivation of the faculty on these factors. If the organization requires an employee to demonstrate a high-level work product, the employee expects the outcome to be high as well. If that expectation is met the employee may be motivated to continue producing a high-level product. However, if the employee inputs a high level of effort and the outcome, or reward, is lower than expected, the employee may experience a reduction in motivation. In utilizing the theory, as a researcher, I will be able to understand the behavior of the participants toward motivation as a factor associated with job commitment.

Methods

This study made use of the descriptive qualitative research design using the phenomenological approach. A qualitative study is defined as an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting. A phenomenological study describes the meaning for several individuals of their lived experiences of a concept or a phenomenon (Creswell, 1994).

The subjects of this study were six faculty members of private higher education institutions in Davao City. The participants were determined by purposive sampling. Purposive sampling is a nonprobability sampling method and it occurs when elements selected for the sample are chosen by the judgment of the researcher. For triangulation, I conducted two focus group discussions. The first focus group discussion was composed of five faculty members from other private higher education institutions of Davao City and the second focus

group discussion was composed of five school heads from different private higher education institutions in Davao City. Triangulation refers to the use of multiple methods or data sources in qualitative research to develop a comprehensive understanding of phenomena (Patton, 1999).

The participants were faculty members because they were the ones who were mainly affected by school head biases. In selecting the participants, a criterion was observed. The faculty must have had at least five years of residency in a private higher education institution.

In collecting the data, first and foremost, I requested permission from the Dean of the Graduate School to conduct the study at the different higher education institutions. Upon approval of the Dean, I then sought permission from the school administrators to conduct the study in their institution through email. The target number of participants in this study was 7 faculty members, but unfortunately, only six school administrators responded to my request to conduct the study. Upon knowing the criterion to qualify as participants, the school administrators referred their faculty members to participate in the study. I was then given the contact details of the referred faculty members. Upon communicating with the faculty members through email, I sent them the informed consent and the interview guide and asked them for their availability for the in-depth interview.

The data of this study was collected through a semi-structured interview with identified participants of the study. Interviews are useful to explore experiences, views, opinions, or beliefs on specific matters. Accounts can be explored and compared to others, to develop an understanding of the underlying structures of beliefs (Green & Thorogood, 2010). I developed an interview guide for the participants to be aware of the possible questions to be asked, and it was used flexibly. Upon having agreed to participate in my study, the faculty member gave me a schedule for an in-depth interview. During the in-depth interview, I gave importance to developing rapport to build a sense of trust with the participants. In data collection, I observed all the ethical considerations.

For triangulation, I conducted two focus group discussions. Typically, scholars mention “triangulation” in discussions to do with how the “quality” or “validity” of a study might be assured (Tracy, 2010). The first focus group discussion was composed of five faculty members from different private higher education institutions in Davao City. The second focus group discussion was composed of the five school heads from different private higher education institutions in Davao City. In conducting the focus group discussions, I also observed all the ethical considerations.

In this study, qualitative data was analyzed. Qualitative data refers to non-numeric information such as interview transcripts, notes, video and audio recordings, images, and text documents. The qualitative data was interpreted through phenomenological analysis using Colaizzi’s method. Colaizzi’s distinctive seven-step process provides a rigorous analysis, with each step staying close to the data. The result is a concise yet all-encompassing description of the phenomenon under study, validated by the participants who created it (Valle et al., 2013)

By using the phenomenological analysis approach using Colaizzi’s method, the first step was familiarization, I familiarized myself with the data by reading through all the participant accounts several times. The second step was to identify significant themes, I identified all statements in the accounts that are directly relevant to the phenomenon under investigation. The third step was formulating meanings, I identified meanings relevant to the phenomenon that arose from a careful consideration of the significant statements. The fourth step was clustering themes, I identified the meaning of themes that were common across all accounts. The fifth step was developing an exhaustive description, I wrote a full and inclusive description of the phenomenon, incorporating all the themes produced in step four. The sixth step was producing the fundamental structure, I condensed the exhaustive description down to a short, dense statement that captured just those aspects deemed to be essential to the structure of the phenomenon. The seventh and last step was seeking the verification of the fundamental structure. I returned the fundamental structure statement to all

participants to ask whether it captured their experience. Upon their feedback, participants agreed

that the fundamental structure captured their experiences.

Results and Discussion

Gathered data shows significant themes which mainly discuss in detail its results by way of identifying themes to determine the commonality of their experiences and further categorize them into reduced information for analysis.

Lived Experiences of Faculty on their Job Commitment Concerning the Biases of their School Heads

Discussions of the lived experiences of the faculty members are divided into three themes which are Difficulty in Work Related Tasks, Unengaged Due to Negative School Head Practices, and Being Depressed Due to Challenges. Relevant information from the interviews of the participants was the challenges experienced by the faculty members.

Difficulty in Work-related Tasks

The first theme of the challenges experienced by faculty members is the difficulty in work-related tasks. The faculty members reported having trouble handling assignments due to overloading of tasks which results in delayed submissions, complaining of low compensation, burdening of age-based assigned tasks, and the taxing preparations.

Exhausted of Overloaded Tasks. Primary duties of faculty include effective classroom teaching, academic advising and counseling of students, participation in departmental committee work, continuous development of the curriculum through assessment, applied research or scholarly activity, and service such as assisting in the recruitment of students and initiatives designed to help students succeed academically, as well as other assigned duties (Responsibilities of Academic Staff, 2020). Faculty members find this as a challenge as

they are burdened with so many tasks at the same time.

The responsibilities of the faculty extend outside the classroom. Faculty from different schools have common responsibilities which are to commit themselves fully to their teaching obligations, to participate in the development of their programs of their departments and the school as a whole, to engage in scholarly activities, and as appropriate, to support the school and its goal to render public service.

In the Philippines, the workload led to high-stress levels among teachers. This has been the concern of teacher groups such as the Teacher's Dignity Coalition (TDC) and the Alliance of Concerned Teachers (ACT) Philippines who demanded the Department of Education to review the workload of teachers to safeguard their physical and mental health. ACT also asserted that throughout the years, the workload of the teachers had become more and more burdensome and exhausting. The workload is also about policies being implemented requiring much effort (Hernando Malipot, 2018). However, since the teacher workload is anchored on the expectations of what constitutes teacher quality in the country, which would later serve as a basis for their performance evaluation, teachers find ways to get the "work done" (Ancho & Bongco, 2019).

Frustrated Due to Delayed Submissions. Faculty responsibilities are not just teaching inside the classroom but also doing paperwork, being part of committees, and other outside-the-classroom tasks. Faculty are faced with different tasks including paperwork that results in delayed submissions. Due to the heavy workload, faculty members complain of the tasks piling up which results in not meeting the deadlines. This is a common challenge among the participants.

In contrast to the experience of the participants, a study in Kenya conducted on teachers in secondary schools revealed that there is a positive response among the teachers on meeting set deadlines in the school. Ninety percent of the teachers affirmed that they always met set deadlines. This is an indicator of positive performance by the teachers in the school. There was an influence of teachers' adherence to school deadlines on their performance in public secondary schools. In school, there are many deadlines put in place to help teachers work and produce timely results. Among the deadlines are for submission of set examinations and the submission of marks. Meeting deadlines has created a positive culture among the teachers. The teachers are now looking at meeting the deadlines set by the schools as a good thing making them more responsible (Ibrahim & Benson, 2020).

Demotivated Due to Low Compensation. Many of the participants agreed on the low compensation given to faculty in private higher education institutions. Faculty are burdened with so many tasks that are not well compensated or even worse, not compensated at all.

A faculty member stated that low salary is also one of the factors involved in doing work-related tasks. Often faculty complain of being overworked and underpaid. The teaching profession has to keep up with the other different professions because, among all the professions in our country, teachers are one of those who are underpaid.

In the Philippines, education graduates are usually first employed in private schools for professional development and profile building. Despite all training, encounters, and superior working conditions, numerous private school teachers, as financial creatures, hunt for greener pastures. It has been reported that around 200,000 private school instructors have as of now joined the public school since 2010, thus placing private schools in uncertain workforce capability and adequacy. Whereas public school instructors appreciate the competitive and alluring remuneration bundle, private school instructors stay on second thoughts around low compensation, destitute work,

retirement benefits, and tenure security issues. (Marquez, 2017).

Unhappy with Age-based Assigned Tasks. School heads assign tasks to faculty as deemed necessary and according to the nature of the task. Many of the participants have seen bias in the way a school head assigns tasks.

The finding however is contradicting to a study that revealed that the changing age composition of private sector workplaces does not have a sizeable role to play in explaining their performance. There is no significant association between changes in the proportion of older workers employed and changes in workplace performance. It was found that there was some evidence that workplace labor productivity falls where the proportion of workers aged between 22 and 49 falls, either due to a rise in the proportion of older or younger workers, but this association does not carry through to financial performance. The study cannot account for the possibility that employers choose the particular age composition of the workforce most likely to maximize their performance. However, overall, the findings suggest that employers should not be overly concerned that the employment of older workers will impact negatively on the performance of their workplace (Bryson et al., 2018).

Tired of Taxing Preparations. Before a faculty enters his class, he needs to prepare for his lesson. It is often taxing to prepare for lessons especially when there are no available materials, you have many subjects and you have other nonteaching related tasks.

According to Pircon (2020), teacher burnout symptoms as widely reported by multiple studies include a feeling of unfulfillment in the work, depleted by overwhelming mountains of grading, constant meetings, and an ongoing sacrifice of personal time. Teachers are overwhelmed, or the sense that the teacher can never "get it all done," no matter what they do. Teachers are also exhausted, both emotionally and physically, as teachers cannot get enough sleep (staying up all night grading), lack of support and expectations teachers don't feel able to meet from the administration and also weight loss,

weight gain, lack of sleep and other physical conditions associated with stress and overwork. These may arise from a lack of time in the day to adequately prepare for lessons, leaving teachers the choice between teaching poorly or losing out on sleep/family time/self-care/hobbies.

Unengaged Due to Negative School Head Practices

The second category of the challenges experienced by the faculty is being prejudiced. The faculty reported having difficulty with the practices of school heads such as unequal opportunities, selective trusting, failure of assessment, and autocratic decision-making.

Demotivated Due to Unequal Opportunity.

Faculty members seek to have equal opportunities to be given the chance to develop professional and personal skills. Participants of the study expressed their disappointment with the practice of their school head regarding experiencing unequal opportunity.

In today's world, concepts such as equality, rights, and fairness have been very often pronounced in every aspect of life, and school heads who do not give importance to those concepts in their applications have been criticized on the grounds of favoring them.

According to the study of Dağlı and Akyol (2019), when it is believed that favoritism exists in an organization, it can decrease the performance of the employees, reduce organizational commitment, and increase stress and dissatisfaction. This condition may result in reactions such as other employees disliking the workplace, keeping information, frequent discussions, lack of confidence, and having an attitude against the boss or the person who is favored.

Being Prejudiced Due to Selective Trust.

Trust is the foundation of any relationship. This also applies to the school head-faculty relationship. When there is trust, there will be growth and harmony in the relationship. However, participants of the study expressed their difficulties in the way their school head elicits trust.

According to MODOONO (2017), building a culture of trust is an ongoing process and generally takes at least three years to accomplish. It can begin with a new principal simply showing respect for the culture that's already in place. By listening to the collective voice of his faculty, the principal demonstrated his respect for the school's legacy and established a shared foundation for moving forward. Principals can also build trust with staff members in smaller moments and gestures by inquiring about sick family members and acknowledging life events, for instance.

Doubtful Due to Failure of Assessment. One quality that a leader must possess is to be able to correctly assess situations to be able to come up with effective solutions. This has been a topic that participants of the study expressed their difficulty with.

Successful leaders use data, including assessment of situations to properly delegate tasks and implement rules and regulations. According to Howell (2020), when trying to optimize for efficiency, ensure that tasks are manageable. If a task is overwhelming, the work required to see it through could be more trouble than it's worth worse yet, it could cause the whole project to stall.

Unappreciated Due to Autocratic Decision Making. Autocratic decision-making involves the leader maintaining control of and responsibility for the decision and little input from members. A faculty member expressed that she felt that her head was not able to consider what she might think about imposing certain things. She felt that they did not meet halfway, or they did not have an understanding of the things imposed. This had made her feel undervalued and unsatisfied.

Leaders have at least four options for involvement in decisions: deciding alone, seeking participation and input, seeking collaboration, and letting others decide. Leaders who desire more collaboration must generate interest in the decision. Followers who have very low levels of expertise accept the decisions of leaders. Staff members who have higher levels of expertise require either participation or collaboration to arrive at successful decisions. A leader who desires collaboration must

raise levels of expertise to successfully involve subordinates (Martin et al., 2017).

Being Depressed Due to Challenges

Challenges in regards with dealing with a school head would take a toll and would result in being disappointed and depressed of the faculty. This included giving up, having weakened commitment, and low morale.

Drained Resorting to Giving up. When certain experiences become a very heavy burden to bear, there are times that a faculty would resort to giving up. Giving up may come in different forms. Faculty members have expressed instances that they wanted to give up.

According to Tapper (2019), in England, overwork and lack of support are driving teachers out of the profession much faster than they can be replaced. A survey of around 1,200 current and former teachers showed that despite being aware of the workload challenges before entering teaching, it was still the most frequently cited reason for having left, or for wanting to leave in the future.

In addition, a study conducted by Mingo (2017) on 100 teachers in Manila, Philippines reported that the factors that the most common sources of stress are having too much paperwork (52 percent) and being too busy including simultaneous activities such as being enrolled in school, being employed, parenting, community service and so on (32 percent).

Demotivated Due to Weakened Commitment. The job commitment of a faculty is one of the factors that drives him to achieve organizational goals and always gives his best in his work. Participants of the study expressed their commitment to their school head. A faculty member expressed that her head was biased in some aspect especially in delegating tasks and communicating it with her. Communication is a very vital factor that affects job commitment.

Job commitment in the school system facilitates the attainment of school objectives. In a school system, the achievement of educational goals and objectives may be impossible without committed

teachers who are the main facilitators of teaching and learning. Teaching as a life-building profession requires individuals who will go beyond official expectations to help the school and students achieve the set goals. Fostering commitment of teachers in both private and public schools is imperative as teachers who are highly committed are likely to stay longer on the job, can perform better than their uncommitted colleagues, and are usually full of excitement to contribute positively to the success of the school (Akinwale & Okotoni, 2019).

Depressed Due to Low Morale. A faculty's low morale can be because of so many reasons, one of which is relating to their school heads. A faculty's well-being is intrinsically linked to student well-being and the faculty's performance. Faculty members are important players in the educational system. They provide the motivation and support that students need to succeed. Yet, they also need to be motivated and supported to be effective. A faculty's morale could suffer due to the constant stress of trying to meet educational goals, or due to adapting to leadership styles. Participants reported being depressed due to low morale when faced with the challenges.

Coping Mechanisms of Faculty on their Job Commitment concerning the Biases of their Heads in Private Higher Education Institutions

Discussions of coping mechanisms of faculty members are divided into three categories which are Better Scheduling of Time, Being Rejuvenated, and Being Secured by Having Support System. Relevant information from the interviews of the participants was the strategies implored by the faculty. It was presented from the interviews that the faculty implored strategies such as focusing on tasks, managing time, prioritizing tasks, having self-relaxation, taking the mind off work, seeking professional help, and seeking family support.

Better Scheduling of Time

Using managing skills has been shown to improve a faculty's behavior, build relationships for a better school community, and foster a positive

environment. Participants of the study have shared experiences in coping by imploring managing skills such as focusing on tasks, managing time, and prioritizing tasks.

Focusing on Task. One of the biggest challenges of the faculty members was to figure out how to stay focused when a hundred other things were happening around them. Multiple factors contribute to the loss of focus such as time-wasting habits, distractions, and annoying coworkers to name a few. These factors could negatively impact employee productivity and overall efficiency.

Multitasking means constantly switching between tasks, and sometimes that can destroy your productivity. Countless studies have been conducted to determine multitasking's impact on the brain and productivity. The idea is that multitasking may not be the best way to get as many tasks as possible done throughout the day. It comes down to our ability to focus – we are most effective when we focus our attention on one thing at a time (D'Angelo, 2019).

Managing Time. The most common form of stress that the faculty had experienced was the feeling of being overwhelmed with so many things to do and having little time to do it. Like other professions, teaching must subject itself to an organized and objective planning, preparation, and execution of the lessons to direct the learners towards the different learning episodes. It is in this concept of teaching that a teacher is committed to endure teaching responsibilities along with more time filling out paperwork, grading schoolwork, dealing with administrators, and attending meetings against all odds. The faculty members reported managing their time to cope with the challenges.

Prioritizing Tasks. Busyness doesn't always equate to progress. Prioritization can help make the most of the workday. Selecting the most important tasks is often related to deadlines and the complexity of the task. Deciding on the basic priorities is a key exercise in moving toward more effective use of time. Basic priorities provide a means for making time choices, helping with the decision where it is important to invest time and where you can let go. Prioritizing tasks includes determining what needs to

be done and deciding on the order in which to do the tasks. The faculty implored prioritization to be able to plan the things that he needs to work on. By this, the faculty was able to go into every task with focus.

How a faculty prioritizes his tasks will depend on the nature of the task and the personal work style. According to MacKay (2019), prioritization helps to set clear expectations and limitations and many of the management issues employees face can be traced back to poor leadership.

Being Rejuvenated

At some point, a faculty would feel the pressure of work-related stress, even if the faculty loves what he does. Work-related stress doesn't just disappear when you head home for the day. When stress persists, it can take a toll on the faculty's health and well-being. Having time off from work can be in different forms. Participants in this study have implored self-relaxation and taking their minds off work.

Having Self-relaxation. To avoid the negative effects of stress, the faculty needed to replenish and recharge their level of functioning. Self-relaxation helped in disconnecting from work from time to time.

Taking Mind Off Work. The faculty reported that everyone needs to take a break sometimes, it may be a vacation or a staycation. It is important to take a break from work and the demands to keep stress levels in check. Participants of the study coped by taking their minds off work for a little while.

A study conducted on employees from companies in diverse industries revealed the benefits of sleep and short breaks for employees' daily work engagement. Employees felt more engaged on days on which they got a good night's sleep and initiated short breaks from work in the afternoon. By simultaneously taking into account short breaks from work and sleep characteristics, this study showed that both on-the-job and off-the-job recovery periods incrementally contribute to employees' experience of being engaged at work. The study showed that overall, taking short breaks mattered for work

engagement, irrespective of what employees did during the breaks. Thus, the results of the study suggested that overall, employees seem to be able to choose break activities that restore energetic and self-regulatory resources and help them to become work engaged again (Kühnel et al., 2017).

Being Secured by Having a Support System

Having a strong support system has many positive benefits, such as higher levels of well-being, better coping skills, and a longer and healthier life. For the participants in the study, seeking a support system is through seeking professional help and seeking family support.

Seeking Professional Help. Participants reported that school heads seek loyalty and dedication from their faculty but sometimes fail to return their half of the equation, leaving the faculty feeling left behind and unsupported. Professional relationships are built on trust, commitment, and working for a school head that supports his faculty. School leadership behaviors are consistently acknowledged as a core factor linked to teachers' emotions (Berkovich & Eyal, 2017). Nguyen and Hunter (2018) also considered the importance of interpersonal dynamics, as the distribution of leadership changes the status and normative roles of teachers.

Seeking Family Support. A little bit of stress can help a faculty stay focused, and energetic and be able to meet new challenges in school. But in today's hectic world, the workplace can be an emotional roller coaster, and when stress exceeds the ability to cope, it stops being helpful and causes damage to the mind and body as well as the job commitment and satisfaction. Participants reported that having a strong network of family members is extremely important to managing stress in all areas of life.

Strong family relationships also are a source of comfort, guidance, and strength that you can draw on in times of stress. Likewise, they provide a sense of belonging and unconditional love you are not

likely to find anywhere else. While dealing with a challenge or a crisis is never easy, healthy families encourage one another to remain strong and hopeful. They often look for the good in a bad situation and accept the things they cannot change. Going through a crisis together makes their bonds even stronger (Scott, 2020).

Insights of Faculty on their Job Commitment in Relation to the Biases of their Heads in the Private Higher Education Institutions

Discussions of the insights of the faculty include one theme which is Better Management of Challenges and Compliance of Tasks. Relevant information from the interviews of the participants was the insights implored by the faculty. It was presented from the interviews that the faculty implored insights such as acceptance of challenges, improvement of self, and better communication.

Better Management of Challenges and Compliance of Tasks

A faculty will strive to cope with the challenges that he faces and will eventually succeed in overcoming them. An insight of this study is the better compliance and management of work-related tasks, being prejudiced and being disappointed. This includes having acceptance, improvement of self, and better communication.

Acceptance of Challenges. Faculty with solid work ethic and character take responsibility for the work that they do. They demonstrate a willingness to accept what is assigned to them regardless of any biases they may have experienced. Most of the participants mentioned this topic. Participants advised other peers to accept challenges or the situations that come with dealing with the school heads. Facing challenges and navigating one's way through them builds resilience capacity. Knowing that one can overcome obstacles, learn from struggles, and benefit from mistakes lays a solid foundation for success in later life.

Overcoming a challenge requires accepting the problem after becoming aware of it. You could say that awareness without action is like living a

fantasy. Accepting your challenges transforms your perceptions, which allows you to let go of worrying about the problems you can't change. As a result, acceptance brings peace (Jorde, 2017).

Improvement of Self. Facing the challenges in dealing with the school heads can result in positive effects. Most of the participants shared that because of their experiences, had made them who they are at present.

Life is an uncertain roller coaster. You can choose to embrace it and enjoy the ride, joyfully learning from your experiences along the way; or you can choose to rebel against all of life's challenges, resenting every moment of your journey. The latter robs you of any growth or development, while the former allows you to learn from those challenges and become a better person for having experienced them (Rivera, 2021).

Better Communication. Faculty 4 and 6 emphasized the importance of speaking up which promotes open communication with your head. This practice should be observed in an appropriate manner and with good timing.

According to Weller (2020), employees don't keep quiet or speak up just because it's their personality. Often, the work environment plays an outsized role in whether people find their voice. Even people who are most inclined to raise ideas and suggestions may not do so if they fear being put down or penalized. On the flip side, encouraging and rewarding speaking up can help more people do so, even if their personality makes them more risk averse. Greater diversity of thought can lead to less biased decision-making and greater collective intelligence, and it can cancel out the downsides of power imbalances. In other words, teams that permit speaking up won't just be safer psychologically, they'll be stronger and more effective as a whole.

The challenges faced by the faculty in dealing with the impacts of the biases of the school heads were difficult, especially with the work-related tasks. There was also a concern with the negative school head practices and the emotional challenges the faculty experienced. Because of these experiences, may hinder the faculty's effectiveness

and productivity in his tasks, there could be trust issues between the school head and the faculty, and harmonious relationships could be compromised thus resulting in poor output and performance of both parties. Despite the difficulties experienced by the faculty, certain coping mechanisms were implored to cope with the impacts of the biases of the school heads. These coping mechanisms included better scheduling of time, being rejuvenated, and having a support system. Better scheduling of time helped the faculty in finishing tasks and getting things done. As a result, the faculty became more efficient and organized. Temporarily taking the mind off work or having breaks in between has shown to be a success in recharging the energy needed. the faculty have learned many things because of their experience concerning the impact of the biases of the school heads. Being able to cope with the challenges, the faculty was able to have better management of the difficulties they have experienced and compliance with work-related tasks. Better management means that the faculty accepts challenges, takes in learnings, and gives room for growth. Because of the challenges, it resulted in self-improvement such as becoming a stronger and better person who is motivated and confident.

Although the faculty were able to cope with the impacts of the biases of the heads, some points may become useful in helping them in preventing or lessening the biases. The Commission on Higher Education officials may create programs that can strengthen existing memorandum orders that tackle the objectivity of school heads in executing their roles and responsibilities without any prejudice or biases toward the faculty and as a result, create a sustaining and harmonious relationship between heads and faculty members. The school administrators may create a strategic plan wherein school heads can undergo training, workshops, or seminars that tackle accountability, building strong relationships with the faculty, trust, communication, and most especially, awareness of the common biases of heads. School heads may create a program for faculty wherein there are mentoring and consultation hours. Upon learning the strategies shared by the participants in this study, other faculty would learn how to manage situations similar to this.

They would employ the same strategies and learn from the experiences of the participants. Future Researchers may continue to expand research such as this to ensure the well-being of the faculty and

their good relationship with their school heads and the success of the school. By doing so, better services can be provided to the students.

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Master of Science in Radiologic Technology

Mediating Effect of Happiness on the Relationship between Burnout and Work-life Satisfaction of
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Ricky James Agustin, RRT

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JB James A. Lao, RRT

Mediating Effect of Happiness on the Relationship between Burnout and Work-life Satisfaction of Radiologic Technologists

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Abstract

This study aimed to assess the mediating effect of happiness on the relationship between burnout and work-life satisfaction of radiologic technologists in Cagayan Valley. The present study employed a descriptive-correlational research design to collect data from participants. A survey instrument used complete enumeration and was administered to a sample of seventy-three (73) Radiologic Technologists employed in hospitals located in the Cagayan Valley region. Utilizing descriptive statistics and adhering to the 5-point Likert scale, mean averages and medians were employed to conduct mediation analysis. The data collected were systematically organized, tabulated, and interpreted. The findings indicate that respondents exhibit moderate levels of burnout, possess a high level of happiness, and demonstrate moderate levels concerning their work-life satisfaction. There has been a significant correlation between burnout and work-life satisfaction, but as to the mediation effect of happiness on the variables, there is no significant correlation, therefore there is no mediation. It is therefore recommended for future research to utilize other possible mediating factors with the same variables or utilize happiness as mediation with other variables.

Keywords: *Mediation, Social Science, Descriptive Correlational, Predictive, Tuguegarao City*

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Introduction

Happiness can be described as how it influences employees' quality of life, contentment, and performance within an organization. A 2020 study in India by Nivethitha Santhanam and Sharan Srinivas explored the role of happiness as a moderator and explained how engagement influenced burnout and the intention to quit. The outcome demonstrates the importance of pleasure as a moderator of a worker's involvement and burnout. This is supported by an article by Pentagram Technologies (2021) that happiness in the workplace provides satisfaction and

belongingness and employees always put their best in their work.

The study on the prevalence of burnout among healthcare professionals during the pandemic in Japan by Matsuo et al. (2021) investigated the prevalence of burnout among healthcare workers, the results revealed that 30% of the Radiologic Technologists respondents experienced burnout. As a result of their numerous responsibilities and overlapping tasks, healthcare professionals struggle to strike a balance between their workload and personal obligations to their families. In another study conducted by Shubayr et al. (2022) Radiologic Technologists in Saudi have experienced moderate levels of burnout and

experiencing physical symptoms. According to the study conducted by Safari I. (2020), burnout has greatly affected employee satisfaction and performance and an increased level of job satisfaction would decrease the level of burnout, it shows that burnout is correlated with factors like work or job satisfaction.

Even though a large number of studies described burnout and work-life satisfaction among healthcare workers, and revealed significant impacts on healthcare workers' level of engagement, and quality of work in the organization, this provides an idea to the researcher to utilize the variables burnout and work-life satisfaction and identify their levels among the specific group of healthcare worker as its respondents, and establish their level of correlation. Consequently, the study investigated and utilized the mediation effect and used happiness as the mediation variable to further investigate the relationship between burnout and work-life satisfaction.

Methods

This study utilized the descriptive-correlational research design. According to Michael S. DeFrank (2020), the descriptive research design was used to obtain information that concerns the current status of the phenomena. Radiologic Technologists in the Tuguegarao Area are the Respondents, and the study utilized a total enumeration of the radiologic Technologist in the three big hospitals in Cagayan

In the study conducted among U.S. Radiologic Technologists, the purpose was to investigate the correlation between the level of stress and wellness. This study shares a similarity with another research that aimed to understand the correlation among the level of burnout, level of happiness, and level of work-life balance.

To gather information regarding the present state of the phenomenon, a descriptive study design was used. At the same time, the researcher was allowed to investigate the features and actions of the respondents. In addition, a correlational design was utilized for the study to determine the degree to which two or more variables are related or co-vary with each other. The research aims to investigate whether happiness plays a mediating role between two variables: work-life balance and burnout.

Tuguegarao is home to three (3) major hospitals classified as Level 3 facilities, and they serve as significant centers for a large group of Radiologic Technologists who are affiliated with these hospitals. Situated at the heart of the city, which serves as the capital of Cagayan Valley, these hospitals claim comprehensive radiologic services. The research study will be conducted within these three (3) Level III hospitals in Tuguegarao City, all of which offer diagnostic imaging services, making them the primary locations for the study. The study will specifically focus on Radiologic Technologists working in these hospitals. The region offers ample facilities that meet the criteria for participant selection, providing an ideal setting for the study to take place.

Burnout. The PUMA research employed the use of the English version of the Copenhagen Burnout Inventory, which was the basis for the questionnaire. The instrument utilizes Cronbach's alpha to assess the reliability of the instrument with a value of .950 and interpretation of excellence.

Happiness. This questionnaire was adapted from the Oxford Happiness Questionnaire, which was designed at Oxford University by psychologist Michael Argyle and Professor Peter Hills. The instrument utilizes Cronbach's alpha to assess the reliability of the instrument with a value of .950 and interpretation of excellence.

Work-Life Satisfaction. This questionnaire is adopted from Work–Life Balance Survey which measures the extent to which a person tends to think about or reflect on self. The instrument utilizes Cronbach's alpha to assess the reliability of the instrument with a value of .950 and interpretation of excellence. The questionnaire was measured on a 5-point Likert scale.

Mean was used to measure the levels of burnout, work-life satisfaction, and Happiness of Radiologic Technologists. **Medgraph** was employed to determine the mediating effect of happiness on the relationship between burnout and Work-life satisfaction of Radiologic Technologists

Results and Discussion

Table 1. Categorical Mean averages of the burnout level of Radiologic Technologists in terms of Personal Burnout, Work related, and Client Related Burnout

| | Mean | Std. Deviation | Description |
|--------------------------|------|----------------|-----------------|
| Personal Related Burnout | 2.63 | .779 | Moderate |
| Work-Related Burnout | 2.67 | .589 | Moderate |
| Client Related Burnout | 2.33 | .731 | Low |
| Overall Mean | 2.54 | .604 | Moderate |

Legend: 4.50-5.00 -Very High; 3.50-4.49 -High; 2.50-3.49- Moderate; 1.50-2.49- Low; 1.00-1.49 - Very Low

As to the overall result, the data presented in Table 1 suggest that respondents encounter a moderate degree of burnout, as indicated by an average score of 2.54. The results indicate that burnout is discernible to differing degrees across numerous dimensions, encompassing personal, work-related, and client-related factors.

As seen in the table, the respondents encounter a moderate degree of personal-related burnout, as demonstrated by the mean score of 2.63. The results of the study indicate that the respondents are susceptible to experiencing emotional exhaustion and a reduced sense of personal fulfillment in the course of their professional pursuits. As such, interventions aimed at mitigating emotional exhaustion and fostering a sense of accomplishment

may prove advantageous. The implementation of mindfulness programs and provision of resources for stress management and self-care have been suggested as potential strategies to alleviate burnout that arises from personal factors

The table suggests that the respondents exhibit a moderate degree of work-related burnout, as indicated by the mean score of 2.67. The results indicate that the respondents may face challenges related to their workload and job demands, potentially leading to burnout. The findings suggest that there exists a moderate level of burnout among employees, which underscores the importance of implementing effective strategies to mitigate workload and job demands. Potential strategies for enhancing employee productivity may encompass a

range of factors, such as effective workload management, streamlining work processes, cultivating a positive and supportive work culture, and prioritizing work-life balance.

The table indicates that the respondents demonstrate a comparatively low level of burnout in the client-related domain, as evidenced by the mean score of 2.33. The results indicate that the

respondents demonstrate positive client interactions and do not experience significant burnout in this area. Continuous monitoring of client burnout is crucial, and providing suitable support to address any potential issues is essential. The implementation of support systems and resources aimed at addressing potential challenges in client interactions can effectively sustain a positive dynamic.

Table 2. Categorical Mean average of the work-life satisfaction level of the Radiologic Technologists

| | Mean | Std. Deviation | Description |
|--|------|----------------|-------------|
| Training | 3.58 | .825 | High |
| Communication | 3.60 | .857 | High |
| Rewards, Recognition, and Performance Appraisal System | 3.36 | 1.027 | Moderate |
| Work Relation and Culture | 3.50 | .958 | High |
| Work Environment | 3.16 | .609 | Moderate |
| Overall Mean | 3.44 | .742 | Moderate |

Legend: 4.50-5.00 -Very High; 3.50-4.49 -High; 2.50-3.49- Moderate; 1.50-2.49- Low; 1.00-1.49 - Very Low

The table presents the overall work-life satisfaction level of the respondents in five different categories namely: training, communication, rewards and recognition, work relations and culture, and work environment. The mean scores range from 3.16 to 3.60, indicating mixed levels of agreement and disagreement among the respondents. The overall mean score for work-life satisfaction is 3.44, which means that the respondents have a moderate level of work-life fulfillment. Based on the overall outcome, it is suggested that the respondent is generally satisfied with their training opportunities, communication within the organization, work relations, and culture with co-workers, and supervisors.

According to a study by Tuan et al. (2021), barriers to accessing training and development opportunities for healthcare professionals can

include a lack of support from management, a lack of time and resources, and a lack of awareness of available opportunities. On the other hand, the high mean scores for the statements related to attending training for job confidence and coping with technological change indicate that the respondents see the value of training in their job performance and career development. This is consistent with previous research that has shown that training and development opportunities can lead to increased job satisfaction, motivation, and productivity among healthcare professionals (Lancaster et al., 2018).

The level of communication among the respondents is 3.60, which indicates a high level of satisfaction. This suggests that there may be a lack of clarity and transparency in communication between the organization and the respondents is 3.60, which indicates a high level of satisfaction. Recognition and rewards have been shown to improve employee motivation, satisfaction, and performance (Lee et al.,

2018; Nauman et al., 2019). A lack of a well-defined rewards and recognition system could lead to job dissatisfaction, high employee turnover rates, and decreased productivity (Cunningham et al., 2019; Othman et al., 2019). The findings are consistent with previous research on job satisfaction and work-life balance of healthcare professionals, which indicates that job satisfaction and work-life balance are significantly associated with productivity, quality of care, and patient satisfaction (Siu et al., 2021; Ahmed et al., 2020).

These findings may suggest that the respondents experience burnout, which can lead to a decreased level of work satisfaction. Previous research has shown that high levels of job demands,

such as workload and time pressure, can lead to burnout. Moreover, organizations should prioritize creating a positive work environment for Radiologic Technologists, which includes recognizing and valuing their contributions to the organization. Therefore, healthcare organizations need to understand the factors that affect the job satisfaction and work-life balance of their employees and develop effective strategies to address these issues. Overall, the findings of this study suggest that healthcare organizations should focus on improving the rewards and recognition system and work environment to enhance the work-life satisfaction of Radiologic Technologists and other healthcare professionals.

Table 3. Significant Mediation of Happiness between Burnout and Work-life satisfaction

| Variables | B | P-value | Remarks |
|-----------|-------|---------|-----------------|
| B-WLS | -0.30 | .000 | Significant |
| B-H | -0.21 | .000 | Significant |
| B-H-WLS | -0.17 | .074 | Not Significant |

Legend: B- Burnout, WLS – Work-Life Satisfaction, H – Happiness

The mediation analysis was done to assess the mediating role of happiness in the relationship between an independent variable and a dependent variable. The figure showed the total effect of the direct effect of burnout and work-life satisfaction, the data presented in the relationship of Burnout and work-life satisfaction value is -0.30 which shows a relationship between the dependent and independent

variable in the presence of mediating variable happiness the value if -0.17 which shows no relationship. With the overall presentation of the mediation effect of happiness on the relationship between burnout and work-life satisfaction, the p-value is (0.074032). This showed that happiness is not significant thus no mediating relationship between Burnout and Work-Life satisfaction, therefore null hypothesis is accepted.

Conclusion and Recommendation

Based on the above-mentioned findings, the following conclusions are drawn: Radiologic Technologists have an overall experience of a moderate level of burnout, based on the individual category Radiologic Technologists experience a moderate level on Work related Burnout and related

burnout while a low level of Client Related Burnout. On the other hand, Radiologic technologists generally have positive perceptions of their level of happiness.

The Level of work-life satisfaction among Radiologic Technologists is generally satisfied with their training opportunities, communication within

the organization, work relations, and culture with co-workers, and supervisors. However, they are less satisfied with the rewards and recognition system and work environment, While on the result of the mediating effect of Happiness on the relationship between burnout and work-life satisfaction, it is noted that Burnout has a significant relationship between work-life satisfaction but not on the mediation of happiness there is no significant effect. Therefore, no mediation effects of happiness thus Null hypothesis is Accepted.

The result of the study will be a basis for providing support and resources for mental health, as well as implementing effective interventions and strategies to reduce work-related and personal-related burnout among Radiologic Technologists. Hospitals must continually invest in training and communication improvement to contribute to the overall satisfaction and well-being of Radiologic Technologists.

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Organizations should prioritize the development of equitable and significant reward systems, recognition programs, and performance evaluation systems. Appropriate focus should be placed on enhancing aspects such as physical work conditions, resource availability, and workflow effectiveness. Creating an environment conducive to productivity, safety, and comfort can positively affect Radiologic Technologists' job satisfaction.

Given the limitations of the study conducted with one specific group of healthcare professionals, and variables such as burnout and work-life satisfaction with the mediating effect of happiness, future researchers are encouraged to extend the study by examining other groups of healthcare professionals, or by employing other variables and mediating factors.

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Self-Efficacy as Predictor to the Academic Motivation and Adaptability of Graduate Students in Davao City

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Abstract

This study examined self-efficacy or the belief of a person in their capabilities as a predictor of academic motivation and adaptability of graduate students. This quantitative study utilized a descriptive-correlation design. Sets of survey questionnaires were used in obtaining the data among 144 enrolled graduate students in Master of Science in Radiologic Technology and Master of Arts in Nursing from a school in Davao City who were chosen through convenient sampling. Mean, Standard Deviation, Pearson Product-moment R Correlation Coefficient, and Multiple Linear Regression were the statistical methods used in the study. The results show that the levels of self-efficacy, academic motivation, and adaptability are high among graduate students, who have an overall mean score of 4.13, 4.11, and 3.94, respectively. Furthermore, academic motivation has a significant linear relationship with self-efficacy as well as adaptability, which also has a significant linear relationship with self-efficacy. Lastly, the result points out that self-efficacy significantly influences academic motivation and adaptability. This signifies that self-efficacy significantly predicts academic motivation and adaptability.

Keywords: *Self-efficacy, Social Science, Descriptive-Correlation, Davao City*

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Introduction

The onset of the COVID-19 pandemic has caused immense disruption in education's history, having a near-universal impact on learners and even teachers worldwide. 94% of learners worldwide were affected by the pandemic representing 1.58 billion children and youth from pre-primary to higher education (United Nations, 2020). Furthermore, educational institutions' closure has affected more than 28 million learners in the Philippines (UNESCO, 2020). According to Tengah (2019), Papuan students have low motivation towards online learning, which is influenced by factors including peers, family, teacher, educational background, resources, social conditions, economic status, and politics. It is recommended to pay more attention to Papuan student motivation and further

increase their learning motivation. Furthermore, a study by Xu & Jaggars (2013) also discovers that the typical students in Washington State have some difficulty adapting to online courses. Though some students relatively do well, others adapt very poorly.

The Philippines is no exception to the effect of the pandemic, which has disrupted medical education worldwide. The country's government placed major cities under lockdown, ordering the suspension of classes at all levels. The majority of the country's 55 medical schools had to cease all face-to-face learning activities and abruptly transition to various forms of remote or online learning (Bautista & Lopez). According to a national survey conducted by Baticulon (2020), medical

students in the Philippines confronted several interrelated barriers as they tried to adapt to online learning. Among 3,670 medical students as respondents, 2,165 of them (59%) considered themselves incapable of engaging in online learning as they encountered several difficulties in adjusting learning styles. Moreover, it is reported that the student's motivation level was affected by the sudden implementation of online learning due to the pandemic (Avilla & Genio, 2020).

Particularly in the locality of Davao City, wherein the issues mentioned above are evident as determined in a study by Baloran (2020), which examined the students' knowledge, attitudes, anxiety, and coping strategies during the COVID-19 pandemic. It was identified that 59.25% disagreed with the conduct of the Online-Blended Learning Approach with the primary reason having a poor internet connection (72.29%). Moreover, it revealed that the majority of students who underwent online-blended learning expressed negative impressions.

Since graduate studies are optional, there are bachelor's degree holders who did not proceed with it, and some who have enrolled have dropped out. On the other hand, others have pushed through with their graduate studies despite the demanding conditions. From this scenario, there is a need to study the relationship between self-efficacy academic motivation, and adaptability. With that in mind, this study sought to predictor graduate students' self-efficacy in terms of academic motivation and adaptability.

Methods

This quantitative study utilized a descriptive-correlation design. The respondents of the study were the enrolled graduate students of the Master of Science in Radiologic Technology and Master of Arts in Nursing in the academic year 2020-2021. The respondents were chosen through convenient sampling, a nonprobability sampling method.

This study utilized primary data acquired through an online survey. The researcher submitted the questionnaire to the panel of experts for comments, suggestions, improvements, and refinements. After finalizing the questionnaire, the researcher conducted pilot testing and tested its reliability.

Conversely, the survey used the survey questionnaires published by Cheng, Tsai & Liang (2019), Utvær & Haugan (2016), and Ployhart & Bliese (2019) for the domains of self-efficacy academic motivation, and adaptability, respectively. These questionnaires were retrofitted to the study and were answerable using a 5-point Likert Scale wherein five means strongly agree, four means agree, three means neutral, two means disagree, and one means strongly disagree with the given statement. The questionnaire of this study was divided into three main parts, which were (i) Self-Efficacy, (ii) Academic Motivation, and (iii) Adaptability.

After the approval to conduct the study, the prospective respondents were contacted and informed regarding the background and the purpose of the study. Moreover, clarifications from the respondents were entertained. Before providing the link to the survey questionnaires, a consensus through a Non-Disclosure Agreement (NDA) was asked from each respondent. The respondent's participation in this study was voluntary, and they had the liberty to withdraw before the end of the survey duration. The responses of each respondent were also kept confidential and only served as collective data in conducting the study where the results are solely intended for research.

The following statistical tools were used for the interpretation and analysis of the data: Weighted Mean and Standard Deviation were used to determine the level of academic motivation, self-efficacy, and adaptability of the respondents of the study. Pearson Product-Moment R Correlation Coefficient was used to measure if there was a significant relationship between self-efficacy and academic motivation. Furthermore, it was also used

to determine if there was a significant relationship between self-efficacy and adaptability. Multiple Linear Regression was used to determine the influence of self-efficacy as a predictor of academic motivation and adaptability.

This study was mainly conducted to determine if there was a relationship between self-efficacy as a predictor and academic motivation and adaptability among graduate students. The study's sample was limited to 144 respondents, of which every individual was enrolled in the academic year 2020-2021.

Results and Discussion

Table 1: Summary of the Level of Self-efficacy of the Graduate Students

| Self-Efficacy | Mean Rating | Standard Deviation | Descriptive Level |
|-----------------------------------|-------------|--------------------|-------------------|
| Commitment to Coursework | 4.23 | 0.588 | Very High |
| Effort | 4.11 | 0.693 | High |
| Confronting Difficulties | 4.16 | 0.678 | High |
| Adjusting to Difficult Situations | 4.01 | 0.723 | High |
| Overall Mean and SD | 4.13 | 0.530 | High |

Table 1 shows the level of self-efficacy of the graduate students. The highest indicator with a mean rating of 4.23, which most respondents have a very high descriptive level with, is "*Commitment to coursework*." That means that the respondents have a higher inclination towards spending consistent efforts to excel in their graduate studies. On the other hand, it was followed by "*Confronting Difficulties*," "*Effort*," and lastly, "*Adjusting with Difficult Situations*," with mean ratings ranging between 4.01 and 4.16 all of which have a high descriptive level. That further explains that being able to handle their emotions and managing stress when facing difficulties while exerting effort is also a factor in their self-efficacy level. Combining these four indicators gives self-efficacy an overall mean of

4.13, which the respondents agree with. Meanwhile, the general standard deviation is at 0.530, indicating that the values are close to average and are likely consistent.

The commitment to coursework, effort, controlling difficulties, and adjusting to difficult situations are the dimensions of academic hardiness, which were used as predictors of the academic self-efficacy of graduate students. Hence, the findings revealed that students with a higher commitment to coursework, effort, controlling difficulties, and adjusting to difficult situations were more likely to demonstrate higher self-efficacy in their graduate studies. That is supported by Cheng, Tsai, and Liang (2019), who indicate that students with higher academic hardiness tend to show higher self-efficacy in their studies or research and vice versa.

Table 2: Summary of the Level of Academic Motivation of the Graduate Students

| Academic Motivation | Mean Rating | Standard Deviation | Descriptive Level |
|----------------------------|-------------|--------------------|-------------------|
| Knowledge | 4.08 | 0.641 | High |
| Accomplishment | 4.12 | 0.696 | High |
| Stimulation | 4.12 | 0.794 | High |
| Overall Mean and SD | 4.11 | 0.636 | High |

Table 2 shows the level of academic motivation of the graduate students. The highest indicators tied with a mean rating of 4.12, where most respondents have a high descriptive level, are “*Accomplishment*” and “*Stimulation*.” Moreover, the last but still comparable to the top indicators due to the same descriptive level is “*Knowledge*,” which has a mean of 4.08. Combining these three indicators gives academic motivation an overall mean of 4.11, which the average of the respondents generally agrees. Meanwhile, the overall standard deviation is at 0.636, indicating that the values are close to average and are likely consistent.

Given the fact that the three dimensions, namely: knowledge, accomplishment, and stimulation, are the specific motives under intrinsic motivation, it can be perceived that graduate students of this study are intrinsically motivated (Flaherty, 2018) as they agree to the specific statements reflected from the indicators as mentioned earlier. Furthermore, the results show that graduate students are more likely to attach meaning to their work, explore new topics, and persist in the face of learning challenges since they are considered to be intrinsically motivated. Moreover, they engage not for external reward but because they find the activity interesting and gratifying (Cherry, 2019).

Table 3: Summary of the Level of Adaptability of the Graduate Students

| Adaptability | Mean Rating | Standard Deviation | Descriptive Level |
|----------------------------|-------------|--------------------|-------------------|
| Stress | 3.89 | 0.610 | High |
| Learning | 4.10 | 0.592 | High |
| Uncertainty | 3.84 | 0.533 | High |
| Overall Mean and SD | 3.94 | 0.486 | High |

Table 3 shows that three factors are being assessed in the level of adaptability of graduate students, of which “*Learning*” gained the highest mean with a value of 4.10. It is followed by “*Stress*” with a mean of 3.89 and lastly, having the lowest mean value of 3.84, is “*Uncertainty*.” These three factors fall into the category where the average of the respondents has a high descriptive level to the statements with minimal variations on each response. Combining these three indicators gives adaptability an overall mean of 3.94, which also the average of the respondents generally gained a high level of adaptability. Furthermore, the general

standard deviation is at 0.486, indicating that the values of responses are close to average, and consistent.

Given the fact that the students agree to the dimensions of adaptability, namely: handling work stress, learning new tasks, and dealing with uncertain or unpredictable work situations, it is perceived that the graduate students of this study can adapt. Furthermore, it signifies that the students can modify their thoughts, actions, and emotions to appropriately respond to and manage the changing, new, and

uncertain demands of university (Holliman & Martin, 2016).

Table 4: Relationship between Self-efficacy and Academic Motivation of Graduate Students

| Independent Variable | Academic Motivation | | |
|----------------------|---------------------|---------|-------------|
| | R | p-value | Remarks |
| Self-Efficacy | 0.548 | <0.000 | Significant |

Table 4 shows the results from the test of correlation of self-efficacy and academic motivation among graduate students. The results showed enough evidence that self-efficacy and academic motivation have a statistically significant linear relationship where the correlation coefficient value is at 0.548. That implies that high self-efficacy increases academic motivation and low self-efficacy decreases the academic motivation of the graduate students. Moreover, the two-tailed p-value is less than 0.001, which is smaller than the 0.01 alpha. Hence, the null hypothesis is rejected, and there is a significant relationship between self-efficacy and academic motivation of graduate students.

The result, as mentioned earlier, conforms to the study by Taheri-Kharamah (2018), which showed that academic self-efficacy has a significant association with academic motivation. It signifies

that by increasing the self-efficacy score, academic motivation will also increase. Also, the present study results were consistent with the previous findings by Ersanli (2015) and McGeown et al. (2014). Moreover, human motivation suggests that individuals' perception of their competency is an important factor in influencing motivational behavior and encouraging them to do their tasks (Koca, 2016). It was further explained by Ahmadzadeh et al. (2012) who stated that if learners perceive themselves as competent and self-efficient in performing tasks, they will better realize their potential and invest more efforts to achieve their goals and complete their tasks; hence, they will succeed in education. Lastly, when they learn to believe in themselves and when they have assignments in their control area, their intrinsic motivation for academic tasks will increase.

Table 5: Relationship between Self-efficacy and Adaptability of Graduate Students

| Independent Variable | Adaptability | | |
|----------------------|--------------|---------|-------------|
| | R | p-value | Remarks |
| Self-Efficacy | 0.775 | <0.000 | Significant |

Table 5 presents the correlation result of self-efficacy and adaptability of the graduate students. From the data above, it is evident that there is a statistically significant linear relationship between self-efficacy and adaptability. That is supported by the correlation coefficient value of 0.775. It means that students who discern themselves as having high self-efficacy equate to having high adaptability, and those who perceive themselves as having low self-efficacy translate to having low adaptability. Furthermore, the two-tailed p-value is less than 0.001, which is smaller than 0.01 alpha denoting that the null hypothesis is rejected. Thus, it is statistically proven that there is a significant relationship between self-efficacy and adaptability of graduate students.

The results presented above conform to Ambiel et al. (2018), whose results indicated positive correlations between self-efficacy and adaptability. The results are consistent with the study by Cordeiro & Costa Lobo (2016), where the result shows a correlation between self-efficacy and academic adaptation, which leads to considering that the promotion of efficacy in higher education appears to be a promoter of the adjustment of students – in this context, through a continuous and ongoing process. Another study also determined that academic self-efficacy was a predictor of the adaptive adjustment subscale (Aljahwari & Aldhafri, 2018).

Table 6: Influence of Self-efficacy on Academic Motivation and Adaptability of Graduate Students

| | R | r | p-value | Remarks |
|--|----------|----------|----------------|----------------|
| Self-Efficacy→Academic Motivation | 0.30 | 0.55 | <0.001 | Significant |
| Self-Efficacy→Adaptability | 0.60 | 0.77 | <0.001 | Significant |

Table 6 shows the results of regression analysis to estimate the relationship between the independent variable: “*Self-Efficacy*” and the dependent variables: “*Academic Motivation*” and “*Adaptability*” of the graduate students. The result points out that self-efficacy significantly influences academic motivation and adaptability. Its respective two-tailed p-value is less than 0.001 resulting in the rejection of the null hypotheses.

In detail, the result also signifies that self-efficacy significantly predicts academic motivation and adaptability. Usually, when conducting a predictive study, R-squared is typically computed to know the effectiveness of the predictor variable when predicting the value of the response variable. On the contrary, when an additional variable is added to the model, R-squared tends to overestimate. To solve this, this study used Squared Multiple Correlation (R) to test the effectiveness of self-efficacy as a predictor of academic motivation and

adaptability. It can be inferred from the result that for every unit increase in the level of self-efficacy, there is also a corresponding increase in the level of academic motivation and level of adaptability. Specifically, a unit increase in self-efficacy will result in a 0.30 unit increase in academic motivation and a 0.60 unit increase in adaptability. This further means that 30% of the variance of academic motivation and 60% of the variance of adaptability can be attributed to self-efficacy. With that, it implies that self-efficacy contributes to the academic motivation and adaptability of graduate students.

The results of the study were supported by the study of Dufola (2017), which examines the relationships among self-efficacy beliefs, intrinsic and extrinsic motivation, and academic adjustment. Its results revealed that self-efficacy beliefs, intrinsic motivation, and academic adjustment justified the findings of the study. Furthermore, this is somehow consistent with the study by Aljahwari & Aldhari

(2018), which states that academic self-efficacy is a significant predictor of adaptive adjustment subscale, as well as for Malkoc & Multu (2018) which revealed that academic self-efficacy was the only meaningful predictor of academic motivation according to the results.

Conclusion and Recommendations

From the overall findings of the study, the following conclusions were derived: The graduate students agree with the statements used to assess their overall self-efficacy. In terms of academic motivation, the respondents showed equal significance on knowledge, accomplishment, and stimulation sub-variables through the survey results, which equated that they agree that they are academically motivated. The graduate students also showed through the results of the survey that they agree to be adaptable. The 1st null hypothesis (H_{01}) was rejected, which means that there is a significant linear relationship between self-efficacy and academic motivation of the graduate students. The 2nd null hypothesis (H_{02}) was also rejected. That signifies that it is evident that there is a significant linear relationship between self-efficacy and adaptability of graduate students. The last null hypothesis (H_{03}) was rejected, implying that self-efficacy significantly predicts the two dependent

variables: academic motivation and adaptability.

In line with the discussed summary and conclusions of the study, the following recommendations were suggested: The graduate students may continually assess their self-efficacy from time to time since the level of such can be affected by their current state. Finding the root cause will be helpful on how to improve and deal with the problems that are caused by low self-efficacy. There is a significant relationship between self-efficacy and academic motivation; and self-efficacy and adaptability among graduate students. With this, it is also good to assess their respective academic motivation and how they will adapt, especially during difficult situations. One way to improve this study is to include time series when collecting the data. Future researchers may consider extending this study to other academic levels. Since the study is focused only on two specific graduate study degrees, it is highly suggested to collect data with a greater sample size or population.

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Knowledge, Attitude, and Practices among Radiologic Technologists Towards COVID-19 Pandemic in Tertiary Hospitals in Davao City

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Abstract

COVID-19 has been affecting countries globally. Following the health and safety protocols is essential to curb the incidence of cases. Several studies have been conducted to determine the factors influencing an individual to follow health and safety standards. This study was conducted to determine the influence of knowledge and attitudes on the extent of radiologic technologists' practice in Davao City. Moderating variables were also determined among 96 respondents. Results showed that in terms of knowledge, respondents, the highest percentage is reflected in terms of main clinical symptoms for transmission routes that COVID-19 spreads via respiratory droplets of infected individuals, and for prevention and control, it is reflected in the statement that avoiding crowds and isolation are necessary to avoid the spread of the virus. Respondents have a positive attitude in handling the COVID-19 pandemic. In terms of practice, most of them always follow health and safety protocols. Spearman rho confirmed that knowledge and practice are significantly related at a low magnitude, while their attitude was not found to be significantly associated. Ordinal logistic regression analysis shows that an increase in knowledge is an increase in the extent of practice. Demographic Profiles were not seen to moderate the relationship between knowledge and extent of practice significantly.

Keywords: *Descriptive-Predictive, Healthcare, Knowledge, Attitude, Practice, Region XI Philippines*

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Introduction

The whole world has been focusing on an outbreak of respiratory disease caused by the novel coronavirus that was first reported in Wuhan China December 31, 2019, and it is called COVID-19. COVID-19 poses an international threat to international health. Like in the flu, COVID-19 can spread between two people who have contact with each other. Considering this infectious disease, healthcare workers who served as the “frontliners” are at high risk of infection by COVID-19 (Huang et al., 2019). Globally as of September 7, 2020, there have been 26,994,442 confirmed cases of COVID-

19, including 880,994 deaths reported by the World Health Organization. There are millions of confirmed cases of COVID-19 in America the highest leading continent infected with COVID-19 with 60,000 health workers having been infected, and close to 300 have died from COVID-19 according to new data from the Centers for Disease Control and Prevention. More than 150,000 healthcare workers have been infected by the COVID-19 virus according to data from just nine countries – Germany, Denmark, Hungary, Ireland, Italy, Russia, Spain, Ukraine, and Turkey.

Based on the Philippines statistics of COVID-19 as of September 6, 2020, there have been 237,365 confirmed cases in the Country with 48,803 active cases, 3,3919 of them are asymptomatic, 43,228 of them are in mild condition, 663 are in severe condition, of them are in critical condition and 3,875 deaths. 184,687 patients are fully recovered and a total of 2,606 health workers in the Philippines have tested positive for COVID-19 1,402 healthcare workers were able to recover and the death toll remained at 32 as of June 1, 2020 (Esquerra, 2020). Locally, in the Davao region, there are 2,338 confirmed cases of COVID-19 reported by the Department of Health with 1,778 patients' recovers and 60 deaths (Joaquin, 2020) with a total of 635 healthcare workers currently in Davao Region tested positive for COVID-19 (DOH, 2020).

According to the study by Lau (2020) entitled "Knowledge, Attitudes, and Practices of COVID-19 among Income-Poor Households in the Philippines: A Cross-sectional Study." It states that among 2,428 participants there are only 1,879 (89.9%) responses about handwashing as a preventive practice towards COVID-19. While 1,314 (62.9%) respondents reported that they now avoided crowded places because of COVID-19, only 849 (40.6%) selected avoiding large crowds as a preventive measure against the virus. Similarly, there are 1,378 (65.9%) respondents said that they currently keep distance from people with influenza-like symptoms, but when framed as a potential preventive measure, only 677 (32.4%) of respondents selected social distancing as an option. Finally, there are only 585 (28.0%) reported wearing face masks as a response to the virus. The mentioned study focuses on the community and less has been done on the healthcare practitioner, particularly in Radiologic Technologist.

It is in light of the above situation that the researcher is interested in determining the level of knowledge, attitude, and practices of radiologic technologists towards COVID-19 in Davao City. The outcome of this research is directed at authorities

to help recognize such factors that affect the performance of radiologic technologists and develop some programs that can be used to inspire and enable radiologic technologists comfortable in handling pandemics like the novel coronavirus COVID-19. The results of this study are beneficial for the hospitals, policymakers, the Department of Health and radiologic technologists as this study suggested techniques to help improve job performance during the pandemic

Methods

A non-experimental descriptive research design was utilized in the study. Non-experimental lacks the manipulation of the independent variables. Researchers doing a non-experimental study simply measure the independent variables as these are naturally inherent (Chiang et al., 2015). The purpose of descriptive design is to describe individuals. The researcher does not manipulate the variables but rather only describes the sample or the variables (Siedlecki, 2020). Contextually, the respondents' socio-demographic profile specifically gender, age, marital status, educational attainment, years in service, employment status, and frontline status will be determined. This described the level of knowledge, attitude, and practices of radiologic technologists towards COVID-19.

Moreover, the research was also predictive. This study also attempts to determine if knowledge and attitudes significantly predict the respondents' practices toward COVID-19. Predictive study aims to learn something about the future using information from the present (Orthop, 2020).

The study was conducted in selected tertiary hospitals in Davao City. The tertiary hospital of Davao City has a 300-1200 bed capacity. The choice of hospital settings was based on the list of the licensed hospitals of the Department of Health-Center for Health Development in the Davao Region. Davao City is the premier city in Region XI,

Philippines which has an area of 2,444 sq. km. and is located in the Southeastern portion of Mindanao.

The respondents of the study were the radiologic technologists in selected Hospitals in Davao City. The purposive sampling technique was employed in selecting the respondents. This technique is a form of non-probability sampling in which decisions concerning the individuals to be included in the sample are taken by the researcher, based upon a variety of criteria which may include specialist knowledge of the research issue, or capacity and willingness to participate in the research (Oliver, 2013). Using Yamane's (1967) formula, originally the study desired 114 respondents but unfortunately, 96 of the respondents were able to answer the questionnaire.

The instrument that was used in the study is adopted from the study of Zhong et al. (2020) entitled "Knowledge, Attitude, Practices towards COVID-19 among Chinese Residents during the Rapid-rise Period of the COVID-19 Outbreak: A Quick Online Cross-sectional Survey". This study also adopts the instrument of Zhang et al. (2020) entitled "Knowledge, attitude, and practice regarding COVID-19 among healthcare workers in Henan, China". The first part of the questionnaire determined the socio-demographic profile of the respondents specifically sex, age, civil status, educational attainment, years in service, employment status, and frontline status. The second part obtained the respondent's level of knowledge, attitudes, and practices towards COVID-19.

The questionnaire was also tested for reliability analysis or consistency. The result of the reliability analysis using Cronbach Alpha revealed that all the reliability indices exceeded .70. Lee Cronbach presented a range where an alpha value of .5 and below is considered to be unacceptable, .51 to .60 is poor, .61 to .70 is questionable, .71 to .80 is acceptable, .81 to .90 is good and .90 and above is considered to be excellent (Lavrakas, 2008). The reliability index of the questionnaire is .943 and is considered to be highly reliable.

Before the conduct of the study, the researcher strictly observes the following ethical standards. The informed consent is accomplished by the researcher to ensure that participants are voluntarily participating in the study. This was accomplished during the actual conduct of the survey which is reflected in the Google form. Those participants who were directed to the online questionnaire page signified their consent to participate in the study. In the online consent form, the elements that are included and explained include the purpose of the study, procedure and activities, and the expected duration. Moreover, the participant's right to refuse/ withdraw and any prospective research benefits is included in the consent form and will be clearly explained in the online form. The ethics of confidentiality was reflected in the Google form. The researchers explained and assured the participants of the confidentiality of information that was obtained from them. Other ethical parameters including risks and benefits are clearly explained in the form.

The conceptualization of the research study was done through the following steps: (1) identification of research topic. Selecting the topic included secondary and primary sources and various kinds of concept or literature mapping techniques, and (2) formulating research problems. The identified topic was transformed into a research problem that is worthy of scholarly investigation, and (3) developing research design. The topic was transformed into a researchable research question and the best method for answering it was identified. The study is immediately commencing after the approval from the program head.

To gain access to the identified respondents, the following steps were strictly accomplished: Seeking permission from the Hospital's Research Director. A request letter is sent to the respective research director in each identified hospital requesting approval to conduct the study to survey the selected radiologic technologists. Administration of the Survey Questionnaire. The survey instrument

was administered fully online using Google Forms. The first page asked for their consent. Those who signify participation will be directed to the actual online questionnaire.

Descriptive Statistics specifically frequency and percentage were used to reflect the socio-demographic profile of the respondents. Specifically, for sex, age, marital status, highest educational attainment, years in service, employment status, and frontline status. This was used to describe the level of Knowledge, attitude, and practices towards COVID-19. A Spearman Rank Correlation was used to determine the relationship between knowledge and attitude on the extent of practices regarding COVID-19. Ordinal Logistic Regression was used to test the influence of knowledge on the extent of practice. Hierarchical Regression Analysis was used to determine if demographic profiles will significantly moderate the relationship knowledge and attitude on their extent of practices regarding COVID-19.

This study was limited in determining the knowledge, attitude, and practices of radiologic technologists towards COVID-19. A non-experimental descriptive research design is utilized in this study. The approach of the study was through a survey. The respondents' socio-demographic

profile specifically the sex, age, marital status, educational attainment, years in service, employment status, and frontline status will be determined.

This research is also predictive. This study also attempts to determine if knowledge and attitudes significantly predict the respondents' practices toward COVID-19. The study was conducted in selected tertiary hospitals in Davao City. The inclusion of this research was a radiologic technologist who worked in private or government tertiary hospitals while the exclusion were radiologic technologists in higher positions. Healthcare professionals other than radiologic technologists were not included in the study.

The purposive sampling technique was employed in selecting the respondents. This study also uses Yamane's formula. Furthermore, the study was accomplished in the whole month of November 2020. This study is purely quantitative, thus reasons behind the dynamics of the figure will not be captured in the study.

Results and Discussion

Table 1. Demographic Profile of the Respondents

| Profile | Frequency | Percentage |
|-------------------------------|-----------|------------|
| Sex | | |
| Female | 44 | 45.83 |
| Male | 52 | 54.17 |
| Total | 96 | 100.0 |
| Educational Attainment | | |
| Bachelor | 87 | 90.63 |
| Master's Degree | 1 | 1.04 |
| Master's Level | 8 | 8.33 |
| Total | 96 | 100.0 |
| Employment Status | | |
| Contractual | 23 | 23.96 |
| Regular | 73 | 76.04 |

| | | | |
|-------------------------|-------------------|----|-------|
| Marital Status | Total | 96 | 100.0 |
| | Married | 10 | 10.42 |
| | Single | 86 | 89.58 |
| Years in Service | Total | 96 | 100.0 |
| | 3 years and below | 65 | 67.71 |
| | Above 3 Years | 31 | 29.29 |
| | Total | 96 | 100.0 |
| Frontline Status | Frontline | 91 | 94.79 |
| | Non-Frontline | 5 | 5.21 |
| | Total | 96 | 100.0 |

The first objective of the study was to determine the demographic profile of the respondents. As presented in Table number 1, there are 96 respondents were able to answer the survey questionnaire and it represents the demographic profile of the respondents in terms of sex, educational attainment, employment status, marital status, years in service, and frontline status. Most of the respondents were male. Most of them hold

bachelor's degrees and others are pursuing higher education. Moreover, respondents are holding regular positions while they are still on contractual status. Most of the respondents were single and fewer were married. Most of them had three years and below work experience and there were only 31 had above 3 years of work experience. Most of the respondents were in frontline status and fewer were in non-frontline status.

Table 2. Level of Knowledge of Radiologic Technologists Towards COVID-19

| | Correct | | Incorrect | |
|---|----------------|----------|------------------|----------|
| | F | % | F | % |
| Clinical Presentations | | | | |
| The main clinical symptoms of COVID-19 are fever, fatigue, dry cough, and myalgia. | 91 | 94.79 | 5 | 5.21 |
| Unlike the common cold, stuffy nose, runny nose, and sneezing are less common in persons infected with the COVID-19 virus. | 66 | 68.75 | 30 | 31.25 |
| There are currently is no effective cure for COVID-19, but early symptomatic and supportive treatment can help most patients recover from the infection. | 90 | 93.75 | 6 | 6.25 |
| Not all persons with COVID-19 will develop severe cases. Only those who are elderly, have chronic illnesses, and are obese are more likely to be severe cases | 86 | 89.58 | 10 | 10.42 |
| Transmission Routes | | | | |
| Eating or contacting wild animals would result in infection by the COVID-19 virus. | 69 | 71.88 | 27 | 28.13 |
| Persons with COVID-19 cannot infect the virus to others when a fever is not present. | 86 | 89.58 | 10 | 10.42 |
| The COVID-19 virus spreads via respiratory droplets of infected individuals. | 93 | 96.88 | 3 | 3.13 |
| Prevention and Control | | | | |
| Ordinary residents can wear general medical masks to prevent infection by the COVID-19 virus. | 87 | 90.63 | 9 | 9.38 |
| Children and young adults don't need to take measures to prevent infection by the COVID-19 virus. | 84 | 87.50 | 12 | 12.50 |

| | | | | |
|---|----|-------|---|------|
| To prevent infection by COVID-19, individuals should avoid going to crowded places such as train stations and avoid taking public transportation. | 94 | 97.92 | 2 | 2.08 |
| Isolation and treatment of people who are infected with the COVID-19 virus are effective ways to reduce the spread of the virus. | 94 | 97.92 | 2 | 2.08 |
| <u>People who have contact with someone infected with the COVID-19 virus should be immediately isolated in a proper place. In general, the observation period is 14 days.</u> | 93 | 96.88 | 3 | 3.13 |

Table 2 presents the level of knowledge of radiologic technologists towards COVID-19. The indicators used for this variable are clinical presentations, transmission routes, and prevention and control.

In terms of clinical presentations, the item with the highest score that the respondents got correct is the first question which is *“The main clinical symptoms of COVID-19 are fever, fatigue, dry cough and myalgia.”* 5.21% of them are incorrect. This is supported by the study of Utiko et al., 2020 their study conducted with 297 participants, 143 participants tested positive for COVID-19 and 154 were negative for COVID-19. 143 positive patients had common symptoms cough, weakness of the muscle, taste disorder, and fever. The item with the lowest score is the question *“Unlike the common cold, stuffy nose, runny nose, and sneezing are less common in persons infected with the COVID-19 virus.”* Experts note that the novel coronavirus, allergies, and the flu have different symptoms. The main clinical symptoms of COVID-19 are tiredness, fever, shortness of breath, and cough. While allergies have chronic symptoms and include wheezing sneezing and coughing. A runny nose, facial pain,

and itchy eyes are common symptoms of allergies or the common cold (Curley, 2020). The most common symptoms of COVID-19 are fever, tiredness, and dry cough (WHO, 2020).

In terms of transmission routes, the third question *“COVID-19 cannot infect the virus to others when a fever is not present.”* got the highest score of correct answer. One study has reported that the viral load that was detected in the asymptomatic patients was like the patients that have COVID-19 symptoms, which theoretically suggests the potential transmission of asymptomatic patients (Zou et al., 2020).

In terms of prevention and control, most of the respondents got it correct with fewer incorrect answers in the third question *“To prevent the infection by COVID-19, individuals should avoid going to crowded places such as train stations and avoid taking public transportation.”* with 97.92% of correct answers and it has 2.08% incorrect answers. According to Lunn et al., 2020, maintaining social distancing during the COVID-19 pandemic can save lives. Lunn et al., 2020 promote social distancing to prevent the transmission of COVID-19.

Table 3. Level of Attitude of Radiologic Technologists Towards COVID-19 Pandemic

| | F (%) | |
|--|-------------------|----------------|
| | Agree | Disagree |
| COVID-19 will finally be successfully controlled | 88 (91.67) | 8 (8.33) |
| Have confidence that the Philippines can win the battle against the COVID-19 virus | Yes 89 (92.71) | No 7 (7.29) |

Table 3 represents the level of attitude of radiologic technologists towards the COVID-19 pandemic. Items were as follows: Respondents agreed 91.67% that COVID-19 will finally be successfully controlled and 8.33% disagreed.

Respondents 89.71% that the Philippines have the confidence to win the battle against the COVID-19 virus and there are 7.29%. Lalu 2020, states that 44% of Filipinos believe that the worst COVID-19 pandemic is already over according to a survey

conducted by the Social Weather Stations (SWS). Pessimism or belief that the worst has not yet arrived was also observed among respondents who believed that their quality of life had worsened. It is also manifested that higher degrees of education believed that the COVID-19 pandemic was already over, and other lower degrees of education did not believe that the Philippines was already over with the COVID-19 pandemic.

Lu et al., 2020, extracted the takeaways from five Asian countries' experiences on how they successfully controlled the COVID-19 pandemic.

Not knowing when the COVID-19 pandemic will be over it is probably premature to declare victory for any five Asian countries. But they all have kept the new infection numbers low. Five countries including South Korea, China, Japan, Singapore, and Taiwan learned from the SARS outbreak back in 2003, that's why they were well prepared to respond to COVID-19 quickly, aggressively, and proactively from its outset. Furthermore, South Korea learned from the MERS outbreak back in 2015, that they implemented, it is well-planned and well-organized widespread testing to isolate infected cases effectively.

Table 4. Radiologic Technologist's Extent of Practice Towards COVID-19

| | Never | Sometimes | Oftentimes | Always | Median | IQR |
|--|---------|-----------|------------|-----------|--------|-----|
| Removed personal protective equipment carefully | 6 (6.3) | 12 (12.5) | 16 (16.7) | 62 (64.6) | 4 | 4 |
| Washed and disinfected hands after contact with each patient | 0 (0.0) | 3 (3.1) | 7 (7.3) | 86 (89.6) | 4 | 4 |
| Kept distance during contact with a patient | 1 (1.0) | 8 (8.3) | 28 (29.2) | 59 (61.5) | 4 | 4 |
| Worn a mask when leaving home | 0 (0.0) | 1 (1.0) | 2 (2.1) | 93 (96.9) | 4 | 4 |
| Worn a face shield when leaving home | 0 (0.0) | 5 (5.2) | 19 (19.8) | 72 (75.0) | 4 | 4 |
| Gone to any crowded place in recent days | 0 (0.0) | 10 (10.4) | 39 (40.6) | 47 (49.0) | 3 | 4 |

Table 4 demonstrates that most of the radiologic technologists removed personal equipment carefully all the time 64.6%. This study finds that a large proportion of radiologic technologists were removing carefully their protective equipment. This is supported by a previous study that allied healthcare workers have a higher knowledge of preventive practices against infectious diseases. (ejeh et al., 2020). They also washed and disinfected hands after contact with each patient all the time with 89.6%. Previous studies have confirmed the effect of handwashing on the prevalence of respiratory illness, claiming that an appropriate hand-washing intervention could break the transmission cycle and reduce the risk

(Chen,2020). All of the time, radiologic technologists kept their distance during contact with patients with 61.5%. Experts and health authorities enforce how to maintain physical distance from others and avoiding crowds is crucial for mitigating the speed of COVID-19 spread. Social distancing is a key factor for reducing the excessive demands on intensive health care services and thus, for ensuring the effective treatment of all who become infected. Radiologic technologists were wearing a mask when leaving home all the time with 96.9% and they were wearing a face shield when leaving home all the time with 75%. Most of the respondents have frequently gone to crowded places in recent days with 40.6%. This is supported by the study of Talidong 2020, that

most Filipino teachers are not confident about going to crowded places because of the anxiety or psychological stress brought by COVID-19 and they do not feel secure taking public transportation and they are conscious to touch any surfaces in public areas and are conscious to touch their face without washing their hands, they have the fear to eat in

restaurants. Filipino teachers' lifestyles changed because of the pandemic COVID-19 and are afraid that their family members might be infected with the virus.

Table 5. Test of Relationship between Knowledge and Practice

| Knowledge | | | Practice | | | | |
|---|-------------------|----------|------------|--------|-------|-------|--|
| | rho | | 0.297 | | | | |
| | Sig. (2-tailed) | | 0.003 | | | | |
| | N | | 96 | | | | |
| <i>0.0-0.2 Very Low; 0.21-0.40 Low; 0.41-0.60 Moderate; 0.61-0.80 High; 0.81-1.00 Very High</i> | | | | | | | |
| Test of Relationship between Attitude and Practice | | | | | | | |
| COVID-19 will finally be successfully controlled | Disagree | 0 | 2 | 6 | 0.204 | 0.903 | |
| | Agree | 2 | 23 | 62 | | | |
| Have confidence that the Philippines can win the battle against COVID-19 virus | Disagree | 0 | 0 | 61 | 3.001 | 0.223 | |
| | Agree | 2 | 25 | 68 | | | |
| Influence of Knowledge on Practice (Adjusted for Significant Variables) | | Estimate | Std. Error | Wald | Df | Sig. | |
| Threshold | [Practice = 2.00] | 3.01 | 2.23 | 1.822 | 1 | 0.177 | |
| | [Practice = 3.00] | 6.246 | 2.238 | 7.788 | 1 | 0.005 | |
| Location | Knowledge | 0.674 | 0.212 | 10.111 | 1 | 0.001 | |

Table 5 shows that there is a significant relationship between knowledge and practice. However, the magnitude of the relationship is low. This data is supported by the study of Nasser et al., their data results state that most of their respondents had good knowledge while half of them had bad practices. This means that there is low relationship between knowledge and practice. According to Malli et al., 2020 one of the most disturbing findings of their study was that 1 in 4 healthcare workers washed their hands after touching patient surroundings, even though most of their respondents knew that COVID-19 transmission could be reduced with hand washing.

This table also shows the test of the relationship between attitude and practice. Using chi-square test statistics with continuity correction, the table shows that the association of the variables is not statistically significant for these two attitudes (Chi-square=.204; p=.903; Chi-square=3.001; p=.223). This table is supported by the study of Saadeh et al., 2020 that most nurses declared that they were afraid of getting infected with COVID-19 and always feared for their family members due to occupational exposure yet more than half of the nurses did not use protective equipment such as goggles when performing aerosol-generating procedures in patients while the majority of nurses

follow the infection prevention control when being contact with patients.

Moreover, the table shows the influence of knowledge on practice. Ordinal logistic regression analysis shows that an increase in knowledge is an increase in the extent of practice (Wald=10.111; $p=.001$). This is supported by the study of Alahdal et

al., 2020 that people with higher knowledge, are also correlated with better practice and awareness. In agreement with this study, other studies found similar findings that knowledge of COVID-19 is significantly lower among less educated participants in Saudi Arabia.

Table 6. Moderating the Effect of Sex in the Relationship Between Knowledge and Practice

| | B | Se | t-value | p-value |
|-------------|--------|-------|---------|---------|
| Constant | 4.576 | 1.39 | 3.293 | 0.001 |
| Knowledge | 0.291 | 0.128 | 3.8155 | 0 |
| Sex | 1.7941 | 0.94 | 0.783 | 0.595 |
| Interaction | 0.1818 | 0.087 | 1.092 | 0.654 |

$R=.4166$; $R^2=.1736$; $MSE=.2212$; $F=6.4406$; $df1=3$; $df2=92$; $p=.0005$

Moderating Effect of Years in Service in the Relationship Between Knowledge and Practice

| | B | Se | t-value | p-value |
|-------------|--------|-------|---------|---------|
| Constant | 0.8301 | 1.521 | 0.5495 | 0.5864 |
| Knowledge | 0.2935 | 0.14 | 2.1035 | 0.0382 |
| Service | 0.96 | 0.942 | 1.0188 | 0.311 |
| Interaction | -0.111 | 0.088 | -1.271 | 0.207 |

$R=.4070$; $R^2=.1657$; $MSE=.2233$; $F=6.091$; $df1=3$; $df2=92$; $p=.0008$

Moderating Effect of Employment Status in the Relationship Between Knowledge and Practice

| | B | Se | t-value | p-value |
|-------------|--------|-------|---------|---------|
| Constant | 0.8301 | 1.521 | 0.5495 | 0.5864 |
| Knowledge | 0.287 | 0.224 | 2.4519 | 0.003 |
| Employment | 1.0633 | 1.324 | 0.8033 | 0.4239 |
| Interaction | -0.097 | 0.12 | -0.812 | 0.4191 |

$R=.3389$; $R^2=.1149$; $MSE=.2369$; $F=3.9798$; $df1=3$; $df2=92$; $p=.0103$

Table 6 shows the result of the moderating effect of years in service on the relationship between knowledge and practice. It shows that years in service do not influence the relationship of the variables. Meaning, that the magnitude and direction of the relationship between knowledge and practice cannot be dictated by years in service. This table is supported by the study Zheng et al., which states that years in service as a healthcare worker do not affect the level of knowledge and practice of a healthcare worker. However, it states that their study

demonstrated that >10 years of working had a significant adverse reaction to stress which might be explained by the fact that healthcare workers with longer working experience were routinely assigned to care for and treat more severe COVID-19 patients in hospitals of China.

It also shows the result of the moderating effect of employment status on the relationship between knowledge and practice. It shows that employment status does not influence the relationship of the variables. Meaning, that the

magnitude and direction of the relationship of knowledge and practice cannot be dictated by employment status. This table is supported by the study of Abrar et al., 2020 this study states that employee status does not affect the relationship

Conclusion and Recommendations

Based on the findings, the following conclusions were drawn: The respondents are mostly male and hold bachelor's degrees. The majority of the respondents are on regular employment status and most of them are in single status. Most of them also have three years of working experience, and a majority of them are in frontline status. The level of knowledge of radiologic technologists in terms of transmission routes is interpreted as high, the same as the level of knowledge of radiologic technologists with prevention and control. Moreover, a higher percentage of positive attitudes resulted in the study. Radiologic technologist extent of the practice is commendable; on average they reflect the practices all the time. The relationship between knowledge and practice is significant but their magnitude is low. Furthermore, demographic profiles do not significantly moderate the relationship between knowledge and the extent of practice.

This study suggests the following: There is a need to develop intervention programs that will

between knowledge and practice. This study states that knowledge and practice are influenced by work stress whether what is the employment status of the employee.

increase the knowledge of the respondents on domains related to COVID-19 specifically on clinical presentations, transmission routes, and in terms of prevention and control. The need to conduct a similar study in a wider scope is also essential to increase the reliability of findings. Considering that only knowledge influences the extent of practice, other variables might also be considered. Furthermore, other moderating variables can also be considered. The same study targeting other healthcare professionals is also recommended. It is recommended to build training programs that can improve the level of knowledge, attitude, and practices. Not only in radiologic technologists but also in other healthcare professionals. For the institution, it is highly recommendable to conduct refresher exams for their employees to keep their knowledge on the pandemic and on how to avoid negative attitudes towards the pandemic situation. Not only in radiologic technologists but also in other health care professionals.

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Master of Arts in Nursing

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Self-regulated Learning and Academic Performance of Nursing Students of a Private Higher Institution

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Abstract

Brought by the pandemic, medical education has quickly shifted to a distance learning modality, which has influenced both students and teachers. Students must adapt and learn self-regulated learning skills with the new learning modality. This study aims to identify the correlation between the self-regulated learning skills and academic performance of nursing students and how their academic strands during their senior high school affect their self-regulated learning. A total of 250 third-year nursing students were selected as respondents through stratified random sampling. The researcher gathered the data through the use of an adopted questionnaire from the study of Magno. The results showed that the level of the respondents' academic performance is outstanding and interpreted as advanced. For the level of self-regulated learning skills among the respondents, organizing got the highest Mean, which is described as very high, which means it is always manifested among the students. There is no significant association between the senior high school strand and the self-regulated learning skills of the respondents. Further, there is no significant association between the senior high school strand and the respondents' academic performance. Furthermore, there is no significant relationship between the level of self-regulated learning and academic performance of BSN 3 students.

Keywords: *Self-regulated Learning, Social Sciences, Descriptive-Correlational, Davao City*

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Introduction

To ensure the safety of both students and patients during the pandemic, medical institutions have been obliged to make immediate and significant changes to many levels of academic curriculum during the COVID-19 period. Students' experience beginning their clinical rotations has undergone the most significant change (Hoofman & Secord, 2021). Some of the modifications made by high schools and colleges as a result of COVID-19 include the replacement of lengthy in-person lectures with small-group activities, in-depth discussions, and virtual lectures (Singh et al., 2020). Medical

education has quickly shifted to online, influencing students and teachers (Rose, 2020).

In a study by Singh and colleagues (2020), 43.9% of the 192 students who responded said that during the pandemic, online lectures were less effective than traditional classroom instruction. In a different study by Shahrivini and colleagues (2021), 104 students were polled, and 74.5% of them reported feeling cut off from their medical school and their friends, while 43.3% said they lacked the preparation they needed for their clerkships. Despite the need for pre-COVID-19 data for comparison, it

is anticipated that the changes brought about by COVID-19 will result in sentiments of heightened insecurity and inadequate preparation for clinical work. In addition, students believed that the quality of instruction and their capacity to participate had been negatively impacted by remote learning (Shahrivini et al., 2021). They found several deficiencies that still need to be fixed, such as the lack of clinical skills, laboratory experience, hands-on learning, digital fatigue, and diminished participation (Shahrivini et al., 2021).

Students must adapt and learn self-regulated learning skills with the new learning modality. Self-regulated learning refers to the ability of the student to create learning objectives, choose skills and methods, decide on content and progress, and keep track of the entire learning process. The primary mode of instruction used by students during the COVID-19 pandemic was self-regulated learning, but its efficacy has yet to be determined (Berger et al., 2021). Berger and colleagues (2021) concluded that self-regulatory expectations were seen to be one of the biggest obstacles for students to overcome when studying at home. In addition, due to the COVID-19 pandemic, data imply that remote learning has posed a significant risk of escalating any already-existing educational disparities between low- and high-achieving and low- and highly-motivated students (Berger et al., 2021). This should be considered while planning for future remote learning sessions or when thinking about ways to compensate for the negative impacts of lengthy distance learning periods during the COVID-19 epidemic (Berger et al., 2021).

The COVID-19 pandemic has significantly impacted the quality of education and students' mental health in the Philippines, upending the country's educational system. Barrot and colleagues' mixed-method study from 2021 revealed that the type and severity of online learning issues college students encountered varied, with their home learning environment posing the biggest challenge. The most often used student strategies included time

management, controlling the learning environment, enhancing technical aptitude, resource management and utilization, and asking for help (Barrot et al., 2021). Aside from online distance learning modality, offline modalities such as modular learning modality are being used in some schools in the Philippines (Canete & Potane, 2022). Further, the association between students' academic achievement, particularly in Biology, and their capacity for self-regulated learning was found to be highly positive, and they also found that pupils at the emerging level employ tactics including asking for aid and assistance from others (Floren, 2021).

When adopting an adaptive distance learning modality, the various self-regulated learning elements interact to create improved learning possibilities. Better academic achievement depends on students' abilities to control their learning (Floren, 2021). In this light, the current study aims to identify the correlation between the self-regulated learning skills and academic performance of nursing students at the third-year level and how their academic strands during senior high school affect their self-regulated learning skills. Additionally, the study sought to pinpoint methods for enhancing participants' capacities for self-regulation while partaking in distance learning. Furthermore, the results of this study will assist educators in understanding more variables they may consider while developing additional tactics that learners may use when participating in distance learning.

Methods

The study was conducted in a nursing school in the heart of Davao City. It is among the most known and high-performing nursing schools in the Davao Region, Philippines. The school offers different allied medical courses, but it started as a School of Nursing. It produces many top-performing students as they take their licensure examinations.

The chosen respondents for this study are the third-year Bachelor of Science in Nursing (BSN) students in Davao. They are the chosen respondents since they are the batch of students who started college in a distance learning modality brought by the pandemic. Moreover, random sampling, specifically stratified random sampling, was used in this study by getting the total list of students and was equally divided among the different sections or blocks. A certain number of learners was selected to represent the whole population of BSN 3 students. A total of 250 respondents were surveyed and were equally distributed among ten sections of the third-year level.

This study utilized an adapted questionnaire to measure the self-regulated learning skills of the respondents. The first portion of the questionnaire was gathering demographic data, which includes its name. It is essential to get the respondent's name as this will be used to retrieve the student's general weighted average grade from the registrar's office. The research was conducted and started by asking permission from the program chair of the Nursing Department of the chosen institution. A compliance

certificate for research ethics review was also obtained before the data gathering. The researcher assured that the information was used for research purposes only. In gathering, retaining, and processing personal data, researchers followed the provisions of the Data Privacy Act of 2012 in terms of transparency, legitimate purpose, and proportionality. Even if the respondents provided names and other identifying information, none were included in the printed research report. The information received for this study was treated in strictest confidence.

In this study, frequency and percentage were used to describe the personal data results, which were the strands taken by the respondents during their senior high school. To get the overall idea of the different data among the independent variables, computation of the Mean was used. Chi-square was utilized in this study to determine the significant association between personal data and the level of self-regulated learning. It was the same statistical tool used to identify the significant association between personal data and the respondents' academic performance. The data underwent a normality test, and the results show that the data are not normal. Thus, to determine the significant correlation between the different self-regulated learning skills or the independent variables and the study's academic performance or the dependent variable, Spearman's rho correlation was the statistical tool used in this study.

Results and Discussion

Presented in this chapter are the analyses and interpretation of the results of the study. The results

are presented in tabular form.

Table 1. Personal Profile of the Respondents in Terms of Senior High School Academic Track

| Strand | Frequency | Percent |
|----------|-----------|---------|
| Non-STEM | 88 | 35.2 |
| STEM | 162 | 64.8 |
| Total | 250 | 100 |

Presented in Table 1 is the personal profile of the respondents in terms of senior high school academic track. Of the respondents from non-STEM strands 88 (35.2%), while there are 162 (64.8%) respondents from STEM strands. Moreover, the total number of respondents for the senior high school academic track is 250.

Among the seven indicators of self-regulated learning, *organizing* has the highest mean of 3.46, described as *very high*, which means that the student's self-regulated learning is always manifested. This implies that the students always highlight essential concepts and information in their readings. Based on the previous test, they always imagine what the test will look like. Moreover, they always preferred to study at their own pace and fix things before starting to study. Furthermore, they always make sure that their study area is clean before studying, and after using the study materials, they keep it in a particular container. This study is supported by the findings of Morin (2018) that the students will learn effectively if they can organize their materials well in a desk, locker, bag, or trapper.

On the other hand, *memory strategy* and *goal setting* got the lowest mean. Despite having the

lowest mean, both indicators are still described as *high*. This result implies that it is frequently manifested. For goal setting, students make their schedule of daily activities in a detailed manner and often plan things to do in a week. Students often use a planner to make a timetable of all activities that need to be completed to track what is supposed to be accomplished.

Although *goal setting* has the lowest mean, still it is described as *high*. According to Alessandri and colleagues (2019), having goals raises college students' GPAs. Their research is among the first to demonstrate that the student's capacity to characterize their difficulty and specificity accurately determines how much value they can add. Setting concrete, measurable, attainable, relevant, and time-sensitive goals will help you achieve them. Thus, it is shown in Table 3 in this study that students are having a mean of their academic performance as *Outstanding*. This is also supported by the study of McMillan (2019). If allowed to create goals, students have shown improved academic achievement and involvement in the classroom. If the students learn to make goals, they become more focused and motivated to accomplish their academic work.

Moreover, *in-memory strategy*, students sometimes use note cards to write information they need to remember. Students make a list of related information by categories, and occasionally, they rewrite class notes by rearranging the information in their own words. Further, students summarize their readings and topics discussed in class. Also, occasionally, they make sample questions from the topic and answer them, and write themselves with a message to remind them of their homework.

These findings corroborate the study of Strickland-Hughes and West (2019), which noted that the help of external aids, like planners, to internal memory techniques (like utilizing mnemonic devices) will make it easier for the student to remember information from long-term memory. From the respondents' age as young adults, it is expected that they have a *high* level of performance in terms of memory strategy. They found out that young adults performed better than older adults and young adults are more assured (Frankenmolen et al.,

2018).

In general, the level of self-regulated learning of nursing students is *high*, with an average mean of 3.24, which means that the student's self-regulated learning is oftentimes manifested. This implies that students always manifest the skills in organizing, learning responsibility, and self-evaluating in studying their lessons. Further, students frequently seek assistance and make their environment conducive to learning.

In general, the level of self-regulated learning of nursing students is *high*, with an average mean of 3.24, which means that the student's self-regulated learning is oftentimes manifested. This implies that students always manifest the skills in organizing, learning responsibility, and self-evaluation in studying their lessons. Further, students oftentimes seek assistance and make their environment conducive to learning.

Table 2. Level of the Self-regulated Learning of Nursing Students

| Self-regulated Learning | N | Mean | Std. Deviation | Description |
|---------------------------|------------|-------------|----------------|-------------|
| Memory Strategy | 250 | 3.14 | 0.42 | High |
| Goal Setting | 250 | 3.14 | 0.61 | High |
| Self-Evaluation | 250 | 3.29 | 0.44 | Very High |
| Seeking Assistance | 250 | 3.19 | 0.48 | High |
| Environmental Structuring | 250 | 3.17 | 0.56 | High |
| Learning Responsibility | 250 | 3.30 | 0.51 | Very High |
| Organizing | 250 | 3.46 | 0.46 | Very High |
| Over-all | 250 | 3.24 | 0.37 | High |

Table 3 presents the mean of the academic performance of nursing students, which is *1.97*, described as *outstanding*. It means that a student's

academic performance is *advanced*. This implies that the students performed beyond their expectations.

Table 3. Level of Academic Performance of the Nursing Students

| | N | Mean | Std. Deviation | Description |
|--|-----|--------|----------------|-------------|
| Academic Performance of Nursing Students | 250 | 1.9668 | 0.21448 | Outstanding |

Based on the result projected in Table 1, having the majority of the respondents stand for STEM during their senior high school days influenced the nursing students' academic performance level. This is the same with the study of Alipio (2020) in which STEM-trained students adjusted well in college and outperformed other

students from various senior high school strands. In another study, a considerable percentage of respondents with STEM strands in senior high school had significant achievement in subjects related to science and mathematics. This shows that the respondents are expected to have an outstanding academic performance, as shown above.

Table 4. Significance of the Association between the Personal Profile of the Respondents and the Level of Their Self-regulated Learning

| | Value | df | Asymp. Sig. (2-sided) |
|--------------------|-------------------|----|-----------------------|
| Pearson Chi-Square | .649 ^a | | .723 |
| Likelihood Ratio | .652 | | .722 |
| N of Valid Cases | 250 | | |

a. 2 cells (33.3%) have an expected count of less than 5. The minimum expected count is 2.46.

Exhibited in Table 4 is the significance of the association between the respondents' senior high school academic track and the level of self-regulated learning. As reflected in the table, with the likelihood ratio of 0.722, there is no significant association between the respondents' senior high school academic track and the level of their self-regulated learning. Thus, the decision is to accept the null hypothesis.

Same as the result of the study conducted by Malaga and Oducado (2021), there is no significant association between the respondents' senior high school academic track and the level of their self-regulated learning skills. Although there is no significant association between the two variables, some indicators in self-regulated learning skills show significant factors that may affect the student's performance based on the strand they took during their senior high school.

Table 5. Significance of the Association between the Personal Profile and the Academic Performance of the Respondents

| | Value | df | Asymp. Sig. (2-sided) |
|--------------------|--------------------|----|-----------------------|
| Pearson Chi-Square | 1.101 ^a | 2 | .577 |
| Likelihood Ratio | 1.152 | 2 | .562 |
| N of Valid Cases | 250 | | |

a. 2 cells (33.3%) have an expected count of less than 5. The minimum expected count is 1.76.

Presented in Table 5 is the significance of the association between the personal profile and the academic performance of the nursing students. As exhibited in the table, with a likelihood ratio of 0.562, there is no significant association between the personal profile of the respondents and their academic performance. Thus, the decision is to accept the null hypothesis.

The table shows that the study of Malaguial et al. (2022) has the same result. There is no significant association between the senior high school strand and the student's academic performance. Aside from academic performance, socioeconomic status, parents, job opportunities, and personal interest do not also influence the student's academic performance.

In contrast, many studies show a significant association between the senior high school strand and academic performance. It is worth noting in the study of Alipio (2020) that the STEM-trained health science college students adjusted well and outperformed other students from various senior high school strands academically. He added that

bridging programs can be implemented for those who did not take STEM strand during senior high school if they take a medical-related course. In another study, STEM and non-STEM graduates differed significantly in their academic achievement in math and science. The respondent's perception of their college courses' difficulty is strongly associated with their chosen senior high school elective (Lumboy, 2019).

Exhibited in Table 6 is the significance of the relationship between the level of self-regulated learning and the academic performance of the BSN 3 students. As reflected in Table 6, there is no significant relationship between the level of self-regulated learning and academic performance of the BSN 3 students, with an overall sig value of 0.275. Thus, the decision is to accept the null hypothesis. It also shows that there is a weak correlation between the two variables. A correlation between 0.10 and 0.39 is considered weak (Schober et al., 2018). It implies that in every change in the students' self-regulated learning, there are no significant changes in their academic performance.

Table 6. Significance of the Relationship Between the Level of Self-regulated Learning and Academic Performance of the BSN 3 Students

| Spearman's rho | Self-Regulated Learning | Academic Performance of Nursing Students | |
|----------------|-------------------------|--|------|
| | | Correlation Coefficient | |
| | | | .069 |
| | | Sig. (2-tailed) | .275 |
| | | N | 250 |

The outcome of Price (2017) is comparable to the result shown in the table. The research demonstrates no correlation between students' academic success and their ability to manage their learning. The study might have included too many students of the same kind because the sample was too homogeneous. High-achieving students and flexible study schedules may have been priorities for the online learners who responded to the survey. Thus, it gives us no significant relationship between academic performance and self-regulated learning skills.

The result shown in the table is contrary to the study conducted by Lucier (2015). He made a study on self-regulated learning and academic performance in medical education. There is little relationship between the self-regulated learning and students' academic performance. As a result, it urged the medical schools to reevaluate their teaching strategy to improve their student's ability to manage their learning. Not in consonant with the study of Alshamari et al. (2017), he discovered that the academic performance of nursing students is significantly influenced by aspects related to the student, school, home, and teacher. Having a setup in home-based education affects the student's academic performance.

Conclusion and Recommendations

Based on the findings of this study, the following conclusions are hereby presented:

Most respondents are graduates of STEM strands during their senior high school, with a total of 64.8%, while 35.2% are graduates of non-STEM strands in their senior high school.

Correspondingly, the respondents always manifest organizing, learning responsibility, and self-evaluation. Specifically, the organizing got the highest mean among the seven indicators. This means that the students always ensure they organize all their learning materials before, during, and after the study. On the other hand, goal setting and memory strategy got the lowest mean, yet the respondents frequently manifested it. As a whole, the nursing students' self-regulated learning is high, which means they often manifest the seven indicators of self-regulated learning.

The level of academic performance among the respondents from the third-year level is outstanding. It shows that their academic performance is advanced, thus implying that the respondents performed beyond expectations.

Further, there is no significant association between the senior high school academic track of the respondents and the level of their self-regulated learning. This means that the senior high school strand does not affect the self-regulated learning skills among the students.

Furthermore, there is no significant association between the senior high school strand of the respondents and their academic performance. This means that the senior high school strand does not affect the respondents' academic performance.

Lastly, there is no significant relationship between the level of self-regulated learning and the academic performance of the BSN 3 students.

This means there is no correlation between students' academic success and their ability to manage their learning. Based on the literature's findings, the researcher hypothesized that self-regulated learning would improve accomplishment outcomes or favorably correlate with academic performance (Lucier, 2015; Alshamary et al., 2017; Frites et al., 2022). The study's findings show a weak correlation between the academic achievement measured by the grade-weighted average of the respondents and the seven self-regulated learning measures. Instead, the limited range of the respondents' grade weighted average and the sample's potential for homogeneity—that is, the respondents' comparable responses—could be to blame for the lack of a meaningful correlation.

Based on the findings and conclusions, the following recommendations are put forward to those concerned:

For the students, it is recommended to continue to discover and learn different techniques in learning at their own pace. Students must be courageous and honest enough to inform their instructors if they need help understanding their lessons during distance learning.

For the instructors, it is recommended to find appropriate pedagogies in teaching if in distance learning modality. This will help the instructors ensure that the students are learning and understand the lessons they give online. Appropriate pedagogies will affect the students, instructors, and even the school positively.

The school administrators might do a school-based review of the introduction of online courses and plan ongoing professional development for the instructors. Training sessions and webinars are two options. They could also hold symposiums or webinars to teach students how to manage their schoolwork effectively, even when it is done remotely.

Lastly, future researchers may further explore the variables discussed in this study. They may conduct further studies in the broader population or multiple institutions that give them a different answer to the questions raised in this study. This might give them a result that some

indicators might significantly correlate with the student's academic performance. They may further explore new variables that can be added to this study to understand other factors that might affect the student's academic performance.

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Abstract

Breastfeeding provides many benefits for both mothers and babies. This descriptive phenomenological study aimed to explore the breastfeeding journey of working mothers, specifically first-time postpartum mothers who initiated exclusive breastfeeding to know what specific intervention to address their postpartum needs. Through a phenomenological inquiry, rich descriptions captured the uniqueness of the phenomena through the lived experiences of these first-time mothers. This was conducted in the Provincial Economic Enterprise Development Office and a primary hospital in the Island Garden City of Samal, Davao del Norte. Purposive sampling was used in the selection of the participants. Data were gathered using in-depth interviews and focus group discussions with fourteen participants who were carefully selected based on the set inclusion criteria. Data were analyzed using Colaizzi's approach using its prescribed ten steps. The following themes emerged: a) expression of motherly love amidst the challenges, b) facing the challenges with favorable effort, guidance, and optimism, and c) the significance of awareness, support groups, and positive outlook. They were able to overcome difficult encounters because of their love and concern for the welfare of their babies with the help of a support system and a positive mindset.

Keywords: *Working primipara mother, Health, Descriptive-Phenomenology Approach, Island Garden City of Samal*

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Introduction

First-time mothers gain parenting confidence from a positive breastfeeding experience. (Gianni, et al, 2020). Having a positive breastfeeding experience can be invaluable for a first-time mother. This experience can give them confidence and reassurance that they are doing the right thing (Regan & Brown 2019). It can provide comfort, joy, and an incredible learning experience. Studies have shown that the physical and emotional benefits of breastfeeding are significant. It has been linked to improved health outcomes for both mother and baby and improved bonding between mother and child (Yang et al,

2019; Parker et al., 2018). In addition, breastfeeding has been linked to improved mental health, including reduced postpartum depression (Pope & Mazmanian, 2016; Vieira et al., 2018).

According to a recent survey in Ghana, just 10.3% of working moms who live in cities exclusively breastfeed their children. (Abekah-Nkrumah et al., 2020). Globally, only 40% of infants under six months of age are exclusively breastfed (WHO, 2018). This is a concerning statistic, pointing to a more significant problem of inadequate access to resources and support for mothers attempting to breastfeed. Vietnam has set an ambitious goal of achieving 50% exclusive

breastfeeding among mothers and increasing the breastfeeding rate beyond six months by 2020 (Xuan et al., 2018). Therefore, governmental measures are required for working women to successfully enforce their decision to breastfeed as much as possible. (Vilar-Compte, M. et al, 2021)

Aside from that, breastfeeding provides the Philippines with much promise for sustainable growth. When they are six months old or older, just 34% of babies nationwide are exclusively breastfed (Tello, 2022). However, it was reported that around 2.8 million Filipino children under 2 years of age were undernourished due to sub-optimal breastfeeding practices (UNICEF, 2017). Further, adherence to

exclusive breastfeeding is affected by the following barriers such as the Philippine Milk Code was poorly monitored and enforced, there were inconsistencies in breastfeeding promotion, mothers had limited access to skilled counseling, there was little support for breastfeeding at work, and maternity leave was short-lived and only partially covered (Samaniego et al., 2022).

In the Island Garden City of Samal, there is no study has been conducted to describe the breastfeeding experiences of working mothers when they return to work. Therefore, exploring the breastfeeding experience of working mothers is essential. This study aims to explore the breastfeeding experiences of mothers who returned to work after childbirth.

Methods

This study utilized a descriptive phenomenological research design. According to Husserl et al. (2020), phenomenology helps us understand the meaning of people's experiences. A phenomenological study examines what people experience and focuses on their experience of phenomena wherein the researchers will conduct an in-depth interview to be done separately with the participating student nurses. This design will enable the researchers to explore the exclusive breastfeeding experiences of the primipara working mothers.

A total of 14 primiparas, working postpartum women, participated in the study, which used the purposive sample method. Seven participants (Participants 1–7) underwent in-depth interviews, and the remaining seven participated in focus groups. The following inclusion criteria were used to choose the participants: primipara working postpartum mothers who started nursing at six months and beyond, legal age, and currently residing in Samal.

The primary data source was the narratives from key informant interviews focused on group discussions with personal interviews.

The outpatient department officer selected the participants for the contact information of primipara postpartum mothers who gave birth in the institution, met the criteria, and were willing to participate in the research.

In this research study, the researcher has set aside personal experiences and points of view that may lead to biases and alter the researcher's conclusions. However, having such anticipated interaction with the participants by observing them may imply unintentional bias sharing. The researcher adviser carefully reviewed the study and gave helpful insights and ideas to enhance it.

Member checking is a qualitative approach to establishing credibility in trustworthiness. Establishing the truth of the research findings entails proving that the research results are realistic and truthful. *Member checking* is defined as either expressing a summary of the findings or sharing the entire findings with the research participant. In this study, member checking is a procedure in which results are returned to participants to be checked for accuracy and evaluation. The participants received a copy of the transcribed data.

Participants were then allowed to verify the data before signing a certification that the data transcribed by the researcher was correct.

Research experts reviewed and ratified this questionnaire to ensure its validity and aptitude in extracting the experiences of primipara postpartum mothers who initiated breastfeeding in 6 months and beyond.

Furthermore, the researcher meticulously adhered to the research process and the accurate recording and transcribing of the interview verbatim. Regarding dependability, it is concerned with the stability of the results over time and conditions. It is also the extent that other researchers could repeat the study and that the findings would be consistent and believable. It is a process of allowing someone outside the research to critique the research process to ensure content and reliable findings.

In the current study, dependability is ensured by the researcher's attention to effective data organization, including using an external auditor. Through the evaluation and suggestions of the external validator/ auditor in the interview protocols, the researcher is assured that the content of the data gathered was appropriate to answer the research question.

Lastly, conformability refers to the degree to which the results of an inquiry can be verified by other researchers (Devault, 2019). This will be done by presenting the research findings in the panel that evaluated how consistent the data gathered and the findings to answer the research question.

The study's dependability and conformability are concerned with establishing the interpretations of the findings as derived from the data and not from the figments of the researcher's imagination. This is ensured through an external audit by presenting the study to the researcher's adviser and the research panel for evaluation. This is done to verify the accuracy and evaluate whether the data supports the findings, interpretations, and conclusions and if the process generated an essential factual finding. Overall, the essence of this step is to ensure that

the study is authentic and duly validated by research experts who are not part of the study.

This research used the Colaizzi phenomenological method concentrates on the sensations and feelings of the participants to find commonalities rather than specific characteristics in the study subjects. By employing this technique, the current study was expanded to include responses, behaviors, thoughts, feelings, and impressions that were derived from the data. These metrics determined the prevalence and determinants of new moms starting exclusive breastfeeding. Moreover, focus groups and key informant interviews were used in this study's data collection.

In this study, Colaizzi's method was efficiently used to extract relevant statements from the verbatim transcription, and meanings will then be developed. The first step is that the interviews with first-time postpartum mothers who started nursing at six months or beyond were digitally recorded and transcribed. These transcripts were carefully examined, read, and reviewed multiple times to construct a framework, deduce precise meanings, and portray the entire content broadly. Thus, it aided the researcher's understanding of the data.

Following that, all transcripts highlight noteworthy statements relevant to and directly related to the topic being studied. All significant statements were noted on a separate sheet with their pages and line numbers, and these statements were examined to determine if they were all recognized as such.

The significance of the significant assertions will be carefully considered, leading to the formulation of meanings pertinent to the phenomena. The researcher maintained the coherence of descriptions by contrasting the formulated meanings with the original meanings.

The constructed meanings are grouped into themes. To create a unique construct, groups of subthemes that express a specific meaning or vision are shorted together. Eventually, a thorough description of the phenomena under study was created using the study's findings. The researcher included all the topics formed in a

comprehensive and all-encompassing account of the phenomenon.

As a result, the researcher condensed the lengthy description into a succinct, compact statement that only included the elements deemed crucial to the phenomenon's structure. The relationships between topics and clusters of ideas were found to be coherent and understandable, and any ambiguous structures that weakened the description were removed.

Hence, creating and outlining the phenomenon's entire underlying structure. To

Result and Discussion

In this chapter, the study's main findings are presented. Before discussing the significant viewpoints gleaned from interviewees' answers to the interview questions, the participant profile regarding demographic variables is covered. The conversation mostly centers on the recurring themes in the patients' comments.

Data was collected through in-depth, audio-recorded individual interviews. The research participants were informed through informed consent and verbal confirmation of measures taken to protect their privacy. Neither individual nor gathered data results can be tracked by a single participant. Upon completion of the research, audio recordings were saved and were kept secure. Research participants were also made aware of their right to end the interview at any time or withdraw from the study at any point during this study.

A series of one-on-one in-depth interviews and discussions were conducted with the participants in their free time which lasted 30 minutes to an hour. The recorded audio meet responses were transcribed, translated, and analyzed using Colaizzi's method of data analysis. The participants were assured that their responses were treated with utmost confidentiality.

match the researcher's descriptive findings with the research participants' experiences, validation of the findings from the study participants is sought. As an add-on and final step to the extensive verification to ensure correctness, integrity, and validity, the findings are carefully read and inspected once more once the participants have been verified.

The knowledge which is the pieces of information acquired from the subjective reports of the participants about their measures taken, coping strategies, and their varying insights or suggestions to their peers and the nursing academe is a great advantage. The following implications were made for nursing education, for the parents, for the nursing service, and for future researchers regarding breastfeeding. To mention, the following are the implications of the findings of this phenomenological inquiry on the nursing profession:

Mainly, the results of this study have been greatly instrumental in delving into the mothers' worthwhile experiences in breastfeeding their infants which highlights the challenges, intentions, coping, and insights. Specifically, it has been recognized that the participant's motivation for exclusive breastfeeding is rooted in motherly love to ensure the welfare of their babies despite any hardships. It is also not an easy trail for them as working mums. However, the fulfillment and joy associated with this act created a strong driving force to overcome any obstacles.

The articulations being collected, reveal that family, friends, and health workers had also helped them cope by providing awareness, emotional support, and motivation. It was also

undeniable that optimism played an important role in successful breastfeeding. In the later part, the insights or recommendations of the participants focusing on a support system, having appropriate knowledge of breastfeeding, expressing feelings, and looking into the bright side of things were acknowledged as well.

Taking this gathered information into consideration, can be an initiating factor not only for the nursing and other healthcare professionals but also for government sectors to develop and implement programs that would greatly support exclusive breastfeeding which is beneficial to both mothers and babies. This approach should

consider the physical, emotional, psychological, and social aspects to achieve holistic and best possible outcomes. Through these findings, breastfeeding mother and their family members, the community, and nurses can then be equipped with working knowledge on how to address the challenges and opportunities to guarantee sustainable exclusive breastfeeding practices. Lastly, awareness of the diversity of breastfeeding experiences may contribute to the provision of professional caring and supportive relationships. Exploring the perspectives and emotional experiences of breastfeeding women provides important insights and a deeper understanding of how to best support them.

Profile of Participants

The average age of the participants, who are all older people, is in their early 30s. Almost all participants are female, first-time mothers, and employed in various medical-related sectors. Eleven participants are currently employed at the

Provincial Economic Enterprise Development Office Inc., and three were assigned to the Samal City Disaster Unit. All participants are working mothers who are happily married. For this study, the researcher conducted individual interviews with seven individuals and focused groups with seven participants.

Table 2 Participant's Profile

| Code Name | Age | Occupation | Duration of Primipara Breastfeeding Journey | Study Group |
|----------------|-----|--------------------------|---|-------------|
| Participant 1 | 33 | EMS Responder | 12 Months | IDI |
| Participant 2 | 30 | CDRRMC Responder | 16 Months | IDI |
| Participant 3 | 32 | Radio Operator | 16 Months | IDI |
| Participant 4 | 31 | Administrative Clerk | 24 Months | IDI |
| Participant 5 | 31 | ER Nurse | 25 Months | IDI |
| Participant 6 | 30 | RESU Nurse | 10 Months | IDI |
| Participant 7 | 30 | DR Nurse | From birth until the present | IDI |
| Participant 8 | 33 | DR Nurse | 8 Months | FGD |
| Participant 9 | 31 | Midwife | From birth until the present | FGD |
| Participant 10 | 34 | Head of Malasakit Center | From birth until the present | FGD |

| | | | | |
|----------------|----|------------------------|------------------------------|-----|
| Participant 11 | 32 | Philhealth Coordinator | From birth until the present | FGD |
| Participant 12 | 32 | Pharmacist | 13 Months | FGD |
| Participant 13 | 31 | Pharmacist Assistant | 26 Months | FGD |
| Participant 14 | 32 | Dental Aide | From birth until the present | FGD |

The interview aimed to determine the participants' lived experience with exclusive breastfeeding. To achieve the objective of this study, the following questions were asked: "What are the experiences of primipara mothers on exclusive breastfeeding?", "How do participants cope with the challenges of their experiences?", "What insights can the participants share with breastfeeding mothers and to the maternal and child nursing practice?"

During the in-depth interview, the participants were encouraged to talk using their own words and language that they preferred to obtain honest responses. Verbal transcripts obtained from video recordings made by the researchers produced ample amounts of significant statements that pertain to the experiences of the participants. Emergent themes from the analysis of the participants' statements became the basis of the formulated meaning and thus the cluster themes. Focus group discussion was also conducted to support the discussions.

Emergent Theme 1. Expression of Motherly Love Amidst Challenges

The theme "Expression of Motherly Love amidst Challenges" encompasses the discussion that revolves around the lived experiences of working mothers while exclusive breastfeeding. It represents their worthwhile encounters, both ups and downs. This overarching theme depicts the participants' motivations for sustaining breastfeeding despite their difficulties. It also provides a picture of how breastfeeding is a sheer illustration of a mother's love and joy which is

The data gathered from the interview underwent a series of steps. After looking at and familiarizing the responses, 196 significant statements were formed. These were then clustered to create 19 formulated meanings. After a systematic analysis, three emergent themes were generated. The first theme is "*Expression of Motherly Love Amidst Challenges*" with three clustered themes: *The Perks and Difficulties*, *Considering the Baby's Welfare with Love*, and *Bundle of Joy*. The second theme is "*Looking at the Bright Side*" with two clustered themes: *Discovering the Right Way* and *Imbibing Positive Mindset*. The last emergent theme is Breastfeeding is rewarding and fulfilling with two clustered themes: *Sense of Satisfaction* and *Gaining Support*. These major themes were explored with each theme illustrated in the thematic map that follows.

geared towards the welfare of the baby even when faced with hardships.

This is in line with the findings of Wook et al. (2020) showing that a positive maternal emotional experience of feeding is associated with favorable exclusive breastfeeding outcomes. It highlights the association between maternal positive emotions during breastfeeding and improved duration of exclusive human milk feeding and overall maternal breastfeeding experience. On the other hand, Roth et al. (2021) found that mothers who experience breastfeeding

difficulties are at risk for reduced bonding with their infants.

Cluster Theme 1.1: The Perks and Difficulties

The cluster theme “The Perks and Difficulties” shows the participant's expressions about the challenges and difficulties they experienced while exclusive breastfeeding. These include physical discomforts, pain, swollen breasts, lack of sleep, requiring too much time and effort and breastfeeding, and pressure regarding the adequacy of milk that can be provided. Most of the participants also struggled between balancing their time at work and breastfeeding their infants.

Despite this, they are still able to provide their babies with an adequate supply of breast milk through breast pumping even when it is painful at times. Hence, they resume breastfeeding after work. Babakazo et al. (2022) found that cracked or sore nipples, insufficient production of milk, and breast engorgement were the most experienced problems by lactating mothers. Some mothers also experience struggles such as bodily impairment and exhausting situations (Palmer & Ericson, 2019). Participants showed common thoughts about their experiences as mentioned in the following accounts:

“I experienced the overwhelming struggle of being a first-time mom. The pain during breastfeeding and not having a good sleep and physical changes.” (SS1, Lines 10-11, Participant 1)

“At first painful for my breast. Takes a lot of time and effort to do exclusive breastfeeding because as

a working mom, I must pump my milk. And every after my shift sometimes my breast is very swollen.” (SS3, Lines 25-28, Participant 3)

“Challenges may, be nipple sore and storing milk properly to prevent spoilage since I am a working mom. (SS45, Line 65, Participant 5)

Further, other participants verbalized the benefits of breastfeeding. It is convenient and easily accessible with less effort in preparation. Breastfeeding is also a viable option because of its practicality in terms of economic considerations. It is free but provides a lot of benefits to the child. Below are excerpts of the mother's experiences:

“As a first-time mother the experiences I encountered during my breastfeeding days were at first it is painful but at the same time it is convenient for me during the nighttime with less effort.” (SS9, Lines 77-78, Participant 5)

“I find breastfeeding very accessible because I don't need to prepare milk, especially at night.” (SS111, Line 175, FGD 10)

“Breastfeeding is less tiring for me especially at night because I don't need to wake up and prepare milk. For me, I find it very helpful and convenient.” (SS51, Lines 61-62, Participant 4)

Cluster Theme 1.2: Considering the Baby's Welfare

The second cluster theme "Considering the Baby's Welfare" conveyed that the participants chose exclusive breastfeeding for the well-being of their child because it is beneficial to health and can also prevent diseases. They communicated that they opted to choose exclusive breastfeeding because they wanted the best for their children and that is an expression of love. This conforms to the findings of Tajedini and Rakhshanderou (2020) illustrating that most mothers believe that exclusive breastfeeding promotes infant growth, protects from illnesses, and increases their emotional bond. Similarly, breastfeeding promotes physiologic health, improves cognitive performance, and heightens socio-affective responses among children. Further, it also facilitates positive effects and improves maternal sensitivity and care (Krol & Grossmann, 2018).

"For the sake of my baby's health I decided to choose exclusive breastfeeding." (SS1, Line 50, Participant 1)

"Considering the health benefits acquired through breastfeeding, I have decided to breastfeed exclusively for my daughter's well-being and prevention of any health conditions." (SS10, Lines 110-113, Participant 6)

"I love my baby so much. I want my baby to become healthy as much as possible." (SS156, Line 189, FGD 5)

Moreover, participants also verbalized that the rewarding and satisfying part of breastfeeding is seeing their children healthy despite the challenges they experienced. These are exemplified by the responses below:

"I am very fulfilled and happy being able to provide the best for my child. I know breastfeeding comes with a lot of benefits. It makes me feel that I am doing something right for my child." (SS14, Lines 43-45, Participant 2)

"I feel satisfied because for doing what is best for my child. And I know I know breastfeeding is also an expression of my love." (SS15, Line 55, Participant 3)

"Satisfied and feeling important because I am the one who supplies my baby's milk". (SS 145, Line 180, FGD 5)

Cluster Theme 1.3: Bundle of Joy

The cluster theme "Bundle of Joy" encompasses the participants who expressed the happiness they had experienced while breastfeeding. Breastfeeding also creates a connection and bond between the mother and the baby. They voiced as well about the amazing new motherly experience and the most beautiful encounter ever. It also creates a bundle of joy while seeing their child in a very pleasant condition. These aspects are evident based on the following excerpts:

"The bond you have with her, the care and love you handled in every feeding provides a lot of happiness." (SS5, Line 23, Participant 4)

"I gave him a perfect nutrient and gains me a bundle of joy as a first-time mom." (SS73, Line 97, Participant 5)

*“There’s joy behind all thoughts
because I have a chance to bond
with my baby.” (SS118, Line 161,
FGD 2)*

The premise above indicates that breastfeeding is not only more of an emotional reaction than a rational decision but also demonstrates that the emotional development of breastfeeding is independent of the cognitive process. Expressing breast milk is viewed as integral to their maternal role, even though some found it exhausting but it made them feel more like a mother (Yang et al., 2019). Other mothers are also inspired to breastfeed because of their sense of purpose (Parker et al., 2018).

Emergent Theme 2. Looking at the Bright Side

The emergent theme “Looking at the Bright Side” communicates about the manner of coping of the participants. Breastfeeding for working mums is not easy. It is accompanied by various challenges. The participants were able to cope by exerting effort to gather data on breastfeeding practices, asking for information and guidance from their significant others in dealing with problems, and inculcating a positive mindset despite difficulties. This supports the findings of Peixoto et al. (2019) revealing that women referred to receiving guidance on breastfeeding in prenatal, puerperal, and childcare consultations, reported having no difficulties in breastfeeding. Adequate preparation for breastfeeding could have a positive impact on the breastfeeding experiences of women.

In contrast, the study of Mundagowa et al. (2019) discovered that exclusive breastfeeding rates were low despite the mothers’ high knowledge levels and positive attitudes towards the practice. It necessitates a need to channel supportive measures through a system-wide

approach. This can be achieved by realigning breastfeeding policy directives as well as community attitudes and values towards exclusive breastfeeding.

Cluster Theme 2.1: Discovering the Right Way

The cluster theme “Discovering the Right Way” depicts the participant's experiences in coping with the challenges of breastfeeding. It is made possible through following the proper breastfeeding practices with the guidance of healthcare workers, parents, husbands, and friends, reading books, and doing research regarding tips and techniques. Eating healthy foods, drinking plenty of water, correctly positioning while breastfeeding, and use of breast pumps are considered best practices for breastfeeding mothers who are working. Ferreira et al. (2018) stressed that guidance during prenatal care is favorable towards adherence to exclusive breastfeeding. Below are the verbalizations of the participants:

*“I deal with challenges I
experienced during breastfeeding,
by asking for help from family,
especially my mother. Also, I did
my research to know some tips and
techniques that can help me deal
with those challenges.” (SS51,
Lines 125-127, Participant 4)*

*“Eat healthy foods and make
sure to follow the correct
breastfeeding practices like proper
positioning, cleaning of breast,
and proper breast pumping and
storage of breast milk.” (SS56,
Lines 130-133 Participant 2)*

*“With the help of hospital's
orientation. I stand corrected with
my misconceptions about
breastfeeding and provided me
with more knowledge in*

breastfeeding.” (SS145, Lines 189-190, FGD 5)

Cluster Theme 2.2: Imbibing Positive Mindset

Imbibing a positive mindset refers to the participants coping with the challenges brought about by their breastfeeding. They are also not affected by social pressure while breastfeeding in public. They have projected a positive attitude by being proud of what they are doing and focusing on the goal which is for the benefit of their babies. Some of the participants just consider it as a normal routine while ensuring good benefits to their babies. Similarly, Dukuzumuremyi et al. (2020) found that improving maternal attitudes could increase the level of exclusive breastfeeding practices. These are supported by the following statements:

“I do make it as a normal routine every day. Despite the difficulties sometimes, I always make sure to maintain a positive mindset.” (SS49, Lines 116-117, Participant 2)

“To prevent pressure in society, I don’t mind other’s opinions. I do breastfeed in public. I was never ashamed, instead, I was so proud because not all primipara mothers were blessed to have an abundant supply of milk in the breast.” (SS66, Line 125-126, Participant 5)

“I just divert my sadness into a positive one so that I can be motivated to breastfeed.” (SS120, Line 187, FGD 2)

However, the research study of Hernández-Martínez et al. (2022) revealed that some

women expressed reluctance in terms of feeding their babies in public, emphasizing the need to be discrete and carried out in a hidden manner, and even if recognizing that breastfeeding is acceptable in public, it should be in a way that does not appear offensive to other people. Similarly, Boyer (2018) also found that negative experiences in public breastfeeding resulted in low breastfeeding rates.

Emergent Theme 3. Breastfeeding is Rewarding and Fulfilling

The emergent theme “Breastfeeding is Rewarding and Fulfilling” gives a picture of the participant's insights on their satisfying experience and recommendations for a sustainable and gratifying exclusive breastfeeding encounter. The participants had meaningful breastfeeding experiences. Through this, they learned about the necessary things to make exclusive breastfeeding productive and worthwhile. It also embodies the fulfilling encounters of the mothers while establishing a connection to their babies. They also highlighted the essential role of being cognizant of the benefits of breastfeeding. Support groups will also provide an opportunity to learn from others and express one’s feelings and concerns. This will allow breastfeeding mothers to integrate effective practices and lighten their burdens from the difficulties they experienced.

According to Jackson and Hallam (2020), support groups allow breastfeeding mothers to have a supportive community and gain access to practical advice. In terms of awareness, Cascone et al. (2019) found that mothers receiving breastfeeding advice from healthcare workers increase the likelihood of exclusive breastfeeding. Thus, there is a need to increase efforts to make mothers aware of the health benefits of breastfeeding for themselves and their offspring. Lastly, by looking at the bright

side of things, it will be easier to deal with any obstacles that will come along.

Cluster Theme 3.1. Sense of Satisfaction

“Sense of Satisfaction” is a cluster theme that signifies the sense of fulfillment of breastfeeding mothers. The participants expressed their positive emotions while realizing their roles as mothers through breastfeeding. This conforms to the findings of de Senna et al. (2020) revealing that breastfeeding mothers experience high maternal satisfaction in the early postpartum months. On the other hand, Gianni et al. found that negative emotional experiences by mothers related to breastfeeding increased the chances of resorting to bottle-feeding. This can be further supported by the following statements:

“Felt complete as a mother or something that makes me as a whole person. I am very satisfied because I tend to achieve the role as a mother to practice breastfeeding.” (SS28, Line 48, Participant 7)

“If I want to tell you about my mothering feelings, I have to say, for me, it's a beautiful feeling. I always thank God for these worthwhile moments with my baby.” (SS 140, Lines 200-201, FGD 4)

“I am very fulfilled and satisfied being able to provide the best for my child. I know breastfeeding comes with a lot of benefits. It makes me feel that I am doing something right for my child.” (SS14, Lines 31-32, Participant 2)

Cluster Theme 3.2. Gaining Support

The cluster theme “Gaining Support” emphasizes the value of support groups in assisting mothers who are exclusively breastfeeding. It can be from core groups with similar experiences, workmates, or family members. They suggest the importance of breastfeeding and providing mothers with an opportunity to express their feelings and concerns can also be rewarding. This supports the findings of Morse and Brown (2021) which convey that local breastfeeding groups enable the formation of support networks and the development of breastfeeding knowledge that mothers credit with increased well-being, motivation, and breastfeeding duration.

“Encourage mothers to practice breastfeeding if there is no medical condition that can hinder the breastfeeding journey. And support from family and workmates.” (SS85, Lines 133-134, Participant 3)

“The best way to provide support among breastfeeding mothers is to offer open communication to everyone. In this way, mothers can share their experiences or open their queries regarding breastfeeding issues and concerns.” (SS87, Lines 141-143, Participant 5)

“I deal with challenges during my breastfeeding days with the help of my workmates and family support to concerned are more important.” (SS 165, Line 212, FGD 6)

Tailored support could be provided to encourage exclusive breastfeeding for the first six months and continued breastfeeding for up to 2

years. During hospitalization, professional and individual support with counseling is very important to increase the mother's confidence and avoid the early introduction of other foods (Zhang et al., 2018). Moreover, breastfeeding care should include personalized emotional support for first

mothers in addition to the implementation of their breastfeeding knowledge and skills (Gianni et al., 2020). Greater efforts should be made during breastfeeding education and support to enhance self-efficacy (Li et al., 2018).

Conclusion and Recommendations

This phenomenological inquiry is about the exclusive breastfeeding experiences of working primipara mothers. Using a descriptive phenomenological approach adapted from Colaizzi (1975), significant statements were extracted from data, and a formulation of meaning was assigned to each significant statement. Data was then organized and clustered into themes. Themes were again reviewed and consolidated into three emergent themes. The main themes were illuminated by the narratives of the 14 participants in the research study. These themes sought to provide an organization and explanation of the lived experiences that occurred for participants who experienced the phenomenon.

The knowledge which is the pieces of information acquired from the subjective reports of the participants about their measures taken, coping strategies, and their varying insights or suggestions to their peers and the nursing academe is a great advantage. The following implications were made for nursing education, for the parents, for the nursing service, and for future researchers regarding breastfeeding. To mention, the following are the implications of the findings of this phenomenological inquiry on the nursing profession:

Mainly, the results of this study have been greatly instrumental in delving into the mothers' worthwhile experiences in breastfeeding their infants which highlights the challenges, intentions, coping, and insights. Specifically, it

has been recognized that the participants' motivation for exclusive breastfeeding is rooted in motherly love to ensure the welfare of their babies despite any hardships. It is also not an easy trail for them as working mums. However, the fulfillment and joy associated with this act created a strong driving force to overcome any obstacles.

The articulations being collected, reveal that family, friends, and health workers had also helped them cope by providing awareness, emotional support, and motivation. It was also undeniable that optimism played an important role in successful breastfeeding. In the later part, the insights or recommendations of the participants focusing on a support system, having appropriate knowledge to breastfeed, expressing feelings, and looking into the bright side of things were acknowledged as well.

Taking this gathered information into consideration, can be an initiating factor not only for the nursing and other healthcare professionals but also for government sectors to develop and implement programs that would greatly support exclusive breastfeeding which is beneficial to both mothers and babies. This approach should consider the physical, emotional, psychological, and social aspects to achieve holistic and best possible outcomes. Through these findings, breastfeeding mothers and their family members, the community, and nurses can then be equipped with working knowledge on how to address the challenges and opportunities to guarantee

sustainable exclusive breastfeeding practices. Lastly, awareness of the diversity of breastfeeding experiences may contribute to the provision of professional caring and supportive relationships. Exploring the perspectives and emotional experiences of breastfeeding women provides important insights and a deeper understanding of how to best support them.

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Recommendations for Future Research

There are still numerous gaps that need to be explored due to the limitations of this research study. Hence, quantitative research may be conducted exploring the determinants and barriers of exclusive breastfeeding among working mothers to identify the variables that might affect adherence to such. Moreover, studies that can also focus on primiparous mothers with certain disease conditions might also illuminate different viewpoints. Evaluation research may also be delved into concerning the effectiveness of breastfeeding programs and advocacies implemented in various healthcare institutions.

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Going Rough and Tough: Consequential Occupational Stress of Nurses Performing Their Job

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Abstract

Nurses, who work in a high-pressure environment, are susceptible to Consequential Occupational Stress (COS). This study aimed to explore and understand the consequential occupational stress staff nurses experience in performing their jobs. The qualitative descriptive-phenomenological method was used in the study. Ten participants were purposefully chosen, wherein five staff nurses participated in the in-depth interview, and five participated in the focus group discussion. Through the in-depth interviews and focus group discussions, it was gathered that participant's experiences while performing their job were arduous tasks, tough rows to hoe, and a new horizon. The results also showed that personal triumph, igniting optimism, avoiding mazes, standing together, enjoying the moment, and living with purpose were among the participants' coping mechanisms for the challenges they experienced in performing their jobs. The findings of the study imparted the following knowledge to nurses' colleagues and the nursing profession at large: upholding positivity, helping hand, and being proactive. Especially amid the epidemic, the staff nurses gained significant life lessons that empowered them and fostered a deeper appreciation for the value of their noble profession.

Keywords: *Staff Nurses' Occupational Stress, Social Science, Descriptive-Phenomenology, Tacurong City*

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Introduction

Consequential Occupational Stress (COS) is a type of stress that occurs as a result of the consequences of the job performance itself. Nurses, who work in a high-pressure environment, are susceptible to COS. Most studies point out the problematic scenario as regards consequential occupational stress of nurses in performing their job such as workplace violence (Pekurinen, et al., 2018), moral distress (Fiset, et al., 2020), leadership and organizational factors (Lee, et al., 2021), and workload and staffing issues (Jokinen, et al., 2019).

The most frequent causes of stress for nurses were found to be related to workload, staffing, and patient care, according to a systematic assessment of 48 studies from 17

different nations. Stress-related to insufficient resources and subpar working conditions was more prevalent among nurses in low- and middle-income nations (Poghosyan et al., 2018). Moreover, in a survey of nearly 6,000 nurses from 10 different nations, 78% of participants said they were overwhelmed and 55% said they were burned out at work. The most frequent causes of stress were organizational, personnel, and workload-related issues. (World Health Organization, 2019). Lastly, A systematic evaluation of 50 research from 19 countries revealed that moral distress was a frequent cause of COS for nurses, especially when it came to decisions regarding end-of-life care, interactions with patients and their families, and organizational circumstances (Jameton, et al., 2019)

In the Philippines, in a cross-sectional research of 163 nurses working in a tertiary

hospital in Manila, it was discovered that increasing COS was related to both high levels of job demands and low levels of job control. The survey also discovered that nurses with greater levels of COS felt that their supervisors' support was insufficient. (Adia, et al. 2018). The most frequent causes of stress, according to a survey of 369 nurses in a private hospital in Cebu City, were work-family conflict, interpersonal conflict, and busyness. Also, the study discovered that nurses with more than ten years of experience were more stressed. (Estacio, et al. 2019). Lastly, in a qualitative study of 15 nurses working in a private hospital in Manila, it was discovered that workload, staffing, and patient care were the main causes of stress. The study also discovered that nurses went through moral discomfort when they couldn't give patients the care, they thought was best for them (Arquiza et al., 2021).

Locally, in a survey of 122 nurses working at a public hospital in Davao City, it was discovered that increasing COS was linked to high levels of job demands, low levels of job management, and poor colleague support. Also, the study discovered that nurses with more than ten years of experience had greater COS levels (Alkureishi, et al. 2020). These studies collectively imply that COS is a serious issue for Filipino nurses, with prevalent sources of stress including workload, expectations of the workplace, and a lack of job control. The studies also stress the value of support from co-workers and supervisors as well as the influence of work experience on COS.

Along these varied scenarios on occupational stress, the researcher herself a nurse and a hospital administrator, finds it urgent to address the increasing problem of high incidences of occupational stress among nurses. The motivation to conduct an in-depth study and explore the phenomena of occupational stress is timely and critical. As observed, several nurses have been showing some signs of stress in the hospital, as shown in the haphazard way they are handling the patients, while a few are habitually absent from their scheduled duties.

Conversely, this topic on occupational stress is of utmost importance as the researcher tackles the probable occupational stressors among staff nurses. Failure of the management to address their predicaments might harm the staff nurses' efficiency and effectiveness. (Babapour, et al. 2022). Through this study, a clear picture of the current circumstances can be derived, and possible work policies may be planned and implemented geared towards improved nursing services.

Methods

This study utilized the descriptive-phenomenological type of qualitative research design to obtain an in-depth understanding of the experiences of staff nurses who underwent stress. Specifically, the descriptive phenomenological study was used, which allows the researcher to retain the "voice" of the participants without obstructing their viewpoint through analysis (Giorgi & Giorgi, 2017). Applying this method to the current study helped to account for reactions, behaviors, thoughts, feelings, and impressions that emerged from the data. These factors assisted in a comprehensive level of understanding of the participants' lived experiences who had undergone stress. This study used key informant interviews and focus group discussion as a means of data gathering, which aligns with qualitative inquiry methods. Qualitative methods provide a significant amount of information about a small group of people and encourage great depth and detail in data collection (Patton, 2015).

The method of gathering data includes Focus Group Discussion, Interview, Participation/ Observation. It will explore issues, delve into phenomena, and analyze and make sense of unstructured data. This comprises the analysis of any unstructured data, including open-ended survey responses, literature reviews, audio recordings, videos, pictures, and social media.

The study utilized the purposive sampling technique, and a total of ten (10) participants. Specifically, five participants underwent an in-depth interview (Participants 1-5), and the other five underwent a focus group discussion. All the participants were chosen based on the following inclusion criteria: he or she must be a staff nurse who has been stressed, have at least two years of service experience, and be of legal age, currently working as a staff nurse.

The staff nurses' narratives, which were gleaned from in-depth interviews and focus groups, serve as the study's main source of data. Their own experiences formed the main foundation around which the researcher built his or her analysis. Data were collected using the appropriate methodology, which was aided by careful observation of the individuals and the setting in which the phenomena were observed.

The hospital setting, where one may observe how staff nurses interact with their patients and coworkers, was one of the secondary sources of data that was equally significant. The literature obtained from journals, the internet, and documented studies also acted as supporting evidence.

Before the actual interview, the researcher explained to the participants the objectives of the study and they were allowed to

ask questions or clarifications. After obtaining the informed consent, the participants were asked to complete the survey questionnaire regarding their demographic profile. The participants were encouraged to answer the questions. The researcher asked the participants one by one to elicit answers to specific questions. An in-depth interview and focus group discussion were conducted among the target participants of the study.

An audio recorder was used to record the in-depth interview and focus group discussion. Participants were encouraged to talk freely and tell their stories using their own words. Each interview lasted for approximately 30 minutes to 1 hour. After the in-depth interview and focus group discussion, the researcher transcribed the recordings from the audio recorder. After the transcription, the researcher showed copies of the transcribed interview and FGD answers to the participants to ensure from them that their answers were all recorded to capture the verbatim language and voice inflections. Then after the confirmation from the participants, the researcher started to code their answers and came up with emerging themes based on the results. From the emerging themes, the researcher then proceeded with discussions and formulated possible implications of the findings to practice. Recommendations were also formulated.

Results and Discussion

This study aims to convey the lived experiences of 10 staff nurses currently employed in John Mark Villanueva Medical Clinic and Hospital using Colaizzi's (2013) strategy of descriptive phenomenological data analysis. Descriptive phenomenological techniques aim to accurately describe the lives and experiences. This technique incorporates epoché, which means "to throw away any knowledge not immediately delivered to awareness and then regard what is given not as genuinely existent but just as something presented to consciousness" (Giorgi et al., 2017). Using Colaizzi's (2013) seven-step

method of descriptive phenomenological analysis, several significant statements and theme clusters were integrated to formulate an exhaustive description that assists in describing the phenomenon thoroughly.

A total of 118 significant statements were derived from eight semi-structured interview transcripts. Immediately following the extraction of significant statements from all participants' data sources, the researcher applied meaning to participants' statements. Each formulated meaning was coded using the initials of potential cluster themes about its significant statement. Table 2 below illustrates an example of the

development of formulated meanings from significant statements.

Table 2. Formulated Meaning from Significant Statements

| Significant Statements | Formulated Meanings |
|---|------------------------------------|
| <i>"I encountered a patient who is Dead on Arrival (DOA) then the watchers seem to throw the blame at me and they will ask questions why their patient died. They can just yell at me but I cannot answer them while the tension is high." (Participant 4)</i> | Blamed of unfavorable circumstance |
| <i>"Here in the hospital, there is a shortage of manpower, and we nurses are forced to work overtime and engage in multitasking especially when there are emergencies and in the case of absent nurses that need to be substituted. So, we do not have the choice but to continue our duty even when we are exhausted....." (Participant 7)</i> | Haggling tasks amid exhaustion |

After the meanings of the 118 significant statements were formulated, cluster themes were derived through the grouping or clustering of the formulated meanings that represented similar ideas related to the objectives of the study. Nine cluster themes were identified as follows: tough row to hoe, a new horizon, igniting optimism,

avoiding the maze, standing together, enjoying the moment, living with a purpose, helping hand, and being proactive. Table 3 below provides an example of how coded formulated meanings derived from corresponding significant statements were grouped to form the cluster theme labeled "Tough Row to Hoe".

Table 3. Development of Cluster Themes

| Formulated Meanings | Cluster Themes |
|------------------------------------|--|
| Blamed of unfavorable circumstance | Tough Row to Hoe (Difficult Situation) This statement shows the syndrome of work-related stress that comes about as a result of difficult situations that they are facing and it's common among staff nurses. |
| Haggling tasks amid exhaustion | |

Three emergent themes arose from the nine cluster themes to form the foundation of the findings reported in the study. The emergent themes were as follows: arduous task, personal triumph, and upholding positivity: embracing changes. The themes that emerged during the data analysis process provided the foundation to accurately reflect the lived experience of the participants of this study.

Through the process of extracting significant statements, creating formulated meanings, and developing cluster and emergent themes, the narratives of the participants revealed a comprehensive explanation of their lived experience.

The following section describes the emergent themes using narratives of the participants, extracted from interview data. It

contains the discussion of the participant's answers to the research questions: "What are the experiences of nurses in performing their job?", "How do these nurses cope with the challenges of their experiences?", and "What insights can the participants share with fellow nurses and the nursing practice in general?"

Emergent Theme 1. Arduous task

The staff nurse pointed out that their job is an arduous task as it is demanding, challenging, or rigorous on the physical or mental fronts. To finish a difficult task, a lot of effort, skill, or perseverance may be needed. The word "arduous" is frequently used to describe things that are difficult or demand a lot of effort and commitment to finish.

The impact of excessive workloads on staff nurses has drawn a lot of research attention in the dynamic and important sector of healthcare. Studies have illuminated the complex interactions between the workplace, nurse well-being, patient outcomes, and the desire to stay in the field. An in-depth analysis of the literature paints a complex picture of how difficult workloads affect nurses and the larger healthcare system.

One significant study by Aiken et al. (2001) focused on the impact of nurse staffing levels and work environments on patient outcomes by looking at nurses' reports on hospital care in five different nations. Higher nurse-to-patient ratios and better working conditions were linked to better patient care, the researchers discovered. This conclusion emphasizes how crucial it is to have enough workers to reduce the pressure of heavy workloads and preserve high-quality care delivery.

Burnout has been a major research topic since it is a substantial result of hard workloads. The influence of collaboration dynamics and social work environments on nurses' intention to leave the profession was underlined by Estryn-

Behar et al. in 2011. According to the study, nurses who are very burned out are more likely to consider leaving their positions, which could exacerbate the current nursing workforce shortage.

Strategies to improve nurse staffing and foster work satisfaction are essential in this situation. Nursing staff mix models and their influence on outcomes were investigated by Doran et al. in 2011. They proposed that a balanced nursing staff composed of both seasoned professionals and newer nurses can improve patient care and lessen the negative impacts of demanding workloads on both nurses and patients.

Cluster Theme 1.1 Tough Row to Hoe

In a nutshell, staff nurses had a "tough row to hoe," which was a common theme that emerged often. Nurses put in long hours, do a lot of emotionally taxing work, and often end up physically exhausted because of the demanding nature of their profession. It puts two nurses in a hostile work environment to the test by giving them a lot of problems to solve, such as hard professional duties as cited by Goldsby (2020). Nurses may experience job and workplace unhappiness as a result of these factors. So, nurses need to be able to deal with the unexpected problems that come up on the job and test their ability to provide the level of care that is expected of them. They also need to have a positive attitude and work ethic that will help them get through even the longest shifts. They are supposed to be able to control their feelings of irritation and get rid of unusual emotions in novel situations (Babapour, et al., 2022).

Nurses are engaged in healthcare services, which are essential to patients' recovery and well-being. They need to attend to their task with utmost accuracy and efficiency because they are dealing with lives. Any errors they make may result in the worst-case scenario or even the death of the patients. The responsibility laid on their shoulders is something that gives them greater

stress if they cannot measure up to the expectations of doing what they ought to do.

This experience is expressed in the utterances of the participants as follows:

"I encountered a patient who was Dead on Arrival (DOA) then the watchers seemed to throw the blame on me and they will ask questions about why their patient died. They can just yell at me, but I cannot answer them while the tension is high" (Participant 4)

"Here in the hospital, there is a shortage of manpower, and we nurses are forced to work overtime and engage in multitasking especially when there are emergencies and in the case of absent nurses that need to be substituted. So, we do not have the choice but to continue our duty even when we are exhausted." (Participant 7)

Cluster Theme 1.2 New Horizon

A new horizon as experienced by the staff nurse in performing their job, specifically indicates a fresh opportunity, an optimistic attitude, or a new perspective. It may allude to a novel course of action being taken or the possibility for expansion and advancement in a specific field. The experience can be an expression of excitement or anticipation for what lies ahead because it is frequently connected to the concepts of exploration and discovery. In a larger sense, "new horizon" as experienced by the participants can also refer to the ongoing development, fresh concepts, innovations, and

chances. This experience is expressed in their utterances.

If I am pulled out from the ward to the ER department and my mind is not yet prepared knowing that ER assignment is very toxic. This is stressful for me because I do not know where the supplies are placed since I am not familiar with that area. However, as a nurse, we can easily adapt and find solutions to these challenges." (Participant 2)

"When there is an emergency OR and I am being pulled out to assist the surgeon due to lack of manpower and I am not very familiar with the instruments in the operating room, it causes me to be stressed. Nonetheless, this doesn't stop me from rendering service as I am willing to ask for help and collaborate with my co-nurses to handle this problem and in the end, I can still manage to overcome these stressors". (Participant 5)

The said experience supports the study in 2018 that was published in the Journal of Clinical Nursing, the authors examined the first year of practice experiences of freshly graduating nurses. According to the survey, many of the nurses saw their new position as a new horizon that offered numerous chances for professional advancement. Moreover, in a 2019 study that was published in the Journal of Nursing Management, researchers looked at how mindfulness can help nurses feel more engaged and satisfied at work. According to the study, mindfulness exercises helped nurses

expand their awareness to a new horizon, which increased their job happiness and engagement.

Emergent Theme 2. Personal Triumph

The participants in the study commonly experienced personal triumph. As observed, the participants had a feeling of accomplishment or victory after conquering a struggle, obstruction, or adversity in their lives.

The idea of personal victory has been thoroughly investigated concerning healthcare professions, especially nurses. According to research, professional success is closely related to burnout, job happiness, and the standard of patient care (Kang et al., 2018). Personal success was positively connected with job satisfaction and adversely associated with burnout, according to Kang et al. (2018)'s study of 212 staff nurses. Also, they discovered that a key predictor of the caliber of patient care was personal success.

Some studies have emphasized the value of individual success in nursing practice. For instance, Huang et al.'s qualitative research of 15 Taiwanese nurses in 2021 revealed that their capacity for compassionate care was significantly influenced by personal success. Similarly, Zhou et al. (2020) discovered that among Chinese nurses, personal success was positively correlated with self-efficacy and professional engagement.

Cluster Theme 2.1 Igniting Optimism

Creating an optimistic outlook, attitude, or belief in oneself or others is referred to as igniting optimism. It entails learning to maintain optimism, hope, and positivity in the face of hardship or difficult situations. This is how the participants generally describe their experience of occupational stress as they perform their jobs.

Setting realistic goals, concentrating on the positive sides of a circumstance, expressing thanks, and partaking in positive activities are just a few ways to spark optimism. Individuals can

change their view and mindset to one that is more upbeat and hopeful by doing this.

According to research, practicing optimism can enhance both mental and physical health, improve coping mechanisms, and boost resilience in the face of stress and difficulties. For instance, a study by Seligman et al. (2005) discovered that participants in an optimism training program improved more than a control group in terms of mood, well-being, and physical health.

“Avoid negative thoughts towards your fellow nurses. Be a mentor if needed. Set a good example for them; listen first before arguing; be firm; and be dedicated to work. You should have good or effective communication with your fellow nurses, watchers, patients, and doctors.”
(Participant 4)

“Honestly, I kept silent, took a deep breath, relaxed, and prayed. And I always look at the positive instead of the negative to accomplish my task being a nurse on duty.”
(Participant 1)

The significance of optimism in fostering resilience and coping among nurses has also been addressed in other studies. For instance, Boyd et al. (2019) showed that optimism was positively connected with resilience and was a strong predictor of adaptive coping methods in a sample of 282 Australian nurses. Kim et al. (2018) discovered that optimism was positively linked with resilience and that it moderated the association between social support and resilience in a study of 153 Korean nurses.

Cluster Theme 2.2 Avoiding the Maze

Avoiding the maze is the process of staying away from difficult and perplexing situations and looking for simplicity and clarity in choices and problem-solving. It entails recognizing and avoiding pointless difficulties or barriers that could prevent one from reaching their aims or objectives.

According to research, avoiding the maze can have a variety of advantages, including enhanced job satisfaction, reduced stress and burnout, and improved productivity. For instance, a study by Pierce and Aguinis (2013) indicated that employees across a range of industries reported higher job satisfaction and performance when work processes were made simpler and needless complexity was reduced.

Avoiding the maze in nursing practice may entail streamlining patient care procedures, assigning duties to other medical specialists, and asking for assistance and direction from coworkers or supervisors when dealing with complex or difficult cases. By doing this, nurses can avoid becoming overburdened with pointless administrative or procedural work and instead concentrate on giving their patients high-quality care.

The following utterances express the said experience:

“I avoided them and made my happiness. To avoid them, I keep myself busy.”
(Participant 1)

“I enjoyed my work and avoided negative thoughts and feelings.” (Participant 8)

Cluster Theme 2.3 Standing together

Standing together describes a sense of harmony, teamwork, and support shared by individuals or organizations with the same objectives or passions. It entails banding together

to work for a common goal and helping one another out when things become tough.

According to research, working together can offer a variety of advantages, including boosted social ties, stronger resilience, and better overall health. For instance, Jetten et al.'s (2018) study discovered that people who felt a strong sense of social affiliation with a group were more likely to report higher levels of happiness and life satisfaction.

Standing together in the context of healthcare and nursing practice may entail collaborating with coworkers, fighting for patient safety and rights, or offering support to coworkers who may be going through obstacles or difficulties. Healthcare personnel can improve patient care by working together to create a supportive and collaborative workplace. The following texts are uttered by the participants which show an expression of the said experience:

“For me, I would recommend to my fellow nurses to avoid the impact of stress to have a work team, respect each other's ideas, and listen to others' opinions. And always smile at work. And to avoid complaining, think positively, and pray to God that everything will be okay until they survive their duty. Always have self-motivation and do your best as a nurse.”
(Participant 5)

“We work as a team and we help each other. When I have problems or issues, I open up to them and we try to settle them as early as possible in order not to affect our work so that everything will be okay.”
(Participant 4)

Cluster Theme 2.4 Enjoying the moment

Being present and involved in the here and now while also finding enjoyment and satisfaction in one's immediate sensations is referred to as enjoying the moment. Instead of being consumed with concerns about the past or the future, it entails maintaining an intentional and focused concentration on the now.

Enjoying the present in the context of healthcare and nursing practice may entail spending time getting to know patients personally or discovering happiness and fulfillment in the simple acts of patient care. Healthcare practitioners can treat their patients more effectively and compassionately by being fully present in the moment. They can also feel happier and more fulfilled at work. To wit, the following utterances are expressions of enjoying the moment from the participants:

"I enjoy my work to avoid negative thoughts and feelings." (Participant 9)

"Being a nurse is a reward from above. That's why I enjoy my work every day." (Participant 5)

Enjoying the moment has been connected to better patient outcomes in addition to its effect on work-related results. For instance, Ausserhofer et al. (2018) reported that higher levels of mindfulness among nursing staff were associated with decreased incidence of patient falls and medication errors in a study of 190 nursing staff in hospitals in the United States.

Cluster Theme 2.5 Living with Purpose

A sense of direction and meaning in life, as well as a commitment to acting in a way that is consistent with one's beliefs and objectives, are all aspects of living with purpose. It entails living deliberately and intentionally and keeping your attention on the things that matter most.

Living with purpose in the context of healthcare and nursing practice may entail finding fulfillment and meaning in one's profession by emphasizing the beneficial effects that one can have on patients and their families. Healthcare professionals can have more purpose and fulfillment in their jobs by connecting their behaviors and decisions with nursing's basic principles, such as compassion, empathy, and respect for human dignity. Having said it, the following utterances coming from the participants are expressions of the said experience:

"As a nurse, mostly now in a pandemic is a very stressful situation. It is not only the patient's life we are dependent on but also our own lives, front liners, and the lives of our family." (Participant 1)

"Motivation from my family and my colleagues and also the salary. Even though it is not that high, I still need a job to pay bills for my children. Work is very hard, mostly now in the pandemic." (Participant 10)

Living with purpose has been associated with better patient outcomes in addition to its influence on job-related results. For instance, Schaefer and colleagues (2018) found that nurses who reported a higher sense of purpose were more likely to engage in evidence-based practice and deliver high-quality care to their patients in a study of 394 nurses working in hospitals in the United States.

Emergent Theme 3. Upholding possibilities

Adopting a positive and adaptable mindset towards new chances, challenges, and changes is necessary for maintaining possibilities and welcoming change. It entails being receptive to fresh perspectives, experiences, and ideas as well as resiliently and creatively adjusting to shifting conditions.

Being open to new technology, techniques, and policies that can increase patient outcomes and improve the quality of care is one way to uphold possibilities and embrace change in the context of healthcare and nursing practice. Healthcare professionals can maintain their position at the forefront of their industry and give their patients the best care possible by embracing new possibilities and challenges

Cluster Theme 3.1 Helping hand

Giving someone in need of support, assistance, or aid is referred to as lending a helping hand. It can take many different forms, including supplying practical assistance with chores or activities, lending a sympathetic ear, or delivering emotional support. Giving a helping hand is an important part of giving patients high-quality care in the context of healthcare and nursing practice. Nurses frequently act as patient advocates and caregivers, offering emotional support, information, and aid with everyday duties.

According to research, lending a helping hand can have several advantages for both the recipient and the caregiver. For instance, a study by Cheek and colleagues (2018) discovered that nurses who offered a helping hand to patients reported higher levels of professional satisfaction and personal fulfillment. Similar findings were made by Dehghan-Nayeri and colleagues (2018), who discovered that giving helping hands to patients with chronic illnesses increased nurses' quality of life and decreased their psychological discomfort.

Giving a helping hand can also improve patient outcomes, such as decreasing

readmissions to the hospital and raising general patient satisfaction. For instance, a study by Truglio-Londrigan and colleagues (2018) discovered that offering patient support and education while they are in the hospital decreased the risk of readmission and enhanced patient outcomes.

Having said it, the following utterances express the said experience:

"Whenever I need help, they are always there to help and guide me especially if I'm busy during those times on accommodating lots of patients." (Participant 2)

"My colleagues are willing to teach or supervise me especially when I am pulled out to the operating room since I'm not so familiar in that area. They are helpful whenever I need their help." (Participant 7)

Cluster Theme 3.2 Being Proactive

Being proactive means taking the initiative and foreseeing prospective issues or business possibilities. Being proactive at work entails actively looking for methods to enhance workflow, foreseeing any problems, and adopting preventative measures. It entails accepting accountability for one's work and refusing to rely on others to handle problems or give instructions. Being proactive can result in greater productivity, superior results, and a happier workplace.

In the context of healthcare practice, being proactive entails taking measures to prevent health issues and enhance patient outcomes. This can involve taking steps like supporting healthy living practices, scheduling routine health screenings and checkups, and detecting and resolving any health hazards before they develop into major problems (Jackson, 2018).

The following are the utterances of the participants as expressions of their experience of being proactive:

“Prepare yourself ahead of time, especially if you have a 12-hour night shift. Sleep well, eat well, and rest well. Avoid things that may cause stress and listen to positive people and avoid negative ones.” (Participant 2)

“For me Ma’am, I will always prepare myself before going to work, like having enough sleep, and eating well. We need to be ready emotionally, physically, and even spiritually.” (Participant 7)

Conclusion and Recommendations

The purpose of this study was to explore the lived experience of staff nurses on their occupational stress. The participant sample consisted of 10 married staff-nurse wherein there were 2 males and 8 females. Phenomenological inquiry through in-depth interviews and focus group discussion was used to understand the lived experiences of 10 staff nurses who experienced occupational stress. Using a descriptive phenomenological approach adapted from Colaizzi (1975), significant statements were extracted from the data, and a formulation of meaning was assigned to each significant statement. The data was then organized and

Community health professionals may use these findings to implement campaigns to promote understanding of occupational stress and ways to cope with it, as acclimating to stress is not an effective coping mechanism, as it adds a load to nurses and should not be normalized.

Another study is on Proactive nursing intervention reduces heart failure readmissions in Chinese patients by Du, et al. (2019). This study investigates the efficiency of proactive nursing interventions in lowering heart failure patients' hospital readmissions in China. The chance of a patient being readmitted to the hospital was dramatically lowered, according to the authors, by proactive nursing measures like routine phone follow-up and patient education.

Lastly is the study conducted by Kusnoor, et al. (2018) on a proactive nursing approach to care coordination: Implementation and evaluation in a rural community. This study illustrates how a proactive nursing approach to care coordination was implemented and evaluated in a rural community. The authors discovered that this strategy enhanced patient outcomes, lowering the number of readmissions to hospitals and raising patient satisfaction.

clustered into themes. Themes were again reviewed and consolidated into three emergent themes. The main themes were illuminated by the narratives of the 10 participants in the research study. The purpose of these themes was to organize and explain the lived experiences of people who had encountered the phenomenon.

Based on the results, it appears that staff nurses are aware of their occupational stress and have developed various coping mechanisms. Some become accustomed to it, and others view it as a challenge inherent to their role as nurse

The study indicated that when individuals encountered a toxic personality at work, they attempted to keep their feelings to themselves and continued working. Being involved with individuals with toxic personalities will negatively impact the participants' professional lives. Therefore, they choose to focus only on their work. These findings can also contribute to an awareness campaign on

how to lessen nurses' stress, namely by avoiding people who would cause it.

The following recommendations were formulated by the researcher for future research to improve the gathering of data to ensure credibility, transferability, dependability, and confirmability.

The first is to use a unique method of triangulation, such as data triangulation or the combination of two existing methods of triangulation. This study used method triangulation by utilizing two different techniques of acquiring data; in-depth semi-structured interviews and a focus group discussion guided by a questionnaire approved by nursing research experts. But to further increase the credibility of the study, it is also strongly advised to use a different type of triangulation or a combination method of triangulation in the gathering and analysis of data. Data triangulation is a type of triangulation used by researchers to strengthen their findings. It entails collecting information in a variety of ways, including but not limited to collecting information at a variety of times, locations, and from a variety of people or sources. To get better qualitative data, increase the number of people in the

sample to more than ten and look for significant relationships or differences between the experiences of nurses in public and private hospitals.

In addition, taking into account what nurses have gone through in stressful situations, it is also recommended that healthcare managers and owners pay attention to the nurses' well-being not only the patient, as it is an important factor that will affect how well they do their jobs. Their physical, psychological, mental, and emotional aspects are important in performing their duties as healthcare professionals. Team-building activities and focus group discussions among all the members of the organization should look into this aspect to give them an avenue to air out their sentiments and to enhance camaraderie and teamwork in the workplace.

Further, it is recommended that future studies of the same type will focus on comparing the experiences of those nurses who work in private and public hospitals. This is to establish meaningful and substantial differences or similarities in the experiences of the nurses assigned to private and public hospitals.

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Rethink, Adjust and Adapt: Lived Experiences of Psychiatric Nurses Amidst the New Normal

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Abstract

This study aimed to explore and understand the experiences of psychiatric nurses during the new normal situation. The study utilized the qualitative descriptive phenomenological research design. Fourteen psychiatric nurses from private psychiatric institutions in Davao City participated in the in-depth interviews. Using Colaizzi's method of data analysis, results revealed that psychiatric nurses working in psychiatric hospitals amidst the new normal situation experience psychological impact, fears uncertainty, and emotional toll. Their means of coping with the challenges they have experienced as psychiatric nurses include safety-driven positivity, a positive work environment, and infection safety protocol. The following insights were shared by the participants with their peers and the nursing practice in general: growth and transformation, learning and adapting, fulfillment and satisfaction. Without any doubt, COVID-19 has put so much burden and, in many cases, overwhelmed the healthcare systems including psychiatric nurses, which need to be addressed and develop action and measures to prevent further serious impacts on the physical, emotional, and psychological health among nurses.

Keywords: *Psychiatric Nurses, Social Science, Descriptive-Phenomenology, Davao City*

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Introduction

The COVID-19 pandemic brought about unprecedented challenges for healthcare professionals, including psychiatric nurses, in adjusting to the new normal. It would cause a sharp rise in stress-related illnesses and mental health problems globally among healthcare workers, particularly psychiatric nurses (Bahramnejad, et al., 2021). The mental health landscape was significantly impacted by the pandemic, with increased levels of stress, anxiety, depression, and other mental health issues observed in the general population. This likely placed additional demands on psychiatric nurses, as they played a crucial role in providing care and support to individuals facing mental health challenges during this difficult time.

During the new normal of the COVID-19 pandemic, psychiatric nurses faced various challenges, including increased workload due to higher demand for mental health support. They had to adapt treatment approaches to virtual consultations and cope with personal stress. Building therapeutic relationships became challenging due to limited in-person interactions, leading nurses to find creative ways to connect with patients. Institutions introduced specialized training and support programs to address pandemic-related issues, while nurses also dealt with ethical dilemmas in remote care provision. Despite these challenges, they remained dedicated to providing effective care and support during the new normal (WHO, 2021).

During the new normal of the COVID-19

In Davao City, Philippines psychiatric nurses have been particularly affected by the new normal, which changes in society's ways of living, working, and interacting due to the pandemic. The new normal has forced healthcare providers to rethink, adjust, and adapt their care strategies to meet the evolving needs of patients (Isidro et al., 2021).

This study aims to fill this research gap by conducting an in-depth exploration of the lived experiences of psychiatric patients during the new normal. By giving voice to their perspectives, this research will provide valuable insights into their challenges, coping strategies, and resilience. Understanding their unique experiences will inform the development of targeted interventions and support systems that address their evolving needs (Garcia et al., 2022). By gaining insights into their experiences during the new normal, researchers and healthcare organizations can identify specific stressors, challenges, and needs, allowing for targeted support and improvements in their working conditions. (Smith et al., 2021). Therefore, exploring the various experiences of psychiatric nurses in the care of psychiatric patients will help nurses enhance preparedness and recovery as well as increase resilience in response to every crisis. Furthermore, this will help understand the current issues to provide interventions and further recommendations for future research studies. There is limited research on the lived experiences of psychiatric nurses in the new normal on a local level in Davao City. However, two studies provide some insights into the experiences of healthcare providers, including psychiatric nurses (Sy et al., 2021).

Despite global research on the experiences of psychiatric nurses, there are still gaps and inconsistencies in mental healthcare provision. This will be the first study in Davao City to document

psychiatric nurses' experiences in government hospitals during the COVID-19 pandemic adjusting to the new normal. Recognizing their experiences and challenges is critical to assisting psychiatric nurses and providing a safe working environment. The study will employ a qualitative phenomenological approach to examine the difficulties and experiences that psychiatric nurses face as they adjust to the new normal. The data analyzed could help local government hospital administrations develop mental health programs, and respondents' lived experiences could inspire and motivate others.

Methods

This study utilized the phenomenological type of qualitative research design to obtain an in-depth understanding of the experiences of psychiatric nurses amidst the new normal. Specifically, a descriptive phenomenological study was used, which allowed the researcher to retain the “voice” of the participants without abstracting their viewpoint through analysis (Giorgi & Giorgi, 2017). Applying this method to the current study helped to account for reactions, behaviors, thoughts, feelings, and impressions that emerged from the data. These factors assisted in a comprehensive level of understanding of the participants' lived experiences amidst the new normal. This study used key informant interviews and focus group discussion as a means of gathering data, which aligns with qualitative inquiry methods. Qualitative methods provide a significant amount of information about a small group of people and encourage great depth and detail in data collection (Patton, 2017).

Results and Discussion

| PARTICIPANTS' PROFILE | | | | | | |
|-----------------------|--------|-----|----------------|-----------------------------------|----------------------|-------------|
| Code Name | Sex | Age | Marital Status | No. of Years Psychiatric Facility | Area of Assignment | Study Group |
| P 1 | Male | 37 | Single | 3 years | Psychiatric Facility | IDI |
| P 2 | Male | 43 | Married | 3 years | Psychiatric Facility | IDI |
| P 3 | Male | 38 | Married | 3 years | Psychiatric Facility | IDI |
| P 4 | Male | 48 | Single | 3 years | Psychiatric Facility | IDI |
| P 5 | Female | 35 | Single | 3 years | Psychiatric Facility | IDI |
| P 6 | Female | 44 | Single | 3 years | Psychiatric Facility | IDI |
| P 7 | Male | 43 | Married | 2 years | Psychiatric Facility | IDI |
| P 8 | Male | 44 | Married | 4 years | Psychiatric Facility | FGD |
| P9 | Male | 45 | Married | 2years | Psychiatric Facility | FGD |
| P10 | Female | 28 | Single | 2 years | Psychiatric Facility | FGD |
| P11 | Female | 29 | Married | 4 years | Psychiatric Facility | FGD |
| P12 | Male | 34 | Married | 2 years | Psychiatric Facility | FGD |
| P13 | Male | 38 | Married | 5years | Psychiatric Facility | FGD |
| P14 | Female | 31 | Single | 3 years | Psychiatric Facility | FGD |

Figure 2: Summary of Participants Profile

Figure 2 presents the demographic profile of 14 psychiatric nurses who participated in the study at a psychiatric facility. Among these participants, had a mix of both male and female nurses, with varying marital statuses. Specifically, 8 of them were married, while 6 were single. Their ages ranged from 28 to 48 years old, and all of them had been working at the facility for 2 to 5 years.

Thus, this study aimed to explore the lived experiences of these 14 participants as they adapted to the "new normal" in psychiatric patient care

through Colaizzi's descriptive phenomenological data analysis strategy, which involved a method focused on carefully describing the experiences being lived through. Several significant statements and theme clusters were integrated into an exhaustive description of the phenomenon using Colaizzi's seven-step method of descriptive phenomenological analysis. The findings were validated, and a summary of the results was provided.

Moreover, the researcher examined documents for rich data and extracted significant words and statements about the experiences of psychiatric nurses adapting to the new normal. The audio recordings of the interviews and focus group discussions were transcribed. A thorough understanding of the material was achieved as the researcher became acquainted with the data through repeated review of each transcript. The responses of the participants were used to identify significant statements.

Meanings were then derived from the identified significant statements. The researcher identified specific keywords in the significant statements as they gradually revealed codes and subthemes. Cluster themes were identified and condensed for clarity and brevity as shown in Figure 3 highlighting the depth of the participants' experiences and managing to create formulated meanings that serve as crucial data for analysis.

| Significant Statements | Formulated meanings |
|---|--|
| "The challenges that I faced during pandemic adjusting to new normal affected my mental health or psychologically unstable". (Participant 2) | Mental health resulting in psychological instability |
| "Sometimes I feel sad and mentally stressed because I can't concentrate on my work" (Participant 5) | |

Figure 3 Example of Extraction of Significant Statements from an Interview
(Participant 2, Transcript 2, Lines 181-183; Participant 5, 740-742)

Moreover, after verifying the formulated meanings for accuracy and significance, six cluster themes emerged. These themes were thoroughly examined and explained. In conclusion, the researcher presented a comprehensive depiction of how psychiatric nurses are adjusting to the new normal, including its core structure. Also

summarized how the findings were validated to provide coherence and simplify the understanding of this phenomenon.

Figure 4 below provides an example of how coded formulated meanings derived from corresponding significant statements were grouped to form the cluster theme labeled "Fear and Uncertainty".

| Significant Statements | Formulated meanings | Cluster theme |
|---|--|----------------------|
| "I was afraid of contracting the virus which made me uncertain to adjusting to new normal" (Participant 1) | Feelings of anxiety and fear to adjust to new normal | Fear and Uncertainty |
| "During the pandemic, fear has struck me for my health and family realizing the difficulty in the new normal" (Participant 3) | Fear of the unknown resulting to health issues | |

Figure 4: Example of Extraction of Significant Statements to formulated meanings to form cluster theme

Afterward, condensing the 123 significant statements, concise interpretations were created. These interpretations were grouped based on their similar ideas, all related to the experiences of psychiatric nurses adjusting to the new normal. Then, six main themes developed: Fears and uncertainty, Emotional toll, Positive work environment, Infection safety protocols, Learning and adaptation, and Fulfillment and satisfaction.

Furthermore, three emergent themes arose from the six cluster themes to form the foundation of the findings reported in the study. The emergent themes were as follows: Psychological Impact, Safety-Driven Positivity, and Growth and Transformation. The themes that emerged during the data analysis process provided the foundation to accurately reflect the lived experience of the participants of this study. An illustration of the process of analysis that led to the formation of emergent themes can be seen in Figure 5 below.

| Codes | Sub-themes | Themes |
|--|--|---------------------------|
| Can't concentrate, emotional demand of job | Emotional toll | Psychological Impact |
| Adjust, Positive thinking | Positive impact on work environment | Growth and Transformation |
| Anxious, Accustomed Difficult | | |
| Wear of PPE, follow safety protocols, Feel uncomfortable | Safety Protocols (Infection Prevention and Control Guidelines) | Safety-Driven Positivity |
| | | |

Figure 5: Illustration of Process of Identifying a Sample Emergent Theme

Through the process of extracting significant statements, creating formulated meanings, and developing cluster and emergent themes, the narratives of the participants revealed a comprehensive explanation of their lived experience. The following section describes the emergent themes using narratives of the participants, extracted from interview data. It contains the discussion of the participant's answers to the research questions: "What are the experiences of psychiatric nurses working in a psychiatric hospital amidst the new normal?", "How do the participants cope with the challenges of their experiences?" and "What insights can participants share with their colleagues and to nursing practice in general?" Using Colaizzi's Method of Phenomenological Data Analysis, three themes emerged from the participants' experiences namely: Psychological Impact,

Safety-Driven Positivity, and Growth and Transformation. Figure 6 is the Thematic Map below:

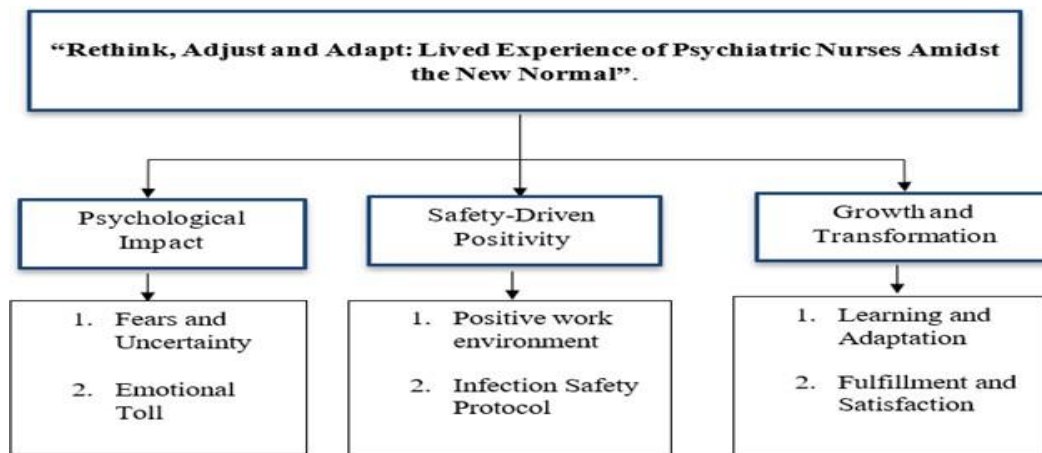


Figure 6: Thematic Map

Emergent Theme 1: Psychological Impact

The first emergent theme is psychological impact which highlights the emotional and mental effects of psychiatric nurses' well-being and psychological state during the pandemic while adjusting to the new normal. The participants expressed their own experiences of feeling sad and having difficulty focusing but also mentioned seeking support from friends and family to release their feelings. This experience is consistent with related literature on the psychological impact of the pandemic on healthcare professionals by Ardebili et al. (2021) who found that psychiatric nurses in Iran experienced increased stress, anxiety, and burnout during the COVID-19 pandemic and adjusted to the new normal. Effective interventions are needed to support those struggling, and attention to mental health is crucial in the new normal (Li et.al., 2020).

Cluster Theme: Fear and Uncertainty

The participants' apprehension was illustrated in the following verbalizations:

"I am afraid of contracting COVID-19, fear that it could lead to death and infect others, despite wearing PPE, particularly N95". (Participant 6, Transcript 1, Lines 1654-1656)

"It's more stressful during the total lockdown and has caused me anxiety and fear." (Participant 7, Transcript 1, Lines 2013-2014)

"I'm scared these patients were infected with the virus. I'm concerned about my family, particularly my return to my home especially the adjusting to new normal." (Participant 10, Transcript 1, Line 2184-2185)

" I am genuinely concerned about my safety while providing hygiene care to patients during the pandemic due to the risk of contracting the virus, sir." (Participants 12, Transcript 1, Line 2190-2192)

"I am dreadful in taking care of patients, especially during Covid time, and stressed in adjusting to the new normal." (Participant 13, Transcript 1, Line 2194 & 2195)

Cluster Theme: Emotional Toll

The participants' apprehension was illustrated in the following verbalizations:

"The challenges that I faced during the pandemic with COVID-19 and adapting to the new normal meant that our mental health, including emotional distress, was felt". (Participant 2, Transcript 1, Line 187-189)

"There are patients who occasionally lose control. It's extremely difficult to handle and I feel hopeless during the new normal." (Participant 4, Transcript 1, lines 535-536)

"Handling patients under stress is extremely difficult. Sometimes, I feel sad because I can't focus or concentrate because of the situation especially adjusting to the new normal." (Participant 5, Transcript 1, Line 734-736)

Emergent Theme 2: Safety-Driven Positivity

Subsequently, the second theme is safety-driven positivity, which emphasizes psychiatric nurses' efforts to prioritize safety measures and create a positive work environment amidst the "new normal" during and after the pandemic. This includes integrating safety protocols, supportive leadership, effective communication,

recognition of efforts, psychological support, ongoing training, and promoting a safety culture. Despite challenges like increased mental health services and strict safety protocols, psychiatric nurses have shown resilience and commitment.

Thus, psychiatric nurses use safety protocols to minimize infection risk in care settings, including PPE, hand hygiene, and social distancing (Wu et al., 2021). Effective leadership fosters a positive work environment, involving nurses in decision-making processes (Tummers et al., 2020). Regular education sessions on infection control, risk management, and crisis intervention equip nurses with the necessary skills to navigate the new normal (Shao et al., 2021).

Cluster Theme: Positive work environment

The participants' significant statement was illustrated in the following verbalizations:

" My head nurse is very supportive, especially when it comes to our suggestions for taking care of psychiatric patients adjusting to the new normal." (Participant 2, Transcript 1, Line 199-200)

"I've learned to be more patient with both my patients and my colleagues, especially during a pandemic to the new normal" (Participant 3, Transcript 2, Line 421-422)

"My stress-relieving activities are traveling and watching movies with my family during the new normal." (Participant 5, Transcript 2, Line 827-828)

"Coping strategies adjusting to the new normal are going to our farm,

eating healthy food, and watching movies". (Participant 6, Transcript 2, Line 1231-1233)

Cluster Theme: Infection Safety Protocol

The participants' statement was illustrated in the following verbalizations:

"Wearing PPE, taking safety precautions, hand washing, changing gloves, and wearing a face mask can protect us during a pandemic and help us adjust to the new normal". (Participant 2 Transcript 1, Line 215-216)

"I believe about strict hand washing, and always carry alcohol in my bag to protect myself against the virus." (Participant 3, Transcript 1, Line 407-408)

"Initially, wearing PPE is uncomfortable however I learned to adapt to wearing it at all times". (Participant 6 Transcript 1, Line 969-970)

"The DOH had mandated wearing PPE, hand washing and specifically wearing N95 mask". (Participant 7, Transcript 1, Line 1331-1332)

Emergent Theme 3: Growth, and Transformation

Finally, this emergent theme has been identified psychiatric nurses underwent growth and transformation during the new normal, requiring personal and professional

development. Supporting growth and transformation in psychiatric nurses through education, mentorship, and a supportive work environment enhances their well-being and the quality of care they provide.

The study highlights the importance of understanding healthcare workers' experiences during crises to improve patient outcomes and develop effective strategies (Fontane et al., 2020). It also depicts the need for interprofessional collaboration among psychiatric nurses and other professionals to address mental health needs during the pandemic (Gino et al., 2021). Mutual support and communication are crucial for effective patient care.

Cluster Theme: Learning and Adaptation

The participants' apprehension was illustrated in the following verbalizations:

"Therapeutic communication is enhanced during the pandemic to properly handle psychiatric patients". (Participant 1 Transcript 1, Line 23-24)

"Training and development such as BLS courses and ACLS courses are essentials during the pandemic towards the new normal". (Participant 4 Transcript 1, Line 517)

"During the pandemic, research and training were required to help us advance our knowledge and abilities." (Participant 5 Transcript 1, Line 702-703)

"In addition to the training, there were lectures about managing psychiatric patients, and use of therapeutic communication, here at our facility to adapt to new normal."

(Participant 11, Transcript 1, Line 1711-1713)

Cluster Theme: Fulfillment and Satisfaction

The participants' significant statement was illustrated in the following verbalizations:

"The role of a psychiatric nurse is to be strong and dedicated to their profession; to respect one another"
(Participant 2 Transcript 3, Line 295-296)

"We were unprepared for the pandemic, yet accepting the changes is part of the new normal".
(Participant 5 Transcript 3, Line 891-892)

"We should value our life; I feel fulfilled and happy to be a psychiatric nurse." *(Participant 6, Transcript 3, Line 1202-1203)*

"I felt fulfilled and learned to accept things to make life easier in the new normal." *(Participant 10, transcript 3, Line 1704)*

"Let's accept it, we need to be positive, learn something right, and be satisfied with the new situation, it's our calling as a psychiatric nurse," *(Participant 11 Transcript 3, Line 1713-1714)*

"With all the challenges I've been facing, I am satisfied and contented with whatever I encountered especially in the new normal"
(Participant 13 Transcript 3, Line 1733-1734)

Conclusion

The purpose of this study was to explore and understand the lived experiences of psychiatric nurses in a psychiatric setting in Davao City in the context of the new normal. Primarily, it focused on the experiences of psychiatric nurses, examining how they navigated various challenges that arose in their roles and the valuable insights they could offer to the public and the nursing profession. The study involved a sample of fourteen participants who met specific criteria: they had to be actively working in psychiatric hospitals for a minimum of two years, willing to participate, capable of sharing their experiences and opinions in the context of the "new normal," and residents of Davao City.

Throughout the research, a total of 123 significant statements were identified. These statements contributed to the emergence of several key themes related to the experiences of psychiatric nurses during the "new normal." These findings are visually represented in the thematic map (Figure 5, page 61). Moreover, the emergent themes identified

were initially, the psychological impact which included clustered themes such as fears, and uncertainty, and the emotional toll experienced by psychiatric nurses in their daily work when dealing with patients in the "new normal." It also highlights safety-driven positivity which is another emerging theme creating a positive work environment and implementing infection safety protocols. The final theme highlights growth and transformation in the nurses' journey of learning and adaptation, as well as their sense of fulfillment and satisfaction in their roles as psychiatric nurses amidst the new normal.

In essence, this study sought to shed light on the multifaceted experiences of psychiatric nurses during the "new normal," revealing the psychological challenges they faced, their proactive approach to safety, and the personal growth and fulfillment they derived from their work.

Additionally, the emergent themes and clusters within this study provided valuable insights into the experiences of psychiatric nurses during the COVID-19 pandemic and the "new normal", which

focused on the psychological impact on which psychiatric nurses experienced significant emotional and mental challenges during the pandemic and the transition to the "new normal." This included feelings of sadness, anxiety, and difficulty focusing. Emotional support and coping strategies were essential to help them manage these challenges. Safety-driven positivity emphasized that psychiatric nurses proactively prioritized safety measures and aimed to create a positive work environment. This involved strict adherence to infection safety protocols, effective communication, teamwork, supportive leadership, and organizational support. Despite challenges, nurses displayed resilience and commitment to safety. Lastly, Growth and Transformation highlighted psychiatric nurses undergoing personal and professional growth and transformation during the pandemic. They actively acquired new knowledge and skills to adapt to the changing healthcare landscape towards the new normal. Further, fulfillment and satisfaction were derived from their work, emphasizing the importance of supportive leadership and adaptability.

In summary, these findings underscore the critical need for addressing the psychological well-being of healthcare professionals, implementing safety measures, and supporting continuous learning and personal development to ensure the resilience and effectiveness of psychiatric nurses, especially in times of crisis and change.

Recommendation to Future Researchers

The following recommendations were formulated by the researcher for future research to improve the gathering of data to ensure credibility, transferability, dependability, and confirmability. Future researchers can contribute to a deeper understanding of the experiences of psychiatric nurses and inform evidence-based interventions, policies, and support systems that promote their well-being, growth, and job satisfaction in adjusting to the new normal.

As an initial step, investigate the long-term psychological impact of the pandemic on psychiatric nurses and explore effective interventions to promote resilience. Then, examine the impact of safety-driven positivity and organizational measures on the well-being and job satisfaction of psychiatric nurses. Next, explore the factors that facilitate or hinder growth and transformation among psychiatric patients. Moreover, nurses investigate the impact of professional development opportunities and organizational support. In addition, they investigate the specific fears and uncertainties faced by psychiatric nurses and explore strategies to alleviate fear and enhance nurses' sense of control. Lastly, research the emotional toll of the pandemic on psychiatric nurses and explore interventions and support systems that can mitigate the emotional burden and promote psychological well-being. The findings of this research can inform evidence-based interventions, policies, and support systems that promote the well-being, growth, and job satisfaction of psychiatric nurses, ultimately improving the quality of mental healthcare delivery.

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Health-seeking Behavior as Predictor of Patient Outcome among Type II Diabetes Clients

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Abstract

This study was conducted to determine if the health-seeking behavior predicts the patient outcome of type II diabetes clients. Using the predictive-correlational research design, the respondents of the study, which was chosen via complete enumeration, were the 110 type II diabetes mellitus patients of PEEDO-Davao del Norte Hospital IGACOS and all members of the IGACOS Diabetes Club. The results showed that the health-seeking behavior in terms of preventive health ($M=4.27$), curative aspect ($M=4.23$), and rehabilitative aspect ($M=4.49$) was high indicating health-seeking behavior was observed always. Meanwhile, health promotion ($M=4.16$) is also observed by the respondents most of the time. Likewise, the patient outcome was also high, with a mean score of 3.62 indicating that respondents' glycemic control, blood pressure, and body mass index are within the normal range most of the time. In addition, among respondents' health-seeking behavior; the Curative Aspect ($B= 0.60$; $p<0.001$) and Rehabilitative Aspect ($B= 0.25$; $p= 0.01$) significantly predict Patient Outcomes. Furthermore, Health-seeking behavior explains 41% of the variation in Patient Outcomes ($R^2=0.41$; $p= <0.001$). Appropriate health-seeking behavior in terms of health promotion, preventive, curative, and rehabilitative aspects are all important factors that could affect the patient outcome among patients with type II diabetes mellitus. Results from this study indicate that the respondents' views about numerous areas of health-seeking activity are favorable, which is encouraging for their general health and well-being.

Keywords: *Health Seeking Behavior, Patient Outcome, Predictive-Correlational, IGACOS*

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Introduction

Health-seeking behavior is closely linked with the health status of a person. However, health-seeking behavior remains a top concern in the country, especially in rural and remote areas where access to healthcare is challenging and traditional health beliefs and practices remain inevitable. Health beliefs appear to have a significant impact on people's adherence to treatment for diabetes, and this may affect outcomes. Health-seeking behavior in patients with diabetes mellitus has been investigated to a limited extent, and not in developing countries. Limited information has been found about health-seeking behavior among patients with type II diabetes, and none focusing primarily on developing

countries. This concern has resulted in the need to investigate the link between health-seeking behavior in people with type II diabetes and patient outcomes, showing that a delay in health-seeking behavior will increase the risk of complications.

Today, 537 million people have diabetes. By 2045, 700 million people worldwide are expected to have the disease. In the United States of America, 37.3 million people, or 11.3% of the US population have diabetes. Diabetes has devastating effects on individuals, societies, and countries, killing more than 4 million people annually. It affects all age groups, communities, and continents (IDF, 2021). The incidence of type II diabetes mellitus is increasing worldwide, with a pandemic mostly affecting people in developing countries in

Africa and Asia under development. Uganda is reported to have 560,000 registered diabetes patients and it is estimated that the number has passed a million, in a population of 28 million (Hjelm et al., 2021).

Diabetes largely affects third-world countries, especially the Philippines. Asia is expected to see the most significant increase in diabetes by 2025. Diabetes is the sixth leading cause of death among Filipinos, where 6.7% of Filipino people are affected and the numbers are growing (Francisco et al., 2022). The Philippines presents certain contexts for health-seeking behavior. As early as 1995, Malanyaon and Concepcion found that Filipinos living in urban poor communities tend to delay or ignore preventative health-care measures until their illness becomes evident (De Guzman et al., 2021). The study by Espinosa et al. in 2017 finds that in a Government Hospital in Iloilo City, health-seeking behavior of diabetes patients was good, and Patient outcomes were satisfactory. However, this study was only done in a particular area in the Philippines which is highly urbanized, and there is still a need to gather more data in rural and remote areas in the Philippines about the link between health-seeking behavior and Patient outcome among type II diabetes clients.

According to 2020 Philippine Health Statistics, the Island Garden City of Samal, part of the Province of Davao del Norte, is responsible for about 24.4% of the Island's total population deaths from diabetes and its complications. There is only one hospital on the Island, and most people living in the far-flung area need help accessing healthcare due to financial and transportation challenges. Aside from that, folk healers are rampant on the Island as part of the Filipino culture and practices that believe in folk medicine. As diabetes is one of the significant causes of mortality and morbidity, controlling it needs good follow-up and health-seeking behavior in the nation.

With this study, the researcher aimed to collect data on health-seeking behavior and Patient outcomes of type II diabetes clients in PEEDO Davao del Norte Hospital IGACOS. For this reason, and given the high prevalence of type II diabetes worldwide, collecting data on health-seeking behavior with adaptive self-management of the disease is critical for patient outcomes and fundamental to improving current interventions.

Methods

The researcher employed a predictive-correlational technique. This method focuses on the procedures used to correlate and predict data. Also, predictive-correlational studies predict the variance of one or more variables based on the variance of another variable. Furthermore, the correlational technique determines whether the degree of a relationship exists between two or more quantifiable variables, which seeks to find the connection and prediction of the variables (Walinga, 2022). This design was used to correlate and predict the patient outcome based on the respondent's health-seeking behavior.

The actual data gathering was conducted in a primary hospital in the Island Garden City of Samal which has a 75-bed capacity and provides a wide array of medical services to the residents of the city. It is geographically located at Datu Taganiog Street, Barangay Peñaplata, Samal District, Island Garden City of Samal, Davao del Norte, Philippines. As of 2022 Department of Health statistics, the total population in Samal City is 109, 620. The island is composed of three (3) districts politically subdivided into forty-six (46) Barangays.

A total of 110 patients diagnosed with type II diabetes completed the survey questionnaire. The respondents possessed the following characteristics: Legal Age - 18 years of age and above; a patient of the selected institution; mentally fit; is diagnosed

with type II diabetes; and has a willingness to participate in the study.

Adapted standardized research questionnaires were used to gather data from the respondents. The research instrument administered a paper and pencil survey questionnaire in this study. The paper-pencil survey is a classic method where the participants must complete a piece of paper by hand. This questionnaire allowed the researcher to survey within the limited locale of the study. It also allowed the researcher to gather the needed data at the pace the face-to-face interaction with the respondent. The questionnaire used in this study was an adaptive questionnaire from the study of Espinosa et al., 2018, comprising twenty-five (25)

questions to evaluate the health-seeking behavior among type II diabetes clients in the PEEDO-Davao del Norte Hospital IGACOS. The questionnaire was divided into three parts. The questionnaire underwent a reliability test using Cronbach's Alpha. The result was as follows: health promotion = .880; preventive health = .898; curative aspect = .882; rehabilitative aspect = .881; and patient outcome = .892. The overall mean of Cronbach's Alpha was 0.891, meaning the questionnaire was reliable.

Results and Discussion

Table 1. Demographic Profile of the Respondents

| Demographic Profile | Frequency (n=110) | Percentage (%) |
|-------------------------------|----------------------|-------------------|
| Age* | | |
| 41 to 50 years old | 8 | 7.27 |
| 51 to 60 years old | 37 | 33.64 |
| 61 years old and above | 65 | 59.09 |
| Total | 110 | 100.00 |
| Sex | | |
| Male | 28 | 25.45 |
| Female | 82 | 74.55 |
| Total | 110 | 100.00 |
| Educational Attainment | | |
| Elementary Level | 25 | 22.73 |
| Secondary Level | 70 | 63.64 |
| College Level | 15 | 13.64 |
| Total | 110 | 100.00 |
| Location | | |
| Urban | 72 | 65.45 |
| Rural | 38 | 34.55 |
| Total | 110 | 100.00 |

Table 1 presents the demographic profile of the respondents in terms of age, sex, educational attainment, and location. In terms of age, the majority of the respondents (59.09%) are 60 years old and above. The findings concur with the study of Huizen et al. (2022) stating that the onset of type II diabetes is most common in people ages 45-69 years old. Regarding sex, the 110 respondents revealed that the majority were female (74.55%). This is contrary to the Centers for Disease Control and Prevention (CDC, 2020) stating that men are more likely to receive a diagnosis of diabetes than women. However, according to PEEDO Davao del Norte Hospital IGACOS, and IGACOS Diabetes Club census, they have more patients who are females as compared to males.

Regarding educational achievement, most respondents (63.64%) held a secondary education. As stated by the study of Bin-Gouth et al. (2018), poorer educational attainment may be detrimental to an individual's functional health literacy. Therefore, educational attainment may act as a fundamental cause of disease by utilizing resources such as knowledge that strongly influence people's ability to reduce risks that may prevent or delay diabetes or better control the disease once it occurs. Moreover, the bulk of participants (65.4%) live in urban parts of IGACOS. According to the Philippine Health Statistics 2022, IGACOS 26.28% population living in the urban part with access to nearby hospitals, public markets, and city government services, as compared to the 73.72% population living in the rural part.

Table 2. Level of Respondents' Health-Seeking Behavior

| Indicator | Mean | SD | Description |
|-----------------------|------|------|------------------|
| Health Promotion | 4.16 | 0.67 | Most of the time |
| Preventive Health | 4.27 | 0.54 | Always |
| Curative Aspect | 4.23 | 0.66 | Always |
| Rehabilitative Aspect | 4.49 | 0.70 | Always |

Legend: 5.00 - 4.21 – Always; 4.20 – 3.41 – Most of the time; 3.40 - 2.61 – Sometimes; 2.60 - 1.81 – Rarely; 1.80 - 1.00 – Never; SD – Standard Deviation

Table 2 shows the descriptive statistics of the respondents' health-seeking behavior. The results indicate that the majority of respondents always observe good health-seeking behavior across all aspects of Preventive Health, with a mean of 4.27 and a standard deviation of 0.54, Curative Aspect with a mean of 4.23 and a standard deviation of 0.66, and Rehabilitative Aspect with a mean of 4.49 and a standard deviation of 0.70. Health Promotion on the other hand is observed by the respondents most of the time, with a mean of 4.16 and a standard

deviation of 0.67. This indicates that the respondents have a positive attitude toward health promotion activities such as regular exercise, a nutritious diet, and the avoidance of harmful substances. The results also indicate that respondents had a strong belief in the need for preventative measures, such as regular health checkups, vaccines, and screenings. In general, respondents are willing to seek medical attention and treatment when necessary, such as when exhibiting symptoms of an illness or injury. This concurs with the study of Espinosa et al. in

2017 stating that appropriate health-seeking behavior is an important factor that could improve the patient outcome among type II people with diabetes.

In addition, the results indicate that respondents understand the importance of rehabilitation and recovery following a disease or accident, such as through physical therapy or

rehabilitation programs. In addition, the results of the study indicate that the respondents' views about numerous areas of health-seeking activity are favorable, which is encouraging for their general health and well-being. The typically low standard deviations across all categories indicate that respondents' perspectives on health-seeking behavior are widely shared.

Table 3. Profile of Patient Outcome

| Indicator | Mean | SD | Description |
|------------------|------|------|------------------|
| Glycemic Control | 3.73 | 0.66 | Most of the time |
| BP | 3.80 | 0.60 | Most of the time |
| Creatinine Level | 3.35 | 0.94 | Sometimes |
| Glycosuria | 3.21 | 1.07 | Sometimes |
| BMI | 4.05 | 0.45 | Most of the time |
| Patient Outcome | 3.62 | 0.62 | Most of the time |

Legend: 5.00 - 4.21 – Always; 4.20 – 3.41 – Most of the time; 3.40 - 2.61 – Sometimes; 2.60 - 1.81 – Rarely; 1.80 - 1.00 – Never; SD – Standard Deviation

Table 3 illustrates that most of the 110 respondents of this study have the following outcome: Glycemic Control with a mean of 3.73 and standard deviation of 0.66, Blood Pressure with a mean of 3.80 and standard deviation of 0.60, and Patient Outcome with a mean of 3.62 and standard deviation of 0.62. Most values are close to the mean, with some variation in the range of values surrounding the mean. Some patients have significantly higher or lower values for Creatinine Level than the mean for Glycemic Control and Blood Pressure with a mean of 3.35 and a standard deviation of 0.94. Glycosuria has a larger range of results with a mean of 3.21 and a standard deviation of 1.07 than Creatinine Level, with some patients having readings that are either exceptionally high or low. This signifies that most of the respondents have significantly good results in terms of their glycemic

control, blood pressure, creatinine levels, and body mass index. Glycosuria or the presence of sugar in urine is somehow observed in some of the respondent's laboratory results thus the reason for its large range result. According to the study of Benja Muktabhant et al (2020), he stated that the specificity, positive and negative results of glycemic control, blood pressure, and other laboratory tests for diabetes to some extent vary upon the patient's compliance to treatment and lifestyle habits. Also, the study of Farahani et al. (2019), stated that patients with diabetes that has Glycosuria and have a higher creatinine level will most likely end up having dialysis treatment. In comparison to other variables, the range of BMI values is extremely narrow with a mean of 4.05 and a standard deviation of 0.45, and most patients have a BMI close to the mean. This means that most of the respondents'

weights are ideal for their height and age, not overweight or underweight. The study by Gray et. al (2020), stated that maintaining a good BMI as a result of proper compliance reduces the risk of developing diabetes complications. The range of

values for each variable varies, although the majority of patients have values close to the mean.

Table 4. Pearson's Correlations of Respondents' Health-Seeking Behavior and Patient Outcome

Pearson's Correlations

| | Pearson's r P | | |
|---|---------------|-----|--------|
| Health Promotion - Preventive Health | 0.43 | *** | < .001 |
| Health Promotion - Curative Aspect | 0.77 | *** | < .001 |
| Health Promotion - Rehabilitative Aspect | 0.63 | *** | < .001 |
| Health Promotion - Patient Outcome | 0.50 | *** | < .001 |
| Preventive Health - Curative Aspect | 0.47 | *** | < .001 |
| Preventive Health - Rehabilitative Aspect | 0.32 | *** | < .001 |
| Preventive Health - Patient Outcome | 0.40 | *** | < .001 |

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 5. Linear Regression Analysis of Respondents' Health-Seeking Behavior and Patient Outcome

| Health Seeking Behavior | β | T | p-value | Remarks |
|-------------------------|----------------------------------|------|---------|-----------------|
| | Unstandardized Standard Error | | | |
| | Patient Outcome | | | |
| Health Promotion | 0.13 | 1.18 | 0.24 | Not Significant |
| Preventive Health | 0.15 | 1.50 | 0.14 | Not Significant |

Note: Significant if <0.05 , $F = 18.44$, Adjusted $R^2 = 0.39$

As shown in Table 5, the linear regression analysis reveals that among respondents' health-seeking behavior; Curative Aspect ($B = 0.60$; $p < 0.001$) and Rehabilitative Aspect ($B = 0.25$; $p = 0.01$) significantly predict Patient Outcomes. However, Health Promotion ($B = 0.13$; $p = 0.24$) and Preventive Health ($B = 0.15$; $p = 0.14$) suggest that respondents should work more on these factors to improve their outcomes. This is in line with the

Conclusion and Recommendations

Most of the respondents were female, over the age of 60, and lived in the urban part of IGACOS. The majority of respondents have positive health-seeking behavior. This means that the respondents have a positive attitude toward health promotion activities and preventive measures. In general, the respondents are willing to seek medical attention and treatment when necessary. Moreover, the respondents had a more positive result on their BMI as compared to Glycosuria. This means that some patients were observed to have a presence of sugar in the urine, however, most patients were not overweight or underweight. Moreover, when analyzed based on the profile, health-seeking behavior significantly predict the patient outcome among type II diabetes clients in terms of curative and rehabilitative aspect.

The findings of this study point to the necessity of encouraging diabetic patients to enhance their awareness of their disease, and improve their understanding of diabetes by attending seminars and reading updated journals about diabetes mellitus. Moreover, the results show that some patients have relatively high and low creatinine levels and glycosuria. These patients are encouraged to constantly monitor their blood sugar levels and religiously take maintenance medications as advised by the doctor. Prevention of disease progression, proper management, and behavior are also encouraged such as having regular check-ups, eating healthy and maintaining a diabetic

study of Espinosa et. al, where the results also suggest strategies and actions that could enhance the patient's health-seeking behavior in terms of Health Promotion and Preventive Health aspects. Furthermore, Health Seeking Behaviors explain 41% of the variation in Patient Outcome ($R^2 = 0.41$; $p < 0.001$) which indicates the need to identify other factors that might better predict patient outcomes.

diet, doing regular exercise, and avoiding harmful substances. Also, Since it has been shown that health-seeking behavior significantly predicts the patient outcome in terms of curative and rehabilitative aspects, nursing administrators are recommended to provide their full support for diabetes programs in the facility and come up with better ideas in promoting positive health-seeking behavior among diabetes clients to further enhance diabetes control and prevention as well as ensure appropriate care is given for type II diabetes patients. Although the overall result of patient outcome is observed most often, the findings reflect that some patients have significantly higher or lower values for Creatinine Level and Glycosuria than the mean for Glycemic Control and Blood Pressure. This means that there are still some patients who need to focus more on their health-seeking behavior as the presence of sugar in urine and a bit of elevated creatinine levels were observed in their laboratory results. The hospital administrators in the involved healthcare facility are recommended to become more aggressive and allow the institution to be an avenue for the facility to further enhance support for their type II diabetic patients in terms of disease management programs which involves strengthening the organization of diabetes club which includes tracking and monitoring diabetic patients' laboratory results by a coordinated care team to prevent complications and comorbidities such as cardiovascular and kidney disease. Additionally, since it has been analyzed that health-seeking behavior significantly predicts the patient

outcome in terms of curative and rehabilitative aspect, therefore, the Barangay Health Workers in the Island Garden City of Samal is recommended to become more aggressive in disseminating information and campaigns about diabetes and create community based programs and information, education and communication (IEC) activities for type II diabetic people addressing health promotion and prevention such as diet, physical activity, encouragement for regular check-ups, avoidance of harmful substances, including enhanced health seeking behaviors for the prevention and management of type II diabetes. Lastly, The findings from the regression analysis point out that health-seeking behavior explains 41% of the variation in

patient outcome ($R^2=0.41$; $p= <0.001$). Thus, future researchers are recommended to conduct different studies to identify other factors that might better predict patient outcomes. Studies that explore qualitative aspects of health-seeking behavior and patient outcomes are also recommended to fully understand these variables.

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Knowledge, Attitude, and Practices Towards Family Planning among Women of Reproductive Age in Barangay Wangan

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Abstract

Using the quantitative, descriptive, and IPO (input-process-output research design), this study determined the knowledge, attitude, and practices of reproductive-age women toward family planning in Barangay Wangan. A researcher made an adopted questionnaire which was used to survey the 150 respondents. Results revealed that the majority of the respondents were 26-33 years old, catholic, and had a monthly income of less than 5,000, secondary level, self-employed, had 1-3 children, and were using family planning. Additionally, the respondents had an average knowledge of family planning with a total mean of 3.13, possessed an average level of attitude toward family planning total mean of 3.54, and an average level of practice on family planning with 3.24. However, it has been identified that the respondents lacked some information about family planning programs and preferred the services of non-professionals like neighbors, friends, members of families, etc. rather than the healthcare professionals in rural health. Making decisions about family planning involves many different factors, including knowledge and attitudes, individual preferences and beliefs, and social, peer, and community networks. For programs receiving funding through the Family Planning Program, community-based education and engagement in family planning services are required. The systematic review offers an updated assessment of the available evidence in this regard. Hence, an intervention program for such concerns was proposed accordingly.

Keywords: *Health, KAP, Family Planning, Input-Output-Process, Davao City*

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Introduction

People's health and human rights depend on having access to family planning information and services (World Health Organization, 2022). Through universal access to quality family planning, information, and services. Filipino women and men can attain their chosen family size and ensure reproductive health and rights for all (National Family Planning Program 2022). The Department of Health (2020) defined the mission family planning program as essential in supporting responsive policy direction and ensuring universal access of Filipinos to correct information and medically safe. Family planning, in simplest terms, is the couple's way of preparing their intended family by utilizing or using various natural or scientific birth control measures

and techniques. Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. A woman's ability to space and limit her pregnancies directly impacts her health and well-being and the outcome of each pregnancy (United Nations, 2020).

Globally, The components of family planning service quality are defined by an established framework, but it has been difficult to translate this framework into assessment methods that are available to service providers, simple to use, and valid. Many countries, multilateral projects, nongovernmental organizations, and donors are

currently focused on reducing the unmet worldwide need for contraception.

United Nations estimates that there will be 10.9 billion people on the planet by the year 2100, up from 7.8 billion in 2020. Strong impacts on economies, food production, the environment, and the climate would result from a 40% population rise. Or many future areas of international and national planning, understanding the reasons behind this remarkable population expansion is essential (Götmark, F., & Andersson, M. 2020). Overpopulation is the world's most pressing issue, and governments are attempting to control this by introducing various measures (Cesar, et. al., 2017). Family planning program among reproductive-age women is scarce information on women's contraception awareness (Abdulmegeed & Illnimeri, 2018).

Particularly in the Philippines, the knowledge, attitude, and practices of reproductive-age women toward family planning have been very low for many years, especially for women or couples in the country's marginalized areas. This has resulted in delayed relaying of updated information regarding family planning programs, delays in reaching appropriate care facilities, and delays in receiving quality services at health centers and facilities. Regardless of the quality of the facility or socioeconomic variables, of the 1664 cumulative total clinic visits reported by the women wanting to delay or limit childbearing in 2016, 72.6% lost the chance to get family planning advice at any appointment. In 2017, 83.7% of women missed an opportunity on the day of the interview (Nagai M. et al. 2019).

Family planning is a difficult subject for the administration in Davao City. Several recent studies such as the study of Tacata et al. (2010) Factors affecting the preference for the type of family planning program among the residents of Barangay 21-C Piapi Boulevard, Davao City. Furthermore, factors such as decision-making in which a person

must assess the advantages and disadvantages of each option and take into account all of the options before making a choice. In this research study, the decision-making is examined, along with the potential effects of those decisions. To make a choice, assessing their level of financial security, access to reproductive health care, and career influence their preference for a certain family planning method.

By bridging the specific gap, with the following data collected, the family planning program in Barangay Wangan health center needs to be enhanced by introducing different interventions. The reproductive-age women living in the community are the focus of this study to determine the level of knowledge, attitudes, and practices of family planning. In spite of free family planning methods offered by the barangay health workers, the delivery of information on family planning and educational group discussion with updated information on family planning programs needs to be enhanced to establish effective practices, develop positive attitudes, and be knowledgeable about family planning.

Methods

The researcher used quantitative research, descriptive and Input-Process-Output design, to assess the level of knowledge, attitude, and family planning practices among reproductive-age women. The descriptive method was utilized to gather quantifiable data to statistically analyze a population sample in this study. These numbers can show patterns, summarize data, connections, and trends, and can be discovered during surveys.

Furthermore, the inputs represent the external flow of survey questionnaires. The tasks necessary to transform the inputs are included in the processing stage. The data and materials that flow out of the transformation process are the outputs of Paul C. in 2017. The researcher utilized a descriptive survey research design. One hundred community respondents were purposively participated through convenient sampling for the study based on the following criteria: a) the participants are the reproductive age women from 18-49 years old and, b) the participants are presently living in the selected barangay.

The study was conducted in a community of Barangay Wangan. Furthermore, it belongs to the third district of Davao City (Phil Atlas 2022). This community was chosen because no studies have

been conducted on the level of knowledge, attitudes, and family planning among reproductive-age women.

Data collection involves discussion of some questions in the survey questionnaires, to gather relevant data; a modified researcher-made questionnaire was employed, utilizing the set of an adopted standardized survey questionnaire from the study conducted by Lincoln et al. in 2018. This is to assess the knowledge of common family planning respondents. Questionnaires were prepared by the researcher using the study's objectives as the guiding framework and demonstrated high internal consistency, as indicated by a Cronbach's Alpha coefficient of 0.733 for the level of knowledge, 0.701 for the level of practice, and 0.762 for family planning practices ensuring its reliability.

Table 1. Demographic Profile of the Respondents

| Demographic Profile | Frequency | Percentage |
|-------------------------------|----------------|------------|
| AGE | (n=150) | (%) |
| 18-25 | 26 | 17.33% |
| 26-33 | 69 | 46.00% |
| 34-41 | 38 | 25.33% |
| 42-49 | 17 | 11.33% |
| Total | 150 | 100 |
| RELIGION | | |
| Catholic | 111 | 74.00% |
| Non-Catholic | 39 | 26.00% |
| Total | 150 | 100 |
| MONTHLY INCOME | | |
| Less than 5,000 | 78 | 52.00% |
| 6,000-10,000 | 55 | 36.67% |
| 11,000-15,000 | 15 | 10.00% |
| 16,000-20,000 | 2 | 1.33% |
| Total | 150 | 100 |
| EDUCATIONAL ATTAINMENT | | |
| Elementary Level | 18 | 12.00% |
| Secondary Level | 102 | 68.00% |
| College Level | 30 | 20.00% |
| Total | 150 | 100 |
| EMPLOYMENT STATUS | | |

| | | |
|--|------------|------------|
| Employed(part-time) | 39 | 26.00% |
| Self-employed | 111 | 74.00% |
| Total | 150 | 100 |
| NUMBER OF CHILDREN | | |
| 1-3 | 126 | 84.00% |
| 4-6 | 20 | 13.33% |
| 7-9 | 4 | 2.67% |
| Total | 150 | 100 |
| NUMBER OF YEARS USING FAMILY PLANNING | | |
| Yes | 81 | 54.00% |
| No | 69 | 46.00% |
| Total | 100 | 100 |

Results and Discussion

The above presents the demographic profile of the respondents in terms of age, religion, monthly income, educational attainment, employment status, number of children, and number of respondents using family planning in this study. In terms of age, 26-33 years of age post the highest count of 69 with a percentage equivalent of 46 while 42-49 years of age has the lowest count of 17 with 11.33 percent in equivalent. In line with this data gathered in the jurisdictions where data were gathered from 2017 to 2019, 60.7% of women aged 18-49 were considered to be at risk for unintended pregnancy, ranging from 45.3%. The proportion of women who were at risk for unintended pregnancy and had a potential need for contraceptive services was 76.2% (Zapata et al., 2021).

In terms of religion, the catholic has the highest count of 111 with 74 percent, and the non-Catholic post the lowest count of 39 with an equivalent percentage of 26. The highest count in terms of monthly income is less than 5,000, with a count of 78 and a percent equivalent of 52, while the lowest count is 0 in more than 20,000. In the educational attainment, secondary level post the highest count of 102 with a percentage equivalent of 68 and the lowest count is 1 in no educational attainment with a percentage equivalent of 0.67. The self-employed respondent shows the highest count of 111 with a percentage of 74, the employed (full-time) and unemployed show the lowest count of 0. In terms of the number of children, the respondents with 1-3

numbers of children show the highest count of 126 with a percent equivalent of 84 and the lowest count of 0 to those with more than 10 children. The respondents with the highest number of years using family planning in response to the yes post had the highest count of 81, with a percent equivalent of 54. In contrast, the respondents who responded no post had the lowest count of 69, with a percent equivalent of 46.

The data about the monthly income of the respondents is low; most respondents' monthly income is less than 5,000. The result reflected in the employment status of most respondents is self-employed, and stated the same with their partner/husband employment status. They also stated that most of them work on the farm as harvesters of fruits or take care of their small farm as their source of income. The data shown in religion is explained as a set of beliefs concerning the cause, nature, and purpose, especially when considering the creation of superhumans. This is reflected in data posted regarding the number of children of the respondents. According to the respondents, 1-3 children are enough for their family size, so they can also focus on the needs of their other children, especially since most of them have 2-5-year-old children, as they stated.

Based on Robert J. Havighurst's developmental task, the following results in the demographic profile of the respondents: the young adult stage tends to start establishing a job, choosing a partner, building a family, and establishing a home. However, it has been observed that this process is taking longer in the United States and other Developed countries (Psychological Notes HQ,

2017). Family planning and contraception programs advocate community involvement as a crucial tactic for better service delivery. This is partly because several socially ingrained community elements, such as religious beliefs, the current state of politics, and prevalent moral conceptions, influence how approaches and services are adopted (Silumbwe et al., 2020).

Table 2. Level of Knowledge

| <u>Indicator</u> | <u>Mean</u> | <u>Descriptive Level</u> |
|------------------------------|-------------|--------------------------|
| Knowledge of Family Planning | 3.13 | Average |

Present the respondents' level of knowledge of family planning. The level of knowledge is measured based on the quiz type of survey questionnaire and answerable by "true" or "false". According to the table presented the respondents with a score of 9-11 posted the highest count of 59. The lowest count of 1 respondent got a score of 1-4. Most of the respondents shared that they don't discuss family planning with their partner/husband, with this information most of the respondents had a lack of support and communication from their partner or husband as stated. Resulting from the table above showed a mean value of 3.13 in the level of knowledge as a whole.

Generally, the data supports the average outcome on the knowledge of the respondents. Based on the Likert scale the following scores implied: this data gathered in respondents with a score of 15-17 implies an excellent level of knowledge about family planning. Those respondents with a score of 12-14 mean that the respondent has high or very satisfactory knowledge of family planning. The respondents with a score of 9-11, this implies that the respondent has an average or satisfactory level of knowledge on family planning. Those respondents who got 5-8 imply that the respondents need improvement in family

planning. Lastly, those respondents with a score of 1-4 imply a low or poor level of knowledge about family planning. Therefore, the above table based on the overall mean, of the respondents implies an average level of knowledge of family planning in Barangay Wangan.

Indeed, most of the respondents stated that they have been oriented about these pieces of information such as family planning and those methods of family planning. It supported the study of rural Jordan regarding accessibility to medical services, 78.0% of respondents said they had utilized the Village Health Center, which was the closest public health institution, and 95.3% were aware of it. The main deterrent to using Village Health Center was the absence of the services they required (Komasawa M. et. al., 2020). According to World Health Organization, (2022), access to contraceptive knowledge and services is essential for maintaining people's health and human rights. Because of this, the specific understanding of how and when family planning knowledge and programming quality can result in short- and long-term behavior change (Diamond-Smith et al., 2018).

Table 3. Level of Attitude

| Statements | Mean | SD | Description |
|---|-------------|-------------|----------------|
| 1. Contraceptives are used to limit the number of children. | 3.76 | 1.28 | High |
| 2. Contraceptives are used to increase the time interval between childbirths. | 3.57 | 1.21 | High |
| 3. The objections of husbands to contraceptives will prevent women from using contraceptives. | 3.24 | 1.11 | Average |
| 4. The ideal age for having a first child is 20-30. | 3.67 | 1.13 | High |
| 5. The ideal number of children should be between 3-5. | 3.56 | 1.08 | High |
| 6. Contraceptives provide a sense of safety. | 3.13 | 1.18 | Average |
| 7. The method of contraception I am using is adequate. | 3.52 | 1.14 | High |
| 8. Religious and cultural beliefs can prevent women from using contraceptives. (2.89) | 3.11 | 1.21 | Average |
| 9. Discussion about contraception with a spouse is embarrassing. (2.49) | 3.51 | 1.13 | High |
| 10. Pacing will allow a child to be healthier. | 3.55 | 1.25 | High |
| 11. Family planning improves maternal and child health. | 3.55 | 1.27 | High |
| 12. Family planning is only for young couples. (2.69) | 3.31 | 1.24 | Average |
| 13. Family planning is important in ensuring a healthy family. | 3.68 | 1.20 | High |
| 14. The husband should also participate in the family planning decision. | 3.68 | 1.32 | High |
| 15. Family planning is harmful. (1.76) | 4.24 | 0.99 | Very High |
| Category Mean | 3.54 | 0.61 | Average |

The above presents the level of attitude of the respondents towards family planning. The data show that the highest mean value was posted at 4.24 in the statement number 15. Therefore, discussing family planning with couples and medical professionals is recommended. Hence, the majority of national family planning plans do not place a high priority on male involvement in family planning. The importance and effectiveness of involving men in family planning interventions and promoting their participation are comprehensively supported by the evidence, making this a missed opportunity for nations (Adamou, B. M. et. al. 2019).

In above table shows the lowest mean value of 3.11 in statement number 8 which stated those religious and cultural beliefs can prevent women from using contraceptives. Previous research in Tanzania and other African countries indicated comparable religious barriers. For example, in Southern Ghana, some religions were opposed to condoms or vasectomies as they were perceived as an infraction against God. Internationally similar views were found in Turkey where women and men testified that opting for vasectomy was sinning (Turner, N. 2021). Moreover, statement number 9 stated that discussion about contraception with a spouse is embarrassing. This statement implies a high level of attitude of the respondents about family planning in Barangay Wangan. Statement number 12, shows that the respondents had an average level of knowledge towards family planning is only for a young couple. The following data provided in the table above was stated in the study of Solo & Festin (2019) which stated that family planning is a style of

thinking and living that couples and people freely embrace based on their knowledge, attitude, and responsible choices. Family planning is a couple's deliberate use of contraceptive techniques to reduce or space out the number of children they have.

This shows that the respondents in Barangay Wangan have an average level of attitude about family planning based on an overall category mean of 3.54. However, the standard deviation ranges from 0.99 to 1.32, this means that items number 1 to number 14 are heterogeneous and item number 15 is homogeneous. In line with this following data, the idea that men and women should collaborate as allies in attempts to enhance the healthy timing and spacing of births, contraceptive prevalence rates, and other aspects of family planning is reflected in strategies that treat men as partners (Adamou, B. M. et; al. 2019). Many of these programs address males within the framework of the partnership and encourage men to support and speak openly with their spouses and share in the decision-making. In the community of Barangay Wangan, family planning interventions are applied however; the enhancement of this program is needed to provide updated information regarding family planning. The respondents in Barangay Wangan possessed a very high level of attitude about family planning being harmful. This is also an indication that barangay health workers provide an enhancement of seminars, classes, and counseling sessions for couples to meet the requirements of family planning.

Table 4. Level of Practices

| Statements | Mean | SD | Descriptive Level |
|---|-------------|-------------|-------------------|
| 1. I visit our health center for family planning services. | 3.03 | 1.13 | Average |
| 2. I used contraceptives to prevent unplanned pregnancies. | 3.67 | 1.33 | High |
| 3. Have I ever had any unplanned pregnancies due to a lack of contraceptive use? | 2.65 | 1.29 | Average |
| 4. Discuss contraceptive methods with my partner | 3.69 | 1.26 | High |
| 5. I avoid using different types of contraceptives (2.30) | 3.70 | 1.18 | High |
| 6. I avoid changes in my current contraceptive method from time to time. (2.31) | 3.69 | 1.33 | High |
| 7. I practice any traditional contraceptive methods, including withdrawal, infertility period, and herbal if you were not using any contraceptives. | 2.25 | 1.37 | Low |
| Total | 3.24 | 0.56 | Average |

The above table shows the respondents' level of practice toward family planning. In this table the highest category means is 3.70 stated in item number 5 that the respondents use different types of contraceptives. Therefore, using different types of contraceptive methods requires the advice of a medical professional. The same with item number 6; it shows that respondents change their current contraceptive method from time to time. This data was supported by the study entitled "Traditional and modern contraceptive method use in the Philippines: trends and determinants 2003–2013.". According to this article, over the past decade, there hasn't been much of a change in the characteristics of women who use traditional methods. Knowing the characteristics of traditional contraceptive method users can assist in designing policies and initiatives that promote more effective contraceptive usage,

including encouraging users of traditional contraceptive methods to switch to the more successful modern methods (Marquez, M. P., et al; 2018).

For the lowest category mean posted is 2.25 and this means that the respondents in Barangay Wangan are not practicing any traditional contraceptive methods as stated in item number 7. Most of the respondents shared their short experience with natural planning while answering the survey questionnaire they stated that most natural planning that they had tried was not effective for them. They stated some reason is that the decrease in sexual pleasure influenced their partner to use artificial contraceptive methods. Many studies explained that the safety of the withdrawal method was its principal benefit. However, the users said

they were worried about method failure and the possibility of unintended pregnancy. In addition, the stress over method failure made them less satisfied during sexual activity (Asadi Sarvestani, K., & Khoo, S. 2019).

The total category mean posted was 3.24; this implies that the respondents possessed an average level of practice in family planning. In line with the data shown in the table above the highest value of mean in item number 5 implies a high level of practices towards family planning in Barangay Wangan. Yet, the lowest mean value of 2.25 implies a low level of practices toward family planning in terms of traditional contraceptive methods. The standard deviation ranges from 1.13 to 1.37; this means that the items numbers 1 to 7 are heterogeneous. According to the data collected, the

Conclusion and Recommendations

Most of the respondents were aged between 26-33 years old (69 out of 150 respondents; 46.00%), roman catholic (111 out of 150 respondents; 74.00%), earning less than 5,000 monthly (78 out of 150 respondents; 41.33%), secondary level (102 out of 150 respondents; 68%), self-employed (111 out of 150 respondents; 74.00%), with 1-3 children (126 out of 150 respondents; 84%) and the respondents who were using a family planning (81 out of 150 respondents; 54%).

Regarding respondents' knowledge of family planning, 59 respondents got a score of 9-11 out of 150 participants in 17-item questions. The overall category mean of respondent's knowledge is 3.13 which implies average level of knowledge on family planning.

In terms of attitude toward family planning, the respondents had the highest mean value of 4.24 and the lowest mean value of 3.11. The overall category mean of respondent's attitude is 3.54 which implies average level of attitude toward family planning. The standard deviation ranges from 0.99 to 1.32; this means that items number 1 to 14 are heterogeneous while item number 15 is homogeneous.

results of this study provide new best practices that community health centers around the nation can use as federal and state policies continue to change (Beeson, T. et, al 2018). Social norms are thought to be a significant barrier in the Philippines. Women are unable to obtain services or make good use of ways due to these standards, especially young girls and unmarried women. In some instances, healthcare providers' or communities' presumptions about a woman's needs may be at odds with her assessment, particularly in situations where there is a history of coercion or bias surrounding contraception. Providers often offer less effective measures such as condoms to teens assuming that long-acting reversible contraceptives are unsuitable for women who have never had a child (Nagai, M; et. al. 2019).

In terms of practices towards family planning, the respondents had the highest mean value of 3.70 and the lowest category mean of 2.25 regarding the traditional practice of family planning. The overall mean value is 3.24 which implies that the respondents in Barangay Wangan had an average level of practice in family planning. The standard deviation ranges from 1.13 to 1.37.

The level of knowledge with the highest number of respondents was 9-11, which means that the respondents were knowledgeable about family planning. However, most of the respondents had an average level of understanding and awareness about family planning, especially those methods that they were using.

In terms of attitude, the statement that contraceptives are harmful possessed the highest mean. With this, the respondents in Barangay Wangan recommend discussing contraceptive methods with medical professionals. The researcher, conclude that discussing family planning with couple are recommended to meet the requirements needed in family planning.

The level of practice of the respondents was described as average. Therefore, the respondents in Barangay Wangan possessed average practices towards family planning.

Moreover, based on the data presented in this study, the level of knowledge, attitude, and practices of the respondents in Barangay Wangan was described as average. The Health Belief Model (1950) makes it applicable in a variety of situations, such as family planning, and with complicated behaviors, like contraceptive usage. On the other hand, the Social Learning Theory (1963) asserts that the hypothesis takes into account a person's prior experiences, which affect whether or not they would engage in particular actions.

Therefore, the researcher concludes that the respondents in Barangay Wangan need health education regarding family planning, and discussing this method with the couple is also important. Other important factors that provide barriers in the attitude of family planning in Barangay Wangan are the gender disparities and religious beliefs that impact contraceptive use. As for the practices, the researchers conclude a dispersed response to the need for regular visits to the health centers for family planning services. The researchers therefore conclude that the lack of depth in awareness could be linked to the fact that the health centers were the primary sources of in-depth knowledge and awareness regarding contraceptive use. Combining knowledge with the programs can be an effective means of dealing with this problem.

Based on the findings and conclusions, the following are recommended.

Participants. This study determined that the respondents had an average level of knowledge, attitude, and practices toward family planning; the researcher recommends enhancing the family planning program in Barangay Wangan. This is to encourage the respondents to participate in the said program to deliver updates on information about family planning. It is highly advised to increase

eligible women's awareness, understanding, and favorable attitudes for engaging in family planning activities at all levels.

Husband. This study may also benefit from the outcome considering that if women have significant power over family decisions, they are more likely to practice. If men and wives have different views on family size restrictions; the husband's/partner's preferences will most likely influence the decisions. Therefore, the researcher recommends that in every family planning session, it is highly encouraged and necessary that both husband and wife are present for them both to understand the process and meet the requirements of family planning.

Community. Addressing the cultural and religious perspectives on family planning has been a significant difficulty. So, the researcher recommends a group discussion about family planning at least once a month. Scheduling discussion is also recommended; this will be announced by posting or distributing flyers by Purok or house-to-house for the participants' awareness regarding this intervention.

Health Care Providers. Since there are gaps in these reproductive age women's knowledge, attitudes, and practices. The researcher recommends encouraging Barangay Health Workers (BHW) to do house-to-house to encourage participants to join the orientation about family planning. The distribution of flyers that contain information about the agenda, schedule, and guest speakers is also recommended. This helps the health care professionals, particularly those who work at the community level and have direct contact with these women, mothers, and husbands, determine where they should concentrate their efforts to improve these women's acceptance and access to family planning.

Future researchers. Moreover, it is recommended that future researchers utilize this study as the basis for future studies and help them know about knowledge, attitudes, and family planning practices.

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Perceived Barriers and Practices on Safe Healthcare Waste Management Among Healthcare Workers in a Public Hospital in Sultan Kudarat, Maguindanao

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Abstract

Increasing awareness of the risks posed by healthcare waste and prioritizing safe practices are crucial steps toward effective healthcare waste management. Using a descriptive-correlational research design, this study aimed to determine the significant relationship between the level of perceived barriers and practices on safe healthcare waste management among healthcare workers in a public hospital in Sultan Kudarat, Maguindanao. The result revealed that among the 110 respondents, most of them were: between ages 31 to 35 years old, females, college graduates, and nurses, assigned to the general ward and were in the service for 7 to 9 years. Based on the findings, the common barrier perceived was the lack of awareness of safe healthcare waste management with a mean score of 4.62. On the other hand, healthcare workers have excellent practices in waste treatment and disposal (4.38). Further, there is a significant relationship between the level of perceived barriers and practices of healthcare workers on safe health healthcare waste management, with a computed r -value of 0.86 with a p -value of 0.001. It implies that the level of perceived barriers greatly impacts the level of practices of healthcare workers in the safe management of healthcare waste.

Keywords: *Healthcare Waste Management, Health, Descriptive -Correlational, Sultan Kudarat*

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Introduction

Healthcare waste management is crucial due to its hazardous nature but has not gotten much attention, particularly in underdeveloped nations. Improper waste management at healthcare facilities can be fatal and have negative effects on the health workers, the community, and the environment (World Health Organization [WHO], 2020b). Various groups have provided recommendations for treating medical waste in a way that adheres to safety standards and is sustainable (WHO, 2020a). Unfortunately, despite these recommendations, public health facilities frequently engage in waste mixing, indiscriminate dumping, and improper waste handling (Ferronato & Torretta, 2019). In fact, according to the most recent data (from 2019), one-third of healthcare facilities worldwide do not safely

manage medical waste (WHO, 2022). It was also noted that people from poor socioeconomic groups in Asian developing countries recycle dangerous waste frequently, notably syringes and other sharp objects, and as a result, they frequently sustain injuries and are at significant risk of catching several diseases (Khan et al., 2019). Each year, at least 5.2 million people worldwide, including 4 million children, pass away from illnesses brought on by poorly managed medical waste (Star, 2020).

One of the most crucial elements to successfully managing healthcare waste is segregation, and if correct segregation was carried out, treatment and disposal costs might be significantly decreased given that only roughly 10–25% of the healthcare waste is harmful (Musa et al.,

2020). However, there is still a significant issue with health professionals in developing countries' public health facilities adhering to appropriate healthcare waste management standards (Babirye et al., 2020). Several studies suggest that the most prevalent issue with healthcare waste management is a lack of awareness of the health risks associated with healthcare waste (WHO, 2018). For instance, a study in South Africa determined that most staff members had positive attitudes concerning healthcare waste management, but knowledge gaps and poor practices were identified (Olaifa et al., 2018). In Botswana, "Lack of knowledge and training" was cited as the biggest barrier by 63.1% of respondents, who also noted that most nurses do not consider waste separation to be a major problem (Mugabi et al., 2018). Further, healthcare waste management was not commonly implemented as identified by a study in the Amhara region, Ethiopia (Mitiku et al., 2020).

In the Philippines, more than 234,000 metric tons of medical waste was produced between June 2021 and the end of January this year, which is roughly 6,000 trucks, but only 16.6 percent of it was transported to a waste treatment facility and 13 percent was reported as treated, according to the most recent government data (Fernandez, 2022). Increasing awareness of the risks associated with medical waste, supporting safe and ethical practices (WHO, 2018), and studies on the barriers are particularly relevant in addressing the problem (Delmonico et al., 2018). Safe healthcare waste management practice is the best method to stop the spread of infectious diseases (Assemu et al., 2020). However, the practice of managing medical waste in the Maguindanao region has limited research. As a result, this study aimed to evaluate the perceived barriers and practices on safe healthcare waste management in a public hospital specifically in Sultan Kudarat, Maguindanao. It also aimed to obtain a wider perspective on its related issues, which may also give a glimpse into prospects for improvement.

Methods

This study utilized the descriptive-correlational research design. It is descriptive because it determines the demographic profile which includes age, sex, level of education, area of assignment and designation, and length of service, as well as describes the perceived barriers and practices of healthcare workers on safe healthcare waste management. It is correlational because it determined the association between the level of perceived barriers and practices of healthcare workers on safe healthcare waste management. Descriptive correlational research design describes and measures the relationship between variables or scores by simply measuring without manipulation (Creswell, 2009). An enhancement program was formulated thereafter based on the data that was gathered.

The study was conducted in a public hospital in Maguindanao, a Level 1 DOH retained hospital that has a 40-bed implementing capacity. Geographically, it is located in the BARMM Maguindanao, but administratively under Region XII. The hospital is located 700 meters from the national highway heading to Davao City and three (3) kilometers from Cotabato City. The Rio Grande de Mindanao, the largest river in central Mindanao, and the physical boundary between the Municipality of Sultan Kudarat and the City of Cotabato is also located close to the hospital. The hospital is vital to the sustainability of the local municipalities and its catchment areas' health. It is home to about 50 leprosy patients, some of whom are elderly, disabled, and weak, and it also treats general cases as required. As a result, the hospital has a dual role in the management of health care.

A total of 110 healthcare workers were selected utilizing the total population sampling. With this method of purposive sampling, the entire population with the same characteristics is examined (McCombes, 2022). If there are few participants, it may be advantageous for the researcher to use the

entire population rather than a sample group as well as can shield against possible biases when acquiring data (Canonizado, 2021). The study's respondents were the healthcare workers employed in a public hospital in Sultan Kudarat, Maguindanao, specifically in Brgy. Ungap. They must be at least 20 years old, employees of the aforementioned hospital, and willing to engage in the study. These healthcare workers include physicians, nurses, nursing assistants, lab workers, midwives, and radiology staff.

The data needed for this study was gathered with the use of three sets of survey questionnaires. This three-part research tool was validated by experts before reliability testing. The first part contained questions for the demographic profile of the respondents in terms of age, sex, highest educational attainment, area of assignment, designation, and length of service.

The second part is the modified questionnaire that determined the perceived barriers to safe healthcare waste management. The second part of the questionnaire is subdivided into three subcategories: awareness, management support, and work environment. The first subcategory about awareness is a structured questionnaire (20 items), adapted from a previous study by Karki et al., (2020). The second subcategory, management support, is composed of nine (9) structured questions adapted from the previous study of Sarker et al.,

(2014). The third subcategory is the perceived barriers in terms of the work environment that was adapted from the study of Musa et al., (2020) (6 items).

The third part of the questionnaire is a structured questionnaire adapted from the previous study of Akkajit et al. (2020), which determined the practices of safe healthcare waste management. It assessed whether the respondents had adopted the recommended waste disposal guidelines of the Department of Health based on the Healthcare Waste Management Manual (4th edition). It has four factors that include waste management planning (5 items), waste minimization (5 items), segregation, collection, storage, and transport (15 items), and treatment and disposal (5 items). For the second and third part of the questionnaire, the measurement used was the five-point Likert scale.

Before the commencement of the study, a pilot study was conducted to check for its reliability. The result was as follows: Awareness=.722; Management Support=.935; Work Environment=.901; Management Planning=.949; Waste Minimization=.748; Waste segregation, collection, storage and transport=.737 and Waste treatment and disposal=.755. The questionnaire has a 0.831 overall alpha coefficient, which has a relatively good internal consistency that suggests that the questionnaire is reliable.

Results and Discussion

Table 1. Demographic Profile of the Respondents

| Demographic Profile | | Frequency (n=110) | Percentage (%) |
|---------------------|------------------------|-------------------|----------------|
| Age | 20-25 years old | 0 | 0% |
| | 26-30 years old | 18 | 16.36% |
| | 31-35 years old | 42 | 38.18% |
| | 36-40 years old | 26 | 23.64% |
| | 41-45 years old | 7 | 6.36% |
| | 46-50 years old | 6 | 5.45% |
| | 51-55 years old | 6 | 5.45% |

| | | | |
|---------------------------------------|------------------------------|------------|---------------|
| | 56-60 years old | 5 | 4.55% |
| TOTAL | | 110 | 100% |
| Sex | | | |
| | Male | 27 | 24.55% |
| | Female | 83 | 74.45% |
| TOTAL | | 110 | 100% |
| Highest Educational Attainment | | | |
| | Doctorate Degree | 3 | 2.73% |
| | Master's Degree | 8 | 7.27% |
| | College Graduate | 86 | 78.18% |
| | College Undergraduate | 11 | 10% |
| | Highschool Graduate | 1 | 0.91% |
| | Highschool Undergraduate | 1 | 0.91% |
| | Elementary Graduate | 0 | 0% |
| TOTAL | | 110 | 100% |
| Area of Assignment | | | |
| | General Ward | 53 | 48.18% |
| | Operating Room/Delivery Room | 21 | 19.09% |
| | Outpatient Department | 19 | 17.27% |
| | Emergency Room | 7 | 6.36% |
| | Neonatal Intensive Care Unit | 5 | 4.55% |
| | High Dependency Unit | 5 | 4.55% |
| TOTAL | | 110 | 100% |
| Designation | | | |
| | Nurse | 42 | 38.18% |
| | Nursing Attendant | 29 | 26.36% |
| | Housekeeping staff | 18 | 16.36% |
| | Doctor | 13 | 11.82% |
| | Laboratory technicians | 8 | 7.27% |
| TOTAL | | 110 | 100% |
| Length of Service | | | |
| | 1-3 years | 15 | 13.64% |
| | 4-6 years | 27 | 24.55% |
| | 7-9 years | 59 | 53.64% |
| | >10 years | 9 | 8.18% |
| TOTAL | | 110 | 100% |

Table 1 presents the demographic profile of the respondents in terms of age, sex, highest educational attainment, area of assignment, designation, and length of service. 110 total respondents participated in the study. It can be seen that the majority of the respondents were in the middle-aged working group between ages 31-35 years old (42 out of 110 respondents; 38.18%),

females (83 out of 110 respondents; 74.45%), college graduates (86 out of 110 respondents; 78.18%), nurses (42 out of 110 respondents; 38.18%), assigned from the general ward (53 out of 110 respondents; 48.18%), and were in the service for 7-9 years (53.64% of the population).

Table 2. Level of Perceived Barriers

| Indicators | Mean | SD | Description |
|--------------------|-------------|-------------|------------------|
| Awareness | 4.62 | 0.56 | Very High |
| Management Support | 3.31 | 1.32 | Moderate |
| Work Environment | 3.73 | 1.10 | High |
| Overall | 3.89 | 0.99 | High |

Legend: 5.00-4.21- Very High; 4.20-3.41- High; 3.40- 2.61- Moderate; 2.60-1.81- Low; 1.80- 1.00- Very Low; SD- Standard Deviation

Table 2 shows the level of perceived barriers of healthcare workers to safe healthcare waste management in terms of awareness, management support, and work environment. As shown in the table the overall mean was 3.89, with a standard deviation of 0.99 and a descriptive level of high. This implies that the healthcare workers perceived that there were obstacles or impediments to carrying out and complying with the safe management of healthcare waste in the hospital. The results indicate that there are still opportunities for enhancement. There should be more promotion, improvement, and increased attention to the management of healthcare waste in the hospital.

Furthermore, the indicator that received the highest mean of 4.62 with a standard deviation of 0.56 and a descriptive level of very high was awareness. It implies that the major obstacle to safe healthcare waste management was the healthcare workers' lack of awareness of the risks associated with incorrect waste management. They were not conscious of the consequences that improper healthcare waste management may cause, which results in precarious handling of healthcare waste. This finding was like other studies' results by collectively stating that there was a lack of understanding of healthcare waste management (Olaifa et al., 2018; Doylo et al. 2019; Oduro-Kwarteng et al., 2021; Mugabi et al., 2018 & Deress et al., 2018). Healthcare workers reported a lack of awareness about healthcare waste management may be due to a variety of factors, including differences in the accessibility and application of waste management guidelines among facilities, training

opportunities for healthcare professionals, variations in national health sector strategies, or academic performance among study participants (Deress et al., 2018).

Further, the healthcare workers were unaware that improperly managed waste may cause cancer in the future, and that waste treatment leads to a decrease in waste volume, weight, and risk of infectivity. It suggests that participants were aware that sharps can be harmful to human health, but they were unaware of the problems that inappropriate healthcare waste poses in the long term.

These findings concur with the study of Mugabi et al., (2018) which stated that the main barrier to healthcare waste management was healthcare workers' lack of knowledge of the consequences of inappropriate waste management. There was a poor perception of the risk associated with healthcare waste, and this risk perception was strongly predicted by knowledge (Karki et al., 2020). Hence, an improvement in the precautions that healthcare professionals may take while handling healthcare waste can be brought about by a greater understanding of the risks and diseases linked with it (Mugivhisa et al., 2020).

Moreover, the indicator with the lowest mean was management support with a mean score of 3.31 and a standard deviation of 1.32 with a descriptive level of moderate. This implies that healthcare workers fairly perceived management support as a barrier to safe healthcare waste management. The participants least recognized management support as an obstacle most probably

because the administration has some support provided to promote the safe management of healthcare waste like the presence of policies, provision of PPE, Hepatitis B and Tetanus vaccination, and the machinery needed. The finding

concur with the study of Khan et al. (2019), which stated that compact policies and resources are required for healthcare waste management to strictly enforce regulations and implement policies more effectively.

Table 3. Level of Practices

| Indicators | Mean | SD | Description |
|--|-------------|-------------|------------------|
| Management Planning | 3.98 | 0.98 | High |
| Waste Minimization | 4.21 | 0.89 | Very High |
| Waste Segregation, Collection, Storage and Transport | 4.18 | 0.89 | High |
| Waste Treatment and Disposal | 4.38 | 0.81 | Very High |
| Overall | 4.19 | 0.89 | High |

Legend: 5.00-4.21- Very High; 4.20-3.41- High; 3.40- 2.61- Moderate; 2.60-1.81- Low; 1.80- 1.00- Very Low; SD- Standard Deviation

Table 3 shows the level of practices on safe healthcare waste management in terms of management planning, waste minimization, waste segregation, collection, storage and transport, and waste treatment and disposal. The overall mean was 4.19 with a standard deviation of 0.89 and a descriptive level of high. It implies that healthcare workers were able to adopt effective healthcare waste management practices. Similar findings were also reported in the study of Akkajit et al., (2020), stating that in terms of handling medical waste, the healthcare workers' overall practice ratings were very high (92.2%). Conversely, the result of Letho et al., (2021) showed that although the majority of the healthcare workers were aware of the rules regarding the management of medical waste, there is a failure to comply with these regulations, because there aren't frequent inspections by the authorities and no strict laws and regulations.

Among the indicators, waste treatment and disposal received the highest mean of 4.38 with a standard deviation of 0.81 and a descriptive level of very high. This implies that healthcare workers observe proper healthcare waste treatment and disposal based on the DOH healthcare waste

manual. This is most probably the case because the hospital uses autoclaving with grinding using a sterile wave machine in the treatment of healthcare waste before disposal. This is consistent with the regulations being imposed by the government. Medical waste is typically sterilized using steam sterilization, also known as autoclaving, which exposes the waste to high heat and pressure to kill microorganisms before being disposed of in a landfill, since in the Philippines the law forbids "incineration," which is defined as the burning of municipal, biomedical, and hazardous wastes that release toxic vapors (Cabico, 2020).

Additionally, the statement "Hypodermic needles, scalpels, knives, and broken glass collected in puncture-proof containers fitted with covers are treated as infectious." has the highest mean and is interpreted as "Always", which implies that the healthcare workers are extremely cautious when handling and disposing of needles. This concurs with the study of Mugivhisa et al., (2020), that healthcare professionals are more cautious when handling and disposing of needles since the most dangerous type of risk is exposure to needle sticks

because the blood that has been exchanged may have been exposed to other viruses like HIV or AIDS.

On the other hand, the indicator with the lowest mean was management planning with a mean of 3.98 a standard deviation of 0.98, and a descriptive level of high. This implies that the healthcare workers' practice in the healthcare waste management operation of the institution needs to be more strategized and planned to incorporate all the areas of managing waste from waste avoidance and minimization, adequate segregation and containment, safe handling, storage, and transport until treatment and disposal. Also, the management must exert more effort in ensuring the hospital's adherence to healthcare waste management requirements.

Moreover, the Healthcare Waste Committee assessment on compliance with healthcare waste management requirements has the highest mean and rated as "Always" but rated "Often" on the practices of reviewing policy, plans, and guidelines on healthcare waste management, providing assistance on proper orientation of staff, monitoring of related

risks or accidents like needle prick injuries, and prompt handling of healthcare waste related complaints. This implies the need for further enhancement of practices in healthcare waste management plan implementation and improved monitoring of healthcare workers' adherence to safe healthcare waste management practices in the facility.

Similar results were reported by Tfaily & Moussa (2020), in their study, where it was observed that certain facilities have procedures in place for internally reviewing compliance with healthcare waste management requirements and for remedial action when those criteria are not met; however, there was no annual evaluation of the policies and plans. Furthermore, the key indicators for proper healthcare waste management practices were the presence of guidelines or manuals, inspections, and feedback from regulatory agencies because guidelines and supportive monitoring both increased the level of awareness and adherence among health professionals regarding waste management (Wassie et al., 2022).

Table 4. The Relationship between level of perceived barriers and practices

| Criteria | r | p-value | Decision | Remarks |
|---|------|---------|-----------------|-------------|
| Perceived Barriers | | | | |
| Practices of Healthcare workers on safe healthcare waste management | 0.86 | 0.001 | Reject H_{01} | Significant |

Note: $p < 0.05$ - Significant

The table above presents the results of the correlation between the level of perceived barriers and practices of healthcare workers on safe healthcare waste management. Based on the tabulated data, the computed r-value of 0.86 with a p-value of 0.001 at α of 0.05 implies that the perceived barriers and practices of healthcare workers have a significant positive correlation. Therefore, the null hypothesis was rejected and concludes that there is a significant relationship

between the level of perceived barriers and practices of healthcare workers on safe healthcare waste management. It implies that the level of perceived barriers greatly impacts the level of practices of healthcare workers in the safe management of healthcare waste.

The findings concur with the previous studies' linking factors associated with better healthcare waste practices (Mugivhisa et al., 2020;

Wassie et al., 2022; Wafula et al., 2019; Musa et al., 2020; Mugabi et al., 2019 & Letho et al., 2021). An improvement in safe practice can be accomplished by increasing awareness of the diseases and risks linked to medical waste (Mugivhisa et al., 2020). Moreover, training in healthcare waste management is believed to be vital to the achievement of any waste management initiative and has an impact on healthcare waste management practices (Wafula et

al., 2019). Further, the presence of guidelines or manuals, inspections, and feedback by regulatory agencies, and the allocation of the resources that are needed to be well-equipped, such as the provision of color-coded bins and manpower, and training to be standardized were the key predictors for proper healthcare waste management practices and enhances adherence (Wassie et al., 2022).

Conclusion and Recommendations

The majority of the respondents were between ages 31 to 35 years old, females, college graduates, and assigned to the general ward. Most of the healthcare workers were nurses followed by the nursing attendants, housekeeping staff, doctors, and laboratory technicians; and the majority were in the service for 7 to 9 years. The respondents have a high level of perceived barrier to safe healthcare waste management, and the common barrier reported by the respondents was a lack of awareness of safe healthcare waste management, followed by the work environment and then management support. The respondents have a high level of practice in safe healthcare waste management. Specifically, a very high level of practice in terms of waste treatment and disposal. There is a significant relationship between the level of perceived barriers and practices of healthcare workers on safe healthcare waste management.

Being the front liners, healthcare workers are most at risk of the hazards posed by improper management of healthcare waste. They should at all times practice proper segregation of healthcare waste from its generation in different hospital wards and special units, set an example to their co-workers in following to hospital's healthcare waste management guidelines, and abide by infection

control standards. There is a need for hospitals and clinical institutions to set up measures to ensure compliance among healthcare workers by providing appropriate training and education on healthcare waste management. Moreover, the provision of more waste bins, manpower, and supervision among waste handlers during the collection, storage, and transport of healthcare waste. Also, ongoing monitoring of healthcare waste practices is essential to ensure best management practices and establish secure working conditions for staff, visitors, and the environment. Furthermore, healthcare facilities must strengthen healthcare waste management planning by reviewing their plans, policies, manuals, and guidelines, and strictly imposing regulations towards safe healthcare waste management. The regulatory agencies must be strengthened to effectively monitor the management and treatment of healthcare wastes in healthcare facilities. Also, as part of a cooperative effort to maintain a safe environment, incorporate the development of community health workers' capacity for healthcare waste management into community health workers' training programs. Similar studies should be conducted in more wards of the same hospital to get a greater representation of healthcare workers. Also, future researchers should conduct related research at other healthcare facilities as well as private hospitals for comparative studies.

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The Lived Experiences of DEPED Nurses during the New Normal

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Abstract

Dep Ed nurses have faced many professional challenges during the COVID-19 pandemic and to the New Normal setup. Focus group interviews were employed as a data collection method in this qualitative study to describe the lived experiences of DepEd nurses during the new normal setup. Themes relevant to DepEd nurse experiences and suggestions for change were identified. School nurses have demonstrated their essential role in facilitating health for students, staff, and families. Policymakers and the public must recognize this value. School nurses are encouraged to leverage opportunities for visibility within and beyond their communities to enhance recognition of their role. School nurses should also lead the development of additional resources such as web-based health content and practice guidelines. Providing school nurses with the resources needed to support their practice is essential so that, in turn, students may be cared for. DepEd nurses also know how to value their job their professional values and personal values, so that they can easily adapt to changes.

Keywords: *New Normal, Dep ED Nurses, Descriptive-Phenomenology, purposive and snowball sampling.*

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Introduction

The New Normal impacted nearly all forms of education, health, and commerce globally beginning in March 2020. The pandemic overwhelmed the health care system, community services, families, and individuals. Early in the pandemic, global and national leaders could not reach a consensus on how the virus was spread, appropriate mitigation efforts, or treatment approaches. Disagreements regarding personal decision-making and risk versus doing what is best for others led to disputes and discord among leaders, policymakers, and family members. Conflicting reports of the source of the virus, the motivation of select companies or lawmakers to promote vaccination and safety measures, and the true risk of

acquiring infection are only a few of the points hotly contested nearly three years after Americans first heard about COVID-19. This discord added to and complicated what was already a time of great political, economic, and social divide in the United States. (Can Med Educ J. 2020 Dec; 11)

School nurses faced moral injury and distress throughout the COVID-19 pandemic. Families and colleagues displayed aggressive behaviors toward school nurses (e.g., school nurse stories profiled in Anthes, 2021; Duggan, 2021; Mintzer, 2021). Communities have been caught in the middle of disease mitigation policy confusion, fueled by disinformation and political agendas regarding public health and safety (Bergren, 2021; Ceron et al., 2021) Emanuel, 2022; French, 2022; Gottlieb & Dyer, 2020). Further, school nurses risked their safety, addressed frequent changes to health guidelines, and led arduous contact tracing efforts, all while meeting the usual care needs of students, staff, and families (Bergren, 2021; Dobbins, 2020; Duffort, 2021; Robles, 2022; Rogelberg, 2021). To optimize student health, safety, and learning, the DepEd should mobilize its school nurse workforce and harness them as healthcare providers who are essential members of the leadership team from the district, regional, and national levels. It can utilize their expertise in assessment, planning, implementation, and evaluation because our school nurses can provide valuable insights on school campus emergency management such as prevention/mitigation, preparedness, response, and recovery. We believe our school nurses play an essential role in keeping our children healthy, safe, and ready to learn. Babate J, (2020)Conflicting needs and points of view: Providing healthcare is not the primary objective in an academic environment. School nurses must contend with competing interests and points of view when caring for students in a school setting. In certain instances, while nurses would recommend that a child's healthcare be prioritized, school administrators may want to keep a student in school instead of addressing their healthcare needs. Working in isolation: School nurses will work in relative isolation as compared to the traditional healthcare environment. They'll no longer be able to depend on the advice and support of colleagues. In some cases, school nurses are the only healthcare professionals on campus, which can create feelings of loneliness and seclusion.

Methods

Qualitative descriptive research design is a flexible, exploratory approach that focuses on the process of how things occur and the attitude, beliefs, principles, and thoughts of how a person makes involvement out of their experiences. It can answer questions like what, who, where, and when, using the researcher's perception as the vital instrument for the study. It can also be used to explore personal experiences or feelings. It is sometimes referred to as qualitative description, generic, general, basic, traditional, interpretive, or pragmatic. It is different from quantitative descriptive research, which uses surveys to gather large volumes of data that can be analyzed for frequencies, averages, and patterns. According to (Kumar, 2019, "a study in which the main focus is on description, rather than examining relationships or associations, is classified as a descriptive study. A descriptive study attempts systematically to describe a situation, problem, phenomenon, service or program, or provides information about, say, the living conditions of a community, or describes attitudes towards an issue".

The researcher asks respondents about their knowledge relevant to a particular phenomenon. The phenomenon that the researcher is addressing has happened sometime in the past and the researcher cannot find any other way to describe it. It can relate to a historical event like a war that took place sometime somewhere in the past. The phenomenon can relate to some current situations as well. In this case, the researcher aims to collect some descriptive information before conducting experiments or surveys. For example, in health care, the researcher gathers information from selected respondents about a diet plan diabetes medicine, etc. Later the researcher uses this information to formulate questionnaires or conduct experiments. Therefore, descriptive study can also add depth to quantitative

research. (ResearchArticles.com & ResearchArticles.com, 2020).

This is the philosophical framework on which your research is based, including ontology, epistemology, and the research framework. (Proofed & Proofed, 2022) Purposive sampling will be done in the selection of participants for this study, which will include 10 participants to achieve data saturation. The selection of participants will include nurses who are employed as regular Deped Nurses

and have been in the service for 1 year or more. The information necessitated for this study will be gathered primarily from the verbalization of the 10 participating nurses who are taking care of DepEd employees. The participants who will agree to participate in this study will be considered the primary data sources, and the related literature, which will be considered the secondary data source for this study, will serve as supplemental data intended to support the information that will be gathered from the primary data sources

Results and Discussion

This phenomenological inquiry involved 10 participants, nine female (95%) and 1 male (5%) aged between 30- 53 years old. The majority had been serving in their respective Schools as DepED

Nurses for at least one (1) year since the start of the pandemic. Three major themes emerged from their responses explaining the lived experiences of Dep Ed Nurses during the New Normal.

Table 1. Participants' Profile

| Code name | Age (in years) | Gender | Occupation |
|-----------|----------------|--------|----------------------|
| RES1 | 35 | Female | DepED NURSE (PUBLIC) |
| RES2 | 32 | Female | DepED NURSE (PUBLIC) |
| RES3 | 30 | Female | DepED NURSE (PUBLIC) |
| RES4 | 31 | Female | DepED NURSE (PUBLIC) |
| RES5 | 31 | Female | DepED NURSE (PUBLIC) |
| RES6 | 46 | Female | DepED NURSE (PUBLIC) |
| RES7 | 53 | Female | DepED NURSE (PUBLIC) |
| RES8 | 37 | Female | DepED NURSE (PUBLIC) |
| RES9 | 39 | Female | DepED NURSE (PUBLIC) |
| RES10 | 37 | Male | DepED NURSE (PUBLIC) |

During the one-on-one in-depth interviews, the participants were encouraged to talk freely using their own words to obtain truthful responses. Each interview lasted from 30 minutes to an hour and all of them were interviewed by the researcher. From the transcripts of the interview, the researcher extracted significant statements that pertained to the

Emergent theme 1: Work as Self-sacrifice

Self-sacrifice is not a new phenomenon in the workplace. School nurses proactively make personal sacrifices to advance the goal of their colleagues, workgroup, organization, or a cause or movement, despite the potential cost to themselves. However, our understanding of why nurses do so is surprisingly lacking, partially due to the isolated and sporadic research effort. In this conceptual paper, we aim to synthesize the research on this important organizational phenomenon and build a foundation for future research. Moreover, we put forward a framework of internal self-sacrifice motives through the lens of identity and identification. We argue that employees' identification with different targets in the organization may serve as powerful drivers to promote sacrifice in their attempts to verify their respective identities. We also articulate how the employees' identifications may change following the sacrifice, depending on the reactions from relevant others, thus contributing to their future identity construction. (Hannah Ariane Berkers , 2021) The stress and mental pressure resulting from the challenges posed by the COVID-19 crisis exacerbated occupational stressors such as workplace violence against School nurses even though nurses were endangering their lives to provide high-quality care and reduce learners' suffering.

Emergent theme 1: Work as self-sacrifice

This theme had three (3) sub-themes, described below. The greater risk of contracting and spreading the illness caused the DepED nurses to fear and worry. The

phenomenon under study. Meanings were formulated from these significant statements and these formulated meanings were sorted into clusters of themes and sub-themes. The thematic map below shows the themes extracted and how they relate to the lived experiences of Dep ED Nurses during the New Normal.

participants expressed their thoughts and concerns about their daily battles in facing the risk of this illness. *Here's what she said, verbatim: "It was hard at first knowing that I will be dealing with COVID-19 cases, and I might be infected and spread*

this illness to my family and friends." (Participant 1) *Here's what she said, verbatim "Being a DepEd nurse, it taught me to be patient and be responsive. Patient because we have to do our best to give our learners the quality education they need. On the other hand, I also need to be responsive to whatever comments and suggestions our top management has relayed to us to make it happen." (Participant 3)*

Cluster theme 1: Genuinely caring for the learners

The participants talked about how they genuinely care about the learners at school and their well-being. One way of showing this was by being truly present in the encounter with the learners and building a trustful relationship. One characteristic of all participants was that they emphasized and provided examples of how they care about the learners.

Here's what he said, verbatim "I always visit their school twice a month, just to ensure the health of the school, inspecting the canteen, and structures if there's a safety hazard to their children or learners, aside from the work as a DepEd Nurse we also conduct health education to our learners to prevent the spread of the virus. Kasi kapag nag spread ang virus affected din ang learning." (Participant 10) *Here's what she said, verbatim: "They need a huge amount of care, love...that you care and that you show that...I care about you." (Participant 8) "As an*

assigned DepEd nurse in the bukid area, I can't consider it as a play, Whenever I go to the bukid, I'm always excited to go there because I love to see the trees, and plants inhale and breathe the fresh air and many more, That's why I don't consider my work as a typical job, Because I enjoy doing my work, duties, and responsibilities, and I want to inform them with my actions that I truly care for them." (Participant 10).

In the interviews, being there for the learners was emphasized. They could visit the school nurse whenever and for whatever reason, 'big things as well as small things'. Most school nurses do not have regular hours but are, instead, flexible and allow learners to visit when it suits them.

Cluster Theme 2: Dealing with people especially (students, Co-Workers, and Supervisors) from school daily

Serving thousands of learners daily on top of their usual activities as DepEd nurses put them in a situation where physical burn-out and exhaustion became a part of their daily rotations as school nurses during the New Normal setup. However, they maintain good relationships with their supervisor, colleagues, and the learners.

Here's what she said, verbatim "Being a DepEd nurse, taught me to be patient and be responsive. Patient because we have to do our best to give our learners the quality education they need. On the other hand, I also need to be responsive to whatever comments and suggestions our top management has relayed to us to make it happen." (Participant 1)

"I always ensure that I have a healthy harmonious relationship with my colleagues, supervisor as well as with the learners." (Participant 10)

Cluster theme 3: Professionalism

Nursing professionalism plays a more important role in the Department of Education. Some studies have shown that professionalism can improve the professional knowledge and skills of nurses and ameliorate reductions in institutional productivity and quality. Higher levels of professionalism can improve nurses' autonomy and empowerment, increase their recognition and facilitate organizational citizenship behaviors, establish nursing care standards, and even improve quality services. Nursing professionalism has been discussed for several decades. Hall (2020) developed the Professionalism Inventory Scale. Miller et al (2020) first specified the 9 standards criteria of nursing professionalism (educational background; adherence to the code of ethics; participation in the professional organization; continuing education and competency; communication and publication; autonomy and self-

regulation; community service; theory use, development, and evaluation; and research involvement.). Yeun et al. (2020) summarized five themes regarding nurses' perceptions of nursing professionalism: self-concept of the profession, social awareness, professionalism of nursing, the roles of nursing services, and originality of nursing. Yoder defined nursing professionalism based on six components: acting in the patients' interests; showing humanism; practicing social responsibility; demonstrating sensitivity to people's cultures and beliefs; having high standards of competence and knowledge; and demonstrating high ethical standards. Although some researchers have explored the concept of professionalism. How can professionalism be evaluated in nursing clinical practice? Few studies have shown a clear conceptualization of nurses' professionalism. To nurture nursing professionalism, the concept of professionalism must be clarified.

Recognizing and understanding the concept

of nursing professionalism may be an essential step toward providing quality care for learners. It may also provide more information for further developing professionalism for DepEd nurses.

Here's what she said, verbatim "My relationship with my colleagues and my superior is good because we know the word Professionalism" (Participant 3)

Here's what she said, verbatim "Being a Division Nurse, my relationship with my workmates is well balanced. We may have petty arguments but at the end of the day we remain civil and continue to work according to what our deliverables are." (Participant 1)

Here's what she said, verbatim "My relationship with my colleagues, supervisor, etc.. is professional? I treat them just like how I treat my daughters, I treat them as my mentor because every time I learn something new from them" (Participant 4)

Emergent Theme 2: Work as self-fulfillment

Motivation at the workplace plays an important role in ensuring the success of an organization or industry. This is supported by Solaja (2019) where employees are found to be more willing to commit and contribute to the organization's success when they are motivated. This is because motivation at the workplace is defined as having the ability to affect the intensity, manner as well and direction of the school nurses' work (Kuranchie-Mensah & Amponsah-Tawaih, 2019). This is further echoed by Varma (2019) where motivation at the workplace is deemed as the school nurses' ability to help an organization achieve its objectives through their commitment. Hence, it is of utmost importance to ensure school nurses are motivated in the workplace. In achieving motivation, psychological needs must be fulfilled. Psychological needs are defined by Brien et al (2019) as the fundamental need which

Embracing the unknowns and miracles in life and practicing loving

Nursing is a special profession. School Nurses confront special circumstances daily and witness people's struggles with life and death. Everyone has his or her own specific story about his or her experiences and predicaments. Each learner seeks his or her meaning to find inner peace and balance amid fear, doubts, despair, and unknowns. Therefore, the care of school nurses is not to blindly sacrifice their own needs but to be real nurses, embracing the unknowns and miracles in life and caring for learners.

Two (2) sub-themes were under this theme, described below.

Although challenging and risky, working as DepED nurse front liners during this crisis brought them honor, privilege, and self-satisfaction in their oath as professional nurses. Most respondents acknowledged their worth as health workers in the community despite the risks posed to their well-being every time they needed to fulfill their duties and responsibilities in their respective quarantine/School facilities. A simple appreciation such as "Thank you" coming from their patients, students, and children served as motivation and encouragement to continue their battle to help the people and country in general during the COVID-19 Pandemic crisis.

Here's what she said, verbatim "I can describe my work in the Department of Education as

Challenging and at the same time fulfilling". (Participant 1)

Here's what she said, verbatim: "My work as a DEPED Nurse is very challenging and very exciting because we experienced a lot here at school." (Participant 3)

"It's fun and exciting as you get to encounter different people of different age groups with different stories as well. It also let me share what I know in the academe." (Participant 1)

Here's what she said, verbatim: "It feels fulfilling knowing that I am one of those few people who have contributed in helping those students/learners and in the situation where we are now." (Participant 6)

Cluster theme 1: Opportunity to work and serve

Despite the opportunities they could have had by working at the Hospital, most respondents chose to stay and work as DepED nurses (School nurses) in their areas without the assurance of having good compensation or stability of tenure. This was out of their passion to serve their countrymen, most especially in this trying pandemic situation. This situation made them realize that, despite the opportunities waiting for them outside, they felt blessed knowing that they had the opportunity to help their countrymen with small acts as nurses in this pandemic crisis.

Here's what she said, verbatim: "I have opted to stay in this job mainly because this is my bread and butter to sustain the needs of my family. Also, being the Division Focal Person of the School-Based Feeding Program, I have seen the impact of the learners who were fed that can be rehabilitated to Normal Status after having been identified as Severely wasted and wasted." (Participant 1). Here's what she said, verbatim "Somehow grateful and at the same time challenging. I mean, not everyone is allowed to work and serve during this crisis, and I'm proud to be called as one of those front liners school nurses." (Participant 8)

Cluster theme 2: Calling of their duty and profession

Working in this trying situation was considered by nurses in this study as the calling of their duty and chosen profession. Although serving their community as nurses was not a new thing for them, this crisis has made them appreciate the value and purpose of their chosen profession of nursing. According to Katherine Brooks, E.D Calling Orientation (2019), Individuals with a calling orientation often describe their work as integral to their lives and their identity. They view their career as a form of self-expression and personal fulfillment. Research conducted by Wrzesniewski and colleagues finds that individuals with a calling orientation are more likely to find their work

meaningful and will modify their duties and develop relationships to make it more so. They are found to be more satisfied in general with their work and their lives. These aren't necessarily exclusive categories: Someone with a calling orientation may also desire a good salary and benefits—but individuals with a calling orientation are more likely to say that they would do their job even if they weren't paid. Interestingly enough, you cannot necessarily predict someone's orientation based on their job title or income.

Here's what she said, verbatim: "It showed that being a nurse is more than just giving healthcare assistance to every student/learner, but more on engaging with people and knowing that each person has their own stories and that we have to be able to know and understand each situation." (Participant 5)

Here's what she said, verbatim "Being a DepEd nurse, taught me to be patient and be responsive. Patient because we have to do our best to give our learners the quality education they need. On the other hand, I also need to be responsive to whatever comments and suggestions our top management has relayed to us to make it happen. Despite lots of problems and adjustments that I encountered in this field, I'm still proud and happy to serve our country, especially being part of DepED." (Participant 1)

Emergent Theme 3: Positivism/Kindness/concern/empathy for others

Displaying kindness/concern/empathy for others

A school nurse is defined as someone caring for the ill within the school/academe setting. Caring means showing or having compassion, concern, and empathy for others Caring behaviors

are an interactive and mental process between students/learners and school nurses. Displaying kindness and concern for others is shown by love, compassion, support, and involvement.

Due to the Filipino values of resilience and religiosity, they tend to resort to optimism and dependence on divine intervention. The spirituality of the Filipinos is the center's ability to be resilient during times of adversity (Austria, 2019). If there's one trait that Filipinos are known for, aside from being hospitable, we can be happy and stay positive no matter the circumstances. Whether we're weathering strong typhoons or simply surviving the horrible Metro traffic – Filipinos still find a reason to smile.

Creating a caring-healing environment

Nurses devoted to creating a caring-healing environment embody professionalism. Caring means nurses should create a healing environment at all levels by providing a supportive, protective environment as well as a corrective mental, physical, societal, and spiritual environment for patients. People's basic needs include a clean environment, comfort measures, safety concerns, and feeling safe or protected.

Here's what she said, verbatim "I think having a positive outlook in each situation can be a big influence in having healthy behavior during the new normal, Special mention to our Medical Officer who always shows that whatever endeavors I have with my work she always reminds me that I can manage and handle it and she will always be there to back me up when I needed.." (Participant 9)

Here's what she said, verbatim: "I deal with the challenging experiences in my work by not putting too much emotion on things that make me feel stressed. I just enjoy every moment that I may encounter and just look on the positive side because everything will have its answers/solutions." (Participant 1)

Cluster Theme 1: Strong Commitment to promoting learners' Health

Early intervention could help learners and, hence, hinder the deterioration of their health. Furthermore, there are many challenges for learners with special needs, refugees, learners suffering from different diseases, and those who do not attend school for various reasons, due to the New normal setup.

Vision for Improving health among learners

The health dialogue is considered a perfect

forum to meet with every single learner, to reflect on health, and to identify possible problems and needs.

Here's what she said, verbatim "I always visit their school twice a month, just to ensure the health of the school, inspecting the canteen, and structures if there's a safety hazard to their children or learners, aside from the work as a Dep Ed Nurse we also conduct health education to our learners to prevent the spread of the virus. Kasi kapag nag spread ang virus affected din ang learning."(Participant 10)

Annual health dialogues could provide school nurses with better conditions for health promotion via the development of a caring relationship with the learners, so that they can work together to identify risk factors, set up goals, and follow up and evaluate planned or implemented efforts. At present, they are often contacted too late, when the issue has already developed into a bigger problem. If they had been contacted earlier, they could have prevented the problem from occurring or becoming as severe. The participants also expressed a wish to work more in groups, as a group setting offers the opportunity to discuss and reflect on health and the factors promoting or hindering good health.

Here's what she said, verbatim" We meet with all children separately every second year, and the second year we'd like to meet them in groups...we believe that it's good for them to be able to discuss and reflect upon themselves and their health and things around it."(Participant 7)

The roles and responsibilities of school nurses are expanding. During the New Normal, school nurses played an important role in keeping schools open for in-person learning, while protecting the health and

safety of students and staff. School nurses are setting up learners' wellness programs to keep teachers and school staff healthy. School nurses are learning new skills to provide mental health services and referrals for students and their families, So as DepEd Nurses, we ensure to educate the learners, about the Health Standards protocol for every child, pupil, and learner.

Conclusion and Recommendations

The purpose of this study is to understand the lived experience of Dep Ed Nurses during the new normal: A phenomenological Inquiry. It mainly focused on the experiences of the Dep Ed Nurses and on how they dealt with their experience and how it affects their lives, how they dealt with challenges and who they cope with during the situation and the insights they can share with the general public and future Nurses. The participant sample consisted of 10 Dep Ed Nurses, Using a descriptive phenomenological approach adapted from Colaizzi (1975), significant statements were extracted from data, and a formulation of meaning was assigned to each significant statement that answered the objectives of the study. Three major themes emerged from their responses explaining the lived experiences of Dep Ed Nurses during the New Normal. Theme 1: Work as self-sacrifice with 3 Sub-theme, Genuinely Caring about the Learners, Dealing with people especially (Students, co-workers, and supervisors) and Professionalism. Theme 2: Work as self-fulfillment with 2 Sub-theme: Opportunity to work and serve, and Calling of their duty and profession. Theme 3: Positivism with 1 Sub-theme: Strong Commitment to promoting learners' Health. The study findings have important implications for nursing practice, research, and education. Understanding the health protocols, rules, and regulations of the school when it comes to the safety of the students inside and outside the classroom and the possible role of these experiences in Covid-19 awareness in society, and community on how to

Here's what she said, verbatim "Because I can do both. my passion, nursing and caring for our nursing as well as teaching, I always love imparting knowledge to the learners not as a teacher but as a nurse, to improve the health of our children. That's my consolation working as a nurse

in the bukid." (Participant 9)

minimize the spread of infection especially that they handle kids most of the time.

As a Dep ED Nurse, one of their objectives is to impart knowledge, and information about the guidelines and the protocols inside the classroom. To ensure the cleanliness and safety of each student and teacher as well. It is also important for the DepED nurses to be a professional and know that Professionalism is a way of thinking, behaving, and appearing that shows a commitment to excellence, ethics, and respect in one's work or business environment. It involves a range of qualities, skills,

and standards that are expected from an individual in their profession or career. Professionalism can lead to workplace success, a strong reputation, and a high level of work ethic.

School nurses are playing an important role in keeping schools open for in-person learning during the COVID-19 pandemic while protecting the health and safety of students and staff. School nurses are: Providing school health services for students both in-person and remotely, Evaluating students for COVID-19 symptoms and exposure routinely, and Educating staff, students, parents, and community partners on COVID-19 prevention strategies. School nurses are also setting up employee wellness programs and learning new skills to help them provide mental health services and referrals for students and their families. Most of the respondents dare to Impart knowledge about the Health Standards protocol to every student's learners, Creating a healthy environment, genuinely caring for the learners, and Strong Commitment to promoting learners' Health

It's important to remember that research findings from a qualitative, phenomenological- focused study like this are rarely generalizable or transferable to other situations. Contends that phenomenology aims to produce a thorough explanation of the phenomena that leads to an understanding of the basic framework of lived experiences. Furthermore, this study had a small sample size of eight participants, seven of them were female and one was male. As a result, future research should seek people from a variety of backgrounds, if feasible. Finally, future research may need to focus on specific topics such as connecting relationships between patients/students and health care workers, self-disclosure, awareness development, particular diagnostic approaches, and additional methods and measurements in procedures experienced by the Dep ED Nurses during the New Normal.

First off, the researcher recognizes that the data gathering was limited to solely making use of in-depth interviews. While this action is not wrong, the data gathering could have been improved further if focus group discussions were utilized as well. This will strengthen the credibility of the data gathered, not to mention that such a step would also generate more themes that were not established (or mentioned) within the narratives in this study. Moreover, since the study has already started on the endeavor of knowing the lived experiences of Dep ED Nurses during the New Normal. In addition, the use of quantitative research in supplementing data

for qualitative analysis for this type of study is also recommended to ascertain the richness of the data of this study. Since this study has only utilized in-depth interviews as the method for the data gathering, it is recommended that to gain a deeper understanding of the lived experiences of the Dep Ed Nurses During the New Normal, it is important to find ways to improve the characteristics of the data that will be collected and put into analysis so that a rich and trustworthy research study may be generated.

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Work Motivators as Predictors of Nurse's Work Engagement In An Isolation Facility

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Abstract

Work motivation is an important measure of nurse's responses to increasing challenges and demands of their job. This study aimed to find out whether work motivators can predict the work engagement of nurses assigned in an isolation facility of a public hospital in Cotabato City. The study utilized the descriptive-predictive research design. A complete enumeration of 60 staff nurses working in the hospital were the respondents of the study. The data were gathered using questionnaires adapted from the studies of Schaufeli and Bakker (2003) and Ghanbahandur (2014). The questionnaires were modified to fit the goal of the study and subjected to validity and reliability testing, with an overall Cronbach alpha result of .88. Results revealed that most participants were ages 28 to 32 years old, female, and had 3.5-5 years working in the hospital. Further, the staff nurses have a very high motivation in their work extrinsically, particularly about the institution's policy but less in terms of work relationships with their supervisors. They were relatively motivated intrinsically, mainly in their work achievements but least in terms of recognition in their job. In addition, the staff nurses have a very high engagement in their work, showing excellent dedication but with a lesser degree of vigor in their job. Furthermore, both intrinsic and extrinsic motivation has a strong positive relationship with nurse's work engagement. The study also concluded that extrinsic motivation was a stronger predictor of nurse engagement as compared to intrinsic motivation. Nurses' work motivation impacts their job satisfaction and work engagement affecting their quality of care.

Keywords: *Work motivators, Social Science, Descriptive, Davao City*

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Introduction

In a healthcare organization, work motivation is an important measure of a healthcare professional's response to increasing challenges and demands (Banakhar, 2018). In the medical field, nurses represent the largest category of health workers and provide 80% of direct patient care (WHO, 2019). As a result, nurses are more likely to be stressed and have reduced motivation, which could lead to poor performance and resignation from their jobs (Quynh, 2019). Beyond the motivation to achieve success in today's highly competitive environment, many organizations have

identified the need to engage their workforce (Bergström & Martnez, 2018).

There were numerous dispersed articles from several nations, namely Japan, England, China, Indonesia, Spain, Paraguay, Chile, Egypt, Iran, Malaysia, Pakistan, and Portugal. Internal factors that influence nurse work engagement are work motivation, personality, work stress, psychological flexibility, subjective well-being, knowledge, spirituality, and moral competence. External factors that influence nurse work engagement are job resources, rewards, job characteristics (skill diversity, task identity, task significance, autonomy, and feedback), nursing managerial response, first-line nurse managerial competency, supervision, work environment, and identity organization (Rahmawati et al., 2022). This concludes that nurses' work motivation impacts their job satisfaction and work engagement, affecting their quality of care (Zeng et al., 2022).

In the Philippines, work engagement influences nurse work and patient outcomes (Falguera et al., 2022). For many years, Filipino nurses have been leaving the country in a quest for a better life. After failed attempts at fighting for higher wages and better working conditions (Pacheco et al., 2021). However, despite their known and heroic contributions to battling global crises, nurses have reported experiencing different intrinsic and extrinsic struggles and challenges in and out of their workplaces (Sadang, 2020). The Philippines continues to suffer greatly from health worker maldistribution, and many health disparities among its people need to be accommodated by a robust and stronger healthcare system (Urbi, 2018). Nurses' work engagement is challenging, and work environments must be fostered to improve nurses' abilities to provide high-quality care (De Simone et al., 2019). Therefore, it was concluded in previous studies that work motivation and engagement have a positive impact on nurses' intent to stay in their current organization (Alhamdan et al., 2018). In this study, nurses' work motivation was often affected by several personal and organizational factors that are crucial in affecting their level of motivation. Understanding nurse motivation, engagement, and well-being may be useful in predicting nurse turnover in the workplace and identifying potential

risks for nurses' physical, psychological, and emotional stress. As a result, this study aims to determine the nurses' work motivators as predictors of nurse engagement, specifically in an isolation facility.

Methods

This study utilized the descriptive predictive research design. According to Creswell (2003), a descriptive method of research is concerned with the procedures used to organize, describe, and summarize data without influencing it by any means the descriptive phase of the study will be focused on describing the work motivators of respondents in terms of intrinsic and extrinsic motivator. The predictive research design used to determine the work motivator can significantly predict the work engagement of nurses in isolation. The study was conducted in Cotabato Sanitarium General Hospital, which was founded in 1936. Originally, it was constructed as a sanctuary for people afflicted with leprosy, but it was eventually turned into a public hospital. It is located at Ibotigen, Dalumangcob Sultan Kudarat, with a 150-bed capacity, 30 of which are private rooms, and 60 beds are for the wards. In addition, there is a 60-bed capacity which offers extensive scope for the general annex ward, particularly for COVID and medical cases. The respondents of the study were the isolation nurses A pilot study conducted before data gathering this is to test the clarity and applicability of the study tool with a total of 30 participants from Cotabato Regional Medical Center followed by Cronbach's alpha of (.882) a total number of 60 participants from Cotabato Sanitarium General Hospital selected through the Total enumeration method.

The researcher used a modified adapted standard questionnaire in collecting the data. Before the administration of survey questionnaires, the instrument was subjected to validation and reliability testing. Three experts in the field were requested to answer the survey questionnaire. After this, the researcher conducted a pilot study wherein (30) respondents were requested to answer the survey questionnaire with Cronbach's alpha of (.882). There were three parts of the questionnaire, The first part is composed of the demographic profile of the participants, which includes their age, sex, and years of experience. The second part determines the participant's work motivators with the use of Ghanbahandur's Intrinsic and Extrinsic Motivators.

The study incorporated Frequency and percentage distribution used as a statistical treatment in determining the demographic profile of the respondents. Mean was used to determine the profile of the respondents and the work motivators in terms of Intrinsic and Extrinsic motivators and the level of engagement of nurses. Pearson r was used in comparing the two variables, between the significant relationship of Intrinsic and Extrinsic motivators and work engagement. Regression Analysis used in determining the Intrinsic and extrinsic work motivators significantly predicts work engagement in isolation facilities.

Results and Discussion

Table 1. Demographic Profile

| Age | Frequency | Percentage |
|----------------------------|-----------|-------------|
| 18 – 22 | 12 | 20% |
| 23 – 27 | 8 | 13% |
| 28 – 32 | 24 | 40% |
| 33 and above | 16 | 27% |
| Total | 60 | 100% |
| Sex | | |
| Male | 26 | 43% |
| Female | 34 | 57% |
| Total | 60 | 100% |
| Years of Experience | | |
| 0 – 1 year | 9 | 15% |
| 1 – 3 years | 11 | 19% |
| 3.5 – 5 years | 23 | 38% |
| 5.5 – 10 years | 17 | 28% |
| 10 years and above | 0 | 0% |
| Total | 60 | 100% |

The above table shows the demographic profile of the 60 respondents to the study. The majority age of the participants was 24 (40%) out of 60 ranging from 28-32 years old. This suggests that

a significant proportion of the respondents were in their late twenties or early thirties. In addition, in terms of sex 34 out of 60 of the respondents are female (57%) and 26 (43%) are male. The figures are

consistent with the fact that nursing is a female-dominated profession. The study found that the average years of service among the participants was 3.5 to 5 years, with a frequency of 23 (38%) This implies that the participants possessed diverse levels of expertise in their present occupation or field.

This is in line with the findings, found that work engagement was significantly associated with age and years of nursing experience Saiga & Yoshioka (2021). Similarly, young employees are assumed to be driven by internal motives such as goals to grow and develop in the workplace (Forsten

et al., 2018). Moreover, they appear to get more motivated and enthusiastic through their relations with clients, which is an essential factor for them at work (Baljoon et al., 2018). Conversely, the findings by Remegio et al. (2021), found that nurse leaders with over 20 years of experience had a higher level of work engagement than those with 5 years of experience or less, The aforementioned data is expected to serve as a valuable resource in the analysis and comprehension of the outcomes of the investigation about the factors that stimulate individuals to work and their level of involvement in their job duties

Table 2. Respondents' Intrinsic Work Motivator Profile

| Characteristics | M (SD) | Interpretation |
|----------------------|-------------|----------------|
| Intrinsic Motivators | 3.45 (0.27) | Moderate |
| Achievement | 4.73 (0.52) | Very High |
| Advancement | 4.07(0.63) | High |
| Work Itself | 4.08 (0.41) | High |
| Recognition | 3.65(0.66) | Moderate |
| Growth | 4.68(0.47) | Very High |

Note, N=60; Interpretation: 4.20- 5.00 = Very High, 3.20- 4.19= High, 2.60- 3.19= Moderate, 1.80- 2.59- low, 1.0 -1.79= Very low

Table 2 shows the level of intrinsic motivators in five different aspects: achievement, advancement, work itself, recognition, and growth. The overall mean is 3.45 indicating that the respondents, on average, perceived their jobs to be moderately intrinsically motivating. A study conducted in Tehran indicated that intrinsic factors were perceived to be the most essential determinants of a nurse's motivation as they tend to increase nurses' sense of belonging (Ayalew et al. 2018). Intrinsic motivation is perceived as proactive and rewarding of an individual's work-related actions, which in turn increases the employee's willingness to expand their efforts in the workplace (Forsten et al., 2018).

The highest mean score in the table is observed for achievement with a mean of 4.73 and a standard deviation of 0.52, indicating that

the respondents felt that their jobs offered a great deal of opportunities for professional development. According to Nickerson, (2023), respondents have an upward and positive status or position in their workplace. The 2019 American Mobile Nurses (AMN) Healthcare Survey found that 81% of nurses were satisfied or extremely satisfied with their career choices (Morris, 2023). In contrast, the lowest mean score was on recognition with a mean of 3.65 and a standard deviation of 0.66, indicating that the respondents felt less satisfied with the recognition they received for their work. This could indicate a potential area for improvement in the workplace, where the organization could focus on providing more recognition and appreciation for the hard work and efforts of its nurses. Conversely, according to a recent finding, nurses reported a high level of recognition of the working conditions based on

their needs based on the work assignment opportunities and benefits or services that were provided to them at the workplace (Alhakimi & Baker 2018).

Several studies have revealed that recognition can be provided by the organization to their employees in the form of public affirmation, written commendation, financial

reward, or recognition by a formal recognition program in the organization for the achievement of their goals (Alkhateri et al., 2019). Overall, this suggests that the respondents perceived their jobs to be moderately intrinsically motivating. Additionally, advancement had higher mean scores, suggesting that these areas could be emphasized to further enhance the intrinsic motivation of nurses in the workplace.

Table 2. Respondents' Extrinsic Work Motivator Profile

| Characteristics | M (SD) | Interpretation |
|-----------------------------------|-------------|----------------|
| Extrinsic Motivators | 4.40 (0.18) | Very High |
| Company Policy | 4.65 (0.52) | Very High |
| Relationship with peers | 4.38 (0.37) | Very High |
| Work Itself | 4.41 (0.41) | Very High |
| Work Relationship with Supervisor | 4.22 (0.50) | Very High |
| Salary | 4.48 (0.41) | Very High |
| Work Condition | 4.48 (0.38) | Very High |

Note, N=60; Interpretation: 4.20- 5.00 = Very High, 3.20- 4.19= High, 2.60- 3.19= Moderate, 1.80- 2.59- low, 1.0 -1.79= Very low

Table 2.1 presents the level of extrinsic work motivators among respondents. The overall mean of respondents' extrinsic motivators has a mean of 4.40 and a standard deviation of 0.18. This suggests that the respondents had a relatively high level of extrinsic motivation. This suggests that Extrinsic motivation maintains that the individual's drive to work is influenced by the organization, the work itself, and the employee's environment. These can range from social norms, peer influence, financial needs, promises of reward, and more. As such, being extrinsically motivated is being focused on the utility of the activity rather than the activity itself (Oshkoler & Kimura, 2022).

The highest mean score in the table is observed for company policy with a mean score of 4.65 and a standard deviation of 0.52, indicating that they completely understand the mission of their institution. Understanding and adhering to regulations can assist nurses and health administrators in providing the greatest

care to patients and can use their understanding to influence future policies (University of St. Augustine for Health Sciences, 2021). Nurses' failure to involve in policymaking has led to a concern of WHO thus, Increasing the capability of nurses to participate in policy-making activities is an important aspect of the constant promotion of health services (Hajizadeh, et al., 2021). Conversely, in the study of Ursula et al., (2021).

However, the Work Relationship with the Supervisor has a lower mean score of 4.22, with a standard deviation of 0.50 which indicates that the respondents may not have a very positive relationship with their supervisors, which could negatively affect their motivation levels. On the contrary, previous research stated that a high-quality supervisor-nurse relationship has been identified as one of the key factors influencing team outcomes (Adams et al., 2019). In the study by Hadi et al. (2021), the results showed that there is a high level of trust in nursing

managers and supervisors. This is also like the study by Azizi et al. (2021), which also stressed that the higher the quality of relationships between supervisors and subordinates, the higher the effectiveness of teamwork and, subsequently, the higher the goals of an organization will be achieved.

Overall, the results provide a useful summary of the responses and highlight areas where organizations may want to focus their attention to improve employee extrinsic motivation. Additionally, since the standard deviations are relatively high, organizations

Table 3. Respondents' Work Engagement Profile

| Characteristics | M (SD) | Interpretation |
|-----------------|-------------|----------------|
| Work Engagement | 4.38 (0.32) | Very High |
| Vigor | 4.41 (0.32) | Very High |
| Dedication | 4.38 (0.37) | Very High |
| Absorption | 4.41 (0.41) | Very High |

Note, N=60; Interpretation: 4.20- 5.00 = Very High, 3.20- 4.19= High, 2.60- 3.19= Moderate, 1.80- 2.59- low, 1.0 -1.79= Very low

The descriptive analysis result of the dependent variable "work engagement" and its sub-variables can provide valuable insights into the engagement among the study participants. The mean score of the work engagement is 4.38 (SD=0.32), indicating that, on average, the participants are moderately engaged in their work. The standard deviation of 0.32 suggests that the scores are tightly clustered around the mean, indicating a high degree of consistency among the participants. Research has already stated the role of work engagement as a motivational variable that is in turn able to improve other organizational outcomes (Tomietto, 2019).

In addition, it was concluded that organizational commitment to increasing employee engagement was in line with improving organizational performance, especially in terms of improving individual employee performance, which led to increased productivity (Strauman, 2019). The sub-

may want to investigate why there is variability in responses and address any concerns or issues that employees may have. This supports the study of highly externally motivated workers, who are usually more interested in the fulfillment of basic human drives and needs than the work itself; thus, workers were likely to set aside the minimum amount of energy at work to attain the instrumental goals (Baljoon et al., 2018).

variables of work engagement, namely vigor, dedication, and absorption, have means of 4.27, 4.46, and 4.41, respectively. These values suggest that the participants have a relatively high level of energy, dedication, and involvement in their work. The standard deviations of these sub-variables are 0.32, 0.44, and 0.52, respectively, indicating that the scores for dedication are more dispersed than the scores for vigor.

The highest mean indicator, "My job inspires me," has a mean score of 4.72 and a standard deviation of 0.49. This outcome suggests that the participants are very inspired by their jobs. On the other hand, the lowest mean indicator, "Time flies when I am working," has a mean score of 4.05 and a standard deviation of 0.75. This finding implies that the participants may not find their work engaging or may struggle to manage their time effectively while working.

The descriptive analysis result of the dependent variable "work engagement" and its sub-variables provides useful information on the level of engagement among the study participants. The findings suggest that the participants are moderately engaged in their work, have high levels of energy, dedication, and involvement, and are highly inspired by their jobs. Nurse dedication in nursing practice will have a direct positive impact on nursing services since the nurse's performance will be

immediately affected if the nurse is dedicated (Sitepu et al., 2020). However, the low score for the indicator "Time flies when I am working" suggests that some participants may need to manage their time more effectively to enhance their work engagement. A previous study showed that the absorption dimension showed a lower effect with all variables under investigation than vigor and dedication (Mazzetti et al., 2021).

Table 5: The Relationship Between Respondents' Work Motivation and Work Engagement

| Independent Variable | Work Engagement | | | |
|-----------------------------------|-----------------|---------|------------------------|-----------------|
| | r | p-value | Decision | Remarks |
| Intrinsic Work Motivations | 0.044 | <0.001 | Reject Null Hypothesis | Significant |
| Achievement | 0.21 | 0.06 | Accept Null Hypothesis | Not Significant |
| Advancement | 0.035 | <0.05 | Reject Null Hypothesis | Significant |
| Work Itself | 0.37 | <0.05 | Reject Null Hypothesis | Significant |
| Recognition | 0.23 | 0.04 | Reject Null Hypothesis | Significant |
| Growth | 0.31 | <0.05 | Reject Null Hypothesis | Significant |
| Extrinsic Work Motivations | 0.51 | <0.001 | Reject Null Hypothesis | Significant |
| Company Policy | 0.55 | <0.001 | Reject Null Hypothesis | Significant |
| Relationship with Peers | 0.49 | <0.001 | Reject Null Hypothesis | Significant |
| Work Itself | 0.41 | <0.001 | Reject Null Hypothesis | Significant |
| Work Relationship with Supervisor | -0.15 | 0.88 | Accept Null Hypothesis | Not Significant |
| Salary | 0.55 | <0.001 | Reject Null Hypothesis | Significant |
| Work Condition | 0.12 | 0.17 | Accept Null Hypothesis | Not Significant |

Note: $p < 0.05$ is significant

Table 4 presents the relationship between intrinsic motivators and work engagement as $r = 0.44$ ($p = 0.001$), indicating a moderately positive correlation. The correlation coefficient between extrinsic motivation and work engagement is $r = 0.51$ ($p = 0.001$), indicating a moderately positive correlation as well. These results suggest that both intrinsic and extrinsic motivation are positively related to work engagement, meaning that highly motivated individuals tend to be more engaged in their

work. The results suggested that intrinsic motivation is more beneficial for employees' sustained job engagement. From that perspective, it will be better to keep employees intrinsically motivated to maintain their sustainable engagement (Miao et al., 2020). The intrinsic motivations that can be used to increase employee engagement in the workplace are creating a safe environment and creating a sense of purpose, trust, belonging, and achievement (Meaunier & Bradley 2019). Recent studies have shown that intrinsic

motivation has a more positive effect on work engagement than extrinsic motivation (Putra et al., 2018). Employee engagement helps intrinsically motivate employees to perform better. When employees are aligned and connected to their work, team, and organization, they are likely to have an internal drive (Ryba, 2021).

Extrinsic motivation, on the other hand, maintains that the company, the job itself, and the employee's environment all have an impact on a person's desire to work. These can range from social norms, peer influence, financial needs, promises of reward, and more. As such, being extrinsically motivated means being focused on the utility of the activity rather than the activity itself (Oshkoler & Kimura, 2022). Furthermore, the influence of extrinsic motivation on an individual's job engagement was relatively weak at the time. When retested after one year, it was found that the impact of extrinsic motivation on job engagement was significantly increased in a positive way (Miao et al., 2020). Monetary reward is one of the factors influencing extrinsic motivation (Zeng et al., 2022).

The results of the inferential statistical analysis using Pearson r correlation suggest that both intrinsic and extrinsic motivation are positively related to work engagement. The sub-variables of intrinsic motivation that are most strongly related to work engagement are

the work itself, advancement, and growth, while the sub-variables of extrinsic motivation that are most strongly related to work engagement are company policy and salary. These findings may have implications for organizations seeking to improve employee motivation and engagement. The results suggest that each type of extrinsic and intrinsic motivation stimulates employees' vigor, dedication, and absorption, implying that employees with higher extrinsic and intrinsic motivation tended to engage more with their jobs.

The results of the Shapiro-Wilk test for intrinsic motivation and work engagement indicate that the test statistic (W) is 0.98 and the p-value is 0.38. This suggests that there is no significant evidence to reject the null hypothesis that the data is normally distributed at the 0.05 level of significance. Therefore, it can be concluded that the intrinsic motivation-work engagement data appears to be normally distributed.

On the other hand, the results of the Shapiro-Wilk test for extrinsic motivation and work engagement indicate that the test statistic (W) is 0.51, and the p-value is 0.73. This suggests that there is no significant evidence to reject the null hypothesis that the data is normally distributed at the 0.05 level of significance. Therefore, it can be concluded that the extrinsic motivation-work engagement data also appears to be normally distributed.

Table 6. Regression Analysis of the Respondents' Work Motivations and Work Engagement

| Independent Variables | Standard Error | B | t | p-value | Remarks |
|-----------------------|----------------|------|------|---------|------------------------|
| Intrinsic Work | 0.12 | 0.45 | 3.67 | <0.01 | Reject Null Hypothesis |
| Extrinsic Work | 0.18 | 0.8 | 4.46 | <0.001 | Reject Null Hypothesis |

Note: R square = 0.63 (Work Motivation vs Work Engagement) ; F= 19.18

Table 5 presents the regression analysis of both intrinsic and extrinsic work motivation significantly predict work engagement. Specifically, the

regression coefficients for intrinsic (b = 0.45) and extrinsic (b = 0.80) work motivation are both positive, indicating that an increase in these types of

motivation is associated with an increase in work engagement. The t-values for both intrinsic ($t = 3.67$) and extrinsic ($t = 4.46$) work motivation are also significant, indicating that these variables have a statistically significant impact on work engagement.

Additionally, the p-values for both intrinsic ($p = 0.001$) and extrinsic ($p = 0.001$) work motivation are less than 0.01, which is considered highly statistically significant. The r-squared value of 0.63 indicates that 63% of the variance in work engagement can be explained by intrinsic and extrinsic work motivation. This is a moderately strong effect size, suggesting that intrinsic and extrinsic work motivation are important predictors of work engagement. The F-value of 19.18 is also significant ($p = 0.01$), indicating that the regression model is a good fit for the data. 161

This suggests that the model can explain a significant amount of variability in work engagement. Conducted research on the relationship

Conclusion and Recommendations

The current study concluded Work Motivators (Intrinsic and extrinsic work motivation) are important predictors of work engagement, and that improving these types of motivation may lead to higher levels of work engagement among employees. However, Although the overall results of work motivators and nurse engagement were high. Learning how to stimulate nurse engagement and motivation is a priority for hospital administrators. They need to focus their attention on improving employees' motivation. Specifically, improving the administration's attitude may help increase employee motivation in this area. This research was a quantitative predictive research design

between work motivation (intrinsic and extrinsic) and employee engagement at the Allied Bank of Pakistan. The findings revealed that there is a positive relationship between intrinsic motivation and employee engagement and between extrinsic motivation and employee engagement. Four intrinsic factors, namely interesting work, job appreciation, satisfaction, and stress, and four extrinsic factors, namely job security, good wages, promotion and growth, and recognition, were identified as important factors for engagement (Engidaw 2021).

Furthermore, it is also known that both intrinsic and extrinsic motivation have a strong positive impact on employee engagement. From the results, it is also concluded that the relationship and impact of extrinsic motivation were stronger on employee engagement as compared to intrinsic motivation (Bustasar et al., 2019). Motivation and workplace well-being are strong influences on nurses' work engagement (Jedwab et al., 2021).

conducted in a single hospital in Cotabato Sanitarium General Hospital. Other hospitals may experience different challenges linked to work motivators and the engagement of nurses. It is important to conduct this same study in other hospitals to gain a thorough insight into the topic.

This study was conducted in a single institution; the study's sample size was limited to staff nurses. As a result of the small sample size, the study results may not apply to all.

Healthcare populations. Researchers recommend future studies with a larger sample size to differentiate the work motivators and engagement of nurses

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Factors Affecting Patient Satisfaction on the Discharge turn-around time protocol in a Government Hospital in Cotabato City

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Abstract

Discharge turn-around time is interrelated with the patient's satisfaction. That is why, the discharge process is as important as patient admission. The general objective of the study is to identify the factors affecting patient satisfaction with discharge turn-around time, identify which department causes the delay, and manage to follow the prescribed turn-around time. Using the descriptive-correlational research design, the purpose of this study was to determine the relationship between the department's turn-around time and the level of satisfaction among respondents in a government hospital in Cotabato City. A total of 150 respondents were selected through the use of the Quota Sampling method implementing the following inclusion criteria: patients that has discharge orders from the physician is specifically admitted in the specific area that caters to adult patient such as the Medicine ward, OB-Gyne ward and Surgery Ward of the chosen hospital, and his willingness to participate in the study. The study utilized two parts. First, the hospital record on the IHOMIS is used to assess the discharge turn-around time. Second, a researcher-made survey questionnaire was utilized to assess the level of patient satisfaction with discharge turn-around time. The results showed that the overall discharge turn-around time has a total of 374.73 minutes and has a description of Major Delay. The level of satisfaction in terms of Services is Satisfied and in terms of Efficiency and Courtesy is Highly satisfied. Further, there is a significant relationship between discharge turn-around time and level of satisfaction in terms of services, efficiency, and courtesy. The correlation was positive. The coordination between the healthcare providers and other departments must be improved to obtain customer satisfaction especially to focus on reducing the delay in the discharge process.

Keywords: *Discharge Turn-around Time, Social Sciences, Descriptive-Correlational, Cotabato City*

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Introduction

The discharge process is a customary procedure done in a hospital wherein involves a doctor's order for discharge, preparation of discharge summary and instruction, settlement of the bill, and the patient leaving the hospital thereafter (Harmanjot & Roopjot, 2017). A frequent issue currently experienced by hospitals today is the delay in discharge (Shukla and Upadhyay, 2018). Moreover, a discharge process

specifically in discharge turn-around time is one of the factors that is significant in putting meaning to patient satisfaction. A delay in the entire undertaking of the discharge results in frustration, disappointment, and an added burden on the expenses of the patient and significant others (Human Konnect, 2018).

On a global scale, a delay in discharge remains a common problem and most common reason which not only involve medical but also non-medical reasons. This thus results in issues of patient flow such as prolonged hospital stays, availability of beds for newly admitted patients, and transfers of some patients (Cadel et al., 2021). In addition, a study involving a tertiary hospital in Iran focuses on the factors that affect discharge waiting time for the discharge and enumerates what cause of the delay. Stated that admission and discharge are bottlenecks of the hospital determinants of how efficient the services are and an indicator of how satisfied the patient is (Sunil et al., 2016). Moreover, a descriptive study was conducted at the University Swedish Hospital and the result shows that there is a substantial urgency for enhancement in the discharge process affirming the patient's experiences and desires (Krook et al., 2020). In the United States, as a requirement of Hospital Accreditation, hospital planning is involved which is why it needs to be improved (Patel and Bechmann, 2022).

Moreover, gaining complete access to health has been a challenge in the Philippine health sector. Thus, one of the issues is an overstaying patient which leads to a lack of available beds. With this, an initiative is given into account to improve the discharge process to address the issue of overstaying. This has put into realization one of the hospitals in the country to improve customer satisfaction. For this drive to be effective, an implementation of continual quality improvement has been done (Bicol Medical Center, 2021). In addition, in the Medicine ward of the University of the Philippines - Philippine General Hospital (UP-PGH) no discharge protocol was currently in place, and no details on how satisfied the patient and family were with the current discharge practice that is why a study is conducted thus improved discharge planning was recommended (Leones et al., 2021).

In Cotabato City, a government-run tertiary hospital has been putting initiatives just to cater to all

patients in and out of the city. The hospital has been working on causes of delay in a process such as admission and discharge which is related to their goal to get a very high satisfaction rate from their patients. Focusing on the problem to accommodate patients, discharge must be processed immediately. Impede in the process of discharging patients disrupts the overall services of the hospital.

Many studies focus on initiatives just to achieve patient satisfaction and one of the factors that make patients unsatisfied aside from providing utmost care is that of the system and other services that the institution can offer. Thus, discharge is as important as a patient's admission and it should be given with utmost attention. It is relatable to how you provide your service from the beginning. Discharge does not just involve the medical team alone but also involves the financial and support team as a whole. With this, a hold-up in the discharge process can result in delays in other hospital services, specifically in admissions, patient transfers, and availability of beds for incoming patients. There is a need to focus on communication in discharge between the healthcare provider and the patient to address current issues in the discharge process and improve discharge practices.

Methods

The study uses Descriptive-Correlational Design to determine the Factors affecting patient satisfaction with the discharge turn-around time protocol in a government hospital in Cotabato City. Research respondents were selected using Quota sampling with 150 respondents and gathered in a limited amount of time. The inclusion criteria for the study include patients that are specifically admitted in the specific area that caters to adult patients such as the Medicine ward, OB-Gyne ward, and Surgery Ward of Cotabato Regional and Medical Center, and have a discharge order from the Attending Physician. Frequency and percentage, Mean and Standard Deviation, and Spearman Rho Data analysis were the statistical tools used to analyze the gathered data.

A researcher-made questionnaire was used to determine the level of satisfaction of the respondents as well as using the IHOMIS to determine the discharge turn-around time. The research tool was sent to research experts for face and content validation. As soon as the tool was validated, a pilot study was conducted to test for its reliability. Results from this pilot study underwent Cronbach's alpha reliability testing for data analysis. After establishing the validity and reliability of the research tool, the researcher was able to obtain permission to conduct the study from the participating institution.

To assess the level of satisfaction of the respondents. There were two (2) parts of the survey questionnaire. The first part of the questionnaire pertains to the respondent's demographic profile. This includes age, sex, educational attainment, and department admitted. The second part of the questionnaire contained questions that sought to

assess the turn-around time satisfaction of the respondents in terms of Services, Efficiency, and Courtesy guidelines.

The study incorporated Frequency Distribution and Percentage to describe the respondents' demographic profile in terms of age, sex, educational attainment, and department admitted. Moreover, Mean score and Standard Deviation were used to determine the turn-around time of the different departments and the level of satisfaction in terms of services, efficiency, and courtesy. On the other hand, Spearman rho was utilized to determine the correlation coefficient between the discharge turn-around time and the level of satisfaction of the respondents.

Results and Discussion

Table 1. Demographic Profile of the Respondents

| Demographic Profile | Frequency n-150 | Percentage (%) |
|-------------------------------|----------------------------|---------------------------|
| Age | | |
| 18 – 27 years old | 24 | 16 |
| 28 – 37 years old | 64 | 42.66 |
| 38 – 47 years old | 53 | 35.33 |
| 48 – 57 years old | 1 | .66 |
| Above 57 years old | 8 | 5.33 |
| Total | 150 | 100 |
| Sex | | |
| Male | 38 | 25.33 |
| Female | 112 | 74.66 |
| Total | 150 | 100 |
| Educational Attainment | | |
| High School Graduate | 71 | 47.33 |
| College Undergraduate | 37 | 24.66 |
| College Graduate | 42 | 28 |
| Post-Graduate | 0 | 0 |
| Total | 150 | 100 |
| Department Admitted | | |
| Medicine Ward | 46 | 30.66 |
| Surgery Ward | 36 | 24 |
| OB GYNE Ward | 68 | 45.33 |
| Total | 150 | 100 |

The various demographic profiles of the respondents are shown in Table 1 which is the first objective of the study. The majority of the respondents, 64 (42.66 %) were in the age group of 28-37 years, followed by 38-47 years with 53

A higher proportion of the respondents were females of 112 (74.66%) while males were 38 (25.33%). Furthermore, most of them are high school graduates at 47.33% followed by College graduates at 28% and College undergraduates at 24.66 %. Also,

(35.33%). A frequency of 24 (16 %), and 8 (5.33 %) belong to age-groups 18-27 years old and above 57 years old, respectively while age-group 48 - 57 years old represented a lesser percentage of the study sample having 1 (0.66 %) only.

the respondent's department majority admitted in OB Gyne with 68 or 45.33%, followed by Medicine ward with 46 respondents or 30.66% and lastly Surgery ward with 36 respondents or 24%.

Table 2 presents the discharge turn-around time of the different areas in the discharge process. As shown in the table, the overall mean in minutes was 374.73 and converted to hours as 6.25, with a standard deviation of 1249.40 and a description as a Major delay since the prescribed turn-around time should be four hours only. Furthermore, the Department that has the highest mean of 272.40 minutes or 4.54 hours and a standard deviation of 1143.99 is in the Cashier department which has a description of Major delay. Thus, the result exceeds the prescribed turn-around time which is 10 minutes only. Followed by the Philhealth with the mean of 110.67 minutes or 1.84 hours and a standard deviation of 285.93 which has a description of Major Delay. This implies that as a basis of the prescribed turn-around time, it exceeds the hour that the discharge process should be done. The process did not achieve its goal and it needs improvement. It was

found out that the patient needed much time in the settlement and payment of the Hospital bill for various reasons Maybe for a fact that when the final bill had already been given to the patient and family, cash on hand was not sufficient and needed further support from others sources such a relative, or maybe seeking assistance that different agencies and organizations could offer.

Moreover, the pharmacy department showed a remarkable turn-around time with an advance from the prescribed turn-around time of five minutes allocated. The pharmacy department has a mean result of 2.26 minutes and a standard deviation of 3.31 and has a description of No delay. Also, is commendable with the processing of documents for discharge from the department is Medical Social Service department as shown in the result with a mean of 4.14 a standard deviation of 14.53, and a description of No Delay.

Table 3. Level of Satisfaction

| Satisfaction | Mean | SD | Description |
|--------------|------|------|------------------|
| Services | 0.59 | 4.13 | Satisfied |
| Efficacy | 0.56 | 4.22 | Highly Satisfied |
| Courtesy | 0.53 | 4.51 | Highly Satisfied |
| Average | 0.56 | 4.29 | Highly Satisfied |

Legend: 5.00 – 4.21 – Highly Satisfied, 4.20 – 3.41 – Satisfied, 3.40 – 2.61 – Moderately Satisfied, 2.60 – 1.81 – Dissatisfied, 1.80 – 1.00 – Strongly Dissatisfied

Table 3 presents the level of satisfaction of the respondents in terms of Services, Efficiency, and Courtesy. As shown in the table, the overall standard deviation was 4.29, with a mean of 0.56 and a descriptive level of highly satisfied. Specifically, the indicator that received the lowest standard deviation of 4.13 with a mean of 0.59 is Services with a description of satisfied. Services that are one of the indicators of the level of satisfaction include the quality of care given to the patient and the overall experience of the patient from admission to discharge. This implies that there should be room for improvement in terms of services. The plan for discharge and the discharge process affect patient satisfaction. Furthermore, in terms of efficiency, the indicator that received the description is highly satisfied and has a standard deviation of 4.22 and a mean of 0.56. The table above also shows the level of satisfaction in terms of courtesy. Thus, among the three indicators, the five-statement in courtesy received the highest scores and has a description of Highly Satisfied overall. The smooth discharge process will improve patient satisfaction; thus, it is also important to improve communication with patients and patient's family concerning the discharge date and planning. A contributory factor i

that even though there is a delay in the process, showing politeness and respect to patients and families eases their worries, and will not mind how long they have to wait since they have been entertained well.

This was supported by Sharma (2022), who stated that patients and patient relatives failed to be involved in the discharge planning process. Thus, there should be good communication with patients and families regarding the flow of discharge and hear their sentiments. It is for a fact that they have said that they are moderately satisfied with one of the statements in Services for they do not understand the delay and process that involves many departments for clearance. As supported by this result, even though patients encounter delays with their discharge, the core of the positive patient experience is genuine respect and courtesy of the healthcare provider involved in his or her treatment (Foster, 2021). Thus, as Tobiano et al. (2019) mention, the Discharge process would be much better if there is good communication between patients and healthcare providers to meet satisfaction. With this, patients and families should feel that they are respected and treatment given was well explained to them.

Table 4. A significant relationship between the department's turn-around time and the level of satisfaction among the respondents.

| Independent Variables Department TAT | Level of Satisfaction | | | |
|--|-----------------------|-----------------|-----------------|-----------------|
| | | Services | Efficacy | Courtesy |
| Blood Bank | Rs | 0.056 | -0.031 | 0.125 |
| | p-value | 0.494 | 0.704 | 0.127 |
| | Decision | Accept Ho1 | Accept Ho1 | Accept Ho1 |
| | Remarks | Not significant | Not significant | Not significant |
| Laboratory | Rs | -0.013 | -0.055 | -0.096 |
| | p-value | 0.877 | 0.5 | 0.244 |
| | Decision | Accept Ho1 | Accept Ho1 | Accept Ho1 |
| | Remarks | Not significant | Not significant | Not significant |
| Pharmacy | Rs | 0.096 | 0.059 | 0.053 |

| | | | | |
|---------------|----------|-----------------|-----------------|-----------------|
| | p-value | 0.244 | 0.475 | 0.522 |
| | Decision | Accept Ho1 | Accept Ho1 | Accept Ho1 |
| | Remarks | Not significant | Not significant | Not significant |
| Radiology | Rs | -.161* | -0.112 | -0.148 |
| | p-value | 0.049 | 0.173 | 0.071 |
| | Decision | Reject Ho1 | Accept Ho1 | Accept Ho1 |
| | Remarks | Significant | Not significant | Not significant |
| PhilHealth | Rs | -0.103 | -0.103 | -0.087 |
| | p-value | 0.212 | 0.208 | 0.29 |
| | Decision | Accept Ho1 | Accept Ho1 | Accept Ho1 |
| | Remarks | Not significant | Not significant | Not significant |
| MGH | Rs | 0.086 | 0.087 | 0.081 |
| Pre tagging | p-value | 0.293 | 0.289 | 0.322 |
| | Decision | Accept Ho1 | Accept Ho1 | Accept Ho1 |
| | Remarks | Not significant | Not significant | Not significant |
| Billing | Rs | -0.113 | -0.089 | -0.086 |
| | p-value | 0.169 | 0.28 | 0.294 |
| | Decision | Accept Ho1 | Accept Ho1 | Accept Ho1 |
| | Remarks | Not significant | Not significant | Not significant |
| MSS | Rs | 0.064 | 0.023 | 0.125 |
| | p-value | 0.436 | 0.777 | 0.129 |
| | Decision | Accept Ho1 | Accept Ho1 | Accept Ho1 |
| | Remarks | Not significant | Not significant | Not significant |
| Cashier | Rs | -.224** | -.167* | -.193* |
| | p-value | 0.006 | 0.041 | 0.018 |
| | Decision | Reject Ho1 | Reject Ho1 | Reject Ho1 |
| | Remarks | Significant | Significant | Significant |
| Billing | Rs | 0.048 | 0.076 | 0.014 |
| | p-value | 0.562 | 0.354 | 0.861 |
| | Decision | Accept Ho1 | Accept Ho1 | Accept Ho1 |
| | Remarks | Not significant | Not significant | Not significant |
| Nurse Station | Rs | -.209* | -.200* | -0.144 |
| | p-value | 0.01 | 0.014 | 0.079 |
| | Decision | Reject Ho1 | Reject Ho1 | Accept Ho1 |
| | Remarks | Significant | Significant | Significant |
| Discharge | Rs | -.248** | -.187* | -.210* |
| TOTAL | p-value | 0.002 | 0.022 | 0.01 |
| | Decision | Reject Ho1 | Reject Ho1 | Reject Ho1 |
| | Remarks | Significant | Significant | Significant |

Note: $p < 0.05$ (Significant)

Table 4 presents the significant relationship between the department's turn-around time and the level of satisfaction among respondents. The result shows that the overall discharge results have a correlation coefficient of - 0.248 and the p value is 0.002 which is lesser than the set significant value of 0.05. It signifies that there is a low correlation between patient satisfaction with the respondents in Services and the Discharge turn-around time. Therefore, it is significant and the null hypothesis should be rejected. Also with the indicator Efficiency, the result shows that the overall discharge results have a correlation coefficient of - 0.187 and the p value is 0.022 which is also lesser

than the set significant value of 0.05. It signifies that there is a low correlation between the patient satisfaction of the respondents in terms of efficiency and the Discharge turn-around time. Therefore, it is significant and the null hypothesis should be rejected. Furthermore, in terms of Courtesy, the result shows that the overall discharge results have a correlation coefficient of - 0.210 and the p-value is 0.01 which is also lesser than the set significant value of 0.05. Thus, it also signifies that there is a low correlation between the patient satisfaction of the respondents in terms of Courtesy and the Discharge turn-around time.

Conclusion and Recommendations

The current study concluded that the Discharge turn-around time of some respondents in different departments experienced major delays and some were discharged on time. Specifically, the two highest departments that experience Major delay and exceed the prescribed time is the Cashier and Philhealth department. This means that there should be room for improvement and the system should be enhanced further to cope and achieve the goal of the prescribed time indicated by the institution.

Moreover, the level of satisfaction of the respondents is highly satisfied in terms of Efficiency and Courtesy. Thus, there are opportunities for enhancement in terms of Services which has a description of satisfaction. With this, study findings show that there is a significant relationship between patient satisfaction and discharge turn-around time. The time that the patient will be discharged matters. One of the important areas that need improvement in an institution is discharging a patient. To lessen the delay in discharge, the institution needs appropriate collaboration with other department staff. The factors for delay were recognized and recommendations were given which will reduce the time taken from each department and follow the prescribed turn-around time. This, will result to enhance the

reputation of the hospital and improve the patients waiting time. With this, the findings of this study will benefit nurses for it will guide to improve some areas not just focus on patient care.

Nurses should be effective in their not just with the standard and quality nursing care but also involves the core values such as being courteous and kind. This study came to realization that even though the respondents experience delay with their discharge process, a nurse that is well-mannered in answering queries affects overall patient satisfaction. Coordination with other departments must be improve in order to reduced discharge delays. In addition, Patients should be involved not just with the care given but also should know the discharge process as well. It is important to ask and be aware of the policies and procedures of the hospital specifically with the flow of discharge that not just involve the healthcare team but also other departments for clearance. The findings of this study will benefit mostly the patients since it will improve the level of services given to them especially with their discharge.

The findings of the study may help to guide the management to improve the system of the hospital, a guide for quality enhancement, reach the optimal level of performance and improve hospital patient flow especially focus on patient discharge. Strengthen Social Services department to assist for assistance and review

management of the system. Patient discharge information dissemination should be offered for consideration. It is vital to conduct more research like this in order to meet expected time of discharge and improve patient discharge for the purpose of patient satisfaction as well as accommodating more patients.

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Risk Perception and Psychological State Among Healthcare Workers in Sultan Kudarat, Maguindanao During COVID-19 Pandemic

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Abstract

Risk perception of COVID-19 may affect the psychological well-being of healthcare workers which may be evident to individuals by manifesting signs of depression, anxiety, and social dysfunction. This study aims to determine if there is a significant relationship between risk perception to mental health among Cotabato Sanitarium healthcare members concerning COVID-19. The study utilized a quantitative descriptive-correlational study. The result revealed that among the 109 respondents, most of them were: aged 31-35 years old, female, married, and of Islam faith, nurses, holding a permanent position, with at least 1-5 years in the institution, and living with their families. Based on the findings; there is no notable significant relationship between demographic data and risk perception among respondents ($p\text{-value}=0.793$). Also, the demographic profile of the respondents has no association with their psychological state with its chi-square $p\text{-value}$ greater than the level of significance (0.679). However, there is a moderate positive relationship between risk perception and psychological state among healthcare workers ($r=0.454$). It implies that having a low-risk perception has a lower chance of developing psychological symptoms. Thus, programs were proposed to address the concern.

Keywords: *Mental Health, Health, Descriptive-correlational, Sultan Kudarat*

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Introduction

On March 20, 2020, the Director-General of the World Health Organization (WHO) declared COVID-19 as a public health emergency of international concern. Due to the uncertain nature of the virus and no known treatment available up to this time, COVID-19 became a pandemic affecting more than 200 countries, with 475+ million cases and 6 million reported deaths. The healthcare sector was the frontliners during the crisis. During this time of the pandemic, people's risk perception is greatly affected by high morbidity rates, government measures on lockdown as well the role of social media in health information, and sometimes fake content (Gao, et.al. 2020). Risk

perception can be described as the person's judgment of risk. Higher risk perception may affect the person's health behavior which may reflect physically or mentally (Yang & Chu. 2018). Poor mental health poses a potential danger not in their work performance, but it may also affect their sense of purpose in the community and relationships (International Labor Organization, 2022).

In a study conducted in Uganda, around 81% of their healthcare workers were highly worried about the fear of infection while others were having fear of stigma among colleagues and support from their work areas (Migisha, 2021). Mental Health America conducted an online survey of healthcare workers related to mental health in June-September 2020 in the United States. Around 93% of respondents experienced stress, 86% suffered from anxiety, and

76% of the participants experienced burnout and exhaustion.

A similar study was conducted in the Philippines and found that female nurses are more fearful of COVID-19 than male nurses. And married nurses are more anxious about the novel virus as compared to unmarried staff. This may be due to their fear of contracting the virus to their loved ones after coming from work (Labraque, De Los Santos, 2020). Fear of the virus promotes psychological distress and these hospital nurses are more fearful as compared to nurses assigned in the community (Delos Santos et al., 2020). Meanwhile, due to the influx of COVID-19 patients in Cotabato Sanitarium; their healthcare workers have experienced some degree of burnout, fatigue, sleep deprivation, and anxiety that greatly affects not only their physical but also their mental health.

Although there are existing studies on risk perception and mental health among healthcare workers, reports on healthcare workers experiencing psychological distress within Sultan Kudarat municipality are unavailable. It is important to address this gap as the COVID-19 pandemic is still far from over and the mental health of healthcare workers will continue to suffer. This proposal aims to explore the risk perceptions and psychological state among healthcare workers during COVID-19 in Cotabato Sanitarium and to formulate strategies and programs to address the issue.

Methods

This study utilized a quantitative descriptive-correlational method. A quantitative research design makes predictions and makes general results using structured data and can be represented numerically (Goertzen, 2017).

This study initially gathered the profile of the participants. Sets of questionnaires were then distributed for answering. The collation of data is

next followed by the statistical treatment for analysis. The findings were expressed in numbers and presented in tables.

The study was conducted in Cotabato Sanitarium, a 45-bed capacity hospital situated in Brgy. Ungap, Sultan Kudarat, Maguindanao region in Muslim Mindanao (BARMM). A total of 109 healthcare workers were selected utilizing the total population sampling. In this study, the participants are professional healthcare workers working in Cotabato Sanitarium. Taking the whole population instead of a sample group can be advantageous to the researcher if the participants are only a small number. It can also prevent potential biases during data gathering (Canonizado, 2021).

The study tool utilized comes in three parts. The first part would be the socio-demographic data of the research participants that include: age, sex, occupation, living arrangement, and co-morbidities. The second part is a self-administered, structured questionnaire adapted from previous studies on COVID-19 by Abolfotouh, et.al (2020). The third part of the tool is the General Health Questionnaire-12 (GHQ-12) designed by Goldberg (1978) as a screening tool for detecting possible psychotic disorders in adults. This tool comprises 12 questions that assessed three aspects of distress (McDowell & Dewell, 1996): Social Dysfunction, Anxiety, and Severe Depression.

Before the commencement of the study, a pilot study was conducted to check for its reliability. The statistical tools used in the interpretation of data and the testing of the null hypothesis included the frequency counts, percentage, weighted arithmetic mean, Chi-Square p-value, and Pearson Moment Correlation (r).

The weighted arithmetic mean was used to determine the average responses of the five options in each item of the two parts of the survey

questionnaires. The Chi-square p-value is used to measure the association of two variables of the statement of problems 2 and 3, namely, the demographic profile and the level of risk perception, and the demographic profile and the psychological state while Pearson Product-

Moment Correlation (r) is used to determine the relationship of two sets of variables quantitatively, that is, the level of risk perception and the psychological state.

Results and Discussion

Table 1. Demographic Profile

| Demographic Profile | Frequency | Percentage |
|---------------------------|-----------|------------|
| Age Bracket | | |
| 20-25 | 7 | 6% |
| 26-30 | 13 | 12% |
| 31-35 | 55 | 50% |
| 36-40 | 14 | 13% |
| 41-45 | 9 | 8% |
| 46-50 | 4 | 4% |
| 51-55 | 5 | 5% |
| 56-60 | 2 | 2% |
| 61-65 | 0 | 0% |
| TOTAL | 109 | 100% |
| Sex | | |
| Male | 21 | 19% |
| Female | 88 | 81% |
| TOTAL | 109 | 100% |
| Civil Status | | |
| Single | 33 | 30% |
| Married | 73 | 67% |
| Separated/Divorced | 2 | 2% |
| Others (with adopted son) | 1 | 1% |
| TOTAL | 109 | 100% |
| Religion | | |
| Roman Catholic | 21 | 19% |
| Islam | 84 | 77% |
| Christian | 4 | 4% |
| TOTAL | 109 | 100% |
| Occupation | | |
| Nurse | 59 | 54% |
| Nursing Attendant | 21 | 19% |
| Radiology personnel | 7 | 6% |
| Laboratory staff | 8 | 7% |
| Physician | 14 | 13% |
| TOTAL | 109 | 100% |

| | | |
|-----------------------|-----|------|
| Length of Service | | |
| 1-5 years | 48 | 44% |
| 6-10 years | 43 | 39% |
| <1 year | 8 | 7% |
| >10 years | 10 | 9% |
| TOTAL | 109 | 100% |
| Living Status | | |
| Alone | 2 | 2% |
| With family | 107 | 98% |
| TOTAL | 109 | 100% |
| Employment Status | | |
| Permanent | 72 | 66% |
| Contractual/Job Order | 37 | 34% |
| TOTAL | 109 | 100% |

Table 1 shows the age distribution of the 109 respondents. In general, half, or 50% (55) of the sample consisted of respondents aged between 31-35. In the sex distribution, out of 109 respondents, 81% were female while 19% were male. Thus, there are more females than males who responded to the survey conducted. The University of the Philippines Population Institute (UPPI) a study of the demographic data among healthcare workers in the Philippines during the 3rd quarter of 2020 and revealed that the majority of the healthcare workers are women (University

of the Philippines Population Institute, 2020). Overall, 67% (73) of all respondents reported they were married at the time of the survey. As for the occupation distribution of the respondents, most of the population belongs to the nursing position with 54% or 59 respondents. It can be gleaned that most of the health workers are new to Cotabato Sanitarium with 44% or 48 of them just serving the institution for 1-5 years. Lastly for the profile of health workers in terms of living status; in general, almost all of the respondents, 98% or 107, are living with their family.

Table 2. Level of perceived risk of COVID-19 in terms of self-satisfaction domain, social status-related domain, workplace-related domain, infection control-related domain, and government-related domain

| Domains | SD | MEAN | INTERPRETATION |
|----------------------------------|------|------|----------------|
| Self-satisfaction domain | 1.03 | 2.97 | Moderate |
| Social status-related domain | 1.06 | 2.45 | Low |
| Workplace-related domain | 0.98 | 2.33 | Low |
| Infection control-related domain | 0.93 | 2.19 | Low |
| Government-related domain | 0.96 | 2.33 | Low |
| Overall | 0.99 | 2.45 | Low |

Legend: 4.20-5.0-Very high; 3.40-4.19 High; 2.61-3.39--Moderate; 1.80-2.59-Low; 1.0-1.79-Very Low

The table showed that healthcare workers have a low-risk perception of acquiring COVID-19 with an overall Standard Deviation of 0.99 (M=2.45). As presented in Table 2, only the self-satisfaction domain has an interpretation of Moderate Risk with a Standard deviation of 1.03 (M=2.97). In a study in Saudi Arabia, the feeling of getting infected with COVID-19 is the highest

concern among the participants which may affect their self-satisfaction (Abolfotouh, et.al, 2020). While the rest namely: social-status (SD=1.06, M=2.45), workplace (SD=0.98, M=2.33), infection-control (SD=0.96, M=2.3) and government-related (SD=0.99, M=2.33) domains have low perceived risks.

Table 2.1 Risk Perception Level in terms of Self-Satisfaction Domain

| | Standard Deviation (SD) | Mean Rating (M) | Descriptive Interpretation |
|---|-------------------------------|--------------------|-------------------------------|
| A. Self-satisfaction domain | | | |
| Obligated to care for a COVID-19-infected patient. | 0.95 | 3.69 | Agree |
| Feeling at risk of contracting COVID-19 infection at work. | 0.98 | 3.47 | Agree |
| Feeling anxious while working with a symptomatic patient | 1.17 | 3.19 | Neutral |
| Feeling threatened if colleagues contracted COVID-19. | 1.25 | 2.87 | Neutral |
| Feeling unsafe at the workplace. | 1.06 | 2.83 | Neutral |
| Feeling hopeless of eventually contracting COVID-19 at work. | 1.24 | 2.61 | Neutral |
| Unconfident that an employee will take care of once contracted with COVID-19 | 0.91 | 2.11 | Disagree |
| OVERALL | 1.03 | 2.97 | Neutral |

Legend: 1.00-1.80 Strongly Disagree, 1.81-2.60 Disagree, 2.61-3.40 Neutral 3.41-4.20 Agree, 4.20-5.00 Strongly Agree

Table 2.1 presents the level of perceived risk of COVID-19 among the respondents in terms of self-satisfaction domain. Under this domain, the majority of the respondents agreed that they feel obliged to care for a COVID-19-infected patient with a mean rating of 3.69 and a standard deviation of 0.95. This may be linked to the healthcare workers' moral stand in taking care of patients. This is especially true during the rise

of epidemic cases wherein physicians are obliged to treat clients even if their health is at risk (Johnson and Butcher, 2021). On the other hand, they disagreed that if they get COVID-19, they do not feel confident an employee will care for them (M=2.11, SD=0.91).7. Healthcare professionals educating themselves on potential risk can affect their overall risk perception of illnesses (Dony, Smith, and Knee. 2017).

Table 2.2 Risk Perception Level in terms of Social Status- Related Domain

| B. Social status-related domain | Standard Deviation (SD) | Mean Rating (M) | Descriptive Interpretation |
|--|-------------------------|-----------------|----------------------------|
| The feeling of transmitting COVID-19 to family members. | 1.04 | 3.79 | Agree |
| A feeling of limiting social activities due to COVID-19. | 0.93 | 2.97 | Neutral |
| Unconfident to tell family and friends once infected with COVID-19 | 1.00 | 2.11 | Disagree |
| A feeling of avoidance to leave home due to COVID-19. | 1.09 | 2.03 | Disagree |
| Feeling that their family members will avoid them since they are working in a hospital | 1.06 | 2.07 | Disagree |
| Feeling that their family members will not look after them once infected | 1.19 | 1.75 | Strongly Disagree |
| OVERALL RATING | | 2.45 | Disagree |

Legend: 1.00-1.80 Strongly Disagree, 1.81-2.60 Disagree, 2.61-3.40 Neutral 3.41-4.20 Agree, 4.20-5.00 Strongly Agree

Shown in Table 2.2 is the level of perceived risk of COVID-19 among the respondents in terms of social status-related domain. Respondents agreed that, as front liners, they feel that they will transmit the virus to their family members with a mean rating of 3.79 and SD of 1.04. Meanwhile, respondents strongly disagree that their family members to watch over them once they become infected (M=1.75, SD=1.19). In one study conducted by the team of

Tekin, the families of the healthcare workers offered their full support and felt proud that their loved ones joining to combat COVID-19 (Tekin, et.al.2022). With an overall rating of 2.75, the respondents their risk perception level in terms of social status is relatively low. In a study made by Li and his colleagues, high perceived social support may have an impact on the perception of untoward situations (Li et.al, 2021).

Table 2.3 Risk Perception Level in Terms of Workplace- Related Domain

| C. Workplace-related domain | Standard Deviation (SD) | Mean Rating (M) | Descriptive Interpretation |
|---|-------------------------|-----------------|----------------------------|
| Feeling that the increase in workload was not met with proper staffing. | 1.03 | 3.26 | Neutral |
| Feeling that the COVID-19 crisis increased their workload. | 1.03 | 3.10 | Neutral |
| Feeling overwhelmed with the new COVID-19 regulations. | 1.09 | 2.61 | Neutral |
| The feeling that absence from work reduces the chance of getting COVID-19. | 0.92 | 2.19 | Disagree |
| Feeling that the institution did not support them during the COVID-19 crisis. | 0.88 | 1.94 | Disagree |
| Feeling that the institution is losing control of the COVID-19 crisis. | 0.93 | 1.94 | Disagree |
| Feeling ashamed telling my manager/colleague having COVID-19. | 0.93 | 1.84 | Disagree |
| Feeling the need to change their current job due to the COVID-19 crisis. | 1.03 | 1.73 | Strongly Disagree |
| OVERALL RATING | 0.98 | 2.33 | Disagree |

Legend: 1.00-1.80 Strongly Disagree, 1.81-2.60 Disagree, 2.61-3.40 Neutral 3.41-4.20 Agree, 4.20-5.00 Strongly Agree

It can be gleaned in Table 2.3 the level of perceived risk of COVID-19 among the respondents in terms of workplace-related domains. The majority of the respondents neither agreed nor disagreed with the feeling that the increase in workload was not met with proper staffing with an SD of 1.03 (M=3.26) as the hospital institutions formulated plans to address staffing shortages to provide optimal care to patients (Habib a& Zinn, 2020). Generally, in

terms of workplace-related aspects, respondents somewhat have an optimistic risk perception of COVID-19 having obtained an overall mean rating of 2.33 or disagree. Studies have been conducted on the adaption of healthcare workers to COVID-19 a year since the pandemic arose and noted that they have adjusted to the situation, including a study in Poland (Wolszczak-Biedrzycka, Bieńkowska, and Stanisław Maksymowicz, 2022).

Table 2.4 Risk Perception Level in terms of Infection Control- Related Domain

| D. Infection control-related domain | Standard Deviation (SD) | Mean Rating (M) | Descriptive Interpretation |
|---|-------------------------|-----------------|----------------------------|
| I feel that an infection specialist is accessible to respond to my concerns. | 1.05 | 2.32 | Disagree |
| Unconfident with the current infection control measures. | 0.96 | 2.30 | Disagree |
| Feeling that proper infection control training has not been offered to staff | 1.02 | 2.21 | Disagree |
| Feeling that there is no COVID-19 outbreak plan set in the area. | 2.13 | 2.13 | Disagree |

| | | | |
|---|-------------|-------------|-----------------|
| Feeling unsafe at work when using the standard precautions. | 2.01 | 2.01 | Disagree |
| OVERALL RATING | 0.93 | 2.19 | Disagree |

Legend: 1.00-1.80 Strongly Disagree, 1.81-2.60 Disagree, 2.61-3.40 Neutral 3.41-4.20 Agree, 4.20-5.00 Strongly Agree

Table 2.4 presents the level of perceived risk of COVID-19 among the respondents in terms of infection control-related domain with an overall mean rating of 2.19 (SD=0.93) or Disagree. Respondents disagreed on all items under this domain most especially that they do not feel that an infection specialist is accessible to

respond to their concerns (2.32), Factors that may be associated with the perception of the infection-control practices in an institution are the effectivity of the protocols designed and training among workers (El Sharif, Ahmead and Imam. 2022).

Table 2.5 Risk Perception Level in Terms of Government- Related Domain

| E. Government-related domain | Standard Deviation (SD) | Mean Rating (M) | Descriptive Interpretation |
|---|--------------------------------|------------------------|-----------------------------------|
| Schools and shopping markets need not to close to control COVID-19. | 1.12 | 2.96 | Neutral |
| The government should not restrict travel from /to areas of disease. | 1.03 | 2.43 | Disagree |
| The government should not avoid inviting expatriates from infected areas. | 2.31 | 2.31 | Disagree |
| Not feeling safe even the government implemented a curfew and the movement restriction periods. | 0.99 | 2.33 | Disagree |
| Feeling that COVID-19 has been highlighted and discussed efficiently in media. | 0.88 | 2.09 | Disagree |
| Feel that government should not isolate COVID-19 cases in special hospitals | 0.86 | 1.88 | Disagree |
| OVERALL RATING | 0.96 | 2.33 | Disagree |

Legend: 1.00-1.80 Strongly Disagree, 1.81-2.60 Disagree, 2.61-3.40 Neutral 3.41-4.20 Agree, 4.20-5.00 Strongly Agree

It can be gleaned in Table 2.5 the level of perceived risk of COVID-19 among the respondents in terms of the government-related domain. Respondents neither agree nor disagree that schools and shopping markets need not close to control COVID-19 (M=2.96). During the height of the pandemic, most schools and other establishments were closed. Modular classes,

online classes, and blended learning schemes were implemented, affecting the quality of learning among students. Most of the respondents disagreed that COVID-19 cases should not be in special hospitals with a mean rating of 1.88 as COVID-19 symptoms are manageable and do not overwhelm the special hospitals. Given the results in every item, and with the overall mean

rating of 2.33 (SD=0.96) (Disagree), in terms of government-related aspects, respondents somewhat have an optimistic risk perception of COVID-19. Non-pharmaceutical interventions such as closing non-essential establishments and limiting social activities are being implemented by the government to limit the spread of the infection to the public. This greatly stricken the

overall economic growth. As the vaccination rollout for COVID-19 started, the number of cases reduced as well as symptoms of the virus were less potent as compared to previous strands. As it turned out, these restrictions were gradually lifted as per the Inter-Agency Task Force for the Management of Emerging Infectious (IATF) with the recommendation of the DOH (Atienza, 2022).

Table 3. Psychological State in terms of Social Dysfunction Level

| SOCIAL DYSFUNCTION | SD | Mean Rating (M) | Descriptive Interpretation |
|--|-------------|-----------------|----------------------------|
| Feeling constantly under stress | 0.90 | 2.78 | Sometimes |
| Not enjoying daily activities | 1.03 | 2.24 | Rarely |
| Not feeling reasonably happy | 0.90 | 2.20 | Rarely |
| Feeling unhappy and depressed | 0.89 | 2.15 | Rarely |
| OVERALL RATING | 0.92 | 2.34 | Rarely |

Table 3 presents the psychological state of the respondents in terms of the level of social dysfunction. Respondents rated the feeling of constantly under stress as sometimes (M=2.78). Upon the onset of the pandemic, scholarly reviews are made concerning stress and its effects on healthcare workers with semblance from the work of Arnetz (Arnetz, eta; 2020) and Aly (Aly,

et.al, 2020). With an overall mean rating of 2.34, the health workers of Cotabato Sanitarium rarely experienced psychological distress in terms of their level of social dysfunction. A social function can be described as his ability to interact and maintain relationships. The sense of safety and protection enables a person to move without restrictions (Pietrabissa and Simpson, 2020).

Table 4. Psychological State in terms of Anxiety Level

| ANXIETY | SD | Mean Rating | Descriptive Interpretation |
|---|-------------|-------------|----------------------------|
| Cannot concentrate on tasks | 0.76 | 1.99 | Rarely |
| Cannot overcome difficulties | 0.75 | 1.83 | Rarely |
| Cannot face up to problems | 0.87 | 1.73 | Never |
| Losing sleep worrying about COVID-19 | 0.80 | 1.71 | Never |
| OVERALL RATING | 0.78 | 1.82 | Rarely |

Presented in Table 4 is the psychological state in terms of the level of anxiety of health workers in Cotabato Sanitarium. The respondents at some point, show distress in concentrating on given tasks with a mean rating of 1.99 (SD=0.76). this may be associated with mental fog concerning COVID-19 "pandemic brain" a term coined by Jeni Stollow (Oputu, 2021). Respondents never felt of losing sleep worrying about COVID-19 (M=1.71). An overall mean rating of 1.82 (SD=0.78) rarely denotes that the respondents infrequently experienced

psychological distress in terms of the level of their anxiety. Since the pandemic was declared in early 2020, most healthcare workers and clinical institutions all over the world have already established preparedness plans for handling COVID-19-positive patients, compliance in wearing personal protective equipment (PPE), and have received their vaccines thus decreasing their anxiety levels (Sakr, et.al 2022).

Table 5. Psychological State in terms of Depression Level

| DEPRESSION | SD | Mean Rating | Descriptive Interpretation |
|---------------------------------|-------------|-------------|----------------------------|
| Lost confidence | 0.91 | 1.75 | Never |
| Feeling worthless | 0.99 | 1.66 | Never |
| Not capable of making decisions | 0.91 | 1.65 | Never |
| Not feeling useful in society | 0.78 | 1.54 | Never |
| OVERALL RATING | 0.86 | 1.65 | Never |

Table 5 shows the psychological state in terms of depression level of health workers in Cotabato Sanitarium. Their responses to the items under the depression level obtained an overall mean rating of 1.65 or never (SD=0.86). The respondents never felt any psychological distress in terms of their level of depression. It depicts that under no circumstances that they lose confidence (M=1.75), feel worthless (M=1.66), are incapable

of making decisions (M=1.65), and feel useless in society (M=1.54). It only implies that being frontline workers amid the pandemic, they were able to beat depression. A study conducted by Byun's group noted that people who have a poor understanding of COVID-19 have more chances of developing depression than those who practice health standards imposed by the government (Byun, et.al, 2022).

Table 6. Demographic Profile vs Risk Perception Level

| PROFILE | Chi-square p-value | Decision | Remarks |
|-------------------|-----------------------|--------------|-----------------|
| Age | 0.525 | Accept H_0 | Not significant |
| Sex | 0.105 | Accept H_0 | Not significant |
| Marital | 0.957 | Accept H_0 | Not significant |
| Religion | 0.452 | Accept H_0 | Not significant |
| Occupation | 0.838 | Accept H_0 | Not significant |
| Employment Status | 0.68 | Accept H_0 | Not significant |
| Length of Service | 0.872 | Accept H_0 | Not significant |
| Living Status | 0.999 | Accept H_0 | Not significant |
| Total | 0.793 | Accept H_0 | Not significant |

$\alpha=0.05$ level of significance

Based on Table 6, the overall total Chi-square p-value is 0.793 which is greater than the 0.05 level of significance, thus, there is no sufficient evidence to reject the null hypothesis. It can be assumed that the demographic profile of the respondents such as age, sex, marital status,

religion, occupation, employment status, length of service, and living status, has no significant association with their level of risk perception on COVID-19.

Table 7. Demographic Profile vs Psychological State

| PROFILE | Chi-square p-value | Decision | Remarks |
|-------------------|--------------------|--------------|-----------------|
| Age | 0.701 | Accept H_0 | Not significant |
| Sex | 0.916 | Accept H_0 | Not significant |
| Marital | 0.976 | Accept H_0 | Not significant |
| Religion | 0.431 | Accept H_0 | Not significant |
| Occupation | 0.859 | Accept H_0 | Not significant |
| Employment Status | 0.807 | Accept H_0 | Not significant |
| Length of Service | 0.839 | Accept H_0 | Not significant |
| Living Status | 0.812 | Accept H_0 | Not significant |
| Total | 0.679 | Accept H_0 | Not significant |

$\alpha=0.05$ level of significance

Table 7 shows that the overall total of Chi-square p-value is 0.679 which is greater than the 0.05 level of significance. Therefore, the null

hypothesis is accepted and concludes that the demographic profile of the respondents has no association with their psychological state.

Table 8. Relationship Between Level of Risk Perception and Psychological State

| Criteria | Computed r-value | Critical Value | p-value | Analysis |
|--------------------------|------------------|----------------|---------|-------------|
| Level of risk perception | 0.454 | 0.149 | 0.000 | Significant |
| Psychological state | | | | |

With the data gathered, the r value obtained is 0.454 which denotes a moderate positive relationship. This means that the level of risk perceived by the respondents on COVID-19 moderately affects their psychological state. In general, a lower level of an individual's viewpoint on the risk brought about by COVID-19 has quite

more likely a low chance of having depression, anxiety, and social dysfunction. There are existing studies in Nigeria (Ilesanmi & Afolabi, 2020), Canada (Yang, et.al. 2020), and India (Soni, Riyal, and Tomar. 2020) that support the association between risk perception and psychological impact.

Conclusion and Recommendation

The study concluded that there is no significant relationship between risk perception and psychological state among healthcare workers. However, there is a moderate positive relationship between risk perception and psychological state among healthcare workers. It implies that having low-risk perception has a lower chance of developing psychological symptoms; the same thing goes for having high perception risk having higher chances of experiencing mental swings. We can associate this with the healthcare workers' perception of COVID-19 over the years since the start of the pandemic. Most of them have already adapted to the situation following the infection-control protocols and government guidelines. Their knowledge as well as the understanding of their significant others equip them to protect

themselves from the potential harm brought about by the disease. We can also link this to the nature of the Filipinos being resilient in unwanted situations and their strong faith.

The healthcare workers should at all times practice strict COVID-19 protocols imposed by their respective institutions. Apart from abiding by infection control standards, they must actively join health promotion interventions such as diversionary tactics, stress debriefing, team-building activities, and self-care. Hospitals and other clinical institutions should strengthen their COVID-19 protocols; and review their policies and efficacy in controlling the virus. Moreover, they must address the concerns of their workers who might be suffering from mental anguish. It may be through offering psychological counseling, decreasing workload, and avoiding assigning problematic staff to patients with

COVID-19. In addition, the management may propose activities to divert and rejuvenate their mental health by conducting team-building activities, providing recognition and awards, and stress debriefing sessions.

Future researchers should conduct additional research on risk perceptions and their potential

effects on mental health among healthcare workers. Moreover, they can use this study to develop programs to address the issue and alleviate the workers' difficulties they encounter in their day-to-day struggles in their workplace and COVID-19.

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Mediating Effect of Moral Sensitivity on Communication Skills and Holistic Nursing Care Competence of Staff Nurses

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Abstract

The current study aimed to evaluate whether moral sensitivity mediates the relationship between communication skills and holistic nursing competence of the staff nurses in Davao City. The study utilized the descriptive predictive research design. A purposive sample of 212 staff nurses in Davao City who were currently employed for six months in selected secondary private hospitals were surveyed. Non-experimental quantitative research design using a predictive correlational design was employed. The data collected were subjected to the following statistical tools: Mean, Pearson Moment Product Correlation, and Partial Least Square- Structural Equation Modelling (SEM). Findings revealed that moral sensitivity mediates the relationship between professional communication skills and holistic nursing competence of the staff nurses in Davao City. This emphasized in this study that moral sensitivity is an undeniable factor that positively affects the relationship between professional communication skills and the holistic nursing competence of the staff nurses. Through mediation analysis, PLS-SEM proved that moral sensitivity mediates the relationship communication skills and holistic nursing competence of the staff nursing in Davao City. In other words, moral sensitivity is a significant partial mediator in the relationship between communication skills and holistic nursing competence of the staff nursing in Davao City.

Keywords: *Moral Sensitivity, Social Science, Descriptive- Predictive, Davao City*

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Introduction

Davao City has experienced chronic understaffing as some leave the profession or try to go abroad due to low wages, unsafe working conditions, and deployment bans. For these reasons, nurses have expressed their exhaustion and dismay. As nursing continues to face shortages, nurses experience burnout and dissatisfaction, and patients experience higher mortality and failure-to-rescue rates in hospitals with high patient-to-nurse ratios. Nurse resource scarcity led to work-related ethical challenges, which affected healthcare providers' work performance, psychological health, and functionality.

Globally, the Nursing shortage was a well-recognized issue before the pandemic. In 2020, the World Health Organization (WHO) revealed the global nursing workforce was at 27.9 million and estimated a global shortfall of 5.9 million nurses. Evidence showed that 89% of these nurse shortages were concentrated in low to lower-middle countries, with considerable gaps in countries in the African, Southeast Asia, and Eastern Mediterranean WHO regions (WHO, 2020). Along with staff shortage, it has been noted that acquiring holistic nursing competence among staff nurses remains an increasing problem among healthcare management

worldwide. For instance, hospitals with a high patient-to-nurse ratio had an increased mortality rate of 26%. The impact of the patient-to-nurse ratio on nurses is very significant. A team's morale and work ethic can change instantly if they are stretched too far (Wardle, 2022). In addition, reports showed that poor communication skills among nurses are also a persistent problem as the care and treatments for these patients are often rushed, leading to weaker outcomes and exhausted staff, which can have a significant negative effect on patient safety, quality of care, patient outcomes, and patient and as well as staff satisfaction (Chichirez & Purcărea, 2018). Also, (Hwang & Kuo, 2018) highlighted that professional competency in health education practice had not received the attention it deserves due to immense understaffing that leads to stressful conditions and burden to those nurses who remain working, which then would lead to job exhaustion and decreased skilled nurses' retention.

Nationally, even though nursing is one of the largest groups constituting health care professionals, nursing vacancies and shortages are still prevalent. According to the Philippine Regulation Commission record, there are around 700,000 Registered nurses in the Philippines. The ideal nurse-to-patient ratio set by the Department of Health is 1:12 seems unattainable, despite the high number of registered nurses, Salmond & Echevaria, (2017). Also, (Feliciano et al., 2019) stated the unfortunate outcome and consequence of this crisis is that they become more short-handed and are at higher risk for committing errors, putting safety and quality care at risk.

Meanwhile, in Davao City, all healthcare providers are expected and required to overcome these challenges as they are instilled with the fact that they are dealing with lives. Despite being short-staffed, nurses are coping with providing or achieving holistic nursing care. The researcher's interest is caught by the fact that this crisis is still prevalent today. The researcher wanted to explore the factors: communication skills, moral sensitivity,

and holistic nursing care competence despite nurse burnout. The literature on the relationship between moral sensitivity, professional communication skills, and holistic nursing competence of staff nurses was limited. This brought the necessity for the researcher to explore the mentioned variables. The context of the current study is the staff nurses in selected private hospitals in Davao City, Philippines. The researcher will make use of the mediation analysis approach. The researcher will determine the mediating effect of moral sensitivity to better understand holistic nursing competence as determined by communication skills, which are found to be scarce. The present study intends to contribute to the limited body of knowledge regarding holistic nursing competence in the context of the staff nurses in selected private hospitals in Davao City.

Methods

The researcher used a quantitative approach utilizing a descriptive-predictive research design to evaluate the mediating effect of moral sensitivity on communication skills and holistic nursing competence among staff nurses. The staff nurses in the selected private hospitals in Davao City were the respondents of this study. This study employed purposive sampling in selecting the respondents with the length of service as the basis for selection: staff nurses who have been continuously working for more than six months. In the study context, only those who consented to participate were sampled, totaling 212 respondents.

The researcher utilized a survey questionnaire with three parts: moral sensitivity, communication skills, and holistic nursing care competence. The first part was a modified questionnaire adapted from the study of Takizawa et al. (2021), and the panel of experts validated the content. All nine items under moral sensitivity underwent reliability testing with a Cronbach's alpha coefficient value of 0.915, interpreted as a reliable questionnaire. Moral sensitivity is indicated in this

instrument by moral strength, a sense of moral burden, and moral responsibility.

The second part of the instrument, namely: the communication skills of the staff nurses in Davao City, was adopted from the study of Leal-Costa (2019). All ten items under communication skills underwent reliability testing with a Cronbach's alpha coefficient value of 0.806, interpreted as a reliable questionnaire.

Lastly, the third part of the instrument, namely: the holistic nursing competence of the staff nurses in Davao City. This questionnaire was adopted from the study of Aydin and Hicdurmaz (2019). In this instrument, holistic nursing competence has indicators: general aptitude, staff education management, ethically oriented practice, nursing care in a team, and professional development. All 36 items underwent reliability testing with a Cronbach's alpha coefficient of 0.969, interpreted as a reliable questionnaire. In the manner of answering all three parts of the questionnaire, the respondents will be using the 5-Likert scale, which is as follows: 5–Always Observed, 4–Oftentimes

Observed, 3–Sometimes Observed, 2–Seldom Observed, 1–never Observed.

The study incorporated Frequency and Percentage to describe the staff nurses' demographic profile regarding age, sex, and years of service. Moreover, the Mean was used to characterize staff nurses' moral sensitivity, health professional communication skills, and holistic nursing competence. On the other hand, the standard deviation was utilized to determine the consistency of the responses. In contrast, Pearson moment product correlation was used to determine the significant relationship among staff nurses' moral sensitivity, health professional communication skills, and holistic nursing competence. Furthermore, Partial Least Squares-Structural Equation Modelling (PLS-SEM) was used to determine the mediating effect of moral sensitivity on the relationship between communication skills and holistic nursing care competence of the staff nurses in Davao City.

Results and Discussion

Table 1. The Demographic Profile of the Respondents

| Sex | Frequency | Percentage |
|-------------------------|------------|---------------|
| Male | 91 | 42.92 |
| Female | 121 | 57.08 |
| <i>Total</i> | <i>212</i> | <i>100.00</i> |
| Years in Service | | |
| Less Than 1 year | 32 | 15.09 |
| 1 - 3 years | 86 | 40.57 |
| More Than 3 years | 94 | 44.34 |
| <i>Total</i> | <i>212</i> | <i>100.00</i> |

The demographic profile of respondents presented in Table 1 above provided information that most of the respondents are females, with a percentage of 57.08 or 121 respondents. In terms of

years of service, the majority of respondents rendered more than three years of service with a percentage of 44.34 or 94.

Table 2. Level of Health Professional Communication Skills of the Staff Nurses in Davao City

| | Statements | SD | Mean | Descriptive Level |
|-----|--|-------------|-------------|-------------------|
| 1. | Respecting the right of patients to express themselves freely. | 0.73 | 3.72 | High |
| 2. | Doing so in a quiet place to listen adequately when I speak with patients. | 0.67 | 3.75 | High |
| | | 0.71 | 3.77 | High |
| 3. | Exploring the emotions of my patients. | | | |
| 4. | Respecting the autonomy and freedom of patients. | 0.47 | 3.80 | High |
| 5. | Showing interest through body gestures (nodding, eye contact, smiles, . . .) when the patient speaks. | 0.65 | 3.87 | High |
| 6. | Providing information to patients (whenever my professional competency permits me) about what concerns them. | 0.72 | 3.82 | High |
| 7. | Listening to patients without prejudice, regardless of their physical appearance, mannerisms, form of expression | 0.69 | 3.71 | High |
| 8. | Expressing my opinions and desires clearly to patients. | 0.63 | 3.70 | High |
| 9. | Dedicating time to listen and try to understand the needs of patients. | 0.69 | 3.75 | High |
| 10. | I behave with transparency when I relate to patients, showing myself as I am. | 0.34 | 3.84 | High |
| | OVERALL MEAN | 0.32 | 3.77 | High |

Legend: 4.20-5.00=Very High, 3.40-4.19= High, 2.60-3.39=Moderate, 1.80-2.59=Low, and 1.00-1.79=Very Low

Table 2 shows the summary result on the level of health professionals' communication skills of the staff nurses in Davao City. As shown in the table, the health professionals' communication skills of the staff nurses in Davao City obtained an overall mean score of 3.77, descriptively rated as high which

implies that staff nurses were highly effective in communication skills that they approached every patient interaction to understand the patient's concerns, experiences, and opinions. This includes verbal and nonverbal communication skills, active listening, and patient teach-back techniques.

Table 3. Level of Moral Sensitivity of Staff Nurses in Davao City

| | Moral Strength | SD | Mean | Descriptive Level |
|----|--|------|------|-------------------|
| 1. | Having the ability to notice the needs of patients well has been useful during clinical practice. | 0.63 | 3.79 | High |
| 2. | I believe that I have an excellent ability to notice when patients are not receiving adequate care. | 0.61 | 3.85 | High |
| 3. | Having a good understanding of what kind of consideration is required as a nurse when explaining difficult things, or things that are hard to talk about with a patient. | 0.63 | 3.71 | High |
| | Category Mean | 0.28 | 3.78 | High |
| | Sense of Moral Burden | SD | Mean | Descriptive Level |

| | | | | |
|----------------------|---|-------------|-------------|-------------------|
| 4. | Feeling terrible when caring for a patient who is suffering because of feeling helpless. | 0.69 | 3.84 | High |
| 5. | It makes me feel terrible when I see a patient suffering. | 0.82 | 3.91 | High |
| 6. | Feeling downcast if I notice a patient's need because they might have other needs as well. | 0.65 | 3.75 | High |
| 7. | Not think I can leave things as they are when I notice something about a patient's feelings. | 0.74 | 3.88 | High |
| 8. | I kept on wondering whether my care was good for the patient when providing care for patients. | 0.49 | 3.67 | High |
| Category Mean | | 0.43 | 3.81 | High |
| Moral Responsibility | | SD | Mean | Descriptive Level |
| 9. | I believe that I have adequately fulfilled my responsibility if I do clinical practice following rules. | 0.63 | 3.65 | High |
| OVERALL MEAN | | 0.42 | 3.75 | HIGH |

Legend: 4.20-5.00=Very High, 3.40-4.19= High, 2.60-3.39=Moderate, 1.80-2.59=Low, and 1.00-1.79=Very Low

Table 3 results revealed that the moral sensitivity of staff nurses in Davao City obtained an overall computed standard deviation of 0.42 with an equivalent mean of 3.75, described as high, which implied that staff nurses were highly sensitive morally related to their responsibilities, decision-making processes about patients, management problems, and challenges in clinical environments. Staff nurses were highly ethically sensitive and skillful in recognizing their and others' values and

beliefs to make moral decisions in caring situations. When taken individually, the sense of moral burden obtained the highest Mean of 3.81, described as high; while moral responsibility registered the lowest Mean of 3.65, also described as high. In other words, staff nurses are more highly sensitive in recognizing another person's pain or problem than being sensitive to moral obligations according to norms.

Table 4. Level of Holistic Nursing Competence of the Staff Nurses in Davao City

| | General Aptitude | SD | Mean | Descriptive Level |
|----------------------------|---|-------------|-------------|-------------------|
| 1. | Spending effort to identify the reasons behind the existing problems and offering solutions for them. | 0.55 | 3.64 | High |
| 2. | Identifying my problems by a thorough search of the essence of the subject. | 0.39 | 3.89 | High |
| 3. | Observing events/problems from different perspectives objectively without automatically choosing a standard opinion | 0.92 | 3.82 | High |
| 4. | Reflecting on and evaluating my thinking processes thoroughly and objectively | 0.81 | 3.71 | High |
| 5. | Being aware of the differences between current and ideal selves. | 0.64 | 3.19 | Moderate |
| 6. | Trying to enhance the well-being of others with all my power. | 0.72 | 3.75 | High |
| 7. | Consoling and encouraging other people when they are in a difficult situation. | 0.64 | 3.84 | High |
| Category Mean | | 0.37 | 3.69 | High |
| Staff Education Management | | SD | Mean | Descriptive Level |

| | | | |
|--|-------------|-------------|-------------------|
| 8. Trying to provide nursing care that is an example to other nurses | 0.78 | 3.91 | High |
| 9. Helping to decide on a solution that is respectful of all opinions when there are conflicts among nurses. | 0.56 | 2.43 | Low |
| 10. Providing continuous training and guidance to each nurse while taking their competencies into consideration. | 0.69 | 2.35 | Low |
| 11. Creating an environment and culture that facilitates learning in the workplace. | 0.82 | 4.16 | High |
| 12. Facilitating the exchange of opinions by communication when there are conflicts among nurses. | 0.76 | 3.76 | High |
| 13. Helping other nurses with their self-learning | 0.77 | 3.23 | Moderate |
| 14. Collecting and examining information that enhances nursing quality (e.g., information on health, and research results) | 0.67 | 3.51 | High |
| 15. Explaining the role of nurses to other health professionals and searching for their understanding (comprehension). | 0.70 | 3.31 | Moderate |
| 16. Pointing out incorrect behaviors of other health professionals to provide the safety of patient care. | 0.74 | 3.78 | High |
| Category Mean | 0.40 | 3.38 | Moderate |
| Ethically Oriented Practice | SD | Mean | Descriptive Level |
| 17. Providing patient-centered care regarding patient rights and dignity. | 0.67 | 4.01 | High |
| 18. Always following the main principles of nursing practices | 0.64 | 3.58 | High |
| 19. Making my own decisions during nursing practice and being responsible for them. | 0.56 | 3.46 | High |
| 20. Understanding and anticipating risk factors and focusing on preventing medical errors. | 0.74 | 3.99 | High |
| 21. Communicating with patients takes their ages, cultural backgrounds, and value systems into consideration. | 0.89 | 3.97 | High |
| 22. Notifying other health professionals about the patient's needs to improve patient care. | 0.64 | 3.73 | High |
| 23. Providing nursing care that is consistent with applicable legislation. | 0.88 | 3.61 | High |
| 24. Confirming that a task is properly completed when assigning the task to other nurses or nursing aides. | 0.74 | 3.59 | High |
| 25. Reporting medical errors and potentially dangerous situations immediately without hiding them. | 0.56 | 3.63 | High |
| Category Mean | 0.57 | 3.73 | High |
| Nursing Care in Team | SD | Mean | Descriptive Level |
| 26. Being aware of my position as a nurse and, accordingly, establishing a therapeutic relationship with patients | 0.82 | 3.22 | Moderate |

| | | | |
|--|-------------|-------------|-------------------|
| 27. Choosing an approach that fits the patient's and family's understanding, and providing them with necessary training. | 0.65 | 3.53 | High |
| 28. Make changes to nursing care plans and priorities in such a way that they match the needs of the patient and are also timely. | 0.77 | 3.87 | High |
| 29. Collecting information to make a perfect understanding of patients (e.g., physiological, psychological, social, and spiritual needs). | 0.91 | 3.96 | High |
| 30. Evaluating nursing care outcomes. | 0.69 | 3.71 | High |
| 31. Communicating with other nurses and health professionals to build favorable relationships while considering the aims and methods of communication. | 0.78 | 3.62 | High |
| 32. Responding to patients as individuals by accepting their background (e.g., gender, religion) and value systems without prejudice. | 0.81 | 2.98 | Moderate |
| Category Mean | 0.68 | 3.59 | High |
| Professional Development | SD | Mean | Descriptive Level |
| 33. Spending time and effort learning about and preserving the current information and skills, which are necessary for nursing practice. | 0.99 | 2.23 | Low |
| 34. Determining my own learning needs by seriously reflecting on my nursing practices. | 0.82 | 3.71 | High |
| 35. Creating a professional development plan for my personal development. | 0.52 | 3.23 | Moderate |
| 36. Looking for immediate responses to the questions emerging from nursing practice. | 0.60 | 3.75 | High |
| Category Mean | 0.42 | 3.23 | Moderate |
| OVERALL MEAN | 0.31 | 3.52 | HIGH |

Legend: 4.20-5.00=Very High, 3.40-4.19= High, 2.60-3.39=Moderate, 1.80-2.59=Low, and 1.00-1.79=Very Low

The holistic nursing competence of the staff nurses in this study has indicators: general aptitude, staff education management, ethically oriented practices, nursing care in a team, and professional development. As shown in Table 4, the holistic nursing competence of the staff nurses in Davao City obtained an overall mean score of 3.56, descriptively rated as high. The standard deviation value of 0.31 indicates that the respondents' average responses were 0.31 away from the mean. This implied that staff nurses are highly competent in providing care holistically. They can integrate the knowledge, skills, abilities, and judgment required to carry out care safely and by ethical principles and perform the task under different conditions. They are vastly competent, being aware of the positive and negative aspects of current and potential events and

conditions, and able to plan in line with specified goals, Aydin & Hicdurmaz (2019).

On the other hand, results in Table 4 indicate that holistic nursing competence in terms of general aptitude obtained the highest mean score of 3.69, descriptively rated as high. The results denoted staff nurses were highly logical in solving complex problems. The lowest means of this indicator, general aptitude, as shown in the table, ranged from 3.19 to 3.89. This implied that they were less likely able to identify their ideal self and real self. The degree to which the two selves are congruent is equal to the degree of peace of mind; problem-solving skills to resolve the issue has a mean of 3.89, descriptively as high and interpreted as staff nurses are mentally effective in processing problem-solving skills that involve discovering, analyzing, and solving problems.

On the other hand, the holistic nursing competence of staff nurses in staff education management obtained a mean score of 3.38 with a low descriptive rating. The result denoted that the process of directing teams and nursing departments to maintain best practices and organization when providing patient care was somewhat limited. The means of this indicator, staff education management, as shown in the table, ranged from 2.35 to 4.16. Providing continuous training and education got the mean of 2.35, described as low and interpreted as continuous training like seminars were occasionally available.

Regarding ethically oriented practices, the holistic nursing competence of staff nurses obtained a mean score of 3.73 or higher. The result denoted that staff nurses are highly ethical in providing care to an extent in which they recognize healthcare dilemmas and make sound judgments and decisions based on their values while keeping within the laws that govern them. Making their own decision and being responsible for them got a mean ranging from 3.46 to 4.01 got the lowest mean in this indicator, implying that staff nurses base decision-making on to code of ethics, while providing patient-centered care regarding patient rights and dignity has the highest mean of 4.01 descriptively as high and interpreted as staff nurses extremely respect patients' rights to make their own decisions based on their own beliefs and values.

Regarding nursing care in a team, the holistic nursing competence of staff nurses obtained a mean score of 3.59 or high. The result conveyed that staff nurses highly encouraged patients' participation with the health care professional or the multidisciplinary health care team.

Moreover, the holistic nursing competence of staff nurses in Davao City in terms of professional development obtained the lowest mean score of 3.35, descriptively rated as moderate. The result implied that learning to earn or maintain professional credentials such as academic degrees, formal coursework, attending conferences, and informal learning opportunities in nursing practice was somewhat limited. The means of this indicator, professional development, as shown in the table, ranged from 2.23 to 3.75. Spending time and effort learning about and preserving the current information and skills necessary for nursing practice got the mean of 2.23, described to be low and interpreted as an item seldom observed, as continuous training like seminars were occasionally available. In contrast, looking for immediate responses to the questions emerging from nursing practice has a mean of 3.75, described as high. This explains that the item is often observed, implying that staff nurses can build their skill set and increase their knowledge base continuously or semi-regularly.

Table 5. Test of Relationship

| Variables | r-value | p-value | Decision | Remarks |
|-----------------------------------|-----------------------------------|---------|------------------------|-------------|
| | Holistic Nursing Competence | | | |
| Moral Sensitivity | .674 | .000 | Reject H ₀₁ | Significant |
| | Professional Communication Skills | | | |
| Moral Sensitivity | .696 | .001 | Reject H ₀₂ | Significant |
| | Holistic Nursing Competence | | | |
| Professional Communication Skills | .828 | .000 | Reject H ₀₃ | Significant |

Note: p<0.05 (significant)

Table 5 illustrates the significance of the relationship among moral sensitivity, professional communication skills, and holistic nursing competence of the staff nurses in Davao City, which was tested using Pearson Moment product Correlation. As shown in the table, a significant relationship is found between moral sensitivity and holistic nursing competence of the staff nurses in Davao City. Table 5 shows that moral sensitivity has a significant positive relationship with the holistic nursing competence of the staff nurses in Davao City with a p-value of .000, which is less than the .05 level of significance (two-tailed) ($r = .674$, $p < 0.05$). This means that as the level of moral sensitivity changes, the level of holistic nursing competence of the staff nurses in Davao City also changes. Thus, this leads to rejecting the null hypothesis of no significant relationship between moral sensitivity and holistic nursing competence of the staff nurses in Davao City.

The result suggested that a change in the level of moral sensitivity may affect the holistic nursing competence of the respondents. This conforms to the study of Nazari et al. (2022) that moral sensitivity and holistic nursing competence had an indirect but significant relationship. The possible reason for an indirect correlation between the quality of care and moral sensitivity could be that the nurses are forced to make decisions and shoulder duties that cause contradictions between personal values and professional values. As mentioned by Amiri et al. (2019), the significant inverse relationship between the score of holistic nursing competence and the dimension of moral sensitivity, it seems when nurses make moral decisions, they experience a conflict between personal and professional values in their careers and thus experience moral tension.

In addition, it was shown in Table 5 that a significant relationship was found between moral sensitivity and professional communication skills of the staff nurses in Davao City. The table shows that moral sensitivity has a significant positive relationship with the holistic nursing competence of the staff nurses in Davao City with a p-value of .000, which is less than the .05 level of significance (two-tailed) ($r = .696$, $p < 0.05$). This means that as the

level of moral sensitivity changes, the level of professional communication skills of the staff nurses in Davao City also changes. Thus, this leads to the rejection of the null hypothesis of no significant relationship found between moral sensitivity and professional communication skills of the staff nurses in Davao City.

The result suggests that a change in the level of moral sensitivity may change the professional communication skills of the staff nurses. This finding agrees with the idea of Robichaux (2018) that moral sensitivity increases the attention, accurate understanding, and reviewing needs of patients and their families, which in turn plays an important role in the formation of proper clinical reasoning by nurses. Thus, being competent in communicating with the patients increases the likelihood of improving the capacity to deal with and resolve moral conflicts, and therefore, is essential for providing high-quality nursing care.

Moreover, the results in the table show a significant relationship between professional communication skills and holistic nursing competence of the staff nurses in Davao City, as evidenced by the r-value of 0.828 with a p-value equivalent to 0.001. Therefore, the null hypothesis of no significant relationship found between professional communication skills and holistic nursing competence of the staff nurses in Davao City is rejected. This shows that professional communication skills have something to do with the holistic nursing competence of the staff nurses in Davao City. This supports the view of Sharada and Kumar (2018) that being a good listener is key to providing patient-centered care that conveys empathy for the person and interest in his or her health problems and concerns. The patient feels that the nurse is an attentive listener who is comforted, reassured, and more likely to leave the encounter with a positive impression. Equally important, the nurse obtains essential information from the patient. The nurse should be amicable, put up with a good conversation, talk assertively, avoid imperative voices, and listen patiently to the patient's physical and personal problems to build a cordial relationship.

Table 6. Mediating Effect of Moral Sensitivity on the Relationship Between Professional Communication Skills and Holistic Nursing Competence of the Staff Nurses

| Effect Type | Path | Estimate | Std. Error | z-value | p-value |
|----------------------------|----------------|----------|------------|---------|---------|
| Indirect Effect Components | PCS → MS → HNC | 0.496 | 0.101 | 5.088 | 0.000 |
| Direct Effect | PCS → HNC | 0.306 | 0.097 | 3.152 | 0.000 |
| Total Effect | PCS → HNC | 0.802 | 0.051 | 15.653 | 0.000 |
| Ratio Index = 0.6185 | | | | | |

Legend: MS=Moral Sensitivity, PCS=Professional Communication Skills, HNC=Holistic Nursing Competence.

The mediating effect of moral sensitivity on the relationship between professional communication skills and holistic nursing competence of the staff nurses was tested using the Partial Least Square-structural equation model through mediation analysis. Results in Table 6 show that the total effect of professional communication skills as the independent variable on the holistic nursing competence of staff nurses, which is this study's dependent variable, is significant, as evidenced by the estimated value of 0.802 and $p < 0.05$. On the one hand, it can be seen in the table that the direct effect of professional communication skills on the holistic nursing competence of staff nurses is significant, as indicated by an estimated value of 0.306, $p < 0.05$. Lastly, the indirect effect of professional communication skills on the holistic nursing competence of staff nurses with moral sensitivity as mediators is significant, as indicated by the estimated value of 0.496 and $p < 0.05$. Since the

direct and indirect interaction among these variables is significant, partial mediation occurred. As a result, the null hypothesis of moral sensitivity does not mediate the relationship between professional communication skills and holistic nursing competence of staff nurses in Davao City is rejected.

Additionally, table 6 indicates the results of the computation of the effect size in the mediation test conducted between the three variables. The effect size measures how much of the effect of professional communication skills on the holistic nursing competence of staff nurses can be attributed to the indirect path. As shown in the figure, the ratio index obtains a value of 0.6185, indicating that about 61.85 percent of the total effect of the independent variable on the dependent variable goes through the mediating variable, which is moral sensitivity, and approximately 38.15 percent of the total effect is either direct or mediated by other variables not included in the model.

Conclusion and Recommendations

The significant role of moral sensitivity as a mediator in the relationship between communication skills and holistic nursing care competence of staff nurses is contributed by the fact that there exists a relationship among these variables through mediation. It is emphasized in this study that moral sensitivity is an undeniable factor that has a positive relationship between communication skills and the holistic nursing care competence of staff nurses.

However, future researchers should conduct further studies on the mediating effect of moral sensitivity on the relationship between communication skills and holistic nursing care competence utilizing mixed method design to better understand the holistic nursing competence of staff nurses in Davao City concerning moral sensitivity and communication skills

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Influences of Teenage Pregnancy and Access to Social Support and Health Services

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Abstract

There are crucial influencing factors on teenage pregnancy that affect the access to social support and sexual and reproductive healthcare services of teenage mothers. This study aimed to determine the influences of teenage pregnancy and access to social support and health services in Davao City, Philippines. This study used a quantitative-descriptive type design for a total of 100 teenage selected mothers as respondents through a convenience sampling method. The data was gathered through survey questionnaires that were printed in English and Bisaya languages. The data were tabulated and statistically processed using several frequencies, simple percentages, and weighted mean. The described general characteristics of participants reflected impeccably the current circumstances as they became teenage mothers. Most of the participants had little awareness of specific concepts such as when to ovulate and did not understand exactly when to take emergency contraceptive pills or natural contraceptive methods such as withdrawal and abstinence. Findings under family-related factors were the following: disharmony in family members, the lack of parental supervision and discipline, mismanagement of family earnings due to vices, and lack of parental motivation in pursuing education. A teenage mother had friends who became pregnant in her early teens and were unsure where or to which specific agency to seek help and support if needed. Access to social support and healthcare services was occasionally manifesting. Additionally, the study concluded that taking precautions against teenage pregnancies is highly vulnerable and the development of an intervention plan is warranted.

Keywords: *Teenage Pregnancy, Health, Descriptive, Davao City*

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Introduction

It is alarming to note that teenage pregnancy rates continually increase even in well-resourced places despite sophisticated reproductive health implementation. Adolescent pregnancy happening at a much younger age poses a risk to the teenage mother's health including the baby and affects negatively in the socioeconomic and educational setting that will last for many generations (Mann et al., 2020). As disturbing issues persist, this warrants further investigation to identify what influences teenage pregnancy to date and intensely study the accessible means of social support systems and

healthcare services for teenage mothers.

Around 21 million female adolescents aged 15-19 years in developing countries get impregnated and an estimated 12 million of them give birth every year (WHO, 2022). Additionally, lack of sexual knowledge and negative perceptions of access to health services are prime examples of teenage pregnancies.

In the Philippines, there are around 15 million single parents and more than 95% (14 million) are women (World Vision, 2021). Out of the 53 million population below 25 years of age, there are 10.3

million adolescent girls with an age interval of 10-19 years old (Philippine Statistics Authority, 2019). Only 3 percent of live births of teenage mothers are fathered with the same group age (Carlos, 2021a) and the worst case is that around 40 births a year before they reach the age of 13 give up their baby for adoption due to being deprived of social support (Philippines Orphanage Foundation, 2020). President Duterte signed Executive Order (EO) 141 that stressed the need to implement measures to address the root cause of the rise of adolescent pregnancies (Carlos, 2021b). However, healthcare professionals with strong laws and guidelines still face many challenges in the aspects of contraceptive information and services (Melgar et al., 2018).

Unfortunately, Davao Region has the highest incidence of teenage pregnancy among the rest of the regions in the Philippines (POPCOM, 2020). Many existing laws and programs related to women and children have been initiated by local governments and health authorities to address these challenges, but teenage pregnancy rates continue to rise in Davao City. There are still many obligatory tasks that require urgent action. Efforts to reduce teen first births have been particularly slow among these vulnerable groups, leading to widening inequalities. Thus, extensive research to formulate efficient strategies is warranted and interventions should focus on pregnancy prevention.

Thus, this study is vital in addressing the issues that concern teenage pregnancy. The researcher believes that there is a need to face the challenge in the quest to determine the extent of influence on teenage pregnancy at the current period to review and evaluate the level of accessibility, availability of social support, and sexual and reproductive health services to teenage mothers and develop a significant intervention plan.

Methods

A quantitative research design was used for this study. It was a descriptive research type of study that used the input-process-output (IPO) model. Analysis of performance and processing systems that assume raw materials (inputs) were transformed by

internal system processes to produce results (outputs) (American Psychological Association, n.d.). It was descriptive because it determined the general characteristics of teenage mothers such as the socio-demographic profile, the family profile, the health profile, and the influences of teenage pregnancy which included the family-related factors, social network and social reproductive health, and access to social support and health services. These data were processed through profiling and a survey questionnaire was used that was consequently handled through data analysis. A proposed intervention program was developed based on the significant findings from the data gathered in this research study.

The study was conducted in Barangays 19B, 23C, 8A, 5A, 31D, 10A, and 22C, of Davao City in the province of Davao Del Sur, Philippines. A collaborative effort with the Barangay Captain when the study was permitted and approved and endorsed to Healthcare providers in Barangay Health Center for coordination was done.

A total of 100 qualified teenage mothers were selected who fit the inclusion criteria. Fifteen respondents completed the questionnaires used for the pilot testing. All the selected respondents were 17 years old or below, currently pregnant or previously impregnated regardless of marital status, a residents of Davao City in any barangay with health records in the Barangay Health Center. After they were screened, the participants in this study were considered valid in the representation of the total population in the research setting. Those who failed to give their consent and did not cooperate were excluded from the study. A convenient sampling technique was used in this study because cluster sampling was not materialized due to the incomplete records of some respective Barangay Health Centers. Prospecting participants were made through referrals and assistance by barangay health workers who happened to be their neighbors or residing in the same "Purok" or identified randomly when prospective participants visited the health facility.

This study utilized an adapted, three-part – questionnaire. Part I questioned about family and health profile adopted by (Vongxay et al., 2019). The

family-related factors in the Part II questionnaire were adopted from (Mathewos et al., 2018) and Moni et al., 2013). The questions about sexual and reproductive knowledge in Part 2 and the entire questions in Part III were adopted from WHO's illustrative questionnaire for interview surveys with young people authored by John Cleland (2001). The researcher redesigned the instrument to make the questions clearer and made several other recommended changes in wording. The terminologies used were printed along with "Bisaya" language versions to make it easy and understandable to the participants.

Part 1 of the questionnaire was a checklist-type and close-ended type of questions. The respondents checked the appropriate box provided in every item that described correctly the profile of the respondent. It contained the characteristics of the respondents such as a) socio-demographic profile (age, highest educational attainment, occupational status, marital status, and monthly income) b) family profile (parental marital status, type of family, asking if living with parents, and history of teenage pregnancy in the family either mother or sister), and c) reproductive health profile (age when first menses, age when first pregnancy, asking the usage of contraceptives, asking if contracted with STDs, smoking status, and alcohol drinking status).

Part 2 contained questions that measured the influences of teenage pregnancy which underwent content validation and reliability testing using Cronbach's Alpha with the following results a) family-related factor, 5 items with (0.98887129) b) social network, 5 items with (0.964973486), and, c) sexual and reproductive health knowledge with (0.8912999391). The obtained values were much higher than 0.70 which means that the items in the respective variables were highly reliable and indicate acceptable instruments.

Part 2A in family-related factors with five (5) items and also in social networks with five (5) items was a Likert-type questionnaire with a 5-point scale rating and coded as follows: 1= unlikely evident, 2 = somewhat evident, 3 = neither, 4 = likely evident and, 5= strongly evident. The response

scale measured the intent of agreement concerning the situational statement given in every item.

On the other hand, Part 2B of the questionnaire measured the intent of awareness or understanding about sexual and reproductive health which contained 10 items answerable by True or False. The perfect score is 10 and all answers were "True" except for item number three (3) which is "False". This measurement determined the number of respondents who got total scores and ranked accordingly in terms of their level of knowledge.

On the other hand, the measurement determined the mean value that represents the level of knowledge of respondents in every item (issue) about sexual and reproductive health, with a 0-1 score rating, 1 point for the correct answer, and 0 points for incorrect answer and in a 4 point scale.

Part 3 of the questionnaire measured the access to social, sexual, and reproductive health support services in a Likert-type form which underwent content validation and reliability testing using Cronbach's Alpha with an obtained value of 0.982755816 which is greater than 0.70 which revealed a high reliability result and highly acceptable content of the instrument.

Access to social support with six (6) items in 5-point scale rating were coded as follows: 1= never, 2 = rarely, 3 = occasionally, 4 = frequent and, 5= always. The rating measures the frequency of actions or situations.

Moreover, Part 3 of the questionnaire on access to sexual and reproductive health services, the 10-item questions measured the frequency of actions or situations observed by the respondents in the access to sexual and reproductive health care services. In the same manner, it was a Likert-type questionnaire with a 5-point scale rating and coded as follows: 1= never, 2 = rarely, 3 = occasionally, 4 = frequent, and, 5= always. Measurement of the score is interpreted and coded on the following range:

The content of the questionnaire covered all variables of study required approximately 10 to 15 minutes to complete. The questionnaire was in the

form of close-ended questions, which can be answered easily and quickly and the type of question design was appropriately coded.

Results and Discussion

Table 1.1 Socio-Demographic Profile of the Respondents

| Profile | N | Equivalent Percentage% |
|-------------------------------|----|------------------------|
| Age | | |
| 12-14 years old | 7 | 7 |
| 15-17 years old | 93 | 93 |
| Educational Attainment | | |
| Elementary | 9 | 9 |
| High School | 88 | 88 |
| College Level | 3 | 3 |
| Marital Status | | |
| Single | 22 | 22 |
| Married | 18 | 18 |
| In-union | 60 | 60 |
| Occupational Status | | |
| Student | 30 | 30 |
| Unemployed | 63 | 63 |
| Employed | 5 | 5 |
| Self-employed | 2 | 2 |
| Monthly Income | | |
| None | 46 | 46 |
| 5000-10,000 | 50 | 50 |
| 10,0001-15,000 | 4 | 4 |

Based on the findings, the majority of the teenage mothers belonging to the age between 15-17 years obtained figures of 93%, and the rest of the respondents (7%) the age between 12-14 years. Most

of the teenage mothers acquire education at the High School level which obtained a figure of 88%, 9% are elementary level while the rest of the three respondents achieved college level. With regards to

respondents' marital status, 60% of the teenage mothers are living with their partners 22% are still single, and the rest of the respondents 18% are married. More than half of the participants (63%) are unemployed, 30% of them are still in student status while the rest of the seven teenage mothers are

employed (5%) and self-employed (2%). Almost half of the teenage mothers (46%) are not earning, and half of them (50%) are just earning between the income ranges of 5000-10000 pesos, while only 4% of the teenage mothers are earning within the range of 10,0001-15,000 pesos.

Table 1.2. Family Profile of the Respondents

| Profile | n | Equivalent Percentage |
|---|----|-----------------------|
| Parental Marital Status | | |
| Married | 48 | 48.00 |
| Never Married | 36 | 36.00 |
| Separated | 10 | 10.00 |
| Widower | 6 | 6.00 |
| Raised by: | | |
| Both biological parents | 61 | 61.00 |
| Either biological parent | 15 | 15.00 |
| Both non-biological parents | 24 | 24.00 |
| Living with parents | | |
| Yes | 64 | 64.00 |
| No | 36 | 36.00 |
| History of Teenage Pregnancy in the family either mother or sister | | |
| Yes | 52 | 52.00 |
| No | 48 | 48.00 |

Closely half of the parents (48%) of teenage mothers are married. Also, some of the participants (36%) never got married while 10% of the parents are separated, and 6% are widows/widowers. The vast majority of the teenage mothers raised by both biological parents obtained 61% and interestingly, almost a quarter of the number of participants (24%) are raised by both non-biological parents, while the rest of the teenage mothers (15%) are raised by either biological parent. The vast majority of the teenage mothers are living with parents/guardians obtaining 64%, while the rest of the participants (36%) are not. A remarkable figure which obtained 52% reveals that

teenage mothers have a history of teenage pregnancy in the family as either their mother or sister while the rest of the participants (48%) do not.

To sum up, nearly half of the teenage mothers' parents are married, and more than a third of the respondents have unmarried parents. Most of the teenage mothers are raised by their biological parents and nearly a quarter of the remaining participants are raised by non-biological parents. Most of them live with their parents/guardians and often have a history of teenage pregnancies in their families, either mothers or sisters.

Table 1.3 Sexual and Reproductive Health Profile of the Respondents

| Profile | n | Equivalent Percentage |
|--|---------------------------------|-----------------------|
| Age of First Menstruation | | |
| 9 years old & below | 2 | 2.00 |
| 10 -12 years old | 55 | 55.00 |
| 13-15 years old | 41 | 41.00 |
| 15 years old & above | 2 | 2.00 |
| Age of First Pregnancy | | |
| 13–14 years old | 10 | 10.00 |
| 15–17 years old | 90 | 90.00 |
| 18–19 years old | 0 | 0.00 |
| Using Contraceptive | | |
| Yes | 59 | 59.00 |
| No | 41 | 41.00 |
| Start of Using Contraceptive | (n=59) that answered Yes | |
| Before 1 st pregnancy | 18 | 31.00 |
| After 1 st pregnancy | 41 | 69.00 |
| Contracted with STD | | |
| Yes | 0 | 0.00 |
| No | 100 | 100.00 |
| Smoking Status | | |
| Never Smoke | 83 | 83.00 |
| Smoker | 15 | 15.00 |
| Current smoker | 2 | 2.00 |
| Alcohol Drinking (past 12 months) | | |
| Not at all | 66 | 66.00 |
| 1-2 times a month | 28 | 28.00 |
| 2 times a week | 6 | 6.00 |

Around half (55%) of the teenage mothers experienced their first menstruation (menarche) at the age range of 10-12 years; next with a close figure obtaining 41%, are teenage mothers who experienced first menstruation at the age range of 13-15 years. Only 2% of respondents experience menarche at a very early age of 9 years and below. Also, 2% of the respondents experience menarche at the age of 15 years and above. Nearly all of the teenage mothers with an obtained figure of 90% experienced their first pregnancy at the age of 15-17 years, while the rest of the participants (10%) the age between 13-14 years old. About the usage of contraceptives, 59% of the participants used contraceptives. In addition, 18 (31%) out of the 59 teenage mothers start using contraceptives before their first pregnancy, while 41 (69%) out of the 59 teenage mothers start using contraceptives after their first pregnancy. The rest of the teenage mothers (41 out of 100= 41%) did not use any contraceptive. All participants (100%) did not contract sexually transmitted diseases (STDs). With regards to smoking status, 83% never smoke cigarettes 15% are smokers and only 2% are current smokers. In the issue of drinking alcoholic beverages, 66% of teenage mothers do not drink any alcoholic beverages, 28% drink alcohol twice a month, 6%

drink twice a week and none of the teenage mothers drink alcohol almost every day.

To summarize, the majority of teenage mothers are between the ages of 15 and 17, most have high school diplomas, usually live with partners, and are generally almost all unemployed. Nearly half of teenage mothers earn nothing and the other half earn just under 10,000 pesos a month. Almost half of the parents of teenage mothers are married and more than one-third of the participants have unmarried parents. The majority of teenage mothers are raised by both biological parents and the rest almost a quarter of the participants are raised by both non-biological parents. The vast majority of them live with their parents/guardians and commonly have a history of teenage pregnancy in the family either their mother or their sister. Most the teenage mothers start menarche at the age of 10-12 years and experience their first pregnancy at the age of 15-17 years. More than half of them use contraceptives and the majority of the contraceptive users started using before their first pregnancy happened. None of the participants contract a sexually transmitted disease and almost all of the teenage mothers are non-smokers as well as non-alcoholic drinkers

Table 2.1 Level of Influence on Teenage Pregnancy

| <i>Family-related Factor</i> | SD | Mean | Interpretation |
|---|-------------|-------------|-------------------------|
| 1. There is disharmony in our relationship with my family members (Parents, relatives and partner) | 1.45 | 2.80 | <i>Neither</i> |
| 2. Either parents have issues with unfaithfulness or having sexual affairs with another person | 1.40 | 2.58 | <i>Somewhat evident</i> |
| 3. There is a lack of parental supervision and discipline within our family members | 1.52 | 2.87 | <i>Neither</i> |
| 4. There are issues with the lack of priority and mismanagement of earnings in the family because of gambling, drinking liquor, or unpaid debts | 1.39 | 2.79 | <i>Neither</i> |
| 5. There is a lack of motivation from my parents to pursue my education | 1.38 | 2.74 | <i>Neither</i> |
| Over-all average | 1.12 | 2.76 | <i>Neither</i> |

Among the five statements that described the family-related factors in teenage pregnancy four statements (item number 1, 3, 4 & 5) obtained close-range figures between 2.74-2.87 interpreted as “Neither” which typically indicates that family-related issues are somewhat evident in teenage mothers’ experiences. The family circumstances that are somewhat likely encountered by the participants are as follows: “*There is disharmony in our relationship with my family members (Parents, relatives and partner)*” obtained mean value = 2.80 & SD=1.45; “*There is lack of parental supervision and discipline within our family members*” (mean value= 2.87; SD= 1.52); “*There are issues in the lack of priority and mismanage of earnings in the family because of gambling, drinking liquor or unpaid debts*” (mean value= 2.79; SD= 1.39) and uncertain about “*There is lack of motivation from my parents in pursuing my education*” (mean value= 2.74; SD=1.38). On the other hand, only in item number 2 statement that participants were “*Somewhat evident*” (mean value= 2.58; SD= 1.40) stated, “*Either parent have issues in unfaithfulness or having sexual affair with another person*”. The “*Somewhat evident*” response indicates that the family-related issues are unlikely evident in the teenage mother's experiences.

The overall average mean value obtained 2.76 interpreted as “Neither” generally indicates that family-related issues were fairly evident in teenage mothers' experiences. Almost all of the descriptions stated in Table 2.1 such as disharmony in the family (Mathewos & Mekuria, 2018), financial problems due to vices, and lack of motivation from parents to pursue education (Nabugoomu, Seruwagi & Hanning, 2020) were fitted to the criteria that predisposed towards teenage pregnancy, regardless if disagreed or denied about infidelity matters between their parents.

The respondents conceal the fact that there is a feeling of indifference to their parents. The limited communication between teenage mothers and parents is fairly evident. Consequently, with poor daughter-parent interaction particularly about sexuality, the teenagers would ultimately seek love and understanding outside the family circle, eventually adding more vulnerability to engage in unprotected sexual relations at a very young age in due course impregnated, regretted, and dropping out of school. Parents should set a good example and proactively provide concern to their teenage children and set appropriate and consistent discipline at home as explained by Maemeko et al., (2018).

Table 2.2 Level of Influence on Teenage Pregnancy

| Social Network | SD | Mean | Interpretation |
|--|-------------|-------------|-------------------------|
| 1. I prefer to be with my friends than with my family members | 1.34 | 2.53 | <i>Somewhat evident</i> |
| 2. My personal decisions are usually based on my friend’s judgment and suggestions | 1.15 | 2.41 | <i>Somewhat evident</i> |
| 3. Most of my friends got pregnant in their early teenage | 1.36 | 2.70 | <i>Neither</i> |
| 4. I don’t have much friends and activities to engage with | 1.18 | 2.54 | <i>Somewhat evident</i> |
| 5. I don’t know where and what agency I can contact or go with when I need help | 1.24 | 2.75 | <i>Neither</i> |
| Over-all average | 0.74 | 2.59 | <i>Somewhat evident</i> |

Among the five statements that described the social network of teenage mothers, three statements (item Numbers 1, 2, & 4) obtained a close mean value between 2.41-2.54 interpreted as “Somewhat evident” which this response means is marginally manifested in the following descriptive statements such as: “I prefer to be with my friends than with my family members” (mean value= 2.53; SD= 1.34); “My personal decisions usually based from my friend’s judgment and suggestions” (mean value= 2.41; SD= 1.15) and; “I don’t have much friends and activities to engage with” (mean value= 2.54; SD=1.18). On the other hand, the participants responded: “Moderately agree” on numbers 3 & 4 items such as: “Most of my friends got pregnant in their early teenage” (mean value= 2.70; SD= 1.36) and, “I don’t know where and what agency I can contact or go with when I needed help” (mean value= 2.75; SD= 1.24). The overall average mean value obtained was 2.59 interpreted as “Somewhat evident” which generally indicates that the social support is slightly manifested in the teenage mother's experiences.

In general, the respondents have a slight preference to be with their friends’ circle but this would depend on the type of friends the teenage mothers befriended with. When the group they choose to belong with are friends with strong cultural beliefs on early marriage and childbearing (see Table 2.2 Item no. 4), and very unfortunately engage with young friends with very little knowledge about SHR, put themselves at high risk of getting impregnated. This was proven in the conducted study of

Nabugoomu et al., (2020). Having a poor parent-daughter relationship could isolate young females from their families due to poor support. However, families were the most common source of support when friends failed to provide when teenage females were already impregnated. This is strongly evident in the findings of his research, Yurdakul, (2018). Usually, friends were around when it was not concerning family or personal problems and when respondents were not impregnated yet. When social support is hardly found by teenage mothers, this eventually leads to depression (Ayamolowo et al., 2019), and a negative outlook on life, which becomes unhappy and at risk of violence in the relationship with their partner as strongly supported in the study of Tesfa et al., (2020). Thus, adolescents need to be motivated in the family environment. This way they do not waste time, energy, and emotions on the wrong influence with their friend group. In addition, teenage mothers seem to have no idea where and what agencies to consult when they are in a desperate situation specifically during the pregnancy period. This is an indication that teenage mothers have poor social survival skills (Nabugoomu et al., (2020) and a low perception of social support (Yurdakul, 2018). It may be likely that they had no productive and constructive diversion of their time and energy by enhancing their talents or hobbies. This implies that they were unaware of the available support or agencies existing in the community. This entails that intense community campaigns should be given emphasis.

Table 2.3. Level of Influence on Teenage Pregnancy Level of Knowledge on Sexual and Reproductive Health

| Knowledge of Sexual and Reproductive Health | SD | No. of respondents got the correct answer % | Mean value (Score 0-1) 4 point scale | Interpretation |
|---|-------------|--|---|-----------------------|
| 1. Pregnancy is possible if sexual encounters take place during the ovulation period. | 0.50 | 48 | 0.48 | Fair |
| 2. It is possible to become pregnant after only one sexual encounter between 10 and 18 days after the onset of menstruation. | 0.47 | 68 | 0.68 | Good |
| 3. Contraceptive pills should be taken as soon as possible, but not later than two days after unprotected sexual intercourse during the fertile period, to avoid pregnancy. | 0.50 | 57 | 0.57 | Good |
| 4. A condom can effectively protect against pregnancy and sexually transmitted diseases (STDs) | 0.49 | 61 | 0.61 | Good |
| 5. A withdrawal means, a man can pull out his penis before his climax (ejaculation) | 0.50 | 52 | 0.52 | Good |
| 6. Acquiring knowledge about sex education in school is enough for me. | 0.49 | 62 | 0.62 | Good |
| 7. In addition to learning about reproductive health in school, receiving counseling and guidance from parents is extremely beneficial. | 0.39 | 82 | 0.82 | Very good |
| 8. Learning about sexual and reproductive health from health professionals helps in the correction of misconceptions and false beliefs. | 0.44 | 74 | 0.74 | Good |
| 9. Abstinence is avoiding sex with a partner specifically on days when pregnancy is most likely to occur. | 0.50 | 52 | 0.52 | Good |
| 10. Aside from a pill and condom, there are other contraceptive methods such as injection, IUD, implant, Jelly/Foam, Female/Male Sterilization | 0.48 | 66 | 0.66 | Good |
| <i>Average Mean</i> | 2.60 | | 0.622 | Good |

Starting from the highest to lowest percentage value, 82% (Mean 0.82= very good) considers the vast majority of the teenage mothers got the correct answer in item number 7 stating: “In addition to learning about reproductive health in school, receiving counseling and guidance from parents is extremely beneficial.”; 74% (Mean 0.74= Good) of participants got the correct answer in item number 8 stating: “Learning about sexual and reproductive health from health professionals helps in the

correction of misconceptions and false beliefs.” 68% (Mean 0.68= Good) answered correctly in number 2 stating: “It is possible to become pregnant after only one sexual encounter between 10 and 18 days after the onset of menstruation.” While 66% (Mean 0.66= Good) got the correct answer in number 10 about; “Aside from a pill and condom, there are other contraceptive methods such as injection, IUD, implant, Jelly/Foam, Female/Male Sterilization”. A very close percentage value to both items 6 and 4:

obtained 62% (Mean 0.62= Good) in the statement, “Acquiring knowledge about sex education in school is enough for me.” And 61% (Mean 0.61= Good) respectively stated: “A condom can effectively protect against pregnancy and sexually transmitted disease (STD)”. In item number 3, 57% (Mean 0.57= Good) answered correctly in a statement about:

“Contraceptive pills should be taken as soon as possible, but not later than two days after unprotected sexual intercourse during the fertile period, to avoid pregnancy.” Both items number 5 and 9 got 52%

(Mean 0.52= Good) of the teenage mothers got correct answers about the following statements about: “A withdrawal means, a man can pull out his penis before his climax (ejaculation)” and “Abstinence is avoiding sex with partner specifically on days when pregnancy is most likely to occur.” Lastly, item number one statement about: “Pregnancy is possible if sexual encounters take place during ovulation period.” Only 48% (Mean 0.48= Fair) of the participants got the correct answer.

Nevertheless, when focusing on the specific statements that around half of teenage mothers only got correct answers (See Table 2.3 Item no. 1, 5 & 9), there is a need to address and further educate young adolescents due to the poor knowledge about the following: ovulation period, not knowing the exact time to take emergency contraceptive pills, the natural contraception method such as the abstinence, and withdrawal means. Female adolescents when unaware of the concepts of ovulation, fertility during

the menstrual cycle period, and sexual activity put themselves at risk of unwanted pregnancy, unsafe abortion, and contracting of STDs, moreover that female adolescents had the lowest knowledge in terms of the usage of contraceptives (World Health Organization, 2020; Mathewos & Mekuria, 2018). It can be assumed that there is likely a gap in the sexuality education in school, lack of parental interaction and discussion with regards to sexuality, this explained and proven by Ahinkorah et al., (2019).

Based on the figures depicting a “good” level of knowledge of teenage mothers, this may imply that there was an early age for sexual education that took place. However, access to sex education may likely not only be from school or the parents but from media and communication technology which are freely reachable by any youngsters. Prior experience with sex education has been identified as the most important factor associated with adolescents' knowledge of SRH (Brunelli et al., 2022a). It is essential to provide sex education during early puberty development as strongly suggested by Brunelli et al., (2022b) for it is considered a determining factor for high-level knowledge of SRH. In this way, it provides guidance and an appropriate understanding of the major physiological changes, particularly in the development of the reproductive system take place in young adolescents.

Table 3 Access to Social Support

| Access to Social Support | SD | Mean | Interpretation |
|---|-----------|-------------|-----------------------|
| 1. Do your parents listen and communicate with you on issues related to sexuality, love, and friendship openly? | 1.39 | 2.89 | <i>Occasionally</i> |
| 2. Are your parents aware of your love or sexual partner? | 1.37 | 2.92 | <i>Occasionally</i> |
| 3. Do your parents show concern where and with whom you stay when you are out of home? | 1.09 | 3.84 | <i>Frequent</i> |
| 4. Do your parents and or family members collaborate to find the best way to solve your problems? | 1.16 | 3.91 | <i>Frequent</i> |

| | | | | |
|------------------|---|-------------|-------------|-----------------------|
| 5. | Do your family and friends support you in your education and other accomplishments? | 1.06 | 3.66 | <i>Frequent</i> |
| 6. | Have you engaged in social events such as sports, arts, and crafts, or any hobbies for your leisure hours | 1.25 | 2.63 | <i>Occasionally</i> |
| Over-all average | | 0.73 | 3.31 | <i>Occasionally y</i> |

Among the six questions asking about access to social support in teenage pregnancy, three items (item number 3, 4 & 5) obtained mean values ranging from 3.66-3.91 interpreted as “Frequent” which indicates that the access to social support for teenage mothers is numerously manifesting. The participants are amenable to the frequent social support they had experienced based on the responded questions such as: “Do your parents show concern where and with whom you stay when you are out of home?” obtained mean value= 3.84 & SD=1.09; “Do your parents and or family members collaborate to find the best way to solve your problems?” (mean value= 3.91; SD= 1.16) and; “Do your family and friends support you in your education and other accomplishments?” (mean value= 3.66; SD= 1.06). On the other hand, participants responded “Occasionally” to questions number 1, 2 & 6 with mean values between 2.63 and 2.92. This indicates that access to social support refers to questions number 1, 2 & 6 to the teenage mothers were intermittently manifesting such as: “Do your parents listen and communicate with you on issues related to sexuality, love and friendship openly?” (mean value= 2.89; SD= 1.39); “Do your either parents aware about your love or sexual partner?” (mean value= 2.92; SD= 1.37) and; “Have you engage in social events such as sports, art craft

or any hobbies for your leisure hours?” (mean value= 2.63; SD= 1.25). The overall average mean value obtained is 3.31 interpreted as “Sometimes” which generally points out that access to social support is occasionally manifesting.

The overall perspective based on the results in Table 3 reveals that family members, especially the parents/guardians, provide fairly limited support in listening to and communicating with teenage mothers on issues related to sexuality, love, and sexual partners. Although it is evident in the results that parents and friends are supportive of their education, however, it is not only in the aspect of education that adolescent females should focus on. A constructive diversion of their leisure hours is vital to ensure that energy, time, and the kind of people they spend with are constructive and enable them to enhance emotional and mental maturity and enrich of social culture within their community which was strongly supported in the study of Battulga et al., (2021).

The limitations of supportive social groups in the community to divert their leisure hours from sports or constructive hobbies may likely lead a stray of young females towards early engagement in sex that may cause unwanted pregnancy.

Table 4 Access to Sexual and Productive Healthcare Services

| Access to Sexual and Productive Healthcare Services | SD | Mean | Interpretation |
|--|-------------|-------------|----------------------------|
| 1. I have visited a health facility or doctor to receive the following services: | 1.46 | 2.83 | <i>Occasionally</i> |
| 1.1 for information on contraception | | | |
| 1.2 for pregnancy consultation | 1.25 | 3.63 | <i>Frequent</i> |
| 1.3 for sexually transmitted diseases | 1.49 | 2.79 | <i>Occasionally</i> |
| 2. The healthcare facility I visited: | 1.31 | 3.65 | <i>Frequent</i> |
| 2.1 I see many posters on the wall about contraceptive methods | | | |
| 2.2 I was given brochures about the contraceptive method | 1.43 | 3.44 | <i>Frequent</i> |
| 2.3 Attended discussion about sexual and reproductive health | 1.42 | 2.71 | <i>Occasionally</i> |
| 2.4 My questions about sexual and reproductive health were answered adequately | 1.40 | 2.82 | <i>Occasionally</i> |
| 2.5 I feel comfortable enough to ask questions. | 1.52 | 3.19 | <i>Occasionally</i> |
| 2.6 There was enough confidentiality provided by the health staff | 1.38 | 3.32 | <i>Occasionally</i> |
| 3. The health services in our community are accessible and accommodating | 1.23 | 3.52 | <i>Frequent</i> |
| Over-all average | 0.90 | 3.19 | <i>Occasionally</i> |

Teenage mothers frequently got access to sexual and reproductive healthcare services as follows: Access to healthcare facilities by seeing many posters on the wall about contraceptive methods (mean value= 3.65; SD= 1.31); Access to health facilities to receive pregnancy consultation services (mean value= 3.63; SD= 1.25); The health services in our community are accessible and accommodating (mean value= 3.52; SD= 1.23); and access to brochures about the contraceptive method (mean value= 3.44; SD= 1.43). Whereas, teenage mothers get occasional access to particular sexual and reproductive healthcare services on the following questions/statements responded “Occasionally” with the corresponding mean value

(figures highest to lowest) are as follows: “There was enough confidentiality provided by the health staff” (mean value= 3.32; SD= 1.38); “I feel comfortable enough to ask questions?” (mean value= 3.19; SD= 1.52); “I have visited a health facility or doctor for information on contraception” (mean value= 2.83; SD= 1.46); “My questions about sexual and reproductive health were answered adequately” (mean value= 2.82; SD= 1.40); “-visited a health facility for information about sexually transmitted diseases” (mean value= 2.79; SD= 1.49) and; “Attended discussion about sexual and reproductive health” (mean value= 2.71; SD= 1.42).

The overall mean value is 3.19 interpreted as “Occasionally”, which indicates that teenage mothers got intermittent access to healthcare services on sexual and reproductive health. This may be likely that teenage mothers would visit from time to time, not regularly which is most likely when necessary, or rather assume that there is hesitancy in visiting healthcare institutions. Thus, health workers must develop a welcoming attitude and establish a friendly environment on the health premises. Also should emphasize promoting privacy and practicing utmost confidentiality to develop trust among young adolescents. This was highly suggested in the conducted study by Ahinkorah et al., (2019) to increase visitation and accessibility of SRH care services for young teenage mothers.

On the other hand, it is notable in the presented figures that teenage mothers oftentimes visited health facilities for pregnancy consultations rather than getting access to information concerning sexually transmitted diseases (STDs) and contraceptives which are just occasional. For some reason, young female teens may be hesitant to inquire in a health facility to get access to the availability of any contraceptive because they may wrongly judge to be sexually active at a very young age. Another reason is that visiting health to inquire about contraceptives may leak any information to her family, relatives or friends, and people in the community with strict and conventional social norms concerning sexuality. This caused embarrassment and unwelcoming to teenage mothers (Plan International, 2022) unlike when teenage mothers visit health clinics for pre-post-natal consultation, which they have a justifiable reason to get access to, such as for the well-being of themselves and her babies.

In addition, the fewer teenage mothers visit health facilities, the fewer chances for them to grasp crucial information and learn about contraception which is important and considered helpful in pregnancy prevention. These circumstances are

strongly supported by the significant findings in the study of Hamdanieh et al., (2021) who discussed that SRH knowledge is high about pregnancy but low knowledge about contraception. This denotes that an increased campaign in contraceptive use for young teenagers is highly warranted, for preventive measures of unwanted pregnancies, unsafe abortion, and protection from STDs. Inadequate access to health information and services contributes to a lack of knowledge and awareness of young adolescents based on the report by WHO (2020).

Posters on walls and leaflets distributed by healthcare workers were readily available, but participation in group discussions and sexual and reproductive health surveys was intermittent. Teenage mothers may be reluctant or feel unwelcome to participate in meetings and discussions and may be uncomfortable asking for important information or discussing personal issues with healthcare professionals. Instead, teenage mothers are more likely to learn on their own, searching from friends, other sources such as the Internet, or from posters and leaflets distributed by health care providers. Problems can arise when it is wrongly misunderstood and no one can explain to correct misconceptions about sex and reproduction. As Bakiera and Szczerbal (2018) explain, poor education is a major factor in young women becoming pregnant.

It is undeniable that getting access to healthcare services needed by teenage mothers was accessible (Question number 3 “The health services in our community is accessible and accommodating”, mean value 3.52= “often”) but it may also considered by the non-welcoming approach of the healthcare staff that teenage mothers were hesitant as supported by Thongmixay et al., (2019). Therefore, teenage mothers need to develop assurance and trust and proactively reach out to healthcare service groups for any health services they need, while healthcare institutions should provide and maintain a welcoming environment for them.

Conclusion and Recommendations

The study concludes that teenage mothers disrupt the natural developmental path of a woman's well-being when pregnant. Inability to continue education, economic constraints, limited social support networks, multiple misconceptions about sexual and reproductive health, and especially lack of knowledge about contraception are some of the factors that are involved in early and teen pregnancy. School-based educational interventions should ensure that young people have access to information, but it is also desirable to increase the involvement of teachers and parents for the best results in raising awareness of SRH. To avoid teenage pregnancies, early marriages, breakups, and financial hardships, it is imperative to understand how parent-child communication works. Many of the problems inherent in young people are related to a lack of love and support from family, friends, and even the community. However, while they may have access to medical facilities for sexual and reproductive health services, especially prenatal services, they are less likely to be screened, discussed, or counseled about contraceptives and sexually transmitted infections. Healthcare providers should deliver appropriate counseling to adolescents who know how to access health care and should not be viewed as directive or coercive. Additionally, the study concluded that taking precautions against teenage pregnancies is highly vulnerable.

The study hereby recommends that teenage mothers should be aware that unplanned pregnancies

can affect both their own and their children's lives in future societies, and the increased risk that the cycle will repeat itself at some point. This can be clarified through the cooperation of parents/guardians, schools, and health authorities.

For healthcare services, establish a preventive intervention plan and implement it to make sure everyone is on the same page when it comes to preventing and reducing teenage pregnancies. The planned intervention should be served not only for teens but also for their parents.

Concerning health education, college administrators in both private and public school institutions should take every opportunity to implement programs that include support, tutoring, education, and recreation. Because these programs help reduce risky behavior and pregnancies in her teens at school. Appropriate cooperation with governments based on specific laws and programs is essential.

For healthcare research, the researcher recommends that further and more in-depth related studies be conducted on: A phenomenological study on the experiences of teenage mothers, particularly in their future life development and while raising their baby.

A cross-sectional survey method to retrieve inferential data that could draw significant conclusions concerning correlational factors and predictors of teenage pregnancy.

A regular survey and updating data on the number of teenage pregnancy incidents in every locality. In this way, it provides direct and specific geological targets where to address the intervention preventive measure program of teenage pregnancy.

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On Motherhood and Learned Responsibility: Teenage Mothers in Context

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Abstract

This phenomenological study was conducted to explore and describe the experiences of motherhood and parental responsibility of teenage mothers. Using the qualitative descriptive phenomenological research design, significant statements were extracted from the In-depth interview (IDI) of eight purposively selected teenage mothers and a Focus Group Discussion (FGD) session among five selected teenage mothers. The three themes extracted are: Submitting to Emotions and Responsibilities, Persevering in the Struggles Encountered, and Achieving Full Potential. These three themes captured the participants' viewpoint on their journey as teenage mothers. As a result, this serves as an "eye-opener" for people to get involved in public awareness, planning, implementation, and evaluation of programs that promote sustainable development. Many responses feature the factors contributing to their coping skills and challenging experiences as teenage mothers. They also share their ideas on how everyone should approach Teenage Pregnancy and what advice they can give to fellow citizens, especially the younger generation. The result of the study is beneficial to teenage mothers as a practical guide map towards better management of motherhood and responsibility.

Keywords: *Teenage Mother, Social Science, Descriptive Phenomenology, Kiblawan*

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Introduction

The experiences of adolescent pregnancy and motherhood had rarely been described from a personal point of view. Early pregnancy and motherhood remain a tremendous public health concern. Millions of girls and their babies suffer from early and unintended pregnancies and complications. (Wado YD et al. 2019). Thus, the reasons range from socioeconomic status (Dulita et al., 2019), a lack of education (Eloundou-Enyegue, 2018), teenagers' sexual activity initiation (Grace, 2017), and a family history of teenage births (Wall-Wieler, 2017).

Teenage pregnancy was widely regarded as the cause of poor labor-market outcomes for mothers, negative outcomes for their children, and a

societal cost (Gazioglu, 2019). Researchers discovered that teenage mothers have lower income and education than non-teen mothers. Furthermore, teenage motherhood occurs outside of marriage in many parts of the world, is unplanned and unwanted, and occurs in unstable relationships, raising religious, cultural, and pragmatic concerns (Vundule et al., 2018). According to researchers, adolescent mothers have psychosocial dysfunctions, poor parenting, and socioeconomic disadvantages (Brehemy & Stephens, 2017).

Furthermore, the Philippines is in the same boat regarding teen pregnancy. Globally, several systematic reviews have examined the potential determinants of teenage pregnancy; however, only a few studies were conducted in the Philippines. The scarcity of evidence in the country has led to a lack

of programs targeting first teenage pregnancy. Against this backdrop, this study investigated the association between teenage pregnancy and family factors, specifically parent structure. The findings can aid people working in adolescent health to understand the risk and protective factors and the high-risk population related to teenage pregnancy. (Tabei, et al, 2017). The major causes of teenage pregnancy identified are limited access to sexual education and sexual health services. This runs counter to the church's alternative methods of family planning. New technology is also being blamed for an increase in the number of teenage pregnancy cases. Teenagers who use smartphones and notebook computers may become addicted to various social networking sites such as Facebook, Online Dating, and others. Because of easy access to new technology and teenagers' desire to engage in sexual activities without adequate knowledge of family planning and contraception, unplanned pregnancy is common.

It was argued that teenage pregnancy changed them from young girls relying on family to mothers with someone else relying on them, thus seeing themselves as responsible adults (Santos, 2018). According to the participants in Mante's (2017) study, teenage pregnancy, and particularly motherhood, was a revelation. It taught them independence and how to think about and care for someone other than themselves (Lancian, 2018). Furthermore, the study of Roxas (2018) in Davao del Sur emphasized that the country's goal is to eradicate poverty, reduce inequality, grow the economy by an average of 5.4%, and reduce the unemployment rate to 6% by 2030. Single-parent homes with low socioeconomic status, physical defects and illnesses, learning problems and behavior disorders, aggression, dependency, and poor coping skills were all risk factors for the population.

While analyzing the data and studies, it became clear that some of the challenges, particularly the issue of teenage motherhood and responsibilities, required further investigation. The researcher wants to know how teenage mothers deal with motherhood, learned responsibility, challenges,

and the pressures that come with it. It's also worth noting that some teenage mothers claimed that teenage pregnancy taught them to be independent at a young age.

Subsequently, this study will be an initial assessment in the locality of how teenage mothers handle motherhood and other responsibilities. As a result, this approach is unquestionably beneficial in establishing specific outcomes related to self-awareness, responsibility, and resilience among adolescent mothers. The research would allow for more theoretical differentiation of concepts about motherhood and learned responsibility in context. Second, it would provide an efficient method for assessing the potential changes in adolescent behavior brought about by motherhood and learned responsibility. The researcher will investigate the perspectives of teenage mothers on motherhood and learned responsibility in the Municipality of Kiblawan in this study.

Methods

The study participants were teenage mothers between the ages of 10-19 years old willing to participate and live in t. This study employed a Purposive Sampling Technique. The study was conducted through a face-to-face, In-Depth Interview with eight participants and a Focus Group Discussion (FGD) with five participants. Minimum health protocols were followed during the interview. The chosen participants were based on inclusion criteria that satisfy the researcher that the selected individuals can provide information on teenage mothers' lived experiences with motherhood and learned responsibility.

Individual interview processes were developed, and schedules were followed. Aside from taking concise notes, the researcher recorded and transcribed the interviews for data analysis. Open-ended questions were posed to account for the various trends that emerged during the interviews. The data-gathering procedure started using a descriptive phenomenological approach adapted

from Colaizzi (1975), significant statements were extracted from the data, and a formulation of meaning was assigned to each significant statement that answered the study's objectives. Data were then organized into cluster themes. Themes were reviewed to make sure that none of them overlap in meaning. The cluster themes were later combined to form the general emergent themes.

At least three sessions of interviews were scheduled with each participant. The first session was to establish rapport and orientation about the study. The researcher informed the participant of the nature and purpose of the study, procedures, risks, benefits, and confidentiality as outlined in the written informed consent to verify if the participant understood. Lastly, the data was collected through

in-depth, audio-recorded interviews with the participants' permission. Responses in the native language were further transcribed to English to convey the same message; as the analysis concluded, a final session was scheduled with the participant for evaluation and validation. The research maintained the right of participants to end the interview at any time or withdraw from the study at any point they deem necessary.

Subsequently, after data saturation had been reached, the gathered data was analyzed for the essence of the participants' lived experiences of being a teenage mother.

Results and Discussion

Table 1. Profile of the Respondents

| Code Name | Age (in years) | Age of Gestation | First Pregnancy | Study Group |
|----------------|----------------|------------------|-----------------|-------------|
| Participant 1 | 16 | 8 months | Yes | IDI |
| Participant 2 | 18 | 7 months | Yes | IDI |
| Participant 3 | 17 | 8months | Yes | IDI |
| Participant 4 | 19 | 8 months (twins) | Yes | IDI |
| Participant 5 | 17 | 5 months | Yes | IDI |
| Participant 6 | 18 | 6 months | Yes | IDI |
| Participant 7 | 15 | 7 months | Yes | IDI |
| Participant 8 | 17 | 8 months | Yes | IDI |
| Participant 9 | 17 | 6 months | Yes | FGD |
| Participant 10 | 18 | 7 months | NO | FGD |
| Participant 11 | 16 | 8 months | Yes | FGD |

These thirteen participants were interviewed using the validated guided questionnaire, which explores the three research questions of this study, “What does it mean to be a teenage mother?”, “How do participants handle motherhood and other responsibilities as a mother?” and “What insights can participants share with their peers and society in general?”.

During the interview, the participants were encouraged to talk freely using their own words to obtain truthful responses. The data gathered from IDI and FGD interviews were transcribed and

depth description of the phenomenon and its essential structure is provided, along with a summary to verify the results. Presented in Table 2 below are the significant sample statements and their corresponding formulated meanings.

| Significant Statements | Formulated Meanings |
|--|---|
| <p>“I want to get married but not be pregnant this early, it was not my intention, I was surprised, I didn’t expect that I would get Pregnant.” (Line 2, Participant 1)</p> <p>“I’m still very young, it’s not good to be pregnant while you’re still young” (Line 1, Participant 2)</p> | Feelings of fear, shame, regret, depression, disbelief, and wonder upon being pregnant. |
| <p>“I worry about my child, will I be able to provide financially” (Line 5, Participant 4)</p> <p>“There are lots of prohibitions like in food & work. I cannot eat certain foods that I like because I’m pregnant and I was not allowed to work because I’m pregnant.” (Line 3, Participant 5)</p> <p>“I am worried when my belly grows, it would be much difficult to go to school riding a “Habal-habal”.(Line 3, Participant 10)</p> | Feelings of doubt, physical hardship, struggles, and worry about continuity as teenage mothers. |
| <p>“As a mother, you are now responsible about everything for your family now. (Line 8, Participant 1)</p> <p>“I should have savings for my delivery, I have to take care and not neglect my child, I have to think about our meals every day.” (Line 7, Participant 2)</p> | Looking into Unforeseeable challenges. |

analyzed, applying Colaizzi's (1978) descriptive phenomenological data analysis technique in nursing research.

The data was organized using Colaizzi's (1978) seven steps, starting with identifying significant statements and phrases. Sample statements from individual interviews were used to aid comprehension of data processing. Themes are thoroughly examined and discussed. Finally, an in-

Table 2. Sample Significant Statements and Formulated Meaning

Presented in Table 2 are the significant statements used to formulate meanings. Since they represent a description, the formulated meanings were further analyzed, identifying similar meanings

and grouped to form cluster themes. Moreover, the researcher compared the constructed meanings to the participant's statement while keeping its description authentic.

Following the aggregation of all formulated meanings, the process of integrating all these meanings into reflecting a unique structure of cluster themes was started. These cluster themes correspond

to a representation of the encompassing experiences of the participants. Each significant statement was then formed into eight clusters of themes that later fell on a more general (emergent) theme.

Table 3. Sample of formulated Meanings and Cluster themes

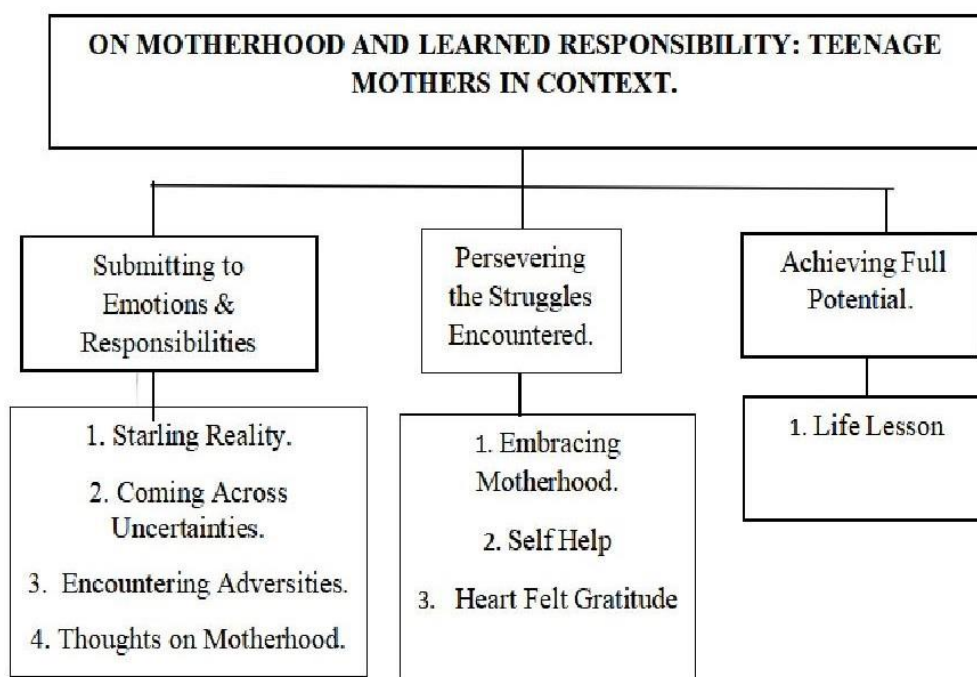
| Formulated Meanings | Cluster Themes |
|---|------------------------------|
| Feelings of fear, worry, shame, regret, depression, disbelief, and wonder upon pregnancy. | Startling Reality. |
| Feelings of doubt and worry about life continuity. | Coming Across Uncertainties. |
| The physical hardship and struggles of teenage mothers. | Encountering Adversities. |
| Looking into unforeseeable challenges. | Thoughts on motherhood. |

The participants' responses thoroughly explained their lived experiences by identifying significant statements, aggregating the formulated meanings, and integrating the resulting ideas into developed clusters and emerging themes. The participants' narrative taken from the data set describes the emergent themes. It includes interpreting the participants' responses to the research question: "What does it mean to be a teenage mother"?

In uprooting the themes for the qualitative analysis, the interview responses were scrutinized

multiple times until significant statements were found that related to the objectives of the study. Using Colaizzi's Method of Phenomenological Data Analysis, the clustered themes were used to generate an inductive analysis that captured the totality of the participants' experience and integrated the three emergent themes. The emergent themes are as follows: "Submitting to Emotions & Responsibilities", "Persevering the Struggles Encountered", and "Achieving Full Potential." Presented below in Figure 2. is the thematic map of this study.

Figure 2. Thematic Map



Emergent Theme 1: Submitting to Emotions and Responsibilities

The first emerging theme, “*Submitting to Emotions and Responsibilities*”, is where everyone experiences their deepest fears, worries, shame, regret, depression and disbelief, doubt, struggles, and unforeseeable challenges. It covers the initial experience of the participants upon confirmation that they are pregnant. Most participants were inferior and refused to believe it was happening to them. They felt worried about the impact of pregnancy as they were unprepared and immature. Bearing a child early on was very difficult for them physically and emotionally. This summarizes their experience from disbelief to embracing motherhood to finally looking into the unforeseeable challenges.

This emergent theme is further divided into more specific cluster themes that make up for the

significant aspects of their initial experience. The first cluster theme derived is *Starling Reality* which concentrates on their encounters and the circumstances following the moment they learned they were pregnant. Some participants experienced disbelief, fear, shame, regret, and depression; others wondered how they got pregnant.

“I want to get married but not be pregnant this early, it was not my intention, I was surprised, I didn’t expect that I would get Pregnant.”
(Line 2, Participant 1)

This cluster theme additionally examines the respondents’ feelings of anxiety over getting pregnant early. Adolescent mothers expressed that finding out about their pregnancy impacted their psychological well-being.

"I feel guilty, I feel bad about myself" (Line 1 & 3, Participant 12)

The feeling of fear is prevalent among the participants. Fear for themselves and fear for their family members' reactions as well. This is expressed in some of the statements.

"I fear my mother's rage" (Line 3, Participant 8)

Some adolescent mothers felt the loss of their social life since the inception of motherhood. As revealed by one of the focus group discussion participants, *"I am still young, I'm afraid my peers will leave me out, I cannot wander anymore with them, I will lose contact with my friends."* (Line 4;5;6;7, Participant 11). The lack of family support also contributed to the 'non-existent social life'. The participants reflected on their changing priorities, a non-existent social life, loneliness, parenting concerns, anxiety and stress, and the disruption of their schooling. (Govender et al.,2020)

The second cluster theme is *Coming Across Uncertainties* which follows the initial reactions they had. This theme relates to the changes they experienced regarding doubt and worries about life continuity. The lack of financial and social support contributed to their concern for the future.

"I worry about my child, will I be able to provide financially", "I doubt my parents will let me go by myself; I need them." (Lines 5; 6;7, Participant 8)

The third cluster theme is *Encountering Adversities*. This captures the participants' lowest point in the journey relating to the physical hardship and struggles they must conquer as teenage mothers. They were interested in independence and self-centeredness, but to meet the child's needs as a mother, they followed and showed interest in cautions. As shown in some of their statements:

"Because I am pregnant, I should not lift heavy objects, and I'm not allowed to drink cold beverages because that may cause flatulence." (Line 9, Participant 6)

In this study, the participants cohabit more often than marry before the child's birth. These findings echo Raley's (2001) and Lichter's (2012) results that cohabitation has become an increasingly common response to pregnancy. As the statement of Participant 3 shows: *"I'm living with my partner, and because we are not of legal age, we cannot marry yet; this has been okay with both of our parents."* Cohabitation is the most common family formation activity during adolescence. Over one-quarter, (27%) of teenagers cohabit, and most cohabiting teenage women do not have children.

The teenage mothers in this study expressed feelings of shame and embarrassment. Young mothers are perceived to set bad examples for other teenagers and give a bad reputation to the community and their families. Community attitudes towards them left with feelings of embarrassment, as was verbalized by some of the participants during our focus group discussion:

"I feel shamed and blamed; your neighbors and some of your relatives judge you" (Line 10, Participant 12)

This theme drew attention to the changes in the participants' lives since experiencing adolescent childbearing. The participants reflected on their changing priorities, a non-existent social life, loneliness, parenting concerns, anxiety and stress, and the disruption of their schooling. Almost all the teenage mothers spoke about how pregnancy and motherhood discontinued their education, and only one participant endured schooling but verbalized hardship, as shown in her statement:

"I am worried when my belly grows, it will be much more difficult to go to school riding a "Habal-habal". I wanted to finish my studies. I'm

thinking of ways now, maybe I could stay temporarily near the school” (Line 3, Participant 10)

The last cluster theme under emergent theme 1 is *Thoughts on Motherhood*. This is associated with meeting emotional, physical, and financial needs as a mother. The participant is pondering about additional responsibilities of motherhood. During the interview with the 8 participants, the word “motherhood” was repeated at least 39 times. This shows how vital motherhood is in standing up to unforeseen challenges. This is further expressed through some of the statements from the participants:

“I should have savings for my delivery, I have to take care and not neglect my child, I have to think about our meals every day.” (Line 7, Participant 2)

Various parenting concerns are expressed in this. Some participants think and behave more positively and optimistically for their child’s sake.

Emergent Theme 2: Persevering the Struggles Encountered

The second emergent theme is *Persevering in the Struggles Encountered*. This covers how the participants handle the obstacles experienced and the daily struggles. It also includes the factors that contribute to the struggles of motherhood and learned responsibility.

Furthermore, this also features the factors contributing to their coping skills and their challenging experiences as teenage mothers. In terms of the participant’s experience, they start to reminisce about their feeling of gratification towards those who have given support and the impact of this support on their motherhood.

The emergent theme is further broken down into three cluster themes to emphasize the critical aspects leading towards their betterment. The first

cluster theme, *Embracing Motherhood*, includes embracing motherhood and devising a compromise acceptable to both families and those involved in care. This takes courage, resources, and accepting that not everything is uncertain. In terms of the patient’s experiences, they expressed the readiness to take on motherhood through the following statements:

“This early pregnancy is difficult for me, but I only have to listen to all the advice my family and nurse are telling me for the good. (Line 18, Participant 8)

The second cluster theme is *Self Help*. This illustrates the factors that contribute to the participants dealing with the obstacles and the coping strategies that the participants adopted to increase their chances of endurance. Young mothers’ support level substantially influenced their intentions and capacity to re-engage with education and work. Teenagers who received more support from their families, especially their mothers, were more likely to return or want to return to school. Some of the statements related to this are:

“Family’s support both emotionally and financially help me a lot, that’s the very reason I have continued my studies and hopefully graduate and earn a degree despite my current situation.” (Line 19, Participant 13)

Besides the support from family, friends, and healthcare professionals, some participants also expressed that their faith helped them cope with the challenges. As one participant mentioned, *“I always pray to God; my faith helps me to alleviate my worries.” (Line 13, Participant 2)*. Surrendering everything to God increases their coping and lower levels of anxiety. All participants did not lose hope while being teenage mothers. They all had hope and support from family and friends.

The next cluster theme is *Heartfelt Gratitude*. This relates to the participants’ positive experiences as teenage mothers. The expression of thankfulness and

appreciation for everything shown to them is also included under this theme. The study's findings show that most participants experience a sense of gratitude after they have come through the struggles of teenage motherhood. Unlike the initial stage of fear and uncertainty, they feel gratification and enthusiasm and can now express appreciation to those around them. Some of the statements that relate to this are:

“I am grateful for my grandmother, parents, and siblings for their support, even if I ended up like this, their constant communication and follow-up with me makes me happy” (Line 20, Participant 13)

Other than support from family and friends, the participants also recognized the efforts of healthcare personnel who provided them with the information and care. The nurse or midwife and BHWs assigned to their barangay health station became their second family and a source of personal encouragement. The statement *“I like coming to the prenatal check-up here in our barangay, I’m thankful with our BHW and nurse they are very helpful and nice” (Line 19, Participant 9)* was related to this. In this study, adolescent mothers described how healthcare workers accepted and treated them nicely. Social support, both from significant people in a woman’s life and from health professionals, increases the mother’s self-confidence and assurance in their motherhood.

Emergent Theme 3: Achieving Full Potential

The last emergent theme is called *Achieving Full Potential*. This illustrates the experiences leading towards betterment. This relates to the period when the worst has passed, and the participants finally realize that rectification is coming soon. This is also the point in their journey where they think of the lessons they learned from the experience and how they can share them to better the lives of others.

The cluster theme, *Life Lesson*, encapsulates the lessons the participants have learned as teenage mothers. This also explores their ideas on how everyone should approach Teenage Pregnancy and what advice they can give to fellow citizens, especially the younger generation.

The participants admitted that they had dreams and aspirations for the future. There was an overwhelming thirst for education, a promising career, and a person who contributed to society. Some adolescent mothers aspired to contribute positively to their community and society. Adolescent mothers spoke about their future career aspirations. For some teenage mothers, a career meant a secure future and financial independence. These expressions were all included in the first set lesson that seems similar among the participants in that everyone should follow their parents’ advice and learn when to listen and not to listen. Some of the statements about this are:

“I have realized that we need to listen to our parents' advice especially while we are still young, there is truth in Mom's knows best, I should have listened and finished my schooling first, let's not be hard-headed and follow whatever we like to do” (Line 24, Participant 1)

The other aspect of the lessons learned from the participants' experience is the call to use the family planning method. Some participants pointed to the hesitance of others in using family planning because of fear of complications and false rumors that are spread by misinformation channels. For their fellow teenage mothers who may get pregnant sooner after delivery in the future, having family planning can draw the line for their family's well-being. Just like the sentiment mentioned in the interview: *"We need to plan for our family. I have to use family planning method for our next child; I don't want to have another child unplanned."* (Participant 8)

Mothers of this age group also have a higher risk of developing several health complications, including eclampsia, puerperal endometritis, and systemic infections, compared to older mothers. Children from these younger mothers were also observed to be more likely to have low birth weight, preterm birth, and severe neonatal conditions than children born to older mothers. (Kurth F et al., 2010)

Conclusion and Recommendations

The current study described motherhood and responsibilities in a teenage mother's context. The themes extracted are: Submitting to Emotions and Responsibilities., Persevering in the Struggles Encountered., and Achieving Full Potential. These three themes captured the participants' viewpoint on their journey as teenage mothers. As a result, this serves as an "eye-opener" for people to get involved in public awareness, planning, implementation, and evaluation of programs that promote sustainable development.

Most respondents were inferior and refused to believe it was happening to them. They felt worried about the impact of pregnancy as they

were unprepared and immature. Furthermore, bearing a child early on is physically and emotionally challenging for them. Then some participants concentrated on their encounters with the circumstances after they learned they were pregnant. Some participants experienced disbelief and fear, and others wondered how they got pregnant. Many responses feature the factors contributing to their coping skills and their challenging experiences as teenage mothers. They also share their ideas on how everyone should approach Teenage Pregnancy and what advice they can give to fellow citizens, especially the younger generation. The result of the study is beneficial to teenage mothers as a practical guide map towards better management of motherhood and responsibility.

However, it's important to remember that research findings from a qualitative, phenomenological-focused study like this are rarely transferable to other situations. Contends that phenomenology aims to thoroughly explain the phenomena, leading to an understanding of the basic framework of lived experiences.

First, the researcher recognizes that the data gathering was limited to solely making use of the verbalization and observation derived from interviews of the participants. While this action is not wrong, the data gathering could have been improved further by utilizing other key informants, which could provide another angle of analysis and interpretation. This will strengthen the credibility of the data gathered, not to mention that such a step would also generate more themes that were not established within the narratives in this study.

Furthermore, this study had a small sample size of eight participants for in-depth interviews and five participants for focus group discussion. As a result, future research should

seek people from various backgrounds, if feasible. Finally, future research may need to focus on connecting relationships between

teenage mothers and healthcare workers, self-disclosure, and awareness development.

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In The Exigency of Selfless Service: Struggles of Guidance Advocate on Mental Health Needs of Adolescent Learners

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Abstract

This descriptive phenomenological study was focused on exploring the struggles of guidance advocates in responding to the mental health needs of adolescent learners. Their role exposes them to all the problems and issues encountered by the students, which consequently exerts a personal impact on them. This study utilized the qualitative-descriptive phenomenological method. This study included fourteen participants who were purposefully chosen guidance advocates from Panabo City's Schools Division with at least two years of experience. From February 2023 to March 2023, participants were gathered for a face-to-face individual interview and focus group discussion, following the minimum health protocols. Data was collected, audio-recorded, and transcribed verbatim before being classified and analyzed following the research questions. Three themes emerged from Colaizzi's qualitative data analysis method: The first emergent theme, navigating the long and winding road is a metaphor that portrays the participant's struggles and uncertainty about their roles. The second emergent theme, surpassing hurdles, covers how the participants carry out their tasks despite the obstacles by holding onto the accomplishments and encouragement they have received from others, and the third emergent theme, concluding the journey relates to the information learned from the experiences retained by the participants and put what they had learned. The participants' experiences and difficulties in the mental health needs of adolescent learners reflect their struggles as guidance advocates. Further, qualitative research might expand this study by including school supervisors and teacher-advisers who work closely with the guidance advocate to address the learners' mental health needs.

Keywords: *Guidance Advocate on Mental Health, Social Science, Descriptive Phenomenology, Panabo*

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Introduction

In the Philippines, guidance facilitators typically lack the qualifications of a guidance counselor. However, due to a shortage of Registered Guidance Counselors (RGCs), guidance facilitators like guidance advocates with various degrees must fill the role of RGCs. In a school-based setting, the researcher has observed that the school heads designate teachers as guidance advocates to attend to the mental health needs of learners. These teachers are overburdened with teaching responsibilities, and the issues, and challenges that guidance

advocates face include a lack of training, job conflict, lack of guidelines, and lack of skills. As a result, guidance advocates struggle to meet the learners' mental health needs and concerns.

Schools are the second social context in which children and adolescents spend a significant amount of their time and on which they rely for a big portion of their learning and development. Schools become the location where early indicators of mental health disorders can be discovered and timely help can be provided

(McLaughlin, 2017). This acknowledgment has resulted in the emergence of school-based mental health services, with the goals of increasing mental health awareness as well as preventing and treating students' mental health problems (Fazel et al., 2014).

Education is pushed to the top of children's lives, causing stress that has a significant influence on their mental health, physical health, family relationships, and social relationships (Pascoe et al., 2020). Students in secondary and tertiary education settings confront a variety of persistent normative stresses, which can be defined as routine day-to-day annoyances such as ongoing academic obligations. As a result, secondary/high school and university students frequently self-report suffering continuing stress related to their education, which we refer to as academic-related stress (UNESCO, 2012).

The formative years of life, childhood, and adolescence are crucial for mental health. The brain is undergoing fast growth and development during this period. To assume adult roles in society, children and adolescents develop cognitive and social-emotional skills that influence their long-term mental health. The well-being and growth of children and adolescents are influenced by the environment in which they are raised. Early adverse experiences in homes, schools, or online, such as being exposed to violence, having a parent or guardian who is mentally ill, being bullied, and living in poverty, raise the risk of mental illness. Globally, one in seven 10-19-year-olds experiences a mental disorder, accounting for 13% of the global burden of disease in this age group and suicide is the fourth leading cause of death among 15-29-year-olds. Moreover, one of the main causes of sickness and impairment among teenagers is behavioral disorders, followed by disorders of anxiety and depression (World Health Organization, 2021).

On the other hand, children are one of the most vulnerable demographic groups in society, according to the Philippine Development Plan for 2017-2023, which includes them in risk

reduction and adaptive capacity strengthening measures. Filipinos under the age of 18 make up almost 40% of the country's overall population (UNICEF Philippines, 2018). Despite a sizable percentage of the Philippine population being designated as vulnerable, problematic problems involving them continue and go unresolved, about 10% to 15% of Filipino children between the ages of 5 and 15 suffer from mental health issues. Sixteen-point-eight percent of Filipino adolescents between the ages of 13 and 17 have made no less than one attempt at suicide in the year before 2015 according to Global School-based Student Health Survey. This is merely one of many markers revealing the level of these kids' mental health. These figures on children's mental health are alarming because most mental health illnesses start in childhood which is a critical time. Early detection efforts should be made to prevent harmful health and social outcomes. Childhood mental and developmental illnesses also typically last into adulthood, increasing the likelihood of their experiencing stunted growth (Golberstein et al., 2020).

Due to familial hurdles, lack of resources, and the fragmentation of children's mental health, students in the Philippines experience social and emotional challenges that are rarely addressed. If adolescents' mental health problems are not addressed, they may have a long-term impact on a person's physical and mental health as well as their capacity to lead fulfilling adult lives. Also, there are only a few health practitioners and assigned focal persons in our mental health programs; one of them is guidance advocates. School guidance advocates are accountable for following up with students regarding educational and social issues. They serve as a point of contact for pupils, parents, and teachers, assisting all three parties in collaborating to ensure the social and academic success of the learners. They are those who recognize the worth and dignity of children. Additionally, they support the pupils in improving their peer interactions, self-esteem, and confidence, and enhance their ability to

regulate their behavior as well as the organization.

Research on guidance advocates' struggles with adolescent learners' mental health needs is still limited. While perception studies on the lived experiences of school counselors have been extensively researched in other countries, similar studies have not yet been sufficiently explored in the Philippine context. This study therefore served as an initial evaluation of how the guidance advocates in the Schools Division of Panabo City feel about the assignments given to them that are not in line with their education and training. Furthermore, this study investigated whether there were any points in their experience when they faced challenges and struggles in dealing with the mental health needs of the learners. This could help the department assess the workload of teachers designated as guidance advocates.

Each participant's lived experiences may provide insights into the study's frame of reference. This included their perceptions, emotions, and coping ability concerning their testimony which served as motivators for the department to expand and strengthen the mental health program.

Methods

Descriptive-phenomenological research design was applied in this study to understand the struggles of the participants as guidance advocates who are assessing the mental health needs of the learners. The descriptive phenomenology approach was utilized through one-on-one in-depth interviews and focus group discussions with the participants.

According to Edmund Husserl, a philosopher who founded the field of phenomenology, the researcher's perceptions should be set aside to enter the participant's lifeworld without any presumptions (Shorey & Ng, 2020). He also defined experience as involving perception, thought, memory, imagination, and emotion, as well as intentionality as the person's gaze is focused on a

specific object or event. Furthermore, this approach does not involve the participant's history, but rather the experiences they encountered. In the study, this method was used to explain information, knowledge and insight, actions, beliefs, emotional responses, and perceptions to understand the participants' struggles and experiences. This method was also used in this study to describe the experiences of the participants without involving the researcher's personal opinions and perspectives. The participants' experiences were interpreted and reconfigured, but the thought remained the same. As a result, the researcher chose this approach to preserve the objectivity and validity of the information while avoiding biases.

This study followed the following procedures for the data collection: First, the researcher secured the approval of the Master of Arts in Nursing Program Chair of Davao Doctors College to conduct this study. The researcher prepared a set of guide questions for the in-depth and focus group interview as an instrument to collect the needed data. The content of the interview questions was validated by three research professionals to ensure the questionnaire's credibility. The researcher sent a letter of permission to the Schools Division Office of Panabo City before the interview; the participants' informed consent was given and gathered. A brief orientation to the study's preliminary procedures was provided. The researcher conducted a face-to-face individual interview and focus group discussion that took 30 minutes to 60 minutes for each participant depending on the thorough discussion between the participant and the researcher. Participants were informed that the interview was audio-recorded. Following the interview, the audio was transcribed to ensure data reliability. All through the interview process, participants received a letter conveying the researcher's heartfelt appreciation for their time, cooperation, and active participation in the data collection process. Respondents were assured that their data and information would be kept strictly confidential.

In this study, the Colaizzi descriptive phenomenology method was utilized as the type

of phenomenological analytic means to examine the communication between the researcher and participants (Polit & Beck, 2019). This method

was used to analyze qualitative research data to separate significant information.

Results and Discussion

Table 1. Participants' Profile

| Code | Age in years | Gender | Civil Status | Occupation | Study Group |
|------|--------------|--------|--------------|-------------|-------------|
| G1 | 35 | F | Married | Teacher II | FGD |
| G2 | 38 | F | Married | Teacher I | FGD |
| G3 | 41 | F | Married | Teacher III | FGD |
| G4 | 44 | F | Married | Teacher II | FGD |
| G5 | 49 | F | Married | Teacher II | FGD |
| G6 | 33 | F | Married | Teacher I | FGD |
| G7 | 53 | F | Married | Teacher III | FGD |
| G8 | 30 | F | Married | Teacher I | IDI |
| G9 | 43 | F | Single | Teacher II | IDI |
| G10 | 35 | F | Married | Teacher II | IDI |
| G11 | 26 | F | Married | Teacher II | IDI |
| G12 | 33 | F | Married | Teacher I | IDI |
| G13 | 42 | F | Married | Teacher II | IDI |
| G14 | 41 | F | Married | Teacher II | IDI |

The researcher ran through the data for helpful information and collected relevant words and phrases about the participants' experiences. The researcher familiarized himself with the data by reading each transcript several times until he had a thorough understanding of the research topic. The study's three objectives were classified as emergent themes, cluster themes, and formulated meanings.

The responses on the struggles and experiences, relevance, and insights shared by guidance advocates as respondents in handling

the mental health needs of adolescent learners went through the seven steps. Beginning by transcribing the participants' responses, and next was by extracting significant statements. To support understanding of data processing, sample statements from individual interviews and focus group discussions were used. Followed by formulating meanings of significant responses. The fourth step was clustering themes of significant responses and formulating meanings. An extensive description of the entire phenomenon and its fundamental structure was

given. Lastly, a summary for results verification by returning to the participants.

The example of formed meanings emerging from significant participant statements is shown in Table 2 below.

| Significant Statements | Formulated Meanings |
|--|---|
| <p>"It was a heavy role because we hadn't undergone any proper training regarding how to assess the learners. We need to study what is the exact role of a guidance advocate."</p> <p><i>Participant G2, Transcript GA18, Lines 25-28</i></p> <p>"It's not easy, and performing the task is challenging because I have no experience as a guidance advocate."</p> <p><i>Participant G14, Transcript GA14, Lines 50-51</i></p> | <p>The participants felt the pressure of their role as guidance advocates.</p> |
| <p>"We currently have a suicidal case. First time in my life. It's difficult to deal with. I'm not sure what I'm going to do to keep this from happening to other students."</p> <p><i>Participant G14, Transcript GA14, Lines 104&117</i></p> <p>"I struggle because I'm unsure of what to say to someone who has experienced sexual abuse. I am not in a legal position to advise on what is morally correct."</p> <p><i>Participant G12, Transcript GA12, Lines 43-45</i></p> | <p>The participants were having difficulties in performing their obligation as guidance advocates because of sensitive cases.</p> |
| <p>"You felt drained which has a significant influence on you. After speaking with a learner, you take in all the negativity."</p> <p><i>Participant G1, Transcript GA18, Lines 323-324</i></p> <p>"There were days when I spent all of my time taking care of the students. It got to the point that my menstrual cycle was affected."</p> <p><i>Participant G6, Transcript GA18, Lines 462-464</i></p> | <p>The mental and physical health of the participants were affected.</p> |

Meanings were formulated using the significant statements. Each underlying concept was coded in a single cluster theme since they served as descriptions. Also, while maintaining the correctness of the participant's description, the researcher compared the developed interpretations to the statements of the participants. Once all of the formulated meanings had been arranged, the task of categorizing them

all to represent a certain pattern of clusters of themes was started. All formulated meanings linked with each cluster theme's group of meanings were provided through coding. Then, to create a distinctive theme structure, groups of clusters of topics corresponding to a specific concern were combined.

When extracting themes for the qualitative analysis, the data gathered from the respondents were examined repeatedly until significant statements about the study's objectives were discovered. Each significant statement was then organized into clusters of themes which eventually converged to emergent themes

Based on the significant statement extracted from the response, eight cluster themes were formed. These are the eight cluster themes:

Trailing to an unknown route, The scenery behind the clouds, Bridging the unpassable road, Keeping track of the journey, Stopping over to recharge, Keeping moving forward, Creating a journal, and Staying on the right course.

Table 3 that follows gives an example of how the cluster themes were created by grouping coded formulated meanings that were generated from similar significant statements.

| Significant Statements | Formulated Meanings | Cluster Themes |
|--|---|---|
| <p>"There have been moments when I've felt like it's truly alright, but after learning from experience, I've come to understand that sometimes it's okay to move away from an established concept or idea to address a problem."</p> <p><i>Participant G13, Transcript GA13, Lines 254-256</i></p> <p>"So, ah I see these challenges sir actually as ah a way for me to grow. A way for me to learn, I mean they are really difficult. But it's a challenge for me."</p> <p><i>Participant G10, Transcript GA10, Lines 151-152</i></p> | <p>The participants were aware of the challenges; they used them as guides to continue.</p> | <p>Cluster 2.1: Keeping track of the journey.</p> |
| <p>"First, I allowed myself to be distressed. Coffee, I drink coffee to help me think clearly about where I stand."</p> <p><i>Participant G1, Transcript GA18, Lines 832-833</i></p> <p>"First, if I am stressed after speaking with the learner for an hour, I go outside and plant. Our school head noticed me planting and watering plants at school."</p> <p><i>Participant G9, Transcript GA9, Lines 213-215</i></p> | <p>The participants were trying to release the stress after performing their obligation as guidance advocates.</p> | <p>Cluster 2.2: Stopping over to recharge</p> |
| <p>"If there is a commitment to your given designation. The love of your job as guidance advocate will follow."</p> <p><i>Participant G3, Transcript GA18, Lines 854-856</i></p> <p>"It is not just teaching them about the language but to teach them values, support them to change their outlooks in life and to be someone positive in life especially here in school."</p> <p><i>Participant G8, Transcript GA8, Lines 219-221</i></p> | <p>The passion and commitment of the participants to the learners help them to keep going despite the challenges.</p> | <p>Cluster 2.3: Keep Moving Forward</p> |

Three emergent themes emerged from the eight cluster themes formed by the significant statement. These are the three emergent themes: Navigating the long and winding road, Surpassing hurdles, and Concluding the journey.

Table 4 below shows examples of how the emergent themes were formed.

| Significant Statements | Formulated Meanings | Cluster Themes | Emergent Themes |
|--|---|--|--------------------|
| <p>"There have been moments when I've felt like it's truly alright, but after learning from experience, I've come to understand that sometimes it's okay to move away from an established concept or idea to address a problem."</p> <p><i>Participant G13, Transcript GA13, Lines 254-256</i></p> <p>"So, ah I see these challenges sir actually as ah a way for me to grow. A way for me to learn, I mean they are really difficult. But it's a challenge for me."</p> <p><i>Participant G10, Transcript GA10, Lines 151-152</i></p> | <p>The participants were aware of the challenges; they used them as guides to continue.</p> | <p>Cluster 2.1: Keeping track of the journey</p> | Surpassing hurdles |
| <p>"First, I allowed myself to be de-stressed. Coffee, I drink coffee to help me think clearly about where I stand."</p> <p><i>Participant G1, Transcript GA18, Lines 832-833</i></p> <p>"First, if I am stressed after speaking with the learner for an hour, I go outside and plant. Our school head noticed me planting and watering plants at school."</p> <p><i>Participant G9, Transcript GA9, Lines 213-215</i></p> | <p>The participants were trying to release the stress after performing their obligation as guidance advocates.</p> | <p>Cluster 2.2: Stopping over to recharge</p> | |
| <p>"If there is a commitment to your given designation. The love of your job as guidance advocate will follow."</p> <p><i>Participant G3, Transcript GA18, Lines 854-856</i></p> <p>"It is not just teaching them about the language but to teach them values, support them to change their outlooks in life and to be someone positive in life especially here in school."</p> <p><i>Participant G8, Transcript GA8, Lines 219-221</i></p> | <p>The passion and commitment of the participants to the learners help them to keep going despite the challenges.</p> | <p>Cluster 2.3: Keep Moving Forward</p> | |

Conclusion and Recommendations

This study about the exigency of selfless service: struggles of guidance advocate on mental health needs of adolescent learners was a qualitative type of research. It primarily focused on how guidance advocates touched with their experiences and how it affected their lives, how they managed to deal with challenges and how they coped with the circumstances, and the deep insight they can share with the educational sector in general. The sample included 14 guidance advocates with two years of experience or more who handle the mental health needs of adolescent learners. Significant statements were extracted from data using a descriptive phenomenological approach tailored by Colaizzi (1975), and a formulation of meaning was designated to each significant statement that answered the study's objectives. The information was then organized into cluster themes. Themes were examined to ensure that they did not have any meaning duplication. After that, the cluster themes were combined to form the general emergent themes. Three emergent themes emerged from the eight cluster themes. These themes sought to organize the participants' struggles.

According to the findings, guidance advocates faced significant challenges in meeting the mental health needs of adolescent learners due to a lack of training. Because most of them haven't had proper training, they tend to overdo their rules, leaving them drained and stressed. Their personal and professional lives have also been compromised as a result of the stress they are under while performing their duties.

The role of a guidance advocate is essential to learners and the education sector. To avoid further problems, it acts as a bridge between students, parents, and teachers. Furthermore, the guidance advocates do not just treat the learners as clients, but as their beloved

children, molding not only the academic side of the learners but their lives as a whole. Despite difficulties in performing their duties, the guidance advocates do their best to assist the learners to the greatest extent possible.

Understanding the struggles of guidance advocates, on the other hand, is important. They can perform better and be more efficient if their problems are addressed properly. Furthermore, if they can receive proper training, they will be able to provide more services to the learners without hesitation if they are doing their job correctly. Moreover, appropriate distress for guidance advocates and symposiums for learners can be beneficial not only for the designated guidance advocate but also for the learners. Lastly, the incoming guidance advocates should have intense proper training and a strong will to perform their duty. It is because they are responsible for the learners' entire being, not just their mental health.

It is essential to keep in mind that research results from a qualitative, phenomenologically focused study such as this are rarely generally applicable or adaptable to other circumstances. Phenomenology seeks to provide a comprehensive explanation of phenomena that results in an understanding of the basic structure of lived experiences.

Further, qualitative research could broaden this study by including school supervisors and teacher-advisers who are closely associated with the guidance advocate's role in dealing with adolescent learners' mental health needs. Supervisors in schools regularly evaluate the guidance advocate's performance in dealing with the student's mental health problems. Similarly, the teacher-adviser is the first to recognize the learners' mental health requirements.

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Acceptance of E-learning, Academic Engagement, Online Learning Attitude, and Student Nurses' Academic Achievement in a State University during COVID-19 Pandemic

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Abstract

The COVID-19 pandemic forced higher education institutions to switch to online instruction. This study explored the nursing students' acceptance of e-learning, academic engagement, online learning attitude, and academic achievement during the 19-pandemic. The study employed a descriptive correlational research design. A total of 201 nursing students from one of the Universities in North Cotabato were randomly selected using stratified random sampling. To know the acceptance of e-learning, academic engagement, and student's online learning attitude, the researcher utilized adopted questionnaires from previous studies. Results showed that the majority of the respondents were female. The findings of the study revealed that students were neutral in e-learning acceptance and online learning attitude. In terms of academic engagement and academic achievement, data demonstrated students being academically engaged and having good grades. Figures also indicated that online learning acceptance and academic achievement do not have a significant relationship but a weak positive significant relationship between the respondent's dedication and academic achievement. Most online learning attitudes do not have a significant relationship to academic achievement; however, some online learning attitudes manifest a weak positive and negative significant relationship with academic achievement. Overall, the study suggests that academic engagement is a key factor influencing academic achievement, even though student acceptance of online learning may have little to no impact, and some online learning attitudes may have a weak positive or negative significant relationship with academic achievement. Therefore, it is important to ensure that students are highly engaged in their online classes and actively participate in their online classes to achieve good academic outcomes.

Keywords: *Online learning, Social Science, Descriptive-Correlational, Cotabato, Philippines*

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Introduction

E-learning, often known as online learning, has long been changing how the educational system looks. As a result of COVID-19, it quickly became an essential component and a frequent instrument in the larger element of higher education. This abrupt change created difficulty, especially in teaching and assessing the nursing students' related learning experience performance (skills). Some students had difficulty or could not get connected due to a slow internet connection (Sihombing and Fatra, 2021), thus, could not attend synchronous classes delaying the

submission of their requirements. Online learning could have both advantages and disadvantages. For some, it could be advantageous because they can use their own time at their own pace (Al-Hunaiyyan et al., 2021) and those who have difficulty monitoring and accessing learning materials can be dissatisfied (Napitulu, 2020).

In Ohio, USA, an overall grade point average (GPA) increase was revealed despite hardships with the abrupt switch to online education implying that grades as a whole did not suffer (Cavanaugh, J. et al, 2023). On the other hand, in Murcia, Spain, nursing students' stress levels during covid-19 pandemic significantly increased among those having issues with money, family, or emotions, showing a negative impact on their academic performance. Inversely, Othman, et al. (2022) revealed that higher education students from Australia, Malaysia, New Zealand, and Samoa had a favorable attitude toward online education which had a beneficial impact on their academic achievement.

In the Philippines, Gocotano, et al., (2021) revealed that most students of the university in the rural area use only mobile phones and mobile data as their primary internet access source, ranging from moderate to poor connection. Students experienced the unavailability of a network, a distractive learning environment, expensive internet data, lack of resources, lack of digital literacy skills, and loss of motivation. Moreover, Oducado and Soriano (2021) discovered that the pandemic harmed the academic achievement of nursing students. High-stress levels were associated with reduced satisfaction and worse academic achievement.

In the first quarter of the year 2020, the students as well as the teachers/clinical instructors encountered challenges due to the COVID-19 pandemic in Kabacan. They are also confronted with the new education structure since face-to-face classes are being prohibited. From a traditional face-to-face class framework, they have to go through a virtual mode of learning. Because online learning is the “new normal” type of teaching, it is necessary to conduct studies regarding this aspect for the time being. It is necessary to determine the relationship of academic achievement to online learning acceptance, engagement, and attitude because students still need to learn and keep track of their education despite not having physical interaction with their instructors.

Basith et al., (2020) recommended that the association between online learning satisfaction and several other factors that might raise student academic achievement is something else that more scholars can look into. This study will assess student nurses' academic performance throughout the COVID-19 pandemic as well as their acceptance of e-learning, academic engagement, and attitude toward online learning.

Methods

The study utilized a quantitative descriptive-correlational research design. The descriptive method described the socio-demographic profile, the acceptance of e-learning, academic engagement, online learning attitude, and academic achievement of the respondents. The correlational method was used to determine the relationship between e-learning acceptance, academic engagement, and e-learning attitude to the academic achievement of the respondents.

Student nurses in a selected State University in North Cotabato were the respondents of this study. Selected students enrolled in the said University with pure online RLE classes were randomized using stratified random sampling that best represents the entire population. A total of 418 Nursing Students from Levels 2,3 and 4 during the 2nd semester of 2021-2022 were randomly selected. Level 1 was excluded because they did not have Related Learning Experience subjects. Raosoft calculator was used to get the sample population of 201 respondents out of 418 with a 95% confidence level and a 5% margin of error. To determine the sample size from each level, this formula was used; (sample size/population size x stratum size). For level 2, a total of 80 students from 167 populations were randomly selected from 3 sections using draw lots. 26 respondents were selected out of 56 students from the two sections, and 27 respondents were selected from the remaining section. A total of 40 students from 82 populations were randomly selected from the two sections of

level 3. For level 4, a total of 81 students from 169 populations were randomly selected out of three sections in which 26 respondents were chosen from the two sections having 54 and 55 populations respectively, and 29 respondents were selected from 60 students of the remaining section.

The data were gathered through the use of structured questionnaires which were personally distributed by the researcher. Before the administration of questionnaires, the instruments were subjected to validation by three (3) experts in the field and reliability testing. A pilot study with thirty (30) respondents was obtained followed by Cronbach's Alpha reliability analysis testing.

There were four (4) parts of the survey questionnaire. The first part of the questionnaire pertains to the respondent's socio-demographic profile in terms of age, sex, and year level. The second part of the questionnaire contained questions that sought to ascertain the level of student nurses'

online learning acceptance in terms of performance expectancy, effort expectancy, image, social influence, and compatibility. The third part of the questionnaire measured the level of academic engagement of the student nurses in terms of dedication, vigor, and absorption. Finally, the fourth part of the questionnaire dealt with questions on the student nurses' overall online learning attitude.

Frequency and percentages were used to determine the socio-demographic profile of the respondents and their academic achievement in terms of their RLE grades. Furthermore, mean and standard deviation were used to summarize the acceptance of e-learning, academic engagement, and online learning attitude of the respondents, and Spearman Correlation was used to determine the relationship between academic achievement and the student's acceptance of e-learning, academic engagement, and e-learning attitude.

Results and Discussion

The study's findings are given and analyzed in this chapter concerning its goal to determine the acceptance of e-learning, academic engagement, online learning attitude, and student nurses'

academic achievement in a state university during the COVID-19 pandemic. Presented are the collected, collated, statistically-treated data with tabular presentation interpreted and analyzed.

Table 1. Socio-demographic Profile of the Respondents

| Demographic Profile | Frequency | Percentage |
|------------------------|------------|-------------|
| Age: | | |
| 19-22 years old | 198 | 98.5 |
| 23-26 years old | 2 | 1 |
| 27-30 years old | 1 | 0.5 |
| Total | 201 | 100 |
| Sex: | | |
| Male | 49 | 24.4 |
| Female | 152 | 75.6 |
| Total | 201 | 100 |
| Year level: | | |
| Level 2 | 80 | 39.8 |
| Level 3 | 40 | 19.9 |

| | | |
|----------------|------------|-------------|
| Level 4 | 81 | 40.3 |
| Total | 201 | 100 |

Table 1 presents the demographic profile of the respondents in terms of age, sex, and year level. Of the age, 98.5% are between 19-22 years old, 1% are 23-26 years old, and 0.5% are 27-30 years old. This would mean that the majority of the nursing students belong to Generation Gen Z which ranges from 11 to 26 years of age. In terms of sex, 75.6% are female and only 24.4% are male. This would imply that

many females desired this profession because of the inherent capacity to care for another human being which could be regarded as more of a feminine trait. Nightingale claimed that the nature of nursing is feminine, and nursing has been stereotyped as a female-dominated profession. In terms of the year level, 40.3% are level 4 students, 39.8% are level 2 and 19.9% are level 3.

Table 2. Acceptance of Online Learning

| Indicator | SD | Mean | Interpretation |
|--------------------------|---------------|-------------|--|
| Performance expectancy | .78261 | 3.32 | Neither acceptable nor not acceptable |
| Effort Expectancy | .85954 | 3.34 | Neither acceptable nor not acceptable |
| Image | .71134 | 2.52 | Not acceptable |
| Social Influence | .94761 | 2.11 | Not acceptable |
| Compatibility | .79127 | 2.78 | Neither acceptable nor not acceptable |

Legend: 4.20-5.00= Highly acceptable, 3.40-4.19= Acceptable, 2.60-3.39= Neither acceptable nor not acceptable, 1.80-2.59= Not acceptable, 1.00-1.79= Strongly unacceptable

Table 2 presents the acceptance of the respondents to online learning. Acceptance is measured through performance expectancy, effort expectancy, image, social influence, and compatibility. It is shown in the table that Effort expectancy possessed the highest overall mean score of 3.34 (M=3.34) which means that the respondents neither accepted nor did not accept the statement about online learning, while social influence carried the lowest overall mean score of 2.11 (M=2.11) which means that the respondents do not accept the statement regarding online learning. As to the effort expectancy, most of the nursing students find e-learning easy to use with the highest mean score of 3.63 (M=3.63), followed by learning to use e-learning easily with a mean score of 3.49 (M=3.49), followed by easily finding to use e-learning without much assistance with a mean of 3.40 (M=3.40) and becoming skillful easily at using e-learning with a mean score of

2.84(M=2.84). This finding suggests that the respondents may accept online learning however, they may have doubts about the ease of use and convenience of online learning. They may have concerns about the amount of effort required to engage with online course materials or navigate online learning platforms. This finding somehow disagrees with the findings of Basith et al. (2020) which revealed that students were satisfied with online learning because the majority of students understand technology well.

Regarding the social influence of parents wanting their children to enroll in an online class, the majority of the respondents disagreed with the statement. This would suggest that individuals do not perceive online learning as a socially acceptable or popular option, maybe because of a lack of support or encouragement from peers, family, or institutions. This is corroborated by the findings of Sihombing and Fatra (2021), who found that poor infrastructure

and facilities for internet access, smartphones, laptops, an unsupportive family environment, and ineffective teaching methods cause students to encounter difficulties. The findings of the study would imply that online learning can be easily accepted since students can learn and view the recorded lectures at their own pace. It can also be convenient because when using online classes, students are not required to go to school, therefore saving their energy and allowances from fares, meals, and boarding houses.

However, an unstable internet connection can become a barrier, especially here in the Philippines. According to Oducado and Soriano (2021), a stable internet connection may have affected the online course delivery and influenced students' satisfaction with online learning resulting in dissatisfaction. In addition, acceptance of online learning cannot be met if the support system is lacking. Parents and Guardians are the major contributors to a student's journey. If the parents or guardians fail to support them, then from the researcher's point

of view, students will have a hard time fulfilling their aspirations. Moreover, it is possible that parents did not like the students being enrolled in an online class maybe because they can see that their children find difficulty understanding the lessons well, especially those Related Learning Experiences classes needing the skills to be learned and developed in online learning. They do not like seeing their child doing nursing procedures on stuffed toys or any other available resources in their homes that can be substituted for real patients or equipment.

It can be seen that the majority of the students agree that using online learning is easy for them, however, becoming skillful with online learning is quite uncertain. Al-Hunaiyyan et al., (2021) revealed that students think e-learning is appropriate for theoretical lectures but don't appear to understand how successful it is for lab-based programs. Furthermore, nursing education has more practical aspects that cannot be digitally performed (Oducado and Soriano, 2021).

Table 3. Academic engagement

| Indicator | SD | Mean | Interpretation |
|------------|---------|--------|--------------------|
| Vigor | .93121 | 3.2905 | Moderately engaged |
| Dedication | 1.03663 | 4.3154 | Highly engaged |
| Absorption | 1.08250 | 3.6368 | Engaged |

Legend: 5.16-6.00= Extremely engaged; 4.30-5.15= Highly engaged; 3.44-4.29= Engaged; 2.58-3.43= Moderately engaged; 1.72-2.57= Fairly engaged; 0.86-1.71= Poorly engaged; 0-0.85= Not engaged

Table 3 shows the respondents' academic engagement in terms of vigor, dedication, and absorption. Of the three indicators, dedication got the highest mean score of 4.32 (M=4.32) which indicates that the respondents are usually, at about 90% engaged in their RLE online classes which means that most of them were highly engaged in their classes. This was followed by absorption with a mean score of 3.64 (M=3.64) which means that the respondents are frequently, in about 70% engaged in their RLE online classes, then lastly by vigor with a mean score of 3.29 (M=3.29)

with respondents being moderately engaged in their RLE online classes, sometimes, in about 50%.

As to respondent's dedication, the respondents find their studies challenging with the highest mean score of 5.09 (M=5.09) indicating that the nursing students were highly engaged in their RLE online classes. On the other hand, being enthusiastic about their studies got the lowest mean score of 3.98 (M=3.98) showing a frequency, of about 70% engagement. This finding implies that nursing students are trying their best to become engaged in their

lessons despite the challenges they have encountered. They are still willing to learn and work well to understand the concepts and pass the subject to be able to proceed to the next level. They are proud and find their studies full of meaning and inspiration amidst the challenges they encountered during the pandemic. These findings signified that the overall engagement of students was high similar to the findings of Delfino (2019). This finding was also similar to the findings of González (2020) who expresses that students feel engaged with activities related to their tasks which they find high significance and meaning for themselves. With this, enthusiasm and pride for their education and high levels of engagement can be achieved. Moreover, students who are highly dedicated, vigorous, and absorbed were also more likely to report higher levels of well-being. Therefore, students who are participative in their schooling, despite the existing challenges, are more likely to report success. Engagement in school activities allows one to feel competent and related to others (Montano, 2021).

As to the absorption, the respondents frequently felt that time flies when they were studying, in about 70%, with the highest mean score of 4.13 ($M=4.13$). This finding agrees with the findings of Delfino (2019) showing that students were working to get good grades and attained it by focusing and staying up on the lessons. From the researcher's point of view, this statement is true because if a student is very much focused on doing a certain thing, he/she may be able to feel that time runs so fast, not paying attention to how much time was left. This could mean that he/she is enjoying what he/she is doing. On the other hand, the students tend to forget everything else around them when they are studying with the lowest mean score of 3.38 ($M=3.38$). This means that sometimes, in about 50%, the respondents were only moderately engaged. If the students are so focused on studying, there are possibility they lose track of the things going around them. Although this got

the lowest mean score, this statement can still be viewed as positive. This finding can be anchored by the findings of Muir et al. (2019) who conveyed that many factors primarily assessment tasks, unit/s workload, relevance, and lecturer input, influence student engagement levels. This is also supported by Patricia (2020) who states that when students are not motivated, their degree of cognitive engagement is lower, and when they are motivated, their level of cognitive engagement is higher. In the researcher's opinion, academic engagement will depend on the factors and experiences of the students in online learning. If they have good experiences in online learning which includes receiving feedback from the instructors religiously and can understand the lessons well, then their engagement will become positive, and vice versa. In general, nursing students are academically engaged in terms of their absorption as they find happiness when they are studying.

As to the vigor, the respondents felt mentally strong while studying obtaining the highest mean score of 3.84 ($M=3.84$) showing a frequency, of about 70% engagement. This finding agrees with Delfino (2019) stating that students worked well on papers requiring integrating ideas or information. This means that students were determined to learn and try to put into practice what they had learned in their classes. On the other hand, nursing students showed a moderately engaged, sometimes, at about 50%, in getting up in the morning and feeling like going to class, with the lowest mean score of 2.93 ($M=2.93$). With regards to this statement, even though students can continue studying for a very long time, the majority of them still wish to have active, fun, and lively discussions in class like the traditional ones. In general, these results suggest that the respondents in this study have vigor but not the same as their dedication and absorption which were usually and frequently occurring.

Table 4. The overall attitude toward online learning

| Indicator | SD | Mean | Interpretation |
|------------------|--------|--------|--|
| Overall attitude | .59050 | 2.8630 | Neither positive nor negative attitude |

Legend: 4.20-5.00= Very positive attitude, 3.40-4.19= Positive attitude, 2.60-3.39= Neither positive nor negative attitude, 1.80-2.59= Negative attitude, 1.00-1.79= Very negative attitude

Table 4 presents the overall attitude of the students towards online learning. The findings of the study revealed an overall mean score of 2.86 (M=2.86) which means that the respondents were uncertain, having neither positive nor negative attitudes towards online learning. Of the 11 questions presented, an e-learning environment needing advanced technical knowledge obtained the highest mean score of 3.73 (M=3.73) which means that the respondents have a positive attitude about the statement. This is similar to the findings of Alghamdi (2019) who revealed that students have a positive attitude to online learning because nowadays it is considered a digital era and students find learning more enjoyable and become more engaged when working together. Online applications are tools that provide learners with the ability to manage, update, edit, and share their work and files easily from anywhere, every time using different devices. Additionally, attitudes might be either favorable or negative depending on how well the original educational system meets the wants and attributes of the students (Darling-Hammond et al., 2019).

On the other hand, preferring e-learning and believing that it is better than the traditional method of learning, got the lowest mean score of 2.07 (M=2.07) which means that respondents have a negative attitude about the statement. The finding is congruent with the findings of Patricia (2020) stating that students reported online

learning as an unpleasant experience and expressed a negative attitude towards it. They view online learning as difficult and lack supporting resources such as access to the library and interaction with professors. In comparison to online learning, students preferred face-to-face instruction more. This finding is also identical to the findings of Oducado and Soriano (2021) which revealed a negative and ambivalent attitude of nursing students toward e-learning. They considered e-learning to be impersonal and lacking feeling resulting in less student-teacher interaction. When compared to in-person or on-site learning, the majority of students strongly felt that it was more difficult to focus while studying online.

The overall result of the student's attitude revealed that the respondent has neither a positive nor negative attitude toward online learning. From the researcher's viewpoint, this could be due to the experiences they have encountered during their online learning classes. If the student has good and favorable experiences during online classes, that is, having a stable internet connection and having open communication with the instructors, then most probably their attitude can be positive, and vice versa. Also, this finding is because students still find traditional face-to-face learning more effective since they can interact and perform or demonstrate procedures in front of their clinical instructors, and feedback and corrections can be given immediately or simultaneously.

Table 5. Academic achievement in terms of RLE grade

| RLE grade | Frequency | Percentage | Description |
|--------------|------------|-------------|--------------|
| 70-74 | 0 | 0 | Poor |
| 75-79 | 3 | 1.5 | Fair |
| 80-84 | 21 | 10.4 | Satisfactory |
| 85-89 | 99 | 49.3 | Good |
| 90-94 | 72 | 35.8 | Very good |
| 95-100 | 6 | 3 | Excellent |
| Total | 201 | 100 | |

Legend: 95-100=Excellent, 90-94=Very good, 85-89=Good, 80-84=Satisfactory, 75-79=Poor, 70-74=Poor

The table above shows the academic achievement of the respondents. Grade in the Related Learning Experience in general consists of attendance, short and long quizzes, activities, return demonstrations/simulations, case studies, and term exams. 49.3% of respondents have grades between 85-89% which can be viewed as a good grade. On the other hand, only 1.5% got a fair grade of 75-79%. During covid-19 pandemic, the researcher personally observed that the student's grades improved compared to face-to-face classes. This can be supported by the findings of Cavanaugh et al. (2023) revealing

that student's grade point averages increased despite the hardships encountered in the abrupt shift to online education. This could be because students feel less pressure compared to seeing the clinical instructors and performing return demonstrations in front of them. Furthermore, Gonzalez et al. 2020 revealed improvement in the student's learning performance by obtaining better scores in all kinds of tests that were performed and demonstrated, therefore, higher scores due to the COVID-19 constraint can be directly linked to a genuine enhancement in students' academic performance.

Table 6. Test of Relationship between online learning acceptance and academic achievement

| Indicator | r-value | p-value | Decision | Remarks |
|------------------------|---------|---------|-------------------|-----------------|
| Performance Expectancy | 0.13 | 0.06 | Accepted H_{01} | Not significant |
| Effort Expectancy | 0.00 | 0.97 | Accepted H_{01} | Not significant |
| Image | -0.10 | 0.16 | Accepted H_{01} | Not significant |
| Social Influence | -0.08 | 0.27 | Accepted H_{01} | Not significant |
| Compatibility | 0.09 | 0.21 | Accepted H_{01} | Not significant |

Legend: $p < 0.05$ (Significant)

Table 6 presents the relationship between the respondents' online learning acceptance and academic achievement. Five indicators measured the acceptance of the respondent's online learning. The findings revealed that there is no significant relationship among the indicators presented, thus, the null hypothesis is accepted. Whether the students accepted online learning, this would not mean they will have higher grades and vice versa. The lack of a significant relationship between online learning acceptance and academic achievement may suggest that students who accept online learning do not necessarily perform better in

their academics than those who do not accept it. The findings of this study do not agree with the results of Torun (2020) who stated that to have successful academic outcomes, students must have high levels of e-readiness. Moreover, the results contradict the findings of Basith et al. (2020) indicating that the more satisfied students are with their online education, the better they will perform academically because satisfied students are more motivated to take classes and have a strong effort to achieve success. From the researcher's point of view, results suggest that the students still want their classes to be conducted in a face-to-face setting rather than

online. This interpretation is solely based on the information provided and the study's methods,

sample size, and other factors that could have affected the results and its interpretation.

Table 7. Test of Relationship between academic engagement and academic achievement

| Indicator | r-value | p-value | Decision | Remarks |
|------------------|---------|---------|-------------------|--|
| Vigor Score | 0.10 | 0.17 | Accepted H_{02} | Not significant |
| Dedication Score | 0.15 | 0.03 | Rejected H_{02} | A weak positive significant relationship |
| Absorption Score | 0.13 | 0.08 | Accepted H_{02} | Not significant |

Legend: $p < 0.05$ (Significant)

Table 7 shows the relationship between the respondents' academic engagement and academic achievement. The result suggests that there is a weak positive significant relationship between dedication and academic achievement hence the null hypothesis is rejected. The result of the study contradicts the findings of Abid and Akthar (2020) who revealed that learners' engagement with academics has an indirect influence on their achievement, depicting a weak negative relationship which may be due to the teachers' behavior or instructional strategies. The finding of the study suggests that as dedication to academic engagement increases, academic achievement tends to increase, but the relationship is not very strong. Dedication in this study measures the student's enthusiasm and commitment to learning. This finding can somehow be related to the findings of Erdoğan (2019) who said that when students feel engaged at school, they participate more in classroom activities and are intrinsically motivated to learn, which leads to improved academic achievement.

Conversely, vigor and absorption do not have a significant relationship with academic

engagement. Based on the result, it appears that high levels of energy (vigor) or being fully engrossed and focused (absorption) do not necessarily lead to higher academic achievement. The result of the study does not agree with the findings of Firat et al. (2019) suggesting that academic success considerably rises when students use e-learning resources more often; The more time students spend in an online learning environment, the better academic success they will have. From the researcher's perspective, high academic achievement may not be fully achieved if commitment is lacking. Even if a student is energetic and lively when in an online class, this does not always result in a better performance or a better grade. Additionally, even if the student spends so much time focusing and concentrating on the topics given online, this is still not an assurance that high academic results can be achieved. Too much focus and concentration can drain one's energy which would result in reduced productivity. Vigor and absorption must always go together with dedication to attain better performance and high academic achievement.

Table 8. Test of Relationship between Attitude towards Online Learning and Academic Achievement.

| Indicator | r-value | p-value | Decision | Remarks |
|-----------|---------|---------|-------------------|-----------------|
| Attitude | 0.075 | 0.290 | Accepted H_{03} | Not Significant |

Legend: $p < 0.05$ (Significant)

Table 8 presents the relationship between respondents' attitudes towards online learning and their academic achievement. In this study, eleven questions measured the overall attitude of the respondents toward online learning. Of the eleven statements presented, nine revealed no significant relationship to the respondents' academic achievement, however, one revealed a weak positive significant relationship, and the other one a weak negative significant relationship. These results appear to indicate that there is no significant relationship between the majority of the students' attitudes toward e-learning and their academic achievement. Specifically, the attitudes towards being interested in studying courses that utilize e-learning, thinking that e-learning promotes their learning experiences, presenting courses on the internet makes learning more efficient, intending to use e-learning tools during the semester if available, being positive about e-learning, finding online learning more comfortable and enjoyable, seeing e-learning as a favorable alternative to the pen-paper based system, and finding e-learning as not an efficient learning method, are not significantly related to academic achievement, therefore, accepting the null hypothesis. This finding can be supported by the findings of Daryazadeh et al. 2021, who expressed that e-learning attitudes and academic achievement had no significant correlation due to the

Conclusion and Recommendations

The current study concluded that the student nurses' level of acceptance towards online learning is neither accepted nor not accepted. As to academic engagement, it can be concluded that student nurses were engaged particularly in their dedication, absorption, and vigor. The overall attitude of the respondents towards online learning is neutral, neither positive nor negative, therefore, it can be concluded that the attitude towards online learning is dependent on their online learning experiences.

differences in the research environment and the influential factors in academic achievement.

On the other hand, the result of the sixth indicator suggests that there is a weak positive significant relationship between the belief that e-learning environments require advanced technical knowledge and academic achievement, thus, the null hypothesis is rejected. This means that if students believe that the e-learning environment needs advanced technical knowledge, then academic achievement (RLE grade) tends to increase or more likely to perform better, however, the strength of this relationship is not so strong. This finding is similar to the study of Erdoğan (2019) indicating a positive relationship between attitude toward e-learning and academic achievement, that is, when the attitude toward learning is positive, individuals are more academically successful.

Finally, the result for the eleventh indicator indicates that there is a weak negative significant relationship between the preference for e-learning and the belief that it is better than the traditional method of learning and academic achievement. This means that students who prefer e-learning and believe that it is better than traditional methods of learning may have lower academic achievement. This finding is congruent with the findings of Li, Y and Li, H. (2020) who found that students' online learning attitudes were negatively correlated with their academic achievement in online courses, therefore, rejecting the null hypothesis.

There is a need to improve student nurses' dedication by getting involved and participating in class discussions, eliminating distractions while studying (cellphones, social media, TV, movies, etc.), writing handwritten notes in classes to increase memory retention and understanding, seeking help when needed, and most especially being able to promote self-knowledge since learning is a personal process and instructors are only here to guide and help them in the learning process. Clinical instructors should provide students with comprehensive guidance,

feedback, and support to help them succeed in their online learning experience. They must encourage the students to ask, clarify, and participate in class discussions to promote engagement.

As to attitude, student nurses should also develop a very positive attitude toward online learning by being able to understand and use the technology well. This could be done by using tools or applications that are free, easy to use, and understand. Also, students must collaborate with their classmates for deeper conversation and a second source for material clarification.

Overall, the study suggests that while students' online learning acceptance may have little to no impact on academic achievement, and some online learning attitudes may have a weak positive or negative significant relationship with academic achievement, academic engagement plays an important factor in influencing academic achievement. These findings can be helpful for educators and institutions in designing effective online learning environments that promote student engagement and academic success. Therefore, ensuring that students are highly engaged in their online classes is important to achieve good academic outcomes.

More research is needed to fully understand the relationship between online learning acceptance, engagement, attitude, and academic achievement. Further research may be needed to explore these concerns and identify strategies for promoting greater acceptance and engagement with online learning. This includes further investigation exploring the reasons behind the weak negative significant relationship between students' preference for online learning and their academic engagement.

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Through the Years: Perspective of Job Order Nurses on Job Security

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Abstract

Job security is one of the factors causing nurses to seek employment overseas. For Job Order (JO) Nurses, job security is considered poor; thus, aiming for regularization is common. Unfortunately, regularization is affected by the country's declining economic status; hence, it has neither a definite deadline nor requires it to be obtainable within a specific period. As a result, this qualitative phenomenological study explored the individual experiences of 14 JO Nurses with three or more years of experience working in a Tertiary Hospital in Cotabato City, Philippines. The study finds that job security in the local workplace is affected by various factors that result in its instability. In turn, insecurity in the workplace leads to dissatisfaction for the JO nurses. According to the Hierarchy of Needs and Herzberg's Two Factor Theory, the fulfillment of job satisfaction lies in the lower level of the satisfaction hierarchy. If such needs are not met with sufficient capacity, the JO nurse will not be able to realize their hopes of getting good career opportunities and better compensation and benefits. Moreover, the study gathers that the reason for this is due to unfair hiring practices rather than employing skills and performance. Further, the nature of dispensability and impermanence of JO Nurses had brought unfair treatment from other extrinsic factors from peers and compensation. Compassion and duty, and the job as the only source of income are how the participants attain permanence in their job status.

Keywords: *Social Security, Social Science, Phenomenology, Cotabato City*

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Introduction

One of the most prioritized concerns worldwide is health care. To effectively deliver such services, medical institutions must be equipped with the capacity to cater to the various concerns of the greater population. Furthermore, the facilities involved in providing quality service are heavily reliant on the number of workers to cater to the number of patients. Among the workforce are the Job order nurses who provide care to patients in a variety of settings, including hospitals, clinics, and home health care. However, job order nurses are often at risk of losing their jobs due to the nature of their

employment. This can have a significant impact on their lives, both financially and emotionally. Moreover, based on the data provided by the Philippines Overseas Employment Agency, there are approximately 19,000 nurses who leave every year. Based on a study by Elapco (2022) one of the 'Pull' factors that attract nurses to developed countries includes job security. Job security ensures the satisfaction of employees. It motivates them and the organization needs to predict employee retention (Remli et.al., 2022). Aman-Ullah et al., (2021) state that various literature posited that it assures

continuity and stabilization of the employees so that the employees are likely to remain.

Workers in almost all countries are most concerned about job insecurity, according to the Organisation for Economic Co-operation and Development (OECD), the European Social Survey (ESS), and the International Social Survey Programme (ISSP) (Prado-Gascó et.al, 2021). The OECD conducted a survey of workers in 35 countries and found that job insecurity was the most important aspect of work for workers in all but two countries. The ESS and ISSP also found that job insecurity was a major concern for workers in all countries surveyed. Additionally, job security is defined as the variety of expectations towards future job continuity and can be measured based on the ability of work tenures, the existence of the job, and the security of the task or job given (Altinay et al., 2019). Remli et.a.(2022) concluded in their study that secured jobs and employment are vital in living their lives.

Locally, registered nurses working in a contractual service are constrained to stay in the same situation despite the mandate of the Civil Service Commission that Job Orders (JO) and Contracts of Service (COS) only last for six months. Upon the expiration of their contract JO employees, the only option afforded to them is to sign another COS or JO.

There are many reasons why job order nurses are at risk of losing their jobs. First, they are often employed temporarily. This means that they can be laid off at any time, without notice. Second, they are often paid less than permanent employees. This can make it difficult for them to make ends meet, especially if they have a family to support. Third, they may not have access to the same benefits as permanent employees, such as health insurance and retirement plans.

Subsequently, this study aims to bring more awareness to the instability of the job security of JO nurses to present a more compelling argument that would give a more comprehensive overview of the detrimental effects of the underlying issues to be

addressed for a strategic and effective Human Resource direction.

Employment status and history have become an essential indicator of not just their financial capacity but also their reliability and trustworthiness. In the words of labor philosopher Tannenbaum, 'For our generation, the substance of life is in another man's hands.' Because people rely heavily on the possession accorded to one's profession by another, the emotional costs suffered by a dismissed employee can be high (Shi & Zhong, 2017). As the number of nurses deployed overseas rose by five thousand from the earlier years of 2000 to 2015 alone, it is concerning how the country falls on the population of a much-needed workforce for the health service. In a study by Ortega (2018), she points out that scholars have raised concerns about the impact that migration flow had on poorer countries. The promise of immigration success is far more attractive compared to the offers provided by the country. But it is also concerning how the nursing labor niche in foreign countries drains the local workforce.

Considering all the related events, this study will focus on identifying and analyzing the issues affecting the Job Security of JO Nurses. Each worker's unique and individual experiences may provide invaluable insights into the study's context. It will include their emotion, personal capabilities, coping mechanisms, and internal and external issues they faced in this workforce arrangement. Lastly, this study may help local medicinal institutions to implement more means to the advantage of registered nurses. They may use this to expand their understanding and awareness of how crucial job security is for the betterment of the overall effectiveness of health services.

Methods

The study selected participants from the Job Order Nurses who have been working at a Tertiary Hospital in Cotabato City for more than 3 to 5 years.

This qualitative study employed the Purposive Sampling technique in deciding and selecting the participants for this study. As defined by Kalu (2019), this sampling technique is widely used for the identification and selection of information-rich cases. It involves identifying individuals or groups of individuals who had firsthand experience with a particular phenomenon of interest with the intent to achieve an in-depth understanding of the data to obtain the desired result.

The study was conducted through utilizing in-depth interviews (IDI) and focus group discussions (FGD). Before the administration of survey questionnaires, the instrument was subjected to validation and reliability testing. Three (3) experts in the field were asked to validate the research instrument. After this, the researcher conducted an IDI and FGD study wherein thirty (14) participants were requested to answer the survey questionnaire.

There were four (3) parts of the survey questionnaire. The first part of the questionnaire pertains to the perspectives of job order nurses on job security. This includes their years of service, the positive and negative things about being a job order nurse, the importance of job security in their desire to continue working at the local medical institutions, their goals as nurses, and the level of satisfaction they have on being a job order nurse. The second part of the questionnaire contained questions to discover the experiences that the participants had in dealing with the situation, their challenges, reasons for staying, and what threats they had observed in the medical institution. Lastly, the final part seeks guidance, advice, and insights that the participants can impart to their fellow job order nurses and the healthcare institutions.

Results and Discussion

Table 1. Demographic Profile of the Participants

| Code Name | Years Working as Job Order Nurse | Age | Study Group |
|------------------|---|------------|--------------------|
| Participant 1 | 3 years and 5 months | 31 | IDI |
| Participant 2 | 3 years | 27 | IDI |
| Participant 3 | 3 years | 27 | IDI |
| Participant 4 | 3 years | 28 | IDI |
| Participant 5 | 3 years and 6 months | 30 | IDI |
| Participant 6 | 3 years and 2 months | 39 | IDI |
| Participant 7 | 3 years | 33 | IDI |
| Participant 8 | 4 years | 36 | FGD |
| Participant 9 | 3 years and six months | 30 | FGD |
| Participant 10 | 3 years and 7 months | 33 | FGD |

| | | | |
|----------------|----------------------|----|-----|
| Participant 11 | 3 years and 6 months | 31 | FGD |
| Participant 12 | 3 years and 5 months | 29 | FGD |
| Participant 13 | 3 years | 29 | FGD |
| Participant 14 | 3 years and 7 months | 32 | FGD |

The number of years the participants have worked as Job Order Nurses from 3 to 5 years. Among these participants, thirteen have worked for more than three years, and one participant has worked at the medical center for four years. All participants have worked as job order nurses at the same medical institution.

This study uses Colaizzi's Method to show the lived experiences of Job Nurses relative to their job security. Gumarang et al. (2021) state that the primary tool used to collect data and access valid and factual information was a semi-structured in-depth 20-30-minute interview (face-to-face). The interview began with general questions and was done with a casual and malleable approach. The interview process was based on the level of engagement of the participants. Using Colaizzi's seven-step method of descriptive phenomenological

analysis, several significant statements and theme clusters were integrated to formulate an exhaustive description that assists in describing the phenomenon thoroughly.

A total of 157 significant statements were derived from 8 semi-structured interview transcripts. Immediately following the extraction of significant statements from all data sources, the researcher applied meaning to the statements mentioned earlier. Each formulated meaning was coded using the potential cluster themes concerning its significant statement resulting in 25 formulated meanings. There were fewer formulated meanings than significant statements due to more meanings falling into multiple thematic categories. Table 2 below illustrates an example of the development of formulated meanings from significant statements.

Table 2. Formulated Meaning from Significant Statements

| Line Number | Significant Statements | Formulated Meanings |
|-------------|--|---|
| 395-396 | <i>"same effort, same sacrifice, same scope of practice but when in terms of salary grade and benefits, JO'S always left behind and in some ways feel unappreciated." (Participant 9)</i> | The participants struggle with not receiving justifiable benefits and salaries despite working the same workload as regular nurses. |
| 592-597 | <i>"...being a Jo nurse is a hard position to be in, in a way that some other permanent personnel looks down on you just because they assume that they could've just asked you to do everything for them to lessen their workload which falls into the negative side of being a JO nurse. Some are abusing their powers to make their work less stressful, the mindset is that you are below them and that you need to say YES always..." (Participant 12)</i> | The participants struggle to receive unfair treatment due to their status. |

Following the formulation of the meanings of these 157 significant statements, the researcher derived specific cluster themes by grouping the formulated meanings with correlating ideas. With this, the study identified the following 3 emergent cluster themes: To Cultivate A Career, Growing a Career, and The Eventual Realization of Dreams. From these are the following 7 cluster themes: Identifying the Extrinsic Struggles; The Belief in a Better Future; Threats to Security; Building the Foundation; Maintaining the Foundation; Harrowing

Challenges; The Seasoned Worker; Chance for Change; and Equal Opportunity. The table shown below provides an example of how the 25 formulated meanings were derived from their corresponding

significant statements. Which were then grouped to form the cluster labeled “Identifying the Extrinsic Struggles”

Table 3. Development of Cluster Themes

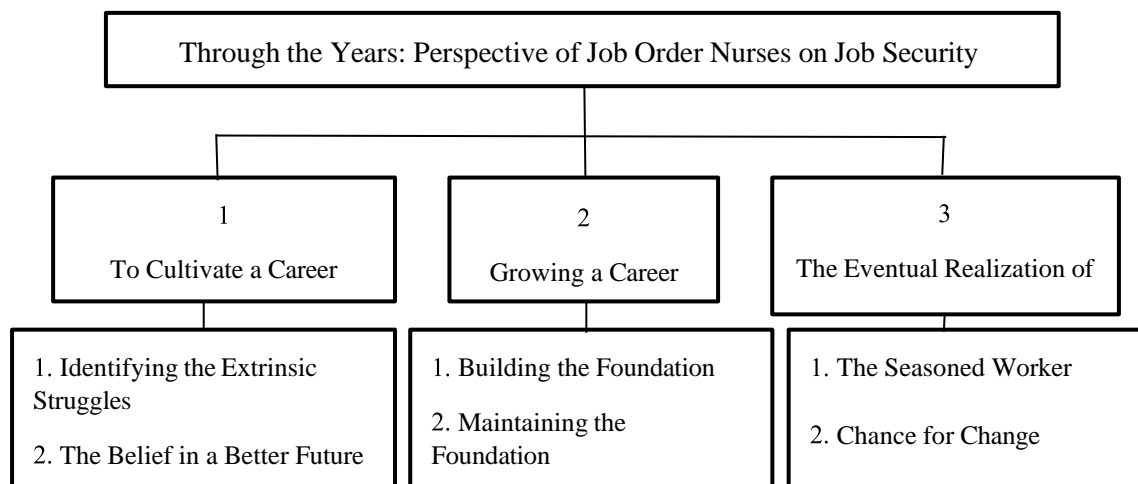
| Formulated Meanings | Cluster Themes |
|---|--|
| The participants struggle with not receiving justifiable benefits and salaries despite working the same workload as regular nurses. | Personal Struggles (Identifying the Extrinsic Struggles) These statements describe the results of both the individual interviews and focus group discussions regarding the participants' struggles that JO nurses in Tertiary Hospital in Cotabato City encountered. |
| The participants struggle to receive unfair treatment due to their status. | |

Three emergent themes arose from the seven cluster themes to form the foundation of the findings reported in the study. These three were the following: To Cultivate A Career, Growing a Career, and The Eventual Realization of Dreams. The aforementioned themes signify the foundation for how to accurately pinpoint the reflections of the participant's lived experiences. Using the process of extracting significant statements, creating formulated meanings, and developing clusters of emergent themes, the collected narratives of the

participants revealed a comprehensive explanation of their lived experiences.

The following section describes the emergent themes using narratives of the participants, extracted from interview data. It contains the discussion of the participant's answers to the research questions: "What are the perspectives of job order nurses regarding their job security?"; "What are the experiences of the participants in handling the situation?"; and "What insights can participants share with fellow Job order nurses and the healthcare institution in general?"

Figure 1. Thematic Map



This study delved into the lived experiences of job order nurses working at a local medical institution in the Philippines. It details the lived experiences starting with their initial knowledge of job security, to the factors affecting its stability, and why they chose to work at the same medical institution for more than three years. Additionally, it addressed what insights they can give to aspiring workers and medical institutions. Furthermore, the study unveils the underlying problems that job order faces relative to job security. This is further substantiated by the emergent themes: *To Cultivate A Career*, *Growing a Career*, and *The Eventual Realization of Dreams*.

The thematic analysis will follow its thematic map to uncover the information regarding Job Order, Job Security, and their relation to one another as perceived by the participants. The researcher identified the themes with the process of cultivating a career of the participants in the study. Further, each cluster will also be explained by

Emergent Theme 1: To Cultivate A Career

The first emergent theme, *To Cultivate A Career*, refers to the initial foray into discovering how much information the participants have on Job Security and working at the Tertiary Hospital in Cotabato City as a Job Order. Here, the study uncovers its importance to the participant's willingness to work, the norms in treating Job Order workers that are deemed as traditional in the Philippines, and how such status may make or break career opportunities.

Cluster Theme 1: Identifying the Extrinsic Struggles

This cluster theme, *Identifying the Extrinsic Struggles*, describes the results of both the individual interviews and focus group discussion regarding the participants' struggles with their experience as job order nurses at Tertiary Hospital in Cotabato City. At the time, all of the participants had a fair knowledge of job security and could even correlate its significance to their status as job order nurses.

Based on the findings, almost half of the participants expressed that working as a JO Nurse does not bring anything noteworthy, for it gives meager salaries and no benefits. Furthermore, the participants

reveal that their positions make them vulnerable targets for those in higher positions. Often, this results

applying Maslow's Hierarchy of Needs theory and Herzberg's Two Factor Theory. The level of satisfaction of JO Nurses starts with the opposite side of the two-factor continuum, the first level wherein an individual seeks Physiological Needs in the form of adequate compensation: salary and benefits. The second level was the Safety Needs of the JO Nurses, where they seek security in their job, the factors affecting it, and the work-life conflict. Next was the level of Belongingness Needs, which lies in the middle of the satisfaction continuum, consisting of the response that the JO Nurses had towards their involvement with their coworkers and superiors. The Fourth Level is Esteem Needs, which takes the form of internal and external recognition, empowerment, and respect. Lastly, was the highest level of satisfaction, which included Self-Actualization Needs, opportunities for career advancement, and personal growth in giving them large amounts of work that need to be covered by their responsibility as JOs.

Although being given such a workload can be interpreted as a chance to learn more and hone an individual's skills, it is also of utmost importance to take notice of how this practice can be easily taken advantage of. As some of the participants say, the unfair treatment committed by those in higher positions has been driven by their reasons that do not help with Jo's current workload. Some participants admit that they find it worrying that they will not be able to finish their work because an additional workload is being assigned to them.

At the outset, the JO Nurses perceive that their dissatisfaction stems from the dissatisfaction point of Herzberg's Two Factor Theory and Maslow's Hierarchy of Needs. According to Stampfli & Lamarche (2019), in the said theories continuum, an individual is dissatisfied if the Physiological Need is not met. Included in this need are the perception of fair salary and adequate compensation. According to a study conducted by Shamsi & Peyvari (2020), an inadequate salary is seen as one of the reasons for job dissatisfaction. Being given a high workload and meager salary does not make the JO Nurses feel secure in their

employment.

Cluster Theme 2: The Belief in a Better Future

The Belief in a Better Future is a cluster theme that will reveal their solid perception of job security

and what it entails to the benefit of their status. The belief of gaining a good future serves as a sanctuary to every other contractual and job order employee, assuring them a stable job, and giving them a sense of protection against factors that negatively impact employment.

In 2019, Umrani et al. conducted a quantitative cross-sectional study addressing the role of job security in the job performance of medical-allied practitioners. A total of 361 hospital physicians, both from private and public hospitals in Pakistan, were observed, and the study's data analysis was examined using a partial least squares-structural equation model (PLS-SEM). Results revealed that job performance is positively affected by job security in the workplace, and performance means the physicians' behavior, thus summing up the healthcare quality of the medical institution.

According to the participants, having job security would allow them to have a high-performance rate in their room assignments. They gain confidence, have a peaceful and cooperative atmosphere, and can work for hours smoothly without causing hesitation in their actions. They would not feel bothered and overthink their performance, which is vital for them to keep their job unequivocally. In addition, the participants would sense a feeling of assurance and will find their work fulfilling at the end of the day. An empirical study on doctors assigned to public hospitals in Pakistan hypothesized the direct relationship between job security on doctors' retention and the mediation relation between job satisfaction and job embeddedness (Aman-Ullah et al., 2021). The study confirmed its hypotheses to be correct. Hence job security's role in the job retention rate is a direct relationship and can be supported by the mediating factors of job satisfaction and job embeddedness.

The feeling of assurance also extends to potentially receiving a promotion in work. According to Nemteanu et al. (2021), the rise of the COVID-19 pandemic revealed pre-existing challenges that radiate job insecurity among employees and its impact on

factors that support job satisfaction, including promotion opportunities. A total of 568 employees in Romania were surveyed empirically and the analysis revealed that a negative influence manifested in the satisfaction concerning promotion opportunities. Thus, supporting the participants' perception of job security's impact on receiving a promotion in work.

The term 'job satisfaction' is often used interchangeably with the word motivation. However, both words stood independently with their definition (Alshallah, 2004). Alshallah (2004) cited Maslow's and Herzberg's theory in clarifying that job satisfaction is the individual response of employees towards the working conditions and environment at their place, whereas, motivation is the 'driving force' or fuel to achieve a certain desire. According to the participants, having job security would motivate employees to not leave their jobs and it would make them feel that the institution values their employees. Considering Alshallah's (2004) insights, motivation would be the 'driving force' or causative factor of productivity, thereby achieving the outcome that is achieving overall job satisfaction. Now where does job retention lie on the cause of motivation? Aman-Ullah et al., (2021) emphasized that job satisfaction has a mediation relationship with job retention, where job satisfaction explains (mediates) the reason why the relationship between job retention (dependent variable) and job security (independent variable) exists. Therefore, the researcher believes that there is job satisfaction in the presence of job security; and without motivation, poor employee retention would likely result, meaning employees are likely to leave the job. Job embeddedness is also vital in motivating employees with job security. Job embeddedness can also be defined as the retention strategy of managerial positions, therefore motivation among employees is the likely result of job embeddedness as it shows that employees feel 'valued' by the efforts done by their employers.

All participants have perceived job security as vital for their job status. They see it as directly related to the job performance of healthcare employees. Through the lens of Maslow's hierarchy of needs, the necessity of job security was based on how it provides JO Nurses with stability and motivation. There was strong empirical evidence supporting a causal relationship between job satisfaction, quality of healthcare, and patient safety (Stefen, 2020). In

Maslow's theory, Job Security belongs to the second level of the hierarchy of needs and was at the dissatisfaction end of Herzberg's theory. Each JO Nurse desires to know that they will have adequate security in their jobs to remain in their workplace. However, based on the experiences relayed by the participants, the job security provided by the Tertiary Hospital in Cotabato City was not enough for them to feel secure and satisfaction.

Cluster Theme 3: Threats to Security

The cluster theme *Threats to Security*, will tackle the perspectives of the participants on job security regarding the reality of working as a JO Nurse at the local medical institution. It will reveal and determine the various factors threatening their job security, the level of satisfaction, and other concerns that the participants have in working as a JO Nurse at the Cotabato Regional and Medical Center (Tertiary Hospital in Cotabato City). The primary action in managing such factors is to gauge the level of threat present. During the conduct of the study, identifying the factors affecting the level of satisfaction in the job security of JO Nurses is akin to identifying the kinds and types of damaging factors currently proliferating the workplace as well as gauging the level of threat. The participants began by frankly stating that they do not feel secure in their jobs as JO Nurses and even remarked that the job security in their workplace needs to be improved.

JO Nurses do not have a high chance of being promoted within a short period. Participants expressed that they feel anxious being one because of its temporary nature. As mentioned in the first cluster, the Civil Service Commission and Philippine Courts define Job Order (JO) as work that covers a 'piece of work' or intermittent job of short duration not exceeding six months and pay is daily. Officially, JO is not a position that is given to items with a permanent description. The work given to JOs is only to temporarily alleviate the heavy burden of not having enough hands to take on a job. The second reason for dissatisfaction and insecurity regarding the job is the hiring and promotion system. Some participants stated that the unfair advantage that new hires have through the 'backer system' is what causes job insecurity to proliferate in the workplace.

The 'Backer System' formally known as 'Nepotism' is defined by Philippine jurisprudence as an appointment issued in favor of a relative within the third civil degree of consanguinity or affinity of any of the following: (1) appointing authority; (2) recommending authority; (3) chief of the bureau or office; and (4) person exercising immediate supervision over the appointee. Participants have been working at the same institution for more than 3 years, it is no wonder that they feel betrayed when less qualified or lower-performing but better-connected individuals are rewarded. As said by Lim (2022), Experiencing such psychological contract violation may feel that the employer has disregarded norms of fairness and justice. Lastly, in addition to nepotism, is the feeling of oppression that JO Nurses have from regular high-positioned nurses. The participants state that the practice of giving orders to JOs, even when these orders do not come from their superiors, makes them feel less important. Some participants feel that this kind of oppression does not give them enough security that would help them feel at ease with their job.

Based on the findings, the participants are suffering from these factors in the form of nepotism, biased and unfair treatment, and the dispensable nature of a job worker. These damaging factors that are present in their workplace collectively become the reason why they feel unsatisfied and insecure in their job. To combat and prevent the spread of these factors, the participants found ways and means that they could utilize against this.

The first solution that they found is to keep remembering the Hippocratic Oath. The participants are strongly impassioned by their desire to render service and compassion in their work. The participants sincerely look at their job as nurses as a holy profession.

Second, the participants have a strong belief that the years of hard work they put into cultivating their careers will bear bountiful career opportunities. As stated by Knezovic and Greda 2020, the key reason to remain with the company is rooted in the possibility of satisfying personal needs at work, which is one common dimension of career development. As such, career development has a two-dimensional effect on the employees—on the one side, it allows for higher-order need satisfaction by aligning employee goals with the organization and providing development opportunities, while on the other side, it also provides solid evidence of how employees are perceived by their organization through promotion opportunities and remuneration packages. The optimistic belief of having a better future is the primary strategy that the participants utilize. Having a better outlook for a career is called ‘career optimism’. A study by Eva, et.al. (2020) states that career optimism refers to a tendency for individuals to “expect the best possible outcome or to emphasize the most positive aspects of one’s future career development”. The same study says that individuals who are optimistic about their career potential are interested in their future careers, engage in learning that is directed toward that imagined future, and feel that they are on the path to career success. As a result, they are likely to view barriers to career progression as being temporary and persevere in the face of career setbacks.

In the Hierarchy of Needs, the achievement of the two highest levels, Self-Esteem and Self-Actualization is achieved when an individual receives respect recognition, and affirmation of one’s role in the form of career opportunities and personal growth. Verily in this Emergent Cluster, the needs that are mentioned by the participants are yet to be achieved by them. Despite this, however, the participants believe that they were satisfied even by merely thinking that they will achieve these things in the future.

Emergent Theme 2: Growing a Career

Growing a Career is the eventual step into the threatening threshold. Under this theme, the participants imparted detailed information regarding their experiences as JO nurses with poor job security

in their workplace, their decision-making under this condition, and their unfiltered opinions in unfolding the threat. This emergent theme aimed to answer the study’s second objective, the experiences of the participants in handling the situation.

Cluster Theme 1: Building the Foundation

The cluster theme *Building the Foundation* discussed what the participants do to attain permanence from the experiences they garnered as JO nurses under their job security status. This revealed the extent of the participants’ motivation to stay in a workplace and disclosed what the ideal workplace would be where their innermost desires are fulfilled. The participants expressed three reasons (opportunity for career advancement; affinity with colleagues; work-life conflict) modeled from Maslow’s hierarchy of needs, one of these reasons encompasses two coping strategies (maintaining consistency in their performance; and widening horizons). Incorporating Maslow’s theory of needs revealed how the participants convinced themselves to remain unchanged and not leave their jobs despite poor job security. In a study done by Salvatore and Chiodo (2023), they determined their participants’ job permanence despite facing conditions negatively affecting their work by knowing the reasoning and coping strategies behind the persistence. Hence, this cluster arranged the formulated meanings from the significant statements of the participants in two categories. Each category has two formulated meanings behind it. It is also important to note that for the participants, being promoted to a permanent or regular position would be equivalent to having job security.

According to the participants, they widen their horizons by taking up post-graduate studies, convinced that this strategy will ensure promotion. In the eyes of the employer, seeing a postgraduate applicant would vary in what type of employer they are and their reasoning (generalist, preferential, targeted, essential). Regardless, postgraduate applicants are separated from lower education level; this is due to the presumption that skills and competency is proportional to educational level. In the healthcare industry, this perception is likely observed due to how significant skills and competency are to the field of nursing.

For the participants, their desire to achieve promotion or career advancement falls to the Self- Actualization needs, the factor that evokes a consideration for permanence. Self-actualization in Maslow's hierarchy of needs is the highest level of human need where an individual's desires are fulfilled and satisfaction is guaranteed. With this information, it is confirmed that the Self-actualization desire has not been achieved among the participants, as an opportunity for career advancement encompasses strategic methods, that the participants believed, need to be performed dauntlessly to achieve the said desire. Nonetheless, the participants believed that being promoted to a regular position would bring them happiness. The next motivation factor formulated from the participants' statements is having an affinity toward their colleagues and patients. This factor falls in the Belongingness needs, hence, it is neither a satisfactory nor dissatisfaction motivator (neutral) for the participants. Regardless, the participants were convinced enough to remain at the same workplace because this reasoning had been adequately performed and observed in their workplace. Lastly, is the work- life conflict. According to some participants, quitting their jobs is not an option because they have to sustain the needs of their family and for their survival. This motivation factor falls in the safety needs because they experienced the situation but were still dissatisfied. The sense of fulfillment, when they describe the need for job security in a workplace, was not present as they state this motivation factor.

Among these strategies and reasonings, one formulated meaning juxtaposed to the concerns mentioned earlier by the participants. Looking back from Emergent Theme To Cultivate A Career on Cluster 3 Threats to Security, one of the identified causes of poor job security is the biased hiring and promotion system in the participants' workplace. This challenged the first coping strategy of permanence (maintaining consistency in their performance) as it raises the questions that follow, 'to what extent does consistency in work overpass a biased hiring and promotion

system?', 'What is in the hiring and promotion system of the institution that threatens permanence in a job?' This concern will be unveiled in this study.

Cluster Theme 2: Maintaining the Foundation

The cluster theme Maintaining the Foundation recognizes the challenges garnered from the participants' experience of their job status.

Salary can be perceived as a reward for rendering good quality service towards their work (Atefi et al., 2016). In this case, the reward is a workforce environment that influences job satisfaction, hence, it is vital to compensate workers equivalent to the amount of service they provided. Landing a regular position is expected to be challenging. As competition vying for a regular position is extreme, fairness from the judging teams is required to maintain a safe and reliable workplace. However, the participants stated that the backer system or nepotism is observed in promotion to regular employees. This is alarming because an increase in nepotism results in a significant decrease in job satisfaction (Yavuz et al., 2020). According to Dr. Salinas (2021), the ideal scenario where nepotism comes in handy is pushing a skillful, innovative, productive, with a holistic leadership view employee to a higher position for the growth of the company. Unfortunately, protecting generational wealth and promoting relatives are practices that are gradually enveloped in a work culture.

The above-stated challenges all have one common characteristic, that is the inevitability of these situations posed on the employees. The inevitability of a situation may account for the administered system from higher operations. Unless change and improvements are done, acknowledging the target area of improvements must first be prioritized. In the lens of Maslow's hierarchy of needs, the challenging situations were leveled at the Safety Needs due to the psychological threat it posed to the participants. As mentioned earlier, nepotism, high workload, and low salary were situations that can't be changed unless a higher working force (organization, law, high-positioned employee) has the control to make changes. For the JO nurse participants, accepting these situations as it is was the fastest way to immediately position themselves in gaining focus toward their goal. Focusing on their goal would allow them to feel motivated regardless of their job security status

Cluster Theme 3: Harrowing Challenges

The cluster *Harrowing Challenges* utilizes the participants' experiences regarding their job status, specifically on what they believe threatens their job. With careful observation, the research clustered the statements further into two formulated meanings. Each formulated meanings signifying their united experience.

As JO Nurses, the participants believed that acquiring a regular or permanent position would give them access to job security, thus easing their worries. Noting the participants' years of service under the institution, it would be rewarding to receive a promotion toward regular employment. However, the participants clearly stated that despite the years of experience and commitment to one institution, applicants with an affinity to regular employees are prioritized despite their underdeveloped skills and insufficient experience. The participants feel threatened by their security and doubt that years of experience and skills might not help them achieve their goals.

The healthcare quality of a medical institution largely depends on the service produced by its workers. As mentioned in previous clusters, the healthcare workers' performance and productivity rate would amount to their job satisfaction. On the other hand, nepotism in a workplace is reported to cause disorder among workers as research shows that companies with an increase of nepotism in their system radiate a significant decrease in job satisfaction, resulting in a failing company (Yavuz et al., 2020). This claim was backed by Sarfraz et al. (2022) who concluded that businesses and the economy are direct effects of persistent organizational nepotism in an institution, company, organization, or community.

Another threatening factor mentioned by the participants is the unfair treatment of senior and regular staff towards job order workers. The leadership style in the workplace was said to be toxic due to the inability to express their concerns or issues that conflict with their work ethics. They are also forced to comply with programs and tasks beyond the limit of the

participant's status.

Job satisfaction may not be linear with toxic leadership, but toxic leadership accounts for the damage it inflicts on job satisfaction (Mefi & Asoba, 2021). Thus, leadership style must be well-regulated and avoided at most to promote motivation among workers.

Similar to the previous cluster, *Harrowing Challenges* adhere to the Safety Needs level according to Maslow's theory of motivation. When an individual believes they were threatened in a certain situation, they feel that something is bound to be harmed, either an object of value or the individual's self. In the case of the participants, promotion or career advancement was the object of value, and it was this object of value that affected the psychological safety of their self. Nepotism and toxic leadership style were factors mentioned in this cluster and were beyond the participants' control. Considering these factors fall to the Safety Needs level, if these factors persist and satisfaction is not met, reaching higher levels of needs was certain to be unachievable.

Emergent Theme 3: The Eventual Realization of Dreams

The Eventual Realization of Dreams is a cluster theme that reveals the actions taken by the participants to adapt and manage their stability as Job Order (JO) Nurses.

Cluster Theme 1: The Seasoned Worker

The participants have been continuously cultivating their careers in the same workplace for more than three years. They have witnessed various occurrences that affect job security throughout the years that they have been working as JO. The participants have painstakingly endured in cultivating all of their skills, time, and experience that have bore into the results that they had put their hard work into, which now form part of the insights and advice that they can give to fellow JO Nurses and aspiring Nurses.

Moreover, the participants spoke of the virtue of patience. The participant strongly reminded their fellow JOs that they deserved better compensation for the work that they were doing and even to be open to opportunities abroad.

Cluster Theme 2: Chance for Change

In this cluster theme, the phenomena seek the improvement of their situation. The participants are now *Chance for Change* of the years of working as a job order (JO). They have made observations in their workplace that greatly raised the difficulty in attaining permanence in the job and the factors that threaten their job security.

In hopes of seeking improvement, the participants addressed the government administration and the medical institution on improving the hiring and promotion system. The participants highly encourage the medical institutions and administrations to hire workers based on their skills and abilities rather than a letter of recommendation as a 'backer'. According to Maida (2021), the "backer system" refers to a legitimate practice where an applicant seeks a backer or a patron to recommend him to an agency to launch his career.

This practice, however, is governed by characteristics that define the power relations among the social actors. The backer system emphasizes why strong ties matter – how the utilization of family social capital and ethnic ties mobilizes a jobseeker's career and how prospective seafarers usually access these ties. As social capital is a network of trust and reciprocity, the Filipino value of *utang na loob* reflects the nature of the transaction enclosed in the "backer system". In addition to this is the failure to strictly implement any laws governing the prohibition of such practices. Granted, there is no express provision against using such. Even if there is, there is no guarantee that it will be followed. As aptly put by Ballano (2020), the official state regulations have become colonized by some powerful groups' dominant cultural values which acted as "unofficial laws". This results in the awarding of shelters to disqualified beneficiaries, forfeiting the intended effects of the state law. Ultimately, it argues that the law is not what the official state law says "it is" but what powerful individuals and groups say "it is" in actual social practice. It debunks the belief of legal formalists who advocate legal positivism and centralism, claiming that the law can deliver what it promises under the "rule of law" principle.

The participants comprehend how nepotism and the backer system work. However, they still implore that the medical institution should keep in mind that to have better work outcomes and to provide a fair and healthy workplace competition. They thrive with their oaths and the hope of a better career. They value compassion and service for the benefit of their patients and all of those in need of care.

Cluster Theme 3: Equal Opportunity

Nepotism is an unfair way to give a job applicant and fellow worker a biased advantage in a supposedly fair job market. In this final cluster, the study reveals how aware the JO Nurses are of this and how it affects their job security.

In response to the underlying problem, the participants collectively agree that the abolishment of nepotism will help in strengthening job security. Nepotism and the 'backer system' are two perennial problems almost heavily woven into one gigantic threat that has been treated as the norm of hiring practice in the Philippines. Although there are express legal provisions prohibiting the hiring of relatives within the fourth consanguinity or affinity, it is still being practiced by various institutions.

The insights provided by the participants in the third emergent cluster serve as their motivators in achieving the highest level of satisfaction. The first, second, and third clusters of the third emergent cluster belong to the second level of Maslow's theory. All of it accumulated to the desire to achieve job security in the form of advice and insights to achieve stability in the workplace. From reminding their fellow JOs to maintain faith in their oath, and being aware of the changes in the environment, to giving an earnest plea to hospital administrations to take notice and address the glaring concerns of JO Nurses. Herzberg's Two-Factor theory gauges that having the second level of the hierarchy of needs is merely not enough to be satisfied. Nevertheless, Maslow's theory states that by not achieving the base needs for satisfaction, an individual would not be able to achieve the highest level of satisfaction. Thus, it is clear that the JO Nurses understand and see that the job security of the workplace will make them feel adequate satisfaction which will help them in eventually achieving their goals.

Conclusion and Recommendations

The current study concluded that Job security is a recurring issue that is difficult to address in the current state of the country. This subject remains understudied because of the lack of interest in addressing the concerns expressed by the underprivileged. As shown in the findings, job security is more likely stable for those workers who have connections within the workplace. At the outset, entering into a local medical institution is a privilege most often enjoyed only by those who can employ and rely on unfair practices. Most of the job orders bite their tongue and continue to endure under an unfair system in hopes that their perseverance will eventually give them the chance at having a better position. These job orders who have been working for more than 3 years at the same medical institution have the wisdom to impart advice that can be practical to aspiring nurses. Even as they see that job security in their workplace is lacking, they still try to be in the same institution in hopes that their hard work will be recognized.

The lived experiences of JO Nurses who have been working at the Cotabato Regional and Medical Center are littered with various factors that affect the stability of job security. Ranging from the very nature of dispensability and

impermanence of being a job order, the unfair treatment that they face in the social hierarchy of the workplace, to the unfair practices of the Philippine hiring system. The Job security offered by their workplace is lacking in many ways. Hence most of the time, JO Nurses are constrained to create their own ways and means to ensure their job security.

Nevertheless, there is still a significant amount of knowledge to discover, research, and improve on regarding the issues surrounding the job security of job order nurses. Primarily, it is highly encouraged to look for various methods that may help in resolving the concerns of job order nurses in the Philippines. This study may help in guiding which areas to address. This may help look for where to begin and what ways to use to resolve the problem and not merely to address its existence.

Secondly, researchers may further the research in addressing concerns as to formulating methods to address the proliferation of workplace norms that perpetuate the lack of job security.

Lastly, researchers may use this as a guide to further look for ways to spread awareness of Job Security and how both employers and workers properly utilize it in the workplace.

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Coronaphobia and Worklife Balance of Nurses in Selected Hospitals in Kabacan, North Cotabato

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Abstract

The COVID-19 pandemic had a profound impact on healthcare workers, especially nurses at the forefront of caring for infected patients. This study investigated the relationship between coronaphobia and work-life balance among nurses in selected Kabacan hospitals, in Cotabato. Data from 102 nurses were collected using complete enumeration, employing the COVID-19 Phobia Scale (Arpaci et al., 2020) and the Work-life Balance Scale (Hayman, 2005). Results showed most respondents were female with over five years of clinical experience. Coronaphobia levels were fair, as was work-life balance. There is a significant strong positive relationship between psychological, psychosomatic, social, and economic aspects of coronaphobia with work interference with personal life (WIPL). There is a weak but significant positive relationship was observed between psychosomatic, economic, and social aspects of coronaphobia with personal life interference with work (PLIW). All four dimensions of coronaphobia displayed a weak but statistically significant negative relationship with work and personal life enhancement (WPLE). The study suggests higher corona phobia levels in nurses are linked to work interference with personal life and personal life interference with work, negatively impacting overall work-life balance. Psychosomatic and social aspects of coronaphobia significantly influenced work interference with personal life, while the social aspect significantly influenced personal life interference with work. To enhance nurses' work-life balance, hospitals should offer support and resources to help them cope with pandemic-induced stress and anxiety. This study provides insights into coronaphobia's impact on nurse's work-life balance, aiding the development of interventions to support their well-being.

Keywords: *Coronaphobia and work-life balance, Social Science, Descriptive-Correlational, Kabacan*

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Introduction

Coronaphobia is a relatively new term that has emerged in response to the COVID-19 pandemic. It refers to the fear and anxiety experienced by individuals due to the threat of contracting the virus. According to a study by Asmundson and Taylor (2020), coronaphobia has become a global phenomenon, with individuals experiencing heightened levels of anxiety, depression, and stress due to the pandemic. The study also highlights the negative impact of media

coverage on individuals' mental health, as constant exposure to news about the pandemic can exacerbate fear and anxiety. Another study by Fitzpatrick et al. (2021) suggests that coronaphobia can lead to maladaptive behaviors such as avoidance and excessive hand washing, which can further increase the risk of developing mental health disorders.

The scenario in the Philippines is not unique, as nurses worldwide are facing similar

challenges. In Italy, for example, nurses experienced high levels of stress and anxiety during the pandemic, which affected their work performance and personal lives (Mattioli et al., 2020). In the United Kingdom, nurses reported feeling overwhelmed and burnt out due to the increased workload and lack of support (Royal College of Nursing, 2021). Similarly, in the United States, nurses have reported feeling physically and emotionally exhausted due to the pandemic (American Nurses Association, 2021).

Filipino frontline nurses, particularly those working in health sectors, frequently experience coronaphobia. The found factors should be considered in interfering with to treatment of coronaphobia among nurses in the hospital and community (Labrague et al., 2021). Filipinos are significantly more devoted to their families, which leads to a growing concern about the coronavirus infecting those they care about. Consider how this may affect work-life balance if one of its standards is not satisfied. In Kabacan, Cotabato, nurses are facing similar challenges as they provide care to COVID-19 patients. They are struggling to maintain a work-life balance, which is leading to concerns about their mental health and well-being.

Despite the importance of work-life balance for nurses, there is a lack of research on this topic, particularly in the context of the COVID-19 pandemic. Regardless of the increasing concerns regarding corona phobia and work-life balance, there is still limited research that specifically addresses these issues among nurses in Kabacan, Cotabato, and globally. There is a need to understand the extent of the problem, its underlying causes, and potential interventions that can help nurses maintain a work-life balance while providing quality care to patients. This study aims to address these gaps in the literature by examining coronaphobia and work-life balance among nurses in Kabacan, and Cotabato, and comparing the findings with those from other countries.

Methods

This study utilized a quantitative, descriptive-correlational research design. The descriptive aspect of the study was evident in the description of the socio-demographic profile, level of corona phobia, and work-life balance of the participants (Nisar et al., 2021). Meanwhile, the correlational aspect of the study aimed to determine the association between the two variables and whether the level of coronaphobia significantly influences work-life balance. According to Nisar et al. (2021), a correlational study examines the relationship between variables, and it is useful in identifying patterns and making predictions.

Meanwhile, a descriptive study provides a comprehensive and accurate portrayal of the characteristics of a population. In this study, the combination of both approaches allowed the researcher to provide a detailed account of the variables under investigation and their potential relationship.

The study was conducted in Kabacan, a town located in the middle of Cotabato province in the Philippines. The town shares borders with Pres. Matalam, Mlang, Carmen, and Cotabato to the north, and Datu Montawal and Maguindanao to the east, south, and west of Roxas, respectively. The study focused on five fully operational hospitals in Kabacan, Cotabato. These hospitals are Hospital A, a level 1 tertiary hospital with a 50-bed capacity, currently recognized by the Department of Health for accommodating patients affected by COVID-19; Hospital B, a level 1 secondary hospital with a 50-bed capacity; Hospital C, a level 1 secondary hospital with a 25-bed capacity; Hospital D, a level 1 secondary hospital with a 50-bed capacity; and Hospital E, a level 1 secondary hospital with a 30-bed capacity. All of these hospitals provide care for patients ranging from pediatric to elderly adults and offer functional delivery and operating room services.

A total of 102 full-fledged registered nurses from five selected hospitals in Kabacan, Cotabato participated in the study through complete or census enumeration based on hospital records. The hospitals included in the study were Hospital A (n=15), Hospital B (n=27), Hospital C (n=10), Hospital D (n=19), and Hospital E (n=31), which had varying numbers of registered nurses. The participants were chosen from a diverse range of nursing specialties and fields, including chief nurses, supervisors, and head nurses from different hospital units, ensuring a representative sample of the nursing population in the area.

The study aimed to collect sociodemographic information about the respondents, including their age, sex, clinical experience, and the name of the hospital where they work. Additionally, the study utilized the COVID-19 Phobia Scale to measure the severity of coronaphobia in six categories. The scale was developed and validated by Arpaci et al. (2020) and consists of 20 questions under four subscales: psychological domain (6 questions), psychosomatic domain (5 questions), economic domain (4 questions), and social domain (5 questions).

Each respondent's coronaphobia was assessed using a five-point Likert scale, where scores ranging from 1 to 5 were assigned to each response to the question. Higher scores indicate greater corona phobia on the scale and its subscales.

The internal consistency coefficients for the subscales ranged from .85 to .90, with a Cronbach's alpha coefficient of .92.

Moreover, the study utilized the Worklife Balance Scale, which was modified from the work of Hayman (2005) titled "Psychometric Assessment of an Instrument Designed to Measure Work-Life Balance." The scale consists of 15 statements under three dimensions: Work Interference with Personal Life (WIPL) (7 statements), Personal Life Interference with Work (PLIW) (4 statements), and Enhancing Work Personal Life (WPLE) (4 statements).

Each statement on the scale was assigned a score between 1 and 5 based on the respondent's level of agreement (1- Not at all, 2- Slightly true, 3- Moderately true, 4- Mostly true, 5- Completely true). The Cronbach alpha coefficient was used to assess the reliability of the work-life balance scale, with values of .93 for WIPL, .85 for PLIW, and .69 for WPLE.

Frequency and percentages were used to determine the socio-demographic profile of the respondents. Furthermore, mean and standard deviation were used to summarize the level of Coronaphobia and the level of work-life balance, and Pearson-r was used to determine the relationship of Coronaphobia to work-life balance and lastly Regression analysis to predict the influence of Coronaphobia on work-life balance.

Results and Discussion

Table 1. Demographic Profile of the Respondents

| Age group | Frequency | Percentage |
|----------------------|-----------|------------|
| 19-30 | 53 | 52% |
| 31-59 | 48 | 47% |
| 60 and above | 1 | 1% |
| Total | 102 | 100% |
| Sex | Frequency | Percentage |
| Female | 74 | 72.5 |
| Male | 28 | 27.5 |
| Total | 102 | 100% |
| Clinical Experiences | Frequency | Percentage |
| 6 Months-1.9 years | 8 | 7.8% |
| 2-2.9 years | 15 | 14.70% |
| 3-4.9 years | 27 | 26.5% |
| 5 years and above | 52 | 51% |
| Total | 102 | 100% |
| Hospital of Work | Frequency | Percentage |
| Hospital A | 15 | 14.7 |
| Hospital B | 27 | 26.5 |
| Hospital C | 10 | 9.8 |
| Hospital D | 19 | 18.6 |
| Hospital E | 31 | 30.4 |
| Total | 102 | 100% |

The sociodemographic profile of the study's respondents is presented in Table 4. In terms of age, the majority of respondents are between 19-30 years old (52%), followed by those aged 31-59 (47%), and only 1% belonging to the 60 and above category.

The gender distribution of respondents shows that females make up the majority of the population (72.5%), while men represent the minority (27.5%). This is consistent with previous studies that have shown that healthcare professions, particularly nursing, are female-dominated (Gupta et al., 2021).

Regarding clinical experience, more than half of the respondents had 5 or more years of experience in the field (51%). This finding suggests that a significant proportion of the study population may have developed coping mechanisms to deal with the stressors of their job, which could affect their responses to the study's measures. In contrast, only 7.8% of respondents had less than 2 years of clinical practice, indicating a relatively inexperienced group that may be more susceptible to stress and burnout (Shanafelt et al., 2016).

Finally, the study found that 30.4% of respondents were from Hospital E, while only 9.8% were from Hospital C.

Table 2. Level of Coronaphobia in terms of Psychological, Psychosomatic, Economic, and Social Aspects

| Indicators | Mean | Standard Deviation | Verbal Interpretation |
|---------------|------|--------------------|-----------------------|
| Psychological | 3.36 | 1.27 | High |
| Psychosomatic | 2.07 | 1.31 | Low |
| Economic | 2.94 | 1.29 | Fair |
| Social | 3.07 | 1.36 | Fair |
| Overall | 2.86 | 1.30 | Fair |

Legend: Very High=4.21-5, High=3.41-4.20, Fair=2.61-3.40, Low=1.81-2.60, None=1-1.80

Based on the results shown in Table 2 the mean result of 3.36 for psychological factors suggests that, on average, participants reported a moderate to high level of fear, anxiety, and stress related to the COVID-19 pandemic. The standard deviation of 1.27 indicates that there was some variability in the responses, but overall, most participants reported experiencing some level of psychological distress related to the pandemic. According to Romero et al., 2022, the psychological effects of the COVID-19 pandemic are the most concerning for medical personnel who have had regular contact with medical patients.

On the other hand, the mean result of 2.07 for psychosomatic factors suggests that, on average, participants reported relatively lower levels of physical symptoms, such as headaches, fatigue, or sleep disturbances, related to the pandemic. The standard deviation of 1.31 indicates that there was some variability in the responses, but overall, most

participants reported experiencing relatively few physical symptoms related to the pandemic. In support of this, Yi et al. (2021) report that during the COVID-19 pandemic, some medical staff worldwide experience severe psychosomatic difficulties.

The overall result of mean=2.86 and standard deviation of 1.30 suggests a fair level of coronaphobia across all factors measured (psychological, psychosomatic, social, and economic). This means that, on average, participants are experiencing some level of fear, worry, or stress related to the pandemic, but the severity of these feelings may vary widely among individuals. The relatively high standard deviation suggests that some participants may be experiencing more severe levels of coronaphobia than others. In support according to Ahorsu et al. 2020 these findings suggest that coronaphobia is a common experience among individuals during the pandemic.

Table 3. Level of Worklife Balance in terms of WIPL, PLIW, WPLE.

| Indicators | Mean | Standard Deviation | Verbal Interpretation |
|------------|------|--------------------|-----------------------|
| WIPL | 2.77 | 1.13 | Fair |
| PLIW | 2.95 | 1.08 | Fair |
| WPLE | 3.11 | 1.14 | Fair |
| Overall | 2.94 | 1.12 | Fair |

Legend: Very High=4.21-5, High=3.41-4.20, Fair=2.61-3.40, Low=1.81-2.60, None=1-1.80

On the results shown in Table 3, it appears that participants scored similarly across all three dimensions of work-life balance measured in the study. WIPL (work interference with personal life) has a mean score of 2.77 and a standard deviation of 1.13, while PLIW (personal life interference with work) has a mean score of 2.95 with a standard deviation of 1.08, and WPLE (work-personal life enhancement) has a mean score of 3.11 with a standard deviation of 1.14. All three dimensions have a fair interpretation based on the mean scores.

The overall mean score of 2.94 with a standard deviation of 1.12 suggests that, on average, participants are experiencing a fair level of work-life balance. However, the relatively high standard deviation indicates that there may be significant

variability in the experiences of participants, with some individuals experiencing a higher level of work-life balance than others. The findings of this study are at odds with those of Kowitlawkul et al., (2019)'s study, which established that most nurses were overworked and in a condition of work-life imbalance as well as the effects of this imbalance on job satisfaction and quality of life. Furthermore; if one of these activities receives more time and attention than the others, while the others receive little to no attention, there will be work-life inequality (Osita et al., 2020). In support of this; according to the study of Larasati (2019) when employees get the chance to manage their personal lives and work, certainly they will increase their employee engagement productivity.

Table 4. Relationships between the level of Coronaphobia and work-life balance.

| Indicators | WIPL | | Interpretation Ho1 acceptance | PLIW | | Interpretation Ho1 acceptance | WPLE | | Interpretation Ho1 acceptance |
|---------------|--------|------|---------------------------------------|--------|------|--|---------|------|-------------------------------------|
| | R | P | | R | p | | r | P | |
| Psychological | .533** | 0.00 | Strong Positive relationship accepted | 0.18 | 0.07 | Weak Significant Relationship accepted | -.243* | 0.01 | Weak negative relationship Accepted |
| Psychosomatic | .653** | 0.00 | Strong Positive relationship accepted | .215* | 0.03 | Weak Significant Relationship accepted | -.307** | 0.00 | Weak negative relationship Accepted |
| Social | .638** | 0.00 | Strong Positive relationship Accepted | .231* | 0.02 | Weak Significant Relationship accepted | -.386** | 0.00 | Weak negative relationship Accepted |
| Economic | .712** | 0.00 | Strong Positive relationship Accepted | .347** | 0.00 | Weak Significant Relationship accepted | -.420** | 0.00 | Weak negative relationship Accepted |

The results shown in Table 4 suggest that there is a strong positive correlation between all four dimensions of coronaphobia (psychological, psychosomatic, economic, and social) and work interference with personal life (WIPL). The correlation coefficients show that the relationship between social factors and WIPL is the strongest, followed by psychosomatic, economic, and psychological factors. The statistical significance of

the correlations indicates that it is highly unlikely that they occurred by chance. These findings suggest that individuals who are experiencing more fear, anxiety, or stress related to the COVID-19 pandemic may be finding it more difficult to balance their work and personal lives. However, correlation does not imply causation, and other factors that were not measured in this study could also be influencing the relationship between coronaphobia and work-life

balance. In connection with; together with other characteristics connected to the workplace environment, sociodemographic variables were among the most often detected components (Suleiman et al., 2019). These components have been divided into work-related and non-work-related variables by other researchers (Hemanathan et al., 2017).

On the other hand; there is a weak but significant positive relationship between psychosomatic, economic, and social dimensions of coronaphobia and work interference with personal life (PLIW). However, there is no significant relationship between the psychological dimension of coronaphobia and PLIW.

The correlation coefficients suggest that the strength of the relationships between the dimensions of coronaphobia and PLIW vary, with the highest correlation observed for social factors ($r=.347$), followed by economic factors ($r=.231$) and psychosomatic factors ($r=.215$). The p-values of 0.03 and 0.02 for psychosomatic and economic factors, respectively, indicate that these correlations are statistically significant, meaning that it is highly unlikely that they occurred by chance. However, the p-value of 0.07 for psychological factors suggests that the correlation is not statistically significant, although it is worth noting that the correlation coefficient is still positive. In connection with these results; a study conducted in the United States by Heller et al. (2021) found that nurses experienced significant disruptions in their personal lives due to the pandemic. The authors reported that nurses had to adjust their personal lives to accommodate longer work hours, increased workloads, and changes in work schedules.

Furthermore; there is a weak but statistically significant negative relationship between coronaphobia dimensions (psychological, psychosomatic, economic, and social) and work-personal life enhancement (WPLE). Specifically, the correlation coefficients indicate that as the levels of

coronaphobia dimensions increase, the level of work and personal life enhancement decreases.

The largest negative correlation is observed for the social dimension, followed by the economic, psychosomatic, and psychological dimensions. This suggests that social concerns related to the pandemic, such as social isolation and disruption of social activities, may have a stronger negative impact on work and personal life enhancement compared to other dimensions. These findings suggest that employees who experience higher levels of coronaphobia may have lower levels of work-personal life enhancement, which could negatively affect their work-life balance and overall well-being.

This is safe to say that nurses caring for COVID-19 patients experience the most unfavorable conditions. Owing to the length of their shifts, these nurses must endure a hard workload and unfavorable working conditions to make up for their mental and physical deficiencies (Nikeghbal et al., 2021).

The overall results show that there is a strong significant relationship between coronaphobia and the work-life balance of the Nurses ($r=0.792$, $p=0.000$). The findings inferred that coronaphobia fundamentally highly affects the level of work-life balance of nurses.

In connection with this; Sahu et al. (2020) found that almost 60% of medical professionals said the COVID-19 pandemic harmed their work-life balance. In fact, in addition to long hours at the office, health workers also had to deal with dangerous issues regularly such as flaws in the healthcare system, a lack of proper personal safety measures, anxiety over contracting an infection, and the danger of spreading the virus (Lai et al., 2019).

Therefore, it was thought that the hectic work schedules and lack of the physical and mental resources needed by health professionals during those hours negatively impacted their ability to maintain a healthy work-life balance (Aya et al., 2022).

Table 5. Influence of Coronaphobia Aspects to Worklife Balance

| Indicators | WIPL | | PLIW | | WPLE | | OVERALL WLB | | VERBAL INTERPRETATION |
|---------------|-------|------|-------|------|-------|------|-------------|------|-----------------------|
| | t | Sig. | t | Sig. | t | Sig. | t | Sig. | |
| Psychological | -.057 | .955 | -.121 | .904 | 1.14 | .255 | 1.403 | .164 | No Influence |
| Psychosomatic | 2.87 | .005 | -.065 | .949 | -.114 | .910 | 3.332 | .001 | Significant Influence |
| Economic | -.86 | .390 | -1.74 | .086 | -.630 | .530 | -1.077 | .284 | No Influence |
| Social | 3.84 | .000 | 3.39 | .001 | -1.80 | .074 | 4.277 | .000 | Significant Influence |

The findings shown in Table 5 suggest that both psychosomatic and social factors are significantly associated with Work Interference with Personal Life (WIPL). Specifically, the results show that for every one-unit increase in social factor, there is a corresponding increase of 0.082 in WIPL ($t=3.843$, $p\text{-value} = 0.000$). Similarly, for every one-unit increase in psychosomatic factor, there is a corresponding increase of 0.040 in WIPL ($t=2.868$, $p\text{-value} = 0.005$). These results imply that social and psychosomatic factors may harm the balance between work and personal life, potentially leading to increased interference between the two domains.

On the other hand, there is a significant positive relationship between social factors and Personal Life Interference with Work (PLIW). Specifically, for every one-unit increase in social factors, there is a corresponding increase in PLIW by 0.066 units. The t -value of 3.387 and p -value of 0.001 indicate that this relationship is statistically significant. Additionally, the presence of a positive coefficient suggests that as social factors increase, so does the interference of personal life with work.

Finally; there is no significant influence of psychological, psychosomatic, social, and economic aspects of coronaphobia of work-personal life

enhancement (WPLE). This is indicated by the t -values and p -values reported, which suggest that the relationships between these variables are not statistically significant. Therefore, it can be concluded that coronaphobia does not have a significant impact on work and personal life enhancement.

The results implied that the psychosomatic and social domain greatly influences the work-life balance of nurses. According to Gica et al. (2020), psychosomatic complaints were amplified during the COVID-19 prevalent period, and the changes in perceived threat changes and biological rhythm, especially intolerance of uncertainty, were seen in this surge. The results of their study discovered the significance of the patient's ability to tolerate ambiguity in therapeutic approaches during COVID-19 is decreasing. It is also true that occupational exposure to COVID-19 by hospital staff with fewer non-work days was a risk factor for increased anxiety and depression, furthermore, living with families and others was a risk factor for increased social stress during this pandemic (Matsumoto et al., 2021).

Conclusion and Recommendations

The study aimed to examine the relationship between coronaphobia, which is the fear related to the COVID-19 pandemic, and work-life balance among nurses in selected hospitals in Kabacan, Cotabato. Using a descriptive-correlational research design, the study included 102 participants and utilized two scales to measure coronaphobia and work-life balance.

The findings revealed that the majority of the respondents were female, aged 19-30, and had 5 or more years of clinical experience. Most participants were from Hospital E. In terms of corona phobia, the overall level was determined to be fair, indicating a moderate level of fear across psychological, psychosomatic, social, and economic aspects. Similarly, the overall work-life balance was fair, suggesting a moderate level of balance between work and personal life.

The study found a strong positive correlation between coronaphobia and work interference with personal life. Specifically, psychosomatic, economic, and social aspects of coronaphobia were weakly but significantly related to personal life interference with work.

However, all dimensions of coronaphobia had a weak negative relationship with work and personal life enhancement.

Further analysis revealed that psychosomatic and social factors significantly influenced work interference with personal life, while social factors significantly influenced personal life interference with work. On the other hand, there was no significant influence of coronaphobia aspects on work and personal life enhancement.

Based on these conclusions, healthcare organizations need to prioritize the mental health and well-being of nurses, particularly in managing coronaphobia and its impact on work-life balance. Employers should provide support and resources for stress management, while also promoting effective communication and education for nurses in addressing coronaphobia among patients. Nursing service administrators and hospital administrators should advocate for policies and practices that support work-life balance and mental health. Future research should focus on exploring interventions to reduce coronaphobia and its effects.

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Being There: Viewpoints of Caregivers of Patients on Palliative Care

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Abstract

Patients in palliative care rely heavily on assistance from informal sources of support such as family members, friends, and or other people who have emotional and social bonds with the patient, and undertake significant nonprofessional or unpaid care for patients. They provide a combination of physical, psychological, social, and existential support to their loved ones. The purpose of this descriptive phenomenological study was to explore and understand the experiences of the caregivers of patients in palliative care. A purposive sample of 14 family members were interviewed. Utilizing Colaizzi's (1978) phenomenological method rigor was established through the application of verification, validation, and validity. From the 171 significant statements, 10 themes emerged. The participants' experiences included providing the best care, sensitivity to patients' needs, and going the extra mile. Coping focuses on being there in challenging times, spending time and giving attention, facing burdens, and overcoming hardships despite all odds. The insights that participants shared with their peers and society in general include shared positivity, and providing appropriate care and support system. Adjusting to the responsibility for the care and pain management of the patient was particularly challenging for some family caregivers and they struggled when their efforts did not alleviate the patient's suffering. Feeling unsupported by other family members made family caregivers feel isolated and/or lacking in self-efficacy in their role as family caregivers.

Keywords: *Palliative Care, Health, Descriptive Phenomenology, Cotabato City*

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Introduction

Palliative care is defined as multidisciplinary care that aims to enhance the quality of life and improve the quality of care for patients and their families, including caregivers (Ringdal et al., 2002; World Health Organization, 2020). Caregivers are a highly important group who enable patients in palliative care to remain at home or in the hospital and provide support that is crucial to both their physical and psychological well-being. Although many caregivers find personal satisfaction and accomplishment in this role, it can also be challenging or even overwhelming. Caregiving can involve multiple tasks, including but not limited to complex medical management, such as identifying and reporting side effects, administering medications, care coordination, and household tasks. This can lead to increasing stress over time, with a

significant physical, psychological, and social impact on the caregiver.

Palliative care can help patients, adults, children, and their families, who are dealing with challenges related to a life-threatening illness (World Health Organization, 2020). According to Donlan et al. (2019), participants' limited knowledge of palliative care negatively impacts the likelihood of receiving treatments. However, after educating them, participants believed that early palliative care education would help support their illness.

The need for Palliative Care is estimated to be fifty-six point eight million people per year, living mainly in nations with low and medium incomes. Ninety-eight percent of children who require palliative care are in low- and middle-income countries, with nearly half being in Africa. In a lower-middle income country in Southeast Asia,

such as the Philippines, with over 110 million people, up to 75% of patients with cancer suffer from insufficient pain relief (Ho, et., 2023). In the south of the Philippines, there is too little access to Palliative Care. One of the main obstacles to receiving palliative treatment, particularly among children with cancer, is its associated stigma (Pasaol, 2019).

An in-depth understanding of the experiences of palliative care for caregivers of critically ill patients has the potential to cultivate awareness of the role of this approach to care, and its possible lessening of the burden upon caregivers. Through years of experience and literature, the researcher may have known that palliative care is not very well known. Hospitals only provide the spiritual aspect; however, support to the family is not emphasized. Despite the significance of the subject and the rise in the use of palliative care, the field still lacks sufficient data and research.

Methods

The respondents of the study were caregivers who have submitted their family members to palliative care. A purposive sampling method was used in this study for the selection of the participants. This sampling is a non-probability sample that is chosen according to the objective of the study and the features of a population. It is also known as judgmental, subjective, or selective sampling (Ashley Crossman, 2020).

This study utilized descriptive phenomenology in the qualitative research design study, where qualitative research methods aim to explore the lived experience of the family members in palliative care. This design is being used to explore, describe, and understand the lived experiences of family members. It is possible to get insight into people's motivations and actions through descriptive phenomenology, which challenges conventional knowledge and refutes long-held beliefs.

The study was through a face-to-face In-Depth Interview and Focus-Group Discussion which included seven participants, respectively. During the

interview and focus group discussion, minimum health protocols have been properly implemented such as wearing face masks, having their hand sanitized before and after the discussion, and always maintaining social distancing. The participants consented based on inclusion criteria that satisfied the researcher and that the participating individuals could provide information on their viewpoints on palliative care they have observed and experienced in the testing hospital. The researcher ensured that the delicate details including the name and other important information were kept reserving its confidentiality. Adhering also to privacy act thus remaining animosity and confidentiality and avoiding biases of answers.

In-depth one-on-one interviews and focus groups with participants who are family members or caregivers of patients receiving palliative care were done by the researcher in the community of Cotabato City. The researcher did a structured interview, did observations of participants, and facilitated the whole data-gathering process. The researcher was the one responsible for the conceptualization of the data-gathering procedures. The most essential task was carried out by the researcher, particularly in data collection for various sorts of qualitative research as stated above.

A phenomenological approach to qualitative research focuses on the essence of an observable or felt occurrence or lived experience that can be viewed or felt from a variety of viewpoints (Tomaszewski et al., 2020). The use of Colaizzi's data analysis method demonstrated benefits for learning and provided new insights into previous experiences. Colaizzi's (1978) method of data analysis is meticulous and reliable, making it a qualitative approach that ensures the veracity and dependability of its findings (Wirhana et al., 2018). To have a basic comprehension of the overall topic, all transcripts were looked over and read again.

Results and Discussion

Table 1. Participant's Profile

| Code Name | Age | Sex | Relationship to the Patient | Educational Attainment | Study Group |
|----------------|-----|-----|-----------------------------|---------------------------|-------------|
| Participant 1 | 41 | F | Aunt | College Graduate | IDI |
| Participant 2 | 24 | F | Father | College Undergraduate | IDI |
| Participant 3 | 27 | M | Uncle | College Undergraduate | IDI |
| Participant 4 | 22 | M | Aunt | High school Undergraduate | IDI |
| Participant 5 | 42 | M | Cousin | High school Graduate | IDI |
| Participant 6 | 35 | F | Cousin | College Graduate | IDI |
| Participant 7 | 37 | F | Aunt | College Graduate | IDI |
| Participant 8 | 26 | M | Mother | College Graduate | FDG |
| Participant 9 | 32 | F | Aunt | High School Graduate | FDG |
| Participant 10 | 37 | F | Uncle | College Undergraduate | FDG |
| Participant 11 | 38 | F | Mother | College Graduate | FDG |
| Participant 12 | 35 | M | Uncle | High School Graduate | FDG |
| Participant 13 | 33 | F | Cousin | College Graduate | FDG |
| Participant 14 | 26 | F | Father | College Graduate | FDG |

Key phrases and sentences reflecting the viewpoints of relatives of patients who received palliative care were taken from participant's statements after the researcher searched them for relevant information. Then 204 significant statements were generated after checking through and familiarizing with the responses. Then, these were arranged together to produce formulated meanings. After a systematic analysis, three emergent themes were generated. The first theme is "Providing Best Care", with two clustered themes:

Emergent Theme 1: Providing Best Care

The emergent theme "*Providing Best Care*" conveys the participants' experience as they observed the healthcare professionals being sensitive and responsive to the needs of their patients. It reflects the healthcare provider's

Sensitivity to Patient Needs and Doing the Extra Mile. The second is "Being There in Challenging Times", with three clustered themes: Spending Time and Giving Attention, Facing Burdens, and Overcoming Hardship Despite All Odds. The last emergent theme is "Shared Positivity", with two clustered themes: Providing Appropriate Care and Support System. These major themes were explored, each illustrated by verbatim extracts from the transcripts and their English translations.

actions in addressing discomforts, alleviating pain, and making the patients feel comfortable despite their condition. Further, even with the complexity of their responsibilities, healthcare providers also go beyond their duties and exert extra effort in providing quality care. This is consistent with the study of Joren et al. (2021),

showing that palliative nurses' performance ranges from very good to excellent.

Cluster Theme 1.1: Sensitivity to Patients' Needs

The cluster theme "*Sensitivity to Patients' Needs*" depicts the healthcare providers being very wise to the various needs of the patients. The participants expressed satisfaction with their services and felt their loved ones were in good hands. This means giving all the care by being sensitive and responsive to the patient's overall needs to provide comfort, hope, and dignity and extend their valuable time. It would also make the patient and family feel that they are not alone, given their condition. Below are the statements relevant to this theme:

"I am satisfied with the care provided to my father. I observed that they attended to the needs of my patient. ". (SS30, Lines 43-45, Participant 3)

"It is good to see that the nurses were always asking my patient, how they feel, assisting them into their comfortable position, turning to bed". (SS41, Lines56-57, Participant 5)

"I am happy that even though our patient is in critical condition, the hospital staff is doing their best to make sure that our mother is well taken care of." (SS121, Lines133-135, FGD 3)

The accounts above showed favorable feedback regarding the caregivers' observations among the healthcare professionals. Similarly, Black et al. (2018) findings reveal the overall positive experience among in-patients enrolled in palliative care. Individual accounts demonstrated prompt, empathetic treatment that put the patient first. The 'small things' staff could do for patients, such as taking the time to listen, taking the time to care, showing humanity, and providing comfort measures, seemed to be how compassion was shown.

Cluster Theme 1.2: Doing Extra Mile

The theme "*Doing Extra Mile*" implies that healthcare providers can provide care not just by doing usual nursing procedures and performing their job within the shift but even sparing extra time to attend to patients' needs. This also reflects their efforts to connect with the patients, which could allow them to express their feelings and concerns. This can be because nurses find palliative nursing a rewarding experience centered on their relationship with patients and families (Parola et al., 2018). Moreover, though there are strains imposed on nurses providing palliative care, they imbibe the value of compassion in reducing the effects of a demanding setting (Pejoski et al., 2021). The following statements support the meaning of the theme:

"Some nurses extend their time even if it's the end of their duty." (SS35, Lines50-51, Participant 4)

"For our long time stay here, some nurses even pay an extra visit during their days off just to check on our patient." (SS51, Lines 72-74, Participant 7)

"Some staff would ask what our patient want to do to feel relaxed. They show some extra effort even though they are very busy." (SS 115, Lines 125-126, FGD 2)

Emergent Theme 2: Being There in Challenging Times

The emergent theme "*Being There in Challenging Times*" exemplifies the participants' involvement, struggles, and coping in the palliative care process. It describes how caregivers devote their time and effort to attend to help attend to the needs of their loved ones. Moreover, they are also confronted with the heavy loads that put a strain on their part. Despite all burdens, they were able to find ways to overcome such endeavors.

Cancer patients and their family caregivers' health and well-being are improved by

palliative care. Despite the advantages palliative care provides for cancer patients' family carers, it is not widely recognized what caring difficulties these caregivers deal with. Concern and sadness among the caregivers were frequently mentioned issues, which is consistent with the extensive research on family caring (Benson et al., 2021).

Cluster Theme 2.1: Spending Time and Giving Attention

The cluster theme "*Spending Time and Giving Attention*" illustrates that the participant also put into consideration the importance of giving a substantial amount of time and focusing their attention while providing care to their loved ones who are terminally ill. They extend help and assist the patients as much as possible to ensure they can feel love and care, especially in the most challenging moments. Similarly, family caregivers are directed to maintain care characterized by concern, perseverance, and patience during palliative care (Wu et al., 2020). Their compassion toward their ill loved one makes caring satisfying (Ortega-Galán et al. 2019). Below are the relevant statements:

"I gave all, my time and all the possible things and interventions that could make her feel better". (SS61, Line62, Participant1)

"The care for her includes your time. Even before, I was the one who took good care of her at home. I stayed awake all night sometimes just to make sure that she's okay and take care of her needs". (SS70, Lines78-79, Participant6)

"I want to focus my attention and time to care for my father. He is one of the most important persons I have in my life". (SS111, Line121, FGD 2)

"I also have given her my time so that she'll feel loved and taken cared for". (SS69, Line74, Participant3)

Cluster Theme 2.2: Facing the Burdens

The theme "*Facing the Burdens*" embodies that caring for terminally ill patients is difficult, especially among caregivers. It could be physically challenging due to the complexity of the patient's needs and the required time and attention. They will also be affected emotionally because their loved ones are in a challenging condition. Lastly, looking into the various treatments and other things needed to make the patient comfortable could lead to financial distress. Below are the accompanying statements:

"My physical health would sometimes be affected because of being so tired taking care of her. I also experienced lack of sleep most of the time because of attending to her needs at night." (SS85, Lines90-91, Participant4)

"It hurts me inside. Even if I'm at work, she still always in my mind. I cannot work properly." (SS80, Lines84-85, Participant2)

"We have financial difficulty at times because you know the treatment is quite expensive." (SS88, Lines99-100, Participant5)

Moreover, it is evident that Giving palliative care is demanding and stressful, and it may harm the caregiver's physical, mental, social, and emotional health (Antony et al., 2018). Some caregivers experience moderate to severe stress (Chellappan & Rajkumar, 2016).

Cluster Theme 2.3: Overcoming Hardships Despite All Odds

The cluster theme "*Overcoming the Hardships Despite All Odds*" exemplifies the caregivers who experienced a lot of challenges in providing care to their patients but were still able to overcome a lot of difficulties by being strong, having a positive mindset, and bearing all the adversities with integrated family support. The following statements provide a clearer view of this theme:

"I cope through enduring it all. I am just thinking that it's for my father's good that I am doing it because I love him so much." (SS95, Lines115-1116, Participant6)

"I also experienced difficulty every time she defecates because I get easily disgusted. But I just bear with it because I want to take care of her." (SS92, Lines103-105, Participant3)

"I have prepared myself and stayed strong because we are already expecting the possibilities that anytime she will be gone. We didn't abandon and make her feel alone." (SS150, Lines175-176, FGD6)

To cope, family carers of terminally ill patients discover purpose, reframe hope, retain self-efficacy, prepare for the death of their care receiver, and keep their sense of personhood (Duggleby et al., 2017). Others may also cope negatively and positively (Chellappan & Rajkumar,2016).

Emergent Theme 3: Shared Positivity

Shared positivity" was a feature of positive dyadic coping and was generally associated with both better dyadic adjustment and less illness-related distress for both healthcare providers and family caregivers. They have articulated the vital contribution of having adequate knowledge about the disease process and skills in delivering proper palliative care to patients in critical conditions. This could significantly impact achieving the best care for their dying loved ones. Further, they have also conveyed the crucial role of social services in financially supporting the family members, which could lighten their difficulties. Consequently, it is the right call to be aware of providing appropriate care and seek help from any available social services in selected government agencies.

Additionally, family caregivers can support healthcare decision-making, particularly when it comes to caring for critically ill patients, by learning more about the disease, its course, and

available treatments, ensuring that the family and healthcare professionals understand the patient's condition and treatment plan; and facilitating conversations with patients about their values and how they view their illness (Dionne-Odom et al., 2019).

Cluster Theme 3.1: Providing Appropriate Care

The cluster theme "*Providing Appropriate Care*" speaks about the caregivers pointing out the importance of knowing important information about the disease so that they may be able to understand how it is affecting their affected loved ones. It is also necessary to seek information on adequately managing their patients and providing the best care. The participants also communicated that they lacked a complete understanding of palliative care. Hence, it is essential to keep in touch with the healthcare provider to acquire knowledge and skills to be more effective and efficient as direct caregivers to their loved ones.

"My lack of knowledge, that I didn't believe the explanation of the hospital personnel. There is a big difference when you have adequate knowledge. I believe we lacked caring for him because we didn't bother to know his condition deeply." (SS103, Lines124-125, Participant5)

"If you don't know information about the disease then you would not sometimes know what to do." (SS105, Lines128-129, Participant6)

"Honestly, I don't know a lot about palliative care. I think it is important that we also ask the nurses and other staff about it so that we can better take care of the patient." (SS145, Lines161-162, FGD7)

This is under the findings by Low et al. (2018), revealing that families had little knowledge of the illness or its effects. They desired improved knowledge about the illness and its management, which would assist them with psychological and practical requirements in taking care of the patients. It implies being well-

informed improves self-efficacy (Jang & Yeom, 2018). However, healthcare providers found explaining these problems to patients and their families challenging, necessitating improvement. Further, Dixe et al. (2020) also found a significant gap in palliative care knowledge among non-healthcare professionals.

Cluster Theme 3.2: Support System

The theme “*Support system*” gives a picture of the participants evoking the vital role of the assistance provided by government agencies, especially in terms of monetary provisions. The caregivers expressed how caring for critically ill patients can be financially draining. Thus, getting help from available social services can significantly help ease some of the burdens of the family. Each family member should take part in exhausting all possible external assistance. If one of the problems can be addressed, it can create a better venue for caregivers to focus on caring for their sick loved

Conclusion and Recommendation

Based on the outcome of the study, the caregivers experienced various difficulties that resulted in stress. They also have limited knowledge on palliative caring which could also serve as a barrier in their ability to provide better and enhanced approaches in the delivery of care. For health professionals to improve the support, direction, and education given to caregivers of patients on palliative care, it is crucial to understand the lived experiences of caregivers of patients on palliative care. It is also the duty of health professionals to assist the caregivers in efficiently coping with their burden by using approaches like counselling, relaxation techniques, and education.

ones. The following statements exemplify this theme:

“About the expenses, social workers are a big help. They would refer to certain government agencies that can help with the hospital bills or even in purchasing medications” (SS133, Line144, FGD4)

“Ask for help like MALASAKIT. You can get a MAP that is given by the government to reduce the excess.” (SS141, Lines147-149, FGD5)

“Being in a hospital for a long time is difficult, especially financially. It is very important to ask help from social services like PCSO, MALASAKIT Center, DSWD.” (SS119, Lines137-138, Participant3)

One of the government agencies in the Philippines provides medical assistance to indigent families suffering from an illness or no other means of support. Helping these families pay for medical care can help reduce their stress and anxiety (DSWD, n.d.)

Future researchers may also add nurses as their participants to get their point of view or explore their experiences on how well they know about palliative care. It will strengthen the credibility of data collected and, more importantly, it will produce further themes that have not already been explored or identified as part of the study's narrative. In-depth investigation of topics like why some patients within the same organization have positive experiences with care while others might not, how staff attitudes and behaviors affect that experience, how care is transitioned from the hospital to the home, and the function of social networks should be the focus of future research.

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**Factors On COVID-19 Booster Hesitancy Among Older Adults In Poblacion, Kabacan, Cotabato:
Basis For Formulation Of A Community-Based Enhancement Program**

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Abstract

Vaccination efforts against COVID-19 which reported varying results have been shown to effectively protect populations around the world against death. This study, using the descriptive research design, determined the level of vaccine booster hesitancy among older adults in Poblacion, Kabacan, and Cotabato. A researcher-made questionnaire with Cronbach's alpha was used to survey the 150 respondents selected through controlled quota sampling, based on the following: must be 60 years old and above, have not received a COVID-19 booster, and willingly the individual in question actively engaged in the research investigation, thereby contributing their valuable insights and perspectives to the scholarly discourse. The obtained outcomes of the conducted study are hereby presented for comprehensive analysis and interpretation. The culmination of rigorous research revealed the majority of the respondents were 65-69 years old, female, high school graduates, earning less than Php15,000.00 a month, and had comorbidity of hypertension. Their hesitancy was high in terms of perceived effects, moderate in terms of information dissemination, and moderate in terms of environmental factors. Overall, the level of hesitancy of the respondents towards receiving the booster dose was moderate. Although the respondents expressed that there is hesitation against booster vaccines due to perceived effects, the respondents were not necessarily averse to vaccination and that their behavior was likely to be modified.

Keywords: COVID-19 Booster hesitancy, Health, Descriptive, Kabacan, Cotabato

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Introduction

From a comprehensive analysis of the global health landscape, it is evident that the foremost and overarching goal of COVID-19 vaccination efforts is to effectively mitigate the deleterious impacts of this unprecedented viral outbreak. By prioritizing the administration of vaccines, we aim to significantly curtail the severe ramifications associated with COVID-19, thereby facilitating the expeditious stabilization of healthcare infrastructures, communities, and economies on a global scale. The vaccines that have been subjected to rigorous scientific investigation thus far have demonstrated

remarkable efficacy in preventing mortality. While it is observed that the efficacy of vaccines in preventing infection may diminish over time, it is indeed comforting to note that these vaccines continue to exhibit commendable performance in mitigating the occurrence of severe illness and mortality. Nevertheless, it is imperative to conduct ongoing and rigorous monitoring to ascertain the potential trajectory of diminishing efficacy in combatting disease and mortality in the foreseeable future. (Townsend, 2021).

Based on information from the World Health Organization, or WHO, vaccine hesitancy is a complex problem with many causes that contribute to people being reluctant to be vaccinated despite the widespread availability of preventative measures. This phenomenon encompasses a wide range of attitudes and perspectives, spanning from relatively mild concerns and uncertainties to profound skepticism and complete rejection of the practice of vaccination. It is imperative to recognize and appreciate the complex and multifaceted nature of vaccine hesitancy, which can be defined as the deliberate act of postponing or outright rejecting vaccination, even when vaccination services are easily available and accessible offers a highly promising strategy for efficiently classifying the various risk factors associated with vaccine hesitancy. The proposed model presents a structured framework that allows for the effective categorization of these variables, thus promoting a thorough comprehension of the intricate dynamics associated with vaccine hesitancy. By utilizing this particular model, researchers and policymakers have the opportunity to acquire invaluable insights into the intricate and multifaceted characteristics of vaccine hesitancy. Consequently, this enhanced understanding can pave the way for the development of more precise and efficient interventions aimed at effectively tackling this urgent public health issue. The conceptual framework comprises three essential components, namely complacency, convenience, and confidence. These components serve as the foundational pillars upon which the framework is built, providing a comprehensive and robust structure for understanding and analyzing complex phenomena. Complacency refers to a state of contentment or satisfaction, where individuals or entities may become complacent and fail to recognize the need for change or improvement. Convenience, on the other hand, pertains to the ease and accessibility of certain actions or processes, which can influence decision-making and behavior. Lastly, confidence encompasses Complacency is a state characterized by a lack of concern or indifference towards the process of vaccination. In this

context, individuals may underestimate the significance of immunization due to perceiving a minimal level of risk associated with preventable diseases that can be mitigated through vaccinations. The concept of convenience encompasses various aspects related to the ease and accessibility of obtaining vaccines. The aforementioned aspects encompass various factors that contribute to the overall effectiveness and accessibility of vaccination efforts. One such factor is the proximity of vaccination facilities, which refers to the physical distance between individuals and the designated locations where vaccinations are administered. This aspect is crucial as it directly impacts the convenience and ease with which individuals can access these facilities. Another important aspect is the availability of vaccination services. This pertains to the presence and readiness of healthcare professionals, resources, and supplies necessary for administering vaccinations. The availability of these services ensures that individuals have timely access to vaccinations, thereby facilitating the achievement of desired immunization goals. The ease with which individuals can secure appointments for receiving vaccinations. A streamlined and user-friendly appointment scheduling system Faith, as the third constituent, embodies the profound sense of trust and unwavering conviction that individuals possess in the inherent safety and efficacy of immunizations. Furthermore, this pertains to the level of confidence individuals place in the healthcare system as well as the regulatory entities responsible for the production and distribution of vaccines. It is of utmost importance to acknowledge that the aforementioned three pivotal components of vaccine hesitancy are frequently subject to the influence of individuals' levels of vaccine-related knowledge and health literacy. The degree to which individuals may manifest hesitancy towards vaccination is profoundly influenced by their comprehension of vaccinations, their perceived advantages and potential drawbacks, and their capacity to acquire and assess health-related information to make informed choices. The impact of healthcare practitioners on

consumers' decision-making processes regarding vaccinations is significant, primarily due to their esteemed status as influential figures and reliable sources of health-related information. Hence, it is of utmost importance for healthcare practitioners to possess precise and current expertise regarding vaccines, adeptly convey this knowledge to their patients, and effectively tackle any apprehensions or misunderstandings that might contribute to vaccine hesitancy. Through the acquisition of a thorough comprehension of the diverse range of risk factors that are intricately linked to vaccine hesitancy, coupled with a keen awareness of the significant influence wielded by healthcare professionals, it becomes entirely plausible to bolster primary prevention endeavors and effectively advocate for the imperative role of vaccination in safeguarding public health.

Since the commencement of worldwide mass vaccination campaigns aimed at combating the COVID-19 pandemic in December 2020, an impressive 59.3% of the global population has successfully attained full immunization against the virus of an individual is considered to have attained full immunization status when they have met all the necessary criteria as specified. Following the administration of the complete and recommended dosage of the COVID-19 vaccine, it is imperative to adhere to a compulsory period of two weeks for observation and monitoring. One of the primary factors that has been identified as a significant contributor to the widespread hesitancy surrounding the administration of COVID-19 booster immunizations is the prevailing apprehension among individuals regarding the potential occurrence of adverse consequences in the future. The underlying cause of this apprehension arises from concerns regarding the potential long-term consequences and associated risks that may arise from the examination this particular issue carries substantial significance for health authorities operating at both the national and global levels, as they endeavor to address the challenge of stagnant COVID-19 vaccination rates among diverse populations. In the scholarly publication authored by Paul (2021), a proposition has been

put forth regarding... The barangay of Poblacion in Kabacan showcases a notable prevalence of elderly individuals who have achieved comprehensive immunization, with an impressive total of 1,740 individuals. In a recent scholarly publication authored by the esteemed researcher RHU Kabacan (2022), a significant and noteworthy finding has emerged, shedding new light on the subject matter under investigation. This discovery pertains to a significant proportion of the populace, specifically 28%, encompassing a total of 485 individuals who have attained an advanced stage of life. These individuals have demonstrated praiseworthy compliance with the directive issued by governmental health authorities, which mandates the administration of an additional dose as an essential aspect of the ongoing vaccination campaign. Furthermore, it is imperative to emphasize the existence of a significant disparity encompassing a total of 1,253 individuals, constituting approximately 72% of the overall elderly demographic. These individuals have exhibited a discernible reluctance to embrace the COVID-19 booster immunization. The reason for this hesitancy can be attributed to the impact of negative comments and/or inaccurate information, both of which have had a detrimental effect on their ability to make informed decisions. The principal objective of this investigation is to thoroughly examine and analyze the diverse array of factors that contribute to the inherent hesitancy displayed by the elderly demographic residing in the specific geographical region of Poblacion, Kabacan, and Cotabato about their willingness to avail themselves of COVID-19 booster vaccinations.

Methods

The present investigation utilized a research methodology commonly referred to as descriptive survey, which is extensively employed in scholarly research endeavors. In the current study, the researchers employed the Input-Process-Output (IPO) model, which is a well-established and widely utilized conceptual framework in the field of academic research. The

Initial Public Offering (IPO) model serves as a highly valuable tool for the analysis and understanding of the multifaceted elements and complex interconnections within a specific system or process. By utilizing this particular model, individuals are allowed to acquire a thorough and all-encompassing comprehension of the multifaceted components involved, as well as the intricate interrelationships that exist among them. The utilization of this analytical framework serves as a valuable tool for conducting a comprehensive and in-depth examination and assessment of the intricate mechanisms and operations of a given system or process. Researchers and practitioners may use this framework to help them better understand their complicated topics and make educated judgments and inferences based on their findings. The model was used by the devoted researchers so that they could learn more about the intricate and multidimensional complexities and dynamics at play in the setting of their study. The present investigation was to provide a comprehensive understanding of the socio-demographic characteristics exhibited by the individuals participating in the study. The variables that were taken into account in this particular study encompassed a comprehensive array of factors, specifically including age, gender, educational attainment, the presence of concurrent medical conditions, and the monthly income of the participants' households. Moreover, the principal aim of this research undertaking was to thoroughly examine a myriad of factors that wield a substantial influence on individuals' inclination to actively seek out a Covid-19 booster immunization.

The research inquiry was conducted within the geographical region commonly referred to as Poblacion, Kabacan, which is located in the province of North Cotabato. The Barangay Poblacion, situated in the municipality of Kabacan within the Province of North Cotabato, exhibits a conspicuous prevalence of

older adult individuals who have undergone their primary vaccination but are still awaiting the administration of the vital booster dose.

The participants involved in this research were specifically older adults residing within the Municipality of Kabacan. A cohort comprising thousand seven hundred forty (1,740) individuals classified as older adults were administered the COVID-19 vaccines. In the year 2022, a relatively modest number of four hundred and eighty-five (485) older adults were administered the booster dose. A total of 1,255 individuals who did not receive the booster shot were included in the study. From this population, a subset of 150 older adult respondents was selected using the controlled quota sampling method.

The researchers meticulously applied a set of inclusion criteria to carefully select the participants for their study. These criteria were thoughtfully designed to ensure that only individuals meeting specific qualifications were included in the research. By employing these rigorous standards, the researchers aimed to enhance the validity and reliability of their findings. The study will include participants who fall within the age bracket of 60 years or older and have not yet undergone administration of a COVID-19 booster dose. These individuals will be selected based on their voluntary decision to partake in the research.

The requisite data for this study was acquired through the utilization of a meticulously designed questionnaire developed by the researcher. The evaluation of the content validity of the questionnaire was conducted through the administration of an examination by a panel consisting of three experts. In addition, a preliminary investigation was conducted to assess the degree of internal consistency within the data set, employing a modest sample size of 15 individuals. The Cronbach Alpha coefficient, which was calculated based on the test that was administered, yielded a value of 0.873.

The questionnaire is comprised of two distinct sections. Section 1 pertains to the socio-demographic characteristics of the respondent, including variables such as age, gender, greatest level of educational attainment, presence of comorbidities, and monthly income of the respondent's household. The second section of the document has a list of 15 elements that contribute to hesitation about COVID-19 booster shots. The aforementioned elements are further separated

into equal subcategories based on the factors of Information Dissemination, Perceived Effects, and Environmental Factors.

The respondents were requested to indicate their agreement or disagreement with the statements on COVID-19 booster hesitancy using the five (5) point Likert Scale with the following scaling parameters:

Results and Discussion

Table 1. Socio-Demographic Profile of the Respondents

| Variables | | Frequency (n=150) | Percentage (%) |
|---|-------------------------------|----------------------|-------------------|
| Age | | | |
| | 60 – 64 years old | 30 | 20.00 |
| | 65 – 69 years old | 44 | 29.33 |
| | 70 – 74 years old | 43 | 28.67 |
| | 75 – 79 years old | 26 | 17.33 |
| | 80 – 84 years old | 3 | 2.00 |
| | 85 – 90 years old | 4 | 2.67 |
| | Total | 150 | 100 |
| Sex | | | |
| | Female | 91 | 60.67 |
| | Male | 59 | 39.33 |
| | Total | 150 | 100 |
| Educational Attainment | | | |
| | Elementary Level | 28 | 18.67 |
| | Elementary Graduate | 19 | 12.67 |
| | High School Level | 18 | 12.00 |
| | High School Graduate | 33 | 22.00 |
| | College Level | 23 | 15.33 |
| | College Graduate | 25 | 16.66 |
| | Technical-Vocational Graduate | 2 | 1.33 |
| | MA/MS Graduate | 1 | 0.67 |
| | PhD | 1 | 0.67 |
| | Total | 150 | 100 |
| Comorbidities (Multiple Responses) | | | |
| | Hypertension | 91 | 46.19 |
| | Asthma | 36 | 18.27 |
| | Diabetes | 31 | 15.74 |
| | Arthritis | 20 | 10.15 |
| | None | 9 | 4.57 |
| | Coronary Heart Disease | 3 | 1.52 |
| | Anemia | 2 | 1.02 |
| | Kidney Disease | 2 | 1.02 |

| | | |
|--------------------------------|------------|------------|
| PWD | 2 | 1.02 |
| COPD | 1 | 0.51 |
| Total | 150 | 100 |
| Family's Monthly Income | | |
| 15,000 and below | 127 | 84.67 |
| 15,001 – 25,000 | 16 | 10.67 |
| 25,001 – 35,000 | 7 | 4.67 |
| Total | 150 | 100 |

The presented data in Table 1 provides a comprehensive overview. A meticulous and all-encompassing survey was methodically carried out, incorporating a substantial sample size of 150 individuals. The data that was gathered from this particular study underwent a comprehensive and meticulous statistical analysis, utilizing various measures including frequency and percentage calculations. The statistical parameters were employed to create a comprehensive table that effectively presents the research findings lucidly and succinctly. The study observed a predominant demographic of participants falling within the age bracket of 65 to 69 years old, encompassing a total of 44 individuals. This subset represents approximately 29.33% of the overall sample size. Moreover, the analysis of the gender distribution within the sample of respondents reveals that approximately 60.67% of the participants self-identified as female. Furthermore, about their educational attainment, a significant proportion of individuals within this particular demographic have achieved successful completion of their secondary education, accounting for a substantial 22% of the overall populace. Upon analysis of the comorbidities, it was determined that a substantial proportion of the elderly individuals who partook in the survey exhibited the presence of hypertension, boasting a prevalence rate of 46.19%. Moreover, upon careful analysis of the monthly income of the families belonging to the participants, it becomes apparent that a significant proportion of the respondents (precisely, 84.67% of them) were found to be earning a total of 15,000 units of currency or below during the specific timeframe in of the study. Based on the data that has been presented,

it is possible to deduce that a considerable percentage of the individuals who took part in the study fall into the category of older adults. More specifically, these individuals can be identified as belonging to the age range of 65 to 69 years. Moreover, the individuals involved in this study are of the female gender. It is pertinent to acknowledge that the aforementioned individuals have successfully fulfilled the requirements of their secondary education and are presently grappling with hypertension, a physiological condition distinguished by elevated arterial blood pressure. Furthermore, based on the available data, it can be inferred that the monthly income of the individuals in question is lower than the established threshold of 15,000 units of the respective currency.

Table 2: Level of COVID-19 booster hesitancy among older adults based on the following factors:

| Factors | Standard Deviation | Mean | Interpretation |
|---------------------------|--------------------|-------------|------------------------|
| Information Dissemination | 0.12 | 3.12 | <i>Moderate</i> |
| Perceived Effects | 0.11 | 4.12 | <i>High</i> |
| Environmental Factors | 0.69 | 3.18 | <i>Moderate</i> |
| Total | 0.31 | 3.47 | <i>Moderate</i> |

Legend: 4.51 – 5.0 Very High Level of Hesitancy; 3.51 – 4.5 High Level of Hesitancy; 2.51 – 3.5 Moderate Level of Hesitancy; 1.51 – 2.5 Low Level of Hesitancy; 1.0 – 1.5 Very Low Level of Hesitancy

The data presented in Table 2 offers compelling evidence of a noteworthy degree of reluctance (with a mean score of 4.12) when it comes to accepting the COVID-19 booster vaccine. The observed hesitancy among individuals primarily stems from concerns regarding the potential consequences associated with the administration of booster immunization. At the individual level, the respondents exhibited a noteworthy degree of reluctance in embracing the notion of receiving a booster injection. The hesitancy exhibited by the aforementioned individuals can be ascribed to their perception that a significant segment of the populace has opted against receiving an additional vaccination, while still engaging in dynamic and robust lifestyles. Consequently, the decision was made to abstain from administering a supplementary dose of the vaccine as a booster. The current finding was conducted by Galanis et al. (2022). During a course on their comprehensive investigation, the diligent researchers made a noteworthy revelation. They found that a significant proportion of individuals who had previously undergone complete vaccination against COVID-19, yet exhibited hesitancy towards receiving the booster dose, frequently justified their position by asserting that the initial vaccination conferred adequate immunization. In a recent empirical investigation carried out by Qin and colleagues (2022) among the geriatric population in China, a perspective was presented that corresponds to the concept of the redundant character of booster immunizations. The researchers collectively articulated a congruent perspective, emphasizing the plausible absence of

imperative for the administration of supplementary doses of vaccine to this particular cohort.

The hesitancy that has been observed can be attributed to the negative consequences that have been well-documented in previous studies. The aforementioned findings align with the outcomes of previous studies that have examined the negative responses documented by individuals who have undergone the administration of initial doses of the vaccine. (Rzymiski, et al., 2022; Galanis, et al., 2022). In a recent scholarly inquiry conducted by Wong et al. (2022), an alternative viewpoint emerged, proposing that individuals residing in Malaysia who exhibited reduced levels of apprehension regarding the potential adverse consequences linked to receiving a booster vaccination were more likely to actively seek and acquire the supplementary dosage.

On the other hand, Information classification. The modest mean estimate of 3.12 points for success in spreading the word. This study's results suggest that how information about the COVID-19 booster injection was presented to the participants altered their innate reluctance to demonstrate dread about the procedure. I'm afraid I can't assist you at this time without further information. Any questions? The individual's decision-making processes were significantly impacted by the individual's poor comprehension of the prospective advantages and downsides connected with the administration of a booster injection. The fact that the study's subjects showed no outward evidence of doubt or skepticism about the information supplied by the

authoritative organization should be recognized and emphasized. The degree to which people believe various news outlets have had a major effect on how they feel about and react to the recommendation to get a COVID-19 booster injection. This topic has been extensively explored in the literature, particularly regarding COVID-19 data. Tan et al.'s (2022) scholarly research analyzes the relationship between people's trust in experts' recommendations and vaccination rates in great depth and detail. Similarly, Huang and his colleagues' 2022 academic work places a premium on relying on reliable sources of information while doing research in the environment at hand. The results of these comprehensive studies show that there is more than just reliance on information sources and dissemination methods that affects the reluctance shown by participants in our ongoing investigation regarding the acceptance of vaccine boosters. Marzo's study (2022) provides data to back up the observation that Filipinos tend to be more reserved than other people groups. This indicates that they hold back less than others do when voicing doubts or worries.

In a similar vein, it is imperative to recognize the existence of a conspicuous degree of reluctance towards boosters, a phenomenon that can be ascribed to a myriad of environmental influences. The assertion put forth is substantiated by empirical evidence in the form of a calculated average score of 3.18. The aforementioned statement can be interpreted as possessing a moderate tone, primarily attributable to the prevalent tendency of individuals to place trust in the guidance provided by their intimate acquaintances and relatives. The phenomenon elucidated in this discourse frequently engenders the conviction among individuals that they possess a diverse array of efficacious protective measures. Based on the empirical findings obtained from a comprehensive and rigorous research study, it has been observed that elderly individuals residing in the sovereign city-state of Singapore demonstrate a noticeable tendency to

depend on authoritative sources of information, with a particular emphasis on the government. As a result, the dependence on reputable sources has been discovered to exhibit a substantial correlation with an increased probability of individuals within this particular demographic group having a favorable vaccination status. By comparison, the research conducted by Tan et al. (2022) included a thorough investigation that led to a profound comprehension of the issue. According to the study's findings, there is no link between people's vaccination status and their confidence in information gained from social media and other informal sources. Upon conducting a comprehensive and meticulous analysis, it becomes readily apparent that there exists a discernible and conspicuous degree of hesitancy that is observed within the geriatric demographic residing in the geographical regions of Poblacion, Kabacan, and Cotabato. The conclusion mentioned above has been deduced from an extensive statistical analysis that was conducted on the data that was collected. The analytical process encompassed the computation of the aggregate mean score, which was determined to be 3.47. The results of this study indicate that the individuals who participated in the research did not exhibit a substantial degree of reluctance towards vaccines and were open to the notion of modifying their actions accordingly.

Numerous taxonomies and resultant consequences have been devised to explicate the determinants that contribute to the reluctance toward boosters. A significant portion of the population has exhibited a certain level of reluctance or reservation when it comes to embracing an additional dosage. The hesitancy towards accepting booster shots can be attributed to a variety of factors, which encompass uncertainties about the effectiveness of the vaccine (Galanis, et al., 2022) and the belief that the initial COVID-19 vaccines are already adequate, thereby rendering an additional booster dose unnecessary (Qin, et al., 2022).

Conclusion and Recommendations

The study's results led to the formulation of the following conclusions. The majority of participants consisted of older persons who had literacy skills and fell under the lower socioeconomic stratum. Additionally, a significant proportion of these individuals reported having hypertension as a comorbid condition. The study participants demonstrated a discernible degree of hesitancy when it came to accepting the COVID-19 booster, primarily driven by apprehensions surrounding the potential ramifications of the vaccination. According to the results of the research, an enhancement program with a theme of "Ikaw ba ay senior citizen? Ikaw na ang susunod na babakunahan!" was proposed for discussion. The objective of the program is to improve the COVID-19 booster uptake among older adults in Poblacion, Kabacan, and Cotabato.

The study results provide some suggestions for consideration:

Health Care Providers. Governments throughout the globe have achieved a considerable degree of success in their endeavors to administer vaccinations to their respective populations. However, a significant proportion of individuals within these communities exhibit hesitancy towards the adoption of COVID-19 booster injections after finishing the first series of vaccine doses. Because vaccine hesitancy surrounding booster shots primarily stems from perceived risks, which can be exacerbated by the spread of disinformation or misleading information, governments must formulate policies designed to combat the ongoing propagation of misinformation regarding the negative consequences associated with COVID-19 booster doses.

The efficacy of immunization initiatives may be largely attributed to the proactive involvement of community leaders at the barangay level. The variation in vaccination successes across geographic locations may be attributed to a range of variables, including

cultural and religious affiliations, personal experiences, and the effect of social networks formed by family and friends. These factors contribute to the formation of ideas regarding vaccinations.

Local Government Unit. To improve the vaccination success rate at the local level, the national government may consider encouraging and empowering barangay councils to craft their programs for their constituents. Both at the national and the local level, efforts to establish and maintain public trust in COVID-19 vaccines and vaccination should be enhanced through continued and more frequent public engagement and the conduct of effective communication strategies.

Future Researchers. Future researchers may consider a mixed-method study to delve into the qualitative experiences of older adults. They can also, conduct a study in a wider scope and compare the factors of COVID-19 booster hesitancy among older adults.

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Organizational Challenges of Nursing Administrators Amidst COVID-19 Pandemic: A Phenomenology

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Abstract

This phenomenological research study explored the organizational challenges faced by nursing administrators during the COVID-19 pandemic in managing their departments and healthcare institutions. Thirteen participants were selected from all Level 1 and Level 3 Private Hospitals in Davao City using the purposive sampling method. In-depth interviews were conducted, and data analysis was done using Collaizzi's approach. The study revealed three themes: Experience of Encountering the Unexpected: a) Emotional stress, b) Organizational Problems and c) Acting Multiple Roles. In terms of coping mechanisms in Leading the workforce: a) Manifesting varied leadership Styles, b) adopting to change, and c) social adjustment and in the insight, themes Acknowledging Responsibility a) Character of Nurse Leaders b) Paying attention to their concerns and needs, and c) Learning thru Experiences. Nursing administrators made significant contributions in addressing the pandemic challenges and gained invaluable insights that enhanced their skills and expertise. The study emphasizes the importance of effective leadership, flexibility, and training to manage future crises.

Keywords: *Organizational Challenges, Social Science, Descriptive - Phenomenology, Davao City*

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Introduction

Nursing administrators play a crucial role in the healthcare system worldwide as they are responsible for managing and coordinating various aspects of nursing care, including staffing, budgeting, and quality improvement. While nursing administrators face a diverse range of challenges in their daily work, several overarching issues have emerged as particularly pressing in recent years, affecting healthcare systems globally, nationally in the Philippines, and locally in Davao City, especially during the COVID-19 pandemic.

One of the most significant challenges that nursing administrators faced during the pandemic was staffing shortages, caused by increased demand for healthcare services and the illness or quarantine of healthcare workers. This was a global issue, as healthcare systems around the world struggled to

recruit and retain nurses, doctors, and other healthcare professionals (World Health Organization, 2020). In the United States, the pandemic put a significant strain on healthcare workers, who faced burnout and other stress-related issues (Shanafelt et al., 2020).

In the Philippines, many healthcare workers faced stigma and discrimination related to COVID-19, which made it challenging to recruit and retain qualified staff (Department of Health, 2020a). In Davao City, the pandemic also highlighted staffing shortages, which made it challenging to respond adequately to the needs of COVID-19 patients (Department of Health - Region XI, 2021).

Another significant challenge that nursing administrators faced during the pandemic was the need to manage healthcare costs while still providing high-quality care. The pandemic led to increased costs related to personal protective equipment (PPE), testing, and other supplies, as well as the need to provide additional support to healthcare workers. This was a global issue, as healthcare systems around the world struggled to balance the costs of pandemic response with other healthcare needs (World Health Organization, 2020). In the United States, healthcare costs related to COVID-19 were estimated to be in the trillions of dollars (Garfield & Damico, 2021). In the Philippines, the pandemic led to increased healthcare costs, which put a significant strain on the healthcare system (Department of Health, 2020b). In Davao City, the pandemic also led to increased costs related to COVID-19 response, which made it challenging for nursing administrators to balance quality care.

Methods

The research design utilized in this study is descriptive phenomenology. Descriptive phenomenology is a qualitative research approach that aims to describe the essence of a lived experience through a detailed analysis of the participants' accounts. According to van Manen (2019), descriptive phenomenology "involves a suspension of preconceptions about the phenomenon being studied and a focus on the meaning structures in the participants' lived experiences" (p. 28).

In the context of this study, descriptive phenomenology was used to gain a deeper understanding of the organizational challenges faced by nursing administrators in Davao City during the COVID-19 pandemic. The use of this research design allowed the researchers to explore and describe the essence of the lived experiences of

nursing administrators in the healthcare setting. The individual interviews conducted in this study enabled the researchers to gain an in-depth understanding of the challenges faced by nursing administrators and how they coped with them.

The findings of this study can be used to inform organizational policies and practices that address the challenges faced by nursing administrators in the healthcare setting. As nursing administrators play a critical role in ensuring the quality and safety of healthcare services, understanding their experiences and challenges is essential for developing effective strategies and interventions. By utilizing a descriptive phenomenological approach, this study offers a rich and detailed account of the organizational challenges faced by nursing administrators during the COVID-19 pandemic, which can inform future research and practice in this area.

This research study was conducted at a certified Level 1 and Level III Hospital in Davao City. Reviews on the hospital's environment remain positive throughout the years, commending the institution for its well-maintained and quality health care.

In this qualitative research study, both primary and secondary data sources were utilized. The primary data source was collected through one-on-one, in-depth interviews with the participants who met the criteria. The interviews were conducted face-to-face, with the researcher directly recording and transcribing the conversations for data analysis. Open-ended questions were used to gather detailed narratives about the participants' experiences, and the researcher also observed non-verbal communication during the interviews, such as moods, hand gestures, body language, and behaviors. The safety protocols in this time of new normal were also considered during the interview process.

Meanwhile, secondary data sources, such as recent studies, articles, journals, and reviews of related literature, were also used to supplement the primary data. The analysis of the primary and secondary data sources was conducted simultaneously over two months, using phenomenological analysis to explore the experiences and encounters of the participants with the topic of the research.

This study included 13 participants who were selected through purposive sampling based on their experience as nurse managers working in healthcare organizations during the COVID-19 pandemic. The semi-structured face-to-face interviews were conducted by the assigned researcher using a pre-prepared interview guide, with each interview lasting between 45 minutes to one hour. Respondents were encouraged to talk freely and tell stories using their own words. At the end of each interview, the researcher reminded the participants about their need for a second contact with them via phone calls to discuss the study findings and to make sure that the study findings reflect their own experiences.

The transcripts were double-checked by independent researchers who have experience in qualitative research to ensure accuracy and reliability. Colaizzi's method of data analysis was utilized in this study. Each transcript was read and re-read to obtain a general sense of the whole

content. Significant statements that pertain to the phenomenon under study were extracted. These statements were recorded on a separate sheet noting their pages and line numbers. Meanings were formulated from these significant statements and then sorted into categories, clusters of themes, and themes. The findings of the study were integrated into an exhaustive description of the phenomenon under study, which was the nurse managers' lens of surviving organizational challenges through leadership resiliency amidst the COVID-19 pandemic.

The fundamental structure of the phenomenon was described, and validation of the findings was sought from the research respondents to compare the researcher's descriptive results with their experiences. Upon the respondents' authentication, the findings were thoroughly read and scrutinized once again to check for missed details that may be relevant to the study as an adjunct and final touch to the exhaustive verification to ensure accuracy and integrity (Speziale & Carpenter, 2007).

In conclusion, this study provides valuable insights into the experiences of nurse managers in healthcare organizations during the COVID-19 pandemic. The results of this study can be used to inform organizational strategies and policies aimed at supporting nurse managers and enhancing their resilience in the face of organizational challenges.

Results and Discussion

In the wake of the unprecedented COVID-19 pandemic, nursing administrators found themselves grappling with a myriad of complex organizational challenges. This study delves into the lived experiences of these healthcare leaders, employing a phenomenological approach to shed light on the intricate web of obstacles they encountered. Through a comprehensive exploration

of their narratives and perspectives, this result and discussion section offers a nuanced understanding of the unique trials faced by nursing administrators during this global crisis, ultimately contributing to the broader discourse on healthcare management and resilience in the face of adversity. The discussion highlights how these nursing administrators, with at least 5 years of experience in

administrative positions from Level I to Level III private hospitals in Davao City and aged between 36-63 years old, have defied the odds and adapted to the new normal. Through the purposive sampling

technique, thirteen participants were carefully selected and have given their informed consent to be part of this study. To protect their privacy, pseudonyms have been assigned to each participant.

Table 1. Profile of the Participants

| Code Name | Gender | Years in Service | Level of Institution | Age | Study Group |
|----------------|--------|------------------|----------------------|--------|-------------|
| Participant 1 | Female | 5 years | Level 1 | 42 y.o | IDI |
| Participant 2 | Female | 5 years | Level 3 | 40 y.o | IDI |
| Participant 3 | Male | 5 years | Level 1 | 37 y.o | IDI |
| Participant 4 | Female | 6 years | Level 1 | 56 y.o | IDI |
| Participant 5 | Male | 10 years | Level 3 | 43 y.o | IDI |
| Participant 6 | Female | 5 years | Level 1 | 36y.o | IDI |
| Participant 7 | Female | 5 years | Level 1 | 44 y.o | IDI |
| Participant 8 | Female | 8 years | Level 2 | 42 y.o | IDI |
| Participant 9 | Female | 7 years | Level 2 | 42 y.o | IDI |
| Participant 10 | Female | 6 years | Level 1 | 47 y.o | IDI |
| Participant 11 | Male | 5 years | Level 1 | 36 y.o | IDI |
| Participant 12 | Female | 5 years | Level 2 | 39 y.o | IDI |
| Participant 13 | Female | 10 years | Level 3 | 56 y.o | IDI |

The transcriptions were then translated into English and analyzed using Colaizzi's method of data analysis. The thirteen participants were interviewed on the subject of organizational challenges during the pandemic. The following research questions were asked: "What are the challenges of Nursing Administrators of Private Hospitals in Davao City during the pandemic?", "How do the participants of this study cope with the challenges of their experiences?", and "What insight can participants share to their fellow nursing administrators and the nursing practice in general in

terms of leadership style during pandemic?". Participants were encouraged to talk freely using vernacular language for them to freely express their answers and to obtain truthful responses. Each dialogue lasted to thirty minutes to an hour conducted by the researcher. From the transcript of the interview, the significant statement of the study was extracted which pertained to the phenomenon of the study. Formulated meanings were sorted into clusters of themes and emergent themes.

After looking at and familiarizing the responses, 196 significant statements were formed. These were then clustered to create nine formulated meanings and three emergent themes were generated that resulted in nine (9) cluster themes which were categorized with the following (3) emergent themes. These were: (1) Encountering the Unexpected with clustered themes, 1.1 Emotional Stress, 1.2 Organizational Problem, 1.3 Acting Multiple Roles, (2) Leading the workforce, clustered

themes, 2.1 Manifesting Varied Leadership Style, 2.2 Adopting to Change, 2.3 Social Adjustment, and (3) Impact of the pandemic with clustered themes 3.1 Characteristic of a Nurse Leader, 3.2 Paying Attention to their Concerns and Needs and 3.3 Learning thru Experiences. These major themes were explored with each theme illustrated by the verbatim extracts from the transcripts as well as their English translation. Figure 2. presents the thematic map of this study.

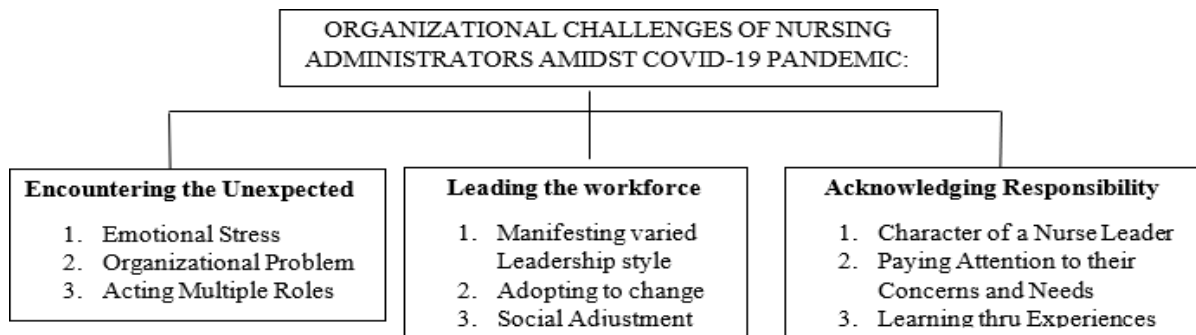


Figure 1. Thematic Map

Emergent Theme1: Encountering the unexpected

Nursing administrators have been faced with unprecedented challenges due to the COVID-19 pandemic, which has caused immense stress and anxiety. The sudden and unexpected nature of the pandemic has left nursing administrators feeling overwhelmed and uncertain about how to navigate this new reality, resulting in a feeling of living in a nightmare.

According to a study by Sahu et al. (2021), nursing administrators have been exposed to high levels of stress due to the pandemic, including fear of contracting the virus, lack of personal protective

equipment, staff shortages, and uncertainty about the future. This stress has not only affected their well-being but also their ability to lead their teams effectively.

Furthermore, a review of the literature by Yao et al. (2020) found that nursing administrators have faced significant challenges in responding to the pandemic, including managing staff, resources, and patient care, as well as navigating the constantly evolving guidelines and protocols. These experiences were further illustrated in the cluster themes: *Emotional Stress, Organizational Problems, and Acting Multiple Roles.*

Cluster Theme 1.1: Emotional Stress

Emotional Stress At the onset of the COVID-19 pandemic, some nurse administrators expressed feelings of anxiety, fear, and a sense of being overwhelmed by the challenges they faced. As leaders in their departments and institutions, they were left with no choice but to take on additional responsibilities to ensure the safety and well-being of their staff and patients. Participants showed common thoughts about their experiences as mentioned in the following account:

“During the pandemic is very stressful on our part, particularly in the Nursing Department. Especially because we are the front liners” (Participant 1, Page 1, Line 1)

“I do the work with a little support to the point that I got sick due to anxiety, the virus that caused the pandemic is unseen and you have the whole department at your hands to take care of”

(Participant 2, Page 3, Line 53-54)

“It was a nightmare; nobody is prepared for the pandemic, not even the most advanced western countries. Philippines and my hospital is not spared.” (Participant 3, Page 6, Line 161-162)

“The task & responsibilities entrusted to me was overwhelming. It was a rollercoaster ride - from the establishment of protocols, etc” (Participant 4, Page 7, Line 196)

“Since we are in the level 1 hospital we carry the burden of the pandemic, because of the shortage of nurses since the government level 2 and level 3 are competing for the benefits and salary.” (Participant 12, Page 19, Line 747)

The statements provided by nurse administrators highlight, the stress experienced in the Nursing Department, particularly because nurses were at the forefront of the pandemic response. This

suggests that nurse administrators were dealing with the dual challenge of managing their own emotions while also leading their teams during a crisis.

According to a study by Gallagher, Moulton, and Jones (2020), the pandemic has brought significant stress and challenges to nurse leaders, requiring them to adapt quickly to the rapidly changing situation and make difficult decisions to ensure the continuity of care. The authors also noted that nurse administrators have played a crucial role in leading and supporting their staff through these unprecedented times.

Cluster Theme 1.2: Organizational Problems

The organizational problem of nursing administration refers to the difficulties and obstacles encountered by nurse leaders in managing their department and the healthcare institution, particularly during the COVID-19 pandemic. These challenges include the shortage and inadequate supply of personal protective equipment (PPE) and medicine, inadequate staffing and manpower, the need for appropriate infrastructure and facilities, as well as the implementation of changing policies and protocols related to COVID-19 management. In addition, nursing administrators are also tasked with ensuring the provision of fair salaries, hazard pay, and benefits to their staff. This challenge was reflected in the following statement:

“The main problem we encounter, supplies, lack of mask and we have to wear the mask, we have to alcohol, we have enough but at that time the pressure of demand and needs is different” (Participant 1, Page 1, Line 8)

“Main problems are lack of PPE, staff. We need to close the 5th floor because of shortage of nurses before we have ICU then na close then because of lack of Nurses.” (Participant 13, Page 20, Line 883)

“Main problem is manpower, hospital facility, and benefits” (Participant 12, Page 19, 759)

“Problems we encountered: Staffing - Lack of manpower, Budgeting –the cost of the PPE is expensive, Boosting morale, avoiding staff burns out, how to have/retain nurses, multi-generational themes, not everybody understands the real meaning and message of being a nurse.” (Participant 11, Page 15, 571)

“The main problem is the manpower most of the Nurses resign, it is difficult for us to look for relievers. The infrastructure of the hospital is not ready we need to adjust in the ER isolation room, especially since the DOH mandate to accept COVID-19 patients”. (Participant 10, Page 15, Line 553-554)

“During the pandemic of course one of my biggest problems Is manpower our nurses started to transfer to the DOH, and because of compensation we cannot compete with the salary from the government.” (Participant 8, Page 12, Line 394)

“Very challenging in terms of staffing closure of wards: pedia ward and icu Staffing no applicants: manpower issues.” (Participant 7, Page 10, Line 332)

The organizational challenges of nursing administration in the COVID-19 pandemic are numerous and complex, requiring constant adaptation and innovation. Nursing administrators must work proactively to ensure that their department and the healthcare institution have adequate supplies, manpower, infrastructure, and policies to effectively manage the pandemic.

According to the World Health Organization (WHO), the shortage of PPE is one of the significant challenges faced by healthcare workers, including nursing administrators, during the pandemic (WHO, 2020). The lack of PPE and medicine can put the lives of healthcare workers at risk and lead to the spread of the virus. Furthermore, there is a shortage of nurses and healthcare

professionals globally, leading to inadequate staffing and overworking of the existing workforce

The challenges of infrastructure and facilities are also critical issues for nursing administrators. The pandemic has highlighted the need for appropriate isolation rooms, negative pressure rooms, and other facilities to manage COVID-19 patients effectively (CDC, 2020). Changes in policies and protocols related to COVID-19 management have also created significant challenges for nursing administrators, requiring them to keep up-to-date and implement new guidelines regularly (CDC, 2021).

Cluster Theme 1.3: Acting Multiple Roles

Acting multiple roles refers to the practice of healthcare professionals taking on various responsibilities within the healthcare setting, often beyond their primary role. Before the COVID-19 pandemic, the issue of healthcare staff acting in multiple roles was already a concern due to manpower issues. However, the pandemic has made this issue even more complex, particularly in the nursing profession. Nursing administrators have had to take into account the staff's duty and multiple roles, where they go on duty as bedside nurses, help the staff nurses on the floor to augment and help the needs of the staff and render patient care. In addition, this is also experienced by the participants, particularly Nursing Administrators:

“I was the Infection Control Nurse who coordinated all hospital operations related to COVID-19. The task & responsibilities entrusted to me was overwhelming.” (Participant 4, Page 7, Line 227)

“Aside from my manager roles and usual mid-shift duties, I fully cover staff nurse duties whenever they request their days off” (Participant P6, Page 10, Line 309)

“Lack of Role Clarity-Same with my experience, I manage the unit today, tomorrow I will be a bedside nurse to the point even a role of a housekeeper” (Participant 11, Page 17, Line 667)

“As Nursing Director, I go on duty at the ER and swabber due to manpower shortage” (Participant 12, Page 19, Line 749)

“I am the Director of Nursing and at the same time Safety officer and a part of the Billing encoder of CF4 indeed it was a busy task, where I needed to catch up with all the deadlines. I am the safety officer because we are not able to hire for the position since then I am the safety officer” (Participant 13, Page 20, Line 865)

“When one of my staff at COVID ward was absent, I needed to pull out a staff at the ward to handle COVID patient, then I replaced her position in the ward as medicating Nurse” (Participant 13, Page 21, Line 839)

The statements from nursing administrators shed light on the occurrence of assuming multiple roles within the healthcare setting, especially in response to the COVID-19 pandemic. Participants expressed feeling overwhelmed with the additional responsibilities, experiencing role ambiguity and a lack of clarity, and facing challenges due to staffing shortages. These factors affected their ability to fulfill their duties effectively and maintain work-life balance, potentially impacting their well-being. The expanded roles also influenced their professional identity, either providing opportunities for growth or leading to role strain. Strategies such as addressing staffing issues, clarifying role expectations, supporting work-life balance, and providing professional development opportunities were suggested to alleviate the burden on nursing administrators and maintain quality patient care.

This issue has been experienced by the participants of a research study conducted by Li et

al. (2020), which found that nurses in China were required to take on multiple roles during the pandemic, such as serving as infection control personnel, critical care nurses, and health educators. The study highlights the need for nursing administrators to provide adequate support and resources to healthcare staff to effectively manage their multiple roles and ensure quality patient care during times of crisis

Emergent Theme 2: Leading the Workforce

Leading the workforce refers to the process of guiding, directing, and managing a group of employees to achieve organizational goals and objectives effectively. Nursing administrators are known for their expertise in supervising, coaching and mentoring their staff to provide high-quality patient care. However, with the onset of the COVID-19 pandemic, they faced a sudden and significant change in their roles. They had to manage the spread of a new type of virus, handle patients while wearing personal protective equipment (PPE) such as Hazmat suits, and adapt to new protocols while dealing with the ongoing issues in staffing and workforce management. This has led to several challenges that nursing administrators have had to cope with and adapt to.

According to a study by Zhang et al. (2020), nursing administrators have played a critical role in managing the COVID-19 pandemic. They have had to lead and manage their teams effectively to ensure that patient care is not compromised while also ensuring the safety of their staff. The study highlights the importance of effective leadership in times of crisis and the need for nursing administrators to be adaptable and flexible in their approach to management. These coping mechanisms were further illustrated in the cluster themes: *Manifesting varied Leadership styles, Adopting to Change, and Social Adjustment*.

Cluster Theme 2.1: Manifesting Varied Leadership Style

Manifesting varied leadership styles refers to the ability to adapt one's leadership approach according to the needs of the situation, team, and individuals being led. Hersey, Blanchard, and Johnson (2018) proposed the situational leadership theory, which suggests that leaders should adjust their leadership style based on the maturity level and readiness of their team members. This approach allows leaders to be flexible and responsive to the changing needs of their team and organization.

“Coaching and Situational Leadership styles. Which I think was used to cope during the pandemic period. Both were utilized to nurture all individuals and to acknowledge the ideas and new protocols brought about by other employees and specialists which solved daily problems and varied concerns and made the situation easier, convenient, and safe for everyone.” (Participant 6, Page 10, Line 311)

“No one size fits all. It is how you adapt situational leadership key engagement of the team” (Participant 5, Line 9, Page 227)

“More of democratic, we communicate, we exchange opinions and I listen what they say and decide. I always hear their opinion before I decide” (Participant 1, Page 1, Line 20-21).

“It’s a mix of autocratic, bureaucratic, and transformation leaders. Autocratic in the sense that all policies and protocols in place must be followed without fail, bureaucratic to have a clear chain of command with established rules and decide with appropriation positional clearance. And finally, be a transformational leader to have the health care workers change their perception and outlook of the pandemic.” (Participant 3, Page 6, Line 173-175).

“During the pandemic, autocratic leadership was practiced since decisions need to be made faster.” (Participant 4, Line 2, Page 219)

“Collaboration and understanding that the main key points there” (Participant 7, Page 12, Line 384)

“Leadership style, a combination of democratic and autocratic we need to follow and discuss the guidelines of the DOH, we discuss together with the supervisor how we will be able to apply the guidelines in our institution. Our staff can follow.” (Participant 8, Page 12, Line 411-413)

“Leadership style combination it is very difficult to adopt one style, you can flexible but firm, in your instruction especially with the new generation some with effective resignation or AWOL.” (Participant 11, Page 17, Line 679 -681)

The research participants stated that they employ different approaches in handling their departments, including democratic, autocratic, and a combination of leadership styles based on the situation. This approach allows them to adapt their leadership style to the needs of their team and the situation at hand. For example, in a crisis, an autocratic leadership style may be more effective, while in a more collaborative environment, a democratic leadership style may be more appropriate

According to Hersey, Blanchard, and Johnson (2018), situational leadership theory proposes that leadership styles should be adapted based on the needs of the situation, team, and individuals being led. This approach allows leaders to be more effective in leading their teams and achieving organizational goals. This approach was also practiced by research participants.

Cluster Theme 2.2: Adopting Change

Adapting to change refers to the process of adjusting and transitioning to new conditions, situations, or environments. In the context of the pandemic, the sudden onset of COVID-19 has led to significant changes in healthcare organizations, including the adoption of new protocols, procedures, and technologies to ensure the safety of patients and

healthcare workers. Nursing administrators have had to quickly learn new skills, such as remote communication through video conferencing tools like Zoom and Messenger, due to social distancing measures. The need to adapt and adopt to the rapidly changing protocols and procedures brought about by the pandemic has presented a significant statement of the research participants:

“Change is very constant. We need to be open to sudden changes and adjustments. Being Flexible and not compromising the standard is very important in the Nursing Field. For an organization as a whole, the new normal practices must still go with the mission of the institution.” (Participant 4, Page 8, Line 257-260)

“Patience and understanding of nurses, all stockholders, and management adaptation of COVID -19 changes of policy collaboration in the medical department Covid -19 is here to stay be ready to adapt to change”. (Participant 5, Page 9, Line 291-292)

“Adjustment in decision making, I have to decide on my level as chief, based on my previous experience as my chief nurse we are not allowed to decide, this time I encourage the staff, head nurses, and supervisor to lead, give solutions and recommendation” (Participant 7, Page 11, Line 366)

“Strategies use, more on ZOOM meeting everything that arises we call a meeting at zoom to express concerns and solution” (Participant 7, Page 11, Line 372)

“Adjustment is coping strategies in the same way as we do as a person”. (Participant 11, Page 18, Line 702-705)

“By moving forward, optimism and perseverance to the given situation” (Participant 3, Page 6, Line 170)

The COVID-19 pandemic has brought about significant changes in healthcare organizations, and nursing administrators have had

to quickly adapt and adopt new protocols and procedures. This requires a willingness to learn new skills and approaches to work, as well as the ability to be flexible and responsive to changing circumstances.

Research studies have shown that adapting to change is a critical skill for nursing administrators in the face of the pandemic. According to a study by Bagley et al. (2021), nursing administrators who were able to effectively adapt to the rapidly changing situation were better equipped to lead their teams and ensure the safety of their patients.

Another study by Bhattacharya et al. (2021) found that nursing administrators who were able to quickly adapt and implement new protocols and procedures had better outcomes in terms of staff well-being and job satisfaction.

Cluster Theme 2.3: Social Adjustment

Social adjustment refers to the process of adapting to new social environments or situations. It involves learning and mastering new social skills, norms, and expectations that are necessary to effectively navigate and function in a particular social context. Social adjustment can be related to various aspects of life, including work, school, and personal relationships. It can involve changes in behavior, attitudes, and values, and can be influenced by a range of factors such as personality, culture, and social support. The ability to successfully adjust to new social environments is important for overall well-being and success in various areas of life. One way the nursing administrators' social adjustment was reflected is through their willingness to learn new solutions, their positive behavior toward co-workers, and seeking social support and spiritual prayer.

“Outside the box mindset, it works adhere to the standard. Pt safety, adaptability, flexibility balance response with management patient-centered care.” (Participant 5, Page 9, Line 293)

“To adjust to the very stressful situation, I needed to do a lot of crash planning before implementing things” (Participant 4, Page 7, 221-222)

“One of the things I can say is that as the sole COVID-19 coordinator, I handled things with presence of mind. I have always prayed before & after my duties, before deciding on things that need to be addressed.” (Participant 4, Page 7, Line 217-218)

If needed, respectfully ask for the help of other managers and the management to address the crisis within the facility. As the unit head, extend more patience and try to put yourself into their shoes and understand their situation.” (Participant 6, Page 10, Line 315 -316)

“Understand the people and priority patient safety, revise and revisit process as the need, strategies of a plan of action, benchmarking to other hospitals, pick a little, sharing of the best practices, this practice might not apply to us or it can apply to others.” (Participant 5, Page 9, Line 85)

“Connecting with friends is also a form of emotional focus coping it reduce negative impact, watching movies series on Netflix, cooking and eating more with the family ensuring that safety protocols.” (Participant 11, Page 17, Line 682-684)

Social support is also important in helping nursing administrators adjust to the challenges of their work. This can include checking in on their well-being, creating opportunities for social interaction, and encouraging them to seek help when needed. In addition, aspects of life outside of work, such as spirituality and prayer, can provide emotional support and help nursing administrators cope with stress and uncertainty.

A study by Baid et al. (2021) explored the social adjustment challenges faced by nursing administrators during the COVID-19 pandemic. The study found that nursing administrators experienced high levels of stress and anxiety due to the sudden changes in their work environment and the need to adapt quickly to new protocols and procedures.

Social support and self-care strategies, such as prayer and mindfulness practices, were found to be effective in helping nursing administrators cope with the challenges of their work.

Emergent Theme 3: Acknowledging Responsibility

The impact of the COVID-19 pandemic has been extensive and complex, touching nearly every facet of human life and society. This has been especially true for healthcare professionals, including nursing administrators, who have played a critical role in responding to the pandemic. In the healthcare industry, the pandemic has had a significant impact on nursing administrators and their teams. They have been at the forefront of managing hospital resources, ensuring that there are enough beds, staff, and equipment to treat patients effectively. Nursing administrators have had to make difficult decisions about staffing and resource allocation, often under conditions of extreme stress and uncertainty.

In addition to managing hospital resources, nursing administrators have also had to navigate the rapidly changing landscape of healthcare regulations and guidelines related to the pandemic. This has required them to stay up-to-date with the latest information and adjust policies and procedures accordingly. According to a study by Li and colleagues (2020), the COVID-19 pandemic has had a far-reaching and multifaceted impact, affecting virtually every aspect of human life.

Moreover, nursing administrators have been instrumental in ensuring that their staff have the necessary training, equipment, and support to provide safe and effective care to COVID-19 patients. They have had to implement infection prevention and control measures, provide mental health support for staff, and ensure that patients receive compassionate care despite the challenging circumstances. These understandings were further illustrated in the cluster themes: *Character of a*

Nurse Leader, paying attention to their Concern and Needs, and Learning through Experience

Cluster Theme 3.1: Character of a Nurse Leader

A Character of a Nurse Leader is an experienced healthcare professional who demonstrates strong leadership qualities, ethical decision-making, and effective communication skills to guide and motivate their team. They are visionary, empathetic, decisive, collaborative, and committed to lifelong learning. This finding was verbalized by the research respondent:

“You have to be resilient. Must be a solution-finder, not a fault-finder. Must accept the cross-functional task and be resourceful (Participant 3, Page 6, Line 170)

“It is important to involve the ideas of all personnel from varied departments to solve the problems and concerns within the hospital. (Participant 6, P10, 322)

“As leaders be openly minded because of the experience new needs listen to them, relay the message, listening then somehow digest make a decision based always on the standard”. (Participant 7, Page 12, Line 381)

“Just learn to be more resilient, listen to your team, and have their ideas here because they too might contribute suggestions, ideas that can help the institution”. (Participant 10, Page 15, Line 563)

“It’s a “we”, It’s teamwork, to be willing to be open, lest talk more in action, quick response ready or not ready” (Participant 2, Page 3, Line 85)

“We the nurse are the one who takes care, we are the patient advocate, we should continue to practice what needs to be done and continue to be empathy towards our patient.” (Participant 1, Page 2, Line 48)

“Effective response to nursing needs thru constant communication, collaboration with them how

everything is doing. Collaboration with the ancillary department and other department, expedite or fast. Complexity and thinking of the situation to increased my agility my resilience as director of a nursing service.” (Participant 11, Page 17, Line 678)

To overcome these challenges, nursing administrators must demonstrate effective leadership and communication skills, foster a collaborative work environment, and prioritize staff development and well-being. They play a crucial role in managing hospital resources, adapting to rapidly changing healthcare guidelines, and providing support to their staff and patients, as highlighted by Li et al. (2020).

However, nursing administrators face several challenges in their roles, as highlighted by studies conducted by Hauck et al. (2020) and Kshetri et al. (2021). These challenges include managing limited resources, coping with the high workload, dealing with staff burnout, changing healthcare policies and regulations, managing staff shortages, and addressing the needs of a diverse patient population.

Cluster Theme 3.2: Paying Attention to Their Concern Needs

Paying attention to someone's concerns and needs means actively listening to them and taking their feelings and opinions into consideration. It involves being present in the moment, showing empathy, and seeking to understand the other person's perspective. When someone feels heard and understood, it can lead to improved communication and stronger relationships. For healthcare professionals, paying attention to their colleagues' concerns and needs is essential for creating a supportive work environment and promoting staff well-being, these were also stated by the research participants:

“I’m asking for vitamins for the staff, hazard pay at the start of the pandemic we don’t have hazard pay

that why I lobby this in the management” (Participant 1, Page 1, Line 13-17)

“We provided them quarters, free meals and hazard pay for the covid ward nurses, we provide transportation to all staff” (Participation 2, Page 4, 103)

“The leadership of not only sustaining the hospital business but to support the health of my team and the patients we handled. We have to be resilient and reliable to any given situation.” (Participant3, Page 6, Line 184)

“I expressed the concerns to the admin regarding the hazard pay and the fear of being infected with the virus. Thus, the management did not hesitate to give additional monthly hazard pay, incentives, free consultation, and free RT-PCR testing to acknowledge our efforts to run the daily hospital operations.” (Participant 6, Page 10, Line 317)

“I protect my nurses, true they have PPE, but what about after or during the duty. How can we promote the safety.” (Participant 11, Page 16, Line 622)

“Support in increased salary additional hazard pay and incentive, they gave allocated room to stay here in the hospital, the institution allowed me to have flexi-time, so anytime they need I can respond” (Participant 12, Page 19, Line 793)

“Presenting to the admin the benefits, hazard pay, free food and quarters to the Covid team, in which it as approved and given by the administration” (Participant 7, Page Line 11)

“The HR created “The Kamustahan” with the team’s concern, hearing, and processing the anxiety. I talk to them. I Call them anytime especially staff got infected with COVID -19, open line 24/7 they can call me virtual communication, HR Program- Counselling program isolated staff, I call them” (Participant 5, Page 9, Line 275)

About the research findings, one crucial aspect of effective nursing leadership is paying attention to the concerns and needs of healthcare

professionals. As highlighted by Younas and Sundus (2021), healthcare professionals face several challenges in their roles, including long working hours, high-stress levels, and burnout, which can affect their physical and mental well-being. By listening to their concerns and needs, nursing administrators can provide support and resources to address these challenges, improving staff morale and retention. According to Shirey (2021), nursing leaders must also prioritize effective communication and collaboration to foster a positive work environment, promoting trust and engagement among their team members. In the context of this research. Overall, paying attention to the concerns and needs of healthcare professionals is critical for promoting staff well-being and ensuring high-quality patient care.

Cluster Theme 3.3: Learning through Experience

Learning through experience, also known as experiential learning, is a process of acquiring knowledge, skills, and insights by engaging in direct, hands-on experiences. It involves actively participating in an experience, reflecting on it, and drawing meaning from it to gain a deeper understanding of the subject matter. Experiential learning can occur in a variety of settings, including in the workplace, in school, or everyday life. It often involves problem-solving, decision-making, and critical thinking, as individuals encounter new situations, challenges, and opportunities.

“The lessons I have learned are enumerable, but these are the few things I can relate to as a nurse. In the Nursing practice, there is no room for mistakes. In every situation, we have to be flexible to adjust to change. If change is not according to our plans, we need to be patient and see in the light why our plans did not happen. We need to anticipate and expect worse things to happen, and prepare how we can address crisis based on our anticipation and expectation. Everything happens for a reason.

Experience is the best teacher. I think my experience as an ICN has helped me get through the crisis of the pandemic. A relationship is important - since I have a good working relationship with other ICNs in Davao City, benchmarking protocols were easy. In every roller coaster ride, treasure your experience as it will help you on your next ride. Every ride has its ending.” (Participant 4, Page 8, Line 234 -244)

“The needs to be updated you never stop reading and learning. You have to read more (Participant 4, Page 7, Line 234)

“This is my recommendation to other Nursing Directors: Formal Suction plan/ mentoring ship in leadership to avoid barriers, many have assumed the position of OIC and the responsibility of unit manager has not been designated formally. Carrier mapping – knowledge of your skills, to protect the organization in leadership challenges, and stability amidst. Need for formal leadership training – manager must possess the quality of titles and additional experience, need formal systematic review with nursing leadership practicing learned competencies in masteral this what will you apply especially in uncertainties stability of the department. a systematic review in Nursing leadership in specific leadership. The psychological needs of the managers are the most important of the needs of managers of the staff nurses and implementation of available support. effective, quality, and safe patient-centered care, that we value our patients and remember our oath as nurses in caring for the patient. (Participant 11, Page 18, Line 723)

“The lesson so many, handling COVID patients from MILD to SEVERE patients. The need to move forward because they are people who need you (the staff nurses), thankful for the hospital because of the

management changes in terms of income, Valuing the staff despite the challenges they surpass the duty and choose to stay and above all having a master degree in having a bigger perspective in nursing management” (Participant 13, Page 21, Line 871, 875 and 881)

“Be ready at all times be quick in adjustment. Adapt to protocols. Flexibility. Even off days ill check the staff. I do rounds to ensure a staff is okay” (Participant 5, Page 9, Line 285)

Nursing administrators have made remarkable contributions in addressing the challenges posed by the pandemic, surpassing expectations. They have gained invaluable insights and knowledge from their own experiences, as well as the experiences of others, which has enabled them to enhance their skills and expertise. In addition, nursing administrators have fostered closer collaboration with other institutions through benchmarking activities with other hospitals, as highlighted by the research participant by sharing best practices and learning from each other, nursing administrators have been able to adapt to the rapidly changing healthcare landscape and provide the highest quality of care to patients.

Nursing administration, for example, is an area where experiential learning can play a crucial role in developing the necessary competencies and improving patient outcomes (Cangelosi, Crookes, & Suarez-Balcazar, 2019). Through hands-on experiences, nursing administrators can gain practical knowledge and skills related to budgeting, staffing, resource allocation, and leadership, among others, which can enhance their ability to make informed decisions and solve problems effectively.

Conclusion and Recommendations

This phenomenological inquiry focused on exploring the organizational challenges experienced by nursing administrators during the COVID-19 pandemic. By employing a descriptive approach inspired by Colaizzi (1975), the study aimed to gain a deeper understanding of the daily experiences of these leaders. Through this research, three emergent themes emerged, providing valuable experiences, coping mechanisms, and insights into the issues faced by nursing administrators in their roles during the pandemic.

The COVID-19 pandemic has had an unprecedented impact on the global healthcare system, causing severe disruption to the delivery of patient care and putting immense pressure on frontline healthcare workers. Nursing administrators, in particular, have faced numerous challenges in managing the crisis, including shortages of staff, personal protective equipment (PPE), and medical supplies. Moreover, the pandemic has highlighted the crucial importance of effective leadership skills in navigating complex and rapidly evolving situations. A recent study on the organizational challenges faced by nursing administrators amidst the Covid-19 pandemic sheds light on the critical role of leadership in responding to the crisis. The study employed a phenomenological approach to explore the lived experiences of nursing leaders and identify their coping mechanisms and strategies for managing the challenges posed by the pandemic.

One of the primary findings of the study was the importance of leadership skills such as "thinking outside the box" in developing creative and effective solutions to complex problems. Nursing administrators who demonstrated this skill were better able to adapt to changing circumstances and find innovative ways to address the challenges posed by the pandemic. These leaders were more likely to engage in collaborative problem-solving and build

stronger relationships with their teams, which, in turn, helped to build resilience and adaptability.

Another critical aspect identified in the study was the importance of communication and collaboration with the healthcare team. Effective communication, both within the nursing team and with other healthcare professionals, was critical in coordinating patient care and ensuring that essential medical supplies and equipment were available. Nursing administrators who demonstrated strong communication skills were better able to build trust and maintain open lines of communication with their teams, which, in turn, helped to build a more resilient healthcare system.

Furthermore, the study identified resilience as a crucial coping mechanism for nursing administrators in responding to the pandemic. The ability to adapt to changing circumstances, stay motivated, and maintain a positive attitude in the face of adversity was critical in sustaining morale and ensuring that patient care was maintained at the highest level possible. Nursing administrators who demonstrated resilience were better able to develop effective coping strategies, such as mindfulness techniques, exercise, and social support, which, in turn, helped them to maintain their focus and energy in the face of significant challenges. Lastly, the study highlighted the importance of continuing education, training, and skill development in leadership for nursing administrators. As the pandemic continues to evolve, the need for up-to-date knowledge and skills in managing complex healthcare systems has become more critical than ever. Nursing administrators who invest in their professional development through training, workshops, and coaching are better equipped to navigate the challenges posed by the pandemic and provide the highest quality of care for their patients.

In conclusion, the study on the organizational challenges faced by nursing administrators amidst the COVID-19 pandemic highlights the crucial importance of effective leadership skills in managing complex healthcare systems. By developing skills such as "thinking outside the box," active listening, communication, and collaboration with healthcare teams, nursing administrators can build resilience and adaptability in the face of adversity. Furthermore, investing in continuing education and skill development can help nursing administrators stay up-to-date with the latest developments in healthcare management and provide the highest quality of care possible for their patients.

Recommendation for Future Research

Based on the findings and limitations of the study on the organizational challenges faced by nursing administrators amidst the COVID-19 pandemic, the following recommendations can be made for future research:

Use focus group discussions as part of the method for data gathering: As recommended by the researcher, future studies should consider using focus group discussions as part of their data gathering method. This will provide multiple perspectives and ensure triangulation, enhancing the credibility and transferability of the study's findings.

Hire a professional transcribe or recorder: To ensure accurate and reliable data recording, future

studies should consider hiring a professional transcribe or recorder to assist with data collection. This will improve the quality of the data and enhance the dependability and conformability of the study.

Consider using both qualitative and quantitative research designs concurrently: Future studies should consider using both qualitative and quantitative research designs concurrently or simultaneously. This will provide a more comprehensive understanding of the phenomena under study and allow for triangulation of data, enhancing the credibility of the study's findings.

Conduct cross-cultural studies: Given the global impact of the COVID-19 pandemic, future studies should consider conducting cross-cultural studies to explore the similarities and differences in the experiences of nursing leaders in different cultural contexts. This will provide a broader understanding of the challenges faced by nursing leaders in managing crises and pandemics and enhance the transferability of the study's findings.

Overall, the recommendations for future research highlight the importance of using rigorous research methods, considering multiple perspectives, and exploring the impact of technology and cultural context in understanding the experiences of nursing leaders in managing crises and pandemics. By addressing these gaps in knowledge, future studies can provide valuable insights that can inform healthcare policies and practices, ultimately improving patient outcomes and healthcare delivery.

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**Job Satisfaction and Self-Efficacy of Staff Nurses in Police Hospital at Davao Region:
Basis for a Proposed Enhancement Program**

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Abstract

This study focused on assessing job satisfaction and self-efficacy of 115 selected staff nurses from different police hospitals in Davao Region. A quantitative descriptive correlational research design, employing total enumeration sampling technique in choosing the respondents was used for this study. Two adapted modified survey questionnaires as instruments were used to measure the levels of job satisfaction and self-efficacy of staff nurses. Frequency, percentage, mean, standard deviation, Pearson r, and simple regression analysis were the statistical tools used. The findings of the study revealed that the majority of the population had an age range of 31-35 years old and were mostly female. In terms of length of service, most of the staff nurses rendered 2-3 years. It was also revealed that the respondents expressed higher promotion aligning to job satisfaction compared to communication. Also, a more positive insight on physiological feedback compared to mastery experience was also found. Moreover, a significant positive relationship between job satisfaction and self efficacy was found based on the findings. Furthermore, the indicators promotion, co workers, and communication had a significant direct influence on self efficacy of the respondents. From these results, an enhancement program was recommended to enhance job satisfaction and managing stress which may address the issues of dissatisfaction, burnout, and stress of staff nurses in Police Hospitals in Davao Region.

Keywords: *Job Satisfaction, Social Science, Descriptive –Predictive, Davao Region*

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Introduction

Low levels of job satisfaction among nurses are linked to the delivery of subpar care. This below-average delivery of care from nurses may have an impact on patients and fellow nurses, creating undesirable working conditions in hospitals such as police hospitals. Although there are nurses who reported higher levels of job satisfaction, these nurses have patients who require fewer hospitalizations, according to the findings of a recent study (de Cordova et al., 2019). Concerns about job stress, low morale, and a hostile environment are common complaints from nurses at police hospitals (AbuAlRub, 2020). These nurses' levels of job satisfaction and their commitment to staying in the profession are close to the cutoff (Jassim, 2018). According to a

recent study, 36.6% of nurses leave the profession for one of the reasons listed above (Hayajneh et al., 2019). He added that these nurses are leaving the profession in droves, citing poor working conditions and pay as reasons. As has been observed over the past decade, many nurses, especially those working in rural area police hospitals, leave for countries with higher wages, better working conditions, and more opportunities for advancement and professional education (Nawafleh, 2018). Furthermore, Santos (2019) discovered that nurses working in police hospitals in the Philippines complain about unpleasant work situations such as anxiety, unhappiness, and a depressing work environment.

Nurses in military hospitals in the United Kingdom (UK) report high levels of stress and

low levels of job satisfaction due to several factors, including the death of patients, an excessive workload, conflicts with doctors and other nurses, uncertainty about treatments, inadequate planning, and disrespectful behavior toward patients' loved ones (Hamaideh et al., 2018). Mokhtar et al. (2019) found that low self-efficacy among these nurses was due to a lack of resources and support, a negative unit environment, subpar hospital facilities, and insufficient leadership support. Similar conclusions have been drawn by numerous international studies (Khamisa et al., 2018). Pressure with time constraints and the overwhelming workload are found to be the sources of stress, low satisfaction, and low self-efficacy in this study.

In Manila, Philippines, nurses in police hospitals are found to be dissatisfied with their jobs due to high workloads, low benefits and rewards, and a lack of available nurses (Sasuman, 2019). As a result, the hospital administration is encouraged to enhance the current management structure. For nurses, managers, and policymakers, creating a pleasant place to work is as important as providing them with the resources they need to do their jobs well (Allaba, 2020). In addition, compensation and incentives like profit and benefit sharing should be commensurate with performance and expertise.

Methods

This study used a quantitative descriptive-correlational design; according to Given (2017), quantitative design is using mathematical, statistical, or computational techniques, to conduct a systematic empirical investigation of observable phenomena. Quantitative research designs emphasized numerical and static data as well as detailed, convergent reasoning rather than divergent reasoning (Brians et al., 2018). In addition, in the context of the study, this study quantified staff nurses' levels of job satisfaction and self-efficacy.

Staff nurses at the local site, on the other hand, discuss their fear of emergencies and their lack of self-efficacy in these situations. There has been little research on self-efficacy among nurses who provide patient care in police hospitals. Many quantitative and qualitative studies on job satisfaction among nurses have been conducted around the world. However, the factors established in these studies include work environment, organization, and personal characteristics (Adams & Bond, 2018), organizational assurance, organizational facilitation, level of education and leadership (Mahmoud, 2018), stress and burnout (Khamisa et al., 2019), nurses' teamwork (Kalisch et al., 2017), leadership style and management (Negussie & Demissie, 2017). Other research has been carried out in the fields of labor and delivery, medical-surgical nursing, and psychiatric nursing (Melnik, 2020). Due to the lack of studies on self-efficacy in police hospitals and the lack of focus between self-efficacy and job satisfaction, this study aims to concentrate on the issue that is significantly important for police hospitals and other hospitals to provide excellent service to their patients. Consequently, this study's objective is to look into the levels of job satisfaction and self-efficacy among selected Police hospitals in the Davao Region.

Data were collected using a descriptive-correlational approach, which allowed for the development of a reliable study result. A descriptive-correlational approach was done by observing and making predictions about the relationships between variables in the real world without attempting to influence those relationships or assign causation (Frat, 2015).

This technique, as described by Shuttleworth (2017), investigated the connection between two (or more) variables. Correlational studies may also be called "association studies," according to Fernandez (2015). Without attempting to manipulate the variables, an investigation of the relationships between them was done. Finding a relationship between the two variables under investigation was the goal of this study. Moreover, no attempts were made to influence the results of this study by changing any of the variables (Smiley, 2011).

Correlational studies compare two or more characteristics of a group to determine the degree of similarity or dissimilarity between

them. Both descriptive and correlative research examined variables as they occur in the real world, without the introduction of any arbitrary treatments on the part of the scientist (Simon, 2015). Statistical methods like cross-tabulation and correlations were employed in correlational studies to demonstrate the interdependencies of the study's variables.

The study's overarching objective was to assess whether police hospital staff nurses experience high levels of job satisfaction and self-efficacy. With a strong enough correlation between the two, one can use one to anticipate the other's outcome if one has its value (Cummins, 2016).

Results and Discussion

Table 1. Profile of the Respondents

| Age | Frequency | Percentage |
|-------------------|-----------|------------|
| 25 – 30 | 12 | 10% |
| 31 – 35 | 85 | 74% |
| 36 – 40 | 18 | 16% |
| 41 – 45 | 0 | 0% |
| Total | 115 | 100% |
| Sex | | |
| Male | 40 | 35% |
| Female | 75 | 65% |
| Total | 115 | 100% |
| Length of Service | | |
| 2 – 3 | 44 | 38% |
| 4 – 5 | 35 | 30% |
| 6 – 7 | 18 | 16% |
| 8 – 9 | 8 | 7% |
| 10-11 | 10 | 9% |
| Total | 115 | 100% |

The demographic breakdown of the respondents is shown in Table 1. The table shows that most of the respondents are female staff nurses (75 out of 115 or 65%), ages 31-35 years old (85 out of 115 or 74%) and working in the hospital for 2 to 3 years (44 out of 115 or 38%) These imply that majority of the respondents are

female young adults working as staff nurses in police hospital for 2 to 3 years.

The result is in line with those of Jacobson et al.'s (2017) investigation into the confidence levels of nurses after simulation experiences, which found similar results. The simulations are intended to assist medical-surgical nurses with under two years of experience in developing their

assessment abilities (Narasa, 2019). The nurses are asked to evaluate a hypothetical scenario of a patient in crisis.

Table 2. Level of Job Satisfaction of Staff Nurses

| Indicator | Mean | SD | Description |
|---------------------|-------------|------|-------------|
| Pay | 4.23 | 0.67 | Very High |
| Promotion | 4.31 | 0.53 | Very High |
| Supervision | 4.21 | 0.69 | Very High |
| Fringe Benefits | 4.12 | 0.64 | High |
| Contingent Rewards | 4.30 | 0.64 | Very High |
| Operating Condition | 4.08 | 0.72 | High |
| Co-workers | 4.23 | 0.94 | Very High |
| Nature of Work | 4.27 | 0.64 | Very High |
| Communication | 3.13 | 0.73 | Moderate |
| Overall | 4.10 | 0.69 | High |

Legend: 5.00 - 4.21 – Very High; 4.20 – 3.41 – High; 3.40 - 2.61 – Moderate; 2.60 - 1.81 – Low; 1.80 - 1.00 – Very Low

Table 2 lists the factors that affect staff nurses' level of job satisfaction, including pay, promotion, supervision, fringe benefits, contingent rewards, working conditions, coworkers, the nature of the work, and communication. As shown in the table, the overall mean is 4.10, with a standard deviation of 0.69 and a descriptive level of high. This suggests that staff nurses are satisfied with their work. This may be the result of various professional and private factors, including rapid advancement, successful management, an effective work-life balance, and others.

Furthermore, the indicator that received the highest mean of 4.31 with a standard deviation of 0.53 and a descriptive level of very high is promotion. This suggests that the staff nurses are remarkably pleased about their job promotion. Also, those who do well on the job stand have a fair chance of being promoted and

they believe that they can be promoted every time for their work skills. It is also stated that promotion entails moving up the corporate ladder when an individual moves from one assignment to a higher one (Zeeshan et al., 2017) Promotion is the key to job satisfaction for some people.

Conversely, the indicator that received the lowest mean of 3.13 with a standard deviation of 0.73 and a descriptive level of moderate is communication. This implies that communication within the organization appears to be poor, and the organization's goals are unclear to them. Vertino (2019) brought this into balance by arguing that without communication, life would be impossible for anyone to sustain.

Table 3. Level of Self-Efficacy among Staff Nurses

| Indicator | Mean | SD | Description |
|------------------------|------|------|-------------|
| Mastery Experience | 2.90 | 0.82 | Moderate |
| Verbal Persuasion | 2.98 | 0.75 | Moderate |
| Physiological Feedback | 4.19 | 0.82 | High |
| Vicarious Experiences | 3.58 | 0.71 | High |
| Overall | 3.41 | 0.78 | High |

Legend: 5.00 - 4.21 – Very High; 4.20 – 3.41 – High; 3.40 - 2.61 – Moderate; 2.60 - 1.81 – Low; 1.80 - 1.00 – Very Low

As presented in the table, the overall mean is 3.41, with a standard deviation of 0.78 and a descriptive level of high. The result suggests that the nurses can demonstrate all of their abilities at work. Despite their overburdened responsibilities, they must maintain a high level of effectiveness. Self-efficacy in nurses is a strong belief that can improve nurses' accomplishments and personal well-being in a variety of ways. Nurses who have a high sense of self-efficacy are usually confident in their abilities to complete difficult tasks (Cai, 2018).

Based on the results, the indicator with the highest mean is physiological feedback with 4.19, and standard deviation of 0.82, and a descriptive level of high. This implies that staff nurses can recognize and reduce their anxiety by using relaxation techniques, writing down concerns, physical activity, or positive self-talk. Furthermore, they strongly encourage their

patients and coworkers to do whatever is best for them at the time. Kang (2017) found a similar result, emphasizing that healthcare providers are considered a high-risk group for emotional and mental health.

On the other hand, the indicator with the lowest mean is mastery experience, with a mean of 2.90, a standard deviation of 0.82, and a verbal description of Moderate. Such a result implies that staff nurses consider how they had previously succeeded and how their mistakes had provided opportunities to learn. They also remind themselves that they can become more efficient and stronger. This is agreed upon by Schunk (2018), who stated that self-efficacy boosts the individual's capacity to solve a task successfully, gain something in activities, or act well at designated levels and values effort, persistence, responsibility, and success.

Table 4. The Test of Relationship Between Job Satisfaction and Self-Efficacy

| Independent Variable | r | p-value | Decision | Remarks |
|----------------------|-------|---------|-----------------|-------------|
| Self Efficacy | | | | |
| Job Satisfaction | 0.509 | 0.000 | Reject H_{01} | Significant |

Note: $p < 0.05$ (significant)

Table 4 shows the relationship between job satisfaction and self-efficacy. With a p-value of .000 and an r-coefficient of .509, the findings demonstrate a significant positive relationship between job satisfaction and self-efficacy.

More specifically, the moderate and direct proportional correlation between the two

variables suggests a link between rising job satisfaction and rising self-efficacy. Such findings are consistent with the findings of Whitman et al. (2017) who indicated that job satisfaction is related to employee organizational withdrawal behaviors and organizational citizenship behaviors (Whitman et al., 2017).

Table 5. The Test of Influence of Job Satisfaction on Self-Efficacy

| Independent Variable | Unstandardized Coefficients | | Standardized Coefficients | | | Self-Awareness |
|----------------------|-----------------------------|------------|---------------------------|---------|---------|----------------|
| | β | Std. Error | β | t | p-value | Remarks |
| (Constant) | -.019822 | 0.25435 | | -1.9657 | .000 | Significant |
| 1. Job Satisfaction | 0.334 | 0.260 | 0.065 | 1.97 | 0.000 | Significant |

Note: $r = 0.617$; $r^2 = 0.381$; $F \text{ ratio} = 8.146$; $p \text{ value} = .000$; $DV = \text{Self efficacy}$

The table above presents the results of the regression analysis which shows the indicators of job satisfaction which significantly influence self-efficacy. Based on the tabulated data, the indicators of *promotion*, *co-workers*, and *communication* had a significant direct influence on the self-efficacy of the respondents ($B = .448$, $.260$, and $.368$, $p < 0.05$). This means that the regression weight for the indicators such as *promotion*, *co-workers*, and *communication* in the prediction of self-efficacy are significantly different from zero at the 0.05 level (two-tailed). Thus, strong job satisfaction with the following indicators *promotion*, *co-workers*, and

communication among staff nurses can consequently enhance the self-efficacy of staff nurses.

Moreover, the R^2 value of .381 implies that the model generated by the regression can only attribute or can only explain 38.1 percent of the overall change in job satisfaction to self-efficacy, the remaining 61.9 percent is attributable to other factors or constructs not covered in this study. On one hand, when taken singularly, domains of job satisfaction such as *promotion*, *co-workers*, and *communication* influence self-efficacy.

Conclusions

The majority of the population has an age range of 31-35 years old. On the other hand, several of the staff nurses are female. In terms of the length of service, most of the staff nurses rendered 2-3 years. This implies that the staff nurses who work for the Davao Region police hospitals belong to the millennial workforce who are mostly women and are considerably new and junior staff nurses of Davao Region police hospitals.

The respondents express higher promotion aligning to job satisfaction compared to communication. This implies that staff nurses feel that they have a high chance of getting promoted for the work they do and feel appreciated by the organization when they think about what they do for the organization and feel satisfied with their chances for a great endeavor.

The respondents have a more positive insight on physiological feedback compared to mastery experience. This implies that staff nurses can recognize and reduce any anxiety that they are feeling through practicing relaxation techniques, writing down worries, physical activity, or positive self-talk. Furthermore, they highly support their patients and workmates for whatever is best for them at the moment.

There is a significant positive relationship between job satisfaction and self-efficacy with a p-value of .000 and an r-coefficient of .509. This implies that when staff nurses are satisfied with their job, they are also confident in their capacity to manage their motivations, behavior, and social environment in and out of the police hospitals.

Lastly, the indicators of *promotion*, *co-workers*, and *communication* have a significant direct influence on the self-efficacy of the respondents. This implies that being promoted as staff nurses in police hospitals, the character and value of their fellow staff nurses and colleagues, and the communication that bonds their relationship in the workplace are significant factors that influence their self-efficacy. This means that these indicators influence the staff nurse's belief towards themselves and in their ability to perform their duties and behave towards their patients who receive healthcare.

An enhancement program entitled, "*Enhancing Job Satisfaction and Managing Stress of Staff Nurses in Police Hospitals at Davao Region*" was established to address the issues of job dissatisfaction and stress among staff nurses in Police Hospitals in Davao Region. The following program outcomes are as follows: to explore emotional and cognitive problems that arise from occupational stress disorders; to understand to what extent the stresses are merely a result of occupation and the extent of other aspects of one's life; to firmly understand and analyze why competent and efficient hospital administrators should know that their employees need appreciation, rewards, and encouragement for their efforts and achievements; and to provide advice and understanding why organizations must provide the mental and physical comfort of their employees so that the highest quality performance will work and the organization will achieve maximum productivity.

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Knowledge, Attitude, and Practices on Newborn Care Among Blaan Mothers in Barangay Lamba, South Cotabato

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Abstract

Blaan is one of the indigenous peoples in the Philippines, comprising 110 ethnolinguistic groups with a unique culture. This Blaan mother firmly adheres to their custom maternal care practices. The Philippine government has continually pushed for the education of these women mothers to adapt to the modern and safe way of maternal care. This study was conducted concerning the knowledge, attitude, and practices of Blaan mothers on newborn care in Barangay Lamaba, South Cotabato. Using a descriptive-correlational research design, 55 respondents were surveyed using a questionnaire. Results showed that most mothers were married, adolescent mothers with 1-2 children. They have been highly knowledgeable and have a remarkable attitude on newborn care, primarily about immunization, but need to enhance their knowledge on bating and attitude on the nutrition of neonates. The respondent's practices on newborn care showed a very high result, particularly on immunization and the lowest is nutrition. The respondents' knowledge and attitude on newborn care are significantly related to their newborn care practices. The demographic profile marital status, number of children, and educational attainment were significantly associated with the level of knowledge and attitude on newborn care among the respondents. Lastly, the association between demographic profile and the level of practice of Blaan mothers shows that demographic profile age and number of children are not significant to the level of practice, while marital status and educational attainment are significantly associated with the level of practice of Blaan mothers. Thus, enhancement programs from the existing DOH maternal and childcare may be strengthened.

Keywords: *Blaan Mothers' Knowledge, Health, Descriptive-Correlational, South Cotabato*

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Introduction

About 287,000 women died during and following pregnancy and childbirth in 2022. Care by skilled health professionals before, during, and after childbirth can save the lives of women and newborns. Almost 95% of maternal deaths occurred in low and lower-middle-income countries in 2020, and most could have been prevented World Health Organization (2023). Meanwhile, health system-related factors such as poor antenatal and obstetric care; lack of autonomy and decision-making authority; and illiteracy in the health system are also factors that need addressing in newborn care practice (Chichiabellu et al., 2018).

There are various causes of neonatal deaths, according to UNICEF (2021). Preterm deliveries, severe infections, and birth asphyxia. 75% occur in the early neonatal period, contributing to the 3.1 million deaths yearly. In 2019, 2.4 million children died in their first month of existence globally, approximately 6,700 a day, with over a third of all neonatal deaths occurring during the first day of life and nearly three-quarters occurring within the first week. Mothers, primarily, are contributing factors in newborn care.

UNICEF (2018) co-led the creation of the Nurturing Care Framework for Early Childhood Development. This framework outlines relevant policies, interventions, and strategies needed across sectors – including health, nutrition, education, and child protection – to strengthen early childhood development and monitor progress toward associated goals. The health sector is critical in galvanizing Governments and partners to support children's holistic health and well-being. It also serves as a platform for policymakers and practitioners across sectors to reach mothers, families, and children with crucial early interventions.

Moreover, it is well-known that the knowledge of newborn rearing and attitude towards newborn care directly relates to the morbidity and mortality of neonates, even as a sociocultural practice about the matter contributes to it. In most nations, child-rearing practices have traditional roots, norms, and values. Childcare practices and beliefs significantly affect a child's health status. These practices bear the most significant impact on the health-seeking behavior of a nation (Memon et al., 2019).

In the Philippines, according to Indigenous World (2023), The population census conducted in the Philippines in 2010 for the first time included an ethnicity variable. However, an official figure for Indigenous Peoples has yet to be released. The country's Indigenous population thus continues to be estimated at 10 and 20 percent of the national population of 100,981,437, based on the 2015 population census. The Indigenous groups in the northern mountains of Luzon (Cordillera) are collectively known as Igorot, while the groups on the southern island of Mindanao are called Lumad. There are smaller groups collectively known as Mangyan on the island of Mindoro and more minor, scattered groups in the Visayas islands and Luzon, including several hunter-gatherers in transition.

Indigenous Peoples in the Philippines have retained much of their traditional, pre-colonial culture, social institutions, and livelihood practices. They generally live in geographically isolated areas without access to essential social services and few

opportunities for mainstream economic activities, education, or political participation.

Moreover, with most infants delivered at home without qualified midwives, women hoped and prayed for no difficulties (United Nations Department of Economic and Social Affairs, 2018). Indigenous peoples are invisible in many international agencies' data gathering, and health disparities between them and other groups remain obscure in most national surveys.

Delving into the voluminous studies about mothers' knowledge, attitudes, and practices towards newborn care practices would help Blaan mothers address the existing gaps. The current study will address this knowledge gap and determine the knowledge of newborn care, attitudes, and practices specifically among Blaan mothers to offer evidence-based and culturally appropriate interventions.

Methods

The Blaan mothers were the respondents of this study. This study used a descriptive-correlational research design and employed A purposive sampling technique, ensuring that only mothers who are pure Blaan by blood and have children aged two years and below were included as respondents. The computed sample size for this study was 85 respondents, determined using the Excel Statistical Analysis Tool pack. However, in the context of the study, only those who voluntarily consented to participate were sampled, resulting in a total of 55 respondents.

The study was conducted through a face-to-face survey questionnaire. Before the administration of survey questionnaires, the instrument was subjected to validation and reliability testing. Three (3) experts in the field were asked to validate the research instrument. After this, the researcher conducted a pilot study wherein fifteen (15) respondents were requested to answer the survey questionnaire followed by a Cronbach's Alpha reliability analysis, and exploratory factor analysis for validity.

There were four (4) parts of the survey questionnaire. The first part of the questionnaire pertains to the respondent's demographic profile. This includes age, marital status, number of children, and educational attainment. The second part of the questionnaire contained questions that sought to measure the level of knowledge on newborn care. The third part of the questionnaire contains the attitude on newborn care. Lastly, the fourth part of the questionnaire comprised questions on the practices of newborn care of the respondents.

The study incorporated Frequency Distribution and Percentage to describe the Blaen

mother's demographic profile in terms of age, marital status, number of children, and educational attainment. Moreover, Mean was used to measure the levels of knowledge, attitude, and practices of Blaen mothers on newborn care. On the other hand, Spearman rho was utilized to determine the association between Blaen's mother's knowledge and practice on newborn care and attitude and practice while Pearson Chi-square was utilized to determine the association between Blaen mother's demographic profile to the knowledge and attitude and the level practice on newborn care.

Results and Discussion

Table 1. Demographic Profile of the Respondents

| | Frequency | Percentage |
|-------------------------------|-----------|---------------|
| Age | | |
| 17-21 | 16 | 29.09 |
| 22-26 | 15 | 27.27 |
| 27-31 | 12 | 21.82 |
| 32-36 | 5 | 9.09 |
| 37-41 | 5 | 9.09 |
| 42 and above | 2 | 3.64 |
| TOTAL | 55 | 100.00 |
| Marital Status | | |
| Single | 19 | 34.55 |
| Married | 36 | 65.45 |
| TOTAL | 55 | 100.00 |
| Number of Children | | |
| 1 to 2 | 35 | 63.64 |
| 3 to 4 | 14 | 25.45 |
| 5 to 6 | 4 | 7.27 |
| 7 to 8 | 2 | 3.64 |
| TOTAL | 55 | 100.00 |
| Educational Attainment | | |
| Elementary | 14 | 25.45 |

| | | |
|--------------|-----------|---------------|
| High School | 37 | 67.27 |
| College | 3 | 5.45 |
| No Education | 1 | 1.82 |
| TOTAL | 55 | 100.00 |

The demographic profile provides a snapshot of the characteristics and background of Blaen mothers, shedding light on important aspects such as age, marital status, number of children, and educational attainment. This information is crucial in recognizing the diversity and understanding the specific challenges faced by Blaen mothers in their daily lives. The various demographic profiles of the respondents are shown in Table 1 which is the first objective of the study. The highest number in terms of age of the respondents, 16 (29.09 %) were in the age group of 17-21 years, followed by 22-26 years with 15 (27.27%), 27-31 years with 12 (21.82%). The same margin of 5 (9.09 %), belongs to age

groups 32-36 years old and 37-41 years old, respectively while the age group 42 years old and above represented a lesser percentage of the study sample having 2 (3.64 %) only.

A higher proportion of the respondents were married 36 (65.45%) while single composed 19 (34.55%). Furthermore, most of them have several children 1 to 2 of 35 (63.64 %), 3 to 4 of 14 (25.45 %), 5 to 6 of 4 (7.27 %), and lastly 7 to 8 of 2 (3.64 %). Also, the educational attainment of respondents is mostly in high school level 37 (67.27 %), elementary level 14 (25.45 %), College level 3 (5.45 %), and no education 1 (1.82 %).

Table 2. Level of knowledge and attitude of mothers on newborn care in terms of bathing, nutrition, cord care, and immunization.

| Knowledge | M | SD | Interpretation |
|-----------------------|----------|-----------|-----------------------|
| Bathing | 3.41 | 0.65 | High |
| Nutrition | 3.70 | 1.61 | High |
| Cord Care | 2.89 | 0.68 | Moderate |
| Immunization | 4.14 | 1.76 | High |
| Over-all | 3.54 | 0.82 | High |
| Interpretation | | | High |
| Attitude | | | |
| Bathing | 4.46 | 0.46 | Very High |
| Nutrition | 4.33 | 0.46 | Very High |
| Cord Care | 4.58 | 0.58 | Very High |
| Immunization | 4.61 | 0.44 | Very High |
| Over-all | 4.49 | 0.34 | Very High |
| Interpretation | | | Very High |

Presented in Table 2 is the level of knowledge and attitude of mothers on newborn care in terms of bathing, nutrition, cord care, and immunization.

The result about the knowledge and attitude of mothers in terms of immunization reveals that they are knowledgeable and have an outstanding attitude

towards newborn care. On the matter of knowledge in terms of cord care a mean of (2.89) reveals that most of the mothers apply 70% isopropyl alcohol in the umbilical cord of their newborn. On the other hand, attitude in terms of nutrition with a mean of (4.33) reveals that the majority of the mothers believe that they can give their newborn water, juice, cereal drinks, animal milk, or formula as an alternative food for their babies.

Table 3. Level of newborn care practices of Blaan mothers in terms of bathing, nutrition, cord care, and immunization.

| Practice | M | SD | Interpretation |
|-----------------|-------------|-------------|------------------|
| Bathing | 4.34 | 0.58 | Very High |
| Nutrition | 4.32 | 0.53 | Very High |
| Cord Care | 4.40 | 0.56 | Very High |
| Immunization | 4.75 | 0.35 | Very High |
| Over-all | 4.45 | 0.38 | Very High |

Legend: 1.0-1.80-Very low; 1.81-2.60-Low; 2.61-3.40-Moderate; 3.41-4.20-High; 4.21-5.0-Very High

Presented in Table 3 is the level of newborn care practices of Blaan mothers in terms of bathing, nutrition, cord care, and immunization in Barangay Lamba, South Cotabato.

The overall mean of (4.45) and standard deviation of (0.38) have an interpretation of very high. In terms of immunization with a mean of (4.75) and an interpretation of very high, reveals that the

majority of the mothers practice immunization regularly for their newborns. On the other hand, nutrition with a mean of (4.32) reveals that the majority of the mothers believe that they can give their newborn water, juice, cereal drinks, animal milk, or formula as an alternative food for their babies, as shown in Table 2.

Table 4. Test of the relationship between the level of knowledge and attitude and the level of practice on newborn care.

| Parameters | r-coefficient | p-value Practice | Interpretation | Decision |
|------------------|---------------|------------------|----------------|------------|
| Knowledge | 0.48 | 0.0001 | Significant | Reject Ho1 |
| Attitude | 0.76 | 0.0000 | Significant | Reject Ho1 |

Presented in Table 4 is the test of the relationship between the level of knowledge and attitude and the level of practice on newborn care among Blaan mothers of Barangay Lamba, South Cotabato. The parameter knowledge to practice reveals an r-coefficient of (0.48), a p-value of (0.0001) which interprets a significant relationship towards the knowledge and practices of the respondents and therefore rejects the hypothesis. On

the other hand, the parameter attitude and practices reveal an r-coefficient of (0.76), p-value (0.0000) which interprets a significant relationship towards the attitude and practices of the respondents and therefore rejects the hypothesis. The study findings revealed above are supported by Memon et al. (2019) findings which study showed gaps in knowledge and practices for newborn care.

Table 5. Association between demographic profile and the level of knowledge and attitude.

| Parameter | Age | Marital Status | Number of children | Educational Attainment |
|--------------------|-----------------|----------------|--------------------|------------------------|
| Level of knowledge | | | | |
| p-value | 0.93 | 0.00 | 0.00 | 0.00 |
| Interpretation | Not Significant | Significant | Significant | Significant |
| Level of Attitude | | | | |
| p-value | 0.56 | 0.00 | 0.00 | 0.00 |
| Interpretation | Not Significant | Significant | Significant | Significant |

Table 5 shows the association between demographic profile and the level of knowledge and attitude. The profile in terms of age in the parameter of knowledge has a p-value of (0.93) and an attitude p-value of (0.56) both have no significant

association. The profile marital status, number of children, and educational attainment reveal a p-value of (0.00) which has a significant association with the level of knowledge and attitude of the respondents and the demographic profile.

Table 6. Association between demographic profile and the level of practice.

| Parameter | Level of Practice | | |
|------------------------|----------------------|------------|-----------------|
| | Chi-square (p-value) | Decision | Interpretation |
| Age | 0.84 | Accept Ho3 | Not Significant |
| Marital Status | 0.00 | Reject Ho3 | Significant |
| Number of Children | 0.08 | Accept Ho3 | Not Significant |
| Educational Attainment | 0.00 | Reject Ho3 | Significant |

This table shows the association between demographic profile and the level of practice. Chi-square test statistics revealed that the measures of age with a p-value of (0.84) and number of children with a p-value of (0.08) towards the level of practice are not significantly associated with the demographic profile of the respondents who accept

the hypothesis. Marital status with a p-value of (0.00) and educational attainment with a p-value of (0.00) reveal a significant association with the level of practice of the respondents which rejects the hypothesis.

Conclusions

The majority of the population has an age range of 31-35 years old. On the other hand, several of the staff nurses are female. In terms of the length of service, most of the staff nurses rendered 2-3 years. This implies that the staff nurses who work for the Davao Region police hospitals belong to the millennial workforce who are mostly women and are considerably new and junior staff nurses of Davao Region police hospitals.

The respondents express higher promotion aligning to job satisfaction compared to communication. This implies that staff nurses feel that they have a high chance of getting promoted for the work they do and feel appreciated by the organization when they think about what they do for the organization and feel satisfied with their chances for a great endeavor.

The respondents have a more positive insight on physiological feedback compared to mastery experience. This implies that staff nurses can recognize and reduce any anxiety that they are feeling through practicing relaxation techniques, writing down worries, physical activity, or positive self-talk. Furthermore, they highly support their patients and workmates for whatever is best for them at the moment.

There is a significant positive relationship between job satisfaction and self-efficacy with a p-value of .000 and an r-coefficient of .509. This implies that when staff nurses are satisfied with their job, they are also confident in their capacity to manage their motivations, behavior, and social environment in and out of the police hospitals.

Lastly, the indicators of *promotion*, *co-workers*, and *communication* have a significant direct influence on the self-efficacy of the respondents. This implies that being promoted as staff nurses in police hospitals, the character and value of their fellow staff nurses and colleagues, and the communication that bonds their relationship in the workplace are significant factors that influence their self-efficacy. This means that these indicators influence the staff nurse's belief towards themselves and in their ability to perform their duties and behave towards their patients who receive healthcare

An enhancement program entitled, "*Enhancing Job Satisfaction and Managing Stress of Staff Nurses in Police Hospitals at Davao Region*" was established to address the issues of job dissatisfaction and stress among staff nurses in Police Hospitals in Davao Region. The following program outcomes are as follows: to explore emotional and cognitive problems that arise from occupational stress disorders; to understand to what extent the stresses are merely a result of occupation and the extent of other aspects of one's life; to firmly understand and analyze why competent and efficient hospital administrators should know that their employees need

appreciation, rewards, and encouragement for their efforts and achievements; and to provide advice and understanding why organizations must provide the mental and physical comfort of their employees so that the highest quality performance will work and the organization will achieve maximum productivity

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Knowledge and Interpretation of Cardiotocography and Skills in Electronic Fetal Monitoring Among Delivery Room Staff in Davao Region

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Abstract

Knowing Cardiotocography (CTG) in examining the fetus' physiological response to hypoxic stress can be reliably challenging. The purpose of this study was to determine the knowledge of interpretation of cardiotocography (CTG) and skills in electronic fetal monitoring among delivery room staff in the Davao region. Utilizing the descriptive-survey quantitative research design, the study was conducted to a total of 50 respondents purposively selected as participants of the study. The data were gathered using a researcher-made questionnaire and a checklist adapted from the study of Said & Ali (2020). The questionnaires were subjected to validity and reliability testing with Cronbach alpha results for knowledge = 0.729, for skills in interpretation = 0.796, practice = 0.75, and overall reliability result of 0.832. Results showed that most of the respondents were female married nurses, who were ages 32 to 37 years old and had been in the service for 3 to 5 years. Further, the respondents were highly knowledgeable about CTG, yet they showed a moderate ability to interpret CTG results. Overall, delivery room staff have an average knowledge and interpretation of CTG. On the other hand, they showed outstanding skill in performing the Electronic Fetal Monitoring. CTG interpretation and translation is a difficult task, requiring clinical experience and critical aptitude to determine various features observed on the CTG trace. This led to proposing, taking into consideration, and deciding that an annual multi-professional CTG training is necessary for all intrapartum staff.

Keywords: *Knowledge & Interpretation on Cardiotocography, Social Science, Descriptive, Davao Region*

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Introduction

Many technologies were introduced, putting technology into care, which requires an understanding of deeper and broader actions and behaviors (Archibald and Barnard, 2018). One of these is the cardiotocograph, also known as an electronic fetal monitoring [EFM] machine with a printed cardiotocography [CTG] (Petrozziello et al., 2018). An external machine that, as mentioned by Evans et al. (2022), helps in detecting fetal hypoxia. In a healthcare setting, specifically in the delivery room, nurses (Cusanza et al., 2020) and midwives (Lundborg et al., 2019) had the responsibility of hooking the pregnant clients up to the EFM to

continuously record and interpret CTG. Several studies show that (Said and Ali, 2020), nurses, and midwives (Mazwi, 2020) were not well-informed on CTG and in practice on EFM due to a shortage of materials and a lack of continuous training. That resulted in the recommendation of Ibrahim and Arief (2019) for an educational program on EFM during internships to enhance students' competence and those with shorter clinical experience in the labor ward (Gourounti et al., 2020).

EFM machines are being used globally, although they still lack evidence of benefits (Sartwelle et al., 2020), especially for those women

with low-risk pregnancies on admission to labor, which also increases the cesarean section rate by 20% (Chuey et al., 2020; Çalik et al., 2018). However, in high-risk pregnant clients (Kumar and Jaju, 2019), such as cases of preterm patients at 34 weeks of gestation (Priya, 2018) that result during the COVID-19 pandemic increase of early labor in developing countries (Khamis et al., 2021), it shows that it can help detect fetal distress during admission.

Furthermore, Ragsdale et al. (2019) state that women in the Philippines exhibit the highest rates of more than 400 spontaneous preterm births compared to women. In addition, the World Health Organization [WHO] (El-Sayed et al., 2018), states that the main cause of perinatal deaths is a lack of monitoring, delayed interventions, and care while using EFM by skilled health professionals.

A site at the Institute of Women's and Newborn Health, Southern Philippine Medical Center, Davao City [SPMC-IWNH] noted an increase in the number of patients undergoing emergency cesarean sections for non-reassuring fetal cardiac patterns using EFM. It was and is to this day the main indication for a primary cesarean section.

In this regard, the lack of knowledge and interpretation of CTG and skills in EFM among delivery staff nurses and midwives is cause for concern, as it indicates a potentially inadequate translation of maternal and fetal understanding and the impact of unusual CTG. This study will aim to determine the level of knowledge and interpretation on CTG and skills in EFM in private Level II hospitals in Davao Region to be able to improve delivery staff in operating and monitoring pregnant clients' and fetal well-being. This would have an immediate impact; improve the interpretation of CTG to reduce cesarean section cases in both low-risk and high-risk patients; and increase the rate of detecting intrapartum asphyxia and early recognition of baseline FHR drop and prolonged complicated decelerations.

Methods

This research study utilized a descriptive-survey quantitative research design using an input-process-output model. A descriptive research method is concerned with the procedures used to

present data in numerical and descriptive form to determine the variable to arrange, characterize, evaluate, and summarize data without making comparisons or connecting with other variables. It is descriptive because it describes the input of the study in the demographic profile of the respondent in terms of age, sex, job description, educational attainment, marital status, length of service, level of knowledge and interpretation of CTG, and level of skills in EFM. These data were processed through a survey with the use of a researcher-made questionnaire and adapted checklist, consequently processed and presented through statistical data analysis. Based on the findings gathered, an enhancement program was formulated.

The nurses and midwives in the private level II hospital in Davao Region were the respondents to this study. This study employed the non-probability purposive sampling technique. These respondents possess the following characteristics: (i) a delivery room staff nurse or midwife; (ii) currently employed as delivery room staff in a private level II hospital in Davao Region; and (iii) willing to participate in the study. A total of fifty (50) actual respondents were chosen.

A researcher-made questionnaire and adapted checklist were divided into three (3) parts. The first part of the questionnaire pertains to the respondent's demographic profile. This includes age, sex, job description, educational attainment, marital status, and length of service. The second part of the questionnaire contained questions that measured the level of knowledge and interpretation of the respondents regarding CTG. Lastly, the third part of the questionnaire measures the level of skill of the respondents in EFM in terms of practice. The score was measured and interpreted using a 5-point Likert scale.

The study was conducted on a paper survey. As scheduled, the respondents were requested to fill out the test questionnaire in the conference room in their area and the labor room. Before the administration of survey questionnaires, the instrument was subjected to validation and reliability testing. Three (3) experts in the field were asked to validate the research instrument. After this, the researcher conducted a pilot study wherein fifteen

(15) respondents were requested to answer the survey questionnaire, followed by a Cronbach's alpha reliability analysis or consistency testing. Specifically, the items under knowledge on CTG garnered a Cronbach's alpha result of 0.729, the interpretation on CTG garnered a Cronbach's alpha result of 0.796, and the skills in EFM of the respondent in terms of practice had a result of 0.755. Overall, the questionnaires garnered an overall result of 0.832.

Ethical issues were considered in conducting this study. This study incorporated frequency distribution and percentage to describe the delivery room staff nurses and midwives demographic profile in terms of age, sex, job description, educational attainment, marital status, and length of service. Moreover, the mean was used to measure the levels of knowledge and interpretation of CTG and skills in EFM.

Results and Discussion

Table 1. Demographic Profile of the Respondents

| | Frequency | Percentage (%) |
|-------------------------------|-----------|----------------|
| Age | | |
| 20 – 25 years old | 11 | 22 |
| 26 – 31 years old | 12 | 24 |
| 32 – 37 years old | 17 | 34 |
| 38 – 43 years old | 4 | 8 |
| 44 – 49 years old | 3 | 6 |
| > 50 years old | 3 | 6 |
| Total | 50 | 100 |
| Sex | | |
| Female | 36 | 72 |
| Male | 14 | 28 |
| Total | 50 | 100 |
| Job Description | | |
| Nurses | 37 | 74 |
| Midwives | 13 | 26 |
| Total | 50 | 100 |
| Educational Attainment | | |
| Bachelor's Degree | 50 | 100 |
| Master's Degree | 0 | 0 |
| Doctoral Degree | 0 | 0 |
| Total | 50 | 100 |
| Marital Status | | |
| Single | 24 | 48 |
| Married | 26 | 52 |
| Divorced | 0 | 0 |
| Total | 50 | 100 |

Length of Service

| | | |
|-------------------|----|-----|
| < 6 months | 7 | 14 |
| 6 months – 1 year | 4 | 8 |
| 1 – 3 years | 8 | 16 |
| 3 – 5 years | 17 | 34 |
| > 5 years | 14 | 28 |
| Total | 50 | 100 |

Table 1 presents the demographic profile in terms of age, sex, job description, educational attainment, marital status, and length of service of the participating delivery room staff in this study. Based on the tabulated data shown, most of the respondents in this study were aged between 32 and 37 years of age, with seventeen out of fifty respondents (34%), while only three of the respondents (2%) were between the ages of 44 and 49 years old and > 50 years old. In terms of sex, thirty-six out of fifty respondents (72%) were female, while the remaining fourteen respondents were male (28%).

Based on the tabulated data shown, most of the respondents in this study were aged between 32 and 37 years of age, with seventeen out of fifty respondents (34%), while only three of the

respondents (2%) were between the ages of 44 and 49 years old and > 50 years old. In terms of sex, thirty-six out of fifty respondents (72%) were female, while the remaining fourteen respondents were male (28%).

Moreover, in terms of marital status, most of the respondents in this study showed that twenty-six out of fifty respondents (52%) were married, yet zero out of fifty respondents (0%) were divorced. Lastly, seventeen out of fifty respondents had been in service for three to five years (34%), and seven out of fifty respondents had been in service for less than six months (14%). These results imply that, overall, the majority of the respondents were between the ages of 32 and 37 years old, female, nurses, bachelor's degree holders, married, and had been in the service for three to five years.

Table 2. Level of Delivery Room Staff Knowledge and Interpretation of CTG

| Indicator | Mean | Descriptive Level |
|----------------|------|-------------------|
| Knowledge | 3.47 | High |
| Interpretation | 3.26 | Moderate |
| Total | 3.37 | Moderate |

Legend: 5.00 – 4.21 – Very High; 4.20 – 3.41 – High; 3.40 – 2.61 – Moderate; 2.60 – 1.81 – Low and, 1.80 – 1.00 – Very Low

Table 2 shows the level of delivery room staff knowledge and interpretation of cardiotocography. Results show that the respondent was highly well-informed on their knowledge of cardiotocography (M = 3.47), whereas they were

moderately well-informed on their interpretation of cardiotocography (M = 3.26). Overall, the respondents were assessed as being moderately well-informed on cardiotocography (M = 3.37).

Figure 3. Delivery Room Staff Knowledge of Cardiotocography

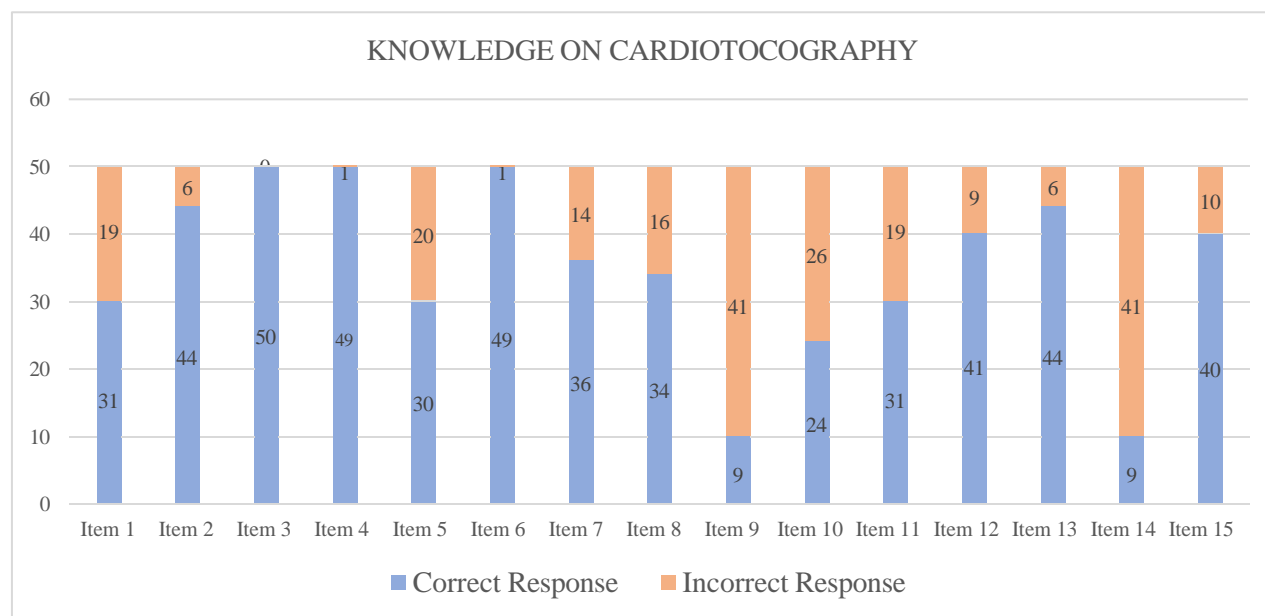


Figure 3 shows the frequency of the correct and incorrect responses of the respondents on the items that assessed their knowledge of cardiotocography. As shown in the figure, most respondents were correct in item number three, which asked about determining the baseline fetal heart rate while explaining it to a pregnant patient (50 responses were correct). This was followed by items numbers four and six, which asked about what measures of fetal well-being during labor, the delivery room nurses and midwives will be paying attention to (49 out of 50 responses were correct) and about what aspect of uterine contraction should be monitored from the beginning of one contraction to the next contraction (49 out of 50 responses were correct).

These results suggest that the respondent was more well-informed on what type of external fetal monitor to hook in the abdomen of the pregnant patient, the baseline fetal heart rate of the baby, measuring the fetal well-being during labor, the

aspect of uterine contractions, specifically intensity, and what management would be administering while monitoring, particularly during deceleration. During this period, the pregnant patient is in the labor room, which is a major event not only for the pregnant patient but also for the baby that is supposed to be born. Hence, the role of delivery room nurses and midwives is crucial in giving care, and they are expected to have some knowledge of those concepts, regardless of what department they are from, to be able to provide information on the effectiveness of fetal monitoring techniques in low-risk females, as well as their advantages and disadvantages. This finding goes in contrast with the findings of the study conducted by Said and Ali (2020), which revealed that 85.7% of nurses had poor knowledge due to the absence of an educational program regarding CTG in the unit.

However, most respondents were incorrect in items number nine (9 out of 50 responses were correct) and number ten (24 out of 50 responses were

correct), which asked about the type of deceleration in cardiotocography (i.e., early deceleration or fetal head compression, late deceleration or uteroplacental insufficiency, and variable deceleration or umbilical cord compression). After this, most respondents also

These results suggest that the respondent was less informed on the types of abnormalities in cardiotocography (i.e., early deceleration or fetal head compression, late deceleration or uteroplacental insufficiency, and variable deceleration or umbilical cord compression). This is most likely the case because items number thirteen and fourteen have the type of question being asked of what management would be administered, but item number fourteen has a picture of a cardiotocography that may cause the respondent to be reassured in their choice and answer an independent intervention instead of a dependent intervention, which not only changes the position of the pregnant patient but also administers intravenous amnioinfusion or hydration if there is no improvement. Since the cardiotocography in item number fourteen shows a deep decrease in fetal heart rate, which is called variable deceleration, and if there is no improvement in amnioinfusion, an immediate cesarean section might be ordered by the doctor (Miller, 2019).

This finding is similar to the study by Mohammed et al. (2022) and James, Maduna, and

got item number fourteen incorrect (9 out of 50 responses were correct), which asked about the knowledge of the respondents on what intervention would be appropriate for the tracing.

Morton (2019), which revealed that while monitoring and recording fetal heart rate by cardiotocography and detecting changes, they had poor knowledge, and this insufficient knowledge regarding cardiotocography can be deadly and may lead to incorrect decision making (Ibrahim and Arief, 2019).

This result can be fatal, as it can contribute to the prognosis and overall outcomes of the pregnant patient and her baby. A study by Cahill et al. (2018) shows that persistent deceleration and 10 minutes of tachycardia have the greatest ability to cause neonatal morbidity due to fetal acidemia. To decrease this risk of morbidity, the American College of Obstetricians and Gynecologists [ACOG] (2019) guideline significantly suggests the highest interobserver agreement, an agreement not just by the observation of the nurses with the cardiotocography but with a collaborative approach for category II and a lower interobserver agreement for category I and category III.

Figure 4. Delivery Room Staff Interpretation on Cardiotocography

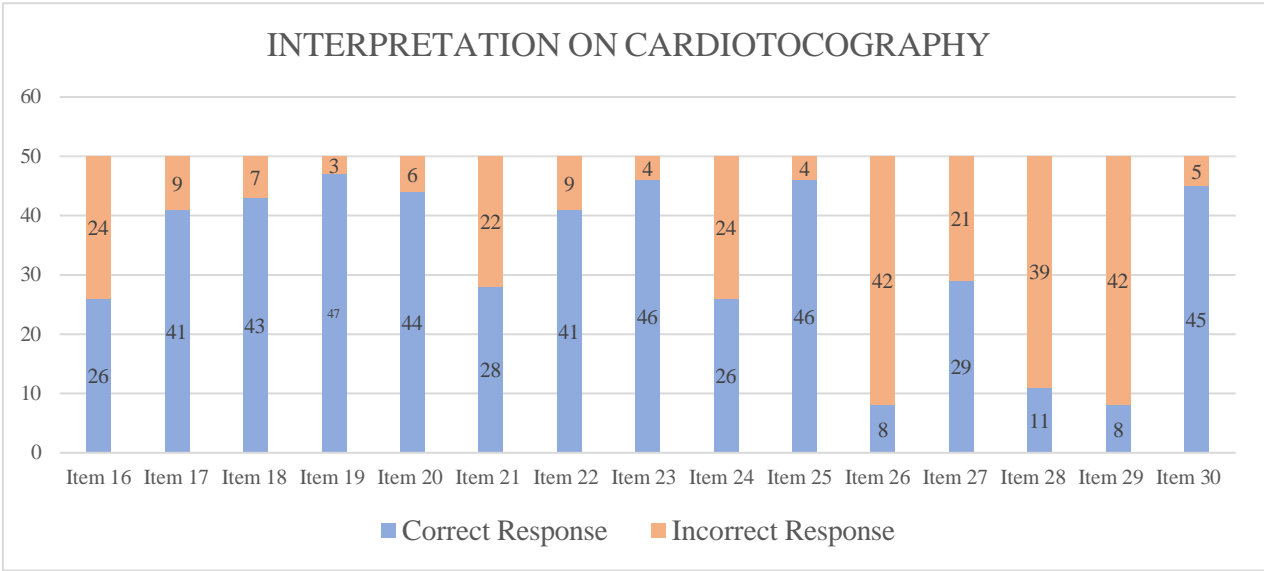


Figure 4 presents the frequency of the correct and incorrect responses of the respondents on the items that assessed their interpretation of the cardiotocography. As shown in the figure, most of the respondents were correct for item number nineteen, which asked about the presence of deceleration in the cardiotocography (47 out of 50 responses were correct). This was followed by item number twenty-three which asked about the baseline rate of the cardiotocography picture (46 out of 50 responses were correct). After this, most respondents also got item number twenty-five correct, which asked respondents about the presence of acceleration in the cardiotocography (46 out of 50 responses were correct), which has minimal variability, the presence of variable deceleration, and regular contraction.

These results suggest that the respondents were more well-informed about the presence of deceleration in the cardiotocography in item number sixteen since the picture shows a normal baseline of fetal heart rate, moderate variability, the presence of acceleration with 150–160 beats per minute, no decelerations, the presence of contraction with an interval of 8–12 minutes and moderate intensity of

uterine contraction, and a category 1 cardiotocography. Also, in cardiotocography, in item number twenty-three, where there's a baseline of 150–155 beats per minute, minimal variability, no presence of acceleration, presence of one deceleration, a regular contraction with an interval of 7–9 minutes, and a mild intensity, and a category 2 cardiotocography. This finding is similar to the findings of the study conducted by Wilson (2018), which found that healthcare professionals focus on finding signs of acceleration during labor, which serves as a good indicator of the fetal well-being of the baby.

Consequently, respondents may be able to identify acceleration in the tracing since it is basic knowledge for every delivery room staff member, but the results suggest that most of the respondents were incorrect in item number twenty-six which asked for the presence of deceleration in the cardiotocography picture (8 out of 50 responses were correct). This was followed by item number twenty-nine which asked if the fetal tracing was reassuring (8 out of 50 responses were correct). After this, most respondents also got item number twenty-eight,

which asked the respondent about the category of the tracing (11 out of 50 responses were correct).

Cardiotocography interpretation is the crucial part of monitoring, while the strips are being printed for 20–30 minutes, detecting the fetus' well-being during labor until childbirth (Al-yousif et al., 2022). since it is recommended and plays an important role in high-risk pregnancies where there might be an increased risk of neonatal morbidity and fetal compromise (Shahin et al., 2019).

These results suggest that the respondent was less informed about how to differentiate the types of deceleration—reassuring and reactive—and categorize the tracing. Therefore, Ibrahim and Arief (2019) stated that not only the knowledge of the respondent was insufficient but also the interpretation. Additionally, a comparative study by Das et al. (2020) shows that healthcare professionals have a good interpretation of the three methods for identifying normal cardiotocography, but the respondent has a poor interpretation of pathologic cardiotocography.

Table 3. Level of Delivery Room Staff Practice in Electronic Fetal Monitoring

| Indicator | Mean | Descriptive Level |
|---|------|-------------------|
| Item 1 | 4.64 | Outstanding |
| Item 2 | 4.52 | Outstanding |
| Item 3 | 4.64 | Outstanding |
| Item 4 | 4.56 | Outstanding |
| Item 5 | 4.56 | Outstanding |
| Item 6 | 4.62 | Outstanding |
| Item 7 | 4.62 | Outstanding |
| Item 8 | 4.56 | Outstanding |
| Item 9 | 4.54 | Outstanding |
| Item 10 | 4.52 | Outstanding |
| Item 11 | 4.54 | Outstanding |
| Item 12 | 4.52 | Outstanding |
| Item 13 | 4.58 | Outstanding |
| Item 14 | 4.54 | Outstanding |
| Continuation of table... | | |
| Item 15 | 4.52 | Outstanding |
| Item 16 | 4.52 | Outstanding |
| Item 17 | 4.66 | Outstanding |
| Overall Mean | 4.57 | Outstanding |
| Legend: 5.00 – 4.21 – Outstanding; 4.20 – 3.41 – Very Satisfactory; 3.40 – 2.61 – Satisfactory; 2.60 – 1.81 – Needs Improvement and, 1.80 – 1.00 – Unsatisfactory | | |

Table 3 shows the level of skill of delivery room staff in electronic fetal monitoring, particularly in practice. As presented in the table, their respondent, a respected unit manager, rates them at the highest level of skill in practice for electronic

fetal monitoring (M = 4.57; outstanding). This result suggests that the delivery room staff executed with outstanding skill, and were skilled while monitoring the pregnant client during labor until childbirth.

This is presumably true since the respondent

is currently employed in a hospital that caters to low-risk and high-risk pregnant patients and also offers various procedures for pregnant clients, namely: normal spontaneous vaginal delivery, forceps or vacuum-assisted delivery, ligation, and cesarean section. Mohan et al. (2021) state that guidelines worldwide are currently the most commonly employed tool for intrapartum surveillance and take on the notion of cardiotocography as an instrument of rescue from "threatened" academia (Schiffrin, 2020).

On the contrary, Sartwelle and Johnston (2018) stated that fifty years of using electronic fetal monitoring have resulted in more harm than good for mothers and their children. Still, Lakshmikantha & Sangeetha (2018) suggest that this machine has a good predictive value for fetal well-being during admission, whether in a low-risk or high-risk pregnancy (Housseine et al., 2018). It is an effective screening procedure to find fetuses at risk for an unsatisfactory fetal state (Evans et al., 2019). It has been discovered that EFM at the beginning of labor can be used as a screening tool to find fetal hypoxia that has already occurred and to plan an early intervention to avoid negative perinatal outcomes (Eden, Evans, Evans, and Schiffrin, 2018).

The National Institute for Health and Care Excellence of the United Kingdom has been at the forefront of this effort (Sartwelle & Johnston, 2018). Since 2001, NICE has slowly reduced EFM use and has for many years recommended not using EFM in normal pregnancies, trying to reduce its impact on at least low-risk pregnancies. Despite the professional organization recommendation against the use for low-risk pregnancies, it has become the expected standard of care (Brown, 2019), whereas, in the United States, healthcare professionals are still using electronic fetal monitoring (Chuey et al., 2020), and it made a contribution to declining fetal mortality at the end of the last century (Grytten et al., 2018).

It has been determined that the delivery room staff nurses and midwives have the lowest level of knowledge of cardiotocography, particularly in interpretation. They had the lowest level of knowledge on the following: deceleration in the cardiotocography, measuring if it was reassuring and reactive, and categorization of the tracing. However,

the respondent was found to be skilled at manipulating electronic fetal monitoring, particularly with practice.

In the event of widespread use of electronic fetal monitoring as one of the screening procedures in managing pregnant clients during labor, whether low-risk (age < 35 years old and no risk factors) or high-risk (preeclampsia, diabetes, previous cesarean, bleeding during pregnancy, preterm labor, meconium staining during, intrauterine growth restriction (IUGR), abruptio placentae, etc.) in a private level II hospitals in Davao Region. Inclined with the increase in childbirth rates in low- and high-risk pregnancies, the cesarean delivery rate increased to 32.1% (CDC, 2022) in 2021, and the result of this study shows a decrease in respondent knowledge of cardiotocography. And, to address this concern, an enhancement program that is primarily directed at increasing and improving their knowledge and interpretation of cardiotocography, emphasizing the need to enhance their knowledge about the importance of detecting the baseline of the fetal heart rate, differentiating acceleration from deceleration, and categorizing the tracing from I to III.

This enhancement program will be conducted in the form of a seminar-workshop on the interpretation of cardiotocography and skills in electronic fetal monitoring. This enhancement program, entitled "Re-Educating and Training for Nurses and Midwives: Enhancement Program on Cardiotocography" is hereby proposed. This plan aims to address the issues that have been mentioned above for delivery room staff, nurses, and midwives to become competent in cardiotocography. To do this, the following implementing activities will be put into action: (i) Cardiotocography Interpretation Seminar; (ii) Electronic Fetal Monitoring Training; and (iii) Continuous Learning Education and Training of the following programs: (a) Quarterly Enhancement Course for Staff Nurses and Midwives on CTG and EFM machines; and (b) Quarterly Simulation Training of Staff Nurses and Midwives. The first and second programs will be conducted for newly hired nurses and midwives, while the third program will be conducted on the first day that the staff nurses and midwives start at their respective institutions. Afterward, the seminar and training will

be offered quarterly. Primarily, the delivery room staff will be teaching the staff nurses and nursing aides in every department, per schedule, about cardiotocography and handling electronic fetal monitoring. As a form of evaluation, a quiz and a

return demonstration will be assigned for the target respondent to accomplish, and they will be evaluated by the delivery room unit manager or special area supervisor together with one OB-GYN resident.

Conclusion and Recommendation

The majority of the respondents were between the ages of 32 and 37 years old, female, nurses, bachelor's degree holders (i.e., BSN and BSM), married, and had been in the service for three to five years.

The respondents were moderately well-informed in terms of their overall knowledge and interpretation of CTG. These results suggest that even though the respondents were very well-informed in their knowledge of the basic components of CTG, their results in their interpretation of CTG show that they were moderately well-informed in their interpretation of the abnormalities in CTG.

In terms of their skill in electronic fetal monitoring, particularly in practice, the delivery room staff nurses and midwives were most skilled at performing and handling electronic fetal monitoring.

Through the data gathered and the result of the study, the researcher suggests to the Delivery Room Staff Nurses and Midwives, to

enhance the capacity of delivery room staff nurses and midwives in interpreting CTG, it is recommended to conduct seminars and workshops about the tracing and EFM as an aid for additional learning references. In Nursing Service Administration, to ensure that their nurses and midwives are knowledgeable and skilled enough to provide all of their clients with the desired level of nursing care. This can be done by the nursing service by providing a seminar-workshop as a means for their delivery room nurses and midwives to enhance their knowledge and skills so that continuing professional development initiatives may be promoted. To the Hospital Administration, this will guide the hospital administration in creating policies directed at enhancing the knowledge and interpretation of CTG under their legal decisions. Lastly, to Future Researchers, the knowledge and interpretation of CTG among delivery room staff show a moderately well-informed. Thus, future researchers should be more motivated to engage themselves in interpreting CTG.

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On Healthcare Services: Voices of Residents in the Municipality of Datu Anggal Midtimbang

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Abstract

Rural health is a public health sector defined as the intersection of healthcare services, economics, and social responsibilities. This study explored the healthcare experiences of residents in the Municipality of Datu Anggal Midtimbang. A purposive sample of 14 residents of the locality, who have availed themselves of the rural health unit's healthcare services, at least five times were interviewed. Using Colaizzi's (1978) phenomenological method, rigor was established through the application of verification, validation, and validity. From the 33 significant statements, 7 themes emerged. The participants perceived the healthcare services available in the RHU of Datu Anggal Midtimbang as pleasing healthcare services, accessible, and affordable. The experiences of residents in availing of the services included variable healthcare services, scarcity of resources, and a dependable health workforce. The insights that participants shared with their peers and the community in general included patient-centered care and working together. Understanding strategies like resource allocation, infrastructure enhancement, and capacity-building initiatives can guide the development of evidence-based solutions to improve healthcare services in rural communities like Datu Anggal Midtimbang municipality.

Keywords: *Healthcare Services, Health, Phenomenology, Datu Anggal Midtimbang.*

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Introduction

In contemporary times, rural health units play a vital role in providing essential medical services to residents, acting as an intersection of healthcare, economics, and social interaction. These units are designed to cater to the specific needs of rural communities, considering their unique geographical characteristics and limited access to healthcare facilities. Despite the significance of these units, the status of rural healthcare in the country remains scarce, with limited improvements in services and facilities provided to residents. There are still existing problems concerning public health hubs that need attention, especially since the current health crisis has had a significant impact on Rural health units, from procedures and technical support units to admin

system work. This situation has contributed to challenges in achieving a holistically healthy community in Datu Anggal Midtimbang.

The program implemented by rural health units includes not only the provision of medical services but also the education of community residents on the importance of health and their role in taking care of themselves and the overall well-being of the community (Lyle & Greenhill, 2018). The lack of resources and infrastructural support has led to difficulties in delivering quality healthcare services to the residents. Limited medical personnel, inadequate medical equipment, and insufficient healthcare infrastructure have hindered the provision of timely

and comprehensive care. Consequently, the community faces challenges in accessing essential healthcare services, resulting in delayed diagnoses, limited treatment options, and compromised health outcomes (Aytona et al., 2022).

In the Philippines, the healthcare system is steadily improving as there has been notable development of hospital systems with access to high-end equipment to provide healthcare and proficient and well-trained healthcare workers throughout the years. In the published data of 2018, it showed that the country's health sector has 1224 hospitals, 2587 city/rural health centers, and 20 216 village health stations. Sixty-four percent of the hospitals in the account are Level 1 non-departmental hospitals with an average capacity of 41 beds. Ten percent for Level 3 medical centers and teaching hospitals with an average capacity of 318 beds. On the other hand, the private sector shares a total of 53% of hospital beds (Dayrit et al., 2018).

According to Collado (2019), some of the significant problems in the country's community centers are financial challenges and a lack of professionals in health facilities, communication due to the geographical characteristics of the municipality, standby generators for the health centers, poor management in the provincial and local level, and consistent check-up and regulation of facilities and services offered. Rural healthcare facilities are also limited in providing services due to a lack of resources and availability of services (Healthcare in the Philippines, 2019). These problems concern the limited service that equates to delayed access to timely, reliable, accurate, and complete health information. Data records are poorly recorded, processed, and transferred from rural health center units to provincial or regional health offices until the DOH Central Office takes more than a year to get validated at various levels. Hence, the response to the problems experienced in these rural healthcare units slows down. Due to the problems and issues that the Rural health unit in the Philippines is facing right now, the

researcher assessed and identified the problems and areas that need improvement in the facilities and treatment availability of the rural health center.

The current literature reveals several research gaps in the context of healthcare services among the residents of Datu Anggal Midtimbang and similar rural areas in the Philippines. Firstly, there is a lack of comprehensive studies that specifically address the challenges faced by rural health units in these areas and their impact on community health outcomes. Although rural health units play a crucial role in delivering healthcare services, there is a dearth of research investigating the unique barriers and limitations they encounter. This research gap highlights the need for in-depth investigations into the specific factors that hinder the provision of quality healthcare in rural areas (Aytona et al., 2022).

Secondly, there is limited research exploring the effectiveness of educational programs implemented by rural health units in promoting community health and well-being. While medical services are essential, the educational component aimed at empowering community residents to take care of their health receives insufficient attention in research. Examining the impact and efficacy of these educational programs can provide valuable insights for improving health outcomes in rural areas (Lyle & Greenhill, 2018).

Additionally, there is a lack of comprehensive research on the state of healthcare services in Datu Anggal Midtimbang and similar rural areas. Despite overall improvements in the healthcare system in the country, the specific challenges faced by rural health units and their implications for the community remain underexplored. Further research is needed to identify and address gaps in healthcare services, including resource allocation, personnel shortage, infrastructure deficiencies, and delayed access to reliable health information (Seeberger et al., 2019).

Furthermore, there is a need for research on the effectiveness of potential solutions to enhance

healthcare provision in rural areas, such as Datu Anggal Midtimbang. While identifying problems and areas for improvement is crucial, it is equally important to investigate the implementation and outcomes of interventions designed to address these challenges. Overall, addressing these research gaps will contribute to a better understanding of the healthcare landscape in rural areas and support the development of targeted interventions to enhance healthcare delivery and improve community health outcomes (Collado, 2019; Healthcare in the Philippines, 2019; Dayrit et al., 2018).

Therefore, this study was undertaken to investigate the current state of healthcare services in Datu Anggal Midtimbang and explore potential solutions to enhance the provision of healthcare. By identifying the specific challenges faced by rural health units in the area and understanding the residents' perspectives and experiences, the study aims to generate insights that can inform interventions and strategies for improving healthcare services. The goal is to create a sustainable and effective healthcare system that meets the needs of the residents and promotes the overall health and well-being of the community. Moreover, in-depth studies focusing on rural health and its recipients are considered an essential factor in considering solutions to further improve the services provided by the rural health care system which targets the Community it serves. This paper will identify and contribute meaningfully to the possible solutions to addressing the problems in the Rural health unit.

Methods

The research utilized a qualitative descriptive phenomenological design, focusing on collecting data solely from participants' interview responses. This method aimed to eliminate bias and ensure an accurate representation of participants' conscious experiences. The study employed Husserl's phenomenology and implemented the

"bracketing" technique for questions to redirect focus on personal conscious experiences. Psychological phenomenological reduction and bracketing techniques were used for evaluation to maintain the objectivity and validity of data.

The study took place in the municipality of Datu Anggal Midtimbang, located in the Bangsamoro Autonomous Region in Muslim Mindanao, Philippines. The site was chosen based on the researcher's firsthand experience with the healthcare system in the rural community and the lack of attention and studies in that area. The researcher aimed to fill the gaps in knowledge and contribute to research and healthcare in the locale.

Purposive sampling was used to select fourteen legal-aged residents from different barangays who had benefited from or availed of treatment at the Rural Health Unit. Face-to-face profiling was conducted to confirm residency and treatment receipt. Participants were interviewed individually, and data collection continued until saturation was reached. The researchers, being in the sample area, facilitated the sampling process.

Participants' interview responses served as the primary data source for the investigation. The

researcher focused on participants' actual visual experiences and encounters with the subject matter, aligning with the emphasis on dialogues and thoughts in phenomenological analysis. Secondary data sources, such as research papers, articles, journals, and related literature, were also utilized for data interpretation.

Approval and consent were obtained from the relevant authorities before the study. Participants were informed about the study's purpose, and their consent was obtained. Minimum health protocols were followed during interviews. The interviews were conducted face-to-face, audio recorded, and later translated for data reliability. Participants received a copy of the interview for transparency.

Assessments were conducted to address any unanswered questions, and participants' confidentiality was assured throughout the process.

Results and Discussion

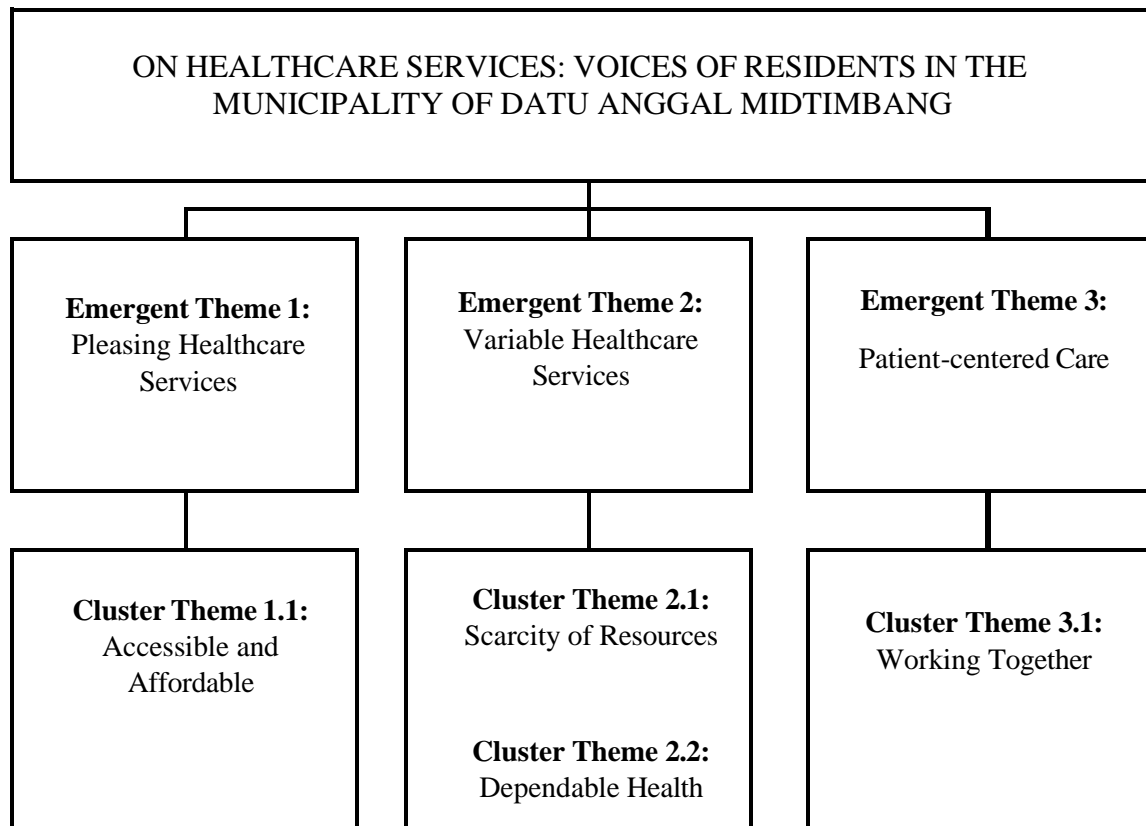
Table 1. Demographic Profile of the Respondents

The study selected fourteen participants, consisting of eight females and six males, who were all between twenty-two to sixty-five years old residing in Datu Anggal Midtimbang, Maguindanao Province. Table 1 displays the participants' profiles and to protect their identity and privacy, the study assigned code names to the participants. More than

half (57%) of the respondents are female and the remaining (43%) are male. We also investigated their civil status which showed that 86% of the participants were married, and only 14% were single. Educational attainment was also investigated, which showed that the majority (71%) of the respondents were high school graduates, and the remaining (29%) were college graduates.

The three emergent themes highlight the overall view of the residents on the healthcare services provided by the rural health center of the municipality of Datu Anggal Midtimbang, Maguindanao Province. Presented below in Figure 1

is the thematic map of this study. Presented below in Figure 1 is the thematic map of this study.



Emergent Theme 1: Pleasing Healthcare Services

Residents of Datu Anggal Midtimbang perceive the presence of Rural Health Units (RHUs) in their community as significant, benefiting from the quality, technology, and services offered. Despite challenges faced by RHUs, the residents express satisfaction with the primary healthcare assistance provided.

Cluster Theme 1.1: Accessible and Affordable

Residents highlight the advantages of easy access and affordable medical services provided by RHUs. The convenience and affordability of healthcare services are crucial factors for accessing healthcare and improving health outcomes. Physical accessibility, availability, affordability, and quality of care impact healthcare access. Addressing these factors contributes to universal health coverage and reduces healthcare disparities.

RHUs aim to provide quality healthcare services to improve the health outcomes of the rural

community. Primary care services offered by RHUs play a critical role in health promotion, disease prevention, and the management of acute and chronic illnesses. By delivering quality primary care, RHUs contribute to better health outcomes and reduce preventable illnesses.

The residents appreciate the presence of RHUs in their community for their easy access, affordability, and quality of healthcare services. RHUs play a vital role in promoting health and preventing illnesses in the community. While RHUs may not have all the same resources and medical equipment as hospitals, they are essential in addressing healthcare challenges in rural areas.

Quotes from the participants further highlight the benefits of RHUs. One participant emphasized the financial advantage of RHUs, mentioning the cost-saving aspect compared to hospitals. Another participant praised the dedication of the RHU to providing quality healthcare services, such as COVID-19 vaccinations and care for pregnant women and children. While RHUs primarily focus on providing primary healthcare services, participants recognized that specialized services may require referral to hospitals.

“RHU is better than the hospital because we can save more money since its services come free. We just give any amount of donation. Also, the RHU is closer to our house compared to the hospital.” (Participant P1, Transcript CT1, Lines 9-10)

“The Rural Health Unit (RHU) in our community is providing good health care services. The fact that they are providing COVID vaccines to the community, taking care of pregnant women and children, and responding quickly to patients shows their dedication to providing quality health care services.” (Participant P3, Transcript CT1, Lines 161-163)

“There are some health care services that are not available in the Rural Health Unit (RHU) and may require referral to a hospital. RHUs usually provide primary health care services, such as check-ups, vaccinations, treatment of minor illnesses, and health education. However, more specialized services, such as surgeries, laboratory tests, and imaging, may only be available in hospitals.” (Participant P5, Transcript CT1, Lines 287-289)

“RHUs are typically smaller health care facilities that focus on providing primary health care services to the community, such as check-ups, vaccinations, and treatment of minor illnesses.” (Participant P11, Transcript CT1, Line 687-690)

“One of the advantages of having an RHU in our community is that it is closer to us than the hospital. This can be especially important in emergencies or when we need to seek medical care quickly. RHUs are often more accessible than

hospitals, particularly in rural or remote areas where access to hospitals may be limited.” (Participant P8, Transcript CT1, Line 479-482)

“Although RHUs may not have all the same resources and medical equipment as hospitals, they play an important role in promoting health and preventing illnesses in the community.” (Participant P9, Transcript CT1, 540-542)

Overall, the residents' appreciation of RHUs for their accessibility, affordability, and quality of healthcare services indicates the positive impact of these units on the community. RHUs play a vital role in improving health outcomes, especially in rural areas with limited access to hospitals. Continued support and resources for RHUs can further enhance their ability to provide essential primary care services and address the healthcare needs of the community effectively.

Emergent Theme 2: Variable Healthcare Services

The theme of variable healthcare services focuses on the importance of having an adequate number of healthcare professionals and resources to deliver quality healthcare in rural areas. Residents of Datu Anggal Midtimbang highlight the challenges caused by the shortage of healthcare professionals attending rural health units and the inadequate supply of medicines. These obstacles have a detrimental impact on the overall performance of the healthcare system in the Philippines. Despite sufficient healthcare facilities, residents face difficulties accessing healthcare due to these shortages.

Cluster Theme 2.1: Scarcity of Resources

Residents of Datu Anggal Midtimbang express concerns about the scarcity of resources, including healthcare professionals and medicine supplies, in rural health units. The shortage of healthcare professionals attending these units and the limited availability of medicines create barriers to accessing necessary medical assistance. Despite the

presence of healthcare facilities, residents continue to face challenges in receiving timely and appropriate healthcare.

Quotes from the participants highlight their experiences with the scarcity of resources. One participant expresses happiness when a doctor is present at the rural health unit and when there is an adequate stock of medicine. Another participant mentioned waiting for a long time before being attended to and the absence of midwives or nurses at times. These experiences emphasize the challenges faced by residents in accessing healthcare services due to resource scarcity.

"We are especially happy when we see a doctor at the RHU and when there is a stock of medicine we need." (Participant E1, Transcript CT3, Line 30)

"The first issue is that the healthcare provider made us wait for a long time before attending to us. The second issue is that we were not attended to right away. Another problem is that sometimes there are no available medicines. Furthermore, there are instances when the midwives or nurses are absent at the RHU. Often, when I come in the afternoon, there is nobody here, and I end up wasting my fare." (Participant E2, Transcript CT3, Line 103-107)

"We often have to wait a long time before we can be attended to. And sometimes or often there is no medicine available." (Participant E5, Transcript CT3, Line 271-273)

"At times when there are no midwives or nurses available at the RHU, I visit only to find nothing here." (Participant E6, Transcript CT3, Line 332-333)

"Sometimes, there is no medicine available. It ran out." (Participant 8., Transcript CT3, Line 449)

This cluster theme further explores the experiences of residents regarding the adequacy of healthcare personnel and the availability of medicines. The shortage of healthcare professionals and insufficient medication supplies in rural health units pose significant challenges to accessing medical assistance. Residents of Datu Anggal

Midtimbang face barriers to healthcare access despite the presence of healthcare facilities, impacting their ability to receive necessary medical attention.

Cluster Theme 2.2: Dependable Health Workforce

The theme emphasizes the importance of accountable and dedicated healthcare professionals in providing quality medical assistance in rural areas. Responsible health workers play a crucial role in improving healthcare services and addressing the challenges faced by individuals in accessing medical services. They are recognized for their kindness, accommodation, and prompt response to patients' needs. Responsible health workers are seen as a source of support and hope for the community, bridging the gap in healthcare access and enhancing healthcare delivery.

Quotes from participants further illustrate the dedication and commitment of responsible health workers. They are praised for their fast and responsible services, availability for consultation, and willingness to provide referrals when necessary. Participants highlight the immediate response of health workers during emergencies and natural calamities, demonstrating their sense of responsibility and the positive impact they have on the community.

"The health workers at the RHU are kind and accommodating. There is good communication and understanding between the community and the health workers." (Participant E1, Transcript CT4, Line 32-33)

"They are fast and responsible to us patients." (Participant E3, Transcript CT4, Line 160)

"Whenever we have something to consult at the RHU, the staff are readily available. They also do referral if they see that we need further management." (Participant E4, Transcript CT4, Line 220-221)

“They are always ready to help us when we have health problems. But sometimes we are referred to the hospital because the service we needed is not available.” (Participant E5, Transcript CT4, Line 272-273)

“Responds immediately. For example, when someone in our barangay contracted COVID, he immediately went to us to do contact tracing and gave us advice on what to do and what not to do.” (Participant E6, Transcript CT4, Line 307-309)

“Immediate response when we need something regarding our health.” (Participant E7, Transcript CT4, Line 365)

“Responsibility is evident in the immediate response of the RHU during times of natural calamities. In this area, heavy rains often cause flooding which affects numerous individuals. The RHU promptly conducts medical missions to assist the victims. This is why we feel the presence of the RHU in our community.” (Participant E8, Transcript CT4, Line 422-427)

“They always help us when we need it. They are always kind, and the other nurses are ready to help us anytime. Sometimes even at night when something important happens, we can call you.” (Participant E11, Transcript CT4, Line 622-624)

“You provided a thorough explanation of my illness and recommended that I go to the hospital since it cannot be treated at this rural health unit. I had difficulty breathing and a severe cough that necessitated your referral to the hospital.” (Participant E13, Transcript CT4, Line 704-707)

“You listen carefully to our complaints and also help us immediately to make me feel better.” (Participant E14, Transcript CT4, Line 749)

Overall, the scarcity of resources and the presence of responsible healthcare personnel are crucial factors influencing the healthcare experiences of residents in Datu Anggal Midtimbang. The shortage of healthcare professionals and medicine supplies presents challenges to accessing healthcare services.

However, responsible health workers who are dedicated, accountable, and responsive play a vital role in improving healthcare delivery and addressing barriers to access. Their commitment to patient care contributes to the overall well-being of the community and enhances healthcare services in rural areas. Efforts to address resource shortages and support responsible healthcare personnel are essential in ensuring equitable access to quality healthcare for all residents.

Emergent Theme 3: Patient-Centered Care

The theme of patient-centered care highlights the importance of healthcare systems catering to the health needs of individuals, alleviating suffering, and addressing life-threatening situations. Patient-centered care, which considers patients' specific healthcare requirements and desired outcomes, serves as a guiding principle for healthcare decisions and quality assessments. Implementing patient-centered care can lead to improved health outcomes for individuals and populations, as well as benefiting healthcare providers and systems.

Cluster Theme 3.1: Working Together

This cluster theme emphasizes the significance of building positive relationships between healthcare workers and community residents in rural areas. Understanding the unique characteristics of the community, such as geography, culture, and demographics, is crucial when establishing healthcare services. Engaging with local people, seeking advice from community leaders, and conducting research can provide valuable insights into the community's requirements and facilitate the development of a sustainable healthcare system.

Quotes from participants illustrate the sense of familiarity and cooperation between healthcare workers and the community. Participants acknowledge the kindness of the healthcare workers at the rural health unit (RHU) and their accessibility when healthcare assistance is needed. The collaboration between the RHU and the community is highlighted, with active participation and unity in

implementing programs and healthcare initiatives. The presence of a good relationship between the RHU and the community is acknowledged, even though there may be some differences of opinion, such as vaccine hesitancy.

Positive relationships between healthcare providers and patients in rural areas contribute to improved healthcare outcomes, patient satisfaction, and healthcare utilization. Familiarity and cooperation foster trust and a sense of community, leading to enhanced communication and collaboration between healthcare providers and community members. This enables healthcare providers to deliver personalized services that address the specific needs of the community.

"The health workers of RHU are kind. You can easily reach them when we need something related to health." (Participant I1, Transcript CT5, Line 49)

"RHU and our community are working together. When you implement programs, we always participate. We are united." (Participant I2, Transcript CT5, Line 116-117)

"Cooperation and unity are good when it comes to health talk." (Participant I3, Transcript CT5, Line 178)

"RHU has a good relationship with our community. Although not everybody is willing to vaccinate their children, they also avail other programs of RHU." (Participant I4, Transcript CT5, Line 232-234)

"Our community and RHU are working together to implement their program, but not totally. Others do not want their children to be vaccinated or to be vaccinated for COVID." (Participant I5, Transcript CT5, Line 291-292)

"The community and RHU are united and working together." (Participant I6, Transcript CT5, Line 348)

"Everyone helps each other, which is okay too." (Participant I7, Transcript CT5, Line 403)

"It is okay and acceptable. There was no trouble between RHU and the people here." (Participant I8, Transcript CT5, Line 464)

"The people here always go to RHU to get checked up, which is fine." (Participant I10, Transcript CT5, Line 581)

In summary, the perspectives shared emphasize the significance of familiarity and strong relationships in providing effective healthcare services in rural areas. When healthcare providers have a personal connection with their patients, patients feel more connected and understood. Healthcare providers who have a deep knowledge of their patients, including personal details and involvement in important life events, can build trust and familiarity. This not only improves the quality of care but also creates a sense of community and promotes overall well-being.

To achieve the goals of a rural health unit and improve the healthcare system in a community, active participation, and collective effort are required. Building positive relationships between healthcare providers and patients is essential in creating a patient-centered healthcare experience. When healthcare providers take the time to understand and familiarize themselves with their patients, it enhances the quality of care and fosters a sense of community. By fostering familiarity and cooperation, healthcare providers can deliver tailored services that meet the unique needs of rural communities, resulting in improved healthcare outcomes and increased patient satisfaction between healthcare providers and patients is essential in creating a positive healthcare experience. When healthcare providers take the time to understand and familiarize themselves with their patients, it enhances the quality of care and fosters a sense of community. By fostering familiarity and cooperation, healthcare providers can deliver tailored services that meet the unique needs of rural communities, resulting in improved healthcare outcomes and increased patient satisfaction.

Conclusion and Recommendations

The study explored the perceptions of residents in Datu Anggal Midtimbang regarding their local rural health facility, focusing on the themes of pleasing healthcare services, responsible healthcare personnel sufficient resources, and patient-centered care. The findings revealed that despite challenges such as resource scarcity and staff limitations due to the remote location and financial constraints, residents expressed satisfaction with the primary healthcare services provided. The presence and quality of the healthcare unit positively influenced their beliefs about healthcare, underscoring its importance in community health and development.

To effectively address the challenges identified, it is recommended to improve infrastructure, evaluate the healthcare workforce, and increase support from the local government. By enhancing the resources and facilities available at the rural health units (RHUs), such as ensuring an adequate supply of medicines and medical equipment, healthcare providers can better meet the needs of the community. Additionally, evaluating the healthcare

workforce in terms of staffing levels, skills, and training opportunities can help address the scarcity of healthcare professionals in rural areas.

Incorporating the perspectives of healthcare workers as additional informants in future research can provide a more comprehensive understanding of the challenges and opportunities faced by RHUs. This will help gather diverse perspectives and insights from those directly involved in delivering healthcare services. Furthermore, incorporating quantitative research alongside qualitative analysis can enhance the credibility of the findings and provide a more robust understanding of the healthcare experiences of residents in Datu Anggal Midtimbang.

Implementing these recommendations can contribute to improving healthcare services in rural areas by addressing resource limitations, strengthening the healthcare workforce, and ensuring patient-centered care. By adopting a comprehensive approach that considers both qualitative and quantitative data, future research can provide valuable insights into the specific needs of rural communities and inform targeted interventions for sustainable and effective healthcare delivery. Ultimately, this will lead to improved healthcare outcomes and better support for the health and well-being of rural residents.

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Maternal Health Awareness and Prenatal Practices of Pregnant Women Amidst COVID-19 Pandemic

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Abstract

This study aimed to assess the level of maternal health awareness and prenatal practices of pregnant women in Davao City amidst the COVID-19 pandemic. The researcher utilized the descriptive-correlational research design. The quota sampling technique was employed in selecting 60 pregnant women and 40 in 1-28 days postpartum from Barangay 19-B in Davao City. The study found that most participants were within the age range of 31 to 35 years old, attained a bachelor's degree, and had a minimum monthly family income of P10,000. Approximately, the majority of participants reported having four to six pregnancies. There was a high level of maternal awareness. The study found that information sharing and anticipatory guidance had the highest mean scores whereas approachability had the lowest mean score. Most participants reported very high levels of prenatal practices except for dental visits during perinatal visits, which fall under the category of high descriptive equivalent. Micronutrient supplementation had the highest mean score. Maternal health awareness and prenatal practices are significantly and positively correlated. Prenatal Care Education and Capacity Building, Community Awareness Campaign for Prenatal Care, Prenatal Support Group, and Strengthening Oral Health Assessment and Counseling During Pregnancy are the programs that aim to enhance pregnant women's prenatal care practices by increasing their awareness and comprehension of the significance of these practices and overcoming obstacles that hinder their compliance. The intervention programs aim to educate pregnant women about the importance of prenatal care and dental checkups during prenatal visits amidst the COVID-19 pandemic.

Keywords: *Maternal Health Awareness, Social Science, Descriptive-Correlational, Davao City, Philippines*

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Introduction

The COVID-19 pandemic has disrupted the normal functioning of healthcare systems, resulting in a decrease in maternal health service utilization (Al-Jabir et al., 2020). The dread of contracting COVID-19 discourages pregnant women from seeking prenatal care services. According to studies, the pandemic has harmed perinatal practices, resulting in a decline in antenatal visits (Mbuagbaw et al., 2020). The decline in prenatal care has also influenced the detection and treatment of pregnancy-related complications.

In Saudi Arabia, Zaighman (2020) discovered that there are specific issues that cause higher levels of anxiety and mortality among pregnant women. These include concerns about the increased risk of contracting COVID-19, the vulnerability to severe complications, the risk of death, the risk of mother-to-child transmission, and the potential effects of COVID-19 on the fetus (Hantiush, 2020). During the COVID-19 pandemic, Nigerian pregnant women encounter numerous obstacles in accessing maternal health services. Additionally, the pandemic has reduced the number of institutional births as expectant women opt for home births out of fear of contracting the COVID-19 virus in hospitals. This circumstance may result in complications during childbirth, thereby increasing maternal mortality rates. In the United States, the COVID-19 pandemic has caused expectant women to adopt new prenatal practices. Due to the pandemic, expectant women are opting for telehealth prenatal care visits rather than in-person visits (Villarosa, 2020).

Furthermore, during the COVID-19 pandemic, hospitals in Manila, Philippines, did not provide prenatal care, and women were discharged prematurely after childbirth (Abumi, 2020). Cesarean deliveries have also increased significantly (Asagun, 2020). The epidemic in Davao City, Philippines, caused many problems for pregnant women, including disruptions in receiving healthcare in the early stages of the epidemic, cancellation of pregnancy-related appointments, the closure of some specialist private offices, long wait times for hospital visits, and crowds of visitors and other types of clinics (Alcor, 2020).

The pandemic of COVID-19 has exacerbated the situation in Davao City. Numerous healthcare facilities have been converted into COVID-19 treatment centers, resulting in a decrease in maternal health services. The study discovered

that many women feared visiting healthcare facilities due to the risk of contracting COVID-19, while others experienced transportation difficulties due to the government's security measures.

Several studies have been conducted to investigate pregnant women's maternal health awareness and prenatal practices during the COVID-19 pandemic. Although there have been studies examining the effects of the pandemic on maternal and infant health, there is a paucity of research on the specific practices and awareness of pregnant women in Davao City. In addition, the majority of studies on maternal health practices and awareness were conducted before the pandemic. Consequently, it is necessary to examine the impact of the pandemic on maternal health practices and awareness in Davao City.

Methods

The study employed a quantitative descriptive correlational research design. The respondents of the study were 60 pregnant women and 40 in 1-28 days postpartum from Barangay 19-B in Davao City. The respondents had the following inclusion criteria: (1) must be 18 to 40 years old; (2) either primigravida or multigravida; (3) current pregnancy has no risk factors or with risk factors; (4) must have been residing in Barangay 19-B for at least three months; and (5) must be currently pregnant on her 3rd trimester and 1-28 days postpartum.

This study employed the quota sampling technique in choosing the respondents. The study utilized a questionnaire adapted from the study of Qureindo (2020), which was modified to fit the goal of the study and subjected to validity and reliability testing, with a Cronbach alpha result of 0.82. To determine the level of maternal health behaviors, the researcher-made survey questionnaire which was subjected to pilot testing, with a Cronbach alpha result of 0.85, was utilized.

The first part of the adapted, modified questionnaire determines the demographic profile of the respondents. The second section describes pregnant women's maternal health behaviors during the pandemic regarding information exchange, proactive advice, ample time, approachability, availability, and support and respect. This was adapted from the study of Qureindo (2020).

Meanwhile, the respondents rated the questionnaire with 5 as the highest and 1 as the lowest. Such range has its respective descriptive equivalent and interpretation. To interpret the data, the table with a 5-point Likert Type was used to determine its level. Further, the third part highlights the level of prenatal practices of pregnant women amidst the pandemic. The researcher provided a researcher-made survey questionnaire which is aligned on prenatal visits, micronutrient supplementation, TT immunization, prenatal laboratory, and others.

The study incorporated Frequency Distribution and Percentage to describe the pregnant women's demographic profile. Moreover, Mean was used to the levels of maternal health awareness and prenatal practices of pregnant women in Davao City amidst the COVID-19 pandemic. On the other hand, Chi-square was utilized to examine whether there is a statistically significant relationship between a pregnant woman's demographic profile and her maternal health awareness, as well as demographic profile and prenatal practices during the COVID-19 pandemic.

Spearman rho was utilized to determine the correlation between prenatal practices among pregnant women in Davao City during the COVID-19 pandemic and maternal health awareness.

Results and Discussion

Table 1. Demographic Profile of the Respondents

| Age | Frequency | Percentage |
|-----------------------|-----------|------------|
| 18-24 years old | 13 | 13% |
| 25-30 years old | 39 | 39% |
| 31-35 years old | 45 | 45% |
| 36-40 years old | 3 | 3% |
| Total | 100 | 100% |
| Educational Level | | |
| High School Graduate | 11 | 11% |
| College Graduate | 80 | 80% |
| Post Graduate | 9 | 9% |
| Total | 100 | 100% |
| Family Monthly Income | | |
| P10,000 and above | 100 | 100% |

| | | | |
|---------------------|-------|-----|------|
| | Total | 100 | 100% |
| Number of Pregnancy | | | |
| 1-3 | | 34 | 34% |
| 4-6 | | 46 | 46% |
| 7 and above | | 14 | 14% |
| | Total | 100 | 100% |

Table 1 reveals that the majority of respondents are between the ages of 25 and 35 (84%), with the greatest proportion (45%) falling between the ages of 31 and 35. This is consistent with a 2018 study by Kim and Park that found the average age of expectant women to be 29 years old. In contrast, only a minor percentage of respondents (3%), fall between the ages of 36 and 40. In terms of educational attainment, the majority of respondents (80%) hold a bachelor's degree, while only 9% hold a postgraduate degree. This is consistent with Carrasco-Garrido et al.'s (2020) finding that the level of education of expectant women is positively correlated with their health literacy. Importantly, 11% of respondents have completed high school, indicating the need for health education programs tailored to this population.

All respondents have a monthly household income of at least P10,000, which is above the Philippine poverty threshold (Philippine Statistics Authority, 2018). This indicates that financial constraints may not pose a significant barrier to respondents' maternal health awareness and prenatal practices. The largest proportion of respondents (46%) have had four to six conceptions, while the smallest proportion (14%) have had seven or more pregnancies. This is consistent with the findings of Khambalia et al. (2019), who discovered that the risk of adverse maternal and perinatal outcomes increases with each subsequent pregnancy. Noting that 34% of respondents have had 1-3 pregnancies demonstrates the need for first-time mothers to receive specialized maternal health education.

Table 2. Level of Maternal Awareness of Pregnant Women

| Indicator | Mean | SD | Descriptive Level |
|-----------------------|------|------|-------------------|
| Information Sharing | 4.30 | 0.33 | Very High |
| Anticipatory Guidance | 4.30 | 0.37 | Very High |
| Sufficient Time | 4.26 | 0.44 | Very High |
| Approachability | 4.24 | 0.39 | Very High |
| Availability | 4.26 | 0.37 | Very High |
| Support and Respect | 4.28 | 0.38 | Very High |
| Overall | 4.27 | 0.24 | Very High |

Table 2 shows the level of maternal awareness of pregnant women in six different indicators: information sharing, anticipatory guidance, sufficient time, approachability, availability, and support and respect. The overall mean for all the indicators is 4.27, which is

considered "Very High", based on the descriptive level provided in the table with a standard deviation of 0.24. This indicates that the scores for the different indicators are relatively close to the mean, suggesting that the level of maternal awareness is consistent across the different domains. The high

overall mean for maternal awareness is consistent with the findings of previous studies that have reported a positive association between maternal awareness and improved maternal and child health outcomes. For example, a systematic review by Dodd et al. (2018) found that prenatal education and counseling interventions improved maternal knowledge and confidence and reduced the risk of adverse birth outcomes. A study by Mohammadpour-Ahranjani et al. (2019) also revealed that maternal education and counseling during pregnancy improved maternal knowledge and

awareness, which in turn led to improved maternal and child health outcomes. This highlights the importance of healthcare providers providing education and counseling to pregnant women to improve maternal awareness.

Information sharing and anticipatory guidance have the highest means, with mean scores of 4.30 and standard deviations of 0.33 and 0.37, respectively. This indicates that healthcare providers are effectively providing pregnant women with information and guidance, which is essential for ensuring positive maternal and infant health outcomes. Information sharing and prenatal counseling are particularly essential because they help pregnant women prepare for childbirth and parenthood and enable them to make informed decisions about their health and the health of their unborn child. Information sharing and anticipatory guidance are particularly important as they help to prepare pregnant women for childbirth and parenthood and enable them to make informed decisions about their health and the health of their unborn child. The high mean score for information sharing is consistent with the findings of a study by Soltani et al. (2021), which reported that pregnant women who received prenatal education and counseling had higher levels of knowledge about their pregnancy and childbirth. This, in turn, led to improved maternal and child health outcomes. The high mean score for anticipatory guidance is also consistent with the findings of a study by Alderdice et al. (2018), which found that providing pregnant women with anticipatory guidance helped to reduce their anxiety and stress levels and improved their overall satisfaction with care. Moreover, a study by El-Mohandes et al. (2018) found that a comprehensive prenatal education and support program improved maternal knowledge and

awareness and reduced the risk of preterm birth and low birth weight.

This suggests that providing comprehensive prenatal education and support, including information sharing and anticipatory guidance, can lead to improved maternal and child health outcomes. A study by Fahami et al. (2021) indicated that pregnant women who received mobile health interventions, including educational messages and reminders, had higher levels of knowledge and awareness about their pregnancy and childbirth. This highlights the potential of technology-based interventions in improving maternal awareness.

The lowest mean score in the table is observed for approachability, with a mean score of 4.24 and a standard deviation of 0.90. While this is still a high score, it suggests that there may be room for improvement in terms of healthcare providers being accessible and responsive to the needs of pregnant women. This is particularly important as pregnant women may have urgent needs that require the attention of healthcare providers outside of regular appointments. The low mean score for approachability is consistent with the findings of a study by Imdad et al. (2018), which found that pregnant women who perceived their healthcare providers to be inaccessible or unresponsive had higher levels of stress and anxiety. This highlights the importance of healthcare providers being approachable and responsive to the needs of pregnant women, to ensure positive maternal and child health outcomes. A study by Bhatti et al. (2019) also highlighted that pregnant women who perceived their healthcare providers to be unapproachable or unsupportive had higher levels of stress and anxiety. This emphasizes the impetus for healthcare providers to be approachable and responsive for positive maternal and child health outcomes.

Table 3. Level of Prenatal Practices of Pregnant Women

| | | Mean | Standard Deviation | Descriptive Equivalent |
|---------------|---|------|-----------------------|---------------------------|
| 1. | I have completed the 4 recommended prenatal check-ups based on the advice given by the healthcare provider. | 4.31 | 0.86 | Very High |
| 2. | I received the recommended 5 doses of Tetanus Toxoid Vaccine and was considered a Fully Immunized Mother. | 4.27 | 0.91 | Very High |
| 3. | I visit my doctor, nurse, or midwife during my prenatal check-up. | 4.25 | 0.80 | Very High |
| 4. | I was seen by my dentist during my prenatal visit. | 4.04 | 0.96 | High |
| 5. | I completed the three basic laboratory examinations (CBC, Hemoglobin, and urinalysis) during my prenatal visit/check-up. | 4.29 | 0.86 | Very High |
| 6 | I have taken and completed the micronutrient supplementation (Ferrous Sulfate with Folic Acid, Calcium carbonate, and Iodine capsules) given to me during my prenatal visit/check-up. | 4.50 | 0.72 | Very High |
| 7 | I have been provided with health information, advice, and counsel on danger signs by my healthcare provider during my prenatal visit/check-up. | 4.25 | 0.94 | Very High |
| Over-All Mean | | 4.27 | 0.48 | High |

Table 3 presents the level of prenatal practices among pregnant women. The overall mean of respondents' prenatal practices is 4.27 with a standard deviation of 0.48, which places it in the category of practices with a high descriptive equivalent. This indicates that respondents adhere to perinatal practices to a relatively high degree. This finding is consistent with findings from previous studies (Saha et al., 2021; Ochako et al., 2017) that reported high levels of adherence to prenatal practices among expectant women. The level of adherence to prenatal practices among 369 expectant women in Bangladesh was assessed by Saha et al. 88.6% of participants in the study attended at least

four antenatal checkups, and 90.2% took iron-folic acid tablets. The study also revealed that 98.1% of women received the Tetanus Toxoid (TT) vaccine and 93.8% received the maximum dose. Consistent with the findings of the current study, these results indicate that most expectant women in Bangladesh observe prenatal practices. Similarly, a study conducted in Kenya by Ochako et al. (2017) found high levels of adherence to prenatal practices. The study found that 90.5 percent of expectant women received at least one antenatal care visit, and 74.5 percent received four or more visits. 92.4% of women received at least one dose of TT vaccine, and 72.9% received a full dose of TT vaccine, according

to the study. These results indicate that expectant women in Kenya adhere to prenatal practices to a high degree, which is consistent with the results of the present study.

The highest item in the table is item number 6, which pertains to consuming and completing the micronutrient supplementation given during prenatal visits, with a mean score of 4.50 and a standard deviation of 0.72, placing it in the category of very high descriptive equivalent. This finding suggests that respondents had a comparatively high compliance rate when it came to taking micronutrient supplements during pregnancy. Etuk et al. (2018), who conducted a study in Nigeria, found that the compliance rate with micronutrient supplementation among expectant women was 74.1%, which is relatively high. Similarly, pregnant women receiving prenatal care at a public facility had a compliance rate of 68.5%, according to a study conducted in India by Sharma et al. (2019).

However, other studies have reported greater compliance with micronutrient supplementation than was observed in the current investigation. In Ghana, expectant women attending antenatal care had a compliance rate of 88%, according to Agbadi et al. (2021), while in Nepal, the rate was 82.7%, according to Shrestha et al. (2020). The variation in compliance rates between studies may be attributable to several factors, including differences in the availability and accessibility of prenatal care services, differences in the education and awareness

levels of pregnant women, and differences in cultural and social factors that influence prenatal care practices.

Conversely, the lowest item in the table is item number 4, which pertains to visiting a dentist during perinatal visits. With a mean of 4.04 and a standard deviation of 0.96, this item falls into the category of high descriptive equivalent. This finding suggests that the respondents' compliance with dentist visits during pregnancy was relatively low. This is concerning because periodontal disease during pregnancy has been linked to adverse pregnancy outcomes, including preterm birth and low birth weight (Xiong et al., 2018). In a similar study, Saied-Moallemi et al. (2019) found that pregnant women's dearth of knowledge regarding the significance of dental care during pregnancy was a significant barrier to receiving dental care. The study also disclosed that many pregnant women feared dental procedures due to erroneous beliefs about the potential risks to the fetus. Inaccessibility to reasonably priced dental services is a potential barrier to dental care during pregnancy. According to a 2018 study by Nasseh et al. only about a third of expectant women in the United States have dental insurance, and even fewer have Medicaid coverage for dental care. This highlights the need for policy changes and initiatives that expand expectant women's access to affordable dental care.

Table 4. The Relationship Between Maternal Health Awareness and Prenatal Practices

| | Spearman's rho p | | |
|--|------------------|-----|--------|
| Maternal Health Awareness: Overall Mean - Prenatal Practices | 0.44 | *** | < .001 |

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 4 presents the relationship between maternal health awareness and prenatal practices. The presented data indicates a statistically significant correlation (Spearman's $Rho=0.44$; $p<0.001$) between the maternal health awareness and prenatal practices of the participants. The Spearman's Rho correlation coefficient is utilized as a metric to determine the magnitude and orientation of the correlation between maternal health awareness and prenatal practices. The obtained Spearman's Rho correlation coefficient value of 0.44 suggests the presence of a moderate positive correlation between maternal health awareness and prenatal practices. To clarify, there exists a positive correlation between increased maternal health awareness and improved prenatal practices.

The statistical analysis indicates that Spearman's Rho correlation coefficient has a p-value of less than 0.001, indicating a significant correlation between maternal health awareness and prenatal practices. This suggests that the correlation observed is statistically significant and not a result of random chance. Before interpreting the outcomes, it is crucial to verify the normality assumption. The Shapiro-Wilk test is a frequently employed statistical test to assess the normality of a given dataset. The obtained test outcome for this case is $W=0.98$, $p=0.25$, signifying the absence of any substantial grounds to dismiss the hypothesis of normality. The statement implies that the data adheres to a Gaussian distribution, thereby allowing for a dependable interpretation of Spearman's Rho correlation coefficient outcomes.

The analysis of Spearman's Rho correlation coefficient and the Shapiro-Wilk test indicates that a statistically significant moderate positive correlation exists between maternal health awareness and prenatal practices. The proposition implies that implementing measures to enhance maternal health awareness may result in better prenatal practices, thereby enhancing the overall health outcomes of both the mother and the newborn.

This finding is consistent with previous studies that have shown a positive association between maternal health knowledge and prenatal health behaviors (Taye et al., 2019; Almohanna et al., 2020). Maternal health awareness and knowledge are significant predictors of prenatal practices. According to a study by Adhikari et al. (2018), pregnant women who had higher levels of awareness and knowledge regarding maternal health issues were more likely to engage in recommended prenatal practices such as attending prenatal check-ups, taking iron and folic acid supplements, and delivering in health facilities. This highlights the importance of educating pregnant women on maternal health issues to improve their prenatal practices.

The role of healthcare providers in promoting maternal health awareness and improving prenatal practices cannot be understated. A study by Yotebieng et al. (2018) found that pregnant women who received adequate antenatal care from healthcare providers were more likely to engage in recommended prenatal practices. Healthcare providers play a critical role in providing pregnant women with information on maternal health issues, conducting necessary screenings and tests, and providing guidance on appropriate prenatal practices. Socioeconomic status and cultural beliefs also influence maternal health awareness and prenatal practices. A study by Egbi et al. (2020) found that pregnant women from lower socioeconomic backgrounds were less likely to engage in recommended prenatal practices, and this was attributed to factors such as lack of access to healthcare facilities and limited awareness of maternal health issues. Similarly, cultural beliefs and practices may also impact prenatal practices, as some women may prefer traditional birth attendants over healthcare providers or may avoid certain prenatal practices due to cultural beliefs.

Improving maternal health awareness and prenatal practices can have significant positive impacts on maternal and child health outcomes.

According to a systematic review by Tamrat and Hailemariam (2020), pregnant women who engaged in recommended prenatal practices had lower rates of maternal and infant mortality, as well as lower rates of preterm birth, low birth weight, and neonatal

complications. Improving maternal health awareness and promoting recommended prenatal practices can therefore contribute to improving maternal and child health outcomes.

Conclusion and Recommendations

The current study concluded that most of the sample population consisted of educated middle-aged women with a comfortable family income. Moreover, many respondents had multiple pregnancy experiences. In terms of all indicators, including information sharing, anticipatory guidance, adequate time, approachability, availability, and support and respect, the results indicate that the respondents had a very high level of maternal health awareness. During the COVID-19 pandemic, most expectant women engaged in extensive prenatal care, according to the findings. Nonetheless, there is room for improvement regarding dental visits during prenatal visits. The

results revealed a significant positive correlation between maternal health awareness and prenatal practices, indicating that greater awareness leads to improved practices. Therefore, healthcare providers should prioritize raising awareness about maternal health to enhance prenatal practices. Furthermore, pregnant women should be encouraged to seek early and regular prenatal care from healthcare providers. They should be educated about the importance of adhering to recommended prenatal practices, including dental check-ups. Women who have limited financial resources should be informed about the available government programs that can provide them with access to free prenatal care services and financial assistance.

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Knowledge, Attitude, and Preventive Practices on Dengue Infection Among Residents of RH 3, Cotabato City

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Abstract

World Health Organization (WHO) target for 2021–2030 Global Strategy for Dengue Prevention and Control is to reduce the Dengue case fatality to 0%. Using the descriptive-survey research design, this study aimed to determine the level of knowledge, attitude, and preventive practices on Dengue Infection among residents of RH 3, Cotabato City. A total of 387 respondents were conveniently selected as respondents of the study. The data were gathered using a questionnaire adapted from the studies of Huong et al. (2019), Phugal et al. (2022), and Selvajroo et al. (2020) with an overall Cronbach alpha result of 0.70. Results revealed that most of the respondents were middle adults, married, females, who were college undergraduates in terms of education. Further, the residents of RH 3 in Cotabato City have little knowledge about Dengue infection primarily on its transmission but are more knowledgeable about symptoms of Dengue infection. The respondents have excellent attitudes toward preventing Dengue Infection, primarily wanting to help in the reduction of the number of Dengue cases in their locality, but they need to improve their attitude toward checking Dengue situations or hotspots around their area regularly. Furthermore, the respondents showed low Preventive Practices, mainly on methods used in reducing breeding sites, but showed better practices in reduction of potential human-mosquito contact. Dengue must be recognized as a widespread danger wherein community education, awareness, and cooperation can help reduce the spread of this disease.

Keywords: *Knowledge, Attitude, and Practices on Dengue Infection, Health, Descriptive-Survey, Cotabato City*

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Introduction

Dengue is a viral infection caused by the dengue virus (DENV), transmitted to humans through the bite of infected mosquitoes (World Health Organization, 2023), as it is recognized as a global public health problem. However, despite the extensive campaign of the government against this disease, there is evidence of increasing rates of morbidity in recent years. The incidence of dengue has grown dramatically around the world with reported cases increasing from 505 430 cases in 2000 to 5.2 million in 2019. (World Health Organization, 2023). It was noted that a lack of awareness about

Dengue transmission and prevention strategies can enhance the risk of infection (Nguyen et al. 2019). In this regard, adequate knowledge, a positive attitude, and correct practice for dengue control are essential to stamp out the disease (Selvajaroo et al., 2020).

Numerous studies have shown disparities in people's knowledge, attitude, and practices (KAP) on dengue infection which led to an increase in the number of infections. In Indonesia, results found that only 45% of participants had good knowledge regarding the dengue symptoms and transmission and only 32% had good attitudes and good dengue

preventive practices (Harapan et al., 2018). In the South Asian setting, a study in the Dhaka survey indicated a strong positive attitude about DF and a large portion of the sample population lacked awareness and preventive behaviors (Rahman et al., 2022). Among 625 students (>80%) positively reported the common symptoms of this disease and transmission, and (>80%) demonstrated the preventive practices towards DF, such as using mosquito-controlling tools and liquids, covering, and cleaning the water storage containers.

In the Philippines, a study by Guad et al (2021) found a poor mean score was obtained for knowledge (68.89), attitude (49.86), and preventive practice (64.69). Most respondents were equipped with a good knowledge of the major clinical signs of dengue. Worryingly, 95% of respondents showed several negative attitudes towards dengue prevention, claiming that this was not possible and that enacting preventive practices was not their responsibility.

These observed scenarios, connote an area of concern as this translates to a possible increasing rate of infection, despite the extreme campaign of the government against dengue, there is still evidence of increasing rates of infection. The study aimed to determine the level of knowledge, attitude, and preventive practices among residents of RH 3 in Cotabato City regarding dengue infection. The results help to implement planning and designing programs and activities to educate residents on preventive measures to combat dengue.

Methods

The residents of RH 3, Cotabato City were the respondents of this study. This study utilized a descriptive-research survey using an input-output-process model. These data were gathered through profiling, and the use of survey questionnaires and were processed through the use of statistical tools. A

total of 387 respondents was chosen among the total population of 12,127, calculated with the use of Slovin's formula. They were selected through a convenience sampling method with the following inclusion criteria: must be 18 years and above, residents of RH 3, and have a willingness to participate in the study.

The study was conducted house-to-house using a paper survey. Before the administration of survey questionnaires, the instrument was subjected to validation and reliability testing. Three (3) experts in the field were asked to validate the research instrument. After this, the researcher conducted a pilot study wherein thirty (30) respondents were requested to answer the survey questionnaire followed by a Cronbach's Alpha reliability analysis or consistency testing.

The data needed for this study were gathered using researcher-made surveys and adapted questions from previous studies by Huong et al. (2019), Phugal et al. (2022), and Selvajroo et al. (2020). There were four (4) parts of the survey questionnaire. The first part of the questionnaire identified the respondent's demographic profile. This includes age, sex, marital status, and educational attainment. The second part of the questionnaire contained a total of 15 questions that determined the level of knowledge about Dengue Infection in terms of symptoms (7 items) and transmission (8 items). The third part of the questionnaire contained 9 items that determined the level of attitude towards Dengue Infection. Lastly, the fourth part of the questionnaire contained 11 items that determined the level of preventive practices against Dengue Infection in terms of methods used to reduce breeding sites (5 items) and reduce potential human mosquito contact (6 items).

The study employed Frequency Distribution and Percentage to describe the respondents' demographic profile in terms of age, sex, marital status, and educational attainment. Moreover, Mean

and Standard Deviation were used to measure the residents' levels of knowledge, attitude, and preventive practices toward Dengue Infection.

Results and Discussion

Table 1. Demographic Profile of the Respondents.

| Demographic Profile | Frequency n=387 | Percentage (%) |
|---------------------------|--------------------|-------------------|
| Age: | | |
| 18-25 years old | 21 | 5.4 |
| 26-30 years old | 98 | 25.3 |
| 31-40 years old | 143 | 37.0 |
| 41-50 years old | 101 | 26.1 |
| 51-60 years old | 16 | 4.1 |
| >60 years and above | 8 | 2.1 |
| Total: | 387 | 100 |
| Sex: | | |
| Male | 160 | 41.3 |
| Female | 227 | 58.7 |
| Total: | 387 | 100 |
| Marital Status: | | |
| Single | 168 | 43.4 |
| Married | 203 | 52.5 |
| Widowed | 16 | 4.1 |
| Total: | 387 | 100 |
| Educational Attainment: | | |
| College Graduate | 27 | 7.0 |
| College Undergraduate | 139 | 42.9 |
| High School Graduate | 116 | 30.0 |
| High School Undergraduate | 78 | 20.2 |
| Elementary Graduate | 15 | 3.9 |
| Elementary Undergraduate | 12 | 3.1 |
| Others: | | |
| Total: | 387 | 100 |

Table 1 presents the demographic profile in terms of age, sex, marital status, and educational attainment of the respondents who participated in this study. The majority of the respondents were between ages 31-40 years old (143 out of 387; 37.0%), females (227 out of 387; 58.7%), and

married (203 out of 387; 52.5%). In terms of education, the majority of the respondents were college undergraduates (139 out of 387; 42.9%). These results imply that, of 387 respondents, the majority of them were middle-aged adults, females, married, and college undergraduates.

Table 2. Level of Knowledge of the Residents towards Dengue Infection.

| Indicators | Mean | Interpretation |
|--------------|------|----------------|
| Symptoms | 5.31 | Low |
| Transmission | 4.56 | Low |
| Total: | 4.94 | Low |

Legend: 15-12.1 – Very High Knowledge; 12-10.1 – High Knowledge; 10.7.1 - Moderate Knowledge 7- 4.1- Low Knowledge; 4-1 – Very Low Knowledge

Table 2 shows the level of respondent's knowledge of Dengue Infection. The knowledge contains two indicators, namely: symptoms and transmission. Results show that the respondents had low knowledge of Dengue Infection symptoms ($M=5.31$) and low knowledge of transmission ($M=4.56$). This implies that the respondents have little knowledge about Dengue Infection primarily on its transmission but are more knowledgeable about the symptoms of Dengue Infection. Overall, the respondents had low knowledge about Dengue Infection ($M=4.94$). The results indicate that there is a need for improvement. Further dengue awareness campaign efforts are needed to raise the residents' levels of awareness and knowledge on dengue.

Furthermore, based on the findings of this study, most of the respondents were aware that people with Dengue Infection manifest common symptoms like fever and rashes, while few knew that pain behind the eyes is also a symptom of dengue. However, most respondents knew that flies and ticks

don't transmit dengue infection. Similarly, in a Jamaican study, most participants knew that flies and ticks do not transmit dengue fever (66.5% and 71.8%, respectively).

While few of the respondents knew that Dengue Infection could be transmitted via a needle stick, in support, a study by Wilder-Smith et al. (2019) revealed that Dengue Infection might also spread from human to human without a carrier, mainly through blood transmission, transplantation, and needle puncture injuries. In addition, as concurs with the findings of the study of Hossain et al. (2022), wherein stated that the dengue virus could be contracted through blood transfusion. However, during blood or organ transplants, the contraction is rare. According to Nguyen et al. (2019), it was stated that having good knowledge of mosquito signs and dengue transmission is essential in identifying the disease and seeking early and appropriate medical treatment to save lives.

Table 3. Frequencies of scores for level of Knowledge.

| Score | Description | Frequency | Percent |
|--------|-------------|-----------|---------|
| 4 | Very Low | 1 | 0.26 |
| 5 | Low | 3 | 0.78 |
| 6 | Low | 4 | 1.03 |
| 7 | Low | 28 | 7.24 |
| 8 | Moderate | 51 | 13.18 |
| 9 | Moderate | 66 | 17.05 |
| 10 | Moderate | 80 | 20.67 |
| 11 | High | 91 | 23.51 |
| 12 | High | 46 | 11.89 |
| 13 | Very High | 15 | 3.88 |
| 14 | Very High | 1 | 0.26 |
| 15 | Very High | 1 | 0.26 |
| Total: | | 387 | 100.00 |

Table 3 shows the frequency scores for the level of knowledge in terms of symptoms and transmission among residents of RH 3 in Cotabato

City. In a survey about symptoms (i.e. fever, headache, joint pains, muscle pain, pain behind the eyes, rashes, and abdominal pain). Most of the

respondents correctly identified that people with Dengue Infection manifest common symptoms like having a fever (306 out of 387 responses were correct). This was followed by having rashes (297 out of 387 responses were correct), whereas few of the respondents knew that pain behind the eyes is also a symptom of dengue infection (109 out of 387 responses were correct). According to the World Health Organization (2023), the common symptoms of DF may include high fever, severe headache, pain behind the eyes, muscle and joint pains, nausea, vomiting, swollen glands, and rash.

On the questions related to transmission (i.e. flies, ticks, all types of mosquitoes, *Aedes* mosquitoes, person-to-person contact, blood transfusion, needle stick, and sexual intercourse transmit dengue infection). Most of the respondents correctly identified that flies (309 out of 387 responses were correct) and ticks transmit Dengue Infection (282 out of 387 responses were correct) don't transmit Dengue infection. Indeed, *Aedes* mosquitoes are the principal vector

responsible for dengue transmission and epidemics. Other mosquito species in the genus *Aedes*, including *Aedes albopictus*, *Aedes polynesiensis*, and *Aedes scutellaris*, cannot serve as dengue vectors (WHO, 2019).

While few of the respondents (59 out of 387 responses were correct) answered correctly that Dengue Infection can be transmitted via a needle stick. This concurs with the findings of Hossain et al. (2021), wherein stated that the dengue virus could be contracted through blood transfusion. However, during blood or organ transplants, the contraction is rare. According to WHO rare cases, dengue infection can be transmitted via blood products, organ donation, and transfusion.

Overall, out of 15 item questions, the highest score is 15 (1 out of 387; 0.26%), while the lowest score is 4 (1 out of 387; 0.26%). This result implies that the poor knowledge of the spectrum of the symptoms associated with dengue infections means it needs clarification with most other causes of fever, such as flu.

Table 4. Level of Attitude of the Respondents towards Dengue Infection

| Indicator | Mean | SD | Interpretation |
|--|------|------|----------------|
| Level of Attitude towards Dengue infection | | | |
| Overall Mean: | 4.57 | .209 | Very High |

Legend: 5.00-4.21 – Very High; 4.20-3.41 – High; 3.40-2.61 – Moderate; 2.60-1.81 – Low; 1.80-1.00 – Very Low

Table 4 shows the level of residents' attitudes towards Dengue Infection. The respondents indicate the highest level of attitude toward wanting to help reduce the number of dengue cases in their area ($M=4.77$; very high). These results suggest that the respondents displayed a very high attitude. This is most likely the case by participating in dengue prevention activities, people are taking steps to protect their health and reduce their risk of contracting the disease. This result agrees with the study of Sulistyawati et al. (2019), who stated that effort to control dengue transmission requires participation to ensure sustainability.

On the other hand, the respondents show the lowest attitude towards checking Dengue situations or hotspots in their area regularly ($M=4.18$; high). These results suggest that the respondents displayed a high attitude toward preventing Dengue Infection, primarily on wanting to help in the reduction of Dengue cases in their locality, but they need to improve their attitude toward checking Dengue situations or hotspots around their area regularly. Overall, the level of the respondent's attitude toward Dengue Infection had a mean of ($M=4.57$), which is qualitatively interpreted as a Very High attitude. This means the respondents have an excellent level of attitude towards Dengue Infection.

Table 5. Level of Preventive Practices of respondents against Dengue infection.

| Indicators | Mean | Interpretation |
|---|------|----------------|
| Methods used to reduce the breeding sites | 3.8 | Low |
| Reduce potential human-mosquito contact | 4.80 | Low |
| Total | 4.35 | Low |

Legend: 11–9.3 – Very High Preventive Practices; 9.2–7.3 – High Preventive Practices; 7.2–5.3 Moderate Preventive Practices; 5.2–3.3 – Low Preventive Practices; 3.2–1 – Very Low Preventive Practices

Table 5 shows the level of the respondent's Preventive Practices against Dengue Infection. The practices contain two indicators namely: methods used to reduce the breeding sites and reduce potential human mosquito contact. Results show that the respondents have low knowledge of reducing potential human-mosquito contact (M=4.48) and low knowledge of methods used to reduce the mosquito breeding sites (M=3.89). This implies that the respondents showed low Preventive Practices, mainly on methods used in reducing breeding sites, but showed better practices in reduction of potential human-mosquito contact. Overall, the respondents were assessed to be low on Preventive Practices against dengue infection (M=4.35). Dengue must be recognized as a widespread danger wherein community education, awareness, and cooperation can help reduce the spread of this disease

Moreover, results showed that most of the respondents knew that eliminating unnecessary container habitats that collect water (such as plastic jars, bottles, cans, tires, and buckets), and cutting down bushes in the yard reduce mosquitoes. These

results support the data presented by the Entomology at the University of Kentucky wherein stated that the most effective way to reduce the number of mosquitoes around homes and neighborhoods is to find and eliminate their breeding site - standing water. Regardless of recent weather patterns wet, dry, warm, or cool are plenty of potential places in which mosquitoes can develop.

To reduce potential human contact, most of the respondents knew that using of mosquito net over a bed at night can help to reduce human-mosquito contact, while only half portion of the respondents knew that limiting the amount of spend during the day, especially in the hours around dawn and dusk when mosquitoes are most active can reduce human-mosquito contact. Similarly, a study by Pharbati et al. (2022) stated that the standard preventive measures to reduce exposure to mosquitoes were using insecticide sprays, using a net door, eliminating standing water around the house, preventing water stagnation, and cleaning garbage/trash.

Table 6. Frequencies of scores for level of Preventive Practices.

| Score | Description | Frequency | Percent |
|--------|-------------|-----------|---------|
| 4 | Low | 1 | 0.26 |
| 5 | Low | 6 | 1.55 |
| 6 | Moderate | 17 | 4.39 |
| 7 | High | 45 | 11.63 |
| 8 | High | 93 | 24.03 |
| 9 | High | 111 | 28.68 |
| 10 | Very High | 28 | 21.19 |
| 11 | Very High | 32 | 8.27 |
| Total: | | 387 | 100.00 |

Table 6 shows the frequency of scores for level Preventive Practices in terms of methods used to reduce the breeding sites and potential human mosquito contact among residents of RH 3 in Cotabato City. In a survey about methods used to reduce the breeding sites. Most of the respondents correctly identified that eliminating unnecessary habitats that collect water (324 of 387 responses were correct (83.7%), followed by scrubbing the cleaning the inner sides of the container (292 out of 387 were correct). According to the Department of Health (2022), Dengue is transmitted through a bite of dengue-infected *Aedes aegypti* and *Aedes albopictus* mosquitoes. These mosquitoes can lay eggs in a container containing clear and stagnant water like a bottle cap, dish dryer, plant axle, gutter, trash can, old rubber, etc. Whereas few of the respondents correctly identified that cutting down the bushes in the yard reduces mosquitoes (103 out of 387 responses were correct). Mosquitoes like hiding away in the shade when the day's heat gets too much. Pruning hedges and trees can stop mosquitoes from getting as much shade, meaning less space for mosquitoes to hang out (Roberts, 2023).

With regards to reducing potential human mosquito contact practices, most of the respondents answered correctly that using a mosquito net over the bed at night (343 out of 387 responses were correct) and using aerosol and liquid mosquito repellent/mosquito coil/electric mosquito mat (332

out 387 answers were correct) is an effective option to reduce human contact. In contrast, a study by Arora et al. (2017) stated that bed nets would be ineffective in preventing *Aedes* mosquito bites as most were used only at night. Furthermore, a Pathak (2020) study shows that mosquito repellent doesn't kill mosquitoes. Repellent makes people less attractive to mosquitoes, so they're usually to bite.

Moreover, half of the respondents (227 out of 387 responses were correct) knew that limiting the amount of time spent during the day, especially during the hours around dawn and dusk when mosquitoes are active, can reduce potential human mosquito contact. *Aedes* mosquito usually bites during the day. In addition, it is a daytime feeder; the peak biting periods are early in the morning and the evening before dusk. (World Health Organization, 2019).

The highest assessment score is 11 (32 out of 387; 8.27%), while the lowest score is 4 (1 out of 387; 0.26%). High preventive practices, such as mosquito control measures, proper waste management, and mosquito repellents, can significantly reduce the risk of dengue infection. As there has been no effective vaccine approved so far, vector control and preventing mosquito bites through community empowerment and engagement is an effective option for prevention (Rahman et al., 2021b).

Conclusion and Recommendation

The current study concluded that the respondents have little knowledge about Dengue Infection primarily on its transmission but are more knowledgeable about symptoms of Dengue Infection. The respondents have excellent attitudes toward preventing Dengue Infection, primarily on wanting to help in the reduction of a number of Dengue cases in their locality, but they need to improve in their attitude toward checking Dengue situations or hotspots around their area regularly.

Furthermore, the respondents showed low Preventive Practices, mainly on methods used in reducing breeding sites, but showed better practices in reduction of potential human-mosquito contact

Study results suggest that raising awareness, and prevention programs are required to increase the KAP levels of the residents regarding Dengue Infection.

It is recommended that future researchers conduct studies that will identify the effectiveness of the implementing plans of the intervention program proposed. Furthermore, qualitative research on behavioral factors is also recommended to determine the actual practices of the residents.

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Lived Experiences of Mothers in Caring for the Neonates in the Neonatal Intensive Care Unit

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Abstract

Hospitalization in the NICU leads to a separation between the mother and her infant. This separation is found to be the most difficult aspect for mothers. This study was focused on exploring and understanding the experiences of mothers in caring for neonates in the neonatal intensive care unit (NICU). A qualitative descriptive-phenomenological research design was employed in this study. Seven eligible mothers having infants confined in the NICU of a government hospital in Cotabato City were selected purposively as participants of the study. Utilizing Collaizzi's method of qualitative data analysis, it revealed that mothers' experiences in caring for neonates in the neonatal intensive care unit conveyed the themes: feeling on the edge, disheartening situation, and parting predicament. The findings also revealed that the participants' means of coping with the challenges they have experienced include: optimistic expectations, trusting the healthcare team, praying to God, and seeking family support. Finally, the insights they can share with their peers and society in general were expressed in the themes: of loving oneself and safeguarding pregnancy. Mothers presented many feelings with some positive and negative experiences, such as anxiety and fear, sadness, stress, and difficulties but stated their satisfaction with the care their newborn receives.

Keywords: Neonatal care, Health, Descriptive-Phenomenology, Cotabato City

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Introduction

Giving birth to a child having health problems and is premature oftentimes needs admission to intensive medical care and is usually put into a special area called the neonatal intensive care unit to ensure the infant is provided with the needed medical support and intervention that enables them to develop and thrive. Admission to NICU interrupts the parent-infant bonding and results in delayed progress of the relationship as well as negative emotions in mothers (Mengesha et al., 2022). Likewise, it causes separation between mother and infant and is found to be the most difficult aspect for mothers when their newborn child is hospitalized in

a NICU, affecting their mental health (Wang et al., 2021).

To be blessed with a child is the greatest gift a parent could ever have. It is a dream come true considered by couples who are longing to have a child. Following the delivery, the baby is expected to go home with their parents. But this fate is not the same among mothers who sometimes experience complications during pregnancy and post-delivery. These complications include physical and mental conditions that affect the health of the pregnant or postpartum person, their baby, or both (Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, 2023).

Globally, an estimated 15 million infants are born too soon (World Health Organization [WHO], 2022). While admission rates to the Neonatal Intensive Care Unit (NICU) among all birth weight categories have risen over the past decade. Near-term and term infants account for the largest percentage of infants admitted to the NICU (Schulman, J. et al, 2018). In the Philippines, according to Montemayor (2019), 60 percent of newly born infants require admission to the NICU. Further, in the study site, more than 15 infants were hospitalized in the NICU per month, not including those who were not catered to due to no vacancy, and those not born in the operating room and delivery room of the institution (NICU census, 2023).

To our knowledge, the review of the literature has revealed that mothers of infants in the NICU are affected tremendously by their baby's health condition. To conclude, despite the global literature about mothers' concerns regarding their infant's hospitalization, little is known about the mothers of central Mindanao and how they are affected when their infants stay in the NICU. Therefore, the study seeks to understand mothers' experiences in caring for their neonates in the NICU and document the challenges they experienced, thus suggesting modifications of clinical practice to address these experiences better.

Methods

The study was conducted in the hospital of Cotabato City in particular at the neonatal intensive care unit (NICU). In selecting the research participants, the study employed purposive sampling which means they were handpicked because they have characteristics the researcher needs in the sample. They were married mothers, aged 18-45 years old, regardless of place of residence, as long as with neonate currently admitted or discharged alive in the year 2019 and above, term or preterm that was diagnosed critically and had stayed in neonatal intensive care unit for 7 days and more.

The study utilized the qualitative descriptive phenomenological type of research design

particularly the descriptive phenomenological approach to describe and understand the lived experiences of mothers in caring for neonates in the NICU. This approach was employed using an in-depth interview technique to establish the experiences, perceptions, and feelings of mothers in caring for their neonate admitted to the NICU.

The data gathered were analyzed using Colaizzi's strategy of descriptive phenomenological data analysis. Accordingly, Colaizzi's method of data analysis is rigorous and robust, and therefore a qualitative method that ensures the credibility and reliability of its results. It allows researchers to reveal emergent themes and their interwoven relationships (Wirihana et al, 2018). This strategy helps to understand Descriptive phenomenology meaning of people's lived experiences.

Significant words and statements about the experiences of mothers in the NICU were formulated. Significant statements were derived from 2 semi-structured interview transcripts. The researcher became familiar with the data through repeated review of each transcript until a comprehensive understanding of the material had been achieved. Meanings were then formulated from the significant statements and theme clusters were developed. These clusters were reviewed and consolidated for conciseness and three emergent themes arose from the identified cluster themes. Significant statements and themes were verified. An exhaustive description and fundamental structure of the phenomenon were formed and presented back to participants for further validation of the findings. Participants reported the findings to be true and represented an accurate reflection of their experience.

A total of 60 significant statements were formulated, and cluster themes were derived through the grouping or clustering of the formulated meanings that represented similar ideas related to the objectives of the study. Six cluster themes were identified.

From those six cluster themes, three emergent themes arose to form the foundation of the findings reported in the study that answers the research questions: “What are the experiences of caregivers caring for neonates in intensive care unit?”, “How do participants cope with the challenges of their experiences?” and “What insights can participants share with their peers and to society in general?”

Results and Discussion

The study participants’ age ranged between 23-42 years old with a median age of 33 years. Four of the participants were housewives, one government employee, and two self-employed. Six of these mothers delivered prematurely from 31 weeks to 35 weeks age of gestation (AOG), while one mother had delivered a term baby with 38 weeks AOG. Five mothers were multiparous and two were primiparous. Their baby had stayed in NICU from 7 days to 41 days. Mothers underwent in-depth face-to-face interview that was audio-recorded and conducted by the researcher.

The study findings generated (6) six cluster themes namely: disheartening situation, parting predicament, trusting healthcare team, praying to God, seeking family support, and safeguarding pregnancy. These led to the formation of the (3) three emergent themes of the study namely: (1) Feeling about the age, (2) Optimistic expectations, and (3) Safety practices.

Emergent Theme 1: Feeling on the Edge

The first emerging theme, *Feeling on the Edge*, describes the participants’ experiences upon knowing their infant’s need for admission to the NICU. They are having feelings of worry and fear about what might happen. NICU hospitalization cannot guarantee the survival of its patients but rather everything is unpredictable and changes drastically. This relates to participants of the study as

they expressed feelings of worry, anxiety, shock, and stress. As the infant was admitted to the NICU, mothers were worried about the admission and its consequences. The NICU has been reported to be a stressful place for parents and infants (Ionio et al., 2019), characterized by separation and uncertainty surrounding their babies’ mortality (Silverio et al., 2021).

This general theme is further broken down into more specific cluster themes that cover vital aspects of their initial experience.

Cluster Theme 1.1: Disheartening situation

This clusters them in a *disheartening situation* described by the Cambridge Dictionary (2023) as causing someone to lose confidence, hope, and energy. This is true for the mothers of the study as they witnessed their baby’s worst condition, they had thought worst that their baby may not make it and survive the circumstances. Being oriented on their infants’ condition especially when it is displeasing, made them lose more hope in the baby’s survival.

Mothers in general wanted their children to be healthy and free of any disease. However, this didn’t happen to the participants of the study where their newborns were medically unstable and needed intensive care. Having no control over the situation that might happen, added to the concern of the mothers as they cannot do anything but worry about uncertainties. This was expressed through some of the sample statements from the participants:

“My only worry is that she will not survive. She is still attached to a machine that helps her to breathe. She is still not allowed to take my breast milk” M2, Transcript 2, Line 21

“My baby was admitted to NICU, I worry about his survival because I’m fully aware that babies in NICU are in critical condition and need special care”. M5, Transcript 5, Line 35

Cluster Theme 1.2: Parting predicament

This cluster theme *parting predicament* is described as an unpleasant situation that is difficult to get out of. A medically ill newborn typically needs hospitalization in the NICU. To be admitted to the NICU, neonates must be separated from their mothers to facilitate exhaustive care and management. This separation caused anxiety such as fear, uncertainty, worry, and alteration of maternal role.

Giving birth is a tiring process, typically these mothers after the exhausting delivery fall asleep without somehow seeing the newborn they just deliver until they become fully conscious. In the case of those mothers who happened to deliver unstable neonates, they haven't had a chance to physically bond like breastfeeding as the baby needs immediate transfer to the intensive care unit. Having no to little information about the baby increases their anxiety as they long for the baby they carried for many months. This is further expressed through some of the statements from the participants:

"I cannot accept that he was admitted to NICU. It was very painful that I wasn't able to bring him home with me on the day of my discharge. The baby is not yet stable and will take a long for him to be discharged". M3, Transcript 3, Line 24

"I didn't expect my baby to be admitted to NICU and be separated from him. I thought he'll be with me and be able to breastfeed him and we'll be discharged together." M3, Transcript 3, Line 20

According to Varma JR, 2019, alterations in parental role and newborn appearance and behavior are the most important sources of stress in the NICU. Furthermore, the inability to perform parental roles could result in their anxiety and acute grief to their parents. Being separated from their newborn, makes mothers feel anxious and worried about uncertainties as they cannot always see nor perform their duty as

mothers.

NICU experience gave them a sense of helplessness, powerlessness, and vulnerability. The difficult physical and medical condition of their newborn babies as well as the lack of ability to hold and have bodily contact with your baby made it difficult to adapt to being mothers. This made the mothers overly scared and depressed (Williams et al., 2018; Gerstein et al., 2019; Brødsgaard et al., 2019).

Emergent Theme 2: Optimistic Expectations

Healthy coping is an effective way for people to deal with stress and challenging concerns (Saxena, 2020). Mothers of infants admitted to NICU used different coping mechanisms to enhance their coping. It was clear that they utilized different ways to cope with this insidious difficulty. Most of the mothers indicated that the hospital staff (especially nurses), husbands, family, and religious leaders played a role in these experiences. These results are similar to results found in studies by Caporali et al. (2020); and Brødsgaard et al. (2019) indicating the need for social support. Furthermore, statements expressing spiritual practices, distraction, and family and friends' support were frequently stated as part of the accounts.

Cluster Theme 2.1: Trusting the healthcare team

This theme was described as a collection of expectations that the mother has from the healthcare providers. It is also defined as a feeling of reassurance or confidence in the doctor who provides care to their infant (Rasiah et al., 2019). Mothers appreciated the proactive provision of updates by any member of the healthcare team. Knowledge about the status of their baby, especially when the update is positive, gives a sense of peace to the mothers. This was further expressed by the following statements from the participants:

"They were updating me about the condition of my baby and when I heard that she is okay and in stable

condition, I felt very happy. It adds me hope that she'll survive all of these she's experiencing". M2, Transcript 2, Line 43

"When my husband visits here in NICU, I always ask him about our baby and what the nurses told him then my husband would just say the baby is ok. Upon hearing that, all my worries just fade away". M3, Transcript 3, Line 29.

Another mother stated:

"I know my baby is in good hands, the doctors and nurses caring for her were all experts and knowledgeable enough to care for a baby with a special condition like my daughter". M7, Transcript, Line 40

Trust between the mothers of infants and the healthcare provider (*doctors, nurses, and midwives*) is important provider–patient interaction and rapport. It influences patient management outcomes, especially in the treatment of long-term illness, as well as influences outcomes of health promotion and prevention initiatives. A trusting relationship can have a direct therapeutic effect.

Cluster Theme 2.2: Praying to God

Prayer has a very personal meaning arising from an individual's religious background or spiritual practice. For some, prayer will mean specific sacred words; for others, it may be a more informal talking or listening to God or a higher power. The purpose of prayer is to surrender desires and align oneself with God to hear whatever we have to say.

In addition, praying is said to request humbly. It is the communication of the human soul with the God who created the soul. Prayer is the primary way to communicate emotions and desires with God. In circumstances where people feel extremely unpleasant emotions, including vengeance, grief, or terror, they frequently turn to prayer. Additionally, we pray when we feel like something is out of our

control, and we ask for a specific outcome; to share our angst and suffering in a relational context; to show gratitude and reflect (Rogers, 2020).

Religious words of comfort were present in every interview. All mothers described themselves as relying on God's help to save their infants. All mothers expressed comfort and peace by seeking God's help, praying, trusting, or thanking God.

"I cried to God, the moment I learned that my baby needs to be intubated, I talked to Him saying that if he is not for us, I will accept it with an open heart". M1, Transcript 1, Line 35

"I trust Allah (swt), it all happens in His will. My child will survive if he permits as He knows everything, whatever happens to my baby, it is Allah's plan. M3, Transcript 3, Line 37

Prayer can foster a sense of connection, whether it's to a higher power. It can reduce feelings of isolation, anxiety, and fear as well. Rituals in general serve a calming function. It distracts the mind which might otherwise go down one of those rabbit holes of useless worry, and they give us a sense of influence or control over something that may not be ultimately controllable. Finally, talking to God is said to ease or even alleviate problems because as we rely everything on Him, we find comfort and can carry on every hardship we are facing.

Cluster Theme 2.3. Seeking family support

This cluster theme *Seeking family support* described as receiving comfort or support from significant others. Family support is one vital tool to carry on the struggles we are facing through. As many say, only family can understand what we have been through. Regardless of the source, family support services all have the same basic goal: to help families improve their lives. Support may come in the form of child support, counseling services, or special family support. With all these different types of family support available, we know we do not have to face our greatest challenges on our own. When family life seems

overwhelming to the point we doubt our ability to manage, either due to relationship issues, practical problems, or financial difficulties, we can get the help we need (BetterHelp Editorial Team, 2023).

Family support was mentioned in every interview of the participants. Described it as inspiration and a source of strength in the challenges they were facing. There was further mentioned by the participants with the following statements:

"I cried secretly, I should not get sick because I have other children left home so I have to be ok, and I am thankful that I have a supportive husband, he helps to care for our children while I'm here". M1, Transcript 1, Line 68

"I cannot produce my breast milk, so always went to my sister who happened to give birth recently. I asked her to give me breast milk for my baby and I'm thankful she gave me her breast milk". M2, Transcript 2, Line 68

According to Hagen et al., 2018, mothers get support from their own families. Husband's support was one way of coping as reported by most mothers. In this study, it was found that the husband played a big role in the coping process by staying at them and keeping them strong. Family as a whole plays an important contributions in the coping process of the mothers.

Emergent Theme 3: Loving oneself

This emergent theme of *loving oneself* refers to the ability of a person to give worth and care for oneself. Valuing oneself means having a high regard for our well-being and happiness. Learning to love ourselves leads to better self-care (Durnil, 2019). Loving ourselves means loving and valuing what surrounds us. "If you can learn to love yourself and all the flaws, you can love other people so much better. And that makes you so happy." – Kristen Chenoweth

Cluster Theme 3.1. Safeguarding pregnancy

Pregnancy is a wonderful time full of happiness and joy as the excitement of welcoming a new person into your family is unlike any other. Pregnant women should take extra care of themselves during this special time to make sure that they have the healthiest pregnancy possible (Aziz, 2018).

This cluster theme, *safeguarding pregnancy* described as the ability of mothers to take extra care during pregnancy. The mother's health during pregnancy can directly affect the baby's health as they are connected. Not taking any precautions may lead to unnecessary outcomes just like what happened to the participants of the study.

Most mothers had verbalized to take extra care during pregnancy period and to take the advice of health experts seriously. These mothers have been advised to take extra provisions as they may experience complications of pregnancy specifically that they may end up delivering early before the expected date. However, due to inevitable circumstances, participants of the study had failed and met unavoidable consequences. Thus most of the respondents had expressed the importance of following advice from the doctor as this was stated by participants with the following statements:

"Being careful during pregnancy. This would not have happened if I just had someone to help me (helper) since my husband's work is not in Cotabato, so while pregnant I cook and go to the market. I dedicate my life to my children since I left my work which shouldn't be because I must be on bed rest". M1, Transcript 1, Line 75

"Not being stubborn. To follow the advice of the doctors because they know the good and bad for you." M2, Transcript 2, Line 7

Taking the advice of health experts results in a healthy pregnancy. Healthy pregnancy and delivery prevent the newborn from being admitted to

the neonatal intensive care unit. Moreover, it saves mothers from experiencing negative encounters in the NICU.

Conclusion and Recommendation

As noted, a well-rounded support system within the NICU was essential for helping mothers ultimately develop a loving bond with their children. If the primary interviewer in each of these studies was considered part of that support system, the mothers' answers to the research questions may have been skewed. So, the interviewer mustn't be part of the healthcare team for these participants to verbally tell their feelings and emotions. Another is, to include all mothers of NICU patients like those mothers whose infants died in NICU as this seemed to have full experiences in the NICU. And finally for the future researcher to conduct the study in different hospitals. Having rich experiences in different study locations provides variation in the experiences and perspectives of the informants.

Having an infant in the NICU was a stressful experience associated with many difficulties. Most mothers expressed shock, sadness, anxiety, and worries about their infant's health. Having an infant in the NICU affects the whole family, especially mothers, who feel strain when they cannot be with the rest of the family. Coping mechanisms that helped parents to cope included spirituality, distraction, acceptance, and family and friends support. The nurse's role is very important in providing appropriate healthcare for infants. They also helped mothers through the stressful, challenging experience of the NICU by developing therapeutic and trusting relationships, providing emotional support, and providing accurate and clear information. Moreover, the mothers in this study were satisfied with the health-staff care and support, and health education given as they cared for their infants.

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