



**OLIVAREZ COLLEGE TAGAYTAY**

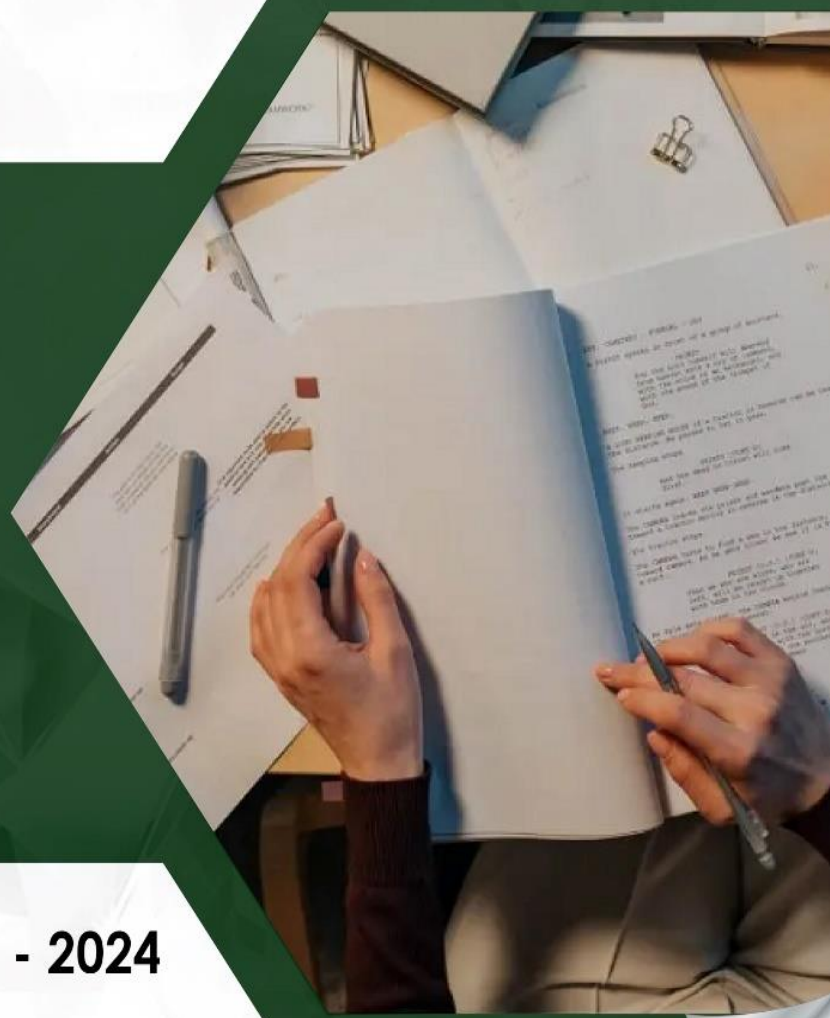
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**Olivarez College of Nursing InfoBlaze**

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## FOREWORD

I am thrilled to introduce the most recent release of the Olivarez College of Tagaytay College of Nursing and Health Related Sciences, the InfoBlaze Volume 3 no. 1. As the Editor-in-Chief, I take great pride in offering you a compilation of seven (7) thought-provoking scholarly inquiries, and valuable information that embodies the essence of nursing excellence within our esteemed institution.



Compassion, dedication, and a lifelong commitment to learning are fundamental in our profession. Indeed! our unwavering path toward excellence persists, even in the face of unprecedented challenges in a post-pandemic era. We are resolute in our mission to be a catalyst for change in the lives of individuals, not only within our campus but also within the wider community we serve. Inside this publication, you will discover invaluable resources that align with the OCT Research Agenda and the school insignia - the red, gold, and green - which symbolize the researchers' compassion and loyalty “*to the service of God, country, and man*”, reflecting the dynamic culture of the Olivarian Nursing Community.

Our team of skilled writers, committed researchers, and detail-oriented editors have fully dedicated themselves to meticulously selecting and structuring content that embodies thorough investigation across diverse research methodologies from the empirical quantitative inquiry, phenomenology, the pioneering photovoice approach, and rigorous mixed-method design. Inside the pages of InfoBlaze, you will discover a wide selection of captivating articles that delve into various compelling and pertinent subjects. These include exploring student satisfaction towards the school services, student mental well-being, and pet attachment, navigating the transitional experience from Online class to Hospital RLE exposure, promoting cultural competence among nurses, and discussing relevant issues in the adopted community such as the Visual Narrative of Sanitation Practices, Preparedness for Taal Unrest and Family planning promotion.

I would like to express my sincere gratitude to the contributors, reviewers, and the entire editorial team for their unwavering commitment to maintaining excellence. It is through their expertise and diligent efforts that we uphold the high standards of the Olivarez College of Nursing and Health-Related Sciences. Together, let us embrace challenges, celebrate accomplishments, and leave a lasting impact on the world through the transformative power of education, guided by our motto of "Educating Body, Mind, and Soul."

Dr. Winifredo E. Licop R.N.  
**Editor-in-Chief**

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# **OCT -Nursing InfoBlaze**



**BACHELOR OF SCIENCE IN NURSING - LEVEL III  
RESEARCH DIGEST**

**Research, Survey, and Publication of  
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**“Embedding Paradigms of Excellence”**





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**Effects of Domestic Pets on the Mental Wellbeing of the  
BSN Students of Olivarez College Tagaytay**

Mary Isabel C. Erni, Carl Simoun D. Ayon,  
Algene Mae C. Manalo, Jolo Mark R. Pinoblar, Mhurn B. Talagon

**I. ABSTRACT**

The present study is based on the premise that attachment or bond with pets can be formed and serve as attachment figures. In 1994 study of Karen, as cited by Lytle (2021), has defined that having a relationship with a living creature other than a person allows the individual to have a wide range of behavior and interaction; as such, it indicates that relationships- proximity seeks a haven, secure base, and separation distress. Thus, this study discussed the a) relationship between pet attachment and its effect on the mental well-being of BSN students, b) the relationship between the level of pet attachment to the demographic profile and its effect on mental well-being, and lastly, c) the significant role of the level of attachment in the domestic pet they own. A purposive sample of 81 respondents among BSN students with consideration of selection criteria was gathered. The study uses an inferential statistical analysis, Pearson R, to interpret the data gathered through the survey questionnaires adapted by the researcher from academia.edu. In general, the result shows no significant finding on the relationship between the therapeutic effects of pets on the mental well-being of the chosen participants, and the demographic profile of the chosen participants has no influence on the level of attachment of the respondents to their pets. Results have suggested using a similar or another approach to the attachment to humans and pets. Also, it is suggested to research further another variable to test relationships.

**Keywords:** *pet attachment, therapeutic effect, mental wellbeing, domestic pets, nursing students*

## II. INTRODUCTION

Throughout the years, keeping pets has been seen as an emergence of social support that excludes the complicated role of the family in one's life. Anecdotally, the most common form of human-animal interaction is pet ownership resulting in improved physical and mental health for owners. Animal-Assisted Therapy (AAT) has gained popularity among college and university counseling centers with its effective option for students who struggle with anxiety and stress (Stewart et al., 2014). Attachment or bond with pets can be formed and serve as attachment figures. In 1994 study of Karen, as cited by Lytle (2021), has defined that having a relationship with a living creature other than a person allows the individual to have a wide range of behavior and interaction; as such, it indicates that relationships-proximity seeks a haven, secure base, and separation distress. Nowadays, people are becoming more and more interested in owning or adopting a domestic pet. A study by Stanley et al. (2012) showed that pets have several psychological advantages over ownership. The first benefit is a decrease in loneliness since they offer company and frequently encourage human contact, engagement, and socializing. Recent studies have found a connection between having a pet in the home and having good self-esteem in kids and teenagers, particularly regarding cognitive development.

However, despite various research on this developed human-pet attachment, the focus seemed to be on decreased depression, less loneliness, and a booster of confidence. Other areas, specifically mental well-being alone, have yet to be studied in recent years. Moreover, The researcher's decision to conduct a study on the effects of pets on BSN students at Olivarez College Tagaytay seems driven by their genuine curiosity and interest in the topic. By exploring the potential effects of pets on BSN students, they may have hoped to uncover strategies for improving student mental well-being that could be incorporated into the college's policies and practices. Hence, this study is focused on the BSN of OCT attachment orientation in the domain of human-pet relationships. The goals of this study are to a) determine the relationship of pet attachment as a therapeutic effect on the mental well-being of the BSN students, b) assess and examine the relationship between the level of pet attachment to the demographic profile and its effect on the mental

well being, and lastly, c) sought to identify the significant role of the level of attachment in the domestic pet they own.

### **III. METHODS**

Since this study aims to determine the degree of relationship between the demographic profile of the respondents, pet attachment, and mental well-being, the researchers used a quantitative descriptive-correlational method'; this allows the researchers to determine current associations of the relationship between the variable used (Berksteiner, 2013). According to Polit & Beck (2017), correlational studies with a prospective design or cohort are research designs that start with a presumed cause and then go forward to the presumed effects. The researchers used a purposive sampling technique to select the study's respondents. The selected participants must adhere to the following criterion: a.) they must be enrolled as nursing students at Olivarez College in Tagaytay, b.) they must own domestic pets, c.) at least of legal age, d.) male or female, e.) willing to participate.

The survey questionnaires adapted by the researcher from the site academia.edu were implemented as research instruments in this study that is based on the Therapeutic Effects of Domestic Pets on the Mental well-being of the BSN Students of Olivarez College Tagaytay. The first part of the survey questionnaire pertains to the demographic profile of the respondents, e.g., (1.1) Age, (1.2) Gender, (1.3) Marital Status, (1.4) Year Level, (1.5) Type of pet, (1.6) Longevity of Pet ownership. The second part pertains to the Pet Attachment Questionnaire (Zilcha-Mano, Mikulincer, & Shaver, 2011), which statements concerning what the respondents feel in their relationship with their pet, and Ryff's Psychological Well-Being Scales (PWB), which statements concerning about the respondent's feelings and thoughts.

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**Table 1.***Response anchors for Pet Attachment Questionnaire/Mental Wellbeing*

<b>Response for Pet Attachment</b>	<b>Interpretation</b>	<b>Response For Mental Well being</b>	<b>Interpretation</b>	<b>Range</b>	<b>Verbal Interpretation</b>
4	Strongly Agree	5	All of the Time	3.26 - 4.00	Very High Level of Attachment
3	Agree	4	Often	2.51 - 3.25	High Level of Attachment
2	Disagree	3	Some of the time	1.76 - 2.50	Low Level of Attachment
1	Strongly Disagree	2	Rarely	1.00 - 1.75	Very Low Level of Attachment
		1	None of the time		

After which, pilot testing was conducted. The pilot test results were tabulated as principal consistency analysis, and internal consistency was computed. The Cronbach alpha reliability estimate of the scale was adequate towards acceptable at 0.74.

Data collected from the survey were subjected to statistical tools for analysis and interpretation. First, the weighted mean is used to assess the frequency of the demographic profile of the students. In order to measure the relevance of demographic profile and pet attachment to mental well-being, Pearson's r correlation coefficient (Pearson's R) is utilized.

#### IV. RESULTS

##### 1. What is the demographic profile of the respondent in terms of:

**Table 2.**  
*Demographic Profile of the Respondents in Terms of Age*

Age	Frequency	Percentage
18 years old and below	18	22.2
19 - 40 years old	60	74.1
40 years old and above	3	3.7
N	81	100

Table 2 shows that ages 19-40 years old outnumbered the demographic profile of the respondents in terms of age with 60 (74.1%), while the 18 years old and below got 18 (22.2%), and the least who got 3 (3.7%) from 40 years old and above.

This implies that most of the pet owners in BSN of Olivarez College Tagaytay are 19 - 40 years old, resulting in a frequency of (74.1%) more than 40 years old and above with a frequency of (3.7%). (Stallones et al, 2011) Pet ownership did not have a discernible impact on the study variables. However, within the group of pet owners, those aged 21 to 34 with weaker emotional connections to their pets had significantly higher human network index scores than those with stronger emotional connections to their pets.

**Table 3.**  
*Demographic Profile of the Respondents in Terms of Gender*

Gender	Frequency	Percentage
Female	60	74.1
Male	21	25.9
N	81	100

Table 3 reveals the frequency counts and percentages utilized to determine the composition of their gender. Female has the highest percentage of 74.1% comprises 60 participants, and the least is male, with a corresponding percentage of 24.9% comprising 21 participants.

This indicates that most of the nursing student pet owners of Olivarez College Tagaytay are mostly female rather than male. Muldoon et al. (2019) discovered that girls have a closer relationship with their pets, reporting more intimate disclosure, companionship, and conflict than boys. This finding is consistent with existing psychological literature that suggests gender differences in the quality of peer relations and friendships during adolescence.

**Table 4.**  
*Demographic Profile of the Respondents in Terms of Marital Status*

Marital Status	Frequency	Percentage
Single	78	96.3
Married	3	3.7
N	81	100

Table 4 presents the demographic profile of the survey respondents based on their marital status. The frequency counts, and percentages were used to analyze the distribution among the respondents. The category with the most respondents is single, comprising 78 (96.3%) of the respondents, while only 3 (3.7%) indicated that they are married.

Tsapova's (2017) study aimed to investigate potential gender and marital status differences in pet attachment, building upon prior research that has yielded mixed results. Previous studies have suggested that single females benefit more from pet ownership than married females but have not found significant gender differences in pet attachment based on marital status. However, the present study found that married females were significantly more attached to their pets than single females. No significant differences were found between married females and those divorced or widowed. A similar trend was observed for males, consistent with prior research indicating that males are typically less attached to their pets than females.

**Table 5.**  
*Demographic Profile of the Respondents in Terms of Year Level*

Year Level	Frequency	Percentage
1st Year Level	38	46.9
2nd Year Level	34	42
3rd Year Level	8	9.9
4th Year Level	1	1.2
N	81	100

Table 5 displays that the 1st year BSN students have the highest frequency of 38 respondents (46.9%), followed by the 2nd year BSN students with a frequency of 34 (42%), then the 3rd year BSN students with a frequency of 8 (9.9%), and lastly the 4th year BSN students with a frequency of 1 (1.2%) that made the total cumulative of 100%.

This implies that among all the year levels of Bachelor in Science in Nursing of Olivarez College Tagaytay, most respondents are 1st year students. At the same time, the least is the 4th year level.

According to Bekker (2019), they examined the relationship between class standing and the perceived social support and attachment scales among college students. The results indicate that first- and second-year students reported higher perceived social support and attachment levels than juniors and seniors. This may be attributed to the fact that many first and second-year students experience an extended separation from their families for the first time, leading them to develop



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a closer bond with their pets and perceive more significant support from them. As students progress through college and establish more robust social networks on campus, they may rely less on their pets for support. These findings are consistent with previous research suggesting younger participants have a stronger attachment to their pets than their older counterparts.

**Table 6.***Demographic Profile of the Respondents in Terms of Types of Pets*

Types of Pets	Frequency	Percentage
Dog	51	63
Cat	22	27.2
Fish	2	2.5
Others	6	7.4
N	81	100

Table 6 presents the dog with the highest frequency of 51 (63%), followed by a cat with a frequency of 22 (27.2%), then fish with the frequency of 2 (2.5%), and lastly, others with a frequency of 6 (7.4%) that totals to 81 respondents and cumulative of 100%.

Most individuals with companion animals consider their pets part of the family, particularly those who serve as dog and cat guardians. About 90% of dog and cat owners cited companionship and unwavering affection as advantages their pets provide. When deciding whether and how to involve a companion animal in therapeutic interventions, a practitioner should consider the animal's place in the family (Faver & Cavazos, 2008). Companion animals have been linked to favorable physiological and psychological advantages. For instance, studies suggest that the human-animal link can lower blood pressure, heart rates, and stress levels while increasing emotional well-being and social contact (Jorgenson, 2007). Many studies have tried to determine the health advantages of pet ownership or animal-assisted therapy for students using dogs, cats, birds, fish, and other animals. Several modest, unblinded studies showed that demented patients who received treatment in the presence of animals showed behavioral changes

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(Cherniack & Cherniack, 2014). The physical and mental well-being of students can benefit from having pets. Participants filled out scales measuring loneliness, support for pet attachment, human social support, and depressive mood. The findings showed that loneliness, pet attachment support, human social support, and low mood are all significantly correlated (Buckley et al., 2012).

**Table 7.**

*Demographic Profile of the Respondents in Terms of Longevity of Pet Ownership*

Longevity of Pet Ownership	Frequency	Percentage
1-5 years	51	63
6-10 years	15	18.5
11-15 years	9	11.7
16 years or more	6	7.4
N	81	100

Table 7 reveals that the highest longevity of pet ownership among BSN student pet owners is 1-5 years, with a frequency of 51 and an accumulated percentage of 63, covering more than half of the total population. It is followed by 6-10 years with 15 frequency and 18.5 percent. The least among the years of longevity compromise of 16 years or more has a frequency of 6 and a percentage of 7.4.

The reason for these fewer years of longevity in pet ownership is linked to the pandemic. According to the United States Department of Agriculture (USDA), as mentioned by Rivera (2022), as pets become more common, especially during the pandemic, ownership of dogs and cats has increased significantly over the past five years, with the Philippines being among those countries with the highest prevalence. Furthermore, pets or animals are regarded equally beneficial during this pandemic because they serve the same goal of repelling the pandemic's detrimental impact (Corderro, 2021). On the other hand, longer pet ownership decreases due to the age factors of the type of pets they own; the average lifespan of dogs is 10–12 years, while cats are 10–14 years.

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Older animals have particular requirements and are more prone to dental problems, cartilage damage, and cancer as they age (PetMeds, 2023).

## 2. What is the level of attachment of the respondents to the domestic pets they own?

**Table 8.**

*Respondents Level of Attachment to the Domestic Pets they Own*

INDICATORS	Mean Score	V.I.
1. Being Close to my pet is pleasant for me.	1.62	VLLA
2. I'm not worried about what I'll do if something bad happens to my pet.	3.67	VHLA
3. I don't force my pet into being more committed to me or wanting to be close by.	2.01	LLA
4. I am relaxed when my pet shows interest in me.	2.93	HLA
5. My pet is not a nuisance to me.	3.72	VHLA
6. Signs of affection from my pet bolster my self-worth.	3.43	VHLA
7. I'm very attached to my pet.	3.44	VHLA
8. I am pleased when my pet does want to be close to me as much as I would like to.	3.52	VHLA
9. I would have no trouble giving away my pet if it were to become necessary.	1.99	LLA
10. I have no problem parting with my pet for a long duration.	2.2	LLA
11. I need shows of affection from my pet to feel there is someone who accepts me as I am.	2.95	HLA
12. I feel no discomfort when my pet wants to be close to me.	2.98	HLA
13. I do not feel frustrated if my pet doesn't seem to be available for me when I need it.	2.78	HLA
14. I am not worried about being left alone without my pet.	2.53	HLA
15. I feel valuable without my pet's affection.	2.36	LLA

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16. Being away from my pet for a long period of time doesn't concern me.	1.91	LLA
17. I do not need a lot of reassurance from my pet that loves me.	2.49	LLA
Mean	2.57	HLA

**Legend:**

- 3.26 - 4.00 = Very High Level of Attachment
- 2.51 - 3.25 = High Level of Attachment
- 1.76 - 2.50 = Low Level of Attachment
- 1.00 - 1.75 = Very Low Level of Attachment

Table 8 shows a certain indicator that got the highest score is *"My pet is not a nuisance to me"* with a mean score of 3.72 making it the highest score followed by *"I am pleased when my pet does want to be close to me as much as I would like to"* with a mean score of 3.52 making it the second highest among the indicators. Wherein the indicator that got the lowest score is *"Being close to my pet"* with a mean score of 1.62.

The two highest indicators specify that the chosen respondents have a very high level of attachment to the pets that they own. Wherein the indicator that got the lowest score implies that the chosen respondents have a very low level of attachment.

The result of the table implies that the pet owners of BSN college students from Olivarez College Tagaytay have a very high level of attachment to their pets. This is consistent with the findings by Wanser et. al (2022) that individuals may build significant relationships with their dogs, while some pets exhibit attachment behaviors toward their human caregivers. In certain circumstances, these ties have been proven to maintain or enhance both species' physical and mental well-being.

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### 3. What is the effect of domestic pets on the mental well-being of BSN students?

**Table 9.**  
*Mental Wellbeing of the BSN Students in Relation to the Domestic Pets they Own*

Category	Mean Score	V.I.
1. I've been feeling optimistic about the future.	3.77	VHE
2. I've been feeling useful.	3.49	VHE
3. I've been feeling relaxed.	3.38	VHE
4. I've been feeling interested with other people.	3.22	HE
5. I've had energy to spare.	3.4	VHE
6. I've been dealing with problems well.	3.43	VHE
7. I've been feeling good about myself.	3.49	VHE
8. I've been feeling close to other people.	3.36	VHE
9. I've been feeling confident.	3.27	VHE
10. I've been able to make up my own mind about things.	3.73	VHE
11. I've been feeling loved.	3.85	VHE
12. I've been interested in new things.	3.78	VHE
13. I've been feeling cheerful.	3.56	VHE
Mean Mental Health	3.52	VHE

**Legend:**

3.26 - 4.00	= Very High Effect
2.51 - 3.25	= High Effect
1.76 - 2.50	= Low Effect
1.00 - 1.75	= Very Low Effect

Table 9 reveals the mental well being of the BSN students of Olivarez College Tagaytay. In the category the highest mean score is *“I’ve been feeling love”* with a mean score of 3.85 and a verbal interpretation of Very High Effect. This concludes that having domestic pets makes them feel loved. Among the categories *“I’ve been feeling interested with other people”* has the least mean score, with a score of 3.22 and a verbal interpretation of High Effect. This suggests that having a pet has an impact on the willingness of a person to interact with other people.

Animals can be a source of comfort and strength. According to News in Health (2018), it has been demonstrated that interacting with animals lowers blood pressure and cortisol levels, a hormone associated with stress. In extremely difficult situations when contact with individuals may not be possible, pets can have a good effect on several areas of mental health and wellbeing. Companion animals and other animal-assisted activities and interventions can therefore be taken into account in the framework of any mental health and wellbeing recovery programs and explored in circumstances and with other participant groups, who may in different settings experience social isolation and a lack of human contact (Grajfoner, D., et. al., 2021).

Furthermore, the verbal interpretation of the total mean of mental health, which has a score of 3.52 and a very high effect, interprets that pets have evolved to become highly perceptive of human behavior and emotions. According to Robinson and Segal (2023), one of the causes of these effects is that animals satisfy a person's fundamental desire for touch. The company of a pet can also help to alleviate loneliness, provide companionship, reduce stress, reduce anxiety and the majority of animals are wonderful stimuli for healthy exercise, which can significantly improve mood and relieve sadness (Health Direct, n.d.). As per WebMD (2023), most pet owners are aware that caressing animals can help them relax quickly resulting from decreased stress hormone cortisol, thereby helping in lowering anxiety and stress levels. In addition, research demonstrates that looking at your pets could trigger the release of a hormone that makes an individual feel pleased. It is called oxytocin, which provides an immediate mood enhancement, besides that, having a pet gives people who struggle with anxiety or depression an integral sense of control. It can create consistency and predictability in life by creating a timetable for feeding, brushing, and exercising the pet (WebMD, 2023).

**4. Is there a significant relationship between the demographic profile of the students and their level of pet attachment in the effect on their mental well being?**

**Table 10.**

*Significant relationship between demographic profile of the students and their level of pet attachment in the effect on their mental wellbeing*

Level of Pet Attachment	Age		Decision
	Pearson Correlation	.095	Weak
	Significance	.397	Accept Null
	Year Level		Decision
	Pearson Correlation	.039	Weak
	Significance	.733	Accept Null
	Types of Pets		Decision
	Pearson Correlation	.045	Weak
	Significance	.691	Accept Null
	n	81	
Effect of Domestic Pets on the Mental Well being	Age		Decision
	Pearson Correlation	.034	Weak
	Significance	.765	Accept Null
	Year Level		Decision
	Pearson Correlation	.143	Weak
	Significance	.202	Accept Null
	Type of Pets		Decision
	Pearson Correlation	.058	Weak Positive
	Significance	.610	Accept Null
	n	81	

**Legend : P-Value <.05 Reject Null Hypothesis**

A Pearson Correlation Coefficient was computed to assess the linear relationship between the Profile of the respondents in the Level of Pet Attachment and the effect of domestic pets on mental wellbeing.

Table 10 shows a weak positive correlation among the variables, since the P-value is greater than .05 the null hypothesis is failed to reject, there is no significant relationship between the profile of the respondents and the level of pet attachment. It only indicates that there is no connection between the demographic profile of the respondents and type of pet in the level of pet attachment.

The data also shows that there is no significant relationship between the profile of the respondents in terms of the age, year level, type of pet and the effect of domestic pets on the mental well being of the students.

This only implies that the profile of the respondents does not influence the level of attachment and therapeutic effect of domestic pets to the mental well-being of the students.

### 5. Is there a significant relationship between the level of pet attachment and its effect on the mental well being of BSN students?

**Table 11.**

*Level of pet attachment and its effect on the mental wellbeing of BSN students*

Level of Pet Attachment	Effect on the Mental Wellbeing		Decision
	Pearson Correlation	.014	Weak Positive
	Significance	.901	Accept Null
	n	81	

**Legend: P-Value <.05 Reject Null Hypothesis**

Table 11 implies that the level of attachment does not influence the effect of domestic pets on the mental wellbeing of students. In this instance, a Pearson Correlation was computed to assess the linear relationship between the profile of the level of pet attachment and the therapeutic effect of domestic pets on mental wellbeing. The data shows a weak positive correlation among the two variables,  $r(81) = .014$ ,  $p = .901$ , since the P-value is greater than .05 the null hypothesis is failed to reject, there is no significant relationship between the level of pet attachment and the effect of domestic pets on the mental wellbeing of the students. Along with this, this finding is in line with previous theoretical and empirical research that suggests the emotional attachments that people develop with animals play a significant role in mediating the advantages of pet ownership, it also implies that despite individual disparities in demographic traits, pets may still provide



favorable advantages. Our investigation showed that variations in effect sizes among subgroups were rather minor, and hence unlikely to be of major relevance, even though a larger sample may have found statistically significant differences across categories.

On the other hand, the researchers cannot completely rule out the idea that students who genuinely adore animals but do not own any look for ways to contact them outside of the home, which may directly impact outside of the home, which may have a direct impact on understanding (Jacobson, et. al. 2018). The correlated implications of other studies demonstrating that pet ownership during beginnings predicts both pet ownership patterns may be called into doubt by this discovery and given the depth of emotional ties formed with pets as adults (Westgarth, et al., 2010).

#### **IV. DISCUSSION**

This research aims to understand the Effects of Domestic Pets in the Mental Wellbeing of BSN students. Recent research has shown the importance of pets in the social networks of persons who have been diagnosed with severe and long-term mental illness, indicating that dogs may be regarded alongside other human interactions. A study by Siegel (1991) cited in the research of Brooks et. al (2018), shows the importance of pets in relation to the provision of emotional work, such as people who have a profound connection with their pets. The evidence showing the benefits of pet ownership for people with diagnosable mental health disorders, on the other hand, is scattered and uncertain.

However, this study has shown that there is no significant relationship between the demographic profile of the students and their level of pet attachment in the effect on their mental wellbeing, indicating that the demographic profile of the chosen participants has no influence on the level of attachment of the respondents on their pets. There is also no significant relationship between the profile of the respondents in terms of the age, year level, type of pet, longevity of pet and the effect of domestic pets on the mental well being of the students. It has also shown that there is no significant relationship between the level of pet attachment and the therapeutic effect of domestic pets on the mental wellbeing of the students. Therefore the study failed to reject the null hypothesis of the study based on the following result of the data gathered.

A major limitation of this study is that it only gives emphasis on the mental wellbeing of nursing students that defines their determining overall status in terms of daily coping and excludes the stress, depression, anxiety, and other cognitive problems. Moreover, a factor affecting the result could be considering the sample size, which did not

allow for the studies to have more respondents as it did not even reach half of the population size.

Hence the following recommendations are made based from the result of the study, for the students to maintain a good and healthy mental health; 1) they should focus and be active on practices that could improve their mental wellbeing such as reading books about self-worth, meditation, or learning a new skill, 2) strengthen healthy relationships among family members and significant others, 3) build a healthy lifestyle as it can help to increase happiness and overall well being,.4) be encouraged in participating and attending webinars, seminars, and school activities about mental health.

As professors play an imperative role as a significant figure to the student they are pivotal in enhancing mental wellbeing of the students, thus, 1) they should allow students to have time for a balanced rest and activity with a wellness view point in mind such as proper arrangement of the assessments, 2) encourage the student to practice self-care, taking care of themselves physically, mentally, and emotionally, 3) student empowerment by encouraging them to join extracurricular activities, recollections, community programs and team building such as participating in sportsfest or joining clubs, 4) encourage students to have openness and transparency to communicate with their current wellbeing condition about academic demands through a feedback action plan every semester.

Generally a school and school admins are pivotal in making the positive changes, with that, 1) they should continue and enhance a propose mental health break for a couple of days and promote a mental health activity such as upholding scheduled webinars that can help to increase the betterment of an individual's overall mental well being, 2) promote and uphold recreational activity day and seminar such as teaching students a new skill and learning in arts, crafts, board games, physical activities and educational activities, 3) creating an accessible service and tools to evaluate requests and accommodations related to mental health on campus while prioritizing the student's privacy protection.

For the future researcher should: 1) gather more respondents to control the risk of reporting false-negative or false-positive findings as the greater number of samples influence the greater precision of the results in the study, 2) carry out a longitudinal study or investigate the attachment to a pet in different groups of people, 3) limit most of the variables that could cause alterations in the study, 4) continue and adopt this study to evaluate and propose an action plan using experimental research.

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## **Navigating the Shift from Virtual Learning to Clinical Practice: A Phenomenological Investigation of Nursing Students' Transitional Experiences**

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### **I. ABSTRACT**

This phenomenological study sought to explore the lived experiences of Nursing students of Olivarez College Tagaytay school year 2022- 2023, the focus of their transition from the two-year virtual setting to the current conventional face-to-face modalities with their RLE hospital exposure. The research reveals several themes: Negative Mien, Psyche Disgruntlement, and Subsist Scheme: A tenacious attempt. It revealed the positive and negative experiences of the students during the transitional phenomenon. The negative experience of student nurses prevailed in their encounters and situations in both modalities. However, the second theme showed that most students attained the satisfaction and pleasure that arises from the transition from virtual modalities to their first hospital exposure, especially in connection to what they have gained these emotions, summarizing their experiences. It also disclosed the support the student acquired, primarily from family, friends, and peers. Lastly, the strategies for coping with the transitional education situation showed that most nursing students self-study to catch up with the lessons and activities in their course subject. The study recommended that the students instill ideal time management and study techniques to redirect their prioritizations, organize tasks, increase productivity, and boost motivation. In line, several techniques are recommended to promote productivity, limit distractions, understand concept skills, and transcend the challenges of self-directed learning. The study also proposed to assess and remodify the current nursing academic curriculum for possible additional RLE hours for on-site interactive review lectures of Fundamentals in Nursing and Health Assessment to address the low perception of the nursing student with regards to their competency and knowledge, which allows the opportunity of further learning the nursing skills and practice that may boost their confidence as an aspiring nurse.

**Keywords:** *Phenomenology, Transition, Virtual Modality, Conventional Face-to-Face, Hospital Exposure*

## II. INTRODUCTION

A global crisis known as COVID-19 is due to novel coronavirus pneumonia, which impacted many people's lives, especially those in the medical field. Student nurses face problems in clinical education due to this pandemic and the learning transition. This study explores the nursing student's lived experience in their transition from the two-year virtual setting to their first hospital exposure through conventional face-to-face learning (Oducado & Estoque, 2021).

Its impact ranges in all fields, especially the educational sector at all levels, which forced the academic institutions to adapt to the new curriculum for the virtual modality or closed due to financial matters and decreased enrollees. The schools that operated during the pandemic have to comply with several requirements to follow the health standard protocol and have the proper resources to accommodate students as the implementation of virtual modalities is done to adhere with the standard protocol as a response to the pandemic (Rotas & Cahapay, 2020).

The COVID-19 pandemic is an unprecedented event that brought extraordinary challenges and has affected the educational sectors in which uncertainty is prevalent. Every country is presently implementing plans and procedures to contain the virus and maneuver the whole situation to lessen the disruption it can offer, but the infections persist and continue to rise. In the academic field, to sustain and provide quality education despite lockdowns and community quarantine as the standard health protocol was implemented, the "new normal" should be taken into significant consideration in the planning and implementation of the "new normal educational policy" (Tria, 2020). According to Schleicher (2020), he stated that this crisis uncovered some inequities and inadequacies in the educational systems ranging from access to ideal resources, technology, and a supportive environment for the virtual modality can maximize the benefits of this "new normal" of learning and be able to focus up to the misalignment between resources and needs in both the parties; students and teachers.

Although some studies in the academe dwelled in the same field and concepts that subjected the learning modalities of virtual and face-to-face classes and teaching methodologies and pedagogy, further exploration of the people involved in such topics may result in pivotal information in this changing world of the educational field. In lieu, a study by Dela Cruz (2022) determined the significant relationship between face-to-face and virtual modalities. At the same time, the existence of the study that described the meaning of the transitional experience of the new normal education landscape amid the pandemic of the public school teachers resulted in a positive outlook despite multiple challenges during such phenomena (Dela Cruz, 2022). This



paved the way for the researcher to expand its spectrum and reveal the students' experiences. Hence, this research sought to explore the phenomenon behind their relationship through the lens of the students' lived experiences.

In focus on nursing education, the former transition from face-to-face classes due to COVID-19 has affected the nursing curriculum and activities as necessities for the continuity of education of future nurses, and multiple education solutions have been deployed, all of which are based on distance learning (Martinez, 2020). In lieu, further understanding of the experiences and expectations of the students when faced with these critical changes and transitions is significant for aiding the academic and educational sectors to thoroughly sort sufficient and ideal resources and reorient university and institutions' education for nursing students and other health and medical-associated fields. Clinical experience is one of the nursing program's aspects bound by campus-based learning and return demonstration. This is an essential part of learning for nursing students as it provides an adequate opportunity to apply their knowledge in a real-world setting. Thus, this phenomenological study sought to describe and explore the lived experiences of Nursing students of Olivarez College Tagaytay school year 2022- 2023, the focus of their transition from the two-year virtual setting to the current conventional face-to-face modalities with their RLE hospital exposure.

### **III. METHOD**

The study sought to explore the lived experiences of the nursing students who underwent the transition from a virtual learning setting to a conventional face-to-face modality with their first hospital exposure. Hence, the researcher utilized the transcendental phenomenology research design equipped with the philosophical underpinning of constructivism, which provided the participants the foreground to construct the meaning of their own lived experiences. This research design was ideal for this study as it explores the participants' daily lived experiences and overall understanding of the thinking of humans while developing the researchers' knowledge about the phenomenon. The main point of phenomenology is to gain information about the participants' experiences by thoroughly questioning the related experiences to the phenomenon (Creswell, 2017).

This study recruited five (5) level III nursing students through purposive sampling. Consequently, the following criterion has strictly adhered to ensure data saturation being its fundamental consideration that all participants must possess the congruent experiences that the chosen phenomenon takes place and must articulate the overall

perception of the lived experience; (a) The participants must be (a) Enrolled in Olivarez College - Tagaytay SY: 2022 - 2023, (b) Must be taking the course Bachelor of Science in Nursing, (c) Currently a third-year college student, (d) Currently a fourth-year college student, and; (e) Experienced both Virtual modality and Conventional face to face setting of learning.

Following the ethical consideration and rigor of conducting a study, informed consent, letter of request, and endorsement were given to the respective departments and institutions. The semi-structured questions formulated by the researchers with excellent guidance of the study's central question anchored with Schlossberg's Transition theory underwent rigorous review and were approved by professionals. Subsequently, the researcher explained the interview protocol to each participant before the one-on-one interview, implying the assurance of anonymity and confidentiality, and informed that an audio recorder would be used throughout the session.

Correspondingly, the study was equipped with the phenomenological analysis process in which multiple steps were done that ensured a clear lens and eliminated countertransference of the researcher resulting in bias. Modified Van Kaam analysis was done as the Phenomenological process of exploring and understanding the gathered information from the participants having eight (8) steps. This analysis process was heavily imbued with strict consideration of the epoché that ensured an understanding of the absolute meaning of the said transitional phenomenon and highlighted the ultimate "essence" that encapsulates the meaning of the lived experiences (Moustakas, 1994). In the process, MAXQDA is an effective computer-assisted qualitative data analysis system(CAQDA) aided the researcher in drawing significant insights and statements that builds the horizontalization of the study whereas followed by the individual textural description, individual structural description, and composite textural-structural description was utilized to further elaborate the themes which uncovered and investigated nursing students who underwent the phenomenon of transition from two-year virtual learning environment through the breadth of their interaction during their initial hospital exposure followed by the individual textural description, individual structural description, and composite textural-structural description were utilized to elaborate further the themes that uncovered and investigated nursing students who transitioned from a two-year virtual learning environment through the breadth of their interaction during their initial hospital exposure.

#### IV. RESULTS

This transcendental phenomenological study aimed to describe and explore the lived experiences of nursing students, focusing on their transition from the two-year virtual setting to the current conventional face-to-face modalities with their RLE hospital exposure. As Moustaka (1994) highlighted that the phenomenology design "is concerned with wholeness, with examining entities from many sides, angles, and perspectives until a unified vision of the essences of a phenomenon or experience is achieved; whereas, the phenomenologist's focus is on what participants have in"

The epoché reveals the inquirer's description of the researchers' own life experiences about the same transitional phenomena that must be considered to implore a clear lens to present the absolute meaning of the revealed significant statements from the lived experiences of the participants separating empirical intuition from essential intuition without being denied or destroyed by including them (Moustakas, 1994).

The Researchers related their first hospital exposure to their family's support upon entering the educational setting's newness. Describing excitement while studying in this course despite adjusting to the "new normal" approach also contributes as the researchers believed that if they genuinely love what they do, there is no room for quitting. During the highs and lows of their first hospital duty, researchers were hesitant to interact with actual patients thinking about their health, especially when they got home which put their family at home at risk of getting sick if they were flu carriers. In addition, they were also hesitant due to the lack of skills they experienced from virtual classes. However, looking on the bright side, they think their first time made them who they are today as a student nurse. It gave them time to differentiate and see how face-to-face is essential in the educational system. It helps to practice the ideas and abilities previously discussed in their events. Diving into the depth of handling the negative experiences with this transition, researchers let themselves feel lost and go with the flow, knowing what could be better and worse for themselves. In other words, they let themselves process things slowly because they believed that this process made them grow and not dismiss and neglect what helped them improve. They had time to reflect on the sudden changes. Lastly, is keeping things in balance. One of the activities they had during the transitional experience was attending a group call and communicating with their friends, which helped them practice communicating abilities through interacting with their friends from different backgrounds. Researchers believed that if they have confidence and get so much at ease talking and hearing different stories, this could be a practice and a preparation for the patients they will handle.

Following the phenomenological analysis reduction process, according to Moustakas (1994), this is known as horizontalization, which concludes the listing and grouping of each piece of information and expression related to the explored experiences, giving equal recognition of the presented statements with equal value. The following table 1 indicates the significant statements.

**Table 1**  
*Horizontalization of significant statements*

<b>PARTICIPANTS</b>	<b>SIGNIFICANT STATEMENTS</b>
Participant 1	<p>“Yung pag aaral (way of learning) ganun pa din di naman nagbago” <b><u>Participant 1, Pos. 5</u></b></p> <p>“Parang same din naman yung matututunan mo (virtual setting and Face to face setting) same din naman yung tinuturo di naman sila nagkukulang” <b><u>Participant 1, Pos. 5</u></b></p> <p>“Siguro na excite ako dun sa mga experiences, yung parang maeexperience mo pag nag duty ka na sa hospital nakaka excite yung hahawak ka na ng patient” <b><u>Participant 1, Pos. 28</u></b></p> <p>“Nung online kasi parang ang daming mga deadlines na kailangang isubmit mga assignments parang ganun nakakapuyat” <b><u>Participant 1, Pos. 10</u></b></p> <p>“Mahirap kasi syempre online nga lang parang kumbaga sa ano self study pa din yung ginagawa natin ganun” <b><u>Participant 1, Pos. 12</u></b></p> <p>“Yung skills, kailangan talaga hasain yung skills kasi dun tayo parang medyo tagilid tayo dun gawa nga nung online” <b><u>Participant 1, Pos. 20</u></b></p> <p>“Mahahasa yung skills mo madami kang matututunan tapos yung mga dinedemo mo magagawa mo na sa patient mo” <b><u>Participant 1, Pos. 30</u></b></p> <p>“Mga assignment na kailangan mong ipasa sa deadline, pag sa mga assignment nga lang parang nakakapuyat”</p>

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**Participant 1, Pos. 10**

“Nag print out lang ako ng mga checklist, kasi sobrang nahirapan din ako nung online gawa nga diba kasi tinuturo lang satin pero tayo pa din yung mag aaral, nahirapan din mag adjust ganun” **Participant 1, Pos. 16**

Participant 2

“Nung virtual kasi free ka eh, free in a way na di ka gigising ng maaga para lang mag prepare, para lang maligo at mag biyahe kasi yung kasi yung virtual kunyari kung alas otso yung klase mo, pwede ka mag in ng 7: 55 sa ano sa google meet” **Participant 2, Pos. 15-17**

“Magandang side naman ng online - ng virtual is ano yung sa magandang side niya yun nga na hindi na hindi nga ano yung hindi ka nangangarag sa time kasi hawak mo yugn time mo e” **Participant 2, Pos. 42-44**

“Nung virtual ano - sobrang limited lang and hindi mo na appreciate yung skills kasi nga lagi nalang laging ano assuming assuming tapos kung hindi assuming yung alternative eh hindi naman ganun lagi dapat mayroon talaga kayong experience sa mga materials sa mga paraphernalias tsaka sa mga ano yun” **Participant 2, Pos. 10-13**

“Yung sa panget kasi ano yun nga hindi lahat naituturo, panget na side na puro self directed learning, nasa bahay. syempre ang daming distraction parang ang dami hindi parang hindi yung ambiance mo hindi sya pang academic talaga na syempre sa bahay ang daming distraction like yung bed yun syempre hihiga ka kapag napapagod ka ganun” **Participant 2, Pos. 36-42**

“Negative nga is ano - time bounded ka na eh (face to face classes), yun yung naging negative for me na merong gigising ka na ng maaga mag peprepare ka na ng maaga yun mag biyahe ka for an hour or minutes ganun, yun yung mga naging negative” **Participant 2, Pos. 71-73**

“Alam ko na mas matututo at mas maeenhance pa yung knowledge and skills ko sa face to face” **Participant 2,**

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**Pos. 9-10**

“Pinaka tumatak talaga sakin is yung mga nagpapa anak yung RLE na nagpapa anak na tayo, yung sa maternal”

**Participant 2, Pos. 95-98**

“nung hospital duty ko inexpect ko na mahihirapan ako kasi nga ayun nga transition, syempre hindi hindi ganun kadali ang adaptation hindi ganun kadali yung adjustment nang isang tao lalo, inexpect ko talaga na mahihirapan ako in the first place” **Participant 2, Pos. 30-33**

“Kasi sayang kasi yung panahon, sayang yung time kapag ano kapag nag stop ka, and kung kaya ka naman i ano ng parents mo kung kaya ka pa nilang pag aralin” **Participant 2, Pos. 4-6**

“Kaya go na din ako kasi kaya naman daw nila (parents) na ituloy yung pag aaral ko” **Participant 2, Pos. 6**

“Mas positive yung biglang nag face to face na kasi yung makikiklala mo na yung kakklase mo, then nung nag transition, then nakakausap mo na sila ayun mas focus” **Participant 2, Pos. 55-58**

“Inapply ko sya with consideration ba or caution kasi sa sarili ko hindi din ako ganun na kasanay ba, syempre first duty mo yun noh, first duty from 2 years ng virtual so syempre hindi ka kagalingan ba.” **Participant 2, Pos. 26-28**

“Puro self directed learning e which is hindi siya ganung ka effective saakin, mas gusto ko kasi yung ah na nagtuturo talaga inisstill yung information” **Participant 2, Pos. 37-39**

“Para maka cope is ireview ko yung mga lectures, pag nag aaral ako hindi lang sya yung aral lang for certain purpose nag aaral din ako for long term yun yung naging coping mechanism ko na hindi ko sya pinlano, parang nag aaral , inaaral ko yung isang bagay not just for the test but for the future purposes.” **Participant 2, Pos. 65-68**

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Participant 3

“iba parin yung experience kapag face to face kumpara sa virtual parang mas masaya o mas enjoy siya kapag face to face kesa sa virtual nga kasi hands on madami kang pwedeng i handle na patient ganun.” **Participant 3, Pos. 5**

“sa hospital mismo nakakagulat lang kasi parang ma bablack out ka makakalimutan mo yung mga normal na assessment mo head to toe, NPI mauutal ka pag kaharap mo yung pasyente tas yung sa virtual ano lang kakilala ko lang din kasi yung kausap ko pag nag rereturn demo“ **Participant 3, Pos. 9**

“siguro yung ano, nagbibigay ng mga medication o kaya yung sa NGT feeding ganun yung sa hospital duty yun dun ko na realize na eto pala talaga tapos ganun, ayun lang.” **Participant 3, Pos. 30**

“Ineexpect ko ano, may covid pa din nakakatakot kasi galing virtual panay covid - di naman panay covid, may covid pa tas ihaharap ka sa patient syempre may stigma pa din na baka mahawaan ka ganto ganyan.” **Participant 3 Pos. 14**

“Nag reach out, nanghingi ng tulong sa classmate ko din kung o kaya sa dating mga kaibigan” **Participant 3, Pos. 26**

“Magandang nangyari, na expose sa patient tas yung hands on na ginagawa naranasan mo din yung siguro” **Participant 3, Pos. 11**

“Actually, dapat mag shishift ako ng course eh ano parang medyo nanghihinayang ako kaya pinilit ko pa din sila mama at papa and then ayun nagkaroon ng opportunity kaya naipursue ko pa din hanggang ngayon” **Participant 4, Pos. 7-9**

“Sa mga naexperience naman positive sya kasi nakatulong din naman sakín sa di lang sa studies pati na sa experience din siguro syempre kailangan din natin kapag ka nagatrabaho na tayo madami na kaming experience na nakaharap (patients).” **Participant 3, Pos. 16**

“Nag reach out, nanghingi ng tulong siguro sa classmate ko din o kaya sa dating mga kaibigan kung pano yung ginagawa nila dun ganun nga yung sa transition kung pano sila nag rereview nakakasabay sa mga gawain kahit nakakapagod ganun nanghingi na lang din ako naghanap na lang ba ng mga references kung ano yung sasakto sakin.” **Participant 3, Pos. 26**

Participant 4

“Actually, dapat mag shishift ako ng course eh ano parang medyo nanghihinayang ako kaya pinilit ko pa din sila mama at papa and then ayun nagkaroon ng opportunity kaya naipursue ko pa din hanggang ngayon” **Participant 4, Pos. 7-9**

“yung nexperience ko kasi sa ano online learning is medyo nakaka ano sya - nakaka burn out talaga sya kasi you’re fighting with yourself kasi with the distraction sa social media so yun yung number one na problema ko sa sarili ko and tsaka yung pag ano (handle) ko nang experience ko” **Participant 4, Pos. 16-18**

“yung ineexpect ko sa hospital duty ko ano, sana maging masaya sya pero, kabaligtaran pala yung nangyari mas nakaka kaba sya kasi hirap akong makipag communicate with other people, lalo na kapag hindi ko ka close.” **Participant 4, Pos. 27-29**

“Kaya ko sya pinursue is yung ano (nursing program) personal choice ko kasi sya. yun yung gusto kong ipursue and gusto ko maging nurse in the future. **Participant 4, Pos. 4-5**

“Sobrang dami (good experience during hospital duty) number one, yung makikisamam ka pa lang sa tao kailangan mong maging mabait kailangan mo mag initaitate ng conversation with your patient and kailang mo mag tanong hindi ka dapat mag mamarunong syempre” **Participant 4, Pos. 34-36**

“First hospital duty kasi mas na appreciate ko na yung



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tinuturo sa akin mas inaapply ko na kung ano yung mga skills and yung medication na dapat gawin namin sa pasyente namin and dun sya nag sink in sa kin na okay, nursing student ako sa kailangan kong maging ganito.”

**Participant 4, Pos. 80-83**

“Nahandle is, yung mga reminds ng mga CI and pati yung, yung mga minomotivate nila kami na dapat ganito kayo dapat ganyan kayo and then inaapply ko sya kasi nga dapat ganun naman talaga.” **Participant 4, Pos. 72-74**

“Marami akong natutunan sa online learning #1 sa time mas naimamanage ko siya. Yung mga assessment ko mas natatapos ko kasi mas gusto ko magpahinga ng maaga. And then, mas maging responsible lalo na kasi nga mag second year na ko nung mas first hospital duty and need ko talagang maging responsible kasi hindi din naman biro yung pinasok kong course.” **Participant 4, Pos. 19-23**

“Just motivate yourself kasi di naman ako ganun tao na nag oopen up sa iba so mas mas ano ako mas sarili ako mag minomotivate ko yung sarili ko mas ginaganahan kasi nga pag minotivate mo yung sarili mo mas ginaganahan ka nga.”

“Keep reminding myself na ituloy mo lang kahit hindi ka ganong katalino na katulad ng iba di ka ganung katulad ng iba na madaling makagets ng mga lesson and ideas and talking with myself” **Participant 4, Pos. 54-57**

Participant 5

“bale nung ano kasi virtual, bale tinry naman ng school na mag adopt or gawin yung sa actual kaso hindi sya gaanong kaano - di masyadong natuturo yung content kasi more on assuming lang pinag aano kami - pinag return demo kaso hindi ganung ka accurate yung mga ginagamit nating instruments kulang kulang. Hindi talaga duty na matatawag” **Participant 5, Pos. 10**

“mahirap sya syempre kasi parang baguhan pa lang kahit 3rd year na kasi ano - iba kasi sa duty eh. I mean sa virtual kesa sa first na tapak sa hospital maraming adjustments.”

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**Participant 5, Pos. 13**

“Ineexpect ko ano magiging mahirap siya magiging challenging siya, at the same time madaming matutunan so yun worth it naman kahit mahirap maraming natutunan” **Participant 5, Pos. 16-17**

“siguro negative kasi ano eh parang napapansin ko ngayon yung mga junior natin parang mas marami silang experience na katulad nung sa OR-DR (Operating Room - Delivery Room) 2nd year palang may mga case na sila ng normal delivery kesa satin kasi nung 2nd year virtual lang wala kaming case. Naghahabol ng case.” **Participant 5, Pos. 20-24**

“Siguro ano mas na ano ko na mas gusto ko talaga mag nurse kasi sobrang ano siya eh sobrang ganda kahit na mahirap siya sobrang ganda nya pag aralan mas madami kang matututunan, kasi mahilig ako sa science eh so maraming matututunan about sa human body at the same time mas marami akong narereflect kasi ibat iba yung patient na hawak mo tas ibat iba din yung ah way na pakikisama mo sa kanila so ayun more on pakikipag kapwa tao kasi marami silang nadagdagan yung wisdom ko.” **Participant 5, Pos. 63-68**

“tinuloy ko pa din sya (education during virtual modality) kasi nanghihinayang ako sa oras na mawawala (if he choose to skip a year during the pandemic). Kasi diba nag pandemic. Kaya tinuloy ko na din kasi sa bahay naman wala din akong gagawin eh so pinili ko na lang mag adapt sa new normal kesa tumigil o kaya tumambay ng matagal.” **Participant 5, Pos. 5-6**

“minsan pag syempre di naman ako sobrang talino na studyante so minsan nakakakuha din ng mababang grades so ginagawa ko nalang imbes na magmukmuk ako or ma

stress and depressed ginagawa ko nalang na coping mechanism ko na physical activities - isa yun sa mga nakatulong sakin para maka survive sa new normal.”

**Participant 5, Pos. 52-54**

The transcribed interview showcased a personal exploration from the five nursing student participants, which garnered forty-seven (47) significant statements. The process of *horizontalization* offers an opportunity to establish the "grounding or condition of the phenomenon that gives it a distinct character" (Moustakas, 1994, p.95), presenting an excellent idea in encapsulating their lived experiences during the transitional phenomena upon the implementation of the new normal through the reopening of conventional face-to-face classes and RLE first hospital exposure.

Following the ideal phenomenological analysis process, the overall statements were analyzed and treated without prejudice, implying equal significance. Whereas irrelevance, overlapping, and repeated statements were reduced, eliminated, and further clustered into themes with their ideal code of meanings (Moustakas, 1994). The following themes indicate the unique lived experiences of each participant, which served as the fundamental framework that guided the researcher in understanding the participants' lived experiences.

The four themes emerged to answer the study's central question, which developed from the participants' statements during the interviews, transcribed audio recordings, and analysis of the horizons and invariant constituents revealed during the thorough and careful appraisal of the student's words. These are presented in Table 2.

**Table 2**  
*Emergent theme (1) with their subthemes*

THEME	SUBTHEME
Unprecedented locus	1.1: Positive Mien 1.2: Negative Mien
Iipseity mirror	2.1: Thyself gratification 2.2: Psyche Disgruntlement
Significance of Interconnectedness	

Subsist scheme: A tenacious attempt

The analysis revealed four (4) themes with the emergence of four (4) subthemes. These themes trussed the transition experiences of the nursing students of the learning modalities imposing their lived experiences, namely; (1) Unprecedented Locus, (2) Ipseity Mirror, (3) Significance of Interconnectedness, and (4) Subsist scheme: A tenacious attempt.

To conclude the phenomenological analysis process, the created individual textural and structural descriptions are then synthesized into a composite textural-structural description of the phenomenon, which is referred to by Moustakas (1994) as an "intuitive integration" wherein the descriptions become the essential, invariant structure of ultimate "essence" that encapsulates the meaning associated with the lived experiences of the participants.

### **Individual Textural description**

Constructing textural descriptions for each participant in this study is another significant step in conducting a phenomenological analysis. An Individual Textural Description refers to a narrative form that seeks to describe and define the phenomenon an individual experienced. This encompasses the transcribed compilation of all the interviews of each participant in a summarized format guided by the horizons and invariant constituents, such that the reader will be able to grasp what the participant went through without needing to read all of the raw transcriptions and difficulties over unnecessary and unorganized information filled with fillers which may result in extended use of time, losing focus, and misunderstanding of the said experiences. Moreover, Moustakas (1994) stated, "Using the appropriate, validated invariant constituents and themes, create an Individual Textural Description of the experience for each co-researcher." Correspondingly, the researchers created and presented the textural description for each participant with an organized annotation of all the essential information gathered, including the emphasized themes and quotations discovered during the interviews.

### **Participant 1**

Within accumulating information from the Participant 1, P1 stated that "*parang same din naman yung matututunan mo same din naman yung tinuturo*" means that, P1 continued to pursue the nursing course despite transition as the learning and teachings is same as the virtual modalities and also evident in his next statement which is "*yung*

*pag aaral ganun pa din di naman nagbago*". Also, due to virtual modalities p1 experienced some adjustments and hardships as being sleep deprived was the participant's problem due to loads of assignments and deadlines that needed to be passed within the given time schedule. Participant's affirm *"nung online kasi parang ang daming mga deadlines na kailangan isubmit mga assignments parang ganun nakkapuyat ganun kasi gagawa ka ng mga assignment na kailangan mong ipasa sa deadline na naka ano parang yung sa dl nga di mo masunod, yun lang naman pag sa mga assignment nga lang parang nakakapuyat"*. In relation to the P1's perception in transition from virtual to first hospital duty or exposure the participant said that *"mahirap kasi syempre online nga lang parang sa kumbaga sa ano self study pa din yung ginagawa natin"*, *"nagprint ako nung mga checklist kasi sobrang nahirapan din ako nung ano nung online gawa nga diba ano lang kasi tinuturo satin pero tayo pa din yung nag aaral, nahirapan din mag adjust ganun"* It means that even though they undergo to the first hospital exposure, the participant still uses to self study and print out the RLE materials as the guide in conducting the face to face skills which the participant finds also difficult. As well as *"yung skills, parang kailangan talaga natin hasain yung skills kasi dun tayo parang medyo tagilid gawa nga nung online"*. Upon all the negative impacts of the Participants experienced in transitioning, there are still excitements in the participant's hospital duty. P1 stated that *"na excite ako dun sa mga experiences, yung parang maeexperience mo pag nag duty ka na sa hospital nakaka excite yung hahawak ka na ng patient, pano mag bp ganto mag bp yung mga pang karaniwang na magagawa mo talaga pag nag hospital duty ka yun nakaka excite."*

## Participant 2

The interview with participant 2 revealed his lived experiences during the transition from the two year virtual modalities through the conventional face-to-face which also regards to their first hospital exposure. His thoughts when the transition was announced was *"Inexpect ko na mahihirapan (first hospital exposure) ako kasi nga ayun nga transition. Syempre hindi ganun kadali ang adaptation, hindi ganun kadali yung adjustment nang isang tao lalo na galing sya (including the participant) sobrang tagal mo na nag online - nag virtual. Then in an instant magiging face to face na"*.

P2 pursued nursing as his program despite the mandated strict health care protocol amending the closure of traditional classrooms and opening the "new normal" setting of education of pure virtual learning through its run for almost two years to the extent of the reopening of conventional face-to-face, as long as his parents can support his studies.

In his experiences during this specific transition phenomenon, he experienced the appended restrictions and limitations of virtual learning, which hindered him from appreciating the nursing skills being taught with this kind of modality due to a lack of resources, significant reliance on 'assuming' concept, and outsourcing for alternatives as he perceived this is not what it is supposed to be. There is a must to have actual hands-on experience in practicing nursing skills, especially in handling materials and paraphernalia used. He emphasized that this transition to conventional face-to-face and the announcement of the hospital exposure allowed him to learn more and enhance his skills and knowledge.

When he is placed on his first hospital exposure, he applied all of the things that he learned during the two-year virtual class with great consideration and cautions as he is not sure if what he did in that particular time was right. He acknowledges the fact that *“hindi din ako ganun na kaano pakasanay ba, syempre first duty mo (also pertains to self) yun noh, first duty from two years ng virtual so syempre hindi ka kagalingan ba”*. He stated *“hindi lahat naituturo (during the virtual modality). Puro self directed learning e - which is hindi siya gaanong ka effective saakin. Mas gusto ko kasi na may nagtuturo talaga para ma inisstill yung information”*. He also added that *“yung panget pala is nasa bahay ka, syempre ang daming distraction. Yung ambiance mo hindi sya pang academic talaga na syempre sa bahay ang daming distraction like yung bed yun syempre hihiga ka kapag napapagod ka ganun”*. On the other hand, he also shared how flexible the virtual modality offers as *“hindi ka nangangarag sa time kasi hawak mo yung time mo e”*.

As the transition of education setting to conventional face-to-face takes place, he emphasized that he has had a positive experience since he was able to meet his classmates, being able to actually socialize and increase focus despite the challenges the transition offers. In addition, he was able to cope with the transitional experience academically via religiously reviewing his lectures with a certain purpose of long term understanding as he stated *“inaaral ko yung isang bagay not just for the test but for the future purposes din. Yun nga nung nagkaroon ng face to face hindi na ako ganun kahirap sa pag aano (understanding) ng mga topics”*. Moreover, he also shared that *“Sinete ko yung mind ko na face to face na talaga. Sinete ko na yung sarili ko na kailangan ko nang baguhin yung mga routine ko from online kasi nga face to face na. Pinaka una nun is gigising ka ng maaga, mag piprepare ka ng sarili mo preapare ka for a quiz (common circumstances in a nursing course)”*

Overall, given the circumstances that the participant experienced, he was uneasy and encountered difficulty as he underwent the transition of educational modalities and was exposed to the hospital area in the same year. He still expressed that throughout the transitional phenomenon, he found how the fundamentals in nursing and health assessment RLE gave a significant value during his venture under this unprecedented time as this is the start where he learned the skills and further appreciated it during the face-to-face setting of learning.

### Participant 3

During the interview of participant 3, he stated that *“Iba parin yung experience kapag face to face kumpara sa virtual parang mas masaya o mas enjoy siya kapag face to face kesa sa virtual nga kasi hands on madami kang pwedeng i handle na patient ganun.”* In this statement, the participant expresses his perspective about the difference between the experience in virtual learning and face to face learning, and hospital exposure. P3 mentioned that *“Sa hospital mismo nakakagulat lang kasi parang ma bablack out ka makakalimutan mo yung mga normal na assessment mo head to toe, NPI mauutal ka pag kaharap mo yung pasyente tas yung sa virtual ano lang kakilala ko lang din kasi yung kausap ko pag nag rereturn demo.”* For this reason, student’s experiences challenges in a hospital setting where they have actual interaction with the patient.

Subsequently, the participant specified his expectations in hospital duty as he stated *“Inexpect ko ano, may covid pa din nakakatakot kasi galing virtual panay covid - di naman panay covid, may covid pa tas ihaharap ka sa patient syempre may stigma pa din na baka mahawaan ka ganto ganyan.”* in this statement, the participant emphasized that he still have the feeling of fear in view of fact that there still a possibility of transmission of COVID - 19.

Consequently, the participant stated *“siguro yung ano, nagbibigay ng mga medication o kaya yung sa NGT feeding ganun yung sa hospital duty yun dun ko na realize na eto pala talaga tapos ganun, ayun lang.”* that shows that the participant unlocked new learnings and experiences such as medication administration and Nasogastric tube feeding. P3 also indicates the support he acquired from his family, friends and peers. *“Actually, dapat mag shishift ako ng course eh ano parang medyo nanghihinayang ako kaya pinilit ko pa din sila mama at papa and then ayun nagkaroon ng opportunity kaya naipursue ko pa din hanggang ngayon”* which shows family involvement in providing support for the student. To be followed by the statement *“Nag reach out, nanghingi ng tulong sa classmate ko din kung o kaya sa dating mga kaibigan”* the shows the benefit of a good relationship with friends and

peers. Also, he stated *“kasi yung makikiklala mo na yung kakklase mo”* which specifies the idea of face to face interaction with classmates.

#### Participant 4

During gathering the statement of P4, the participant stated that *“kaya ko sya pinursue personal choice ko kasi siya yun yung gusto kong ipursue and gusto ko maging nurse in the future.”* meaning that P4 wanted this course from the beginning and his reason why he continued studying regardless of the “new normal” setting of education. As mentioned, the participant is passionate about this course yet, there are obstacles that intercept as stated that *“yung nexperience ko kasi sa ano online learning is medyo nakaka ano sya nakaka burn out talaga sya kasi you’re fighting with yourself kasi with the distraction sa social media so yun yung #1 na problema ko sa sarili ko and tsaka yung pag ano ko yung experience ko”*, thus the self-distraction from social media is a big thing since in virtual class we cannot help ourselves to restrict scrolling through the news feed.

Time management and self-discipline played role to participant 4 throughout this transitional adaptation of education, *“marami akong natutunan sa online learning kasi #1 mas naging ano ako sa time mas naimamanage ko sya yung mga assessment ko mas natatapos ko kasi mas gusto ko magpahinga ng maaga and then during sa first na apply ko ynug mga yun, yung mga yung na mas maging responsible lalo na kasi nga mag second year na ko nung mas first hospital duty and need ko talagang maging responsable kasi hindi din naman biro yung pinasok kong course.”* in the occurrence of blended learning P4 learned the skill of being a responsible as an individual and as a student nurse. Following, regarding the expectation of this participant, he stated *“ineexpect ko sa hospital duty ko ano, sana maging masaya siya pero, kabaligtaran pala yung nangyari mas nakaka kaba sya kasi hirap akong makipag communicate with other people, lalo na kapag hindi ko ka close tapos yung mga lines ko na dapat sasabihin ko sa pasyente ko pinapractice ko yun and lagi akong kabado mga ganun”*, with this since participants have not been able to have a social interaction for the long time due to the pandemic, it is understandable to get nervous, especially interacting with your first patient.

Moreover, since the new normal of education there will always be a limitation of interaction and has a tight precaution protocols. *“panget ko naman na naranasan sa hospital duty is minsan ano yung pag shishare ng patient kasi ano kasi medyo mas gusto ko mag handle mag isa kesa sa mag share tapos pati yung masama ko din na ano sa hospital duty is kokonti lang yung mae experience mo kasi nga meron kang kahati kailangan mo magbigay syempre mag bibigay din sila para*



*sayo”, upon interpreting this statement sharing of patients was implemented since the pandemic occurred because some of the patient was a COVID-19 positive and only the clean patients (negative on COVID-19) can only be handled as patient. Additionally, “biglaan kasi first duty namin kasi sa community eh hindi namin alam gagawin dun tapos pati yung hindi ka masyadong praktisado sa mga assessment mo hindi ka maalam mag NPI, kabado mag vital signs so hindi ka confident sa isa yun sa pinaka negative hindi naenhance yung confidence mo kasi nga ano you are learning with the online tapos bigalan mag aano agad face to face”, the transition was a big surprise as everything is new, not just exploring this course but as well being a college student who had their freshman year virtually.*

### Participant 5

In the time of the interview, the first answer that P5 stated was *"tinuloy ko pa din sya kasi nanghihinayang ako sa oras na mawawala so kasi diba nag pandemic di naman natin malalaman kung kelan matatapos so walang kasiguraduhan" and "pinili ko na lang mag adopt sa new normal kesa tumigil o kaya tumambay ng matagal"* P5 is concerned about the time that might be taken and wasted from him.

Moreover, despite the virtual setting P5 expressed that *"tinry naman ng school na mag adopt kaso hindi masyadong natuturo yung content kasi more on assuming lang pinag aano kami pinag return demo kaso hindi ganung ka accurate yung mga ginagamit nating instruments kulang kulang hindi talaga duty na matatawag"* even though the institution tried to accommodate the learnings of the virtual students, there will always have a barrier or minimum education shared due to the new normal. He added, *"mahirap sya syempre kasi parang baguhan pa lang kahit 3rd yr na kasi ano iba kasi sa duty eh i mean sa virtual kesa sa first na tapak sa hospital maraming adjustments”, enough reason why transition learning modalities to new normal was a challenge on P5 as a student.*

Besides the challenging transition, *"negative kasi ano eh parang napapansin ko ngayon yung mga junior natin parang mas marami silang experience na katulad nung sa or dr 2nd yr palang may mga case na sila ng normal delivery kesa satin kasi nung 2nd yr virtual lang wala kaming case"* wherein, as a student student who is on his 3rd year of level was unfortunate that the practice was not executed for more experiences and knowledge. P5 added upon questioning him about own expectation *"ineexpect ko ano magiging mahirap siya magiging challenging siya, at the same time madaming matutunan so yun worth it naman kahit mahirap maraming natutunan"* reason why despite uncontrollable events, the transitional learning modalities P5 believes

that it will all be worth it. Additionally, *“gusto ko talaga mag nurse kasi kahit na mahirap siya sobrang ganda niya pag aralan, mas madami kang matututunan, kasi mahilig ako sa science eh so maraming matututunan about sa human body”* in this statement it can be seen that the interest drove P5 his desire about this course to be continued despite the hindrances or the changes.

### **Individual Structural Description**

As one of the most pivotal phases of a phenomenological research process, the development of each structural description of the participants is done. It is an integral part of the analysis to explore and understand each lived experience in more detail. In contrast, the researcher used repeated analysis and interpretation of the interview corpus, including the individual textural description and imaginative variation. Moustakas (1994) refers to "considering the potential contextual interpretations that support the textural meaning;" "recognizing the underlying themes or contexts" of the experience; and "considering the universal structures that precipitate emotions and thoughts regarding the phenomena, such as the structure of time, space, bodily considerations, materiality, and causality."

Subsequently, the researchers cultivated and published the individual structural descriptions that directly addressed the themes revealed during the interviews with significant consideration of the research frameworks as transcriptions were done.

### Participant 1

During the interview with Participant 1, the theme that significantly stood out was the Positive Mien under the unprecedented Locus. Positive Mien was about the participant's experiences that have resulted in all positive perspectives throughout his learning in virtual modalities up to their first hospital exposure.

Just like the other participants, they have undergone transitions that impacted how they can cope with the way of learning in the hospital exposure. P1 stated that *“parang same din naman yung matututunan mo same din naman yung tinuturo”* and P1 also stated that *“yung pag aaral ganun pa din di naman nagbago”*. Participant 1 doesn't experience or does not feel any changes in the way how the institution teaches their students, as for P1 it was also the same as how they teach on online platforms. Since the face-to-face classes have been implemented, Participant 1 feels excited about having their first hospital duty,” *Siguro na excite ako dun sa mga experiences, yung parang ma experience mo pag nag duty ka na sa hospital nakaka excite yung hahawak ka ng patient”* pertaining to the RLE duties in the hospital wherein they will execute the things that they learn thru the virtual modalities, *“mahahasa yung skills mo madami kang matututunan tapos yung mga dinedemo mo magagawa mo na sa patient mo”* in the virtual modalities, the RLE or the skill enhancements sometimes done or executed in a teddy bear, make believe patient and sometimes with a relative just to show how a certain skills should be done and now that the participant is on the hospital duties, P1 executing the skills in the real patients in the hospital as well as having more knowledge and skills that was being done *“more on positive to, syempre yun nga naenhance yung skills naten”*.

### Participant 2

The interview with Participant 2 concluded with his experience being the most relevant with the theme was Unprecedented locus: Positive Mien, as it majorly emerged in his lived experience as the transition took place. Unprecedented locus is the unexpected circumstances the participant was brought in as the transition of educational modalities from pure virtual setting to the onsite hospital duty of the nursing students with consideration of their place, time, and available resources. Wherein the subtheme of Positive Mien emerged. Whereas encompasses all positive perspectives and experiences the students have in both learning modalities to the extent of their transition starting from their first hospital exposure.

At first, P2 thought that it would be challenging to adjust to the transition of learning modalities after his two years of a virtual educational setting as he stated that *“Inexpect ko na mahihirapan (first*

*hospital exposure) ako kasi nga ayun nga transition. Syempre hindi ganun kadali ang adaptation, hindi ganun kadali yung adjustment nang isang tao lalo na galing sya (including the participant) sobrang tagal mo na nag online - nag virtual. Then in an instant magiging face to face na".* On the other hand, P2 emphasized that this transition from an educational setting to conventional face-to-face and the announcement of the hospital exposure allowed him to learn more and enhance his skills and knowledge further. P2 could apply all of the fundamentals of nursing skills he had learned during the two-year virtual class with significant consideration and caution as he was unsure if what he did at that time was right as he handled his first patient.

As the transition from an education setting to conventional face-to-face takes place, he emphasized that he has had a positive experience since he was able to meet his classmates, being able to actually socialize and increase focus academically despite the challenges the transition offers. Thus, P2 further strived for the betterment of himself and aimed to maximize the opportunity as he reviewed his lectures religiously for a certain purpose of long term understanding as he stated *"inaaral ko yung isang bagay not just for the test but for the future purposes din. Yun nga nung nagkaroon ng face to face hindi na ako ganun kahirap sa pag aano (understanding) ng mga topics"*. The participant stated that given his experiences, he becomes more appreciative of the fundamentals of nursing practice and health assessment skills as he performs it in his hospital duty.

### Participant 3

The theme that was emphasized throughout the interview with Participant 3 was the Significance of Interconnectedness. The significance of Interconnectedness shows how the participants connect and communicate with the transitional adaptation of education with support from the participant's relatives, colleagues, clinical instructors, and other factors such as finances.

As similar to other participants coping with the transition was not easy for Participant 3. The transition from virtual modalities to face-to-face classes makes P3 acknowledge support from colleagues *"Nag reach out, nanghingi ng tulong sa classmate ko din kung o kaya sa dating mga kaibigan"* P3 is reaching out from others that helps him to overcome the circumstances and hardships that the participant encountered especially in asking about how do they do the certain task that the P3 isn't familiar, *"kung pano yung ginagawa nila dun ganun nga yung sa transition kung pano sila nag rereview nakakasabay sa mga gawain kahit nakakapagod ganun nanghingi na lang din ako naghanap na lang ba ng mga references kung ano yung sasakto sakin."*

Throughout this transition, some coping methods are not suitable for the person just like Participant 3, he seeks another solution to keep up with the transition, which was learning thru virtual modalities and then having face-to-face classes and first hospital exposures.

*“Actually, dapat mag shishift ako ng course eh ano parang medyo nanghihinayang ako kaya pinilit ko pa din sila mama at papa and then ayun nagkaroon ng opportunity kaya naipursue ko pa din hanggang ngayon”* With the pandemic, there are shortcomings with the financial needs of P3 as he wanted to continue with the nursing course even though it was virtual and face to face, he even forced his parents to continue studying the nursing course, his family helped him to continue his studies, and he was lucky enough to have the opportunity to study so he continued and still have the chance to be able to do RLE duties at the hospital.

#### Participant 4

As per Participant 4, the theme that stood up for him was the Personal Scheme: Autodidacticism and Self-reflection. Personal scheme autodidacticism refers to how the participant did the approach or coping mechanism during the transitions in self-directed learning and face-to-face classes up to their first hospital duties. Moreover, the participant also experienced self-reflection, highlighting the participant’s capability toward himself.

As per Participant 4, the theme that majorly stood up for him was the personal scheme: autodidacticism and self-reflection. Personal scheme autodidacticism refers to how the participant did the approach or coping mechanism during the transitions in self-directed learning and face-to-face classes up to their first hospital duties. Moreover, the participant also experienced self-reflection, highlighting the participant’s capability toward himself.

P4 stated that he has to pursue this nursing course because it is his personal choice and he wants to become a nurse in the future, it was not as easy as others *“yung nexperience ko kasi sa ano online learning is medyo nakaka ano sya nakaka burn out talaga sya kasi you’re fighting with yourself kasi with the distraction sa social media so yun yung #1 na problema ko sa sarili ko”* because in the times of pandemic, it's inevitable not to be distracted by things especially when you're at home, still the participant is capable of learning in the comfort of their home. *“Marami akong natutunan sa online learning kasi #1 mas naging ano ako sa time mas naimamange ko sya yung mga assessment ko mas natatapos ko kasi mas gusto ko magpahinga ng maaga and then during sa first na apply ko ynug mga yun,”* even though online learning happened in his 2 years of studies, he was able to manage his time and

make an effort because for him he also wants to have time to rest and for him this is the reason for him to be especially responsible and will come back in face to face classes and they will have hospital duty he always thinks that the course he entered is not easy and not a joke. Moreover, during the participant's first hospital duties, *"I'm looking forward sa ano mas positive kesa sa negative kasi mas maganda yun,"* because for him *"pag mas negative yung ano mo yung iniisip mo mas ma dadowan ka sa sarili mo mas ma a unmotivate ka sa sarili mo so dapat sa positive ka lang tho marami kang takot sa sarili mo or marami kang pagkakamali marami kang pagkukulang so you need to move forward."*

### Composite Textural-Structural Description

This transcendental phenomenological study sought to explore, understand, and describe the lived experiences of the five nursing students during their transition from the two-year virtual learning modality through their first hospital exposure. Consequently, four significant themes are identified: Unprecedented locus, Ipseity Mirror, Significance of Interconnectedness, and Subsist scheme: A tenacious attempt. Moreover, four more subthemes emerged as the analysis concludes. These are Positive Mien, Negative Mien, Thyself gratification, and Psyche disgruntlement.

### Unprecedented locus

The experiences under the unexpected circumstances or situations brought by the transition of educational modalities from pure virtual setting to the on-site hospital duty of the nursing students with consideration of their place, time, and available resources. After analyzing the transcribed information, two significant themes emerged, encompassing the positive and negative influence of each stated variable, categorized as positive and negative.

### Positive Mien

This sub-theme encompasses all positive perspectives and experiences the students have in both learning modalities to the extent of their transition, starting through their first hospital exposure. Some students disclosed receiving the same learning experience in virtual and conventional face-to-face modalities.

*"Yung pag aaral (way of learning) ganun pa din di naman nagbago"* and fairly satisfied them as *"Same din yung tinuturo (Virtual and face-to-face modalities). Di naman sila nagkukulang"* given that the same lecture materials are provided in both settings of learning. While,

some differ as *“iba parin yung experience kapag face to face kumpara sa virtual. Parang mas masaya o mas enjoy siya kapag face to face kesa sa virtual nga kasi hands on madami kang pwedeng i handle na patient ganun”*. Though, they were given the benefits of the flexibility the virtual setting offers as they are able to utilize their own time and create their own schedule *“nung virtual kasi free ka eh, free in a way na di ka gigising ng maaga”* and study in their own phase *“hindi ka nangangarag sa time kasi hawak mo yung time mo e”*. Furthermore, they feel exhilarated as they experienced their first hospital exposure *“yung parang mae-experience mo pag nag duty ka na sa hospital nakaka excite yung hahawak ka na ng patient”*.

### Negative Mien

Negative mien is a sub theme that includes all the negative lived experiences and perspective of the students during virtual modalities and conventional face to face learning through their first hospital exposure. The students were overwhelmed with the number of assessments during online class, resulting to lack of sleep as *“Nung online kasi parang ang daming mga deadlines na kailangang isubmit mga assignments parang ganun nakakapuyat”*. While Face to face classes created a time related stress specifically with regards to the time consumed in terms of preparation, and transportation *“time bounded ka na eh (face to face classes), yun yung naging negative for me na merong gigising ka na ng maaga mag peprepare ka na ng maaga yun mag biyahe ka for an hour or minutes ganun, yun yung mga naging negative”*. Students are distracted and burnt out during online classes *“online learning is medyo nakaka ano siya - nakaka burn out talaga siya kasi you’re fighting with yourself kasi with the distraction sa social media”*.

Due to the two year virtual classes, the students felt like they are delayed in learning especially during the first hospital duty expressed by *“mahirap siya syempre kasi parang baguhan pa lang kahit third year na kasi ano - iba kasi sa duty eh. I mean sa virtual kesa sa first na tapak sa hospital maraming adjustments.”* and noticed that 2nd year nursing students (juniors) will attain more experience in the hospital setting than the current third year nursing students *“parang napapansin ko ngayon yung mga junior natin parang mas marami silang experience na katulad nung sa OR-DR (Operating Room - Delivery Room) second year palang may mga case na sila ng normal delivery kesa satin kasi nung second year virtual lang wala kaming case. Naghahabol ng case.”*

Pure virtual modalities was difficult for them as they mostly perform self directed studies *“mahirap kasi syempre online nga lang parang kumbaga sa ano self study pa din”* and the presence of



distractions in the learning environment were emphasized as the *“ambiance mo hindi sya pang academic talaga. sa bahay ang daming distraction like yung bed yun syempre hihiga ka kapag napapagod ka ganun”*. Related Learning Experiences during online classes are perceived as not as effective as face-to-face learning *“nung virtual, tinry naman ng school na mag adapt or gawin yung sa actual kaso hindi sya gaanong kaano - di masyadong natuturo yung content kasi more on assuming lang. Pinag return demo kaso hindi ganung ka accurate yung mga ginagamit nating instruments. Kulang kulang (paraphernalia) Hindi talaga duty na matatawag”*. Limited clinical experience which involves practice in using actual instruments or paraphernalias as *“hindi mo na appreciate yung skills kasi nga lagi nalang assuming tapos kung hindi assuming yung alternative eh hindi naman ganun lagi dapat mayroon talaga kayong experience sa mga materials sa mga paraphernalias tsaka sa mga ano yun”*. Positive expectations with regards to first hospital exposure that turn out to be a challenging experience in terms of communication *“kabaligtaran pala yung nangyari mas nakaka kaba sya kasi hirap akong makipag communicate with other people”*

Furthermore, students often experience mental block during their hospital exposure particularly in the fundamental health assessment as the result the experiences of virtual setting of learning being *“sa hospital mismo nakakagulat lang kasi parang magbablack-out ka. Makakalimutan mo yung mga normal na assessment mo head to toe, NPI mauutal ka pag kaharap mo yung pasyente tas yung sa virtual ano lang kakilala ko lang din kasi yung kausap ko pag nag rereturn demo”*

### **Iipseity Mirror**

Refers to the awareness that all experiences articulate themselves in the participants' first-person perspective, reflecting their regards with the transition phenomenon they encountered ranging from their actual lived experiences, desires, opportunities, and setbacks. Moreover, these transcriptions under the Ipseity Mirror have emanated two themes: Thyself Gratification and Psyche Disgruntlement.

### **Thyself gratification**

This sub-theme encompasses the participants' sense of pleasure, especially regarding what they have gained from their satisfaction and desires that conclude their experiences during the transition from virtual modalities through their first hospital exposure. This includes their desire and opportunity to expand further their skills, knowledge, and the vision they have for themselves as they venture into this career path.



The students perceived the desire to honed their skills further as they did not have the same opportunity during the virtual setting *“Yung skills kailangan talaga hasain kasi dun tayo parang medyo tagilid tayo dun gawa nga nung online”*. Whereas, clinical skills of the students were enhanced by doing actual nursing practices with the real patients *“Mahahasa yung skills mo madami kang matututunan tapos yung mga dinedemo mo magagawa mo na sa patient mo”*. In lined with this, the students envisions face to face classes as a way for improvement and enhancements *“Alam ko na mas matututo at mas mae-enhance pa yung knowledge and skills ko sa face to face”* and expects face-to-face classes as challenging -at the same time obtain new experiences and knowledge *“mahirap siya and magiging challenging siya. At the same time madaming matutunan so yun worth it naman kahit mahirap maraming natutunan”*.

Doing the tasks of the nurse made the students feel that they're nurses which been profound as the experience where they feel the sense of position through actual nursing practices and responsibilities the hospital exposure offers such as *“ nagbibigay ng mga medication o kaya yung sa NGT feeding ganun yung sa hospital duty yun dun ko na realize na eto pala talaga tapos ganun, ayun lang”*. The student has good experiences in their hospital duty especially in companionship expressed as *“Sobrang dami (good experience during hospital duty) number one, yung makikisamam ka pa lang sa tao kailangan mong maging mabait kailangan mo mag initaitate ng conversation with your patient”*. Wherein, the students highly appreciates being nursing student when it comes to doing RLE to an actual patients *“mas na appreciate ko na yung tinuturo sa akin. Mas inaapply ko na kung ano yung mga skills and yung medication na dapat gawin namin sa pasyente namin and dun sya nag sink in sa kin na okay, nursing student ako sa kailangan kong maging ganito.”*

Pursued nursing due to personal choice and strived to be a nurse in the future *“Kaya ko sya pinursue is yung ano (nursing program) personal choice ko kasi sya. yun yung gusto kong ipursue and gusto ko maging nurse in the future”*. Moreover, the students chose nursing as they believed that nursing has a broader scope of studies than other courses and tends to get a lot of life realizations and wisdom from the patients *“Siguro ano mas na ano ko na mas gusto ko talaga mag nurse kasi sobrang ano siya eh sobrang ganda kahit na mahirap siya sobrang ganda nya pag aralan mas madami kang matututunan, kasi mahilig ako sa science eh so maraming matututunan about sa human body at the same time mas marami akong narerefect kasi ibat iba yung patient na hawak mo tas ibat iba din yung ah way na pakikisama mo sa kanila so*

ayun more on pakikipag kapwa tao kasi marami silang nadagdagan yung wisdom ko.”

### **Psyche disgruntlement**

As the counterpart, this sub-theme reflects the participants' perceived negative impacts, expected difficulties, and uneasiness brought by the sudden transition of learning modalities, especially about their first hospital exposure. During the virtual modality, the students often experience an inadequate amount of sleep due to complying with their assignment deadlines stating, *“Mga assignment na kailangan mong ipasa sa deadline, pag sa mga assignment nga lang parang nakakapuyat.”* While the announcement of reopening of conventional face-to-face classes and hospital duty exposure brought fear as the stigma during the time of the implementation was the peak of the stigma surrounding the COVID-19 which *“may COVID pa din nakakatakot kasi galing virtual panay covid. Di naman panay covid, may covid pa tas ihaharap ka sa patient syempre may stigma pa din na baka mahawaan ka ganto ganyan”*. While the nursing students' hospital duty highly expected hardships and difficulties due to transitions and adaptations to the adjustments emphasizing *“Hindi ganun kadali ang adaptation hindi ganun kadali yung adjustment nang isang tao.”*

### **Significance of Interconnectedness**

Having connections as support played an important role for each of them. Upon gathering the statements, the participants had different approaches to support that helped throughout this transition. *“kung kaya ka naman i ano ng parents mo kung kaya ka pa nilang pag aralin”*, financial support establishes a safe and peaceful environment for people who are pursuing higher learning.

Furthermore, with the statement *“makikilala mo na yung kakklase mo, then nung nag transition, then nakakausap mo na sila ayun mas focus”*, sharing and working as a team with the participants' peers promotes teamwork and cooperation that contributed to their social skills and enhances effectiveness and production as everyone collaborates to achieve a common goal. Working with peers promotes an environment that is open and harmonious. Contrary to being at home, the transitional adaptation of education gives participants a sense of belonging to a broader community, which can be a basic form of comfort and support. Having a peer with whom they share similarities motivates participation to be successful students. In addition, the guidance from the clinical instructors shared a great contribution as stated, *“yung mga reminds ng mga CI and pati yung, yung mga minomotivate nila kami na dapat ganito kayo dapat ganyan kayo and then inaapply ko sya kasi nga dapat ganun naman talaga.”* in a sense that they have the capability to share sufficient knowledge and could

effectively guide the students the transition from virtual to face-to-face class was adapted. Moreover, interacting with the patient enhances the connections between the students, which is essential for the participants' career path as student nurses and allows them to benefit one another with queries and access opportunities.

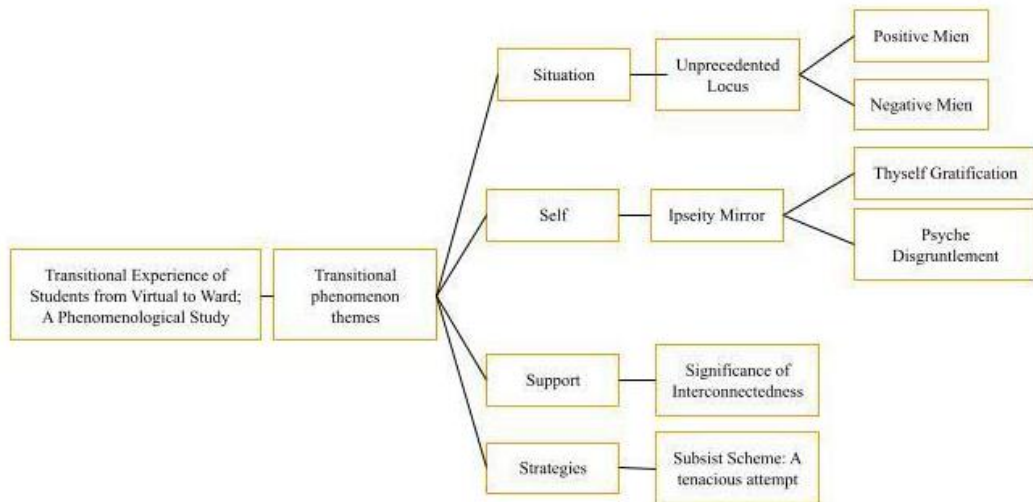
### **Subsist scheme: A tenacious attempt**

The theme Subsist scheme: A tenacious attempt includes all the students' strategies for coping with specific situations, specifically in the transition of education from virtual modalities to face-to-face learning and first actual hospital exposure. The students experienced self directed learning where they are the one who takes the initiative in learning such as assessing and managing own learning assessments and activities as they stated *“nung online gawa nga diba kasi tinuturo lang satin pero tayo pa din yung mag aaral”* along with the statement *“Puro self directed learning e which is hindi siya ganung ka effective saakin”*, also *“Para maka cope is ireview ko yung mga lectures, pag nag aaral ako hindi lang sya yung aral lang for certain purpose nag aaral din ako for long term”*

Due to the transition of learning system, the students feel that they are not competent enough in clinical skills as they stated *“Inapply ko sya with consideration ba or caution kasi sa sarili ko hindi din ako ganun na kasanay ba, syempre first duty mo yun noh, first duty from 2 years ng virtual so syempre hindi ka kagalingan ba.”* which shows a more cautious and careful practice in hospital setting. Moreover, the students socialize with their peers and friends to cope up with certain stressors as a result of transition in learning system as *“Nag reach out, nanghingi ng tulong siguro sa classmate ko din o kaya sa dating mga kaibigan kung pano yung ginagawa nila dun ganun nga yung sa transition kung pano sila nag rereview nakakasabay sa mga gawain kahit nakakapagod”*. Socializing significantly helps people especially the students by having a friendly support system that has a huge impact on coping up with stress and avoiding psychological problems like anxiety and depression that are caused by academic pressure.

The students learn to manage their time effectively in view of fact that online learning helps them to be responsible and aware of deadlines as *“sa time mas naimamanage ko siya. Yung mga assessment ko mas natatapos ko kasi mas gusto ko magpahinga ng maaga. And then, mas maging responsible lalo na kasi nga mag second year na ko nung mas first hospital duty and need ko talagang maging responsible”* in a sense that it makes them well organized and prepared to manage their academic life that can improve their performance. Furthermore, they encourage themselves to pursue their learning as they

stated “Just motivate yourself kasi di naman ako ganun tao na nag oopen up sa iba so mas mas ano ako mas sarili ako mag minomotivate ko” and “Keep reminding myself na ituloy mo lang kahit hindi ka ganong katalino na katulad ng iba” as they build and trust themselves in learning and boost their self-esteem.



**Figure 1.** Phenomenological tree: Navigating the Shift from Virtual Learning to Clinical Practice: A Phenomenological Investigation of Nursing Students' Transitional Experiences

The students' voyage through the transitional phenomena of learning modalities from virtual to ward revealed the four (4) major themes indicated with four (4) subthemes. As the researchers navigated the said shift, the nursing students experienced both beneficial facets and multiple challenges in both modalities of learning; the virtual setting of education gave them great experiences as they had the opportunity to learn in their phase with the flexibility the asynchronous classes offer with significant consideration of the availability of ideal resources and support greatly facilitated the smooth navigation of the courses became the strength of the institution to delivery of the program like nursing (synchronous, asynchronous or blended) which satisfied their learning experiences for two (2) years, which highlighted the unprecedented theme locus under the subtheme positive mien. On the other hand, some students experienced overwhelming work and activities and limited clinical preparation (RLE), specifically with the use of actual paraphernalia and nursing skills, as stated "*hindi mo na appreciate yung skills kasi nga lagi nalang laging assuming tapos kung hindi assuming yung alternative* (paraphernalia), and environmental distractions which heavily affected their learning and understanding as the students

disclosed how their home environment provided great distractions when performing self-directed learning which grounds with the themes negative mien and psych disgruntlement.

In early April 2022, Olivarez College of Tagaytay reopened its grounds for the commencement of the conventional face-to-face class. As they entered the campus-based learning environment, emphasizing a more hands-on experience than the conventional face-to-face through the hospital exposure opportunity, the students had different impressions during the moving phase. Upon its announcement, the students were frightened, as the implementation time was the peak of the stigma surrounding COVID-19. While hardships and difficulties were highly expected by the nursing students upon their hospital duty due to transitions and adaptations to the adjustments emphasizing "*hindi ganun kadali ang adaptation hindi ganun kadali yung adjustment nang isang tao*". On the other hand, some students perceived the desire to hone their skills further as they did not have the same opportunity during the virtual setting. In lined with this, the students envisioned that face to face classes as a way for improvement and enhancements "*Alam ko na mas matututo at mas mae-enhance pa yung knowledge and skills ko sa face to face*" and expects face-to-face classes as challenging -at the same time obtain new experiences and knowledge "*mahirap siya and magiging challenging siya. At the same time madaming matutunan so yun worth it naman kahit mahirap maraming natutunan*". These significantly deem the theme Ipseity Mirror under the subthemes Psyche Disgruntlement and Thyself Gratification.

Soon after the transition, some students disclosed that they received parallel satisfaction in both modalities as the provided materials were the same, stating that "*yung pag aaral (way of learning) ganun pa din di naman nagbago*" and *Same din yung tinuturo* (Virtual and face-to-face modalities). *Di naman sila nagkukulang*". They also highlighted the tremendous support and guidance of the clinical instructors and peers that influenced their experience in a positive outlook as the conventional face-to-face setting fostered ideal learning grounds. All-embracing, the students could be cognizant of the opportunity to further enhance and improve their clinical practices as part of their preparation for their upcoming hospital exposure. These experiences were highly associated with the themes unprecedented locus with the subthemes positive mien, the significance of interconnectedness, and the subtheme thyself gratification.

In the inception of the first hospital exposure, the stigma surrounding the pandemic persisted, and most students felt anxious and intimidated for various reasons. They divulge the idea that the second year nursing student have attained more experience in the hospital

setting than the current third year nursing students verbalizing “*parang napapansin ko ngayon yung mga junior natin parang mas marami silang experience na katulad nung sa OR-DR (Operating Room - Delivery Room) second year palang may mga case na sila ng normal delivery kesa satin kasi nung second year virtual lang wala kaming case. Naghahabol ng case.*” which influenced their experienced challenges in a hospital setting where they had actual interaction with the patient as they had difficulty conducting NPI and applying their fundamentals of nursing and health assessment schema. Though, the students were able to acknowledge the great opportunity the hospital exposure offers as they can enhance their skills through the process while handling their first patients is a memorable experience the students had. Moreover, it garnered great outlooks from the students as they also built companionship with one another and were guided directly by their clinical instructors. Their first hospital exposure was profoundly challenging, but the experiences it gave the students were undeniably worthwhile “ *worth it naman kahit mahirap maraming natutunan.*” Presenting the themes of positive mien, negative mien, psych disgruntlement, thyself gratification, and significance of interconnectedness.

After the fifteen (15) rotations of hospital duty exposure with the conventional face-to-face lectures of the level III nursing students, which encapsulated different areas (General/Medical Ward, OR/DR area, Surgical Ward, Community Health Nursing, and Psychiatric Nursing), the student unveiled their lived experiences that it was full of challenges and doubts at first. However, they have already adapted to the changes stating how the current learning setting became a significant slope of coping with the lectures, gained better insights and understanding, enhanced their skills, and paved the way for fostering their clinical eye during their exposure. It shows that the students unlocked new learnings and experiences. During the interview of the participants, the transition from virtual modalities to face-to-face classes depends on the students' self-efficacy, that have been impacted to have many differences that can vary within the expectations and how the student can envision their way of learning—at the same time, gratifying and honing the missing knowledge and skills needed in the nursing course for the hospital exposures. In a panoramic lens, the themes emphasized in this phase were positive mein, thyself gratification, and Subsist scheme: A tenacious attempt.

## V. DISCUSSION

This study aims to explore and understand the transitional experience of nursing students who underwent a virtual learning setting



to a conventional face-to-face modality with their first hospital exposure.

In this study, six themes have emerged from the statements of the participants, which include Unprecedented locus, Ipseity mirror, Significance of Interconnectedness, and Subsist scheme: A tenacious attempt. Positive mien affirmed the positive perspectives of the students. In support of the study of Chandrasiri & Weerakoon (2021), which shows positive perception and experience during online learning. Conversely, the study of Bijeesh (2021) revealed that various distractions are irrefutable as students are placed within the comfort of their homes. This was followed by the negative mien, which few participants related to negative experiences. The study of Estoque & Oducado (2021) supports the negative impact on the academic performance of undergraduate nursing students.

Thyself-gratification concludes what they have gained from their satisfaction and desires, which is supported by González-García (2020), stating how clinical settings encourage the improvement of competence in students. Psyche Disgruntlement mirrors the participants' experiences of negative impacts. Following the study of Mabunda and Molefe (2022), students' experiences with online teaching and learning amid a lockdown were more negative than positive.

Furthermore, the significance of interconnectedness describes the importance of having interactivity, which is supported by Berkowitz (2020), where interconnectedness positively impacts mental health. After all, the subsist scheme: a tenacious attempt at strategic management that helped the students to cope with the transitional situation of education, which is connected to the study of Koshy et al. (2017) self-reflection enables them to identify their strengths and weaknesses.

The results of this study indicate the positive and negative experiences, the help they received, and the coping mechanisms they employed to deal with the transitional circumstance. Therefore, this study suggests the need to establish an effective coping mechanism or strategies to help students cope with the difficulties and particular situations that hinder their learning. Moreover, the student's motivation should be strengthened as it affects their views and perspective in learning according to their hospital duty exposure.

This study contributes to the coping mechanism and motivation in the learning of the students who experienced the transition, the change from the familiar to the unfamiliar learning setting; they might adapt to cultural, social, and cognitive difficulties since it is thought of as the internal psychological process. The nursing field can comprehend the diverse aspects of the nursing profession in consideration of the

transition to correctly recognize and understand the practices in line with the new normal.

The major limitation of this study is that data collection was initially aimed to have ten selected students as the participants must be composed of five students from the third year and five from the fourth year. However, a schedule conflict was discovered between the researcher and the fourth-year participants; thus, only the level III nursing students could participate in the interview and provide the data needed for the study.

Future research should dwell on the nature of the expectation of hardship and sleep deprivation and their coping patterns and adjustments toward their RLE and Hospital duties. They are following by establishing a solid base for the growth of a nursing workforce whereby students will be knowledgeable and ready to serve the totality of training as long as the people can be assessed and educated—indeed, the institution where it is possible to credit from the recommended program.

Participants also have different or unique experiences that may open the opportunity to widen the spectrum of the exploration of the known phenomena revealing the underlying point of view of the people during such conditions and situations. Moreover, these may serve as a pivotal foreground for discovering the unknown during such a situation in today's changing times and generation. Additionally, in future research, they may use data triangulation that enhances the credibility and validity of the findings and attenuates the research biases.



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## **“Visual Narratives of Sanitation Practices in Barangay San Jose, Tagaytay City: A Photovoice Exploration”**

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### **I. ABSTRACT**

One of the most crucial aspects of a community is sanitation. Sanitation refers to the sense of maintaining or living in a healthy environment for the well-being of one's own family, including taking healthy food, using fine clothing, living in a clean house, using sanitary latrines, and living with medical care. Community sanitation is essential for environmental sustainability, as climate and environment depend on people. People knowingly or unknowingly neglect to keep fit and healthy and do not even know the effect of handwashing. Undoubtedly, proper hand washing is necessary after defecation or before and after taking food, which results in the spread of thousands of diseases in the community. The researcher utilized the participatory action research method and purposive sampling to identify and select information-rich cases related to the phenomenon of interest. The participants of this study were the residents of Purok 160 Brgy. San Jose Tagaytay City. The sample size is ten (10) participants or until data saturation. The researcher used a photovoice approach in which the cameras are placed in the hands of research participants, allowing them a "voice" to record their surroundings, empowering them to develop knowledge and interpretation of their environments, and promoting sharing and critical dialogue. They also used semi-structured interview questions with (4) main questions, as this method helps to gather open-ended data, feelings, beliefs, and thoughts about a particular topic and explores experiences and attitudes. The study results showed that the participants needed more home sanitation practices due to disorganized house materials, inadequate food, and water sanitation due to uncovered storage, and the water drainage being slightly poor due to household solid waste. In line with this issue, the researchers recommended improving sanitation and promoting health in Purok 160.

**Keywords:** *Sanitation, Environmental Theory, Photovoice, Community.*

## II. INTRODUCTION

Worldwide, an estimated 4.5 billion people do not have access to safe sanitation, and about 29% or 2.3 billion people lack basic hygiene (World Health Organization, 2017). The ability to maintain sanitary conditions through services such as garbage collection, wastewater treatment, and industrial/hazardous waste management is referred to as basic sanitation. In contrast, basic hygiene includes access to stations at home with soap and water.

Florence Nightingale emphasizes the role of the environment (sanitation) in a person's health. Her theory and writings reflect a community health model wherein she states that all surrounding human beings affect or contribute to their health (Gonzalo, 2021). Sanitation is an important activity for growth, survival, and health. These practices specifically aim to prevent the uncontrollable spread of infection through the environment and interfere with the incidence of illnesses. Moreover, poor sanitation practices can consequently affect the environment and the community's health, as it causes poor health, decreased productivity, missed educational opportunities, and loss of income (Abeyasinghe, 2020).

A critical purpose of sanitation is to decrease human exposure to microorganisms safely. Diseased people excrete pathogens and, if not contained or managed correctly, can pose a risk to anyone who comes into touch with them. We used the Environmental Theory of Florence Nightingale, based on five environmental factors, "pure air, pure water, efficient drainage, cleanliness, and light"; a healthy environment is essential for healing.

The data and results from the recent Community Participatory Action Research (C.O.P.A.R.) conducted by the B.S.N. Level 3 (2022), tackles the sanitation practice of Barangay San Jose, specifically Purok 160. The researchers decided to include the following: Water Sanitation, Wastewater, Drainage, Sewage Systems, Excreta, and Food Safety and Sanitation to raise awareness, foster change, and improve. According to the Community Participatory Action Research (C.O.P.A.R.) results, majority of the residents use covered drinking storage with a percentage of 73.1%, while in terms of the community's food storage, most of them kept their food covered with a percentage of 78.05%, and the drainage system shows that most families have open drainage with 60.98%. Relying solely on interviews and survey questionnaires does not provide a complete understanding and exploration of the sanitation practices in Barangay San Jose, Purok 160. Since the researcher's personal opinions and intentions can influence the information gathered during the interview. Moreover, from the related literature, it was found that only a few studies are conducted about regulations, guidelines, and policies

to guide the provision of safe drinking water.

This study aims to explore the visual narratives of sanitation of Barangay San Jose, Purok 160 Tagaytay City, using the Participatory Action Research photovoice approach. It seeks to answer the following question: What is the researcher's analysis of the picture of sanitation practice?; What are the themes that have been identified in both photovoice analyses?; What would be the output of the study? The researchers will develop Health teaching materials and programs aligned with the identified problem.

### **III. METHODOLOGY**

The researchers have used a participatory action research method to determine the sanitation practices at Barangay San Jose based on the environmental theory or model by Florence Nightingale through the photovoice approach. Participatory Action Research (PAR) entails researchers and participants collaborating to investigate and improve a problematic situation. Its goal is to examine and influence a particular community, neighborhood, school, establishment, team, or group. In addition, the researchers anchored and incorporated the philosophical underpinning of critical theory, whose objective is to comprehend or describe social behavior and modify and give voice to the marginalized community.

On the other hand, the researchers also incorporated the photovoice approach in determining the barangay's sanitation practices. Using this approach, cameras are placed in the hands of research participants, allowing them a "voice" to record their surroundings, empowering them to develop knowledge and interpretation of their environments, and promoting sharing and critical dialogue among participants and their communities.

In this study, the researchers used a purposive sampling method because it identified and selected information-rich cases related to the phenomenon of interest. The purposive sampling method refers to a category of non-probability sampling techniques in which units are recommended based on the criteria developed by the researchers. In other words, purposive sampling involves the "on purpose" selection of units. (Nikolopoulou, 2022).

The participants of this study are the residents of Purok 160 Brgy. San Jose Tagaytay City. Purok 160 is one of the seven (7) Purok in Barangay San Jose that received an award last 2019 as the model for Solid Waste Management as they strictly implement the 'no-segregation, no collection' policy. The sample size is fifteen (15) participants or until data saturation. The inclusion criteria are the following: (1.) The participants must reside at Purok 160 for at least five

years of residency (2.) Participants must be 18 years old and above (3.) Male or female residing in Purok 160, and (4.) Willing to participate in the study.

The researchers initially conducted an orientation with the participants and the purok leader to discuss the procedure of the study and the rights of participants to participate in the study. The participants were oriented to photograph their day-to-day activities involving their sanitation practices. After that, the participants were given ample time to capture photographs of their sanitation practices. Then, data gathering was implemented through a photo discussion session with the participants where the researchers asked the participants using the SHOWED method by Tsang (2020); (1) what do you see here? (2) What is happening here? (3) how does this relate to Our lives? (4) Why does this situation, concern, or strength Exist? (5) What can we Do about it? After gathering the participant's interpretation of the captured photographs. The researchers then gave their interpretations of the participant-taken photographs. After gathering the information, the researchers analyzed the gathered data through the photograph to photograph, narrative to narrative, and cross-comparison. Finally, in the last step of the data analysis, the researchers theorize the relationship between the themes formed during cross-comparison.



#### IV. RESULT



*Figure 1. Photographs taken by the participants*

The researcher conducted a focus group discussion to analyze further and interpret the twelve (12) pictures that the participants took to delve deeper into the sanitation practices of the residents in Purok 160. To further analyze the data that was taken from the researchers and participants, the researcher compared photographs with photographs, narratives with narratives, photographs with narratives, photographs, and narratives with categories, categories with categories, themes with themes between the two sets of results through cross-comparison as part of data triangulation

Upon comparing and contrasting the photographs, the researcher interprets that the photographs evoke thoughts of a disorganized home due to the scattered placement of water basins, beds, and kitchen wares. It gives the impression that the owner needs more living space, as evidenced by the kitchen and comfort room proximity. A study conducted by Tesema et al. (2015) and Hammer, Brainard, and Hunter (2018) consistently shows that inadequate living space contributes to transmitting communicable diseases.

Second, the photo showed women drying their kitchen utensils with a towel which researchers are concerned about, as they interpreted that drying plates and utensils can cause health hazards through cross-contamination. The American Society for Microbiology (2018) study recognizes that kitchen towels could potentially cause food poisoning.

Third, the photo gives the impression that the community might be experiencing a water shortage, as evidenced by the residents storing water in water containers and water drums, as shown in the photos. However, it must be more organized, cluttered, and unsealed water



storage. In recent years, every region in the Philippines has been experiencing water shortages (Gonzales, 2023).

Fourth, the photographs emphasized open drainage with accumulated garbage or solid waste. This indicates that the drainages are situated dangerously close to residential buildings. Fifth, there is a pile of garbage. The researchers emphasized that the problem should be addressed as this could affect the community's well-being. Lastly, the photograph shows a properly sealed garbage bag, which gave the researchers the idea that the picture speaks out the idea of proper segregation and disposal of waste.

Furthermore, the participants viewed that inadequate living space is due to their state of living. Also, they are not allowed to have a house extension, so their bedroom, dining room, kitchen, and comfort room are close to each other. In the study of Rolfe et al. (2020), low-income individuals have particular challenges in building and creating a sense of home, which can significantly impact health and well-being.

Second, the participants emphasized their traditional practice of using a towel to dry the plates, done by almost every household in Purok 160. They believed that it could decrease the possibility of the accumulation of mosquito larvae. Third, the participants showcased their way of storing water using containers as the water supply in their community needed to be improved due to their location, and they were experiencing a water shortage and the lack of a definite clean water supply in their community. Fourth, the participants emphasized litter accumulation caused by an inability to clean the drainage due to time constraints. Fifth, the photograph showcased a pile of garbage which residents are concerned about as it can be a breeding site for mosquitoes. In the study of Banerjee, Aditya, and Saha (2015), plastic waste creates an ideal biotope for vector mosquito breeding. Lastly, the photograph shows their sanitation practices emphasizing proper segregation and disposal.

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**Table 1**  
**Cross Comparison Matrix**

Participant's Significant Statement	Initial Code	Categories	Researcher's Significant Statement	Initial Code	Themes
<b>Theme 1:</b> Cleanliness is next to Godliness					
Participant: sa sobrang hirap ng buhay ngayon parang sa iisang bahay po napagsasama na po yung kwarto, sala, kitchen, tsakaa po yung cr. (Day 1 FGD, Pos. 83-84)	Small house	Home Sanitation	Researcher: Kulang sa space ang kagamitan sa bahay kaya nasa isang parte lang lahat ng kagamitan at hindi organize (Researcher's Interpretation, Pos. 233-234)	Inadequate living space	<b>Theme 1.1:</b> Space Saver
Participant 4: Dapat talaga may tama siyang lalagyan (Day 1 FGD, Pos. 12)  Participant: Dapat may division kayo (Day 1 FGD, Pos. 13)	A need for organization and house division	Home Sanitation	Researcher: Hindi natin maipagkakaila na maliit ang kanilang tirahan. Hindi rin gaanong organisado ang mga bagay at gamit sa loob ng bahay. Makikita natin na ang walis tambo ay nakapatong sa higaan. (Researcher's Interpretation, Pos. 238-240)	Cluttered home items	<b>Theme 1.2:</b> Sorting and organizing a way to healthy living
Participant 20: ginagawa, nagpupunas po siya nang nahugasan ng plato para po	Using towel as traditional way of drying plates	Food Safety	Researcher - Kailangan bigyang pansin ang nasa larawan sapagkat nasa utak ko ang mga	Towel as a microbial habitat	<b>Theme 2:</b> Cleaning or Soiling?

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<p>pag nilagay na siya don sa lagayan ng plato di po siya tutulo para di po mag cause ng kiti-kiiti (Day 1 FGD, Pos. 61-62)</p> <p>-Sa ibang bahay po ginagawa din po yan para po makaiwas sa kiti-kiiti. (Day 1 FGD, Pos. 66)</p> <p>-Tama po yung paraan ng pagliligpit (Day 2 FGD, Pos. 78)</p> <p>- Araw-araw po nilang ginagawa (Day 2 FGD, Pos. 79)</p> <p>-Wala akong nakikitang mali (Day 2 FGD, Pos. 82)</p>			<p>tanong na kung malinis ba ang telang ginamit sa pagpapatuyo ng plato? Dahil kung hindi maaaring magdulot ito ng sakit hindi lang sa bata kundi sa buong pamilya. (Researcher's Interpretation, Pos. 111-113)</p>		
<b>Theme 3:</b> Water, a precious source of life					
<p>Participant: may drum, stockan ng tubig (Day 2 FGD, Pos. 63)</p> <p>Participant: hindi po araw-araw ang tubig, sahod-sahod lang, kailangan may nakastock. Panligo at panlaba (Day 2 FGD,</p>	Inadequate water supply	Water Sanitation	<p>Researcher: Maraming imbakan ng tubig tulad ng drum at mga timba sa gilid ng bahay (Researcher's Interpretation, Pos. 273)</p>	Inadequate water supply	<p><b>Theme 3.1:</b> Every drop of water matters</p>

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Pos. 64)					
Participant 4: Yun nga po sabi ni ate dapat po naka organize po yung mga lagayan po ng water tapos po yung mga inumin na ginagamit na inumin sa pang araw araw tsaka po yung ginagamit pang ligo ganon. (Day 1 FGD, Pos. 14-15)	Disorganized water storage	Water Sanitation	Researcher : Mga nakatiwang-wang na balde at container (Researcher's Interpretation, Pos. 139)  Researcher: ang bukas at walang takip na water container ay maaaring magdulot ng sakit sa pamilya (Researcher's Interpretation, Pos 165-166)	Uncovered and disorganized water containers	<b>Theme 3.2:</b> Uncovered and cluttered water containers
Participant: hindi po hiwa-hiwalay yung tubig pangligo at tubig panginom (Day 2 FGD, Pos. 117)  Participant: Yung inumin po maaaring magiging madumi, kasi magkatabi po yung CR at mga tubig inumin (Day 2 FGD, Pos. 100)	Mixed bottles of cleaning water and drinking water	Water Sanitation	Researcher: Bukod pa rito ay makikita natin ang mga bukas na water container sa taas ng lamesa na kung saan sa tingin ko ay ginagamit nila bilang inumin, kung ito ay mananatiling bukas at walang takip maaari itong pasukan ng iba't ibang uri ng mikrobyo na maari nilang mainom at kalaunay maaaring maging sanhi ng pagtatae at iba pang uri ng sakit	Unlabeled water bottles	<b>Theme 3.3:</b> Unseparated tap water and mineral water container

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			(Researcher's Interpretation, Pos. 46-50)		
<b>Theme 4:</b> A waste in a sewerage					
Participant: Sa bawat kanal po kase makalat parang yung ibang parent di po nila nalilinis kase po busy po sila sa work tapos yung mga anak e busy sa school and sa studies nila kaya di po nalilinis (Day 1 FGD, Pos. 106-107)	Waste in the drainage	Drainage System	Researcher: Hindi nalilinis araw araw ang mga kanal dahil makikita ang mga basura dito (Researcher's Interpretation, Pos. 323)	Waste in the drainage	<b>Theme 4.1:</b> Litter accumulation due to time constraint
The participants know the possible effects of waste in a drainage such as floods, however they are not aware or they don't see this as a health threat		Drainage System	Researcher: Kinakailangan maging malinis sa kapaligiran lalo na sa mga kanal, dahil isa ito sa dinadaluyan ng tubig kapag madaming basura dito ay maaring pagsimulan ng baradong kanal. (Researcher's Interpretation, Pos. 329-330)  Researcher : Karagdagan pa rito ay ang kanal, ang kanal ay maaaring	Waste in the drainage as health threat and may cause health problems	<b>Theme 4.1:</b> Litter accumulation causes pollution and vector borne diseases

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			pamahayan ng mga lamok at iba pang uri ng insekto at maaaring magdulot ng iba't ibang uri ng sakit. ( <i>Researcher's Interpretation, Pos. 342-343</i> )		
Participants: kailangan bigyan pansin para sa ikakabuti ng kapaligiran natin. Kapag hindi kasi siya binigyan ng pansin, pwede siyang ayun, may mga bata rin kasing naglalaro diyan, kapag tuwing naulan, naglalabasan ang mga lamok ( <i>Day 2 FGD, Pos. 21-23</i> ) - kasi po hindi po siya kaaya-ayang tingnan, kailangan po talaga siyang linisan para po sa ikabubuti ng bawat isa ( <i>Day 2 FGD, Pos. 24-25</i> )	Garbage pile	Sanitation	Researcher: mga basura, imbak imbak na sako, mga container, sabit sabit na damit or tela. ( <i>Researcher's Interpretation, Pos. 356</i> )  Researcher: Mahalaga na ito'y bigyan ng pansin dahil alam naman natin na ang mga nakaimbak na basura ay maaaring pamahayan ng mga insekto, maaari din itong maging sanhi ng maraming sakit. ( <i>Researcher's Interpretation, Pos. 375-376</i> )	Garbage pile	<b>Theme 5:</b> Conserve the space by properly disposing your waste
Participant: Meron naman pong pagkakahiwa-	Sanitation practices	Sanitation	Researcher: Maayos na nakasegregate	Sanitation practices	<b>Theme 6:</b> Waste segregati

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hiwalay ng basura (Day 2 FGD, Pos. 48)			ang mga basura ( <i>Researcher's Interpretation, Pos. 419</i> )		on, a way to stop pollution
Participant:Pag may kalat dun po tinatapon (sa garbage bag) hindi po tayo magkakasakit kasi nalilinis po (Day 2 FGD, Pos. 51)			Researcher: Sa tingin ko ito ay isa sa mga paraan nila kung paano nila idispose ang mga basura nila. Gumagamit sila ng mga garbage bag bilang lagayan ng mga basura ( <i>Researcher's Interpretation, Pos. 422-423</i> )		

The researchers identified six (6) themes based on the Researchers' and Participants' interpretations; 1: Cleanliness is next to godliness. 1.1: Space Saver. 1.2: Sorting and organizing, a way to healthy living. 2: Cleaning or Soiling. 3: Water, a precious source of life. 3.1 Every drop of water matters. 3.2 Uncovered and cluttered water containers. 3.3 Unseparated tap water and mineral water containers. 4: A waste in sewage. 4.1 Litter accumulation due to time constraints. 4.2 Litter accumulation causes pollution and vector infection. 5: Conserve the space by properly disposing of the waste. 6: Waste segregation, a way to stop pollution.

Through Photovoice, the participants and group of researchers could reflect on and identify their practices and the community's strengths and weaknesses. The first theme was identified as Cleanliness is next to godliness with subthemes 1.1 Space Saver and 1.2: Sorting and organizing, a way to healthy living. Upon comparing and emerging the interpretations between participants and researchers, they agree that unorganized house materials were due to inadequate space. However, the residents still recognized that a clean environment is essential and that a cluttered and unorganized home environment can affect their health. Substandard housing can expose people to various health problems (Rosen, 2015). Furthermore, both proposed a practical solution for arranging materials and emphasized that even a limited space in one's home can be managed effectively with proper organization.

Second, cleaning or soiling was identified, as most residents used towels to dry their plates. It is their traditional way of cleaning and drying plates. The participants stated "*Sa ibang bahay po ginagawa din po yan para po makaiwas sa kiti-kiti.*" "*tama po yung paraan ng pagliligpit, wala akong nakikitang mali*". Upon comparing both parties, the researchers emphasize that using a towel for drying plates poses a risk of cross-contamination and might cause health problems. However, it differs from the participants' interpretation as they see nothing wrong with their practices in drying their dishes. Although the participants know the possible effects of unclean and unsanitized kitchens, they are unaware that their practices might cause health problems. In the study of Biranjia-Hurdoyal (2018), she found that E.coli was more likely to be found on towels that were used for multiple tasks, such as wiping dishes, cleaning surfaces, and drying hands.

Third, water is a precious source of life with a sub-theme 3.1 Every drop of water matters. 3.2 Uncovered and cluttered water containers. 3.3 Unseparated tap water and mineral water containers. The water supply in Purok 160 is inconsistent, so people in the community store water in available containers such as drums, buckets, and water bottles. However, some of these containers are uncovered, cluttered, and unseparated. However, both parties acknowledged that cluttered containers could lead to mixing tap water and mineral water containers. Furthermore, the researchers emphasized that uncovered water containers can be contaminated and might affect health due to pathogens. Evidence suggests that bacteria living in water bottles, such as autochthonous water microbiota, could contaminate and multiply under certain conditions (Curutiu et al., 2019).

Fourth, waste in sewerage with a subtheme 4.1 Litter accumulation due to time constraint and 4.2 Litter accumulation causes pollution and vector infection. According to the residents, there is a scheduled time for drainage cleaning. However, residents were not able to clean their drainage due to busyness in work as well as studies. The participants know the possible effects of waste in drainage, such as floods. However, they are unaware of or do not see this as a health threat.

On the other hand, the researchers are concerned about the accumulation of litter in the drainage as it can be a threat to the health of the individual in the community. Both wastewater and sewage contain bacteria, fungi, parasites, viruses, and other organisms that can harm the digestive system, lungs, and other organs. Bacteria can cause nausea, headaches, fatigue, cramps, diarrhea, fever, and on rare occasions, appetite loss. Wastewater management is an essential aspect of the anthropogenic water cycle since it helps to ensure that water is

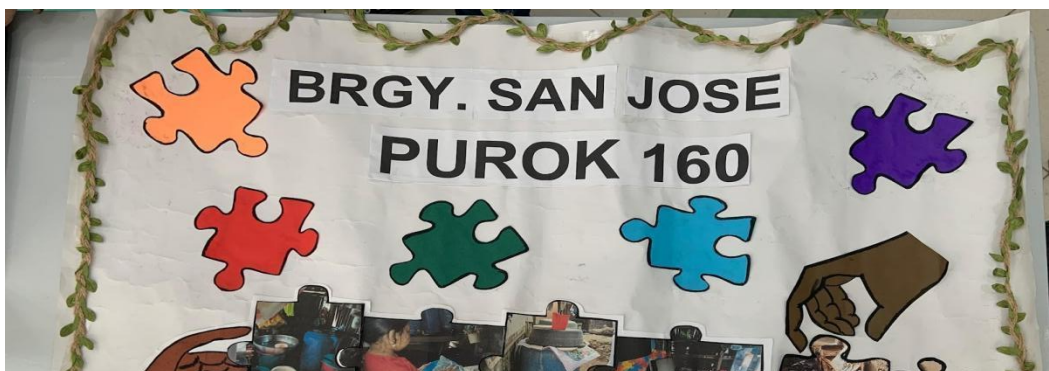


clean, safe to use, and environmentally friendly (United States Environmental Protection Agency, 2022).

Fifth, Conserve the space by properly disposing of the waste, as some parts of the community have piles of garbage. However, both parties recognized that this needs attention because it is unpleasant to look at and may become a breeding site for insects such as mosquitoes. Ineffective management of household waste can consequently affect the health of the community (Aminuddin & Rahman, 2015; Ncube, Ncube, & Voyi, 2017; Ziraba, Haregu, & Mberu., 2016, as cited in Fadhullah et al., 2022). The study of Gutberlet and Uddine (2017) reveals that the accumulation of solid waste can pose a significant risk as it provides an ideal environment for the growth of fungi and pests that might carry vector borne diseases.

Lastly, "Waste segregation is a way to stop pollution." Although some parts of the community have piled up garbage, most of the residents in Purok 160 are practicing and following environmental programs, including proper segregation and disposal. Proper segregation and proper waste disposal improve the overall quality of air and water, which effectively contribute to good health while promoting community health (Soluta, n.d).

Upon emerging and comparing all photographs, interpretations, and themes, the researchers have identified the following concern; Home items could be more precise and organized due to the small living space. Moreover, their food safety practices include using a towel to dry their plates. Unfortunately, the participants are unaware of the possible health implications of these practices. Furthermore, the researchers have identified the need for more water supply, exposed and cluttered water containers, and unseparated tap water and mineral in underwater sanitation. In addition, under the Drainage System, there is waste in the drainage.



*Figure 2. Visual Narratives of Sanitation Practices in Barangay San Jose, Tagaytay City*

In light of the study's results, the researchers have constructed a poster that summarizes all the findings they have identified throughout the study. Every single object in the poster has its significance with relevance to the study. In the poster, the researchers have chosen to use puzzle pieces to symbolize the connection between the themes since puzzle pieces create an image and a conclusion to the problem when connected and put in the correct position. In connection with the study, the researchers inserted images of every identified theme into every puzzle piece. This signifies the researchers' theorization during the data analysis since we gathered every theme and connected it to create an image or a conclusion to the problem. It helped the researchers to identify recommendations. In the poster, the researchers formed a straight horizontal line upon connecting the puzzle pieces because, in psychology, a straight horizontal line promotes community ideals (Daniel, 2019).

The researchers were able to theorize that the residents of Purok 160 do not have adequate living space in their household due to poverty and land ownership, and this is held by a hand with green sleeves since the researchers want to showcase the (home) environment. Moreover, it was identified that the residents practice towel drying in cleaning their plates or dishes, and they greatly justify that they are used to that kind of practice and do not see anything wrong with it. In the poster, this theme is manipulated by the red sleeve because the researchers want to emphasize the danger of using a towel. Furthermore, it was also found that the residents of the said Purok were experiencing water shortage, and the researchers showcased this theme in color blue since blue is a universal meaning it represents water. In order to compensate, the

residents were forced to fetch water and store it in a way where no insects or mosquitoes would live. The drainage system of the barangay was open, and there was visible garbage in the drainage. When the participants were asked how often they clean it, they replied that they do it occasionally due to work commitment and academic responsibility. The researchers chose brown to represent this theme since brown is the earth's or soil's universal color. Then the researchers found that some parts of Purok 160 have piles of garbage; the participants recognized the problem and stated that this issue needed attention to avoid becoming a breeding site for rodents and mosquitoes. The researchers chose to represent this theme as black because black evokes the thought of garbage. Finally, the final theme is shown in the color pink since the final theme showcases the proper disposal of waste, and pink signifies peace and organization.

The researchers also inserted illustrations of hands holding the puzzle pieces since these represent the residents manipulating the sanitation practices or the environment. To elaborate, the hands are the primary tool for performing sanitation practices, which is the key to a cleaner and healthier environment. On the other hand, the scattered puzzle pieces with designated colors signify the recommendations for each theme formulated by the researchers. The researchers decided to disperse the fragments rather than link them to the primary puzzle to emphasize the necessity of putting these proposals into practice to integrate them with the main framework. To compensate for the gap, the researchers formulate a program entitled “Hakbang para sa kalinisan, kalusugan, at kaligtasan”. It is a health teaching program that addresses the problems identified within the community. It includes a discussion about ways to maintain Proper Home Sanitation and ways to maximize their living space by creating an organizer using recycled materials. Also, to identify the importance of proper home sanitation and recognize the adverse effects of unorganized and cluttered home items. Second, recognize the impact of using a towel in drying food utensils, identify the possible diseases in line with towel contamination, and identify the best way to dry food utensils. Third, define the concept of WASH and its importance, explain the importance of proper water sanitation, identify the diseases associated with water contamination, demonstrate the proper water storage, and differentiate drinking water from bathing water. Lastly, define water drainage and its purpose, determine the adverse health effects if litter accumulates in open drainage, identify ways to prevent litter accumulation in the drainage, and identify strategies to maintain cleanliness in the drainage system. Aside from the discussion, the researchers will give the residents an

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infographic to further understand how to maintain cleanliness, prevent developing diseases, and ensure their safety.



Figure 3. Infographic of Recommendation

The "Hakbang para sa kalinisan, Kalusugan at Kaligtasan" program contains information that will help the members of the community on what are the ways and how they can clean, arrange, and organize their things in their houses. The infographic contains recommendations and instructions on ways to maintain proper sanitation. First, to address the concern about home sanitation due to cluttered and unorganized house items, the researchers provided instructions and recommendations on using recycled materials, including cardboard, as an organizer. Second, to ensure their safety and

prevent developing diseases due to cross-contamination, the researchers recommended that the residents' air dry their plates instead of using a towel. Third, to ensure proper water sanitation and prevent acquiring diseases due to contaminated water, the researchers recommend tightly covering the water container and putting labels on it to avoid mixing drinking water and tap water used for cleaning and washing. Lastly, the researchers recommend having a clean-up drive in the community or scheduled drainage cleaning to prevent the accumulation of waste in the sewerage.

## **V. DISCUSSION**

This research aimed to determine the sanitation practices of Purok 160, Barangay San Jose, Purok 160 depicted in the picture to foster change and improvement in Sanitation and Hygiene practices, specifically in Water Sanitation, Wastewater, Drainage, and Sewage Systems, and Food Safety and Sanitation. Based on the photo analysis conveyed, the participants needed more home sanitation practices due to disorganized house materials, inadequate food and water sanitation due to uncovered storage, and the water drainage being slightly poor due to household solid waste. It also revealed that Home Sanitation, Food safety practices, water sanitation, and drainage systems were the sanitation practices of the community that needed further teaching and education. Furthermore, the researchers emphasized that using a towel to dry plates increases the possible danger of cross-contamination and may result in health risks.

The result of this study has confirmed the importance of sanitation practices in households. Sanitation practices are crucial to living healthy lives, specifically in Water Sanitation, Wastewater, Drainage, Sewage Systems, and Food Safety and Sanitation. According to Florence Nightingale's Environmental Theory, a healthy home, such as clean water and air, basic sanitation, hygiene, cleanliness, and light, is necessary because a healthy and pleasing environment is fundamental for healing. The spreading of infectious diseases can be halted by keeping the environment clean. Maintaining proper sanitation promotes health and improves the quality of the environment and, thus, the quality of life in a community.

Moreover, being limited to photos regarding house spaces overlooked the crowding index and ventilation index. Furthermore, the study could not cover the components of the Environmental theory of Florence Nightingale, such as lighting, noise, ventilation, nutrition, and bedding, since the participants failed to take photos of it as they believed it was separate from sanitation. Lastly, the study was limited to Purok 160 and had a small sample size of (15) participants, which did not allow

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the stakeholders, including Barangay officials and tourists, to be part of the study participants.

Finally, for future researchers intending to conduct a study on sanitation practices in Purok 160 or other communities in Tagaytay City, using the Photovoice approach should refer to this study as a guide as it creates awareness about the potential health threats associated with poor sanitation. Additionally, the researchers suggest including other components of the Environmental theory that could not be covered in this study. Then, use both crowding and ventilation indices to better assess the living spaces and outdoor air quality inside the houses in the community. Also, expand the scope of the study and include other purok or communities and reach the policymakers.

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## **The Level of Cultural Competencies of Novice Nurses of Affiliated Hospitals of Olivarez College Tagaytay**

Leslie Batiancela, Erlyn Joyce Baticados, Grashela Bongcales, Mary Grace Fenol, Anna Gracelyn Mugas

### **I. ABSTRACT**

Despite the expanding significance of transcultural nursing, how much of it is taught and used in actual healthcare settings is still being determined. By examining the current condition of transcultural nursing education and practice among healthcare professionals, this study seeks to close this gap. The researchers utilized a descriptive comparative quantitative research design to know novice nurses' cultural competencies that focus on the Affiliated Hospitals of Olivarez College Tagaytay. After categorizing, identifying, and evaluating the information obtained from the respondents, this study came to the following results. New nurses are culturally competent, but being culturally informed is the lowest score. Novice Nurses of Affiliated Hospitals of Olivarez College Tagaytay have no significant difference in cultural competency when analyzed by demographic profile. Researchers provide potential interventions to improve cultural knowledge, such as encouraging new nurses to attend workshops, seminars, and programs that advance their expertise. The study's cultural Competencies of novice nurses are evident, which is beneficial for the healthcare system of the affiliated hospitals of Olivarez College Tagaytay, the novice nurses, and the patients that receive health care. The researchers can assume that pharmacological knowledge regarding different ethnic groups can be explored more as nurses continue to provide healthcare needs to different patients in the hospital and gain more experience as they go along with their journey.

**Keywords:** *novice nurses, cultural knowledge, affiliated hospitals, cultural encounter, cultural competencies, cultural skill, cultural desire*

### **II. INTRODUCTION**

Nurses have served the entire population in the medical field worldwide for a very long time. The nursing profession was also chosen by students aspiring to work abroad because it is one of the most in-demand jobs. (Marquette University Nursing, 2023) stated that this is due to the looming nursing shortage caused by the aging workforce and patients, including chronic conditions as one of the factors. The Philippines came to be one of the countries that supply most nurses all over the world, and since 2019, 17,000 nurses have left the country to work overseas, including fresh

graduates, representing 85% of the country's trained nurses (Koty, 2021).

It is more essential than ever for healthcare practitioners to be culturally competent as the world grows more linked. To provide patient-centered and culturally appropriate care, transcultural nursing—the application of culture-specific grasp and the ability to provide safekeeping—is crucial. Despite the expanding significance of transcultural nursing, it is unclear how much of it is taught and used in actual healthcare settings. By examining the current condition of transcultural nursing education and practice among healthcare professionals, this study seeks to close this gap.

The model created by Campinha-Bacote in 2017, used in the theoretical framework in the research, which created the process of cultural competence, serves as the foundation for this study. Five model constructs make up the process of cultural competence: cultural awareness, cultural knowledge, cultural skill, cultural encounter, and cultural desire. The cultural encounter is one of the constructions that is essential to the development of cultural competence. Many articles emphasized the transcultural nursing profession, where being culturally competent is vital in nursing care. The articles that the researchers used were to describe the cultural competency of nurses.

As defined by Aura (2021), cultural competency in nursing is the ability of a nurse to communicate with patients from various cultural backgrounds where healthcare may be challenging due to economic disparities, religious beliefs, societal issues, and other potential treatment barriers. However, "cultural competence" is defined by (Gregory, 2022) as the ability to communicate effectively with individuals from different cultures. The importance of cultural competence in nursing is founded on patient-centered care, which requires treating each patient as a person and promoting health equity. To perform their jobs effectively and with the utmost care, nurses "must " comprehend and accept other cultural backgrounds."

This method enables nurses, in particular, to effectively care for patients even when their opinions, customs, and morals directly conflict with standard medical and nurse guidelines, according to (Norman, 2022), who defines "cultural competence as the willingness to understand and interact with people of different cultures, races, ethnicities, genders, and sexual orientations."

Furthermore, The optimal course of treatment for a patient should be evident to nurses (Smith, 2014). The ability of nurses to comprehend and connect with patients of varied cultural and ethnic backgrounds without compromising their dedication to providing excellent care is called cultural competency.

Despite this, knowing the importance of studies on novice nurses' cultural competence level, the researchers looked for possible related research. The researcher needs to find studies focusing explicitly on

culturally competent nurses since most focus on different health practitioners such as midwives, doctors, etc. Although culturally competent doctors will not wholly remove healthcare inequities, they will equip them to offer multiracial populations high-quality, holistic care. (Wanigatunge, 2021). The researchers considered the nurses' cultural competence level, specifically novice nurses in affiliated hospitals of Olivarez College Tagaytay, vital to address their lacking factors. They can give awareness of what improvements are needed to provide more accurate patient-centered care.

To achieve this study's purpose, specific research questions were formulated. The researchers aim to answer the following questions: What is the demographic profile of nurses in terms of the following: sex, civil status, age, religion, and place of origin? What are the Affiliated Hospitals of Olivarez College Tagaytay? What is the level of Cultural Competency of Novice Nurses in terms of cultural awareness, knowledge, skill, encounters, and desire? Next, is there a significant difference in the cultural competency of Novice Nurses of Affiliated Hospitals of Olivarez College Tagaytay when analyzed by the demographic profile of the respondents in terms of sex, civil status, age, religion, and place of origin? Lastly, what cultural competency programs, training, and interventions can be proposed based on the findings? The hypothesis was made that the cultural competency of novice nurses of affiliated hospitals of Olivarez College Tagaytay is the same when analyzed by demographic profile.

It is in the above context that the research aims to evaluate the level of cultural competence of new nurses in the province of Cavite because colleges and universities require it, like Olivarez College Tagaytay, to bolster its academic BSN program and to strengthen the cultural competence of nursing students.

### III. METHODS

This research study aims to determine the level of cultural competency and the significant difference in cultural competency of novice nurses of affiliated hospitals of Olivarez College Tagaytay when analyzed by the demographic profile of the respondents. The researchers employed a descriptive comparative quantitative research design. It was used to determine the relationship among variables of the study. It is mainly intended to describe the differences among groups in a population without manipulating the variables (Cantrell, 2011). In this study, the researchers considered the significant differences between novice nurses' cultural competencies and their demographic profile. Tourigny et al. (2011) used a non-experimental, quantitative research design known as descriptive comparative design. It is also known as causal-comparative research, which aims to determine the significant difference among variables. Descriptive research is a type of analysis that describes the features of a population or phenomena under investigation. This approach concentrates more on the

"what" rather than the "why" of the research subject, the research topic. Descriptive research is characterized by stating the phenomenon of the study. In this study, quantitative research and descriptive design are more effective than qualitative research. As it accurately assesses the phenomena.

The researcher utilized the purposive sampling method; the researchers used it to conduct this study. The researcher recognizes the subject according to the availability and accessibility of the research. If only a few primary data sources can contribute to the study, purposeful sampling may be the only viable option. Respondents were selected as nurses from the school's affiliated hospital. Respondents were drawn from novice nurses at Olivarez College Tagaytay affiliated hospital. The study involved 20 novice nurses from the affiliated hospital of Olivarez College of Tagaytay (OCT) in the province of Cavite with 0 to 6 months of hospital experience and depending on their willingness to know the purpose of the study.

The questionnaire used in this study was adopted from Campinha-Bacote 2017, the Inventory for Assessing the Process of Cultural Competence among Healthcare Professionals-Revised (IAPCC-R), with further modifications. The reliability and validity of the IAPCC-R have been tested by several recent studies yielding a Cronbach's alpha of 0.93 which is higher than the required 0.70 for a reliable scale.

The data-gathering procedure immediately started to carry on the study after the adviser prepared and approved the proposal and its instrument. The researchers first sought the approval of the Dean of the College of Nursing to conduct the study and run the questionnaire/s. After being approved, a requesting letter to conduct the study and to gather the data with inclusive dates was presented to the Dean of the College of Nursing to the selected locale of the study. The researchers see that respondents are fully aware of the nature of the study. Informed consent was secured individually to ensure freedom of choice and allow the respondents to voluntarily consent or decline participation in the study. The researchers distributed the questionnaire through google forms to the respondents, who were asked to answer at their convenience. Upon consolidating the answered questionnaire, the data were comprehensively reviewed and were statistically treated using frequency and analysis of variance.

## IV. RESULTS

**Table 1**  
**The demographic profile of the respondents in terms of sex**

<b>Indicator</b>	<b>Frequency</b>	<b>Percentage</b>
Male	7	28
Female	18	72
<b>Total</b>	<b>25</b>	<b>100</b>

Table 1 shows the gender demographic profile of novice nurses in which the females had a frequency of 18 or 72%. On the other hand, males got a frequency of 7 or 28%. This indicates a gender imbalance in nursing, with a significantly higher percentage of female nurses than male nurses. Nurses' gender has become more transparent because of the equality that nurses females dominate; today, it has an equal perception that also a male can achieve the nature of nurses in their profession.

According to the study by Chuang et al., (2017), historical gender roles, societal expectations, gender-based discrimination, and systemic barriers have contributed to the gender imbalance in nursing, with women being more dominant in the profession than men.

**Table 1.1**  
**The demographic profile of the respondents in terms of civil status**

<b>Indicator</b>	<b>Frequency</b>	<b>Percentage</b>
Single	19	76
Married	6	24
<b>Total</b>	<b>25</b>	<b>100</b>

Table 1.1 shows that most of the respondents are single, with 19 or (76%); on the other hand, 6 (24%) are married.

When working in a hospital setting, most of the time is dedicated to ensuring patients are given the proper health care they need at the right time. This includes monitoring the improvement of their condition at a given

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schedule. With nurses' time occupied with additional take-home work and allotting time for their families, it would be more stressful and difficult for married nurses to manage their daily schedules.

In the study of Tai et al., (2014), single nurses are more capable of enhancing their skills in their workplace than married ones. Furthermore, Sari, K., Sari, L., and Aktrisa (2021) stated that Work Interference with Family (WIF) and Family Interference with Work (FIW) results in a lesser concentration and ineffectiveness at work, making married nurses most likely to commit mistakes in the workplace including wasted medical tools and equipment.

**Table 1.2**  
**The demographic profile of the respondents in terms of age**

Indicator	Frequency	Percentage
22-25	13	52
26-33	9	36
34-44	3	12
<b>Total</b>	<b>25</b>	<b>100</b>

Table 1.2 reveals that the youngest group of nurses, between the ages of 22 and 25, got a result of 13(52%), the second is ages 26-33 with 9 (36%), and the youngest age group is 34-44-year-old with 3(12%).

Novice nurses, predominantly new graduates, are in a stage of nursing expertise characterized by limited experience and adherence to context-free norms and regulations, as discussed in Benner's (2019) study. In this early stage, novice nurses must prioritize gaining experience and acquiring additional knowledge, particularly in cultural competency, including practicing openness to diverse cultures. It is essential because patients come from diverse backgrounds and require individualized care. By developing their cultural competency, novice nurses can expand their understanding, flexibility, and adaptability in providing patient-centered care.



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**Table 1.3**  
**The demographic profile of respondents in terms of religion**

Indicator	Frequency	Percentage
Catholic	21	84
Christian	4	16
<b>Total</b>	<b>25</b>	<b>100</b>

Table 1.3 shows a score of 21, or 84% of the respondents are primarily Catholic. While Christians only got a frequency of 4 or 16%.

The new nurses who can adapt to varied patient beliefs and are culturally competent are those who practice religion and have a background in another religion or culture, which can be gained through experiences.

According to Lankau et al., (2017), a nurse's religious orientation is connected to their psychological well-being which correlates to how they act upon a negative situation. Furthermore, Pilkington (2021) notes that culturally competent care or culturally-relevant care is recognized as an essential factor in healthcare, as it impacts patient-centered care and the ability of nurses to improve their capability to provide culturally sensitive care.

**Table 1.4**  
**The demographic profile of respondents in terms of place of origin**

Indicator	Frequency	Percentage
Laguna	6	24
Silang	4	16
Tagaytay	2	8
Alfonso	3	12
Dasma	5	20
Cavite	1	4
Quezon	1	4

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Manila	1	4
Marikina	1	4
Bacoor	1	4
<b>Total</b>	<b>25</b>	<b>100%</b>

Presented in Table 1.4, the highest rank was the following: first Laguna with 6 (24%), second Dasma got 5 (20%), and the least had identical results of 4% from Cavite, Quezon, Manila, Marikina, and Bacoor.

Some nurses are from different places, and the patients in their current city where they are working might have different beliefs, values, and cultures that they need to be made aware of or familiar with. It takes time to adjust to a new environment, especially if a person is new to nursing. This shows the importance of awareness of cultural differences from their hometown to their current workplace.

(Shepherd et al., 2019) notes the significance of healthcare personnel learning about various ethnic groups and that providing culturally appropriate care was a component of best practices. Moreover, two (2) schools have a passing rate of 78%: St. John and St. Paul College in Calamba City (90%) and Laguna State Polytechnic University in Santa Cruz (89%) Find University (2017). Both schools are from Laguna and have a passing rate in the licensure examination. This means that most of the nurses from affiliated hospitals passed the board exams in the Philippine nurse licensure exam.

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**Table 2**  
**Affiliated Hospitals of Olivarez College Tagaytay**

<b>Hospital</b>	<b>Frequency</b>	<b>Percentage</b>
A	5	20%
B	7	28%
C	4	16%
D	2	8%
E	7	28%
<b>Total</b>	<b>25</b>	<b>100%</b>

Table 2 reveals that Hospital B and Hospital E got the highest score of 28% of novice nurses employed. The second was hospital A, which got 20%. Moreover, the least, with 8%, was from the hospital D.

Cultural competent care in different hospitals varies with the nurses' knowledge and experiences in the field. It is evident how they treat patients with utmost care despite their cultural diversity and other differences. When medical professionals do not comprehend societal communication and trust between them and their patients, the distinctions between

They could be hurt. This could therefore result in patient discontent, inadequate adherence to prescription drugs, health promotion techniques, and worse health outcomes (Betancourt 2022).

Since thousands of new nurses graduate every year, recruitment has also been active in different hospitals since the pandemic started, and nurses have become lesser and lesser. According to the Professional Regulation Commission (PRC, 2022), 18,529 of 24,903, or 74.40%, passed the Philippine Nurse Licensure Examination last November 2022. With the recent statistics and how the educational system keeps evolving every day, it is safe to say that nurses today and in the future can provide holistically appropriate care to culturally diverse patients and contribute to their healthcare satisfaction.

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**Table 3**  
**The level of cultural competence in terms of cultural awareness**

	<b>Cultural Awareness</b>	<b>Mean</b>	<b>Descriptive Level</b>
1	understand that cultural competence mainly refers to one's competency concerning different ethnic groups	3.40	Culturally Proficient
2	feel that cultural competence is an ongoing process being continually improved competence	3.52	Culturally proficient
3	am aware that factors such as geographical location, gender, religious affiliation, sexual orientation, and occupation are not considered areas of concern when seeking cultural competence	3.44	Culturally proficient
4	am aware of at least 2 institutional barriers that prevent culture/ethnic groups from seeking healthcare services	3.36	Culturally proficient
5	am aware of some of the stereotyping attitudes, perceived notions, and feelings that I have towards members of other ethnic/cultural groups	3.52	Culturally proficient
	<b>Overall</b>	<b>3.45</b>	<b>Culturally Proficient</b>

*Legend:*

*3.25-4.00: Strongly agree. Culturally proficient.*

*2.50-3.24: Agree. Culturally competent.*

*1.75-2.49: Disagree. Culturally aware.*

*1.00-1.74: Strongly disagree. Culturally incompetent.*

Illustrated in Table 3 is the level of cultural competence in terms of cultural awareness; novice nurses feel that cultural competence is an ongoing process; thus, it *continuously improves, and also they are aware of the*

*stereotyping attitudes, perceived notions, and feelings that they have towards members of other ethnic/cultural groups* from which it got the highest mean score of 3.52 with strongly agree as its descriptive interpretation. Followed by a mean score of 3.44, the novice nurses strongly agree that *they are aware that geographical location, gender, religious affiliation, sexual orientation, and occupation are not considered areas of concern when seeking cultural competence*. However, the lowest garnered a mean score of 3.36. It means they know *at least two institutional barriers that prevent culture/ethnic groups from seeking healthcare services*.

With limited healthcare workers, some secluded areas have yet to be reached by healthcare teams. Despite living in the same area or country, medical procedures or beliefs still need to be culturally accepted by other communities. Another barrier is that seeking medical care is difficult for some due to their areas being away from clinics or hospitals, which hinders their ability to get regular check-ups. These barriers are essential knowledge, and nurses should be aware of communities outside their workplace that encounter these difficulties because patients are the entire population itself and not just those admitted and cared for within healthcare facilities.

These results are congruent with the study of Jimenez (2015), that says cultural awareness and an understanding of everyone's needs, regardless of background, are powerful tools for bringing information from the past and gaining insight for the future to assist people in learning to appreciate one another.

**Table 3.1**  
**The level of cultural competence in terms of cultural knowledge**

	<b>Cultural Knowledge</b>	<b>Mean</b>	<b>Descriptive Level</b>
6	I am knowledgeable in the area of pharmacology being transmitted to diverse ethnic groups.	3.04	Culturally competent
7	am knowledgeable about the worldviews, beliefs, practices, and/or life ways of at least two cultural groups (that are different from your own)	3.40	Culturally proficient
8	I am knowledgeable in the area of biological variations among different ethnic.	3.36	Culturally proficient

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9	know that anatomical and psychological variations do not exist in different ethnic groups	3.56	Culturally proficient
10	am aware of specific diseases common among different ethnic groups	3.44	Culturally proficient
<b>Overall</b>		<b>3.36</b>	<b>Culturally proficient</b>

*Legend:*

*3.25-4.00: Strongly agree. Culturally proficient.*

*2.50-3.24: Agree. Culturally competent.*

*1.75-2.49: Disagree. Culturally aware.*

*1.00-1.74: Strongly disagree. Culturally incompetent.*

Table 3.1 indicates the cultural knowledge of novice nurses, with the highest being that they know that *anatomical and psychological variations do not exist in different ethnic groups*, with a mean of 3.56 and the lowest mean of 3.04 in *being knowledgeable in the area of pharmacology being transmitted to diverse ethnic groups*.

Gaining knowledge regarding cultural diversity and its significance in nursing can be achieved as early as starting in nursing. However, to hone this knowledge, experience is needed to learn and understand additional knowledge that nurses will acquire throughout their lives.

The results agreed with the study of Arritt (2014), which mentioned that as a nurse, you need to have cultural knowledge that involves their religious beliefs, including the rationales supporting those beliefs as it is crucial in formulating a much more accurate care plan for patients.

**Table 3.2**  
**The level of cultural competence in terms of cultural skill**

	<b>Cultural Skill</b>	<b>Mean</b>	<b>Descriptive Level</b>
11	feel that there is a relationship between culture and health	3.56	Culturally proficient
12	am aware of the cultural limitations of existing assessment tools that are used with ethnic groups when assessing clients/groups with diverse cultural	3.40	Culturally proficient

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	Cultural Skill	Mean	Descriptive Level
	backgrounds (clients/groups with diverse cultural backgrounds based on differences in sex, age, religion, occupation etc)		
13	am aware of at least 2 cultural assessment tools assessing clients' cultural background for providing appropriate care in the healthcare setting	3.36	Culturally proficient
14	Am aware that it is more important to conduct a cultural assessment on ethnically diverse clients than with other clients diverse cultural backgrounds (clients/groups with diverse cultural backgrounds based on differences in sex, age, religion, occupation etc)	3.56	Culturally proficient
15	feel comfortable in asking questions related to the client's ethnic/cultural backgrounds	3.68	Culturally proficient
	<b>Overall</b>	<b>3.51</b>	<b>Culturally proficient</b>

*Legend:**3.25-4.00: Strongly agree. Culturally proficient.**2.50-3.24: Agree. Culturally competent.**1.75-2.49: Disagree. Culturally aware.**1.00-1.74: Strongly disagree. Culturally incompetent.*

Shown in Table 3.2 is the level of cultural competence in terms of cultural skills of novice nurses. The highest mean score is 3.68; novice nurses strongly agree that they feel comfortable asking questions from their clients about ethnicity and or cultural background. The second highest is 3.56, with a verbal interpretation of strongly agreed. The novice nurses strongly agree that *there is a relationship between culture and the client's health. Furthermore, they are also aware that it is more important to conduct a cultural assessment on ethnically diverse clients than with other clients with diverse cultural*

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*backgrounds (clients/groups with diverse cultural backgrounds based on differences in sex, age, religion, occupation etc.).*

Novice nurses should gain skills to present to the patient the best care they can give their client. Abilities or skills become the value a nurse must acquire while starting their career. It was believed that it is crucial for nurses working in the modern healthcare sector to possess the requisite abilities to understand and respect their patients' cultural values as it helps them to have access to high-quality healthcare that they need (National Institutes of Health, 2021). Due to everyone's cultural differences, specifically the language they speak, conversing with patients could create misunderstandings and barriers between the healthcare provider and the patient if the healthcare provider does not acquire any cultural skills for cross-cultural communication (Kaspar & Reddy, 2017). In order to give optimal health care to culturally diverse patients, knowing how to communicate despite their cultural differences is a must (Tuohy, 2019). Transcultural nursing skills will always be relevant in providing competent care in a culturally diverse setting (Sanchez-Jones, 2016).



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Table 3.3

**The level of cultural competence in terms of cultural encounter**

Cultural Encounter	Mean	Descriptive Level
16 seek out education, consultation, and/or training experiences to enhance my understanding and effectiveness with culturally and ethnically diverse clients	3.36	Culturally proficient
17 Recognize the limits of my competence when interacting with culturally/ethnically diverse clients.	3.52	Culturally proficient
18 feel enlightened whenever I have the same beliefs and values with my patient	3.60	Culturally proficient
19 I am involved with cultural/ethnic groups outside of my healthcare setting role	3.40	Culturally proficient
20 I believe that there are more differences with cultural groups than across cultural groups.	3.68	Culturally proficient
<b>Overall</b>	<b>3.36</b>	Culturally proficient

*Legend:**3.25-4.00: Strongly agree. Culturally proficient.**2.50-3.24: Agree. Culturally competent.**1.75-2.49: Disagree. Culturally aware.**1.00-1.74: Strongly disagree. Culturally incompetent.*

Shown in Table 3.3 is the level of cultural competence in terms of cultural encounters. Novice nurses strongly *believe there are more differences between cultural groups than across cultural groups*, which is the 3.68 highest mean score. They also *feel enlightened whenever they have the same beliefs and values as their patient*, as it gained a 3.60 mean score with strong agreement in verbal interpretation.

Colich (2020) stated that cultural encounters urge nurses to leave their comfort zone and experience other cultures and locales. They develop their skills through engaging with people from other backgrounds, cultures, and

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nationalities. It is also possible to widen cultural knowledge through learning from colleagues that has different perspective and ideas than them Maryville University (n.d.). Furthermore, Ortiz (2020) stated that integrating patients from various ethnic origins enhances patient care by bridging cultural and communication gaps between the two groups. Inclusion and representation among healthcare personnel can improve patient comfort, compliance, and results.

**Table 3.4**  
**The level of cultural competence in terms of cultural desire**

	<b>Cultural Desire</b>	<b>Mean</b>	<b>Descriptive Level</b>
21	have a personal commitment to care for clients from ethnically/culturally diverse groups	3.56	Culturally proficient
22	am motivated to care for clients from culturally/ethnically diverse groups	3.56	Culturally proficient
23	am willing to learn from people who provide information regarding diverse culture	3.64	Culturally proficient
24	have a passion for caring for clients from culturally/ethnically diverse groups	3.56	Culturally proficient
25	believe that one must want to become culturally competent if cultural competence is to be achieved	3.60	Culturally proficient
	<b>Overall</b>	<b>3.48</b>	<b>Culturally proficient</b>

*Legend:*

*3.25-4.00: Strongly agree. Culturally proficient.*

*2.50-3.24: Agree. Culturally competent.*

*1.75-2.49: Disagree. Culturally aware.*

*1.00-1.74: Strongly disagree. Culturally incompetent.*

Table 3.4 reveals the level of cultural competency in terms of cultural desire, in which one got the highest mean score of 3.64, and the verbal interpretation strongly agrees. Indicates that *novice nurses are culturally proficient and willing to learn from people who provide information* regarding diverse cultures. Moreover, the lowest mean that got 3.56, with an interpretation of strongly agree, means that *novice nurses are culturally proficient and is a personal commitment to care for clients from ethnically/culturally diverse groups*, motivated to care for clients from culturally/ethnically various groups, and a passion for caring for clients from culturally/ethnically diverse groups. Novice nurses who desire to continue caring for the patient lead to being more engaged in learning the diverse culture of a patient.

Novice nurses must be qualified to care for patients. Nurse competence directly affects patient safety and health, and a lack of it can result in medical errors and severe consequences for patients. As a result, new nurses' clinical performance and competence have been major professional and organizational issues for nursing care providers and purchasers.

According to Manoocher et al. (2015), cultural desire is evident in the understanding that cultural desire plays a significant role in fostering cultural competency among novice nurses. By embracing cultural desire, nurses can demonstrate openness to learning, develop self-awareness, and actively engage with individuals from diverse cultures. That, in turn, enhances their ability to provide culturally sensitive care, reduces the likelihood of committing mistakes, and improves patient safety and health outcomes (Megan, 2021).

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**Table 3.5**  
**The level of cultural competence**

<b>Indicator</b>	<b>Mean</b>	<b>Descriptive Level</b>
<b>Cultural Awareness</b>	3.44	Culturally proficient
<b>Cultural Knowledge</b>	3.36	Culturally competent
<b>Cultural Skill</b>	3.51	Culturally proficient
<b>Cultural Encounter</b>	3.51	Culturally proficient
<b>Cultural Desire</b>	3.58	Culturally proficient
<b>Overall</b>	<b>3.48</b>	<b>Culturally competent</b>

*Legend:*

*3.25-4.00: Strongly agree. Culturally proficient.*

*2.50-3.24: Agree. Culturally competent.*

*1.75-2.49: Disagree. Culturally aware.*

*1.00-1.74: Strongly disagree. Culturally incompetent.*

Table 3.5 presented the level of cultural competency in which cultural desire got the highest result with 3.58 with a descriptive level of strongly agree, to be followed by the cultural skill with 3.51, interpreted as strongly agree, and lastly, cultural knowledge got the mean of 3.36 only or agreed as descriptive level. Moreover, the level of cultural competency got an overall mean of 3.48, interpreted as strongly agree.

Novice nurses are culturally competent; because they are new to the environment, they are eager to fit in certain hospitals. They are more willing to learn and practice to perform their skills to be more efficient.

Cultural competence is crucial in the field of nursing because healthcare organizations gain from it in a way that healthcare providers would be able to provide therapeutic communication, enhance their understanding, and can emphasize respect that can increase patients' satisfaction with the care given to them, including their safety (Tulane University School of Public Health and Tropical Medicine 2021).

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Table 4

**Significant difference in the level of cultural competency when analyzed by sex**

Factor	Sex		Sex		Total		F	Significance	Decision on $H_0$
	Male		Female						
	Mean	SD	Mean	SD	Mean	SD			
Cultural Awareness	3.62	.35	3.37	.46	3.44	.44	1.618	.216	Accept
Cultural Knowledge	3.28	.45	3.38	.45	3.36	.45	.256	.618	Accept
Cultural Skill	3.48	.39	3.52	.38	3.51	.37	.045	.834	Accept
Cultural Encounters	3.34	.51	3.57	.45	3.51	.47	1.257	.274	Accept
Cultural Desire	3.60	.34	3.57	.39	3.58	.37	.017	.897	Accept
<b>Overall</b>	<b>3.46</b>	<b>.34</b>	<b>3.48</b>	<b>3.35</b>	<b>3.48</b>	<b>.34</b>	<b>.017</b>	<b>.898</b>	<b>Accept</b>

\* $P < 0.05$ 

Table 4 shows the overall significant difference in the level of cultural competency when analyzed by sex with a p-value of 0.898, higher than the p-critical value of 0.05. Therefore, there is no significant difference in the cultural competency of novice nurses of affiliated hospitals of Olivarez College Tagaytay when analyzed by sex is accepted.

The null hypothesis accepted the significant difference in the level of cultural competency when analyzed by gender. There is no significant difference in the level of cultural competency when analyzed by sex.

Being culturally aware is therefore relevant to the sex of new nurses. Additionally, women are traditionally regarded as dominating in nursing, but as time passes, males can now do nursing duties just as well as women. As the nursing profession evolves, nurses should be referred to simply as "Nurses," not as members of a specific gender. Gender barriers are dissolving. We are moving towards a period of neutrality as a civilization (Pompilio, 2020).

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**Table 4.1**  
**Significant difference on the level of cultural competency when analyzed by civil status**

Factor	Civil Status						<i>F</i>	Significance	Decision on $H_0$
	Single		Married		Total				
	Mean	SD	Mean	SD	Mean	SD			
Cultural Awareness	3.54	.41	3.13	.43	3.44	.44	4.449	.046	Reject
Cultural Knowledge	3.44	.47	3.10	.20	3.36	.45	2.824	.106	Accept
Cultural Skill	3.55	.38	3.36	.34	3.51	.37	1.169	.291	Accept
Cultural Encounters	3.55	.52	3.36	.23	3.51	.47	.738	.399	Accept
Cultural Desire	3.66	.38	3.33	.16	3.58	.37	3.993	.058	Accept
Overall	3.55	.36	3.26	.15	3.48	.34	3.652	.069	Accept

*\*P<0.05*

Illustrated in Table 4.1 is the result of a significant difference in the level of cultural competency when analyzed by civil status with a p-value of 0.069, more significant than the p-critical value of 0.05 and the decision. Therefore, the cultural competency of novice nurses of affiliated hospitals of Olivarez College Tagaytay is similar when analyzed by civil status.

The null hypothesis accepted the following: cultural knowledge, cultural skill, cultural encounter, and cultural desire. Furthermore, only cultural awareness rejected the null hypothesis. Therefore, the cultural competency of novice nurses of affiliated hospitals of Olivarez College Tagaytay is similar when analyzed by civil status.

Cultural awareness encourages nurses' self-reflection on their own culture as well as acceptance of differences of clients, including culture, lifestyle, and practices. Moreover, all factors revealed when analyzed in civil status are accepted in the null hypothesis except for cultural awareness. Cultural awareness is essential in the cultural competencies of novice nurses because being aware of patients with different cultures provides the best health care. Nurses should be especially aware of their prejudices and how they respond to

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patients from different backgrounds and cultures (Deering, 2022). Furthermore, someone who becomes aware of their prejudice against illegal immigrants develops cultural awareness of that prejudice. Increased cultural awareness may allow communication between patients and healthcare providers, critical for providing high-quality care (Kaihlainen et al., 2019).

**Table 4.2**  
**Significant difference on the level of cultural competency when analyzed by age**

Factor	Age								F	Sig nifi can ce	Decision on H <sub>0</sub>
	18-25		26-33		34-44		Total				
	Mea n	SD	Mea n	SD	Mea n	SD	Mea n	SD			
Cultural Awareness	3.53	.47	3.40	.44	3.20	.34	3.44	.44	.760	.480	Accept
Cultural Knowledge	3.46	.49	3.28	.43	3.13	.11	3.36	.45	.807	.459	Accept
Cultural Skill	3.53	.41	3.55	.34	3.26	.30	3.51	.37	.702	.506	Accept
Cultural Encounters	3.53	.53	3.51	.48	3.40	.20	3.51	.47	.097	.908	Accept
Cultural Desire	3.76	.33	3.37	.35	3.40	.20	3.58	.37	4.223	.028	Reject
Overall	3.56	.39	3.42	.31	3.28	.04	3.48	.34	1.044	.369	Accept

**\*P<0.05**

Table 4.2 exhibited a significant difference in the level of cultural competency when analyzed by age, with a p-value of 0.369, more significant than the critical p-value of 0.05 and the decision. The cultural competency of novice nurses of affiliated Hospitals of Olivarez College Tagaytay is similar when analyzed by age.

The null hypothesis accepted the following: cultural knowledge, cultural skill, cultural encounter, and cultural awareness. Furthermore, only cultural desire rejected the null hypothesis. There are no significant differences in the cultural competency of novice nurses of affiliated hospitals of Olivarez College Tagaytay, when analyzed by age. Age can affect how new nurses will provide culturally competent care to patients. With increasing age, nurses are concerned about having a risk for stress that may affect their ability to give healthcare, including comprehending and understanding the cultural diversity of patients (Stimpfel, 2020).

Therefore, all factors of cultural competency, when analyzed by age, are accepted except cultural desire. Novice nurses' desire is essential to continue providing care; one cause of loss of desire is because of too much workload. Additionally, negative interpersonal interactions between healthcare professionals, overwhelming workloads, and social issues shatter the expectations of newly graduating nurses of what it means to be a registered nurse (Kox et al., 2020). Consequently, a genuine ambition to be open to other cultures is present in the desire for new nurses. Be willing to gain knowledge from others as cultural informants appreciate differences and embrace others as they do so (Flowers, 2014).

**Table 4.3**  
**Significant difference on the level of cultural competency when analyzed**

Factor	Religion						<i>F</i>	Signi fican ce	Decision on $H_0$
	Catholic		Christian		Total				
	Mean	SD	Mean	SD	Mean	SD			
Cultural Awareness	3.40	.44	3.65	.47	3.44	.44	.966	.336	Accept
Cultural Knowledge	3.30	.41	3.65	.57	3.36	.45	2.056	.165	Accept
Cultural Skill	3.48	.37	3.65	.41	3.51	.37	.622	.439	Accept
Cultural Encounters	3.51	.46	3.50	.60	3.51	.47	.003	.957	Accept
Cultural Desire	3.51	.36	3.95	.10	3.58	.37	5.402	.029	Reject
Overall	3.44	.33	3.68	.38	3.48	.34	1.579	.221	Accept

*\*P<0.05*

Table 4.3 shows the results of significant differences in cultural competency when analyzed by religion with a p-value of 0.221, greater than the critical p-value of 0.5 and the decision. The cultural competency of novice nurses of affiliated Hospitals of Olivarez College Tagaytay is similar when analyzed by religion.

The null hypothesis accepted the following: cultural knowledge, cultural skill, cultural encounter, and cultural awareness. Furthermore, only cultural desire rejected the null hypothesis. The cultural competency of novice nurses of affiliated hospitals of Olivarez College Tagaytay is similar when analyzed by religion.



Therefore, when analyzed by religion, all factors of cultural competency are accepted except cultural desire. Novice nurses lack or lose cultural desires because of many factors, including religion. With a desire to know the religion or beliefs of different clients, nurses can gain the opportunity to give holistic care. Providing high-quality care to all patients, regardless of their cultural, ethnic, racial, or religious background, is the aim of culturally competent healthcare services (Swihart et al., 2014).

**Table 4.4**  
**Significant difference on the level of cultural competency when analyzed by place of origin**

	Place of Origin				
Factor	Total		F	Significance	Decision on H <sub>0</sub>
	Mean	SD			
Cultural Awareness	3.44	.44	3.605	.014	Reject
Cultural Knowledge	3.36	.45	1.468	.246	Accept
Cultural Skill	3.51	.37	1.389	.276	Accept
Cultural Encounters	3.51	.47	.769	.646	Accept
Cultural Desire	3.58	.37	1.089	.424	Accept
Overall	3.48	.34	1.997	.114	Accept

***\*P<0.05***

Table 4.4 reveals the result of the statistical treatment of the test of difference using ANOVA (analysis of variables) with a p-value of  $P < 0.05$  greater than the critical p-value of 0.05. Therefore, there is a significant difference in cultural competency when analyzed by place of origin with a p-value of 0.114, greater than the critical p-value of 0.5 and the decision. When analyzed by place of origin, the cultural competency of novice nurses of affiliated Hospitals of Olivarez College Tagaytay is the same.

The null hypothesis accepted the following: cultural knowledge, cultural skill, cultural encounter, and cultural desire. Furthermore, only cultural awareness rejected the null hypothesis. When analyzed by place of origin, the cultural competency of novice nurses of affiliated hospitals of Olivarez College Tagaytay is the same.

Furthermore, being culturally competent is a factor in novice nurses' place of origin accepted except cultural awareness. Additionally, nurses will have to adjust and be aware of the new environment and culture if they come from a place or city far away from their current working station. It can be challenging, considering the needed adjustment period in the new environment they will be working in (Li et al., 2014).

## V. DISCUSSION

The presented research study aims to assess the level of cultural competency, mainly of novice nurses in affiliated hospitals of Olivarez College Tagaytay. Overall, it has shown that in terms of the five indicators, which are: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire, nurses are culturally proficient overall. The level of cultural competency in the stated domains has an overall mean score accumulated from the response of the novice nurses of 3.48 and a descriptive level of strongly agree, which means novice nurses are culturally proficient. In addition, it also confirmed that the level of cultural competency of novice nurses was similar to the demographic data. However, significant differences were noted. In cultural competence, when analyzed by age, the null hypothesis accepted the following: cultural knowledge, cultural skill, cultural encounter, and cultural awareness.

Furthermore, only cultural desire rejected the null hypothesis. There is no significant difference in the cultural competency of novice nurses of affiliated hospitals of Olivarez College Tagaytay when analyzed by age is accepted. In cultural competence, when analyzed by religion, the null hypothesis accepted the following: cultural knowledge, cultural skill, cultural encounter, and cultural awareness. Furthermore, only cultural desire rejected the null hypothesis. The cultural competency of novice nurses of affiliated hospitals of Olivarez College Tagaytay is similar when analyzed by religion. In cultural competence, when analyzed by place of origin, the null hypothesis accepted the following: cultural knowledge, cultural skill, cultural encounter, and cultural desire. Furthermore, only culture awareness rejected the null hypothesis. The cultural competency of novice nurses of affiliated hospitals of Olivarez College Tagaytay is similar when analyzed by religion.

It should be noted that this study has assessed only the level of cultural competency of novice nurses, hence being quantitative research. The findings are only limited to novice nurses with 0-6 months of nursing experience among the five affiliated hospitals of Olivarez College Tagaytay Silang Specialist Medical Center (SSMC), Tagaytay Medical Center (TMC), The Medical City South Luzon (TMCSL), QualiMed, and Velazco. Research, both local and international literature concerning cultural competency, are incorporated to support this study and prove its validity.

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Further, research and broadening of this study suggest several courses of action for strengthening knowledge and skills to enhance the cultural competency of novice nurses, including future nurses, before actually working in the field. Additionally, cultural competency training, workshops, or other educational programs that focus on developing skills in working with a diverse patient population can also be suggested. Furthermore, training to increase cultural desires in terms of religion, integrating cultural competency-focused education into some professional courses that are part of the nursing curriculum, and promoting its importance in the field that includes diverse cultural and ethnic patients are recommended to provide more appropriate care. With training and additional knowledge, the study can help future researchers further improve the findings that can be essential in the nursing field, producing more local literature and breaching the gap of this study. These recommendations apply to novice nurses, healthcare organizations and institutions, teachers, curriculum development, and the nursing field.

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## **Assessing the Readiness of Barangay San Jose to Taal Volcano Unrest: A Comprehensive Mixed Method Approach**

Kate Andrea M. Avinante, Elmer E. Bungag Jr, Mohamed Monir Hossain Cabical, La Arnie M. Rogador, Karen Grace C. Salvo, Maria Erika B. Valdez

### **I. ABSTRACT**

This study aimed to assess the readiness of the residents in selected Barangay, in case of renewed unrest of the Taal Volcano. The researchers seek to determine the level of readiness of Brgy. San Jose Tagaytay City and if there is a significant difference between the demographic profile of respondents and their level of readiness in terms of community risk assessment. The study seeks to identify recommended programs of action for residents to improve their disaster response readiness.

The study utilized a sequential explanatory mixed-method approach to evaluate the level of disaster readiness among the selected residents. In the quantitative phase (Phase 1), a self-made questionnaire was administered after ensuring its validity and reliability, with a Cronbach alpha coefficient of 0.8898 indicating good internal consistency. Statistical treatments, including ANOVA and t-tests, were applied to analyze the survey data. Following the tabulation and computation of the survey results, the second phase of the study commenced. In this phase, eight participants were purposively selected from different Puroks to provide explanations through semi-structured interviews, employing the Thematic analysis method by Braun and Clarke, and Computer Assisted Data Analysis Software (CAQDAS) was utilized to facilitate the identification and explication of emerging themes from the interview data. Lastly, the integration of quantitative and qualitative findings was conducted to comprehensively measure and explain the readiness of the selected Barangay in response to the Taal Unrest readiness.

The study findings indicated the readiness of the respondents of Brgy. San Jose to Taal Volcano unrest in terms of community risk assessment, hazards, vulnerabilities, and capacities has an overall result of 3.5 indicates "Always Ready." The researchers develop educational materials, such as strengthening their readiness for emergency response skills, including Volcanic alert level and first aid and CPR information in the form of a booklet that will be utilized as a part of the activity during the Related Learning Exposure in Community Health Nursing exposure.

**Keywords:** Readiness, Disaster, Volcano, Barangay San Jose, Taal volcano, Unrest, Sequential explanatory mixed method

## II. INTRODUCTION

The Philippines has ranked third among Asian countries with the highest disaster risk (Kurata et al., 2022). One of the most severe disasters to hit the Philippines in 2020 was the eruption of the Taal Volcano. Tagaytay City is one of the areas within the 14-kilometer radius danger zone where Brgy. San Jose is located.

A study by Kurata (2022) states that the Philippines is prone to volcanic eruptions, and a lack of readiness could result in significant property damage and fatalities. During the recent eruption in January 2020, records show that most of the affected residents were not ready, which caused them to evacuate their homes and leave their properties behind. According to the National Disaster Risk Reduction Management Council (NDRRMC), 154,704 families or 585,897 individuals were affected in CALABARZON. Meanwhile, 1,082 families or 4,073 individuals stayed in one of the sixteen evacuation centers, while 51,968 or 191,451 were served outside the evacuation centers.

According to Kurata et al. (2022), despite the accessibility of research studies about a volcanic eruption, there has not been enough study on the Philippines' readiness for the Taal volcano eruption. Kurata et al. (2020) aimed to integrate the Protection Motivation Theory and the extended Theory of Planned Behavior to determine the essential factors influencing the readiness beliefs of the Filipino people for the risk of Taal volcano eruption. In addition, another study by Prasetyo et al. (2021) conducted a study that examined the variables influencing Filipinos in Luzon response to the action. These researches are integral in strengthening the readiness of Filipino residents in case an eruption occurs.

From the research gap presented in the literature studies, the researchers explore the readiness of the community of Barangay San Jose in terms of their community risk assessment, hazards, vulnerabilities, and capacities. This study aims to assess the readiness of the residents of Barangay San Jose toward the Taal volcanic eruption. The researchers also intend to create educational materials for the residents of Brgy. San Jose for them to understand the steps and precautionary measures in case an eruption occurs. Exploring this study will benefit the community, particularly the barangay.

### III. METHODS

This research was conducted to assess the Readiness of Barangay San Jose for Taal Volcano Unrest; the researcher utilized a sequential explanatory mixed method. This design is a two-phase method, in which the quantitative phase will be conducted first and followed by the qualitative phase. Creswell (2019) defines mixed-method research as a type of social science research that collects and works with numerical and non-numeric data to interpret the meaning and help us understand social life by studying a particular population or place. This method made the study more comprehensive as the data collected is more associated with words and situations. This also creates an in-depth understanding of the chosen respondents' answers.

In this study, the respondents were divided into different groups then the researchers clustered and randomly selected the respondents in that population. The respondents of this study that were selected using cluster sampling consist of the residents of Brgy. San Jose. The total number of respondents is 117. The researchers surveyed 117 respondents and interviewed eight from different puroks of the barangay.

**Table 1.**  
*Likert Scale*

Scale	Range/Weighted Mean	Verbal Interpretation
4	4.00 - 5.00	Extremely Ready
3	3.00 - 3.99	Always Ready
2	2.00 - 2.99	Slightly Ready
1	1.00 - 1.99	Not Ready

The researchers used a self-made survey questionnaire for the qualitative phase and interview questions for the qualitative phase. The validation of the research instrument used in the study was conducted through a series of steps. The reliability and validity of the instrument were ensured through an internal consistency test and face and content validity, in which experts checked the ratings and general content of the instrument. The pilot study was used to refine the instrument and measure its accuracy and reliability in the context of the study. The confirmatory factor analysis aimed to assess the underlying structure of the instrument and the correlations among its items. The interview questions and survey tools were submitted to the two validators: Language (Filipino/English) experts and experts handling community nursing programs.

A statistician conducted reliability testing to ensure that the statements

could be relied upon to collect the appropriate data and information from the respondents. The results are presented below:

**Table 2.**  
*Reliability Test: Cronbach's Alpha*

<b>Category</b>	<b>Cronbach's Alpha Value (<math>\alpha</math>)</b>	<b>Internal Consistency/Reliability Level</b>
<b>Community Risk Assessment</b>	0.8080	Good
<b>Hazards</b>	0.7316	Acceptable
<b>Vulnerabilities</b>	0.7378	Acceptable
<b>Capacities</b>	0.9181	Excellent
<b>Overall Questionnaire</b>	0.8898	Good

The researchers also used various statistical tests, such as Cronbach's alpha and the Pearson correlation coefficient. These tests were used to measure the data's internal consistency and ensure that the results mirror the population being studied. Moreover, to determine and analyze the significant difference in the respondents' readiness level in disaster risk reduction when grouped according to profile variables, the researchers used Analysis of Variance (ANOVA), for more than two groups and a t-test, for two groups. Finally, the researchers used pilot testing to assess the reliability of the results. This involved conducting a small-scale study to identify any possible sources of bias or incorrect interpretation of the data. In summary, the reliability tests conducted in this study ensured that the results obtained from the research were reliable, valid, and representative of the population being studied, with a result of 0.8898 or Good.

#### IV. RESULTS

The results include the mixed method data research, in quantitative the researcher conduct of surveyed 117 respondents from Barangay San Jose to determine their demographic profile and their readiness, and for qualitative data, the researchers interviewed eight respondents from different puroks to assess their perception or opinions on how they are being prepared for unexpected volcanic eruptions. These results help emphasize a particular phenomenon's present status, describing a current situation, person, or process.

As shown, the demographic profile of the respondents is presented using a frequency distribution table. The respondents' readiness level through weighted mean and its verbal interpretation. Also, the results of p-values to determine the significant differences between demographic profile and level of readiness of the respondents in the community.

*Table 1.1 The Demographic Profile of the Respondents in terms of Purok*

<b>Respondents</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
Purok 156	20	17.09
Purok 157	6	5.13
Purok 158	13	11.11
Purok 159	4	3.42
Purok 160	21	17.95
Purok 161	24	20.51
Purok 162	7	5.98
Purok 163	22	18.80
<b>Total</b>	<b>117</b>	<b>100%</b>

It indicates that the Demographic data of Brgy. San Jose, in terms of Purok, shows most respondents come from Purok 161, with a percentage of 20.51 and a frequency of 24. This is followed by Purok 163 with a Percentage of 18.90 with a frequency of 22. Whereas the demographic data of Brgy. San

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Jose, in terms of Purok, shows the least respondents came from Purok 159 with a percentage of 3.42 with a frequency of 4.

Research has shown that understanding the dynamics of a particular community's context and culture is a crucial step toward developing effective disaster risk reduction strategies (Mansson & Peter, 2018). This demographic profile of individuals from each purok – or other relevant community subdivisions – is an essential tool for local policymakers and researchers to understand the characteristics of the population at-risk due to the Taal Volcano Unrest.

*Table 1.2 The Demographic Profile of the Respondents in terms of Age*

<b>Age</b>	<b>Frequency</b>	<b>Percentage</b>
18-29 years old	40	34.19
29-48 years old	39	33.33
48-78 years old	38	32.48
<b>Total</b>	<b>117</b>	<b>100%</b>

It reveals that demographic profile in terms of age, most of the respondents, 34.19% (40 respondents), identified that they are 18 to 29. Moreover, 33.33% (39 respondents) are 29 to 48 years old during the study. Lastly, 32.48% (38 respondents) of the participants are in the 48 to 78 years old group.

Studies have found that the age of respondents to surveys can have a significant influence on the outcome. According to Cattell and Tamplin (2018), age affects the willingness of a person to be available and interested in participating in a study. Additionally, Parise (2019) suggests how age can be a factor in interpreting survey data. Younger respondents may be more likely to provide a contemporary and up-to-date perspective on the subject area of the study. Older respondents may be more likely to provide a more retrospective view.

*Table 1.3 The Demographic Profile of the Respondents in terms of Gender*

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Male	48	41.01
Female	69	58.97
<b>Total</b>	<b>117</b>	<b>100%</b>

Regarding gender, there are more female respondents, 58.97% (69 respondents), than male respondents, 41.03% (48 respondents), who participated in the study.

In the case of Yap (2012), who conducted a study investigating the different disaster risk reduction roles of men, women, and children in the Ermera district of East Timor, the author determined that male respondents tend to be more proactive in terms of natural disaster readiness, even in the absence of resources. Yap's (2012) study noted that while women were seen as more vulnerable and had lower perceived control levels than men, they also had higher levels of perceived self-efficacy regarding disaster readiness, suggesting that their roles in readiness should not be underestimated.

*Table 1.4 The Demographic Profile of the Respondents in terms of Marital Status*

<b>Marital Status</b>	<b>Frequency</b>	<b>Percentage</b>
Single	59	50.43
Married	51	43.59
Widowed	7	5.98
<b>Total</b>	<b>117</b>	<b>100%</b>

The marital status shows that most respondents were single, with a percentage of 50.43 and a frequency of 59, followed by married respondents, with a percentage of 43.59 and 51. At the same time, widowed respondents abstained, a percentage of 5.98 with a frequency of 7.

This finding is consistent with the review of related literature that single persons tend to be more exposed to natural hazards such as volcanic eruptions, landslides, and earthquakes due to their weaker economic condition (Aboab-Astemendi, 2013). He also suggested that single individuals, typically young

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people, tend to be less ready for such events and more concerned with seeking businesses, job opportunities, and educational opportunities as they are more exposed to unstable labor conditions.

*Table 1.5 The Demographic Profile of the Respondents in terms of Years of Residency*

<b>Years of Residency</b>	<b>Frequency</b>	<b>Percentage</b>
1-10	25	21.37
11-20	12	10.26
21-30	38	32.48
31-40	10	8.55
41-50	16	13.66
51-60	6	5.13
61-70	5	4.27
71-80	5	4.27
<b>Total</b>	<b>117</b>	<b>100%</b>

The Demographic profile of the respondents, in terms of Years of Residency, have resided in the area for 21-30 years, comprising 32.48% of the total sample population. This was followed by 25 respondents (21.37%) who have lived in the area for 1-10 years. At the same time, the most minor were five respondents with a percentage of 4.27 residency of 61-70 years and 5 of the respondents with a percentage of 4.27 residency of 71-80 years.

Given the estimated age range of the respondents in the area, it is conceivable that most of the population in the area has been living in Brgy. San Jose since well before the current disaster, with a progressive increase in the number of individuals in the area over the last 20 and above years, with most of the population migrating within the last 10-20 years. Previous studies on the effects of disasters on the population and demographic profiles of affected areas suggest that an uptick in population migration generally precedes the occurrence of these types of disasters (Fu et al., 2017; Sacrez et al., 2017).



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*Table 1.6 The Demographic Profile of the Respondents in terms of Years of Educational Attainment*

<b>Educational Attainment</b>	<b>Frequency</b>	<b>Percentage</b>
Elementary Level	24	20.51
High School	50	42.73
College Level	24	20.51
College Graduate	19	16.24
<b>Total</b>	<b>117</b>	<b>100%</b>

This table represents that the high school level or graduate group constitutes 42.74% (50 respondents) of the total sample size. The elementary level or graduate group constitutes 20.51% (24 respondents) of the total sample size. Lastly, the college graduate group constitutes 16.24% (19 respondents) of the total sample size. This concludes that most respondents attain high school or graduate as their highest educational attainment.

Since the majority of the respondents have attained at least a high school level of education, this could imply that they are likely to have access to more information or knowledge about the hazards of Taal Volcano, such as scientific information on its eruption cycle and lahar hazard maps (Pearce et al., 2013) enables them to make better and informed decisions.

*Table 2.1. Level of Readiness of the Respondents in Disaster Risk Reduction in Terms of Community Risk Assessment*

<b>Indicators</b>	<b>Mean</b>	<b>Verbal</b>
1. I am able to assess the risks of our community regarding the Taal Volcano unrest.	3.68	Always Ready
2. I participate in planning and designing activities that will strengthen the resilience of our barangay.	3.38	Always Ready
3. I constantly monitor and evaluate the disaster risks activities done in our barangay.	3.56	Always Ready

- |  |      |              |
|--|------|--------------|
| 4. I help in the implementation of preparations for the disaster that might come which is the Taal Volcano unrest. | 3.44 | Always Ready |
|--|------|--------------|

<b>Grand Mean</b>	3.51	Always Ready
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For the level of readiness of the respondents in disaster risk reduction in terms of community risk assessment, the first statement, "I can assess the risks of our community regarding the Taal Volcano unrest," has the highest mean of 3.68 with a level of readiness of "Always Ready." While in terms of participation in planning and designing activities that will strengthen the resilience of the barangays, it got the lowest mean of 3.38.

The study found that access to information, resources, and technical support are essential factors to consider when assessing the level of readiness of a community for disaster risks (Lao & Abrenica, 2018).

*Table 2.2. Level of Readiness of the Respondents in Disaster Risk Reduction in Terms of Hazards*

Indicators	Mean	Verbal
1. In order to avoid any potential damage that will be caused by the Taal Volcano unrest, I help in determining the best evacuation routes and centers for our community.	3.20	Always Ready
2. I undergo training in providing first-aid, CPR, and other safety measures.	2.90	Slightly Ready
3. I help in preparing for emergency exits, foods, and other needs for any hazard that may come.	3.21	Always Ready
4. I get involved in making a concrete and safe plan for our community.	3.00	Always Ready
<b>Grand Mean</b>	3.08	Always Ready

The level of readiness of the respondents in disaster risk reduction in terms of hazard, the third statement, "I help in preparing for emergency exits, foods, and other needs for any hazard that may come," has the highest mean of 3.21 with an indicator level "Always Ready." The table also shows the second

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statement, "I undergo training in providing first-aid, CPR, and other safety measures," which has the lowest mean of 2.90 with an indicator of "Slightly Ready." This demonstrates that a minimal number of people live in Brgy. San Jose has received training in first aid, cardiopulmonary resuscitation (CPR), and other emergency response procedures.

Himmelman et al. (2020) suggest that early warning systems and community-level readiness interventions can reduce the risk of death and other adverse effects from volcanic eruptions.

*Table 2.3. Level of Readiness of the Respondents in Disaster Risk Reduction in Terms of Vulnerabilities*

Indicators	Mean	Verbal
1. I help in spreading awareness regarding the vulnerabilities in order to prepare for it.	3.00	Always Ready
2. I aid in making our community strong enough to handle hazards and risks.	3.26	Always Ready
3. I help in educating others regarding the preparations and what they can do in order to be ready for the Taal Volcano unrest.	3.26	Always Ready
4. I am aware of the risk readiness measures that are needed in order to be safe from a disaster.	3.53	Always Ready
<b>Grand Mean</b>	3.26	Always Ready

It shows that the level of readiness of the respondents in disaster risk reduction in terms of vulnerabilities, the last statement, "I am aware of the risk readiness measures that are needed in order to be safe from a disaster," obtained the highest mean of 3.53 with a level of readiness of "Always Ready." Furthermore, the first statement, "I help in spreading awareness regarding the vulnerabilities to prepare for it," has the lowest weighted mean of 3.00.

According to Hofler (2015), communities that are more informed and have access to information regarding disaster risk reduction are significantly more likely to take proactive measures. The study also found that individuals who are better informed and have access to information are more likely to be aware of the risk posed by natural disasters and the need for protective measures.

*Table 2.4. Level of Readiness of the Respondents in Disaster Risk Reduction in Terms of Capacities*

<b>Indicators</b>	<b>Mean</b>	<b>Verbal</b>
1. Our community has many evacuation plans in order to ensure the safety of everyone.	4.13	Extremely Ready
2. Our community has available resources in preparation for the Taal Volcano unrest disaster.	4.19	Extremely Ready
3. Our community has the capability to handle and manage disaster risks.	4.16	Extremely Ready
4. Our community has been doing ways in order to reduce the risks and strengthen our resilience.	4.13	Extremely Ready
<b>Grand Mean</b>	<b>4.15</b>	<b>Extremely Ready</b>

This table shows the respondents' readiness level in disaster risk reduction in terms of capacities. The second statement, "Our community has available resources in preparation for the Taal Volcano unrest disaster," has the highest mean of 4.19 with a level of readiness of "Extremely Ready." The lowest weighted mean of 4.13 is the first and last statement in indicators regarding capacities.

Community readiness is a critical factor in mitigating the effects of disasters (Rothman, 2011 & Bourque et al., 2018). Readiness includes the availability of emergency supplies, evacuation plans, and trained personnel. Studies have shown that communities with higher readiness levels are more likely to respond effectively to disasters (Bourque et al., 2018 & O'Donoghue et al., 2019).

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*Table 3.1.1. Significant Difference in the Level of Readiness of the Respondents in Disaster Risk Reduction When Grouped According to Purok Profile*

Source of Variation	SS	df	MS	F	P-value
<b>Between Groups</b>	4.89	7	0.70	1.52	0.17
<b>Within Groups</b>	49.95	109	0.46		
<b>Total</b>	54.84	116			

The computed p-value of purok profile is equivalent to 0.17, higher than the alpha or significance level of 0.05. This means that, statistically, the null hypothesis is accepted. There is no significant difference in the respondents' readiness level in disaster risk reduction when grouped according to the purok profile.

Further research is needed to understand the factors influencing disaster risk reduction in different puroks to ensure effective disaster risk reduction initiatives. Such research should examine socioeconomic, cultural, and psychological factors as these are essential determinants of disaster risk reduction readiness (Thobaity et al., 2019 & Mohanty et al., 2020).

*Table 3.1.2. Significant Difference in the Level of Readiness of the Respondents in Disaster Risk Reduction When Grouped According to Age Profile*

Source of Variation	SS	df	MS	F	P-value
<b>Between Groups</b>	2.79	2	1.40	3.06	0.05
<b>Within Groups</b>	52.05	114	0.46		
<b>Total</b>	54.84	116			

The computed p-value for the age profile is equivalent to 0.05, equal to the alpha or significance level 0.05. This means that, statistically, the null hypothesis is rejected. There is a significant difference in the respondents' readiness level in disaster risk reduction terms of community risk assessment when grouped according to age profile.

This may suggest that age plays a role in determining an individual's readiness for disaster risk reduction activities. Further research should explore the factors influencing this difference and the potential implications for developing effective disaster risk reduction strategies (Carvalho et al., 2018 & Zou et al., 2019).

*Table 3.1.3. Significant Difference in the Level of Readiness of the Respondents in Disaster Risk Reduction When Grouped According to Gender Profile*

	Male	Female
<b>Mean</b>	3.40	3.57
<b>Variance</b>	0.38	0.53
<b>Observations</b>	48.00	69
<b>Hypothesized Mean Difference</b>	0.00	
<b>df</b>	111.00	
<b>t Stat</b>	-1.43	
<b>P(T&lt;=t) one-tail</b>	0.08	
<b>t Critical one-tail</b>	1.66	
<b>P(T&lt;=t) two-tail</b>	0.16	
<b>Critical two-tail</b>	1.98	

The computed p-value for the gender profile is equivalent to 0.16, higher than the alpha or significance level 0.05. This means that, statistically, the null hypothesis is accepted. There is no significant difference in the respondents' readiness level in disaster risk reduction terms of community risk assessment when grouped according to gender profile.

This implies that males and females should be equally involved in disaster risk reduction initiatives and given equal access to the necessary resources and information (Agyekum et al., 2018).

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*Table 3.1.4. Significant Difference in the Level of Readiness of the Respondents in Disaster Risk Reduction When Grouped According to Marital Status Profile*

<b>Source of Variation</b>	<b>SS</b>	<b>df</b>	<b>MS</b>	<b>F</b>	<b>P-value</b>
<b>Between Groups</b>	1.61	2	0.80	1.72	0.18
<b>Within Groups</b>	53.23	114	0.47		
<b>Total</b>	54.84	116			

Then the computed p-value for the marital status profile is equivalent to 0.18, higher than the alpha or significance level of 0.05. This means that, statistically, the null hypothesis is accepted. There is no significant difference in the respondents' readiness level in disaster risk reduction terms of community risk assessment when grouped according to marital status profile.

Further research could be conducted to compare the level of readiness among different demographic groups and to explore the reasons for any observed differences (Graf, 2020 & McEntire, 2018).

*Table 3.1.5. Significant Difference in the Level of Readiness of the Respondents in Disaster Risk Reduction When Grouped According to Years of Residency Profile*

<b>Source of Variation</b>	<b>SS</b>	<b>df</b>	<b>MS</b>	<b>F</b>	<b>P-value</b>
<b>Between Groups</b>	3.04	7	0.43	0.91	0.50
<b>Within Groups</b>	51.81	109	0.48		
<b>Total</b>	54.84	116			

The computed p-value for the years of residency profile is equivalent to 0.50, higher than the alpha or significance level of 0.05. This means that, statistically, the null hypothesis is accepted. There is no significant difference in the respondents' readiness level in disaster risk reduction in terms of community risk assessment when grouped according to years of residency profile.

This implies that the length of time an individual has lived in a particular area only significantly affects their level of readiness when it comes to disaster risk reduction and community risk assessment (Holland, 2014).

*Table 3.1.6. Significant Difference in the Level of Readiness of the Respondents in Disaster Risk Reduction When Grouped According to Educational Attainment Profile*

<b>Source of Variation</b>	<b>SS</b>	<b>df</b>	<b>MS</b>	<b>F</b>	<b>P-value</b>
<b>Between Groups</b>	1.01	3	0.34	0.70	0.55
<b>Within Groups</b>	53.84	113	0.48		
<b>Total</b>	54.84	116			

Above table shows that the computed p-value for the educational attainment profile is equivalent to 0.55, which is higher than the alpha or significance level of 0.05. This means that, statistically, the null hypothesis is accepted. The respondents' readiness level in disaster risk reduction terms of community risk assessment is similar when grouped according to educational attainment profile.

These findings imply that the level of disaster risk reduction readiness of the respondents is not affected by their educational attainment profile. This is an important finding as it suggests that the educational attainment level of individuals only sometimes guarantees their level of disaster risk reduction readiness (Ceballos & Delgado, 2019).



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**Table 4.**

*Coding of Matrix of the Readiness of the Brgy. San Jose*

Participant	Significant Statement	Codes of Unit Meaning	Themes
<b>Participant-1, Pos. 9-10</b>	<i>“Importante sa akin para makapag handa ang pamilya ko, kasi ang kaalaman ay kapangyarihan, ika nga nila”</i>	<i>Importance of awareness message to evacuation compliance</i>	<b>Community Risk Assessment:</b>  <i>Transformative action to prevent casualties</i>
<b>Participant-8, Pos. 4</b>	<i>“Nagkakaroon sila ng mga seminars and sinasabi sa aming umattend at makinig.”</i>	<i>Information drive regarding the seminar</i>	
<b>Participant-1, Pos. 11-12</b>	<i>“Yung impormasyon kasi na binibigay nila samin nagbibigay ng direksyon kung saan kami lilikas o ano ang mga dapat dalhin naming dalhin kapag pumutok ang bulkan.”</i>	<i>Importance of awareness message to evacuation compliance</i>	

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<b>Participant-1, Pos. 15-16</b>	<i>“Ang suhestiyon ko sa barangay, ay sana magkaroon sila ng paseminar kung paano ang gagawin namin kapag may sakuna tulad ng kung paano ang tamang pamamaraan sa mga pangunang-lunas gaya ng CPR”</i>	<b><i>Recommendation in response to disaster</i></b>	<b>Hazard:</b>  <b><i>Readiness and Response advancements</i></b>
<b>Participant-5, Pos. 9</b>	<i>“Kung pwede, Gusto ko sanang magbigay sila ng mga dagdag supplies para sa amin pero kung hindi, eh hh ayon na rin kasi kuntento na rin naman ako.”</i>	<b><i>Suggestion for additional supplies to disaster response</i></b>	
<b>Participant-4, Pos. 5</b>	<i>"Ganun, minsan pumunta sila sa mga bahay pero hindi lahat tas minsan naman e nagbibigay sila ng mga papel o poster poster ganun"</i>	<b><i>Undistributed Information</i></b>	

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			<b>Vulnerabilities:</b>
<b>Participant-5, Pos. 2</b>	<i>Pupunta ako sa mga mahal ko sa buhay at sinisigurado ng sila ay okay lang at ano hinahanap ko rin ang tubig, mga baterya at iba pang gamit"</i>	<b><i>Obtaining essential items</i></b>	<b><i>Preventive Safety Measures</i></b>
<b>Participant-3, Pos. 2-3</b>	<i>"Nanonood ako ng TV kasi eh at nakikinig din ng balita o sa radyo gawa nang para makuha ang mga balita."</i>	<b><i>Receiving information from the television and radio</i></b>	
<b>Participant-2, Pos. 7-8</b>	<i>"Kapag wala naman inaasahang sakuna, hindi naman nag babahay bahay ang barangay. Meron lang silang poster sa barangay kung paano gagawin kung may sakuna."</i>	<b><i>Spreading disaster awareness through posters and seminars</i></b>	

			<b>Capacities:</b>
<b>Participant-2, Pos. 5-6</b>	<i>“Yung barangay namin nagbabahay bahay para masabihan kami na may paparating na sakuna,. Sinasabi nila kung paano kami mageevacuate”</i>	<b><i>Disaster awareness through house to house visit</i></b>	<b><i>Role of proactive measures and promoting resilience</i></b>
<b>Participant-5, Pos. 4</b>	<i>"Nagbibigay ng abiso ang mga barangay tungkol sa disaster na pwedeng mangyari "</i>	<b><i>Providing warning for the potential disaster</i></b>	
<b>Participant-1, Pos. 13-14</b>	<i>"Kapag mayroong hindi inaasahang sakuna, nakabase ang aksyon na gagawin naming base sa mga nabasa naming na poster sa barangay hall."</i>	<b><i>Dependent to Barangay guidelines</i></b>	

The table above shows the four (4) identified themes of the study that includes (1) Transformative action to prevent casualties, (2) Readiness and Response advancements, (3) Preventive Safety measures, and (4) Role of proactive measures in reducing impact of disasters and promoting resilience.

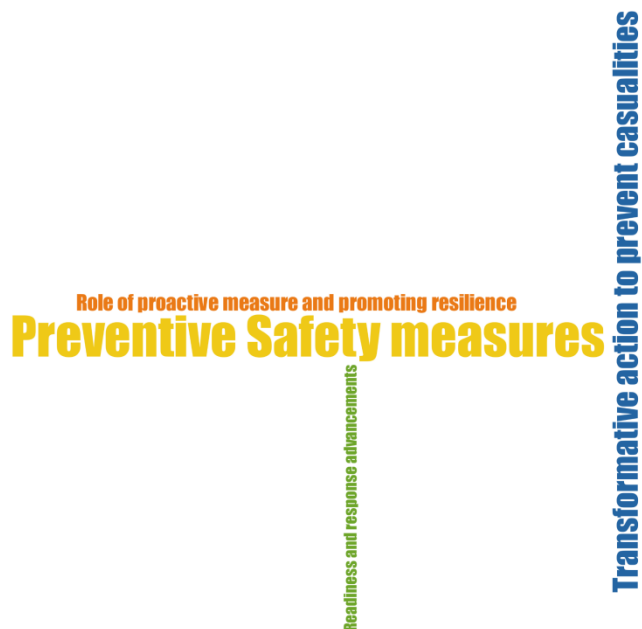
Transformative action involves taking bold and innovative steps to address the root causes of disasters, such as climate change, poverty, and equality—the residents of Brgy. San Jose is constantly ready to provide information that would help local decision-makers make more informed choices about the development and the use of risk-reduction strategies for the Taal Volcano unrest. However, not all of the necessary information is distributed to every house; this indicates that the resident needs accurate and effective communication to participate in the activities provided by the

Barangay. According to the United Nations Development Programme (2018), transformative action can help build resilience and reduce the risk of disasters. This emphasizes the need to promote risk-informed development and invest in disaster risk reduction measures.

Readiness and response advancement refers to the ability to quickly and effectively respond to disasters once they occur. This involves having the necessary resources and capacity, such as trained personnel, equipment, and communication systems, to respond to emergencies—most of the residents of Brgy. San Jose is assisting in preparing for emergency exits, food, and other needs for any hazard regarding the Taal Volcano unrest. However, a minimal number of people live in Brgy. San Jose has received training in first aid, cardiopulmonary resuscitation (CPR), and other emergency response procedures. According to the World Health Organization (2019), investing in preparedness and response capacity can help reduce the impact of disasters on public health.

Moreover, preventive safety measures include obtaining essential items, receiving information from reliable sources like television and radio, and spreading disaster awareness through posters and seminars. The residents of Barangay San Jose have always been ready for tragedy regarding their vulnerabilities. The residents have some level of knowledge of the essential preventative safety measures in the event of a catastrophe. According to (Nkombi & Wentink, 2022), seminars and workshops to educate residents about preparedness and response strategies, empowering them with the knowledge and skills to mitigate risks effectively.

Proactive measures, such as risk assessment, early warning systems, and community education, can be crucial in reducing the impact of disasters and promoting resilience—the residents of Brgy. San Jose is exceptionally ready for any potential Taal Volcano disturbance incidents. The Barangay also visit residents' homes to warn them of impending calamities and provide evacuation advice. According to the United Nations Office for Disaster Risk Reduction (2019), proactive measures can help build community resilience and reduce the likelihood of disasters.



**Figure 3.**

*Code cloud of the Readiness of the Brgy. San Jose*

The figure above entails the themes emerged from the interview data during data analysis. There are four themes which are; (1) Transformative action to prevent casualties, (2) Readiness and response advancements, (3) Preventive safety measures, and (4) Role of proactive measure and promoting resilience.

Transformative action to prevent casualties entails taking bold and innovative steps of the Barangay San Jose to address the causes of disaster. Readiness and response advancements is the ability of the residents of Barangay San Jose to respond to disaster promptly and effectively. Further, preventive safety measures are the steps that the residents of the Barangay San Jose taken in order to be ready in response to disaster. Role of proactive measures and promoting resilience are the strategies of the Barangay officials in response to disaster to ensure the safety of the residents.

## Integration of both Quantitative and Qualitative

Table 5.

*Integration of both Methods*

Phase 1- Quantitative Result			Phase 2- Qualitative Result
	Grand Mean	Verbal	Themes
2.1 Community Risk Assessment	3.51	Always Ready	Transformative action to prevent casualties
2.2 Hazards	3.08	Always Ready	Readiness and Response advancements
2.3 Vulnerabilities	3.26	Always Ready	Preventive Safety Measures
2.4 Capacities	4.15	Extremely Ready	Role of proactive measures and promoting resilience
<b>Total</b>	3.5	Always Ready	

The level of readiness of the respondents in disaster risk reduction in terms of community risk assessment shows a grand mean of 3.51 with the level of readiness of "Always Ready." During the interview, the respondent states *"Importante sa akin para makapag handa ang pamilya ko, kasi ang kaalaman ay kapangyarihan, ika nga nila"* this suggests that the residents of Brgy. San Jose, who responded to the survey, was constantly ready to provide information to help the local decision-makers make more informed choices about the development and the use of risk reduction strategies for the Taal Volcano unrest. As the code states verbatim, it is essential to recognize the value of awareness in disaster risk reduction and to ensure that residents are informed and prepared, especially those in critical areas prone to natural disasters like Taal Volcano unrest.

The level of readiness in disaster risk reduction in terms of hazards shows the grand mean of 3.08 with the level of readiness of "Always Ready," demonstrating that the Brgy residents. San Jose is always ready to face the dangers of the Taal Volcano

upheaval. Throughout the qualitative phase, the respondents suggested that a seminar should be conducted to be ready and equipped with the basic life support during the disaster. As the respondent states *“Ang suhestiyon ko sa barangay, ay sana magkaroon sila ng paseminar kung paano ang gagawin namin kapag may sakuna tulad ng kung paano ang tamang pamamaraan sa mga pangunang-lunas gaya ng CPR.”* As the theme indicates the verbatim of the code, a suggestion made by the respondent in the interview regarding conducting a seminar on essential support during a disaster is highly relevant to improve the level of readiness in disaster risk reduction in Brgy. San Jose.

The respondents' readiness level in terms of vulnerabilities shows that the grand mean of 3.26 with a level of readiness of "Always Ready" demonstrates that the residents of Barangay San Jose for the tragedy have always been ready in terms of their vulnerabilities. Upon conducting the interview, the respondents stated that the residents have sufficient knowledge of preventative measures in order to be safe from a disaster. *"Pupunta ako sa mga mahal ko sa buhay at sinisigurado ng sila ay okay lang at ano.. Hinahanap ko rin ang tubig, mga baterya at iba pang gamit ."* shows that the residents of Barangay San Jose have always been ready in terms of their vulnerabilities. As the theme indicates the verbatim of the code, the individuals who are better informed and have access to information are more likely to be aware of the risk posed by natural disasters and the need for protective measures.

The respondents' readiness level in disaster risk reduction in capacities shows the grand mean of 4.15 with a level of readiness of "Extremely Ready," which demonstrates that Brgy. San Jose is exceptionally ready for any potential Taal Volcano disturbance incidents. As the data collected from the interview, the respondents verbalized that the barangay has available resources in case of renewed unrest. *"Yung barangay namin nagbabahay bahay para masabihan kami na may paparating na sakuna. Sinasabi nila kung paano kami mag e-evacuate"* shows that the Barangay San Jose have been always ready in terms of their capacities which the Barangay San Jose conducted house-to-house visit in disseminating information and through educational materials such as posters and seminars. As the theme indicates the verbatim of the codes, the community of the Brgy. San Jose is ready in response to natural disasters like the Taal volcanic eruption. Community readiness is a critical factor in mitigating the effects of disasters (Rothman, 2011 & Bourque et al., 2018). Readiness includes the availability of sources such as emergency supplies, evacuation plans, and trained personnel. Studies have shown that communities with higher readiness levels are more likely to respond effectively to disasters (Bourque et al., 2018 & O'Donoghue et al., 2019).





**Figure 1.**

*Booklet: A Guide in Response to Disaster*

The booklet comprised the necessary things to do before, during, and after a volcanic eruption. Each phase has different steps and ways to prevent and protect themselves and their family from a disaster. It also includes a step-by-step guide in giving first aid and cardiopulmonary resuscitation (CPR). The researchers will also conduct a health education to explain the information in the booklet and a training program on giving first aid and cardiopulmonary resuscitation (CPR).

## V. DISCUSSIONS

This study focuses on assessing the level of readiness of Barangay San Jose in the event of Taal Volcano unrest. This study aims to identify the residents' current readiness level and provide recommendations for enhancing their preparedness and resilience in the event of a disaster.

This study is delimited to assess the level of readiness of residents in Barangay San Jose Taal Volcano unrest. The study's respondents are permanent residents of Barangay San Jose who are 18 years old and above.

The study findings of the respondents' readiness level may influence the factors that may influence readiness and found that gender did not have a significant effect. Despite this, most residents know about safety measures for disaster prevention, and the community has available sources to prepare for the Taal Volcano unrest. However, a question asks if the respondents undergo some training regarding performing essential life support and first aid kit. That question only got a mean score of 2.90, meaning that most respondents were only slightly ready. That is why the researchers prepared a booklet containing the necessary knowledge about those things.

On the other hand, the statistical analysis results for various profile such as purok, gender, marital status, years of residency, and educational attainment shows that most profiles were higher than 0.05, indicating that the null hypothesis is accepted except for the age profile, where the null hypothesis is rejected due to significant differences in the respondent's age and readiness.

This study recommends conducting similar studies in nearby areas with more respondents to validate the findings. The community of Barangay San Jose should participate in disaster risk reduction planning and activities to enhance resilience. Local authorities and organizations may provide training on first-aid, CPR, and safety measures to prepare for possible volcanic eruptions. Residents may help in spreading awareness about the vulnerabilities of volcanic eruptions. An effective data collection and analysis system may be implemented, and warning alarms should be distributed in at-risk areas. A booklet about preparedness for volcanic eruptions should be created to educate young and older adults. Emergency supplies and evacuation centers should be available during a disaster.

The study is limited to the residents of Barangay San Jose and does not include participants from outside the barangay. These limitations are necessary to ensure the study's focus and validity in addressing the research question.

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## **A Sequential explanatory method analysis on the level of student satisfaction toward school services of Olivarez College Tagaytay**

Monette V. Asas, Rica Lhett G. Adigue, Camille Rose M. Perello, Noemi I. Dumag, Kyzhell Joaquin

### **I. ABSTRACT**

This study evaluated student satisfaction with the services provided by Olivarez College Tagaytay. This study aimed to know the students' perspective as they are one of the stakeholders. The result determined what services need improvement to provide a better quality of service. The researchers utilized a sequential explanatory mixed method to answer the questions under study. This research design was used to show and describe the satisfaction level of students toward school services. The researcher utilized a cluster sampling from ten (10) programs, including the Senior high school students from the total population of three thousand two hundred forty-one (3,241) with a sample size of one thousand five hundred forty-five students (1,545). A survey tool adopted from Olivarez College Tagaytay - A survey of students on the level of service satisfaction was used. After the survey results, the researchers analyzed feedback and identified themes using (Braun et al., 2006). Six-Step Thematic Analysis. The results showed that the service with the highest rating was Dean's office. On the other hand, the services with the lowest rating were canteen, bookstore, and accounting services. Furthermore, participants in the qualitative part expressed their genuine observations and feedback. The participants created an output to improve customer service through an infographic.

**Keywords:** *“Sequential explanatory, Level of student satisfaction, school services, Olivarez College Tagaytay,”*

### **I. INTRODUCTION**

The most significant stakeholders in every educational institution are the students. The degree of student satisfaction is one of the key markers of a college's development, along with student growth and placements. The satisfied student will study more effectively and help the institution and the country advance. The Philippine government has mandated every school to provide good services encouraging students to realize their fullest potential. The role of every school is to provide quality education, including good services that are conducive and adequate facilities that can contribute to their learning. Akomolafe (2016) indicates that school facilities are essential to a student's learning experience. They are essential in influencing the quality of education.

The current study anchors the current theoretical framework of expectation and disconfirmation theory. This framework implied that if the

students perceive the services provided by Olivarez College Tagaytay meet or exceed their expectations, the Students' satisfaction and dissatisfaction can be influenced by positive and negative disconfirmation. Research framework also suggested that improved quality of school services can influence student satisfaction.

Akomolafe (2016) included insights into the effectiveness of school facilities in supporting technology-led learning. The current study that we conduct intends to find out not only the insights of school facilities in supporting technology-led learning. However, it will cover insights into student satisfaction and explore the student's level of satisfaction with services in the following department and the connection between students' level of satisfaction in the services provided by different offices in Olivarez College Tagaytay.

This study sought to answer the students' satisfaction level regarding service quality in the following departments—the difference between the demographic profile and level of satisfaction per department. The goal is to use the results to enhance various student services, such as Accounting, Bookstores, and Canteen services. Moreover, develop an infographic containing customer service that can improve services with the lowest satisfaction level.

## **II.METHODS**

The study utilized a sequential explanatory mixed method to answer the study's objections and questions and determine the participants' satisfaction level regarding school services using a survey through an online platform and observed these responses thoroughly. The sequential explanatory mixed method is a research design that consists of quantitative data collection and analysis followed by qualitative ones (Creswell et al., 2008). It uses survey questionnaires to gather data about varying subjects, then later be interpreted qualitatively. This gives the readers a better and deeper understanding of the topic. It is the appropriate research design to use as it can show and describe the satisfaction level of students towards school services. In selecting the participants needed in the study, cluster sampling is used as the sampling technique. It is a probability sampling in which the population will be divided into clusters first, then select clusters randomly among other clusters. This is often used for surveys that have a large population. Nonetheless, the researchers also considered the consent of the participants to participate in the study. This sampling technique was used to properly achieve the main study's objective of identifying students' satisfaction with school services.

**Table 1**  
**Result of Likert Scale Questionnaire**



Scale Bracket	Verbal Description
0.01-1.00	Needs improvement
1.01-2.00	Slightly dissatisfied
2.01-3.00	Moderate
3.01-4.00	Slightly satisfied
4.01-5.00	Very satisfied

The participants were chosen from a population of students currently studying at the Olivarez College in Tagaytay and conducted during the school year of 2022-2023. The total population includes 3,241, with a sample size of (1,545) thousand five hundred forty-five students. The research instrument used in Phase 1 of the study is a survey form administered online through Google Forms. The survey form consists of two sections: demographic data and satisfaction level. The demographic data section asks the respondents about their program of study. The satisfaction level section uses a Likert scale questionnaire to measure the respondent's satisfaction with the services of different departments in the college. The Likert scale ranges from 0.01 to 5.00, with 0.01-1.00 indicating needs improvement, 1.01-2.00 indicating slightly dissatisfied, 2.01-3.00 indicating moderate, 3.01-4.00 indicating slightly satisfied, and 4.01-5.00 indicating very satisfied. The questionnaire was adapted from the Olivarez College-Tagaytay Survey of students and was validated for accuracy and reliability.

In Phase 2, the researchers had a one-on-one interview of the participants for the selected participants on the (10) ten programs, including the grade 11 and grade 12 SHS students of Olivarez College Tagaytay. Researchers gathered 10 participants.

The researchers used Braun & Clarke's (2006) Six-Step Thematic Analysis to analyze the qualitative data. The researcher carefully studies the data to identify recurring themes - subjects, concepts, and meaning patterns. As a result, in order to use in this study, each step is further defined above.

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## II. RESULTS

**Problem 1.** What is the demographic data per program?

**Table 1**  
**Distribution of Participants per Program**

<b>Program</b>	<b>Frequency</b>	<b>Percentage</b>
Bachelor of Science in Tourism Management (BSTM)	44	2.9%
Bachelor of Science in Hospitality Management (BSHM)	50	3.2%
Bachelor of Science in Business Administration (BSBA)	51	3.3%
Bachelor in Elementary Education (BEED)	55	3.6%
Bachelor of Science in Technology (BSIT)	76	4.9%
Bachelor of Science in Accountancy (BSA)	79	5.1%
Bachelor of Science in Criminology (BSCRIM )	165	10.7%
Bachelor of Science in Nursing (BSN)	192	12.4%
SHS Grade 11	403	26.1%
SHS Grade 12	430	27.8%
<b>Total</b>	<b>1545</b>	<b>100%</b>

The table shows the result of demographic profiles in terms of the distribution of participants per program. Most of the participants belong to the Senior High School Grade 12 program with a frequency of 430 and a percentage of 27.8%. On the other hand, the lowest number of participants belongs to the Bachelor of Science in Tourism Management (BSTM), with a frequency of 44 and a percentage of 2.9%.

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The majority of the participants were from the SHS students, specifically participants from the SHS Grade 12 Students. Possibly because of the immense number of SHS students in the institution. Moreover, because of the contribution of the K-12 curriculum, that offered a voucher program for every junior high school student, which allows them to pursue SHS grades 11 and 12. This program aims to master the concept of skill and development and simultaneously prepare them for the courses they want to pursue. On the other hand, the lowest number of participants belong to the Bachelor of Science in Tourism Management (BSTM). Few students intend to enroll in the program at the same time because of few students who intend to enroll in the program at the same time the tourism management industry in Tagaytay is not fully developed.

Arpidela (2017) explains that the satisfaction of senior high school graduates with their chosen paths is a critical component of the K–12 curriculum. The Philippines' K–12 education system seeks to develop graduates who can contribute positively to society.

**Problem 2.** What is the level of satisfaction of the student in terms of services in the following department of Olivarez College Tagaytay?

**Table 3**  
**Student's on Level Satisfaction on Olivarez College Tagaytay Services**

<b>Cashier and Accounting Office</b>		
<b>Cashier</b>	<b>Weighted Mean</b>	<b>Verbal description</b>
1.1 Has enough to accommodate the clients	3.376	Slightly Satisfied
1.2 Has systematic procedure in dealing with the clients	3.810	Slightly satisfied
1.3 Designated area is conducive for the clients	3.880	Slightly satisfied
<b>Total</b>	<b>3.689</b>	<b>Slightly satisfied</b>
<b>2.Personnel</b>	<b>Result</b>	<b>Verbal description</b>
2.1 Approachable and Courteous	3.724	Slightly satisfied

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2.2 Explain clearly the queries of the clients regarding payables etc.	3.823	Slightly satisfied
2.3 Openly accepts complaints, suggestion, and recommendation for improvement		Slightly satisfied
2.4 Provides accurate assessment of fees	3.867	Slightly satisfied
2.5 Disseminates question regarding deadline of payments	3.890	Slightly satisfied
<b>Total</b>	<b>3.812</b>	<b>Slightly satisfied</b>

**Bookstore Service**

<b>1. Bookstore</b>	<b>Weighted Mean</b>	<b>Verbal Description</b>
1.1 Has enough to accommodate the clients	3.725	Slightly satisfied
1.2 Has systematic procedure in dealing with the clients	3.813	Slightly satisfied
1.3 Designated area is conducive for the clients	3.902	Slightly satisfied
<b>Total</b>	<b>3.813</b>	<b>Slightly satisfied</b>

**2. Personnel**

2.1 Approachable and Courteous	3.832	Slightly satisfied
2.2 Explain clearly the queries of the clients regarding payables etc.	3.888	Slightly satisfied
2.3 Openly accepts complaints, suggestion, and recommendation for improvement	3.782	Slightly satisfied
2.4 Provides accurate services	3.885	Slightly satisfied
<b>Total</b>	<b>3.847</b>	<b>Slightly Satisfied</b>

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**Registration and Record Services**

<b>Registration and Record Services</b>	<b>Weighted Mean</b>	<b>Verbal Description</b>
1.1 Easy to locate and conducive clients while waiting	3.910	Slightly satisfied
1.2 Enough personnel to assist all their customers	3.879	Slightly satisfied
1.3 Effective and efficient procedures for the requested documents	3.856	Slightly satisfied
1.4 Maintains accuracy and Completeness of records	3.928	Slightly satisfied
<b>Total</b>	<b>3.893</b>	<b>Slightly satisfied</b>

<b>Personnel</b>	<b>Result</b>	<b>Verbal Description</b>
2.1 Approachable and courteous in dealing with clients	3.975	Slightly Satisfied
2.2 Fluently and effectively answer all the queries and needs of the clients	3.977	Slightly Satisfied
2.3 Openly accepts complaints,suggestion and recommendations for improvements	3.941	Slightly Satisfied
<b>Total</b>	<b>3.964</b>	<b>Slightly satisfied</b>

**Office of student affairs and services**

<b>Office of student Affairs and services</b>	<b>Weighted Mean</b>	<b>Verbal Description</b>
1.1 Easy to locate and conducive to clients while waiting	3.988	Slightly satisfied
1.2 Enough personnel to entertain the applicant	3.981	Slightly satisfied

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<b>Total</b>	<b>3.985</b>	<b>Slightly satisfied</b>
<b>Personnel</b>	<b>Weighted Mean</b>	<b>Verbal Description</b>
2.1 Approachable and courteous in dealing with clients	4.023	Very satisfied
2.2 Openly accepts complaints, suggestions, recommendation for improvements prompt in giving services to the clients such us:	4.042	Very satisfied
2.3 Identifications Card Application	4.011	Very satisfied
2.4 Schedule of Social Orientation	4.012	Very satisfied
<b>Total</b>	<b>4.022</b>	<b>Very satisfied</b>

**Guidance Services**

<b>Guidance Services</b>	<b>Weighted Mean</b>	<b>Verbal Description</b>
1.1 Has conducive atmosphere for counseling	4.051	Very satisfied
1.2 Has adequate space to accommodate the clients	4.043	Very satisfied
1.3 Location is accessible for the clients	4.063	Very satisfied

<b>Personnel</b>	<b>Result</b>	<b>Verbal description</b>
2.1 Approachable and counseling	4.115	Very Satisfied
2.2 Always practice confidentiality in performing task if needed prompt in giving services to the client such as:	4.105	Very Satisfied
2.3 Counseling	4.089	Very Satisfied
2.4 Initial interview	4.077	Very Satisfied
2.5 Career Guidance	4.122	Very Satisfied

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2.6 Testing Appraisal	4.069	Very Satisfied
<b>Total</b>	<b>4.096</b>	<b>Very Satisfied</b>
<b>Dean's Services</b>		
<b>1. DEAN's Office</b>	<b>Weighted Mean</b>	<b>Verbal Description</b>
1.1 Location accessible to the students	4.082	Very Satisfied
1.2 Effective and efficient in assisting student as regards academic needs	4.115	Very Satisfied
<b>Total</b>	<b>4.099</b>	<b>Very Satisfied</b>
<b>Personnel</b>	<b>Result</b>	<b>Verbal Description</b>
2.1 Approachable needs	4.125	Very Satisfied
2.2 Prompt and action are given to student	4.120	Very Satisfied
<b>Total</b>	<b>4.123</b>	<b>Very Satisfied</b>

**Laboratory Services/Facilities**

<b>1. The laboratory</b>	<b>Weighted Mean</b>	<b>Verbal Description</b>
1.1 Has the appropriate equipment/facilities according to discipline	3.965	Slightly satisfied
1.2 Has enough equipment/tools for all student class	3.912	Slightly satisfied
1.3 Spacious enough for all the students in class	3.943	Slightly satisfied
1.4 Updated and relevant to the course	3.994	Slightly satisfied
1.5 Well ventilated and conducive learning	3.977	Slightly satisfied
<b>Total</b>	<b>3.958</b>	<b>Slightly satisfied</b>
<b>2. Personnel</b>	<b>Result</b>	<b>Verbal Description</b>

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2.1 Approachable and courteous in dealing with students	4.014	Very Satisfied
2.2 Prompt and properly attends to students needs/concerns	4.014	Very Satisfied
2.3 Pleasantly assist students and other users of the laboratory	4.017	Very Satisfied
<b>Total</b>	<b>4.015</b>	<b>Very Satisfied</b>

#### Library and instructional media services

<b>The Library</b>	<b>Weighted Mean</b>	<b>Verbal Description</b>
1.1 Provides adequate space appropriate to the whole student	4.102	Very Satisfied
1.2 Is accessible and comfortable for studying and research	4.139	Very Satisfied
1.3 Provides an updated and sufficient collection of references,books,magazines,journals , and newspaper	4.069	Very Satisfied
1.4 Has copying machines and indexes available and accessible to students	3.941	Slightly satisfied
1.5 Has adequate tables and chair	4.137	Very Satisfied
1.6 Has sufficient internet access	3.808	Slightly satisfied
1.7. Gives library orientation to students on how to use the library which includes information about library rules and regulations	4.011	Very Satisfied
1.3 Provides an updated and sufficient collection of references,books,magazines,journals	4.069	Very Satisfied



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, and newspaper

1.4 Has copying machines and indexes available and accessible to students	3.941	Slightly satisfied
1.5 Has adequate tables and chair	4.137	Very Satisfied
1.6 Has sufficient internet access	3.808	Slightly satisfied
1.7. Gives library orientation to students on how to use the library which includes information about library rules and regulations	4.011	Very Satisfied
<b>Total</b>	<b>4.030</b>	<b>Very Satisfied</b>
<b>2.Personnel</b>	<b>Result</b>	<b>Verbal Description</b>
2.1 Gives library oriented to students on how to use the library which includes information about the library and regulation	4.039	Very Satisfied
2.2 Approachable and adequately entertains students inquiries	4.024	Very Satisfied
2.3 Pleasantly assist students and other users of the library	4.026	Very Satisfied
2.4 Promptly and properly attends to students need/concerns	4.042	Very Satisfied
<b>Total</b>	<b>4.033</b>	<b>Very Satisfied</b>

**Medical/Dental Services**

<b>1.The Clinic</b>	<b>Weighted Mean</b>	<b>Verbal Description</b>
1.1 Has adequate space appropriate to the needs of the students	4.034	Very Satisfied
1.2 Has adequate health care during school hours	4.064	Very Satisfied
1.3 Has sufficient beds for sick patients	4.016	Very Satisfied

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1.4 Disseminates information and advisories on current health concerns to prevent	4.051	Very Satisfied
1.5 Has available professional dental care and services	4.007	Very Satisfied
1.6 Has school physician that can be consulted and can give professional medical/treatment	4.046	Very Satisfied
1.7 Has appropriate medicine for first aid and emergency treatment	4.116	Very Satisfied
1.8 Inform parents/guardian when students have serious health problems	4.129	Very Satisfied
<b>Total</b>	<b>4.058</b>	<b>Very Satisfied</b>
<b>Personnel</b>	<b>Result</b>	<b>Verbal Description</b>
2.1 Are professionally trained to carry out the health care program	4.121	Very Satisfied
2.2 Wear appropriate medical attendance attire	4.132	Very Satisfied
2.3 Are approachable and competently entertain student's inquiries and complaints	4.106	Very Satisfied
2.4 Fluently and effectively answers queries and complaints	4.102	Very Satisfied
2.5 Are courteous and professional in dealing with students	4.149	Very Satisfied
<b>Total</b>	<b>4.122</b>	<b>Very Satisfied</b>
<b>Campus Ministry and Outreach Services</b>		
<b>1.Outreach Office</b>	<b>Weighted Mean</b>	<b>Verbal Description</b>
1.1 Easy to locate and conducive to clients	3.980	Slightly Satisfied
1.2 Has adequate space to accommodate to clients	3.976	Slightly Satisfied
1.3 Enough personnel to assist all their clients	3.978	Slightly Satisfied
<b>Total</b>	<b>3.978</b>	<b>Slightly Satisfied</b>

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<b>2.Personnel</b>	<b>Result</b>	<b>Verbal Description</b>
2.1 Approachable and courteous	4.042	Very Satisfied
2.2 Prompt and properly attends to student need's/ concerns	4.024	Very Satisfied
<b>Maintenance and Housekeeping Service</b>		
<b>Classroom</b>	<b>Weighted Mean</b>	<b>Verbal description</b>
1.1 Always clean and orderly	4.231	Very Satisfied
1.2 Has enough chairs for students in a class	4.263	Very Satisfied
1.3 Well ventilated and conducive learning	4.111	Very Satisfied
<b>Total</b>	<b>4.202</b>	<b>Very Satisfied</b>
<b>2.The Comfort Rooms</b>	<b>Result</b>	<b>Verbal Description</b>
2.1 Cleanliness always maintain	4.148	Very Satisfied
2.2Has enough for both genders	4.192	Very Satisfied
2.3Strategically located for easy access	4.202	Very Satisfied
2.4Well lighted and with enough water	4.016	Very Satisfied
<b>Total</b>	<b>4.140</b>	<b>Very Satisfied</b>
<b>Security Services</b>		
<b>Personnel and Staff</b>	<b>Weighted Mean</b>	<b>Verbal Description</b>
1.1 Has enough security guards	4.158	Very Satisfied
1.2 Are courteous and and professional in dealing with students	3.913	Slightly Satisfied
1.3 Are well trained to carry out their basic duty	3.989	Slightly Satisfied
1.4 Wear clean and proper uniform	4.240	Very Satisfied
1.5 Keeps school peaceful and orderly	4.130	Very Satisfied
<b>Total</b>	<b>4.086</b>	<b>Very Satisfied</b>
<b>Canteen Services</b>		

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<b>Canteen Services</b>	<b>Weighted Mean</b>	<b>Verbal Description</b>
1.1 Has adequate space appropriate to accommodate the whole students	3.914	Slightly satisfied
1.2 Has a clean sanitary, comfortable and well-ventilated area for dining	4.000	Very satisfied
1.3 Provides meals that are reasonable price	3.645	Slightly satisfied
1.4 Provides nutritious and well-balanced meals	3.917	Slightly satisfied
1.5 Provide a variety of presentable and palatable foods	3.917	Slightly satisfied
<b>Total</b>	<b>3.879</b>	<b>Slightly satisfied</b>

<b>2.Personnel</b>	<b>Result</b>	<b>Verbal Description</b>
2.1 Has a neat, clean/ Healthy appearance	4.006	Very satisfied
2.2 Wear clean aprons and hairnets	3.891	Slightly satisfied
2.3 Courteous and pleasantly serve the customers	3.936	Slightly satisfied
2.4 Fluently and effectively answers/complaints regarding canteens concerns like food, facilities and services	3.932	Slightly satisfied
2.5 Promptly and properly attend to customer's needs	3.967	Slightly satisfied
2.6 Courteously accepts suggestions and recommendations	3.967	Slightly satisfied
<b>Total</b>	<b>3.879</b>	<b>Slightly satisfied</b>

<b>Personnel</b>	<b>Result</b>	<b>Verbal Description</b>
2.1 Has a neat, clean/ Healthy appearance	4.006	Very satisfied
2.2 Wear clean aprons and hairnets	3.891	Slightly satisfied
2.3 Courteous and pleasantly serve the customers	3.936	Slightly satisfied
2.4 Fluently and effectively answers/complaints regarding	3.932	Slightly satisfied

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canteens concerns like food,  
facilities and services2.5 Promptly and properly attend to  
customer's needs 3.967 Slightly satisfied2.6 Courteously accepts suggestions  
and recommendations 3.967 Slightly satisfied**Total 3.879 Slightly satisfied****Department Heads Office****1. Head's Office Facilities****Weighted Mean****Verbal  
Description**1.1 Location accessible to the  
students 4.141

Very satisfied

1.2 Effective and efficient in  
assisting students as regards  
academic needs 4.150

Very satisfied

**Total 4.146 Very satisfied****Personnel****Result****Verbal  
Description**

2.1 Approachable 4.145

Very satisfied

2.2 Prompt attention and action are  
given to a students 4.134

Very satisfied

**Total 4.140 Very satisfied**

*Legend: 1.00- 1.80 = Needs improvement, 1.01 - 2.00 = Slightly dissatisfied,  
2.01 - 3.00 = Moderate, 3.01 - 4.00 = Slightly satisfied, 4.01 - 5.00 = Very  
satisfied*

The tables show the resulting level of satisfaction of the student in terms of services in the following department of Olivarez College Tagaytay. The service that got the highest weighted mean score is the Dean's Services. Their office received a total weighted mean score of 4.099 while the personnel received 4.123, equivalent to a verbal description of 'Very Satisfied.' On the other hand, the services that got the lowest weighted mean score are Cashier and Accounting Offices, with a weighted mean of 3.689. At the same time, the personnel received 3.812, both equivalent to a verbal description of 'Slightly Satisfied.'

The researchers observed that the Dean's office is the highest because it is accommodating and always open to questions and clarifications. Students gave positive feedback and expressed genuine satisfaction, evident in a participant's statement, 'Dean is exceptional.' On the other hand, the Accounting services seem to have the lowest customer service satisfaction because they are

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too busy and have too many questions and clarifications. That is why the personnel cannot accommodate them evenly.

Galvez (2018) To manage organizations effectively, it is crucial to comprehend how academic deans perform their jobs. Academic deans have to cope with various challenges and make them enjoyable because they are in charge of leading educational organizations and overseeing the activities that aim to achieve their objectives.

**Table 4**

Dean's Office Services		
Code Name	Code Unit Meaning	Themes
P12	Pleasing personality	Service excellence
P13	Positive Attitude	
P14	Effective and efficient service	
P15	Outstanding Performance	

The theme 'Pleasing Personality' and 'Positive Attitude' can be related as Participant 12 verbalized, 'This is one of the best offices as well because the personnel is approachable and kind' and Participant 13, 'Continue to give a smile to other students.' They expressed satisfaction with the Dean's Services, emphasizing its personality and attitude towards the students. Participant 14 expressed satisfaction with the Dean's performance in giving service, as evidenced by 'Effective and efficient in assisting students regarding academic needs, and lastly, participant 15 complemented the Dean by verbalizing 'Dean is exceptional.'

The Dean's office has a lot of compliments and positive feedback from the students. It had a significant impact on a student's stay in college. The Dean's office in the Olivarez College of Tagaytay satisfies students' needs well. Continuous outstanding performance may also result in continuous satisfaction from the students.

Service quality attributes positively influencing student satisfaction include knowledge acquisition, problem-solving, courtesy, and individual attention. These attributes can help institutions gain a competitive edge,

increase student loyalty and retention, and attract new students. (Twum & Peprah, 2020) Academic college/school deans are crucial to successfully developing and implementing transformative change in that they can make significant structural and transformative changes (English & Kramer, 2017, as cited in Coll et al., 2018). Indeed, influential academic deans advocate for individual faculty and broader organizational goals and can gain sufficient faculty trust to enact sustainable, transformative change (Williams-June, 2014, as cited in Coll et al., 2018).

**Table 5**

Accounting Office Services		
Code Name	Code Unit Meaning	Themes
P1	Impact of Tone of Voice	Unfriendly Staff
P2	Short tempered	
P3	Bad communication	

The participants expressed their feedback regarding the attitude and personnel's communication toward students. The theme 'Impact of Tone of Voice' was evident in Participant 1's statement, 'communicate in lower voice because sometimes we thought that they are mad.' In relation, the statements from Participant 2, 'Sana po ay hindi na po sila magagalitin at manigaw na' and from Participant 3, 'Just a suggestion, that person that was assigned in cashier should fix their tone of voice when talking to students to avoid misunderstanding' resulted to the themes 'Short Tempered' and 'Bad communication.' According to Tsurutan (2018), a friendly tone can improve listeners' perception of speakers, especially when the expression is plain. However, the effect of tone of voice is less noticeable when suitable expressions are used.

There might be various reasons why students were dissatisfied with Accounting Services. According to one participant, students may misunderstand the staff since they "communicate in a lower voice because sometimes we thought they were mad." Another participant suggested that the personnel adjust their tone of voice to prevent misunderstanding. As a result, they need to be more understood. However, Accounting services personnel

must continue to make efforts to resolve this issue and listen to student recommendations.

The quality of academic and non-academic services that higher education institutions offer their clients is crucial for their success. It affects their performance and depends mainly on the service habits of their frontline staff. Therefore, understanding that these staff members are essential in providing high-quality educational services, more attention has been given to client satisfaction with the service delivery. Customer interactions mainly influence customer satisfaction during the service process, making service quality a vital factor. The service quality or condition determines the level of performance that the provider can deliver to the customers. Student motivation, satisfaction, and enjoyment in their educational environment are all significant factors for an educational institution's improvement. It is thus essential to maintain high educational quality in order to assess the state of students' well-being and enhance academic standards (Gorospe et al., 2021).

**Table 6**

Bookstore Services		
Code Name	Code Unit meaning	Themes
P4	Personnel Attitude	Righteous Conduct
P5	Importance of Patience	
P6	Unreliable Personnel	

The participants expressed several suggestions to improve the Bookstore Services. The theme 'Personnel Attitude' was evident in Participant 1's statement, "They should learn how to smile and accommodate people with emotions." The statement from Participant 2, "sana po magkaroon pa sila ng mahabang pasensyaa" can be related to and supported based on the study of Bülbül & Arslan (2017) that states patients people have a positive outlook on their past and plans and focus on the present. They tend to feel more calm and confident. They can wait without anxiety and cope better with challenges. Participant 3 verbalized 'Sana po kapag wala kayong barya, 'wag po sana kami yung paghanapin ng barya. Thank you, po!' resulted in the theme 'Unreliable Personnel.'



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Academic libraries serve the learning needs of students, academics, researchers, the community, and those mandated to use them. Academic libraries are expected to ensure that all services and products available are well-known to their users and that their customers' needs are well-catered to. Experience has shown that service providers, for instance, librarians that are reluctant to associate themselves with customers, end up having no users, and books lie on shelves unread because information products and services are not marketed to the clients, whose needs are not ordinarily familiar, known, and satisfied. Effective communication is one of the areas for improvement within organizations. It is also a weakness that enormously affects customer loyalty and satisfaction. When employees cannot communicate clearly, problems are bound to happen (Khadka & Maharjan, 2017).

**Table 7**

## Canteen Services

Code name	Code Unit Meaning	Themes
P7	Expensive products	Unsatisfactory Services
P8	Inappropriate Price	
P9	Lack of Organization	
P10	Inconvenient area	
P11	Lack of attentiveness	

Participant 7 verbalized, 'Be budget-friendly; it is quite expensive that some students just buy outside,' which resulted in the theme 'Expensive Products' can be related to Participant 8's statement, 'Make the budget-friendly but all your services are good enough for the students' which themed 'Inappropriate price.' Both of the evidence points out the price of the products served in the canteen and that they should adjust it based on student's affordability. According to the study (Manaig, 2022), the school canteen managers may also review the prices of affordable products for students.

Furthermore, Participant 9 verbalized ‘sana po sunod sunod na yung step sa pagbili para po hindi nakakahilo magpabik balik’ can be related to Participant 10 ‘Nakakalito po minsan yung pila.’. Both participants commented about the area of the canteen. The school administrators, canteen managers, and staff can design and plan the needed improvements to enhance the school canteen and its services for students and other customers. They can also make the canteen more attractive, hygienic, convenient and cozy. Lastly, the theme Lack of Attentiveness is evident by Participant 11, ‘Minsan sa umaga di maabala yung isang naka assign sa sa canteen kundi pa tumawag ng isang mag aasikaso sa nabili’ A friendly and helpful manner from the canteen workers can create a sense of belonging for students who enjoy the school's food offerings. (Galabo, 2019) Appropriate equipment and physical spaces are two key contributors to improving the quality of services. Similarly, we observed three key obstacles that hinder the provision of quality services. Authority for expanding the physical space is beyond the mandate of the canteen operator. They have to operate the canteen within the facilities provided. Even though some of the canteen operators are allowed to bring basic kitchen utensils, cutleries, and other equipment (e.g., refrigerator, cupboards, food storage, and handling equipment), the majority need to be financially capable of investing in those (Weerasinghe et al., 2017).

**Problem 3.** Is there a significant difference between the demographic profile per program and the level of satisfaction by department?

**Table 8**  
**Significant difference between the demographic profile per program and the level of satisfaction by department**

Departments	p-value	Decision (Null Hypothesis)	Interpretation
Cashier/Accounting Services	0.09	Accepted	Not Significant
Bookstore Services	0.00	Rejected	Significant
Registration and Records Services	0.00	Rejected	Rejected
Marketing and Admission Services	0.00	Rejected	Significant

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Office of Student Affairs Services	0.00	Rejected	Significant
Guidance and Testing Services	0.00	Rejected	Significant
Dean's Services	0.00	Rejected	Significant
Laboratory Services/Facilities	0.00	Rejected	Significant
Library and Instructional Media Services	0.00	Rejected	Significant
Medical/Dental Services	0.00	Rejected	Significant
Campus Ministry and Outreach Services	0.00	Rejected	Significant
Maintenance/Housekeeping Services	0.00	Rejected	Significant
Security Services	0.00	Rejected	Significant
Canteen Services	0.02	Rejected	Significant
Department Heads Office	0.00	Rejected	Significant

The table shows the result of the computed p-value for the Cashier/Accounting Services with a p-value of 0.09 and a null hypothesis of as accepted and interpreted as insignificant. On the other hand, the following services, namely the Bookstore services, Marketing and admission services, Office of student affairs services, Guidance and testing services, Dean's Services, Laboratory services/facilities, Library and Instructional services, Medical and dental Services, Campus and ministry services, Security services, Canteen services, Department's head office has a significant p-value of 0.00 with a null hypothesis of rejected and interpreted as significant. In addition, the registration and record services got a p-value of 0.00 and were described as rejected.

**Problem 4.** Based on the result of the study, what program can be proposed?

The researcher developed an infographics program about customer service strategies that will help the service personnel improve the service they provide. The infographics are composed of strategies in customer services such as "Practice active listening" since, from the result of the top 3 lowest rate services, most of the staff are inactive listeners, as stated by participant No. 1. We came up with Strategy No.2 which "Caters to your customer" since participants No.5 stated that one of the lowest rate services mainly accounting, cannot cater all of the students, especially prior the examination week. The researcher came up with Strategy No. 3, which is "be friendly and approachable," since upon interviewing participants, they stated that staff in accounting are not that approachable. Lastly, we came up with strategy no.4, which is "Be presentable" since most of the comments from the participants in the canteen are not that much look presentable; they do not wear hairnets and aprons.

#### IV. DISCUSSION

The study's primary goal is to evaluate the level of satisfaction and determine the participant's perception of the school services. School services are seen to provide many benefits to the students and the faculty (Perry & Lausch, 2020). Effective student services also support the student in their efforts to succeed. Therefore, it was determined that the school services significantly influenced the student's academic achievement.

This study has shown that most students are not satisfied with the accounting, canteen, and bookstore services. However, they are most satisfied with the Dean's Office services. The participants confirmed these results during the interview. According to the findings of (Napitupulu et al., 2018), the level of satisfaction felt by students is an essential factor in ensuring universities continue to provide high-quality service facilities.

On the other hand, students tend to recognize and appreciate the school services they use frequently, which leads to a very satisfying experience. On the other hand, services that lack adequate shipping facilities obtained low scores. Providing individual care to each student, including assistance, establishing a pleasant environment, assuring the availability of resources, and responding swiftly might be a technique to increase student happiness which agreed to study by Patalinghug et al. (2021)

These findings suggest the strengthening and improving the services provided by the institution's offices. Hence, infographics formulated by the researchers about customer service strategies may also be used to help the service personnel improve their service.

Thus, these infographics will be posted to the top 3 lowest rating services. The study confirms the essence of evaluating the students' satisfaction

level since it is crucial in ensuring that colleges continue offering top-notch service facilities.

The only limitation the study has is the correlation between the respondents' demographic profiles; the study did not determine the relationship between gender and age on the level of satisfaction with the services of the school since it is not included in the survey form.

Finally, future researchers should conduct similar studies and research on student satisfaction with school services to have more knowledge about this topic and suggest necessary measures regarding satisfaction levels. Secondly, it is recommended to explore further participants' demographic data, such as age and gender. Lastly, the scope of the study is the utilization of a single University in Tagaytay City. Considering this, the study advises using a bigger sample size to obtain different results.

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## **The Peak of Dawn: A Parallel Mixed Method Exploration towards the Promotion of Family Planning**

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Charmae D. Glorioso, Jeremiah Lianne D. Ilagan.

### **I. ABSTRACT**

Teenage pregnancies are one of the social youth problems that the country faces, with 5.4% or 5,531 crude births among ages 15-19 in 2022. The Peak of Dawn pointed to the height of sexual drive among adolescents and young adults that may cause a beginning (dawn) of life as both sexes can produce a product of conception, especially when a female is fertile. The results from the recent Community Organizing Participatory Action Research done last November 2022 by the BSN third-year students revealed that some of the participants refused to answer questions regarding family planning. The study employed a Parallel Mixed Method approach to assessing the level of knowledge, attitude, and practice—a KAP-modified questionnaire was administered to the 138 stratified participants with a Cronbach's alpha coefficient= 0.884. As well as to explore the perceived benefits, barriers, interpersonal influences, and self-efficacy among eight purposely selected participants through semi-structured interviews in every San Jose's Purok towards Family Planning. Descriptive and tests of difference were used to analyze the surveyed data. Thematic Analysis by Braun and Clarke (2006), supported by MAXQDA software, was used to analyze the qualitative data. Integration of both findings provided a comprehensive understanding of the research topic. The study revealed significant findings among adolescents and young adults, including a low knowledge, a high attitude, and very low practice concerning family planning. Notable differences were observed between participants' KAP scores and their demographic profiles. Participants expressed a lack of awareness about various family planning methods and government services, with peers strongly influencing their perspectives. The researchers recommended implementing youth-friendly and non-judgmental family planning services to address these findings to enhance knowledge and awareness. A health promotion pamphlet was developed and will be made available at the Barangay Health Center as an information drive initiative.

**Keywords:** *“Knowledge, Attitude, Practice, Family Planning, Adolescents, Young Adults, Natural Methods, Modern Contraceptives”*

### **I. INTRODUCTION**

High fertility rates are one of the public health concerns to date. This is synonymous with poverty and the inability of the government to respond efficiently in assisting in maternal and child healthcare, which might increase mortality (Lwelamira et al., 2012; Mathe et al., 2011; Woldemicael & Beaujot, 2011; Chipeta et al., 2010; UNFPA, 2008). The Philippine Statistics Authority (2017) revealed that the crude birth in 2012 totaled 1,790,367 with a modal childbearing age of 20-24.

While teenage pregnancies are also fluctuating and are considered one of the youth social problems that the country faces, the Philippines is one of the states among the ASEAN member that has a high early childbearing rate (National Nutritional Council, 2021) with 5.4% or 5,531 crude births among ages 15-19 in 2022 (PSA, 2022) in which Region IV-A CALABARZON considered with the highest number cases, totaling 8, 008 (NCC, 2021).

In line with this issue has a massive impact on the country's economy as teenage pregnancy affects academic completion since they need to nurture and prioritize the fetus inside, which affects in the latter towards the estimated daily wage and employment of women with Php 83 000 estimated economic loss at the time that they are working, approximately in their 20 years of age (The United Nations Population Fund, 2016).

With this, Republic Act 10354, "The Responsible Parenthood and Reproductive Health Act of 2012, was made to mandate universal access to contraception to control fertility, reduce sexually transmitted infections, and empower sexual education and maternal care. Family planning is the preparation and planning for women or couples before establishing a family (World Health Organization, 2020) using natural and artificial methods and different techniques (Department of Health, n.d.). However, family planning access was limited when the COVID-19 pandemic struck, and subsequent lockdowns in the Philippines were set into place (Santos, 2020).

Therefore, this study motivated the researchers as they wanted to address numerous gaps, such as limited local resources for family planning. Thus, most participants globally are Protestant, Islam, women of reproductive age, or men only. Moreover, this topic is condemned by the Roman Catholics as they oppose the use of artificial contraception. Besides, the results from Community Organizing Participatory Action Research by BSN 3 revealed that the participants refused to answer questions regarding family planning.

Wherefore, this study entitled *The Peak of Dawn* pointed to the peak of sexual drive among adolescents and young adults that may cause a beginning of a life (dawn) as both sexes can produce a product of conception, especially when a female is fertile. It aims to assess the level of knowledge, attitude, and practice among adolescents and young adults as well as its significant differences to the participants' profile. Also to provide insights about their perceived extent: benefits, barriers, self-efficacy, and interpersonal influences towards family planning anchored to the Health Promotion Model of Nola J. Pender.

With that said, it would serve as a basis for health promotion material for the 15-25 years old of Barangay San Jose. It would help the Nursing Academe to enforce comprehensive lectures and enhance the nursing practice towards certainties by raising awareness. Lastly, it will be a cornerstone of various literature works for future community researchers.

## II. METHODS

A parallel mixed method design was utilized as the researchers would explore numerical data and statistical interpretation and consider the participants' first-hand observations, experiences, and opinions towards family planning in Barangay San Jose with eight (8) corresponding Puroks. Creswell & Pablo-Clark (2017) defined *parallel design* as mixed-method research that simultaneously uses quantitative and qualitative data in the same phase of data gathering, enabling the participants' reliability and consistency by comparing and contrasting the data. Thus, it gives equal weight to analysis, especially in the qualitative.

***Table 1. Demographic Profile of the Participants in terms of Purok.***

<b>Purok Number</b>	<b>Number of Target Participants</b>	<b>Percentage</b>
156	15	11%
157	14	10%
158	22	16%
159	14	10%
160	12	9%
161	29	21%
162	17	12%

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163	15	11%
<b>8 Puroks</b>	<b>138</b>	<b>100%</b>

One hundred thirty-eight individuals were stratified from 873 total population ages 15-25 who were targeted to answer the modified survey questionnaire from the study by Lwelamira, Mnyamagola, and Msaki (2012) with a Cronbach alpha of .884 with Good verbal interpretation

The survey questionnaire consists of four (4) parts, (1) profile of the participants in terms of age, sex, marital status, religion, educational attainment, and the number of children (2) knowledge, (3) attitude, and (4) practice where KAP was designed with four-point Likert scale.

Thus, a purposive sampling technique was used to answer the qualitative questions targeted an individual per Purok, consisting of eight (8) participants with the following criterion: (1) 15-25 years old, (2) Male or Female, (3) currently resides in any of the Puroks in Barangay San Jose, Tagaytay City, (4) able to read and write, and (5) willing to participate. Self-made semi-structured interview questions were administered to answer the perceived barrier, benefits, and self-efficacy towards family planning which were evaluated by two (2) Clinical Instructors from the Olivarez College: College of Nursing.

Moreover, all the questionnaires were translated into Tagalog from their English version to be easily understood by the participants. A licensed Filipino teacher evaluated them to ensure reliability and validity; remodifications and revisions were done

Furthermore, the exclusions of this study are (1) inability to give informed consent, (2) ages fourteen (14) below, and twenty-five (25) above, (3) those who are outside of the Barangay San Jose, Tagaytay City upon conducting the survey and interview (4) critically ill and (5) unable to communicate. The researchers thus obtained informed consent from the participants, where consent from guardians was acknowledged for minors ages 15-17.

The quantitative data were collected and verified with the use of Statistical Package for the Social Sciences (SPSS). Demographic profile data were treated by frequency and percentage. At the same time, descriptive statistics were used to measure the central tendency of KAP. Inferential statistics were used, specifically a t-test and one-way ANOVA test, to determine the significant differences between the demographic profile and KAP. In the qualitative, Braun and Clarke's (2006) six-step thematic analysis was used as preliminary analysis then an in-depth coding of transcription using the software application CAQDAS specifically MAXQDA to manage coding and secondary

analysis of the data to increase the study's rigor. Lastly, after data separation analysis of qualitative and quantitative data, the researchers integrated the individual results to have more affluent and comprehensive information about the topic.

### III. RESULTS

**Table 3. Profile of the Participants in terms of Age.**

Age	Frequency	Percentage
15 – 17	57	41.30%
18 – 25	81	58.70%
<b>N</b>	<b>138</b>	<b>100%</b>

Table 3 shows the profile of the participants in terms of age. It is revealed that the majority aged between 18-25 ( $f=81$ ) with 58.70%.

This implies that those aged 18-25 already had concrete and formal thinking that could affect how they perceived and accepted family planning. During this stage, they can also make concrete decisions for mental and personal life concerns; holistically.

Craig et al. (2014) revealed wide discrepancies in knowledge and awareness between adolescents and young adults, wherein ages 20-29 are much more aware of the available contraceptives and individual methods. This is supported by a study conducted by Breakthrough RESEARCH and De La Salle University (2020) in the Philippines which asserts that under 18 Filipinos recognized modern contraceptives that can prevent pregnancies but they demonstrate a lack of specific knowledge regarding different methods, rate of effectiveness, and usage.

**Table 4. Profile of the Participants in terms of Sex.**

Sex	Frequency	Percentage
Male	75	54.30%
Female	63	45.70%
<b>N</b>	<b>138</b>	<b>100%</b>

Table 4 shows the profile of the participants in terms of sex. It is revealed that most participants are male, with 54.30%.

This implies that males demonstrate a low level of knowledge regarding sexual and reproductive health, which may influence their perceptions of gender responsibilities, sexual intercourse, fertilization, and conception of family planning. Sex education is a factor of common knowledge because it is not publicized in the country, and most of the family methods are for women.

A cognitive approach to shaping their attitude toward sexual health is a must (Santos et al., 2016). Males require more reproductive and sexual education since they are less knowledgeable than females. Men are bound by their sexual preferences, such as not using condoms because it decreases pleasure and sensation during intercourse, and have a poor health-seeking behavior as they are disinterested in this topic (Lantiere et al., 2022).

**Table 5. Profile of the Participants in terms of Marital Status.**

<b>Marital Status</b>	<b>Frequency</b>	<b>Percentage</b>
Single	128	92.80%
Married	10	7.20%
<b>N</b>	<b>138</b>	<b>100%</b>

Table 5 shows the profile of the participants in terms of marital status. It is revealed that single participants outnumbered married participants with 92.80%.

This implies that being single could impact their preferences, opinions, knowledge, and utilization of family planning as they perceived that family planning is exclusive to married couples. They do not have a reason to use one. Infrequent sex is one of the common reasons for unmarried individuals' nonuse of family planning (Moreira et al. (2019).

Demographic Research and Development Foundation, Inc. & University of the Philippines Population Institute (2015) observed that the social norm of preserving virginity until the time of marriage is also one of the reasons for the nonuse of family planning.

**Table 6. Profile of the Participants in terms of Religion.**

<b>Religion</b>	<b>Frequency</b>	<b>Percentage</b>
Roman Catholic	115	83.30%
Iglesia ni Cristo	13	9.40%
Born Again	4	2.90%
Others	6	4.30%
<b>N</b>	<b>138</b>	<b>100%</b>

Table 6 shows the profile of the participants in terms of religion. The data revealed that the majority (f=115) belonged to Roman Catholicism at 83.30%, followed by Iglesia ni Cristo (f=13) with 13%. The least among all is 'Others,' which comprises Protestant, Baptist, and Agnostic (f=6) with 4.30%.

This implies that Roman Catholic teachings hollowed the majority and that some of their behavior is merely influenced, especially regarding sexual and reproductive health topics, specific to their view towards the utilization of family planning.

This was supported by various studies, which entail that the Philippine population roughly four-fifths followed Roman Catholicism. Thus, religion is one factor that hinders knowledge about family planning—which makes this taboo and hilarious to talk about, leading to misconceptions (Todd & Black, 2020). Its teachings oppose the use of artificial contraceptives and only for natural methods such as abstinence, calendar, and amenorrhea since it is a form of killing a life; that should be respected and has a right to live in this world (Guttmacher Institute, n.d.).

**Table 7. Profile of the Participants in terms of Educational Attainment.**

<b>Educational Attainment</b>	<b>Frequency</b>	<b>Percentage</b>
Elementary Graduate	4	2.90%
Junior High School	28	20.30%
Junior High School Completer	6	4.30%
Senior High School	38	27.50%
Senior High School Completer	16	11.60%
Associate Degree/Vocational	1	.70%
College Undergraduate	39	28.30%
College Graduate	6	4.30%
<b>N</b>	<b>138</b>	<b>100%</b>

Table 7 shows the profile of the participants in terms of educational attainment. It reveals that the highest educational attainment among adolescents and young adults are College Undergraduates (f=29) or 28.30%. This is followed by Senior High School Level (f=38) or 27.50%. The lowest percentage was obtained by Associate Degree/Vocational (f=1) with 0.70 %, followed by Elementary Graduate with 4 or 2.90%.

This implies that College undergraduates could demonstrate open-mindedness and positivity regarding sexual and reproductive topics and the utilization of family planning. College students demonstrate moderate knowledge and positive attitudes toward sexual and reproductive health topics.

According to Pepito et al. (2022), college undergraduates had a favorable attitude toward family planning, with a mean score on a Likert scale measuring contraceptive attitude averaging around 4.0. Furthermore, undergraduate students are aware of contraception. They

know its benefits but do not use it as frequently as they should due to its accessibility, availability, and personal preference. However, there is still a need for additional education and awareness campaigns to dispel myths and foster positive attitudes toward family planning.

**Table 8. Profile of the Participants in terms of Number of Children.**

Number of children	Frequency	Percentage
No Children	122	88.40%
1 - 3	16	11.60%
<b>N</b>	<b>138</b>	<b>100%</b>

Table 8 shows the participants' profiles regarding the number of children. It reveals that most participants have no children, with a percentage of 88.40%.

This implies that most participants have no children, yet this influences their use of family planning because some do not perceive the benefits. As they did not experience childbearing or childrearing, some demonstrated insufficient knowledge and practice due to barriers to self. Some who do not have children but are sexually active demonstrated a positive attitude toward family planning to minimize the consequences of their sexual behavior.

De Vargat et al. (2019) emphasized that the participants with no children have no practice of family planning. On the other hand, Lwelmira et al. (2012) reveal that the woman with a higher number of children influences the utilization of family planning compared to the woman with only 0-3 children.

**Table 9. Knowledge in family planning.**

	Mean Score	V.I.
7. May kaalaman ako tungkol sa <i>family planning</i> ( <i>I have knowledge about family planning</i> )	2.80	HLK
8. Ang alam kong klase o uri ng family planning ay (The type of family planning I know is)		
A. <i>Abstinence Method</i>	1.62	VLLK
B. <i>Lactation Amenorrhea Method</i>	1.65	VLLK
C. <i>Calendar Method</i>	2.05	LLK
D. <i>Cervical Mucus Method/ Billings Method</i>	1.58	VLLK
E. <i>Sympto Thermal Method</i>	1.43	VLLK



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<i>F. Basal Body Temperature</i>	<i>1.59</i>	<i>VLLK</i>
<i>G. Withdrawal Method</i>	<i>1.96</i>	<i>LLK</i>
<b><i>Mean Type of Natural family planning</i></b>	<b><i>1.70</i></b>	<b><i>VLLK</i></b>
<i>A. Cervical Cap</i>	<i>1.61</i>	<i>VLLK</i>
<i>B. Sponge</i>	<i>1.57</i>	<i>VLLK</i>
<i>C. Diaphragm</i>	<i>1.67</i>	<i>VLLK</i>
<i>D. Male Condoms</i>	<i>2.96</i>	<i>HLK</i>
<i>E. Female Condoms</i>	<i>2.04</i>	<i>LLK</i>
<b><i>Mean Knowledge of barrier methods in family planning</i></b>	<b><i>1.97</i></b>	<b><i>LLK</i></b>

<i>A. Transdermal patches</i>	<i>1.64</i>	<i>VLLK</i>
<i>B. Pills</i>	<i>2.77</i>	<i>HLK</i>
<i>C. Intrauterine devices (IUD)</i>	<i>1.81</i>	<i>LLK</i>
<i>D. Injectable Progesterone</i>	<i>1.82</i>	<i>LLK</i>
<i>E. Implant</i>	<i>2.17</i>	<i>LLK</i>
<b><i>Mean Hormonal Methods in Family Planning</i></b>	<b><i>2.04</i></b>	<b><i>LLK</i></b>
<i>A. Ligation</i>	<i>1.99</i>	<i>LLK</i>
<i>B. Hysterectomy</i>	<i>1.59</i>	<i>VLLK</i>
<i>C. Vasectomy</i>	<i>1.40</i>	<i>VLLK</i>
<b><i>Mean Knowledge in permanent family planning</i></b>	<b><i>1.66</i></b>	<b><i>VLLK</i></b>

**9. The number of family planning I know is**

<i>A. One (1)</i>	<i>1.64</i>	<i>VLLK</i>
<i>B. Two (2)</i>	<i>1.31</i>	<i>VLLK</i>
<i>C. Three (3)</i>	<i>1.38</i>	<i>VLLK</i>
<i>D. More than 3</i>	<i>2.31</i>	<i>LLK</i>
<b><i>General Weighted Average</i></b>	<b><i>1.66</i></b>	<b><i>VLLK</i></b>

**10. Nalaman ko ang impormasyon tungkol sa family planning sa (I learned the information about family planning is at)**

<i>A. Hospital</i>	<i>1.88</i>	<i>LLK</i>
<i>B. Barangay Health Center</i>	<i>2.13</i>	<i>LLK</i>
<i>C. Pharmacy</i>	<i>1.57</i>	<i>VLLK</i>

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D. Telemedicine	1.34	VLLK
E. Friends	2.26	LLK
F. Family	2.36	LLK
G. Radio	1.41	VLLK
H. Relatives	1.93	LLK
I. Social Media	2.30	LLK
J. Leaflets/Posters	1.54	VLLK
K. School	2.29	LLK
L. Public Announcement	1.67	VLLK
<b>Mean Information</b>	<b>1.89</b>	<b>LLK</b>
<b>Mean knowledge of family planning</b>	<b>2.00</b>	<b>LLK</b>

**Legend: 3.26 – 4.00 = Very High Level of Knowledge, 2.51 – 3.25 = High Level of Knowledge, 1.76 – 2.50 = Low Level of Knowledge, 1.00 – 1.75 = Very Low Level of Knowledge.**

The table shows the level of knowledge of the participants about family planning. The data revealed that the overall knowledge mean among adolescents and young adults has a corresponding score of 2.00. Among all the questions, "the type of family planning" got the lowest mean of 1.84.

In line with this, Male condoms got the highest mean with 2.96, or a High Level of Knowledge wherein traditional and digital advertisements play a crucial role in awareness. Accessibility of condoms in pharmacies and convenience stores may indicate awareness and knowledge due to high exposure among people (Human Right Watch, 2016).

Followed by pills, under the hormonal methods with a 2.77 or High Level of Knowledge. The knowledge may result from various media exposure. Women exposed to media such as newspapers, television, and other electronic media are likelier to utilize and demonstrate satisfaction towards contraception in the Philippines and Myanmar (Das et al., 2021). According to the Demographic Health Survey (2014), pills, condoms, IUDs, female fertilization, and injection are the most commonly known family planning methods.

The lowest is Vasectomy under permanent methods and Sympto-Thermal under natural methods, with 1.40 and 1.43 mean scores, respectively. Both got 'Very Low Knowledge' since these are not common, demonstrating unfamiliarity and low level of knowledge— to their uses and effectiveness. Some factors indicate that vasectomy is a surgical ligation only for women. It may decrease their sense of

muscularity and dominance as they cannot have a product of conception. According to the National Demographic and Health Survey (2017), sympto-thermal is one of the most uncommon methods. While vasectomy only got 2 percent among all the contraceptives used by men.

The overall knowledge of the participants about family planning is low, which indicates that this topic has not been thoroughly discussed since dissemination of family planning information, especially among the youth, is a challenge for both health educators and the public as this topic is a taboo that overrides Roman Catholicism leading to misconceptions and services available.

In support, Catholicism condemns the knowledge, usage, and practices of artificial family planning and advocates natural methods such as abstinence, calendar method, amenorrhea, and further that influence most of the population (Casterline, Perez & Biddlecom, 2013).

**Table 10. Attitude towards family planning.**

	<b>Mean Score</b>	<b>V.I.</b>
11. Mas higit ang binibigay na benepisyong ng family planning kaysa sa mga negatibong epekto nito (I think that benefits of family planning outweigh its negative effects)	2.79	<i>HLA</i>
12 Mas higit ang negatibong epekto ng family planning kaysa positibo at benepisyong dulot nito (I think that negative effects of family planning outweigh its positive and beneficial effects)	1.83	<i>LLA</i>
13. Nais kong palawakin ang kaalaman tungkol sa family planning (I want to expand my knowledge about family planning)	3.20	<i>HLA</i>
14. Inirerekomenda ko ang paggamit ng family planning sa aking kabigan (I want to recommend to use family planning to a friend)	3.03	<i>HLA</i>
15. Kung hindi ako nagamit ng family planning sa kasalukuyan, nais kong gumamit nito sa hinaharap (If I am not current user of family planning, I intend to use them in future)	3.07	<i>HLA</i>
<b>Mean Attitude towards family planning</b>	<b>2.78</b>	<b><i>HLA</i></b>

**Legend:** 3.26 – 4.00 = *Very High Level of Attitude*, 2.51 – 3.25 = *High Level of Attitude*, 1.76 – 2.50 = *Low Level of Attitude*, 1.00 – 1.75 = *Very Low Level of Attitude*.

The table shows the level of attitude of the participants about family planning. It is revealed that the attitude overall mean among adolescents and young adults has a corresponding score of 2.78 or a High Level of Attitude.

This implies that participants demonstrate a positive attitude towards family planning, are willing to expand their knowledge, perceive that it has numerous benefits and advantages compared to disadvantages, and will recommend it to a friend. They see that family planning is conducive to everyone's whole and well-being as well as in their personal development. Moreover, every individual's willingness to obtain family planning also influences attitudes.

Participants are eager to learn more about family planning services, modern contraceptives, and the use of family planning; most people believe its numerous advantages compared to its consequences are constantly growing to date, and healthcare professionals, particularly nurses, have a significant influence and are advocates of FP. (Alenezi & Haridi, 2021, Gadin, 2012, Lwelamira et al., 2012, Ali et al., 2022).

**Table 11. Practice family planning.**

	<b>Mean Score</b>	<b>V.I.</b>
16. Ako ay nakasubok na sa paggamit ng <i>family planning</i> (I have tried using family planning)	1.72	VLLP
17. Sa kasalukuyan, patuloy akong gumagamit ng <i>family planning</i> (I am currently using family planning)	1.64	VLLP
18. Ang klase o uri ng ginagamit kong <i>family planning</i> ay (The type of family planning method I use is)		
<b><i>Ginagamit ko ang mga sumusunod na Natural Methods ng Family Planning</i></b>		
A. Abstinence Method	1.16	VLLP
B. Lactation Amenorrhea Method	1.12	VLLP
C. Calendar Method	1.33	VLLP
D. Cervical Mucus Method/ Billings Method	1.11	VLLP
E. Symptothermal Method	1.07	VLLP
F. Basal Body Temperature	1.09	VLLP
G. Withdrawal Method	1.28	VLLP
<b><i>Mean of practice towards natural methods</i></b>	<b>1.17</b>	<b>VLLP</b>

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***Ginagamit ko ang mga sumusunod na Barrier  
Methods ng Family Planning***

<i>A. Cervical Cap</i>	<i>1.12</i>	<i>VLLP</i>
<i>B. Sponge</i>	<i>1.12</i>	<i>VLLP</i>
<i>C. Diaphragm</i>	<i>1.09</i>	<i>VLLP</i>
<i>D. Male Condoms</i>	<i>1.50</i>	<i>VLLP</i>
<i>E. Female Condoms</i>	<i>1.12</i>	<i>VLLP</i>
<b><i>Mean of practice towards barrier methods</i></b>	<b><i>1.19</i></b>	<b><i>VLLP</i></b>

***Ginagamit ko ang mga sumusunod na  
Hormonal Methods ng Family Planning***

<i>A. Transdermal patches</i>	<i>1.04</i>	<i>VLLP</i>
<i>B. Pills</i>	<i>1.30</i>	<i>VLLP</i>
<i>C. Intrauterine devices (IUD)</i>	<i>1.05</i>	<i>VLLP</i>
<i>D. Injectable Progesterone</i>	<i>1.09</i>	<i>VLLP</i>
<i>E. Implant</i>	<i>1.04</i>	<i>VLLP</i>
<b><i>Mean of practice towards hormonal methods</i></b>	<b><i>1.10</i></b>	<b><i>VLLP</i></b>

***Ginagamit ko ang mga sumusunod na  
Permanent Methods ng Family Planning***

<i>A. Ligation</i>	<i>1.11</i>	<i>VLLP</i>
<i>B. Hysterectomy</i>	<i>1.06</i>	<i>VLLP</i>
<i>C. Vasectomy</i>	<i>1.06</i>	<i>VLLP</i>
<b><i>Mean of practice towards permanent methods</i></b>	<b><i>1.07</i></b>	<b><i>VLLP</i></b>

19. Nakakakuha ako ng family planning sa (I obtained family planing through)

<i>A. Ospital</i>	<i>1.32</i>	<i>VLLP</i>
<i>B. Health Center</i>	<i>1.33</i>	<i>VLLP</i>
<i>C. Pharmacy</i>	<i>1.39</i>	<i>VLLP</i>

20. Ang isinasaalang-alang kong pamantayan sa pagpili ng family planning ay (The criteria I consider in choosing family planning is/are)

<i>A. Seguridad</i>	<i>1.58</i>	<i>VLLP</i>
<i>B. Approval ng asawa</i>	<i>1.33</i>	<i>VLLP</i>
<i>C. Kompidensyal</i>	<i>1.20</i>	<i>VLLP</i>
<i>D. Walang choice</i>	<i>1.07</i>	<i>VLLP</i>
<i>E. Convenience</i>	<i>1.38</i>	<i>VLLP</i>
<i>F. Epektibo</i>	<i>1.52</i>	<i>VLLP</i>
<i>G. Payo ng health propesyonal</i>	<i>1.38</i>	<i>VLLP</i>
<i>H. Walang pamantayan</i>	<i>1.11</i>	<i>VLLP</i>

21 Nakaranas ako ng *side effects* sa napili kong *family planning* gaya ng: (*The side effects I experienced through my chosen family planning was*)

A. Masakit na ulo	1.25	VLLP
B. Pamamayay	1.09	VLLP
C. Pananakit ng Sikmura	1.09	VLLP
D. Pananakit ng Ari	1.10	VLLP
E. Pananakit ng Likod	1.12	VLLP
F. Pagkaparalisa	1.04	VLLP
G. Irregular Bleeding	1.07	VLLP
H. Fatigue	1.09	VLLP
I. Pagtaas ng tibok ng puso	1.07	VLLP
J. Pagsusuka	1.04	VLLP
K. Pag-ubo ng may maitim na plema	1.04	VLLP
L. Pananaba	1.14	VLLP
22. Ako ay nag-iba o nagpalit ng <i>family planning method</i> ( <i>I had ever from one family method to another</i> )	1.12	VLLP

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<b>Mean Practice of family planning</b>	<b>1.23</b>	<b>VLLP</b>
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**Legend: 3.26 – 4.00 = Very High Level of Practice, 2.51 – 3.25 = High Level of Practice, 1.76 – 2.50 = Low Level of Practice, 1.00 – 1.75 = Very Low Level of Practice.**

Table 11 shows the participants' family planning practice; it is revealed that the overall practice of the participant got a mean score of 1.23 with a verbal interpretation of "Very Low Level of Practice." Pills and condoms got the highest mean of 1.50 and 1.30, respectively, whereas transdermal patches, Implants, and Vasectomy got the lowest mean with 1.04 and 1.06.

This implies that due to beliefs that family planning is exclusive for married couples, it affects the practice of the participants. Although the participants had a shallow level of practice, they demonstrated familiarization with the usage of family planning, and it is due to their family, social media, and friends.

This is supported by the study in North Tanzania, where respondents mentioned two to three types of modern contraception, and their source of information is radio (Dangat & Njau, 2013). Similar to the study of Nansseu et al. (2015), most respondents were aware of at least one method of contraception; however, they needed to utilize it due to a lack of knowledge.

**Table 12. T-test for difference between KAP when grouped according to their age, sex, marital status, number of children.**

	<i>Levine's Test</i>		<i>Independent Sample Test</i>			
	<i>F</i>	<i>Sig.</i>	<i>t</i>	<i>df</i>	<i>Sig</i>	<i>Decision</i>
Knowledge, Attitude, and Practice toward family planning of the respondents when grouped according to their age.	.576	.449	-4.034	136	.000	Reject Null
Knowledge, Attitude, and Practice toward family planning of the male and female respondents.	.008	.928	-2.041	136	.043	Reject Null
Knowledge, Attitude, and Practice toward family planning of the single and married respondents.	2.378	.125	-2.731	136	.007	Reject Null
Knowledge, Attitude, and Practice toward family planning of the respondents with and without children.	.078	.780	4.354	136	.000	Reject Null

***Decision: Reject Null Hypothesis***

*There is a significant difference between the age, sex, marital status, and number of children in knowledge, attitude, and practice towards family planning.*

A two-sample t-test was performed to compare the respondents' knowledge, attitude, and practice toward family planning when grouped according to age, gender, marital status, and number of children. The data shows  $t(136) = -4.034, -2.041, -2.731, \text{ and } 4.354$ ,  $p=.000, p=.043, p=.007, \text{ and } p=.000$ , respectively. Therefore, the null hypothesis is rejected. There is a significant difference in the knowledge, attitude, and practice toward family planning when grouped according to their profile.

Therefore, KAP towards family planning is higher in young adults, females, and married with children participants due to various factors. Concrete thinking, sound reasoning, maturity, and openness

towards sexual and reproductive health specific to family planning are demonstrated by young adults compared to adolescents. Various studies suggested that neural activity impacts cognitive function, affective states, and control impulses and improves throughout adolescent years up to 20 years old (Geidd, 2015; Park et al., 2014; Beckman, 2004; Spear, 2000).

Thus, family planning methods are usually intended and focused on females rather than males. The women at Anomabu Community demonstrate imperiousness towards family planning since all of the methods are intended for them. However, it is also emphasized that males have specific methods, although few, proven effective, highlighting that family planning is both the responsibility and privilege of both sexes (Armah-Ansah, 2018; Mathe et al., 2011).

Furthermore, married participants are most likely to get involved in family planning since this topic is often discussed before marriage in the Philippines as well as those who have children but are not necessarily married, which raises awareness in minimizing the effects of sexual behavior to prevent strain in both whole and well-being of the mother, children, and family and they can easily access a service compared to unmarried and without children participants.

Kassim & Ndumbaro (2022) assert that after the couple knows the benefits and perks of family planning, they immediately adhere to the practice. Their reason is to lessen the economic burden of having a big family where they can fulfill the needs and wants of their children physiologically, security, attention, and love. On the other hand, based on a study by Alenezi & Haridi (2020) reported that women with children who are currently using family planning because the majority of them want to space childbirth to recover their health and energy from being pregnant for nine (9) months rather than limiting it.

**Table 13. ANOVA test for difference between KAP when grouped according to their religion and educational attainment.**

Category	Sum of squares	Df	F	Sig.	Decision
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2022 - 2023

Knowledge, Attitude, and Practice toward family planning of the respondents when grouped according to their religion	Between Groups	2.214	3	3.106	.029	Reject Null
	Within Groups	31.838	134			
Knowledge, Attitude, and Practice toward family planning of the respondents when grouped according to their Educational attainment	Between Groups	1.029	6	4.835	.000	Reject Null
	Within Groups	27.877	131			

**Decision: Reject Null Hypothesis**

*There is a statistically significant difference in the respondents' knowledge, attitude, and practice toward family planning when grouped according to their Religion and educational attainment.*

Table 13 shows the ANOVA table for the difference between knowledge, attitude, and practice towards family planning when grouped according to their religion. The result reveals the statistical treatment of the different tests using a one-way ANOVA test with a p-value of .029 in religion, a p-value of .029 in religion, and a p-value of educational attainment of .000. Both p-values are less than the critical p-value of 0.5, and the decision is rejecting the null hypothesis. Therefore, there is a statistical difference in the participants' knowledge, attitude, and practice toward family planning when grouped according to their Religion and educational attainment.

Other religions, such as Protestants, Baptists, and Agnostics, got the highest score of 2.86 with a verbal interpretation of a High-Level KAP implies that they have positive insights towards family planning, as their Religion are more open about their sexual health and are favor of using contraceptives than Catholics and Christian that viewed sexual health as a taboo topic. Barrett et al. (2014) study discusses that religion is linked to less approving opinions about contraceptives, as Christians are reported to have less positive opinions towards family planning. However, it is the complete opposite of the protestants in favor of family planning. Their doctrine supports "Responsible Parenthood," which entails being good stewards of the earth by not having more children than the planet could support.

In terms of educational attainment, College graduates had the highest score with 2.43, and a verbal interpretation of Low- Level

knowledge implies that they have a positive attitude towards family planning and are aware of its benefits. Lechner et al. (2013) conducted a study that found that college students transition to adulthood and career preparation, with sexual health being an essential component of general health. They expect to be treated as adults as they make decisions about their sexual health and that life events play a part in their journey.

**Table 14. Theme 1. Perceived Benefit: Healthy Timing and Child Spacing.**

This theme refers to having a pregnancy timeline and child spacing to consider the holistic well-being of the family. Thus, there are three (3) underneath themes during the analysis which are all entailed herewith. 1.1 Exemplary Childrearing, 1.2 Perquisites of family planning, 1.3 Diminish the aftermath of Sexual Behavior.

Subthemes	Code of Unit Meanings
1.1. Exemplary Childrearing	<ul style="list-style-type: none"> <li>● Budgeting</li> <li>● FP ensures safety benefits for a better future</li> <li>● Prevent unwanted pregnancies</li> <li>● Not difficult in child birthing and raising a child</li> <li>● Believed that FP is key to having a better future for self and to the child.</li> <li>● Childrearing is difficult nowadays; merely subsisting one's needs is already challenging</li> <li>● FP promotes child spacing.</li> <li>● Practice of family planning is also beneficial when their children adopt their practices in the future.</li> <li>● Iglesia ni Cristo teachings do not want to have children under 18 years' old</li> <li>● Necessities can easily be given if childbirth is controlled.</li> <li>● FP can save money if child birthing is spaced.</li> </ul>
1.2. Perquisites of family planning	<ul style="list-style-type: none"> <li>● Well aware of the benefits of FP and its purposes</li> </ul>

2022 - 2023

- Pills promote regular menstruation, convenience, and are comfortable to use.
  - Pills can boost one's appetite
  - Affordable and effective of Pills
  - Effectivity of health center's services towards the use of FP
- 
- FP is important, especially to the youth nowadays as they are uneasy about sexual exploration.
  - Control the Consequences of Sexual Behaviors
  - Sex education can raise awareness and prevent unwanted pregnancies.
- 

1.3. Diminish the  
Aftermath of Sexual Behavior

Theme 1: Healthy Timing and Childspacing coined that family planning is a privilege and opportunity for the woman to space her childbearing time to recover her energy and health from the strain of being pregnant. Thus, it is also for couples or unions who are not yet ready to accept the responsibility of being a parent or do not want to raise another child. Therefore to further explain its context, underneath themes were generated.

Subtheme 1.1. Exemplary childrearing asserts that family planning promotes efficient parenting if pregnancy is controlled. It has numerous holistic advantages such as the family can manage their finances and budget allocation where everyone's needs are met which ensures a better future and broader horizon, especially for the child. Thus, it also fosters equal love, belonging, and attention.

According to the United States Agency for International Development (n.d.), family planning is a privilege for a woman to recover from the strain of being pregnant for nine (9) months; it gives her time to regain their energy and promote personal growth and advancement in life. Thus, it lessens the risks of complications for maternal and infant mortality.

Furthermore, it enables the children to be born to a healthy mother and where physiological needs are met equally. Additionally, the father can lighten their responsibilities to the growing family if children are spaced and planned and where everyone's needs and wants are met considerably (Department of Health, n.d.).

Subtheme 1.2. Perquisites of family planning entail the expressed perks, gains, and privileges experienced by the participants like pills being affordable and promoting regular menstruation and comfortability. Thus it also increases one's appetite, effective to utilize which can prevent unwanted pregnancies. All of these influence their outlook towards its usage like they allocate a budget for their methods of choice or are not evenly considered to shift from another method.

As cited by Sensoy et al. (2018) in the study by Cayan (2009) & Yerli (2015) that having adequate knowledge of family planning can impact the attitude of a person. As they know and familiarize themselves with various ways—its efficiency and effectiveness holistically, they will transform those into good behavior and decision-making like the continuity of family planning practice.

Lastly, Subtheme 1.3. Diminish the Aftermath of Sexual Behavior as the participants expressed that family planning is helpful in preventing consequences of sexual behavior, specifically vaginal sex, especially for the youth since they demonstrate unhealthy sexual behaviors and might fail to recognize its foreseeing burden.

Teenage pregnancy is one of the social youth problems today. Women adolescents possess a higher risk for eclampsia, puerperal endometritis, systemic infection, and low birth weight as their body is not yet mature; at the right age to conceive (World Health Organization, 2022).

Pepito et al. (2022) emphasize that teenage pregnancy has an accompanying holistic burden; physical, emotional, psychological, environmental, and economic. They emphasized that family planning should be reiterated to the youth to protect themselves from the uncertainty of their sexual behaviors and to have time for personal advancement.

**Table 15. Theme 2. Perceived Barrier: Oblivious towards Family Planning.**

This theme refers to the lack of awareness among adolescents and young adults regarding family planning information as well as the free services in the Barangay Health Center.

Theme	Codes of Unit Meaning
Oblivious Towards Family Planning	<ul style="list-style-type: none"> <li>Some who attain a lower level of education are not aware and exposed to FP compared to those who attain higher.</li> <li>Non-familiarity towards other FP aside</li> </ul>

from pills

- No orientation of FP, low knowledge about its usage
- Youths are not aware of the use of FP
- Sex education is not emphasized in the Philippines. Yet still, family planning is not yet taught even though attending schools
- Does not have yet experience and reason to use family planning
- FP Knowledge depends on prior knowledge
- No knowledge about the FP ways.
- Family Planning is the least priority for the unfortunate
- Some are not aware of family planning free services
- Some know that FP is effective if it has highly cost.
- Monetary means influence the use of FP

Adolescent and young adult participants need to gain awareness of family planning information. Their knowledge was limited or no knowledge at all. They are not oriented to its usage because they perceived that FP is only for those who have family—therefore they have no reason to use one. Gueye et al. (2015) study shows that women's beliefs and myths about family planning negatively affect their utilization of modern contraception.

Thus, they are unaware of the free government services of family planning that can be accessible in Barangay. A study in India shows that contraceptive use is low due to having access to spending money is necessary and an independent factor in using Family Planning methods. (Reed et al., 2016)

One participant expresses the importance of Sex Education, which is not emphasized enough in schools. One of the barriers to family planning is the lack of policies in facilitating provisions of utilizing family planning in school; however, they deny adolescents access and the opportunity to receive contraception (Silumbwe et al., 2018).

**Table 16. Theme 3. Perceived Self-Efficacy: Family Planning as Noncoercive**

This major theme entails that the practice of family planning depends on the person's perspective and benefits and not on what others might say. There are four (4) subthemes emerge during analysis. 3.1. Advancement of personal development, 3.2 Indifferent towards religious judgement in family planning, 3.3 Proactive to use family planning, 3.4 Appropriate family planning helps centralized responsibilities to self and the relationship.

Subthemes	Code of Unit Meanings
3.1. Advancement of personal development	<ul style="list-style-type: none"> <li>● FP is intended to protect individuals which is beneficial to health</li> <li>● FP will lead to a better future for self, child, and family.</li> <li>● Focus toward self and one's future</li> <li>● Survival means</li> </ul>
3.2. Indifferent towards religious judgment in family planning	<ul style="list-style-type: none"> <li>● Free choices in life regards the catholic religion</li> <li>● Religion is not influenced by FP use</li> <li>● Religion is not influential towards the use of family planning</li> <li>● Usage of FP depends on the person even though it is against their respective religion</li> </ul>
3.3. Proactive to use family planning	<ul style="list-style-type: none"> <li>● Prioritization of Family planning in the future</li> <li>● Willingness to use FP for her established family</li> </ul>
3.4. Appropriate family planning helps centralize responsibilities to self and the relationship.	<ul style="list-style-type: none"> <li>● Family planning is both the responsibility of men and women.</li> <li>● As long as one uses family planning in the right way</li> <li>● FP method effectivity depends on a person's body</li> <li>● Utilization of fp is good as long as there is an advice from a physician or Health Center.</li> </ul>

This table indicates the major theme for the self-efficacy, namely "Family Planning as Noncoercive" which pertains to the

perception of the participants that their family planning practice is not influenced by the words of other people, but only by their own perspectives. In line with this, there are four subthemes that would explore its context.

First, Subtheme 3.1. Advancement of personal development asserts that participants perceived that family planning can help them to advance their personal development as it enables them to protect from unwanted childbearing and the accompanying strains on their well-being before and the aftermath– in which they can focus on self; have their own time to contemplate things and career enhancement, and rear efficiently the child's future if controlled.

Personal development contributes to family planning by fostering knowledge, empowerment, communication skills, self-awareness, goal setting, health and well-being, advocacy, and adaptability. By focusing on personal growth and well-being, individuals can make informed decisions, engage in meaningful discussions, and actively participate in family planning to ensure their reproductive health that will achieve their desired outcomes.

According to Starbid et. al (2016) and one of the studies in Bangladesh asserts that family planning can empower oneself as it has a positive impact on education and gender equality. In which women can achieve academic completion that will serve as a keystone to have a career in the future since early childbearing was believed to hinder the said implications—that may impact the economic of one's country.

Next, Subtheme 3.2. Indifferent to religious judgment in family planning as they are not influenced by their religious beliefs and it is up to an individuals if they wanted to practice.

Sundurajan et al. (2019) emphasized that participants' religious beliefs are both for and against family planning. The practicality of family planning is essential since it becomes a solution to prevent burdens and additional circumstances. Hence, some are indifferent to the religious teachings about contraceptives due to the lack of clarity in the bible and perceive that it is acceptable.

Furthermore, the Catholic Church strongly opposes family planning, but many Catholics continue to use contraceptives. Young Catholics are more open to sexual and reproductive topics than older generations since they strictly follow religious teachings (Barrett et al., 2014; D'Antonio et al., 2001).

Then, Subtheme 3.3. Proactive use of family planning entails the participant's willingness and their ability to use contraception—a good attitude as they perceive that family planning brought various benefits rather than disadvantages.

Most participants between the range of 21-25 had heard about family planning, some believed it was helpful, and some knew that one could get pregnant if they relied upon withdrawal methods (Nagai et al., 2019). Moreover, they also assert that being proactive towards contraception promotes self-love, focus, and personal advancements and lessens the risks of unwanted pregnancies. The DHS (2017) program supported this and suggested that the use and demand of contraceptives will increase in the future due to positive attitudes and desires to use by individuals.

Finally, Subtheme 3.4. Appropriate family planning helps centralize responsibilities to self and the relationship which refers to the expressed beliefs, stands, and how one can utilized it. They have also emphasized the importance of both sexes in family planning in having complete control over whether, when, and how many children they will have. Family planning should be an effort by a couple or union to prevent unwanted pregnancies, abortion, and maternal and infant mortality (Anbesu et al., 2022; Federal Ministry of Health Ethiopia, 2019).

Schrumpf et al. (2020) emphasized that contraceptives have various effects on one's health. Therefore, one must consult with physicians or Barangay Centers before practicing family planning since side effects differ from one person to another. In addition, the study by Staveteig (2017) revealed that the side effects experienced mainly by women when practicing FP are menstrual changes, weight changes, headaches, dizziness, nausea, and cardiovascular impacts. They may fear long-term effects such as infertility and childbirth complications.



**Table 17. Theme 4. Interpersonal Influences: The Wide Spectrum Influential**

This major theme refers to the various influences on the knowledge and practice of family planning. Thus, it has three (3) underneath themes identified during the analysis. 4.1 The Peer as Backburner, 4.2 Family planning dissemination towards empowerment, 4.3 Various system of Family planning information.

Subthemes	Code of Unit Meanings
4.1. The Peers as Backburner	<ul style="list-style-type: none"> <li>Others still depends on what other people may say about the use of FP so they are hesitant to use one</li> <li>Religion affects the use of FP regardless of the willingness of an individual</li> <li>Some religion encourages having more children</li> <li>Christians mostly catholic teachings encouraged to have more children.</li> <li>Free choice in regards to catholic religion</li> </ul>
4.2. Family Planning Dissemination towards Empowerment	<ul style="list-style-type: none"> <li>BHW should be knowledgeable about FP so the youth can make it their guide in their lives.</li> <li>Discussion of FP in school is important to prevent unwanted pregnancies.</li> </ul>
4.3. Various Systems of Family Planning Information	<ul style="list-style-type: none"> <li>School, doctor, own research, and friends as a source of FP information.</li> <li>Physician recommendation to use pills.</li> <li>Internet as a source of FP information.</li> <li>Hospital as a source of family planning knowledge.</li> <li>Mothers as a source of FP information.</li> <li>Other people as a source of information and encouragement to use FP.</li> <li>Enhance knowledge regarding FP by asking other people.</li> <li>Barangay health center as a source of FP information</li> </ul>

Table 17. highlights the interpersonal influences of family planning with the major theme “The Wide Spectrum Influential” which depicts the numerous influences evident in their lives towards the practice and acceptance of family planning. Wherefore, there are three subthemes that would deep dive into the theme context.

Foremost, Subtheme 4.1. The Peers as Backburner talks about the significant role of other people's perspectives and sayings to the practice of family planning--as some participants relay from what other people might say (*that they are not in favor of using Family Planning*) even though they wanted to use one in the first place. Thus, in some religious beliefs, contraception is not permitted; it may be considered a sin or morally wrong. This can lead to lower rates of contraceptive use among individuals who adhere to certain religious beliefs.

Avong (2012) suggests that Catholic women are less likely to practice family planning due to religious teachings and beliefs. Silumbwe et al. (2018) found that community-level barriers include the belief that contraception is equivalent to committing abortion, which is considered a sin. There is also the perception that promoting family planning to unmarried individuals undermines the value of sex before marriage and encourages promiscuity.

The social stigma associated with family planning is rooted in cultural norms and religious beliefs. Habib (2022) and Cohen et al. (2020) discovered that parents often promote abstinence as a last resort for unmarried young people, leading to a negative association with contraceptive use and social stigma. Bhatt et al. (2021) concluded that using family planning services among adolescents is primarily influenced by religious beliefs, stigma, and perceived social norms. Social stigma can make young people feel embarrassed or reluctant to discuss family planning, impacting their attitudes and practices openly.

Then, Subtheme 4.2. Family Planning Dissemination towards Empowerment refers to participants who were concerned about having unwanted pregnancies among young people. Therefore they believed that having education and adequate instruction from school as well as the Barangay Health Centers regarding family planning may be initiated to raise awareness and inclusivity.

According to the World Health Organization (2016), community health workers needs to be knowledgeable about health as they are one of the primary sources of health information when there is an absence or unavailability of nurses, physicians, and other health-related professionals.

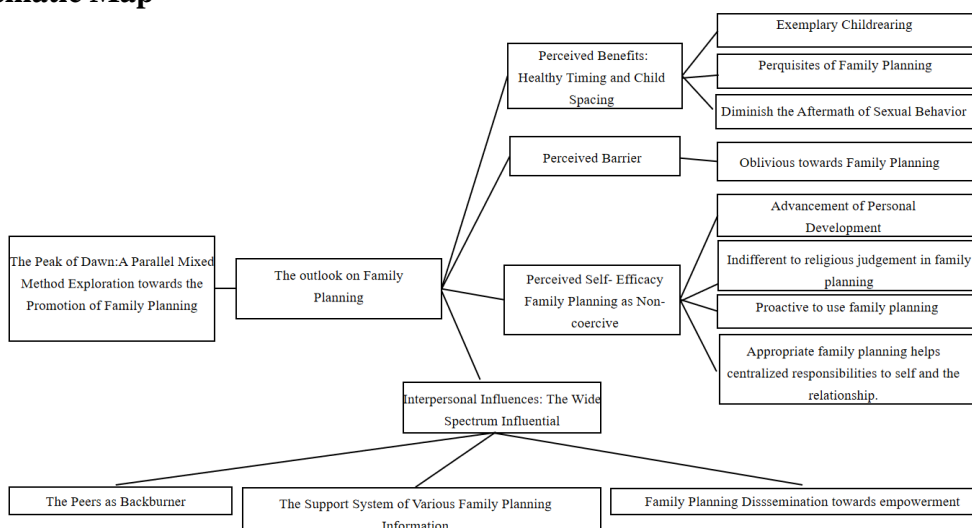
Lastly, Subtheme 3. Various Information Systems of Family Planning entail that the participants have more than one source of information regarding family planning. They also intend that even if they know nothing about family planning, they can ask other people as well as physicians, schools, and friends, to browse the Internet, hospitals, mothers, and Barangay Health Center.

Alege et al. (2016) stated that almost everyone is aware of family planning techniques, and women use all these techniques. The most

reliable sources of FP information are medical professionals, close friends, and the media. Hence, peers can be an effective source of family planning, especially for young people, because they can share their experiences and provide guidance on family planning services in their community.

Furthermore, the Naga City Ordinance No. 2012-15, page two, stated that barangay health workers provide vital primary health care services in the community, such as educating residents about common health issues and how to prevent and control them, promoting a sufficient supply of safe water, promoting basic environmental sanitation, and providing maternal and child care, including family planning and immunization.

## Thematic Map



**Figure 1. The outlook of adolescents and young adults towards family planning.**

The figure above entails the outlook of the participants toward family planning. The researchers anchored the four (4) variables from the theory of Nola J. Pender: The Health Promotion Model, namely perceived benefits, barriers, self-efficacy, and interpersonal influences in knowing the participants' perceptions, respectively.

There are a major theme from perceived benefit or the positive outcome perception of the participants associated with family planning utilization—healthy Timing and Child Spacing. Thus, it has three (3) underneath themes that would explore the context of the theme namely Exemplary childrearing, Perquisites of Family Planning, and

Diminishing the Aftermath of Sexual Behavior. Secondly, the researchers also generated a theme in line with the negative perception or barriers towards family planning entitled “Oblivious towards Family Planning.

Then, a major theme found in the perceived self-efficacy that tackles about the capability and capacity of the participants in family planning entitled “Family Planning as non-coercive and generated four (4) subthemes such as advancement of personal development, indifferent to religious judgment, proactively use, and appropriate family planning helps centralize responsibilities to self and the relationship.

In terms of practice, a major theme entitled “The Wide Spectrum Influential” was generated and there are three (3) underneath themes that would identify various influence about family planning such as The Peers as Backburner, family planning dissemination towards empowerment, and various system of family planning information.

Therefore, the participants outlook can be linked to dawn: the gentle radiance of dawn at the horizon signifies the positive outcomes of family planning, underscoring the significance of reliable information access. It supports the freedom to make voluntary choices without coercion and recognizes the potential impacts, both positive and detrimental, that family planning can have.

**Table 18. Integration**

Quantitative Results	Qualitative Results
Knowledge of the participants in family planning- 2.00: Low Level of Knowledge	Theme 2: Perceived Barrier: Oblivious towards Family Planning Subtheme 4.2. Family Planning Dissemination towards Empowerment
Attitude of the participants towards family planning- 2.78: High Level of Attitude	Subtheme 1.3. Diminish the Aftermath of Sexual Behavior Subtheme 3.1. Advancement of personal development Subtheme 3.2: Indifferent to religious judgment in family planning Subtheme 3.3. Proactively desire to use Family Planning
Practice of the participants towards family planning- 1.23: Very Low Practice	Theme 2: Perceived Barrier: Oblivious towards Family Planning. Subtheme 4.1. The Peers as Backburner

The table shows the integration of the gathered quantitative and qualitative results. It was revealed that the participants' knowledge got a mean score of 2.00 with a verbal interpretation of low level. In the qualitative part, Theme 2, "Oblivious towards Family Planning," the participants expressed that they have no knowledge and familiarity with family planning, its services, and various methods resulting from nonuse due to low emphasis on these specific topics in the country either academically or community. Participant 1 verbalized

*“Feeling ko oo kasi yung iba hindi pa sila fully aware sa family planning kasi syempre hindi pa sila naeexpose sa mga.. Sa kung ano ba talaga yung family planning, hindi tulad nang mga nakapag-aral na mas mataas na mas naeexplain sa kanila ng maayos ano ba talaga yun” (Pt 1, Pos. 23-26).*

In relation, Participant 2 and Participant 7 verbalized

*“Depende kasi kung hindi ka naman totally, hindi siya naorient sayo ng ayos so parang kumakapa ka kung ano ba talaga sya, para saan sya” (Pt 2, Pos. 43-44).*

*“kase parang wala paakong pinag-aralan about sa ganyan. Wala po akong matandaan”. (Pt 7, Pos. 53-54)*

While, Participant 3 emphasized that youth are not aware of the use of FP and verbalized.

*“nowadays marami pong kabataan ang hindi po aware sa pag gamit po ng family planning natin”. (Pt 3, Pos. 24-25)*

Then, Participant 4 believed that low emphasis towards sex education in the Philippines is the reason for being unknowledgeable towards this topic as well as the level of educational attainment of a person.

*“ano lalo na dito sa atin diba parang, maano rin ‘yung sex ed, hindi masyadong natuturo, eh paano pa kaya ‘yung sa mga hindi nag-aaral. Eh sa nag-aaral pa nga ‘di pa rin diba natuturo. So ‘yun, nakakaapekto rin siguro talaga”. (Pt 4, Pos. 47-49)*

Furthermore, Subtheme 4.2., “Family Planning Dissemination towards Empowerment,” explores that participants suggested that dissemination of family planning information is essential, especially in public, as this topic is relevant to reduce or even lessen the burden of unintended pregnancies and other means that might affect the whole and well-being of an individual or family. Thus, there is also a need for the

authorities, such as Barangay Health Workers and school health personnel, to be knowledgeable enough to promote this topic effectively.

Participant 2 emphasized that Barangay Health Workers should be knowledgeable

*“Yes po, kasi kailangan talaga, kasi ang ano ng mga kabataan ngayon like ang wi-wild na nung iba, like nung bata hindi ka naman ganun so parang nawawalan na sila ng guidance. Napapabayaan. (Pt 2, Pos. 30)”*

On the other hand, Participant 7 emphasized that discussion of FP in school is important

*“OO! Lalo na sa school....Kase ngayon, sa panahon ngayon madami nang, sa maagang edad, madami nang, parang nagkaka-anak ganun. Mas maganda na magkaroon nang pagdi-discuss or pagbibigay alam about sa family planning sa mga estudyante.” (Pt 7, Pos. 56-60)*

Next, it also entailed the attitude of the participants toward family planning. It was revealed that they have a high level of attitude with a 2.78 corresponding mean score. They also perceived benefits and self-efficacy toward family planning in connection with the qualitative data.

In the qualitative part, Subtheme 1.3. Diminish the Aftermath of Sexual Behavior, the participants expressed their attitude towards family planning. They perceived that family planning is very important in one's life especially for the women and youth today as it controls the consequences of sexual intercourse.

Participant 3 asserts that FP especially for youth is very important to control the consequences of sexual behaviors since they demonstrate recklessness.

*“sobrang halaga po sa atin ng pag gamit ng family planning kasi nowadays po yung mga kabataan po, wala po sila different knowledge about sa mga ganto ganto so very important po na malaman po nila to para maging aware din po sila sa mga ginagawa po nila.” (Pt 3, Pos. 10)*

*“makakahelp din po to sa society po natin sa pag leless less less than sexual keme keme po.” (Pt 3, Pos. 12)*

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*“Uhm ang masasabi ko lang po sa family planning is wala naman pong masama po sa pag gamit po ng ganyan as basta po nasa tamang edad po kayo at safe nyo po tong gagawin. “ (Pt 3, Pos. 32)*

This statement is supported by Participant 4 and expressed

*“Para maging aware din yung ano mga kabataan lalo na yung mga kabataan kase diba tumataas yung mga cases ng teenage pregnancies, yung mga unwanted pregnancies din. Para maiwasan din ‘yung ganun.” (Pt 4, Pos. 51-53)*

In relation, Subtheme 3.3. “Proactive desire to use family planning” expressed that are willing to use contraception in the future. Participant 1 verbalized

*“Feeling ko naman for future ano.. For future purposes oo kasi pero.. Oo yun kasi syempre alam ko mahirap bumuhay nang pamilya kaya mas mabuting magfamily planning” (Cars driving by) (Pt 1, Pos. 20)*

Participant 4 also verbalized

*“ipa-prioritized ko naman siya.” (Pt 4, Pos. 65). “Oo siguro, kaya naman gumamit.” (Pt 4, Pos. 75)*

In relation, Subtheme 3.1. “Advancement of personal development,” refers that family planning can lead to personal advancement as it enables one to prioritized oneself holistically. Participant 2 verbalizes

*“protection ko to so wala kang pakealam sa mga sasabihin ng iba kasi akin to edi kung ayaw mo, edi wag ka, kumbaga sakin mas okay sya, kasi sarili ko yung prinoprotektahan ko sa gantong bagay.” (Pt 2, Pos. 32)*

Thus, Participant 4 asserts that

*“Ano rin kumbaga matutulong mo rin ang sarili mo kase parang hmm mapagtutuunan mo din ‘yung sarili mo. Hindi lang yung hmm magiging anak mo atsaka ‘yung sa future mo na rin parang hmm (hard palate tick) ano, mas maayos ganun.” (Pt 4, Pos. 17-19)*

*“iniisip ko rin ‘yung sarili ko parang mahirap na kapag hindi kase mahirap na maka-survive ngayon.” (Pt 4, Pos. 77-78).*

Additionally, in Subtheme 3.2. "Indifferent to religious judgment in family planning," the participants also expressed their attitude as family planning is entirely up to the individual to use contraception even if it is against their religion.

Participant 3 believed that religion is not influence by FP use and verbalized

*“so hindi naman po sya binibase sa relihiyon diba po, so yun po.”(Pt 3, Pos. 18)*

Participant 3 also states

*“Wala naman kasi sa relihiyon yung paggamit ng family planning eh kasi, Depende naman kasi sayo yun e hindi porket ano ka yung hindi porket iba yung relihiyon mo wala naman kasing sinasabi dun na bawal ka gumamit ng family planning.” (Pt 5, Pos. 20)*

Participant 7 claims that

*“‘di naman po kase nakadepende ‘yun sa tao kahit, kahit parang hadlang ‘yun sa ano, patakaran sa religion diba, bawal ‘yun. Nakadepende po ‘yun sa tao.” (Pt 7, Pos. 36-37)*

Lastly, regarding family planning, the participants reported a very low level of practice towards family planning, with a 1.23 mean score. The qualitative also revealed perceived barriers among the participants.

Theme 2. Perceived Barrier “Oblivious towards Family Planning”, Participant 6 and Participant 7 expressed that they have a low practice of family planning due to no reason to use it, lack of experience, and having no family yet.

*“di ko pa kase naano talaga siya napa-practice na actual, siguro mga 3 pa lang.”(Pt 4, Pos. 88)*



Participant 6 states

*“Kasi wala pa ako sa antas nang, nandun eh..wala pa ako dun eh.. Wala pa akong experience about dun, (bird chirping ) kaya hindi ko pa alam kung anong reason o anong kailangan kong gawin para magtaas pa ako nang ayos dun okay.” (Pt 6, Pos. 52-54)*

Participant 7 said

*“Kase sa tingin ko wala pa naman akong pamilya, ganun.”(Pt 7, Pos. 30-31)*

Hence, this theme also asserts that participants are unaware of the free services of family planning and believe that modern contraceptives are effective if it is highly costly.

Participant 1 verbalizes

*“Kasi syempre yung ibang family planning di nila.. hindi sila aware na libre lang yun tas yung iba naman mas effective yung gagastos ka pa” (Pt 1, Pos. 14)*

While Participant 4 states that

*“medyo mahal din yung mga ginagamit sa pang family planning, yung mga contraceptives. Syempre kung hindi kayo masyadong nakakaangat sa buhay, gagamitin mo na lang ‘yung panggastos sa mga ganun sa pagkain ninyo, sa mga pangangailangan ninyo talaga.”(Pt 4, Pos. 35-37)*

*“Kase kung mayaman yaman ka parang ma, ma, ma ano, kaya mong mag-provide para sa family planning kumbaga may ano ka ‘dun, may..., tawag dito, may pera ka para ‘dun pero kapag hindi ka naman, parang ‘di mo ipa-prioritize.”(Pt 4, Pos. 42-44)*

Furthermore, Subtheme 4.1. “The Peers as Backburner,” expresses that participants are concerned about people's perception of family planning, which affects their engagement and practice.

Participant 1 verbalizes

*“yung iba mas iniisip pa rin nila yung iisipin nang ibang tao na syempre yung iba gusto magka-anak tapos ikaw nagffamily planning ka, So minsan iniisip din nila yung mga sasabihin nang ibang tao (Messenger ringtone) (Cars driving by) kaya naghesitate silang gumamit nang family planning.” (Pt 1, Pos. 18)*

In relation Participant 2 verbalizes

*“opo, kasi syempre yung relihiyon ng iba, bat gumagamit ka ng ganyan lalo na kung hindi pa naman in the right age sasabihin “ah bat gumagamit ka ng ganyan” so parang yung ano mo, imbes na yung parang maging yung parang gusto mo lang maging safe pero mas inuuna mo kasi yung nakapaligid lalo na kung yung religion yung pinaguusapan sasabihin against yan ganun.” (Pt 2, Pos. 24*

Lastly, Participant 4 asserts

*“nakadepende rin ‘yung ginagawa nang karamihan natin sa sinasabi ng iba. Parang depende na rin sa tao kung papakinggan mo sila or hindi, ganun. Kung magdedesisyon ka para sa sarili mo or hindi.” (Pt 4, Pos. 60-62)*

Wherefore, this study entitled The Peak of Dawn pointed to the sexual height among ages 15-25 which may cause a beginning of life (dawn) as they (15-17 years old) are exploring the world’s reality which may also demonstrate their curiousness about sexual intercourse or as they are in the stage of intimacy (18-25) or forming a relationship with the opposite sex. All of which may create a product of conception especially when the female is fertile.

In light of these integrations, it provides comprehensive information about family planning. From measuring the level of knowledge, attitude, and practice in the quantitative up to the participants’ insight about their perceived extent specifically benefits, barriers, self-efficacy, and interpersonal influences.

To illustrate both results, their obliviousness (qualitative) and low level of knowledge about family planning. Thus, their very low level of practice and staying on their peer’s backburner (opposition of other people or religious belief towards family planning) can be linked to dawn or the beginning of life: the product of unwanted conception.

Overall, the participant's perception of family planning can also be linked to dawn which metaphorically means obscuring: keeping from being seen or concealed since this topic is much more sensible and has various ideological perspectives--due to countless outlooks of self, cultural practices, and interpersonal relationships.

The researchers incline the health promotion material to the results of both quantitative and qualitative. They created a tri-fold leaflet

entitled “Ang Paghahanda Mo ay Kinabukasan Ko” which pertains to planning the future of the family especially of the child's physiological needs, security, and belonging since the decisions and obligations of childbearing and rearing are all in the hands of the parents.

This leaflet contained information about the different methods of family planning—every fold includes family planning categorization such as natural, artificial, and permanent methods which comprises of family planning definition and rate of effectiveness. Thus, it includes the frequently asked questions about this topic since there are lots of misconceptions- a way to dispel them. Lastly, it also entails the various benefits of family planning for the mother, husband, children, and the whole family that would serve as an information, attitude, and practice drive. All of which these pieces of information are cited from the Department of Health.

## V. DISCUSSION

The main goal of this study was to determine the knowledge, attitude, practice, and significant differences between the variables entailed in the demographic profile and KAP. As well as to explore the perceived benefits, barriers, self-efficacy, and interpersonal influences towards family planning among adolescents and young adults in Barangay San Jose, Tagaytay City.

Among the significant results of the study, this discussion highlights several crucial variables, including that the participants had a low level of knowledge which supported by the studies of Semanchew Kasa et al. (2018) and Bekele et al. (2020) revealed that approximately half among women of reproductive age in the limited locale of Northwest Ethiopia and emerging regions of Ethiopia had poor or relatively low of knowledge about family planning. Whereas the studies by Lincoln (2021) and Lwelamira et al. (2012) assert that approximately reproductive-age women in Fiji and Mpwapwa District, Central Tanzania, had a moderate level and a high level knowledge about family planning, respectively.

Hence, it was also revealed that the attitude is at a high level which agreed with the studies by Wodaynew and Bekele (2021) among Postpartum Women in Jimma University Medical Center, Jimma Town, South West Ethiopia, Dhaher (2017) in the Southern Region of Saudi Arabia, Lincoln (2021) and Semanchew Kasa et al. (2018) asserted that their participants demonstrated moderate-high level or positive attitude to the outlook of family planning.

On the other hand, participants exhibited a very low level of practice toward family planning. Whereas, these results argue by the study of Amante et al. (2013) reported that Filipino fathers have a positive attitude and practice towards artificial methods.

With this, participants perceived variables entailed that family planning is a privilege to have a healthy and proper timing of pregnancy and would diminish the aftermath of sexual behaviors. Hence, peers, culture, and religion primarily influence some participants, and some do not. This is supported by the qualitative study by Hoyt et al. (2021) in five African countries, which asserts that the majority of their women participants demonstrate a willingness to use family planning as they perceive that it has a lot of benefits, including timing and birth spacing, improvement of health and empower economic advantages. However, some women are condemned to use one because of community and societal influences. However, family planning is still optional and depends on the woman, couple, or union; hence, it promotes responsible parenting (Robles, 2021).

These findings suggest strengthening family planning services among the youth by having non-judgmental and youth-friendly assistance in the community; hence, leaflets formulated by the researchers may also be used in raising awareness since it is accessible and informative. Thus, the school and community may conduct a seminar inline within a developmentally-appropriate way.

The study confirms the importance of family planning among the youth since they are vulnerable towards early childbearing and parenting as they explore their identity and the world's reality- which may also demonstrate their sexual behavior. Thus, it is also essential for the Barangay Health Workers and school health authorities to enforce this topic to raise awareness, knowledge, and positive perception.

At this juncture, there are also numerous limitations in the study. First, only a few men and adolescents got interviewed to know their perception of family planning. The study did not seek a significant relationship between the variables, which may be a good indicator of identifying different factors. Thus, most of the researchers utilized correlation.

Finally, for future researchers, exploring the participants' culture, norms, beliefs, and values to identify different perspectives and misconceptions is pleasantly recommended. Secondly, the evaluation of the Barangay Health Center family planning services to determine further regarding their resources, BHW attitudes, accommodation, campaigns, and advocacy. Lastly, we should have taken the opinion of the Barangay Health Nurse that would serve as a data source regarding the topic. All of these may reap the study's fruit.

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