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MESSAGE



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Vice President for Academic Affairs

Research serves as the compass that points us toward uncharted territories of knowledge. It's not merely a journey; it's an adventurous pursuit of comprehension, innovation, and advancement. Both as individuals and institutions, we should foster this curiosity-driven spirit and dare to step outside our comfort zones in the quest for wisdom.

Don't shy away from venturing into the unknown, for it is there that we truly expand our horizons. By daring to seek knowledge beyond what's familiar, we not only broaden our intellectual landscapes but also enrich the tapestry of our world with newfound insights. Embrace the exhilarating journey of exploration, for it is a pathway to boundless possibilities.

So, let the pursuit of knowledge become your fearless guide, propelling you to reach greater heights. Keep researching, keep growing, and never underestimate the transformative power of stepping beyond the familiar.

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End-of-Life Care: Differences in Perceptions on Between Patients and Family Members

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ABSTRACT

End-of-Life Care (ELC) has recently received attention from medical professionals due to the growing number of cancer patients. This descriptive relational study was conducted to determine the differences in perceptions of ELC between patients and family members in selected oncology clinics in Iloilo City. Patients and family members had different perspectives about ELC measures, including preserving life, allowing resuscitation, ventilator use, ICU admission, NGT feeding, parenteral nutrition, and dialysis. Family members tend to be more supportive of ELC measures than the patients. The monthly income and relationship with the patient have some bearing on how the family member perceived ELC. With the differences in their perception of ELC, advocating for advance directives is recommended. If allowed by the patient, family members closely involved in healthcare decision-making must also be included in the discussions to ensure congruence between the patient and family members.

Keywords: *End-of-Life Care, Palliative Care, Hospice Care, Patient Decision Making*

INTRODUCTION

Background and Rationale of the Study

The quality of End-of-life care has received growing impact over the past several years. Continuous monitoring through medical evaluations or administrative review is deemed essential to maintaining quality of care (Connor, 2004).

End-of-life care (ELC) refers to the healthcare of those individuals in the end stage of their disease which is on advanced stage. As a multidisciplinary

approach, it requires numerous and complicated decisions, including queries on palliative treatment, patients' right to its autonomy, ethics, efficacy of extraordinary or hazardous medical interventions and even assessment of efficacy of continued routine medical interventions. Existing resources of the patients' family and the community's healthcare support may also impact ELC.

Although varied across culture, the interest in End-of-life-care appears in all

parts of the globe. In Canada, one specific example is the aging population which magnifies the demand for providing medical services for more people with prolonged multiple chronic health illnesses such as cancer. From today to the year 2056, it is projected that the deaths related to different illnesses or natural circumstances will double and 80 percent of which are rooted from end stage chronic diseases (Burge, 2014).

In Western countries, nursing home residents' multiple chronic diseases had been notable. Given that the patient's wants, and life-desires must be considered in ELC enrolment, the deterioration of cognitive function presents as a challenge. Giving importance to every patient's value and choice for ELC are the primary foundations of what is called Advanced Care Planning (APC) (Gjerberg, 2015). In Asian countries, Confucian culture continues to be dominant among the Chinese. The ELC is reliant on the ultimate responsibility of every son or daughter: (1) they are expected to watch their aging and/or dying parents and (2) they are expected to stay by their side until their last breath. This mentality and culture are inculcated among their younger generation (Yang, 2008). Interestingly, family members were found to have the enthusiasm to pay for the bills to prevent pain, promote peaceful death in their respective homes, as well as receive high quality care than their

patients (Malhotra, Farooqui, Kanesvaran, Bilger, & Finkelstein, 2015).

In the Philippines, ELC care began in 1980s among cancer patients. Malignant neoplasms maintain the third rank on the leading causes of mortality, after diseases of the cardiovascular system (National Statistics Office, 2010). The worsening of the physical and cognitive symptoms during management and treatment of terminally-ill cancer individuals hinders their own practice of autonomy – making them unable to verbalize their requests and wills on their final days. Their dependence to their respective families as a surrogate in making consent for critical decisions is recognized (Puchalski, 2000). Creutzfeldt (2015) emphasized that the family member's recognition to the choice of the cancer individual has been associated with high quality of ELC. With this, the family member plays the huge accountability in decision-making and is expected to be knowledgeable enough of the values, preferences, and advantages of the patient. Researches showed that surrogate decisions given by families are in line with patients' own preferences at a level the same with chance (Chan, 2004; Phillips, 2003; Covinsky, 2000; Marbella, 1998; and Layde, 1995).

Though multifactorial, most terminally ill cancer patients choose aggressive treatment. This is often derived from prolonged death, aggressive care, and financial instability. With the patient's inability to

communicate, their capacity to clear out wishes and their plan for own treatment preferences is hindered. Giving importance to the decisions and wishes of both groups is very essential to give a high-quality ELC; however, opposing preferences exist between the personal preferences of the patient and the family's choice. Thus, this study was conducted to identify the difference in perceptions of ELC care issues between patients and family members.

Objectives of the Study

This study aimed to compare the perception on End-of-life-care issues between patient and family members in selected Oncology clinics in Iloilo City.

Specifically, it aimed to:

1. describe the characteristics of the patient in terms of educational attainment, monthly income, and stage of cancer;
2. determine the characteristics of family members in terms of educational attainment and relationship to the patient;
3. determine if there is a relationship between the patient's characteristics and perception on End-of-Life Care;
4. determine if there is a relationship between the family member's characteristics and perception on End-of-Life Care; and
5. determine if there is a difference in the perception on End-of-Life Care

issues between the patient and family members in terms of 10-key areas.

Theoretical Framework

This study is anchored to the Family Systems Theory by Dominguez and Oetter (1996) which posits that family is the most significant component of the environmental influences in the quality of life of an individual. According to the proponents, this starts at birth where the child is influenced by the method and ways they are being cared of and supported. As we proceed to infancy, an individual begins to learn the basic concept of being part of the smallest unit of society. The family's impact to each member is a complex and reciprocal process, not linear. In a family, when a part is not functional, the other parts are being affected or impacted. The family is also in constant interaction with the healthcare team members who are directly caring for the individual family members.

Conceptual Framework

In this study, every patient is identified as an individual whose functioning is affected by a condition (cancer). The immediate family is presumed to be affected by this condition since members of the family compose the system. As a reaction to this stressor, patients and family members are seen to gain inputs from the healthcare team's existing condition or illness of the patient. This input is expected to be translated to

end-of-life care measures. Their perspective as a system with emotional boundaries is presumed to be congruent with each other.

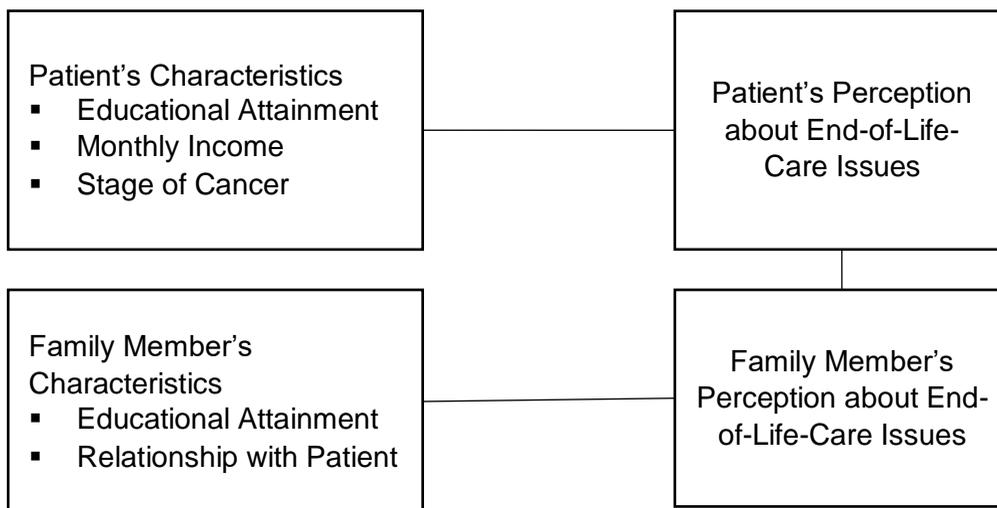


Figure 1. Paradigm of Research Variables

Definition of Variables

For the clarity of this study, the following terms are defined:

Characteristics. Characteristics refer to a trait unique to the individual. In this study, these refer to the characteristics of both the patient and family member. These include:

Educational Attainment. This refers to the highest degree the individual has attained. Responses were categorized as, Elementary Graduate, High School Graduate, and College Graduate.

Monthly Income. This refers to the amount of money received every month (in pesos). It will be categorized as follows: ‘Low Income’ if it is below Php 10,000.00, ‘Average Income’ if it is Php

10,001 to 20,000, and ‘High Income’ if it is 20,001 and above.

Stage of Cancer. This refers to the location, areas affected, and spread, and whether it is affecting other parts of the body of the terminally-ill patient. Responses will be categorized as Stage 1, 2, 3 or 4.

Relationship of the Family Member to the Patient. This refers to the state of being connected by both the patient and family member. Responses will be categorized as follows: First Degree Relative/ Immediate Family (Spouse, Parents, siblings or Children); Second Degree (Aunt/Uncle, Nephews/Nieces); Third Degree (Grandparents or Grandchildren); and others (In - Laws).

Perception on End-of-life-care. Perception is the process which involves the recognition and interpretation of the meaning of sensory stimuli. *End-of-life-care (ELC)* is a support provided for people who have been advised medically that their condition has poor prognosis and that they have only few months or years to live (National Health Services, United Kingdom, 2018). In this study, perception on End-of-Life Care refers to the recognition and interpretation of patient and family members on supporting end-of-life care measures. It was determined using a 10-item questionnaire which is answerable by three options: 'not want', 'undecided', and 'want'. The total number of responses 'want' was determined. It was categorized as 'does not support' if the total score is 6 and below and 'support' if the total score is 7 -10.

Significance of the Study

End-of-life-care (ELC) is gaining popularity in the medical arena due to the continuously growing cancer cases in the country and other chronic diseases. In the Philippines, cancer ranks as the third leading cause of mortality; hence, attention must be directed towards its management options. This study will benefit the following individuals and organizations:

Nurses. The findings of this study will serve as a basis for health education sessions by the nurses taking care of cancer patients. This will also help the

nurse understand the involvement of the clientele and family members during interactions with the patient. The nurse can also help the patient identify coping strategies and set priorities to optimize quality of life. Furthermore, this study can guide nurses how to initiate therapeutic communications or conversations with consideration to their preference for advance directives and ELC.

Patients. Through the result of this study, the patients will be able to anticipate the difference, if there is any, on their own point of view and that of the family's decisions. Patients, as the recipients of our care, are not passive but rather active directors of their own care. This will also help them understand their own illnesses and prognosis in the same way, help them make choices regarding their own care.

Family Members. Understanding the distinction between their perception and of the patient is the key benefit that the family can gain from the findings of this study. Moreover, this will make them realize their major role when it comes to end-of- life decision-making process of their loved one such as ethical and legal issues surrounding dying and death.

Future Researches. The result of this study will be a basis or baseline information in identifying other needs of patients and their respective families in End-of-Life Care.

Delimitations of the Study

This descriptive relational study was conducted in outpatient medical

oncology clinics in Iloilo City. A one-shot survey design was utilized to gather the data needed to meet the objectives of the study. The study respondents are Ilonggo patients with Cancer and family members aging from 20 years old and above that are seeking consultation at the oncology clinics with cancer. The data were gathered from the family members

who served as primary caregivers of the patient. The primary aim is to determine the difference of perception in ELC of both the patient and family members. Due to the conduct of the study in available medical oncology clinics, reproductive cancers may be understated.

RELATED LITERATURE AND STUDIES

Patient's Perspective of End-of-Life Care (ELC)

Researches demonstrate that ELC varies among families and patient's perspective. Three stereotyped trajectories of the remaining months and years of patients' lives are: (1) cancer experience, (2) organ failure occurrence, and (3) frailty and dementia among the elderly. With this, introducing End-of-Life Care may be delayed, or they may not receive any End-of-Life Care until very near death (Izumi, 2012). In Taiwan, a multi-group latent class analysis was utilized to determine the preferences for cardiopulmonary resuscitation, intensive care, advanced airway utilization, and intravenous nutritional support. Patient-caregiver agreement was poor and worsened over time. Agreement becomes evident only when both parties uniformly rejected life sustaining treatments. Open communication between the family and the patient is still

strongly advocated (Tsang-Wu et al., 2017).

Family's Perspective on End-of-Life Care (ELC)

Without accurately understanding patients' ELC preferences, family members and other surrogates often project their own preferences to shape the ELC received by terminally ill patients. Understanding family surrogates' preferences and addressing any unrealistic expectations for their efficacy in restoring their loved one's life and function may counteract the trends toward increasingly aggressive and costly ELC over recent decades in the United States, Canada, and Taiwan (Tang et al., 2017). The patient-caregiver agreement on the utilization of life-sustaining treatment preferences is still unexamined. Despite recommendation that ELC should be personalized and tailored to the patient's preferences, these are often unknown. The majority

(40% - 79%) of patients needing ELC cannot make their own treatment decisions due to physical deterioration or

mental incapacity, and only 5%-25% of seriously/terminally ill patients have advanced directives (Tsang-Wu, 2017).

METHODOLOGY

Research Design

This descriptive relational study utilized the one-shot survey design. This design allows description of a phenomenon for a specific period with consideration to the identified factors. In this study, the perspectives of the patients and their family members on End-of-Life Care (ELC) were explored among cancer patients.

Research Locale

The study was conducted in the medical oncology clinics in Iloilo City from January to March 2019.

Study Population and Sampling Procedure

This study involved patients and family members in the medical oncology clinics in Iloilo City. Purposive sampling technique was utilized using the following inclusion criteria: (1) legal age (above 18 years old), (2) had been diagnosed with cancer; and (3) without cognitive or mental-health related problems. The following inclusion criteria were utilized for the selection of family member: (a) legal age (above 18 years old), (2) related to the patient by blood; (3) had been

caring for the patient and living with the patient.

Research Instrumentation

The data were gathered using a self-administered questionnaire. The questionnaire was divided into two parts:

Part 1. The questionnaire included inquiry on: (a) demographic data of the patient including educational attainment, monthly income, and stage of cancer and (b) characteristics of the family member in terms of educational attainment and relationship with patient.

Part 2 explored their perception of End-of-Life Care. A separate set of questionnaires was administered to the patient and family members. Two-way translation was utilized to ensure consistency of the English and Hiligaynon versions.

Validity and Reliability of the Questionnaire

The questionnaire was presented to a panel of experts in the field of research and nursing. All comments and recommendations of the panel were taken into consideration (content validity). For reliability, a pre-test was conducted among ten (10) patients and

family members. The same inclusion criteria were utilized. The respondents of the pre-test were not considered as part of the population. The reliability of the questionnaire was tested using Cronbach's alpha and the result is 0.892, indicating that it is suitable for use.

Data Collection Procedure

The permission of the oncologist and respective clinic heads were obtained before the conduct of the study. Upon approval, both the patient and family member who fulfilled the inclusion criteria were approached for participation in the study. When informed consent is already secured, the questionnaires were personally distributed to the respondents. It was immediately retrieved upon completion. The researcher was available to cater any queries and clarifications from the respondents.

Ethical Considerations

An informed consent was attached to the questionnaire. The objectives of the study were read and explained to the respondents. It was explained that the participation in the study is voluntary and that they may withdraw participation at any point of the study. The data gathered were solely used for research purposes only. The researcher has been present during the data gathering procedure to

clarify any concerns from the respondents.

Data Processing and Statistical Analysis of the Data

The data were analyzed using the Statistical Package for Social Sciences (SPSS) version 25. Descriptive statistics, including frequency distribution tables, means, and percentages were used to summarize the data gathered from the study population. Cramer's V was used to determine the extent of the relationship between the nominal and ordinal variables. Cramer's V was used in all relational analysis as it can be used with any number of categories or levels (Frey, 2016). To test for the differences on the proportion who supports ELC measures between patients and family members, z test was used.

The values of Cramer's V were interpreted based on the following: Under 0.1 (Very Weak), 0.10-0.19 (Weak), 0.20-0.29 (Moderate), and 0.30 and over (Strong).

Gamma was used to analyze the relationship between the two (2) ordinal variables. For example, the relationship between monthly income and support on ELC (End-of-Life Care) was tested using Gamma. The results were interpreted using the following: 0.00-0.24 (No relationship), 0.25-0.49 (Weak relationship), 0.50-0.74 (Moderate relationship), and 0.75-1.00 (Strong relationship).

RESULTS AND DISCUSSION

Perception on End-of-Life Care

The table shows the summary of the perception of the patient and family members on ELC measures. As shown, most of both groups support ELC measures which means that they agree to at least 7 domains on ELC which were investigated by this study. However, it is notable that there was a higher proportion (83.7 %) of family members who supported ELC in contrast to the 65 percent of patients.

This indicates that both groups have supported ELC procedures such as

cardiopulmonary resuscitation, emergency blood transfusion, and parenteral nutrition. However, the desire to execute these measures is strongly supported by the family members compared to the patients who experience the lifetime condition, cancer. This is contrary to the findings in a study conducted in Canada which revealed that majority of the patients and family members do not want to be kept alive on life support where there is little hope and meaning (Heyland et al., 2006).

Table 1

Distribution of Patients according to their Perception on End-of-Life Care

Perception on End-of-Life Care Measures	Patient		Family Members	
	f	%	f	%
Support (7 - 10)	52	65.0	67	83.7
Does Not Support (6 and below)	28	35.0	13	16.3
Total	80	100.0	80	100.0

Patient's Characteristics and Perception on End-of-Life Care

Educational Attainment and Perception on ELC. Based on educational attainment of the patient, there was almost the same fraction of elementary and college graduates (66.7 and 65.6 % respectively) who had high support on ELC. Gamma revealed that there was no relationship between the two variables. This means that regardless of their educational attainment, patients must be oriented comprehensively about ELC

measure available to them as majority regardless of the group, supports ELC.

Monthly Income and Perception on ELC. To answer the question on the possible contribution of one's income to their perception on ELC, correlational analysis was also performed between the two (2) variables. It could be noticed that patients with income of Php 10,000 and below seemed to be equally divided on not supporting (48.1 %) and supporting (51.9 %) ELC measures. Statistically, the relationship turned out to be weak,

indicating that one’s socioeconomic status only minimally influences one’s perception on ELC. Although support tends to become higher among patients with higher income (a direct relationship), other factors need to be considered. Hence, clinicians and healthcare providers must continuously present options for ELC management to the patient regardless of their SES (socioeconomic status).

Stage of Cancer and Perception on ELC. The stages of cancer correspond to the severity and extent of damage of the cancer cells to the body. Based on the data, three-fourths of patients who had regional spread or stage 3 (77.8 %) and metastasis or stage 4 (77.8 %) supported ELC measures. They had the desire to extend their lives in a comfortable

manner with pain medication. Interestingly, the proportion of those who highly supported ELC increases as one’s stage of cancer also advanced (from 44.4 % to 77.8 %). This shows that as the patient’s disease progress or as cancer was diagnosed late, patients opted for End-of-Life Care measures. It was also notable that the group with the highest proportion who gave low support on ELC was among those with Stage 1 cancer (44.4 %). Statistically, the relationship was weak ($\Gamma = 0.385$). This means that the stage of cancer influences to a minimal extent how patients view ELC measures. Clinically, this would imply that education and talks about ELC measures should be discussed as soon as the patient is diagnosed.

Table 2
Relationship between Patient’s Characteristics and End-of-Life Care

Patient’s Characteristics	Perception on End-of-Life Care Measures					
	Support (7 – 10)		Does Not Support (0 – 6)		Total	
	f	%	f	%	f	%
Educational Attainment						
Elementary	4	66.7	2	33.3	6	100.0
High School	8	61.5	5	38.5	13	100.0
College	40	65.6	21	34.4	61	100.0
Total	52	65.0	28	35.0	80	100.0
Gamma = 0.049 (No relationship)						
Monthly Income						
10,000 and below	14	51.9	13	48.1	27	100.0
10,001 to 20,000	19	70.4	8	29.6	27	100.0
20,001 and above	19	73.1	7	26.9	26	100.0
Total	52	65.0	28	35.0	80	100.0
Gamma = 0.306 (Weak)						
Stage of Cancer						
Stage 1	4	44.4	5	55.6	9	100.0
Stage 2	18	56.3	14	43.8	32	100.0
Stage 3	21	77.8	6	22.2	27	100.0
Stage 4	9	75.0	3	25.0	12	100.0
Total	52	65.0	28	35.0	80	100.0
Gamma = 0.385 (Weak)						

Family Member’s Characteristics and Perception on End-of-Life Care

The correlations between the characteristics of family members and their perception on End-of-Life Care were also investigated.

Educational Attainment and Perception on ELC. More than eight in every 10 family members who completed high school or college highly supported ELC (88.9 and 86.0 % respectively). On the other hand, elementary graduates had the highest proportion of respondents who did not support ELC (14.0 %). Gamma revealed a value of 0.185 which signifies that there is a weak relationship between the two (2) variables. Hence, one’s educational attainment has minimal to no influence on their perception of ELC.

Relationship with Patient and Perception on ELC. Most of both groups

(immediate and extended family) showed high support for ELC; however, there was a higher proportion among members of the extended family (91.4 %). Interestingly, the proportion of immediate family members who did support ELC was thrice as high as the fraction of extended family (24.4 and 8.6 %). Statistically, the relationship between both groups was moderate (Cramer’s V= 0.207). Specifically, this means that the relationship with the cancer patient moderately support on ELC measures. Although both are supportive of ELC measures, extended families favor it more than the patients’ immediate family. Immediate family members have seen the burden that they will carry for decisions made for their patients, hence, a greater proportion of them (24.4 %) do not favor ELC measures compared to the extended family counterpart (8.6 %).

Table 3
Relationship between Family Member’s Characteristics and End-of-Life Care Measures

Family Member Characteristics	Perception on End-of-Life Care Measures				Total	
	Support (8 – 10)		Does Not Support (0 – 7)			
	f	%	f	%	f	%
Educational Attainment						
Elementary	2	40.0	3	60.0	5	100.0
High School	16	88.9	2	11.1	18	100.0
College	49	86.0	8	14.0	57	100.0
Total	67	83.8	13	16.3	80	100.0
Gamma = 0.329 (Weak)						
Relationship with Patient						
Immediate Family	34	75.6	11	24.4	45	100.0
Extended Family	32	91.4	3	8.6	35	100.0
Total	66	82.5	14	17.5	80	100.0
Cramer’s V = 0.207 (Moderate)						

Difference in the Patient’s and Family Member’s Perception on End-of-Life Care

The data show the differences in the perception on End-of-Life Care measures between the patient and the family members. Among the ten (10) specific items, there were only three (3) items where there was no significant difference on the perception of two (2) parties: plan of care that focused on relieving pains, allowed the use of vasopressor drugs, and received blood transfusion. This means that regardless of the interventions, both the patient and the family members agree that ELC measures should be focused on pain relief. They are also willing to have vasopressor medications to be administered just to maintain the blood pressure of the patient within normal range. There is also no disagreement on the transfusion of blood as it is deemed by both parties to be an intervention for emergency.

Overall, the data show that the patient and family members shared a common interest in relieving pain and discomfort; however, they differed on the specific procedures that would be implemented. Oftentimes, family members were found to be medically aggressive, or hopeful compared to their patients. The close family ties, regardless of their relationship to the patient, was strongly evident even in medical decision-making. This gains support from the study of Yang (2008) where it was found out that the younger generation have an inculcated perspective that they should take care for their sick parents and other family members.

The findings supported the Family Systems Theory where several and varied outputs were generated from the experience of both the patient and family members when dealing with a cancer patient.

Table 4
Differences in the Patient’s and Family Member’s Perception on End-of-Life Care

End-of-Life Care Specific Items	Distribution of Patients and Family Members who supports End-of-Life-Care				z-value
	Patient		Family Members		
	f	%	f	%	
A course of treatment that focuses on preserving life as much as possible, even if it means having of more pain and discomfort.	48	60.0	67	83.8	3.464*
Plan of care that focuses on relieving pain and discomfort as much as possible.	77	96.3	79	98.8	1.016
Allow to be resuscitated to restore my breathing, if my heart stopped beating.	40	50.0	64	80.0	4.191*
To be attached to a machine to help me breathe, if I cannot be able to breathe on my own.	37	46.3	56	70.0	3.137*

Table 4 Continued

Allow the use of drugs to maintain my blood pressure in normal range such as vasopressors.	68	85.0	74	92.5	1.512
Admitted in the intensive care unit (ICU) to receive further care.	60	75.0	71	88.8	2.294*
Be fed by artificial means through nasogastric tube.	58	72.5	76	95.0	4.050*
Be fed by artificial means through intravenous nutritional support.	61	76.3	73	91.3	2.626*
Submit myself to a dialysis treatment, if my kidney function declines and uremia develop.	42	52.5	62	77.5	3.435*
Receive blood transfusion, if I will experience massive bleeding.	71	88.8	73	91.3	0.528

*Significant $Z_{computed} > Z_{critical} = 1.96$

CONCLUSIONS AND RECOMMENDATIONS

Based on the findings of the study, the following conclusions were drawn:

1. The patient's cancer site has a strong relationship with ELC. The family member's relationship with the patient has some influence on their perception of ELC.

2. More family members support ELC compared to the patients.

3. Monthly income and stage of cancer has a minimal influence on the perception of ELC while age and educational attainment have no bearing to the ELC.

4. The family member's relationship with the patient has some bearing on the perception of ELC while educational attainment has minimal influence on support on ELC.

5. The patient and family members both support plan of care that focuses on relieving pains, allows the use of vasopressor drugs, and receive blood transfusion. They have varying support on the course of treatment on preserving life, allowing resuscitative measures, attachment to ventilator, ICU admission, NGT feeding, parenteral nutrition, and dialysis treatment. This supports the Family System Theory which states that the family members may have varying outputs on a certain input to the system. In this study, they varied in their perception on ELC measures.

Recommendations

Based on the findings and conclusions of the study, the following are the recommendations:

1. Since it was found out that there is a difference on the perception on ELC between the patient and family members, health-related education sessions are recommended to be addressed to both parties. Despite being a patient advocate, the nurse is cognizant of the patriarchal nature of the Filipino culture and the influence of the family members on the healthcare decisions of the patient. Hence, involvement of the family in the healthcare decision-making is encouraged unless otherwise stated by the patient.

2. While there are limited evidences yet, this study has shown that there are several characteristics of either the patient or the family members which can influence their perception on ELC. This must be considered by healthcare professionals when counselling and caring for their patients who are terminally ill (i.e. those with cancer). Individual and combined counselling

programs may be designed to allow both parties (patients and family members) to come up with a decision that will be a compromise for both parties.

3. The clinicians may use this study to become patient advocate by developing educational programs or interventions to facilitate open communication among family members. This will aid in achieving consensus in accord with the best interest of the patients and improve the quality of ELC.

4. Further studies are also encouraged to scenarios related to conflicts in aggressive care preferences between patients and family members. This will not serve as baseline information in identifying other needs of both groups but also strengthen the significance of advance directives by which patients can express their healthcare treatment preferences and authorize a person to make choices for them when they no longer decide for their own. Studies in the inpatient care setting is also recommended as this study focused on outpatient oncology visits only.

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Cohort Study on Scholars of Central Philippine University: Basis for Scholarship Program Enhancement

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ABSTRACT

This tracer study aimed to determine the status of the college entrance scholars of Central Philippine University that will serve as a basis for the scholarship enhancement program. The major findings of the study were: majority of the scholars were young with mean age of 17.45 years old, females, enrolled in the College of Business and Accountancy, graduated from a public senior high school, had STEM as a strand in senior high school, came from the towns, graduated with high honors, and availed the 1/3 Free Tuition entrance scholarships; the cohorts' status of scholarship through the years until their graduation for the 2 school years were diminishing; the analysis of variance between the two proportions of respondents according to their personal and academic characteristics have either significant or not significant results at 5 % level. Based on the findings of the study, the following conclusions were drawn: the analysis of variance between the two proportions of respondents who were either young or old, males or females, either graduated with highest honors or with honors during SHS, enrolled in the colleges of CBA and other colleges who have maintained their scholarship is significant for those who started their scholarship during SY 2018 – 2019 and also between the two proportions of respondents who were either graduates of public or private SHS and those who came from the city or towns is significant for those who started during SY 2019 - 2020. Stringent grade retention policy and the challenge of online learning due to poor internet connectivity were most of their issues while family-related and financial factors are some of their challenges. They believed that studying hard and maintaining open communication with teachers and family members can answer these issues and challenges. To lower the over-all maintaining grade point average and cut-off grade per subject per semester were their major recommendations to improve the scholarship program of the university.

Keywords: Cohort, Self-Efficacy, Scholars, Success

INTRODUCTION

Background of the Study

Central Philippine University has been known as a university purposed to provide Exemplary Christian Education for Life which is responsive to the needs of the total person and the world. One of the avenues to fulfill this mission is to provide scholarships to deserving students since its founding in 1905. (from Aberia & Java, 2011 as cited by Java, 2014). One of these scholarships is the entrance scholarship meant for entering high school valedictorians and salutatorians with Free Tuition and Half Free Tuition privileges, respectively (Java, 2014). However, with the implementation of the K-12 program in school year 2016-2017, these entrance scholarships were modified to fit for the incoming Grade 11 students. The guidelines for the said scholarships were revised as approved by the University President (from CPU-SDP- Scholarship Announcement, Rev. 11 July, 2018). Moreover, because of the K-12 program, the classification of the honors of the students was also changed, hence, a revision in the guidelines of the entrance scholarship for first year college students was also made and effected starting school year 2018 - 2019. One of which is a student will be able to maintain his/her scholarship until second year if he/she does not have a grade lower than 2.25 in all subjects during his/her first year; and,

if his/her grade point average is not lower than 1.56 (CPU-SDP-Scholarship Announcement Rev 12, September 4, 2019).

Many students and graduates had verbally affirmed the usefulness of the different scholarships being offered by the university to them and their families. It is for this reason also that the university had kept on improving the privilege package for the entrance scholars in order not only to get the best students but also to be of more help to them. The study of Aberia & Java (2011) had found out that students who had availed of scholarships especially the Work Student Study Program and the services of the Placement Office had a greater chance of landing a job after graduation. With the changes in the guidelines for the entrance scholarships for first year college students, will the scholars have to experience some issues and challenges regarding their scholarships and will there be needs in order to meet these issues and challenges experienced by them? It is for these reasons that this study is being conducted.

Objectives of the Study

Generally, the tracer study aimed to determine the status of the college entrance scholars of Central Philippine University for school years 2018 - 2019

and 2019 - 2020. Specifically, it also aimed to:

1. describe the cohorts' personal and academic characteristics such as age, sex, college enrolled in, type of senior high school graduated from and place of origin, senior high school strand, and honors received during senior high school graduation and academic performance;

2. determine the cohorts' type of scholarship availed and status of their scholarship per semester;

3. determine which personal and academic characteristics of the cohorts are significant predictors of the status of their scholarship;

4. understand the experiences of college entrance scholars before and during the pandemic through a focus group discussion conducted with them; and,

5. review existing policies and programs relevant to the College Scholarship Program of the University and recommend necessary enhancement to the Management.

Hypothesis of the Study

Based on the objectives given, the following hypotheses are advanced:

Ho1. The personal and academic characteristics of the cohorts are not significantly associated with the status of their scholarship.

Ha1. The personal and academic characteristics of the cohorts are

significantly associated with the status of their scholarship.

Theoretical Framework and Conceptual Framework of the Study

This study is anchored in the Self-Efficacy Theory, the belief we have in our own abilities, specifically our ability to meet the challenges ahead of us and complete a task successfully (Akhtar, 2008). It is the belief in oneself that one had the capacity to complete any task or engage in any behavior. People who have high levels of self-efficacy tend to feel that they can perform very well at an activity and therefore attach more value to it.

Thus, it is believed that a student who had a scholarship and graduated with honors during his/her senior high school, he or she will also have a scholarship in college. However, there are still other factors which may contribute to one having a scholarship in college. For example, does sex and age play a part in getting a scholarship? Can one's place of origin, type of senior high school graduated from, senior high school strand have a bearing in one's having a scholarship in college? Also, can one's being a scholar during his/her senior high school years, having graduated with honors during senior high school play also in the student's having a scholarship during his/her college years?

To further illustrate the interplay of the variables in the study, the following

diagram is presented to show the relationship of the variables in the study.

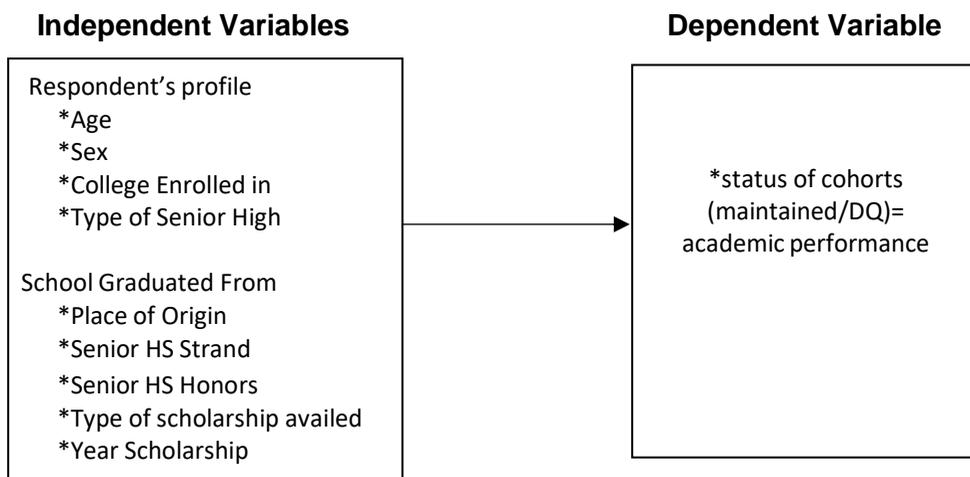


Figure 1. Schematic Presentation of the Variables of the Study

Significance of the Study

The result of the study will be valuable to the following sectors: Office of Student Development and Programs, Colleges/Departments, Administration and Researchers.

Data gathered will be valuable to the Office of Student Development and Programs to have a solid information regarding its first year college entrance scholars. The information gathered will provide the colleges/departments a glimpse of their students especially the entrance scholars and what schools are their best feeder schools. Data collected can provide an assessment of the scholarship programs given to the students. Other groups or individuals may benefit from the data gathered by

getting inspiration to conduct their own tracer study for their institutions or use this as springboard for further and detailed studies.

Scope, Limitations and Applicable Definitions of the Study

This study focused on the number of students who qualified for first year college entrance scholarships during the school years 2018 - 2019 and 2019 - 2020 and sought to understand the experiences of the entrance scholars.

The following are the operational definition of terms, as used in this research:

Cohort. A group of individuals having a statistical factor (such as age or class membership) in common in a

demographic study (Merriam-Webster Dictionary). In this study, this refers to the college entrance scholars enjoying either Full Free, Half Free or 1/3 Free Tuition scholarships starting school year 2018 - 2019 and 2019 - 2020, respectively.

College Entrance Scholarship. This refers to the scholarship availed by first year college students with the following type of scholarship coverage classified either as Free Tuition with P3,000.00 (three thousand pesos) book allowance, Half Free Tuition with P1,500.00 (one thousand, five hundred pesos) book allowance and 1/3 Free Tuition privilege per semester pending grade requirement.

Status of Academic Scholarship. This refers to the academic standing of the scholar, whether he/she maintained his/her scholarship or not. A scholar can maintain his/her scholarship if he/she can have a grade point average (GPA) of 1.63 or better with no grade lower than 2.25 in all subjects for those scholars who started in school year 2018 - 2019. However, if he/she failed to meet the above grade requirements, then, he/she will be disqualified (DQ) the following term. For those who started in school year 2019 - 2020, the GPA requirement was elevated to 1.56 or better with no grade lower than 2.25 in all subjects still.

METHODOLOGY

Research Design

This is a quantitative research which was augmented by a qualitative data gathered through a Focus Group Discussion (FGD) conducted to selected entrance scholars.

Study Area and Population

The study area and the study population included all First Year College students of Central Philippine University who qualified for scholarships during the School Years 2018 - 2019 and 2019 - 2020.

Data Collection, Processing and Analysis

Data collection and processing were done by the Office of the Student Development and Programs. Quantitative data were taken from the file of the Office of the Student Development and Programs. A Focus Group Discussion (FGD) was conducted with the selected scholars to know their experiences which may help in the revision of the guidelines of the scholarship. The descriptive data were analyzed using frequency count and percentages and were processed using SPSS PC v 11.

Ethical Considerations and Informed Consent

Ethical considerations for the study included upholding principles of human subject research, getting informed consent, weighing benefits and risks, and yielding the proposal for institutional review. The approval of this research study went through the process through channels, that is, from the University

Research Center to the President. The consent form signed by the participants explained the research study, rights and protection of the participants, and the opportunity to decline and withdraw from the FGD at any time. They were informed that all their answers will be treated with strict confidentiality and will be used solely for research purposes. To maintain anonymity as well as to protect their privacy, entrance scholars' names were not used; instead, codes were used in the transcripts or in any reference of this research paper.

Related Literature/Studies

Reviewed in this section are some studies which have direct bearing on the present study on cohort of entrance scholars. It is believed that scholars have a higher drive for success or high self-efficacy. That is so because, a person of higher self-efficacy levels is an individual who starts to challenge himself by raising the level of the targets that he sets for himself, while a person with lower self-efficacy level, is more likely to doubt

himself and his ability to successfully reach his targets which ultimately leads to failure in carrying out the desired behavior

(<https://www.communicationtheory.org/self-efficacy-theory/>).

Students with high self-efficacy tend to have high optimism, that could lead to positive outcome, such as, better academic performance, more effective personal adjustment, better coping with stress, better health, and higher overall satisfaction and commitment to remain in school (Chemers, Hu, & Garcia, 2001). Moreover, self-efficacy is linked to factors such as the strategies that students utilize, the goals that students set out for themselves, and their academic achievements. In other words, higher levels of self-efficacy are related to – what people everywhere largely consider to be – healthy student life habits. This means that those individuals with higher levels of self-efficacy could be subject to doing better in school and being more organized. This relationship can go both ways; take for example an individual who is motivated to learn and succeed. When an individual is highly motivated to be successful, most of the time it means that they are likelier to achieve whatever goals they set out for themselves, which contributes to increases in their levels of self-efficacy (Mart van Dinther (2011).

The study of Gerochi (2013) showed that males tend to have low self-efficacy while girls tend to be efficacious; those who live in urban areas have low self-

efficacy while those who live in rural areas have high self-efficacy; private school graduates have low self-efficacy

while those who came from public schools have high self-efficacy.

RESULTS AND DISCUSSION

The results of this study were presented and discussed; first, the description of the respondents which was then followed by the description of the honors they received, type of scholarship availed, their status of scholarship through the years and the differences in their status of scholarships according to their personal and academic variables.

Respondents' Profile

The profile of the respondents as to age, sex, college, type of senior high school graduated from, place of origin, and strand enrolled in Senior High School is presented in Table 1. In terms of their age, the data show that majority of them belong to the 17 and 18 years old group (53.89% for aged 17 vs. 42.22% for aged 18 for the total population. Their mean age is 17.45 years as a total population. In terms of their sex, the data show that the females are twice more than the males (71.67% as a total population). These data in terms of their sex is in consonance with the findings of Java, et al. (2015) and Aberia and Java (2011) wherein they had also more female respondents in their studies conducted. As to the college of the respondents, the top three colleges are: College of

Business and Accountancy (38.33% as a total population), College of Engineering (32.22% as a total population); and College of Nursing (11.67% as a total population). These data is also in consonance with the findings of the study of Java, et.al. (2015) wherein the entrance scholars came also from these three colleges.

As to type of senior high school graduated from, more than four-fifths (89.44% as a total population) of the respondents finished senior high school from public schools with the breakdown as follows: (state college/university barangay – 42.22% as a total population; municipal –(35.0% as a total population) ; city –10.0% as a total population); and barangay –2.22% as a total population). As to place of origin, most of them are from either towns or city (from the towns - 45.0% vs. from the city - 52.78% as a total population). The type of the senior high school graduated from by the cohorts is not really a reflection of the place where the students came from unlike the results of the study on entrance scholars wherein the type of high school graduated from of the entrance scholars is a reflection of the place where the students came from.

Since majority of them came from barangays, chances are they also finished their high school education, either in the high school located in their barangay or in the neighboring barangay or in their municipality or neighboring municipality (Java, et.al, 2015).

As to the senior high school strand to which the scholars belonged, the data show that majority of them came from

the STEM (51.0% vs. 53.9% for school year 2018 - 2019 and 2019 - 2020 respectively); followed by the ABM (30.8 % vs. 30.8% respectively for school years 2018 - 2019 and 2019 - 2020) and, a minority of those coming from the GAS, HUMSS and TVL strands combined (18.2% vs. 15.8% respectively for school years 2018 - 2019 and 2019 - 2020).

Table 1
Personal Characteristics of the Cohorts (Age, Sex, College Enrolled in, Type of Senior High School Graduated From, Place of Origin and Senior High School Strand)

Personal Characteristics	2018-2019		2019-2020		Total	
	f	%	f	%	f	%
Age						
16 years old	2	1.9	1	1.3	3	1.67
17 years old	49	47.1	48	63.2	97	53.89
18 years old	49	47.1	27	35.5	76	42.22
19 years old	4	3.8	0	0	4	2.22
Total	104	100.0	76	100.0	180	100.0
Mean Age	17.53		17.34		17.45	
Sex						
Male	35	33.7	16	21.1	51	28.33
Female	69	66.3	60	78.9	129	71.67
Total	104	100	76	100	180	100.0
College						
CAS	5	4.8	9	11.8	14	7.78
CBA	41	39.4	28	36.8	69	38.33
CCS	2	1.9	0	0	2	1.11
CoEn	37	35.6	21	27.6	58	32.22
CoEd	0	0	2	2.6	2	1.11
CoN	12	11.5	9	11.8	21	11.67
CMLS	2	1.9	5	6.6	7	3.89
CoPhar	2	1.9	2	2.6	4	2.22
CoMed	3	2.9	0	0	3	1.67
Total	104	100	76	100	180	100.0
Type of Senior High School graduated from						
Public Senior High SchoolBarangay	2	1.9	2	2.6	4	2.22
Public Senior High SchoolMunicipal	39	37.5	24	31.6	63	35.0
Public Senior High School City	13	12.5	5	6.6	18	10.0
Private Senior High SchoolProvince	9	8.7	4	5.3	13	7.22
Private Senior High School City	4	3.8	2	2.6	6	3.34
State College/University	37	35.6	39	51.3	76	42.22
Total	104	100	76	100	180	100.0
Place of Origin						
Barangay	3	2.9	1	1.3	4	2.22
Town	52	50	29	38.2	81	45.0
City	49	47.1	46	60.5	95	52.78
Total	104	100	76	100	180	100.0

Table 1 Continued

Senior High School Strand						
STEM	53	51	41	53.9	94	52.22
ABM	32	30.8	23	30.3	55	30.54
HUMSS	4	3.8	4	5.3	8	4.44
TVL	2	1.9	7	9.2	9	5.0
GAS	13	12.5	1	1.3	14	7.78
Total	104	100	76	100	180	100.0

Honors Received

The data in Table 2 show that majority of the entrance scholars (51.0% vs.56.6% vs. 53.3% respectively for school years 2018 - 2019, 2019 - 2020

and as a total population) graduated with high honors. The general average of the respondents ranged from 94.0 % - 97.0%.

Table 2

Honors received during Senior High School graduation.

Honors Received	2018-2019		2019-2020		Total	
	f	%	f	%	f	%
With Highest Honors	8	7.7	3	3.9	11	6.11
With High Honors	53	51.0	43	56.6	96	53.33
With Honors	43	41.3	30	39.5	73	40.56
Total	104	100.0	76	100.0	180	100.0

Type of Scholarship Availed

Data in Table 3 show the distribution of the respondents according to type of scholarship availed. The figures show that majority of them availed the 1/3 Free Tuition entrance scholarships (59.6% and

75.0% for school year 2018 - 2019 and 2019 - 2020 respectively as compared to 40.4% and 25.0% (combined Full Free and Half Free Tuition scholarship for these 2 school years.

Table 3

Cohorts' Type of Scholarship Availed

Type of Scholarship	2018-2019		2019-2020		Total	
	f	%	f	%	f	%
Full Free Tuition	13	12.5	4	5.3	17	9.44
Half Free Tuition	29	27.9	15	19.7	44	24.44
One-Third Free Tuition	62	59.6	57	75	119	66.12
Total	104	100	76	100	180	100.0

Cohorts' Status of Scholarship through the Years

Tables 4 and 5 present the status of scholarship of the cohorts for those who started their scholarship during school year 2018 - 2019 and is presented until their graduation or for 4 (four) years and those for school year 2019 - 2020 and is presented until their third year in college.

Also, Table 4 presents the data of the cohorts' status of scholarship through the years until their graduation. They were the first batch of scholars after the implementation of the K-12 program and have spent the last 2 (two) years of their college years having full online classes due to the pandemic. It could be seen in the data that 70.2% and 51.0% were able to maintain their scholarships at the end of the First and Second Semesters

respectively of their Freshmen year; 42.3% and 41.3% were able to maintain it at the end of the First and Second Semesters respectively of their Sophomore year; while during their third year (the first year of having online classes), 34.6% and 33.7% were able to maintain their scholarship during the First and Second Semesters of School Year 2020- 2021 respectively, and in their senior year, 30.8% were able to maintain it during the First Semester and a little over 1/10 (13.5%) were able to maintain it until their graduation. This result is in consonance with the findings of Java (2014) in her study about the entrance scholars wherein a little over 1/10 were able to finish their college education still with scholarship.

Table 4
Cohort's Status of Scholarship through the Years for Those Who Started SY 2018 - 2019

Scholarship Status	School Year 2018-2019				School Year 2019-2020				School Year 2020-2021				School Year 2021-2022			
	1 st sem		2 nd sem		1 st sem		2 nd sem		1 st sem		2 nd sem		1 st sem		2 nd sem	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Maintained	73	70.2	53	51.0	44	42.3	43	41.3	36	34.6	35	33.7	32	30.8	14	13.5
Disqualified	31	29.8	51	49.0	60	57.7	61	58.7	68	65.4	69	68.3	72	69.2	90	86.5
Total	104	100.0	104	100.0												

Table 5 shows the status of the cohorts from the end of the First Semester of School Year 2019 - 2020, the start of their scholarship. It could be seen from the data that 59.2% and 51.3% respectively were able to maintain it at the end of the First and Second Semesters of that school year. During their second year, 38.2% and

34.2% respectively were able to maintain it during the First and Second Semesters of School Year 2020-2021 and in their third year, only 32.9% and 31.6% were able to maintain their scholarship for the First and Second Semesters respectively. It could be implied from the data, that less than one- third of the scholars could

maintain their scholarship in their third year in college.

Table 5
Cohorts' Status of Scholarship through the Years for Those Who Started SY 2019 - 2020

Scholarship Status	School Year 2019-2020				School Year 2020-2021				School Year 2021-2022			
	1 st sem		2 nd sem		1 st sem		2 nd sem		1 st sem		2 nd sem	
	f	%	f	%	f	%	f	%	f	%	f	%
Maintained	45	59.2	39	51.3	29	38.2	26	34.2	25	32.9	24	31.6
Disqualified	31	40.8	37	48.7	47	61.8	50	65.8	51	67.1	52	68.4
Total	76	100.0	76	100.0	76	100.0	76	100.0	76	100.0	76	100.0

Differences in the Cohorts' Status of Scholarship According to their Personal and Academic Variables

The differences in the cohorts' status of scholarship according to their personal and academic variables such as age, sex, college, year graduated, type of high school graduated from and place of origin, senior high school strand and honors received during senior high school graduation will be presented in Table 6 to Table 14.

Cohorts' Status of Scholarship according to Age

The distribution of the cohorts' status of scholarship for those who started their scholarship during SYs 2018 - 2019 and 2019 - 2020 showed that there were more scholars aged 17 years old and below who were able to maintain their scholarship compared to those aged 18 years old and above (82.4% and 61.2% vs 58.5% and 51.9%,

respectively). The analysis of variance between the two proportions of respondents who are either young or old who have maintained their scholarship (F-test = 7.444, p = 0.007) is significant at 5 percent level for those scholars who started during SY 2018 - 2019. This means that the tendency of the cohorts to maintain their status of scholarship is significantly associated to their age. The hypothesis which states that the personal characteristics of the cohorts such as age is significantly associated with the status of their scholarship found support in this study. This means that the age of the cohort has a bearing in his or her academic performance. Thus, the younger group (aged 17 years old and below) are more likely to have a better academic performance compared to the older group (aged 18 years old and above). The greater tendency of the respondents who belonged to the younger group to have a much better

academic performance may be explained by the notion that younger persons are still being monitored and supervised by their parents in their studies. However, this is not true with the

two proportions of respondents who are either young or old who have maintained their scholarship during SY 2019- 2020 (F-test = 0.616, p = 0. 435).

Table 6
Distribution of the Cohorts' Status of Scholarship according to their Age

Status of Scholarship	Age											
	SY 2018-2019						SY 2019-2020					
	17 years old and below		18 years old and above		Total		17 years old and below		18 years old and above		Total	
	f	%	f	%	f	%	f	%	f	%	f	%
Maintained	42	82.4	31	58.5	73	70.2	30	61.2	14	51.9	44	57.9
Disqualified	9	17.6	22	41.5	31	29.8	19	38.8	13	48.1	32	42.1
Total	51	100.0	53	100.0	104	100.0	49	100.0	27	100.0	76	100.0
Mean	1.38		1.43		1.40		1.49		1.45		1.47	
f-test = 7.444 (N = 104)	Sig = (2 tailed) 0.007*						f-test = 0.616 (N = 76)					
p > .05 significant at .05 alpha						p > .05 not significant at .05 alpha						

Cohorts' Status of Scholarship according to Sex

The distribution of the cohorts' status of scholarship by sex showed that the analysis of variance between the two proportions of respondents who are females and males who have maintained their scholarship (F-test = 9.519, p = 0.003) is significant at 5 percent level for those who started their scholarship during SY 2018- 2019 but not significant for those who started their scholarship during SY 2019 - 2020 (F-test = 0.022, p = 0. 883). This means that the tendency of the cohorts to maintain their status of scholarship is significantly associated to their sex. The hypothesis

which states that the personal characteristics of the cohorts such as sex is significantly associated with the status of their scholarship found support in this study. This means that the sex of the cohort has a bearing in his or her academic performance. Thus, the female group of the cohorts are more likely to have a better academic performance compared to the males. The greater tendency of the respondents who belonged to the female group to have a much better academic performance may be explained by the notion that females are more studious, serious and focused in their studies.

Table 7

Distribution of the Cohorts' Status of Scholarship according to Sex

Status of Scholarship	Sex											
	SY 2018-2019						SY 2019-2020					
	Male		Female		Total		Male		Female		Total	
	f	%	f	%	f	%	f	%	f	%	f	%
Maintained	18	51.4	55	79.7	73	70.2	9	56.2	35	58.3	44	57.9
Disqualified	17	48.6	14	20.3	31	29.8	7	43.8	25	41.7	32	42.1
Total	35	100.0	69	100.0	104	100.0	16	100.0	60	100.0	76	100.0
	1.51	1.49	1.37		1.43		1.51	1.47		1.49		
	f-test = 9.519		Sig = (2 tailed) 0.003*				f-test = 0.022		Sig = (2 tailed) = 0.883			
	p > .05 significant ata.05 alpha						p > .05 not significant at .05 alpha					

Cohorts' Status of Scholarship according to College Enrolled In

The distribution of the cohorts' status of scholarship according to the college they enrolled in showed that there is quite a disparity for both scholars who started their scholarship during SY 2018 - 2019 and 2019 - 2020. However, the analysis of variance between the two proportions of respondents for those who started their scholarship during SY 2018 - 2029 (F-test = 9.749, p = 0.000) is significant at 5 percent level while for those who started during SY 2019 - 2020 (F-test = 0.679, p = 0.667) is not significant. This means that the status of scholarship of the cohorts is significantly associated to

the college enrolled in by the cohorts. The hypothesis which states that the personal characteristics of the cohorts such as college enrolled in is significantly associated with the status of their scholarship found support in this study. This means that the college enrolled in by the cohort has a bearing in his or her academic performance. Thus, it could be deduced that those cohorts enrolled in the College of Business and Accountancy may have a greater tendency to have high academic performance as well as may have a better chance of maintaining their scholarship compared to those enrolled in other colleges. This is found in Tables 8a and 8b respectively.

Table 8a
Distribution of the Cohorts' Status of Scholarship for SY 2018- 2019 according to College Enrolled in

Status of Scholarship	College															
	CCS/CoEd		CAS		CBA		CMLS		CoEng		CoN		CoPhar/CoMed		Total	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Maintained	2	66.7	4	66.7	39	97.5	1	50.0	13	35.1	10	83.3	4	100.0	73	70.2
Disqualified	1	33.3	2	33.3	1	2.5	1	50.0	24	64.9	2	16.7	0	0.0	31	29.8
Total	3	100.0	6	100.0	40	100.0	2	100.0	37	100.0	12	100.0	4	100.0	104	100.0
Mean	1.36		1.46		1.30		1.61		1.57		1.47		1.34		1.44	
	f-test= 9.749 Sig. =0.000*															
	* p < .05 significant at .05 alpha															

Table 8b
Distribution of the Cohorts' Status of Scholarship for SY 2019- 2020 according to College Enrolled in

Status of Scholarship	College															
	CCS/CoEd		CAS		CBA		CMLS		CoEng		CoN		CoPhar/CoMed		Total	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Maintained	2	100.0	6	66.7	18	64.3	3	60.0	9	42.9	5	55.6	1	50.0	44	57.9
Disqualified	0	0.0	3	33.3	10	35.7	2	40.0	12	57.1	4	44.4	1	50.0	32	42.1
Total	2	100.0	9	100.0	28	100.0	5	100.0	21	100.0	9	100.0	2	100.0	76	100.0
Mean	1.44		1.48		1.31		1.80		1.57		1.60		1.64		1.55	
	f-test= 0.679 Sig. =0.667															

Cohorts' Status of Scholarship according to School Year Scholarship Was Availed

The distribution of the cohorts' status of scholarship according to the year they started on the scholarship showed that there is a disparity between the proportions of those scholars who started their scholarships in 2018 (70.2%) and those who started their scholarships in 2019 (57.9%). It follows that the mean GPAs of those started in 2018 is a little bit higher than those who started in 2019 (1.40 vs. 1.48).

The analysis of variance between the two proportions of respondents (F-test = 2.934, p = 0.088) is not significant at 5 percent level. This means that the status of scholarship of the cohorts is not significantly associated to the year they started their scholarships, whether it is 2018 or 2019. The hypothesis which states that the personal characteristics of the cohorts such as the year they started their scholarships is not significantly associated with the status of their scholarship did not find support in this study. This means that the year the

cohort started his or her scholarship has no bearing in his or her academic performance. Thus, regardless whether the cohort started their scholarship in 2018 or 2019, they may have a greater

tendency to have high academic performance as well as may have a better chance of maintaining their scholarship. This data is found in Table 9.

Table 9
Distribution of the Cohorts' Status of Scholarship according to Year Scholarship Started

Status of Scholarship	Year Scholarship Started					
	2018		2019		Total	
	f	%	f	%	f	%
Maintained	73	70.2	44	57.9	117	65.0
Disqualified	31	29.8	32	42.1	63	35.0
Total	104	100.0	76	100.0	180	100.0
Mean	1.40		1.48		1.44	

f-test = 2.934 Sig. (2-tailed) = 0.088

Cohorts' Status of Scholarship according to Type of High School Graduated from

The distribution of the cohorts' status of scholarship for those who started their scholarship during SY 2018 - 2019 according to type of high school graduated from showed that there are a little bit more scholars who graduated from public senior high schools as compared to private senior high schools and state colleges and universities (73.6% vs 71.4% and 64.9%, respectively). However, for their mean GPAs, those who graduated from private senior high schools have a slightly higher mean GPAs compared to those who graduated from public senior high schools and state colleges and universities (1.35 vs 1.42 and 1.42, respectively). The analysis of variance between the two proportions of

respondents (F-test = 0.393, p = 0.676) is not significant at 5 percent level. This means that the status of scholarship of the cohorts is not significantly associated to the type of the senior high school where they graduated from. The hypothesis which states that the personal characteristics of the cohorts such as the type of senior high school graduated from is significantly associated with the status of their scholarship did not find support in this study. This means that the type of senior high school graduated from by the cohort has no bearing in his or her academic performance. Irrespective of the type of senior high school graduated from by the cohort, whether he or she graduated, from public senior high school, private senior high school or state college and

university, he or she may be able to maintain his/her scholarship.

Table 10
Distribution of the Cohorts' Status of Scholarship according to Type of Senior High School Graduated From

Status of Scholarship	For SY 2018-2019								For SY 2019-2020							
	Type of Senior High School Graduated From								Type of Senior High School Graduated From							
	Public SHS		Private SHS		State Col/Univ		Total		Public SHS		Private SHS		State Col/Univ		Total	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Maintained	39	73.6	10	71.4	24	64.9	73	70.2	20	64.5	6	100.0	18	46.2	44	57.9
Disqualified	14	26.4	4	28.6	13	35.1	31	29.8	11	35.5	0	0.0	21	53.8	32	42.1
Total	53	100.0	14	100.0	37	100.0	104	100.0	31	100.0	6	100.0	39	100.0	76	100.0
Mean	1.41		1.35		1.42		1.39		1.51		1.44		1.46		1.47	
	f-test = 0.393				Sig = 0.676				f-test = 3.777				Sig = 0.027*			
	p > .05 not significant at .05 alpha								p > .05 significant at .05 alpha							

Cohorts' Status of Scholarship according to Place of Origin

The distribution of the cohorts' status of scholarship for those who started their scholarship during SY 2018 - 2019 by place of origin showed that there are only 3 (100.0%) scholars who were able to qualify and maintain their scholarship who came from a barangay while there are slightly higher percentage of those who came from the towns (71.2%) as compared to those who came from the cities (67.3%). However, there is only a little disparity in their mean GPAs (1.42, 1.38 and 1.43 respectively). The distribution of the cohorts' status of scholarship for those who started their scholarship during SY 2019 - 2020 according to type of high school graduated from showed that all the scholars who graduated from private senior high schools (100.0%) were able to maintain their scholarships as compared to those who graduated from public senior high schools (64.5%) and

state colleges and universities (946.2%). It follows that the mean GPAs of those who graduated from private senior high schools are a little higher compared with those who graduated from either public senior high schools or state colleges and universities (1.44 vs 1.51 and 1.46 respectively). The analysis of variance between the two proportions of respondents (F-test = 3.777, p = 0.027) is significant at 5 percent level. This means that the status of scholarship of the cohorts is significantly associated to the type of senior high school they graduated from. The hypothesis which states that the personal characteristics of the cohorts such as type of senior high school attended is significantly associated with the status of their scholarship found support in this study. This means that the type of senior high school graduated from of the cohort has a bearing in his or her academic performance. Thus, those who graduated from private senior high schools may

have a greater tendency to have high academic performance as well as may have a better chance of maintaining their scholarship. This result simply supports the notion that good or quality education

is being offered in private schools which is the primary factor in the selection of schools for parents who could afford in sending their children to school. This data is presented in Table 11.

Table 11
Distribution of the Cohorts' Status of Scholarship according to Place of Origin

Status of Scholarship	For SY 2018-2019							For SY 2019-2020								
	Place of Origin							Place of Origin								
	City		Town		Barangay		Total	City		Town		Barangay		Total		
	f	%	f	%	f	%	f	%	f	%	f	%	f	%		
Maintained	33	67.3	37	71.2	3	100.0	73	70.2	21	45.7	22	75.9	1	100.0	44	57.9
Disqualified	16	32.7	15	28.8	0	0.0	31	29.8	25	54.3	7	24.1	0	0.0	32	42.1
Total	49	100.0	52	100.0	3	100.0	104	100.0	46	100.0	29	100.0	1	100.0	76	100.0
Mean	1.43		1.38		1.42		1.41	1.45		1.52		1.60		1.52		
	f-test = 0.732				Sig = 0.483				f-test = 3.935				Sig = 0.024*			
	p < .05 not significant at .05 alpha														p < .05 significant at .05 alpha	

Cohorts' Status of Scholarship according to Senior High School Strand

The distribution of the cohorts' status of scholarship according to senior high school strand for those who started their scholarship during SY 2018 - 2019 showed that there is somewhat a big disparity of those scholars who were able to maintain their scholarships depending upon their SHS strands (96.9% for those who have ABM strand, 73.7 % for those in the combined HUMSS/TVL/GAS strands and 52.8% for those in the STEM strand). Their mean GPAs also follow (1.29, 1.45 and 1.48 respectively).

Meanwhile, the distribution of the cohorts' status of scholarship for those who started their scholarship during SY 2019 - 2020 showed also that there is somewhat a big disparity of those scholars who were able to maintain their scholarships depending upon their SHS strands (65.2% for those who have ABM

strand, 83.3 % for those in the combined HUMSS/TVL/GAS strands and 46.3% for those in the STEM strand). Their mean GPAs also follow (1.27, 1.55 and 1.59 respectively). However, the analysis of variance between the two proportions of respondents (F-test = 11.025, p = 0.000) is significant at 5 percent level. This means that the status of scholarship of the cohorts is significantly associated to the SHS strand that they had enrolled in in SHS. The hypothesis which states that the personal characteristics of the cohorts such as strand in SHS enrolled in is significantly associated with the status of their scholarship found support in this study. This means that the strand in SHS of the cohort has a bearing in his or her academic performance. Thus, those entrance scholars who had ABM strand may have a greater tendency to maintain the status of their scholarship.

Table 12
Distribution of the Cohorts' Status of Scholarship according to Senior High School Strand

Status of Scholarship	For SY 2018-2019								For SY 2019-2020							
	High School Strand								High School Strand							
	STEM		ABM		HUMS/TVL/G		Total		STEM		ABM		HUMS/TVL/G		Total	
f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	
Maintained	28	52.8	31	96.9	14	73.7	73	70.2	19	46.3	15	65.2	10	83.3	44	57.9
Disqualified	25	47.2	1	3.1	5	26.3	31	29.8	22	53.7	8	34.8	2	16.7	32	42.1
Total	53	100.0	32	100.0	19	100.0	104	100.0	41	100.0	23	100.0	12	100.0	76	100.0
Mean	1.48		1.29		1.45		1.41	1.59		1.27		1.55		1.47		
	f-test = 11.025 Sig = 0.000*				f-test = 3.093 Sig = 0.051*											
	p < .05 significant at .05 alpha				p < .05 significant at .05 alpha											

Cohorts' Status of Scholarship according to Honors Received during SHS Graduation

The distribution of the cohorts' status of scholarship by senior high school honors received of the cohorts for those who started their scholarship during SY 2018 - 2019 showed that there is some disparity in the number of scholars who have maintained their scholarship based on their SHS honors received (with highest honors = 100.0%; with high honors = 77.4%, and with honors = 55.8%). Their mean GPAs also show a slight disparity (1.37, 1.38, and 1.45 respectively). The analysis of variance between the two proportions of respondents (F-test = 4.753, p = 0.011) is significant at 5 percent level. This means that the status of scholarship of the cohorts is significantly associated to the honors they received during their senior high school. The hypothesis which states that the personal characteristics of the cohorts such as honors received senior high school is significantly associated with the status of their scholarship found support in this study.

This means that the honors received during senior high school of the cohort has a bearing in his or her academic performance. Thus, those who received with highest honors during their senior high school may have a greater tendency to maintain their scholarship status.

For those cohorts who started their scholarship during SY 2019 - 2020 the data showed that there is a big disparity in the number of scholars who have maintained their scholarship based on their SHS honors received, especially between those who graduated with highest honors = 100.0% as compared to those who graduated with high honors = 55.8%, and with honors = 56.7% respectively. Moreover, their mean GPAs also showed a disparity wherein the GPAs of those who graduated with highest honors (1.11) as compared with those who graduated with high honors (1.44), and with honors (1.55) respectively. Moreover, the analysis of variance between the two proportions of respondents (F-test = 1.127, p = 0.330) is not significant at 5 percent level.

Table 13
Distribution of the Cohorts' Status of Scholarship according to Senior High School Honors Received

Status of Scholarship	For SY 2018-2019								For SY 2019-2020							
	Senior High School Honors Received								Senior High School Honors Received							
	Highest Honors		High Honors		With Honors		Total		Highest Honors		High Honors		With Honors		Total	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Maintained	8	100.0	41	77.4	24	55.8	73	70.2	3	100.0	24	55.8	17	56.7	44	57.9
Disqualified	0	0.0	12	22.6	19	44.2	31	29.8	0	0.0	19	44.2	13	43.3	32	42.1
Total	8	100.0	53	100.0	43	100.0	104	100.0	3	100.0	43	100.0	30	100.0	76	100.0
Mean	1.37		1.38		1.45		1.40		1.11		1.44		1.55		1.37	
	f-test = 11.025				Sig = 0.000*				f-test = 3.093				Sig = 0.051*			
	p < .05 significant at .05 alpha								p < .05 not significant at .05 alpha							

Cohorts' Status of Scholarship according to Type of Scholarship Availed

The distribution of the cohorts' status of scholarship for those who started their scholarship during SY 2018 - 2019 and SY 2019-2020 according to type of scholarship availed showed that there is no big difference in the numbers of the scholars who have availed of the Free Tuition scholarships and those who availed of the Half Free and 1/3 Free Tuition scholarships. As for their mean GPAs, it could be seen that those who enjoyed Free Tuition scholarships have a slightly higher mean GPAs compared to those who availed of Half Free and 1/3 Free Tuition scholarships. The analysis of variance between the two proportions of respondents (F-test = 0.672, p = 0.513 and F-test = 0.146, p = 0.865 respectively) is not significant at 5

percent level. This means that the status of scholarship of the cohorts is not significantly associated to the type of scholarships availed, be it Full Free Tuition, Half Free Tuition or 1/3 Free Tuition scholarship privileges. The hypothesis which states that the personal characteristics of the cohorts such as type of scholarship availed by the cohorts is significantly associated with the status of their scholarship did not find support in this study. This means that the type of scholarship availed of the cohort has no bearing in his or her academic performance. Thus, regardless of the type of scholarships availed by the scholars, they may have a greater tendency to have high academic performance as well as may have a better chance of maintaining their scholarships.

Table 14
Distribution of the Cohorts' Status of Scholarship according to Type of Scholarship Availed

Status of Scholarship	For SY 2018-2019							For SY 2019-2020								
	Type of Scholarship Availed							Type of Scholarship Availed								
	Free Tuition		½ Free Tuition		⅓ Free tuition		Total	Free Tuition		½ Free Tuition		⅓ Free tuition		Total		
f	%	f	%	f	%	f	%	f	%	f	%	f	%			
Maintained	10	76.9	18	62.1	45	72.6	73	70.2	2	50.0	8	53.3	34	59.6	44	57.9
Disqualified	3	23.1	11	37.9	17	27.4	31	29.8	2	50.0	7	46.7	23	40.4	32	42.1
Total	13	100.0	29	100.0	62	100.0	104	100.0	4	100.0	15	100.0	57	100.0	76	100.0
Mean	1.37		1.45		1.39		1.40	1.39		1.49		1.48		1.45		
f-test = 0.672 Sig = 0.513							f-test = 0.146 Sig = 0.865									
p < .05 not significant at .05 alpha							p < .05 not significant at .05 alpha									

ANALYSIS OF QUALITATIVE DATA

The qualitative data gathered through an FGD conducted among the university entrance scholars present the issues and challenges they experienced as entrance scholars; their needs to address these identified issues and challenges, and their recommendations to improve the scholarship program of the university based on their experiences during the pre- pandemic times and during the pandemic times.

A.) Issues and Challenges Experienced as University Scholars

When asked about the issues and challenges they experienced as university scholars the themes they identified are as follows: very stringent grade retention policy and the challenge of online learning due to poor internet connectivity and limited financial resources. They expressed how hard it was for them to cope with their learning due to the pandemic. Their retention of knowledge was being challenged

especially because everything was fast tracked. It was difficult for them to grasp their lessons and to budget their time. They were also concerned about distractions during the conduct of their online class.

B). Needs to Address the Experienced Issues and Challenges as Scholars

When the scholars were asked as to what were their needs in order to address their experienced issues and challenges, the common themes that came out were as follows: (1) Giving their best and studying hard as well as coming up with good study habits; (2) Prioritizing academics and giving time for their mental health; and (3) Giving their best, having self-discipline and focusing on their studies.

C) Recommendation to Improve the Scholarship Program of the University

When the scholars were asked for their recommendations as to what or how to improve the scholarship program of the university, the following themes arose: to lower the over- all maintaining

grade point average per semester; to lower the cut-off grade per subject; to lower the grade requirement per subject for those with book allowance; to be given another chance if they had missed to meet the required grade point average or grade cut-off per subject.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Based on the findings of the study, the following conclusions are drawn:

1. Majority of the scholars belonged to the younger group with mean age of 17.45 years old, females, enrolled in the College of Business and Accountancy, finished senior high school from a public school, had STEM as a strand in senior high school, came from the towns, graduated with high honors with general average that ranged from 94.0 % - 97.0%, availed the 1/3 Free Tuition entrance scholarships and could not maintain their scholarships until graduation.

2. The analysis of variance between the two proportions of respondents based on their personal characteristics such as age, sex, senior high school honors received and college enrolled in who have maintained their scholarship for those who started their scholarship during SY 2018-2019 (F-test = 7.444, $p = 0.007$ for age; F-test = 9.519, $p = 0.003$ for sex; F-test = 4.753, $p = 0.011$; for senior high school honors received;

and F-test = 9.749, $p = 0.000$ for college enrolled in) are significant at 5 percent level. This means that the tendency of the cohorts to maintain their status of scholarship is are significantly associated to their age, sex, senior high school honors received and college enrolled in. The hypothesis which states that the personal characteristics of the cohorts such as age, sex, senior high school honors received and college enrolled in is significantly associated with the status of their scholarship found support in this study. This means that the age, sex, senior high school honors received and college enrolled in of the cohort has a bearing in his or her academic performance. Thus, the younger group (aged 17 years old and below) of the cohorts are more likely to have a better academic performance compared to the older group (aged 18 years old and above); the female group of the cohorts are more likely to have a better academic performance compared to the males; those who received with highest honors during their senior high

school may have a greater tendency to maintain their scholarship status and it could be deduced that those cohorts enrolled in the College of Business and Accountancy may have a greater tendency to have high academic performance as well as may have a better chance of maintaining their scholarship compared to those enrolled in other colleges.

3. For those scholars who started their scholarships during SY 2019-2020, the analysis of variance between the two proportions of respondents according to the type of senior high school graduated from (F-test = 3.777, $p = 0.027$); and their place of origin (F-test = 3.935, $p = 0.024$) are significant at 5 percent level. This means that the status of scholarship of the cohorts is significantly associated to the type of senior high school they graduated from and their place of origin. The hypothesis which states that the personal characteristics of the cohorts such as type of senior high school graduated from and place of origin by the cohorts are significantly associated with the status of their scholarship found support in this study. Thus, those who graduated from private senior high schools and those coming from the city may have a greater tendency to have higher mean GPAs and greater tendency of maintaining their scholarship. This result simply supports the notion that good or quality education is being offered in private and city schools which is the primary factor in the selection of schools

for parents who could afford in sending their children to school.

4. The analysis of variance between the two proportions of respondents according to their SHS strand and those who started their scholarship during SY 2018 - 2019 (F-test = 11.025, $p = 0.000$) and those who started their scholarship during SY 2019-2020 (F-test = 3.093, $p = 0.051$) is significant at 5 percent level. This means that the status of scholarship of the cohorts is significantly associated to the SHS strand that they had enrolled in in SHS. The hypothesis which states that the personal characteristics of the cohorts such as strand in SHS enrolled in is significantly associated with the status of their scholarship found support in this study. This means that the strand in SHS of the cohort has a bearing in his or her academic performance.

Thus, those entrance scholars who had ABM strand may have a greater tendency to maintain the status of their scholarship.

5. The analysis of variance between the two proportions of respondents according to type of scholarships availed for those who started their scholarships during SY 2018-2019 and SY 2019 - 2020 (F-test = 0.672, $p = 0.513$; F-test = 0.146, $p = 0.865$ respectively); and for those who started their scholarships during SY 2018 - 2019 and SY 2019-2020 respectively (F-test = 2.934, $p = 0.088$) are not significant at 5 percent level. The hypothesis which states that

the personal characteristics of the cohorts such as type of scholarship availed by the cohorts and school year started are significantly associated with the status of their scholarship did not find support in this study. This means that the type of scholarship availed of the cohort and the school year they availed of the scholarship has no bearing in his or her academic performance. Thus, regardless of the type of scholarships availed by the scholars and school year started, they may have a greater tendency to have high academic performance as well as may have a better chance of maintaining their scholarships.

6. The major issues faced by the scholars were: very stringent grade retention policy and the challenge of online learning due to poor internet connectivity. Giving their best and studying hard as well as maintaining open communication according to them could help address these challenges. Moreover, lowering the over-all maintaining grade point average and cut-off grade per subject per semester are among the major recommendations they had made about the scholarship program of the university.

Recommendations

Based on the findings and conclusions of the study, the following are hereby recommended:

1. The CPU Administration shall take a look into the suggestions and recommendations made by the scholars during their FGD on how to improve the scholarship program of the University such as to lower the over-all maintaining grade point average per semester; to lower the cut-off grade per subject; to lower the grade requirement per subject for those with book allowance to name a few.

2. Another study may be conducted when the time is already normal so that the real picture of the scholars' performance could be captured and could be used as a gauge of the revisions of guidelines of the entrance scholarship program.

3. Studies regarding the other scholarship programs offered by the university may be studied also, like the sports and athletics, faculty and staff dependents, CPBC and IMH dependents, and others which could also serve as an objective review of the guidelines set forth in these different scholarship and grants in aid programs of the university.

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The Researchers

Lived Clinical Experiences of Nursing students Assigned in Intensive Care Unit

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ABSTRACT

This study examined the lived clinical experiences of nursing students assigned in Intensive Care Unit of a private hospital in Iloilo City. Participants were selected through purposive sampling. Data were collected through in-depth interview. The data were then transcribed and analyzed by means of a simplified version of Hycner's (1985) process. The findings revealed three major themes, namely: feelings toward the environment, knowledge and skills enhancement and perception of the experience. The identified themes provide insights toward students' perceptions of experience and approaches to learning over time through observation of and reflection on their on-going participation in the care of critically ill patient.

Keywords: *Lived Experiences, Nursing Students, Intensive care unit, major themes namely: feelings towards the environment, knowledge and skills enhancement, and perception of the experience.*

INTRODUCTION

One of the most valuable components of a nursing program is the clinical learning environment. This setting provides students with unique learning opportunities in which classroom theory and skills are put to the test with real life situations. Student nurses are found to be on the verge of developing the sense of responsibility for the health and well-being of others as having been introduced to the threshold

of clinical practice leaving the safe and supportive teaching environments of their school thru their clinical instructors. They are placed into clinical environments that are perceived as unfamiliar and complex and that require dealings with diverse human relations. Exposure to patients in the clinical areas is considered as one of the most critical experiences for student nurses. It is where they encounter the human side of

nursing. From an educational perspective, the clinical placement is the venue where skills, knowledge and attitudes are developed and the theoretical part of the curriculum are applied, developed and integrated (Newton et al., 2010).

Learning in clinical practice provides up to half of the educational experience for students taking Bachelor of Science in Nursing. Chan (2009) accounts that among student nurses, the clinical nursing environments are perceived as the most influential context for gaining nursing skills and knowledge. Clinical practice is the larger part of education among nursing students, given that the time spent in clinical versus in the classroom is generally three times greater (Locken & Norberg, 2005). Clinical experience in special areas like Intensive Care Unit has been always an integral part of nursing education. It prepares student nurses to be able to do as well as know the clinical principle in practice in this area of specialization. An intensive care unit (ICU), also known as an intensive therapy unit or intensive treatment unit (ITU) or critical care unit (CCU), is a special department of a hospital or health care facility that provides intensive treatment medicine. Intensive care units cater to patients with severe and life-threatening illnesses and which require constant, close monitoring and support from specialist equipment and medications in order to ensure normal bodily functions. They are staffed

by highly trained doctors and nurses who specialize in caring for critically ill patients. ICUs are also distinguished from normal hospital wards by a higher staff-to-patient ratio and access to advanced medical resources and equipment that is not routinely available elsewhere. Common conditions that are treated within ICUs include ARDS, trauma, multiple organ failure and sepsis. Patients may be transferred directly to an intensive care unit from an emergency department if required, or from a ward if they rapidly deteriorate, or immediately after surgery if the surgery is very invasive and the patient is at high risk of complications.

From a clinical perspective, the nurses who preceptor and guide nursing students through weeks of learning experiences see them as potential new recruits to their specialty field of nursing (Happel, 2008). From a student perspective, clinical placements are both stressful (Timmins & Kaliszer, 2002) and rewarding (Hartigan-Rogers et al., 2007) and also viewed as the most important part of nursing education (Myrick et al., 2006). Regardless of the perspective on clinical placements, a plethora of studies have found that clinical placement experiences may influence positively on nursing students attitudes towards the clinical setting in question (Fagerberg et al., 2000, Abbey et al., 2006, Happel & Platania-Phung, 2012 and a recent review by Happel & Gaskin, 2013). Graduate nurses contend that they are

more likely to apply for work in settings where they had positive experiences during undergraduate clinical placements (Edwards et al., 2004).

The clinical setting is a significant learning environment for undergraduate nursing students. However, the learning that occurs in this environment presents challenges that may cause students to experience stress and anxiety. During this preparatory process, students at all educational levels within all kinds of undergraduate nursing programs (i.e., diploma, associate, baccalaureate) reported high levels of stress and anxiety in the clinical learning environment (Carlson, Kotze, & Van Rooyen, 2003; Cook, 2005; Elliott, 2002; Hayden-Miles, 2002; Sharif & Masoumi, 2005; Shipton, 2002). Beck and Srivastava (1991) conducted a descriptive correlational study and found that 94 second-year, third-year, and fourth-year undergraduate nursing students reported clinical experience as the most stressful and anxiety provoking component of the undergraduate nursing program. These findings support those of Timmins and Kaliszer (2002); however, the sample used by these researchers comprised students in their third year of a diploma program. Many qualitative studies within the past 5 years reported a variety of factors contributing to stress and anxiety in undergraduate nursing students in the clinical learning environment. The most common factors include the first clinical experience, fear

of making mistakes, performing clinical skills, faculty evaluation, lack of support by nursing personnel, and theory gap. Theory gap is the discrepancy between what is taught in the classroom and what is practiced in the clinical setting (Carlson et al., 2003; Sharif & Masoumi, 2005; Shipton, 2002; Sprengel & Job, 2004; Timmins & Kaliszer, 2002). High levels of anxiety can affect students' clinical performance, presenting a clear threat to success in a clinical rotation. It is crucial for clinical nursing faculty to foster a supportive learning environment conducive to undergraduate nursing student learning. The purpose of nursing education is to provide the necessary theoretical knowledge and clinical experience to facilitate and prepare undergraduate-nursing students to develop into the professional nurse role.

In recent years, nursing education has been focusing on theoretical education which created a deep gap between theoretical and clinical education. This gap has been frequently mentioned in the research literature with Sandelands (1990) observing that these two ideas were mutually exclusive. Implication wise, students often struggled to see the connection of the holistic grand theorists with the practical world of nursing. Another dimension to this challenge was that theoretical developments informed by research often ran ahead of clinical practice. The theory practice gap created a tension that moved the profession forward over

time – new knowledge led to new practices. From the student perspective the theory-practice gap has been noted as demanding and sometimes left them confused and uncertain about their roles and practice (Corlett, 2000; Ousey & Gallagher, 2007, Hatlevik, 2012). Also, many nursing researchers reported that nursing students, in spite of good knowledge base, weren't skillful in clinical settings. The entrance of these unskillful students to the nursing care system could result to falling of the quality of care day by day.

Previous studies (Beck & Srivastava, 1997; Hart & Rote, 1997) show that clinical experience is one of the most anxiety producing components of the nursing program which has been identified by nursing students. In a descriptive correlational study by Beck and Srivasta (1997), second, third and fourth year nursing students reported that clinical experience was the most stressful part of the nursing program. Lack of clinical experience, unfamiliar areas, difficult patients, fear of making mistakes and being evaluated by faculty members were expressed by the students as anxiety-producing situations in their initial clinical experience. In the study done by Hart and Rote (1997) stressful events for nursing students during clinical practice have been studied. They found that the initial clinical experience was the most anxiety producing part of their clinical experience.

In the qualitative study of nursing student experiences of clinical practice of Sharif and Masoumi (2005); nursing student's experiences of their clinical practice provide greater insight to develop an effective clinical teaching strategy in nursing education. In their study, four themes emerged. From the students' point of view, "initial clinical anxiety", theory-practice gap", "clinical supervision", and professional role", were considered as important factors in clinical experience. The result of their study showed that nursing students were not satisfied with the clinical component of their education. They experienced anxiety as a result of feeling incompetent and lack of professional nursing skills and knowledge to take care of various patients in the clinical setting.

It is crucial for clinical nursing faculty to be aware of the heightened sense of anxiety students may experience during clinical training. It is this heightened sense of anxiety that deserves attention and intervention so students can apply their knowledge skillfully in an environment that is supportive and conducive to learning, which will facilitate success and increase retention.

Critical care is an area that presents many learning opportunities for nursing students. However; the need for critical care education at the baccalaureate level is expected to increase. As intensive care patients require more complex or acute nursing care, clinical practicum in an intensive care unit (ICU) is valuable for

nursing students. This allows students to apply wide array of skills and can observe interdisciplinary teamwork and decision making. Clinical practicum in intensive care unit develops clinical reasoning by organizing information; however, students may have different experiences during their clinical practicum. Augmentation of critical care would not only enrich the undergraduate educational experience, but is also essential in the acquisition of generic skills. These essential skills include assessment, management and effective communication concerning a deteriorating patient. Some studies have focused on determining the adequacy of theoretical knowledge and skills of students than the multidimensional experiences of students. There is limited research on educational experiences of students in critical care units at the undergraduate level and the effectiveness of such experiences in increasing basic knowledge and skills. Traditionally some baccalaureate programs offer brief experiences for students in critical care units within the curriculum of nursing programs so the methods used to provide extended critical care nursing experiences for larger numbers of undergraduate students are rarely discussed. Course Overview Critical care nursing is a requirement for senior baccalaureate nursing students at our college. The course instructors are successfully addressing the student's needs. Critical

care content and clinical experiences are included in required clinical course components at the senior level; fourth year of baccalaureate nursing curricula. The focus of this course addresses multisystem health problems of adult patients with care experiences in a variety of critical care areas through placements rotation schedule. The students are evenly divided in to clinical rotations, with maximum of three students per group. The students are assigned to shared, participatory patient care experiences with the staff nurse preceptors. Students gain direct care experience with the supervision of faculty and or staff nurse preceptors throughout the semester. Patient care assignments are made in collaboration with the staff nurse, nurse managers and the faculty members. Direct patient care, not merely observation, is achieved by assigning student to one patient. The students' performance was evaluated in collaborative efforts between faculty and preceptors using standardized evaluation tool. Daily post clinical conference is held for debriefing clinical experience, challenges, comments and suggestions.

It is therefore an important task to ensure good learning environments in all clinical settings used in nursing education. Ironically, in most cases, students are not well-versed as regards standards and measures of clinical work which consequently restricts them in terms of function in a health care setting.

What could have these student nurses experienced during their placement in the clinical setting through their training years?

Research Question

The study had provide in-depth understanding of the following research questions:

(1) What were the lived clinical experiences of student nurse assigned in the intensive unit?

(2) What constitutes the clinical experienced of a student nurse in the intensive care unit?

Objectives of the Study

The purpose of the study was to understand the lived clinical experience of student nurses assigned in the intensive care units. It examined the nature of the clinical experience of student nurses, particularly the essences that comprise such experience.

Description of Phenomenon of Interest

Phenomenology is an observation and an approach of absolute essences through the analysis of everyone's life experiences. It is a boundless principle which is placed in dormancy the declaration that turns out of the natural attitude, the more to understand them: likewise called philosophy per which the world is consistently there before judgement begins - as an inalienable presence; and all its works and providing that contact with a philosophical

situations. It also continues to be an acquired field of inquiry that cuts across philosophic, sociologic, and psychological disciplines and brings to language perceptions of human experiences with all types of phenomenon.

As explained by the historian, Herbert Spiegelberg (1975), phenomenology is a movement rather than a uniform method or set of doctrines. The account that the historian provided stresses the fluid nature of the phenomenon and the fact that a list of steps to the approach would not replicate the philosophic depth of the discipline. Spiegelberg (1975) outlined phenomenology as the name for a philosophical movement whose main goal is the direct investigation and description of phenomenon as consciously experienced.

In an English translations of the works of Emmanuel Kant, "phenomenon" is often used to translate actions into words. Ershcheinung (appearance), Kant's term for the immediate object of sensory intuition which is the base datum that becomes an object only when explicated through the categories of substance and cause.

Moreover, in a different dimension, there are various grounds or enabling conditions (conditions of the possibility) of intentionality, including abstract, bodily skills, cultural context, language and other social habitude, background, and contextual aspects of intentional

activities. Hence, phenomenology leads from aware experience into conditions that help to give expertise its intentionality. Recent philosophy of mind, however, has focused especially on the neural substrate of experience, on how conscious experience and mental representation or intentionality is grounded in the brain activity (Fontana, 2002).

This research is based on the descriptive phenomenology which is concerned with revealing the essence of a phenomenon under investigation – that is, those features that make it what it is, rather than something else. Hycner's (1985) distinctive process provides a rigorous analysis with each step staying close to the data. The end result is a concise yet all-encompassing description of the phenomenon under study, validated by the participants that created it.

The phenomenological research in this study asked: What is the meaning of the lived clinical experiences of student nurses assigned in the intensive unit? The researchers carried out a research of the subject phenomena as experienced by the student nurses assigned in the intensive unit of a private hospital in Iloilo City with the belief that based on the facts and truths, the reality of the student nurses lived clinical experiences would be understood.

The goal of this study is to understand the lived clinical experiences of the student nurses assigned in the

intensive unit of a private hospital. In this phenomenological study, the main data source was through in-depth conversations with the participants. The researchers worked hard to gain the trust and confidence of the informants since reflection as a way to yield information may be difficult to achieve without trust and confidence.

Specifically, the type of phenomenological approach used in this study is the descriptive phenomenology (Hycner, 1985). The researchers first conducted the familiarization where the data was read through based from the participants' answers. Then, the researcher identified the statement relevant to the phenomenon which is being investigated. The meanings relevant to the phenomenon which arise from the significant statements were formulated through bracketing. After the bracketing, clustering of themes were done with themes that are common across all accounts. The researchers then wrote the full description of the phenomenon incorporating all the themes produced. The themes were then condensed to an exhaustive description that captures those aspects to be essential to the structure of the phenomenon. Lastly, all the fundamental structures made by the participants were verified.

Significance of the Study

The findings of this study could be beneficial to the following stakeholders:

Students Nurses assigned in ICU may use the findings to give them an idea of what to expect and the common experiences of student nurses assigned in the ICU. This can help them prepare and make necessary adjustments to ensure that their assignment in the ICU will prepare them to be better nurses in the future.

Nurse educators particularly those assigned as Clinical Instructors in ICU may use the findings of this study to assist them in shaping effective clinical learning environments for student nurses. Attributes which positively or negatively influenced clinical learning can be used by them as bases. Experiences which are viewed positively by student nurses may be nurtured and those which are viewed negatively can served as bases for improvement. This knowledge contributes to the improvement of nursing education for the production of more efficient nurses. The material might serve as basis for them to be able to assist and offer necessary support to the student nurses while in practice.

ICU staff nurses just like the clinical instructors in ICU may also benefit from the study by considering those experiences of the students which could

make their ICU experiences wholesome and more contributory to their pursuit of nursing education. This could also point out means on how the ICU staff be able to assist and offer necessary support to the student nurses while in ICU practice.

Nursing school administrators may make use of the findings as bases for orientation of Clinical Instructors particularly those assigned in ICUs as well as the student nurses to better prepare them in their assignment, particularly in ICUs.

Scope and Limitation of the Study

As a purely qualitative study, this study had been limited only to the lived experiences of level IV nursing students of a particular nursing school presently assigned in Intensive Care Unit of a private hospital in Iloilo City. This study has nothing to do with the lived experiences of other year levels as well as those assigned in other areas and from other hospitals.

This study had followed the phenomenological method and as such had used Hycner's phenomenological analysis. Findings from this study, in terms of themes and sub-themes, are entirely dependent on this method.

REVIEW OF RELATED LITERATURE

This chapter shows a review of related literature and studies applicable

to the study conducted. These literature provide the researchers the

Philosophical underpinning of the phenomenon and the historical basis of the phenomenon to be studied.

Historical Basis of the Phenomenon

Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life. A core component of nursing education is the clinical experience. Students participate in supervised learning sessions in real world health care environments, which provide them with the opportunity to put what they've learned in the classroom into practice. The clinical experiences of the nursing students showed that they did experience challenges during their clinical rotations. Developing competence and confidence among student nurses is the important component of the nursing practice and the nurse educators should facilitate the process. Nursing theory aims to describe, predict and explain the phenomenon of nursing (Chinn and Jacobs, 1978). It should provide the foundations of nursing practice, help to generate further knowledge and indicate in which direction nursing should develop in the future (Brown, 1964). Theory is important because it helps us to decide what we know and what we need to know (Parsons, 1949). It helps to distinguish what should form the basis of practice by explicitly describing nursing. The benefits of having a defined body of theory in

nursing include better patient care, enhanced professional status for nurses, improved communication between nurses, and guidance for research and education (Nolan, 1996).

The main exponent of nursing-caring - cannot be measured, it is vital to have the theory to analyze and explain what nurses do. Nursing practice is guided by science and theory. Nursing, as a profession, historically has been considered a practice discipline that is a complex, varied, and undetermined. There is an inherent societal obligation for the nurse to use good clinical judgement based on evidenced-based practice that is informed by research. The nurse must “attend to changing relevance as well as changes in the patient’s responses and nature of his clinical condition overtime” (Benner, Tanner, & Chesla, 2009). However, because practice in the individual case is open to variations that are not necessarily accounted for by science (undetermined), the nurse must use clinical reasoning to select and use relevant science (Benner et al., 2009). This means that the nurse must be able to recognize important changes and/or trends in the patient’s condition and use good clinical judgement when providing nursing care.

Basic Knowledge, Skills and Attitudes

Professionalism is expected from all nursing students at all times while in the nursing program. Professionalism is

reflected by life-long learning, appearance and demeanor, respectful communication, punctuality in attendance and assignments, providing service to the community, and engaging in activities that promote nursing.

Punctuality is consistently demonstrating promptness when meeting scheduled class, clinical, lab, and simulated learning experiences. It demonstrates initiative, enthusiasm, and active engagement in learning assignments and clinical experiences. Students are expected to attend class regularly. Specific requirements for class attendance and consequences for tardiness/absences can be found in the Student Handbook. The clinical, lab, and simulated learning experiences, attendance as scheduled is required and tardiness is unacceptable. A reasonable expectation is to arrive at the clinical site a minimum of 15 minutes prior to the start of the assigned clinical time. Tardiness necessitates a plan of action initiated by the clinical instructor or preceptor that requires the student's commitment to be punctual for subsequent scheduled activities. A pattern of tardiness may result in a failing grade for the class, lab, clinical, or simulated learning experience since a lack of personal accountability is inconsistent with professional nursing and safe patient care.

Conflict Management demonstrates collaborative problem solving skills in the event or conflict relevant to the course,

clinical, lab or simulation experience occurs. Conflict management skills include: engaging in timely and constructive dialogue with the immediate participants to clarify the issue; consulting in a timely fashion with advisor, clinical scholar/instructor, or preceptor; accurately identifying the negotiable and non-negotiable issues; and determining an effective strategy to achieve mutual goals, and follow through respectfully with the decision. It constructively uses opportunities throughout the course to communicate questions and concerns relevant to course/assignment outcome competencies. Comments on course, faculty, and preceptor evaluations are specific, and include constructive feedback on effective teaching and learning strategies, as well as recommendations for improvement. Disrespectful behaviors, including making demands, blaming others for one's own mistakes, or demeaning others, are considered unprofessional and are unacceptable in the context of a collaborative and positive learning environment. Unprofessional conduct will be referred to the Dean, who will consult with faculty, administration, and representatives from the affiliating clinical agency, as appropriate, to determine subsequent action, which may include referral to the Student Affairs Committee.

Students are guests in affiliating clinical agencies or practice sites. A

positive working relationship between the College and affiliating clinical agencies is imperative to assure quality placements in sufficient numbers for all students across clinical courses. Unprofessional communication or behaviour reflects poorly on the College of Nursing student body and jeopardizes future clinical placements. Deceleration, suspension, withdrawal are options for students who determine that clinical placements/schedules are unacceptable to them. Students are accountable for all information sent by the College of Nursing, and must commit to checking for updated information as frequently as needed to identify new and changing information.

Respect, courtesy, consideration, respect and positive regard are conditions for learning. Students should demonstrate attentiveness, politeness, consideration for others in all learning environments and with patients, peers, health care providers, faculty, and staff. They should refrain from intruding, interrupting, distracting, or otherwise limiting the opportunities for learning. They should interact with all others with demonstrations of respect, tolerance, and caring. Body language, nonverbal behaviours, including voice tone, and personal opinion must at all times demonstrate professionalism and collegiality. They should demonstrate respect for diversity of race, ethnicity, religion, political opinion, sexual orientation, gender, age, socio-economic

status of patients, peers, and other care providers.

A student may be removed from the class, clinical, lab, or simulated learning experiences for disrespecting the learning or working environment and interfering with the learning or work of others. Return to the class, clinical, lab, or simulated learning experience is dependent on commitment to demonstrate civility.

Confidentiality demonstrates respect for patient confidentiality within and outside the agency. Students should maintain patient confidentiality in all communication, including use of electronic media. Extreme caution must be exhibited in relaying information about clinical experiences in any social networking media (e.g. blogs, Facebook) by never referencing clinical information that identifies people, place, or specific events. Well-intentioned reflection can jeopardize patient rights and your professional standing if perceived as violating ethical and legal parameters of confidentiality, patient privacy rights, and health privacy laws.

Technical Standards

These standards are designed not to be exclusionary, but to establish performance expectations that will enable students to provide safe patient practice with or without accommodations. The standards are program requirements, not individual functional ability requirements.

Observation: Students must be able to observe lectures, demonstrations and patient situations in the practice of health care professions. Observation is necessary to perform competent health assessments and interventions and necessitates functional use of vision, hearing, tactile and somatic senses.

Communication: Students must have the ability to use multiple communication techniques (verbal, written, nonverbal, group processes, and information technology) that enable them to communicate effectively with patients, teachers and all members of the health care team. They must be able to speak, read and write in English. Candidates and students must be able to report to members of the health care team, express appropriate information to others, communicate with sensitivity and teach, explain, direct and counsel patients.

Intellectual, Conceptual, Integrative and Quantitative Abilities: Students must have the ability to measure, calculate, reason, analyze and synthesize data in a timely manner. Problem solving, a critical skill demanded of health care practitioners, requires all these intellectual abilities. Additionally, students must be able to comprehend three-dimensional relationships and understand the spatial relationships of structures.

Motor Skills: Students must possess fine and gross motor function necessary to perform patient assessment and

therapeutic interventions. Such interventions require coordination of both gross and fine muscular movements, stamina, equilibrium and functional use of touch and vision.

Behavioral and Social Attributes: Students must possess the emotional health required for full use of their intellectual abilities, demonstration of good judgment, prompt and safe completion of all responsibilities, and development of mature and effective relationships with patients. They must be able to work cooperatively with others, adapt to rapidly changing environments, think clearly and tolerate physically and mentally taxing workloads under stressful situations. Additionally they must demonstrate moral reasoning and ethical behaviors.

In addition to the standards stated above, students must be able to successfully complete all required components of the curriculum.

Tests and Evaluations: Periodic examinations, both written and practical, are an essential component of the curriculum. In order to progress through the curriculum students must successfully fulfill examination and evaluation requirements.

Clinical Assessment: Essential to the success of a student enrolled in a health care program is the demonstration of clinical competency. The process of evaluation of the clinical performance is an essential component of the curriculum. Participation in clinical

experiences and evaluation of that performance is required.

Nursing Skills which can't be learned in the Classroom

Clinical nursing skills are top-notch with nursing didactics to pass the examination. Clinicals takes a lot more than just solid technical skills and book make smarts to be a great nurse. It takes a special kind of person to be a nurse—a balanced mix of intellectual and people-person. And it's often said that nurses are born, not made. We've listed the top nursing skills you'll need to go from good to great.

1. Cultural Awareness. This is essential to giving complete, patient-centered care. Different cultural beliefs and values influence a patient's view of health, wellness, care, acceptance of and adherence to treatment, and even death.

Understanding, respecting and accommodating patients' preferences and needs with regards to their individual beliefs, customs and practices should be part of both planning and delivery of nursing care.

Recognizing own biases is the first step to giving culturally competent care. From there, increasing knowledge and awareness through educational opportunities of practicing institution or organizations like the Transcultural Nursing Society can help further develop this skill.

2. Professionalism. Outside of external appearance and demeanor, remember that everything you say and do reflects your ethical principles and moral values. Nurses should always exhibit professionalism in front of patients, but also with colleagues as well. Professionalism is a nursing skill encompassing many areas: respect, attitude, integrity, responsibility, and discipline to name a few. Focus on your daily work as part of a collaborative whole, and remember that your day-to-day role and responsibilities are only part of the larger picture of patient care. Tackling your work with a sense of professionalism reflects your dedication to the altruistic ideal of the nursing profession.

3. Attention to Detail. Developing and perfecting your attention to detail not only ensures that you'll avoid a medical mistake, but it also helps you give great patient care. Focus on active listening—observing non-verbal cues from your patient as well as hearing their spoken words. This helps your patient feel understood, not just heard. It also helps you tune in on his or her unspoken concerns and needs. Also try to consider your work from a different perspective. Think of your to-do list as “people-oriented” rather than “task-oriented”. Be present and mindful with each patient encounter and avoid the distraction of the thinking about the long list of other things waiting for you to do.

4. Critical Thinking. Nurses must be problem-solvers. Time and resources are always in short supply, and the to-do list is long. Skills that help bring these into balance will make your life much easier. Critical thinking integrates information, evidence, outcomes, and experiences, and translates them into effective plans and solutions for patients. Identify problems and don't be afraid to discuss them with your supervisor. Keep current with the findings of professional journals and become involved with your facility's quality improvement processes. These are just two ways that you can expand your critical thinking skills.

5. Compassion. Nurses are on the front lines dealing intensely with patients, their families, and barriers in the healthcare system. Maintaining compassion is essential to providing good care, but difficult to do in today's environment. Nurse fatigue is a real phenomenon that requires nurses to take care of themselves first to avoid. Exercise, meditation, or volunteerism can all be effective ways to reconnect and nurture the desire to help others that first led you toward a nursing career. If you find you're having trouble coping on your own, discuss your concerns with your nurse manager. More and more employers are engaging their nurses in courses on self-help techniques and stress management.

6. Time Management. Prioritize your work. Stay organized with personal checklists, flowcharts, or spreadsheets,

and multi-task whenever possible. Utilize your nursing skills of anticipation, delegation, and supervision to this end. Remember, good time management involves people management! Take the time to get to know and understand your facility's available resources and maximize their use.

7. Communication. Nurses are the vital link between patients and providers and must communicate effectively with other healthcare personnel to coordinate patient care. Be concise and logical, and remember that how you communicate information is just as important (or more) as what you say. The same holds true for patient communication. Be calm, measured, professional, and reassuring when dealing with patients and their families. Use visual or written communication aids if they're available and be cognizant of and open to exploring reasons for ineffective communication. Lastly, remember that not everyone communicates in the same way. Take the time to get to know your patients and their families to develop communication strategies that are the most effective and efficient for each of them.

The Clinical Learning Environment

According to Johann Wolfgang von Goethe, "*correction does much, but encouragement does more. Encouragement after censure is as the sun after a shower.*"

Today's clinical learning environments can seem overwhelming. Learners, instructors and staff members all face extraordinary challenges in health care workplaces. Students can be recent high school graduates, adult learners supporting families, or newcomers to the country who are continuing to work on their language and literacy skills. Common concerns are high costs of tuition that result in unmanageable debt, and competition to achieve top marks. Many students travel significant distances to the clinical site and balance heavy study commitments. Similarly, instructors are often employed only on a seasonal or contract basis. They are also balancing work and family obligations that are separate from the clinical learning environment. As well, professional staff members at a clinical site, who are ultimately responsible for client safety and care, are frequently employed on a contract basis and may work at several different facilities. At times, professional staff members may view learners as an additional burden rather than an opportunity for professional development. Non-professional staff may find themselves assisting learners.

Creating a learning community among learners, teachers and staff cannot be left to chance. The complex social context of the current clinical learning environment makes intentional teaching approaches essential, approaches grounded in an

understanding of how learning occurs for students.

The clinical learning environment is equivalent to a classroom for students during their practicums (Chan, 2004), yet few clinical agencies resemble traditional classrooms. In their clinical classrooms, learners hope to integrate into agency routines and feel a sense of *belongingness* (Levett-Jones, Lathlean, Higgins & McMillan, 2008). Learners want to feel welcome and accepted by staff and they want staff to help teach them how to practice confidently and competently (Courtney-Pratt, FitzGerald, Ford, Marsden & Marlow, 2011; Henderson, Cooke, Creedy & Walker, 2012). Students expect and require feedback on their performance and they must have opportunities for non-evaluated student-teacher discussion time (Melrose & Shapiro, 1999) and critical reflection (Duffy, 2009; Forneris & Peden-McAlpine, 2009; Mohide & Matthew-Maich, 2007). Learners need time to progress from one level of proficiency to another (Benner, 2001). Just as learners in classroom environments need support to develop competence in their chosen professions, learners in clinical practicums need a supportive clinical learning environment.

Feelings toward the Environment

The first theme focuses on nursing students feeling toward the ICU environment and how this influence them. There are four subtheme which

emerged, namely, excitement, nervousness, being selfless and difficulties in their exposure in ICU.

It is important to provide positive learning environments for nursing students in order get successful in nursing education (Hacialioglu, 2013). Not only classroom environment but also clinical environments should be satisfying for students and should be meeting the goals of nursing education. ICU is a different and sometimes traumatic experience for patients treated in these units (Haigh, 2006) because of their complexity.

Knowledge and Skills Enhancement

The participants put premium on the areas in their clinical experience' whether or not they be desirable, that helped them improve their knowledge and enhance their skills in the field through mentoring, application of theory into practice and new learning.

The student nurses considered the clinical practice as a vital component of their learning process as it plays an important role in enriching clinical competencies of the students.

From an educational perspective, the clinical placement is the venue where skills, knowledge and attitudes developed in the theoretical part of the curriculum are applied, developed and integrated (Newton et al., 2010). Chan (2009) accounts that among student nurses, the clinical nursing environments is perceived as the most influential

context for gaining nursing skills and knowledge.

The level and amount of knowledge and skills dynamics required to care for critically ill patients impressed the participants, motivate them as a reason of being to work in critical care after graduation and number of assigned patients was positively impacted also as described by a student.

Nervousness

Participants are also faced with diverse real clinical situations which leave them unable to generalize what they learned in theory. These accounts on what the participants mostly felt during their clinical experiences. These involve details on why they felt that certain emotion and its influence in their practice. The participants describe their clinical placements as stressful, nerve-racking and typified by a fear of making mistakes or saying something foolish. Members were confronted with feelings of anxiety and apprehension as they traversed different clinical placements. They confess that in all their clinical rotations, anxiety has always been there and will always be present. Unfamiliarity to wards and procedures is another factor that makes the student nurses tremble.

The participants generally account that all the clinical rotations and experiences make them anxious but they don't let the anxiety and uneasiness interfere with their concentration in doing interventions to provide the best care to

the patients. It coincides with the findings of Mlek (2011) which states that despite the anxiety and stress experienced by the student nurses, most of them were able to perform clinical skills and for the most part of the anxiety did not affect their performance negatively.

New Learning

Critical care is the multidisciplinary approach to the management of seriously ill medical, surgical, and obstetric patients. Critical care is an area that presents many learning opportunities for **nursing students**. It has been strengthened that nursing students benefit from ICU placements by practicing their patient care skills, widen their knowledge by observing complex treatments and care activities.

Perception of the Experience

Nursing students' ICU experience helped them understand the difficulties of nursing profession even though there are very few patients per nurse to take care of. Sharif (2010) defines the clinical practice as an area that allows students to have direct experience with the real world of nursing, to practice the clinical skills required for the job, to learn about general nursing routines and to learn about the responsibility of the nurse that will hone and improve their skills in preparation to becoming a registered nurse.

Awareness of Differences

Clinical practice is the field for student nurses to study, experience and develop nursing competence in relation to different diseases and in different patient situations in cooperation with experienced professionals. It provides an anticipatory knowledge of the organizational contexts in which nursing care is delivered (Boyer, 1990).

A Nurse's Reflection on Her Nursing Clinical Experience (By Utica College ABSN). Clinical rotations are a critical component of your nursing education. Your nursing clinical experience presents the opportunity to work with real patients, experience work environments you may want to pursue once you have earned your Bachelor of Science in Nursing, and learn how you will work with fellow nurses, physicians, and other members of the health care team.

Clinical Reasoning: An Important Aspect of Clinical Skills

Clinical reasoning, also known as clinical judgment, is the process by which clinicians collect signs, process information, understand the patient's medical situation or problem, plan and implement appropriate medical interventions, evaluate outcomes, and learn from this entire process. In a nutshell, medical professionals use clinical reasoning to consider the various aspects of patient care and make a relevant and appropriate decision aimed

at prevention, diagnosis, and treatment of a patient's problem: a critical aspect of strong clinical skills and quality care (Brown, 2018).

The Process

The clinical reasoning process comprises eight main phases. This process is dynamic and hence the distinction between these phases is not remarkable. A superficial breakdown of the process is as follows:

Observe: Carefully observing the patient and his or her symptoms, and listing the facts.

Collect: Collecting detailed information, including both past and present facts related to the patient's health and current medical situation or problem.

Process: Examining or processing the collected information to determine the best possible treatment plan.

Decide: Deciding the most appropriate treatment option for diagnosis, treatment, or prevention based on the in-depth analysis of patient's history and current situation.

Plan: Creating a detailed treatment plan, which may require consulting with associate medical professionals or experts.

Act: Delivering the determined treatment plan efficiently and accurately.

Evaluate: Evaluating the treatment plan's outcomes to gauge its effectiveness.

Reflect: Reflecting on the outcomes and determining whether the treatment plan should be altered or recorded for future reference.

Why Is Clinical Reasoning Important?

In order for clinicians and medical students to handle complicated medical scenarios effectively and successfully, a thorough understanding of the clinical reasoning process is a must. Clinical reasoning is often considered the most important aspect of a clinician's skill set because it has the power to determine the outcome of patient care. Poor clinical reasoning skills often result in a failure to deliver accurate or satisfactory health care. The top three known reasons for adverse or undesired patient care outcomes are: 1) Failure to identify the correct diagnosis, 2) Failure to implement relevant medical treatment(s), 3) Inefficient management of medical complications.

With clinical reasoning skills, accurate patient care can come instinctively, increasing the probability of improved quality of care. However, it'll take plenty of practice!

METHODOLOGY

This chapter shows an outline of research methods that were followed in the study. It provides information on research design, participants of the study, data collection, and method.

Research Design

This is a qualitative study that utilized descriptive phenomenological approach that aimed to explore understand the lived clinical experience of student nurses assigned in the intensive care units and to enhance the understanding of phenomena among human experiences. A qualitative research study corresponding to Mills and Birks (2014), designed to explore a phenomena that affect the lived existence of individuals or groups in a discerning culture or social context. Phenomenology aspired to precisely describe the phenomenon without pre-leading information to a framework, but remaining true to the facts (Groenewald, 2004). More so, using a qualitative research, the researchers would be capable to interconnect with their participants and to see the world from their perspective (Corbin & Strauss, 2015).

Descriptive phenomenological approach is an approach that distinguishes itself from other approaches that are strictly interpretive. There are both descriptive and interpretive moments, but researchers

remain careful to attend to each type of act in unique ways.

Given the nature of the study, phenomenological research was used in understanding the lived clinical experiences of nursing students assigned in intensive care units.

Participants of the Study

The participants in the study included were randomly selected level IV student nurses of CPU assigned in the ICU in one of the affiliated hospital in Iloilo City. The number of participants were dependent on the level of saturation reached as to the responses of the respondents.

Setting of the Study

The study was conducted in one of the hospital in Iloilo where the respondents had affiliated and assigned in the ICU at the time of the study. Intensive care units (ICU) cater to patients with severe and life-threatening illnesses and injuries, which require constant, close monitoring and support from specialist equipment and medications in order to ensure normal bodily functions.

Procedures of the Study

The respondents assigned in the ICU were interviewed after proper consent was being given. The respondents were interviewed one-on-one about their lived

clinical experiences when they were assigned in that certain area and it was recorded for analysis.

The respondents were asked for an informed consent prior to the conduct of the interviews. Especially on having to audiotape the interviews, they were requested to sign a consent form. The purpose of the study had been explained to the respondents to solicit their voluntary participation in the study. These principles were followed to guarantee that the subjects choose to participate at their own free will and that they have been fully informed regarding the procedures of the research project. To observe ethical standards, the respondents were assured of their confidentiality and anonymity. Their right on having to withdraw at any stage of the study had also been defined.

Data Processing and Analysis

The interview were recorded with the permission of the respondent. The recorded interview were transcribed based on the literal/verbatim statements of the respondents. Transcribed recorded interviews were listed accordingly.

Individually, participants were given thirty minutes to one hour to share about their lived experiences. Moreover, one of the features of descriptive phenomenological research which is bracketing was employed in this study in which the researcher shall state personal biases, assumptions, and presumptions

and put them aside (Gearing, 2004; as cited in Shosha,2012). The goal of this study was to keep what was already known about the description. This was, therefore to assure the validity of data collection and analysis and to maintain the objectivity of the study in order to yield the real nature of the phenomenon under investigation. Furthermore, another feature of descriptive phenomenology which was intuiting, utilized openness in regards to the phenomenon under study (Spiegelberg, 1982; as cited in Seamon, 2000). The researchers sought to meet the phenomenon in as free and as prejudice way as possible so that it can present itself and be precisely describe and understood. In this study, intuiting was applied by using open-ended questions to participants to expand discussions in order to create full and rich information and descriptions of their lived experiences of being a nursing student. Lastly, applying reflexivity in the study is an attitude of attending systematically to the context of knowledge, construction, especially to the effect of the researcher, at every step of the research process.

Throughout the interview process, an audio recorder was used to note all conversations to be made and to view the phenomenon through the participant's lived experiences. All interviews were audio taped and transcribed. This allowed all important details from the conversation to be recorded throughout the interview.

Promptly after every session, the interviews was converted into a translated word for word and read several times to apprehend the significance of the whole. Data gathered are disposed after the research is published or after 5 years.

In the analysis of the data, Hycner's phenomenological analysis of interview data was used in order to implicit responses of nursing students' experiences in their clinical exposure in Intensive Care Unit.

Hycner's analysis was followed which include the following:

The interview tapes were transcribed to cover all that were said by the respondent including literal/verbatim statements and non-verbal and paralinguistic communication were noted.

Bracketing and phenomenological reduction were done. The recordings of the interviews were transcribe and in reading the transcript, structure the phenomenon of the respondents of his/her clinical experience in ICU and let his/her meaning emerge from the phenomenon as experienced. The researchers suspended as much as possible the researcher's meanings and interpretations and understanding the meaning of what that respondents is saying. The researchers listened to the entire interview to get that sense of whole, a gestalt. The researchers delineated units of general meaning, go over "every word, phrase, sentence, paragraph, or significant non-verbal

communication" to elicit participant's meaning. Other researchers independently carry out the previous procedures in order to verify the present findings to find out if there are significant enduring differences in findings. The researchers eliminated redundancies by looking over at the list for relevant meanings and eliminate redundancies while consider non-verbal cues that might alter the same literal meaning and do the clustering of relevant meanings. Units of relevant meaning which naturally cluster together were determined particularly those with common theme or essence.

Themes from clusters of meaning were determined and interrogated if there was one or more central theme which expresses the essence of these clusters and the grouping/categorizing of clusters into central themes. The word format was used to highlight clusters that fall on the same category and a summary were written for each interview.

Rigor and Trustworthiness

Researchers expend considerable effort ensuring that the study was rigorous, valid, and applicable in the particular setting of the study which was decided of the client of where she was comfortable with. The participants can acquire trustworthiness through credibility, transferability, confirmability, dependability, and authenticity. First, credibility is a degree in which there is truthfulness and reliable findings

portrayal of the phenomenon to be studied. The researchers remained engaged with the participants for an extended period so as to gain their trust and collect in-depth data. Also, researchers must have considerable time on understanding participant's perceptions and to amend own researcher's biases. Second, transferability was the scope to which the results were generated which the researchers interpreted in accordance to the setting. As Lincoln and Guba noted (1985), "by describing a phenomenon in sufficient detail, evaluated the extent to which the conclusions drawn are transferable to other time, settings, situations, and people." Third,

confirmability applied to the effort of the researcher, not only to develop confidence in the outcome but also to reflect the truthfulness of the participant's perceptions. Dependability was gained through the findings of the study to determine whether the findings and interpretations of the researchers can be supported by another (Miles & Huberman, 2014). Ensuring that the research process was primitive result often depends on the external audits, which contain apparent researches who examined goal, methods, and discovery of the study concluded whether the findings and interpretations of the researchers can be supported.

RESULTS AND DISCUSSIONS

This chapter presents the results and discussion of the participants' lived experiences. The gathered data from the participants were analyzed applying the method used by Hycner (1999). Revealing units as phrases and sentences affiliated to the experience of nursing students were determined. The interrelated meaning units were designated with codes and classified into groups and subgroups based on their likeness and differences. Lastly, similar groups were outlined and labelled with themes and subthemes indicating there was a latent meaning in the text. Code names were used in presenting the data

to maintain anonymity of the participants in this study.

The chapter contains the summary of the experiences of each participant, emerged master themes and sub-themes, discussions, and the essence of the phenomenon.

Findings of the study showed that essence of clinical experience of nursing students assigned in Intensive Care Unit are characterized by three major themes, namely: Feelings toward the Environment, (2) Knowledge and Skills Enhancement, (3) Perception of the Experience. Figure 1 shows the different themes that define the clinical

experiences of nursing students assigned in Intensive Care Unit.

Themes, Categories and Subcategories of the Clinical Experience of Nursing Students Assigned in Intensive Care Unit

Major Themes	Sub-themes
Feelings toward the Environment	Excitement Being Selfless Nervousness
Knowledge and Skills Enhancement	Mentoring Application of Theory into Practice New Learning
Perception of the Experience	Challenging Awareness of Differences Doubts on Self Length of Exposure Difficulties

Definition of Major themes and Sub-themes of the Student Nurses Experience in ICU

A) Feelings toward the Environment

The first theme focuses on nursing students feeling toward the ICU environment and how this influences them. There are four sub-themes which emerged namely, excitement, nervousness, being selfless and difficulties in their exposure in ICU.

It is important to provide positive learning environments for nursing students in order to get successful nursing education (Hacialioglu, 2013). Not only classroom environment but also clinical environments should be satisfying for students and should be meeting the goals of nursing education.

ICU is a different and sometimes traumatic experience for patients treated in these units (Haigh, 2006) because of their complexity.

1) **Excitement.** Despite the difficulties brought primarily by the environment, the group's clinical practice provides deeper insight to develop an effective clinical teaching strategy in nursing education. Expressing whether excitement, happiness, fulfillment, concerns, or dissatisfaction with clinical learning experiences really generated an interest to formally investigate the experiences of student nurses during placement in clinical learning environments that include hospital wards and units, the community and health clinics (Tiwaken, et al, 2015).

Here are some of the student nurses' statement that they are excited to be assigned in ICU.

"Excited ma'am kay syempre new special area para sa amon kag kami guid nga daan sa batch namon nga mauna assign sa ICU."

"Ah, the first moment, it was a kind of excitement. Excitement because it's a new area. Excitement because I find something new."

"Excited guid ko kay sang third year kami pirme lang sa ward kami na assign. Kay kon sa ICU excited ko, syempre ang gin lesson ma-relate namon".

2) Being Selfless. When you're being selfless, you're thinking of other people before yourself. Student nurses are found to be on the verge of developing the sense of responsibility for the health and well-being of others as having been introduced to the threshold of clinical practice at early adulthood. Leaving the safe and supportive teaching environments of their school, they are placed into clinical environments that are perceived as unfamiliar and complex and that require dealings with diverse human relations (Tiwaken, et al, 2015).

The following comments by the students are examples on this theme:

"My experience is very fulfilling because it did not only enhance my skills but it also really give me a passion to really care for my patients."

"It was very fulfilling and rewarding to see like your patient and to see patient's folks, their eyes light up when

they see you and they were very very thankful and appreciative of you and it makes me more closer to God and make me feel a better person."

"Kon may pamangkot ka man bi kon kis-a e share mo man sa imo classmates. Kay kon kis- a ang patient daw may amo ni nga apparatus dapat e share mo man sa ila. Kay para mabal-an man nila sa future nga amo ni gali ang nakita ko sa akon nga classmate. Daw ma familiarize nya man bala, indi nga ikaw ikaw lang to ya, ikaw lang kabalo. "

3) Nervousness. Unfamiliarity to wards and procedures is another factor that makes the student nurses tremble. Mlek (2011) states that despite the anxiety and stress experienced by the student nurses, most of them were able to perform clinical skills and for the most part of the anxiety did not affect their performance negatively. These accounts on what the participants mostly felt during their clinical experiences. These involve details on why they felt that certain emotion and its influence in their practice.

The students expressed their feelings that they are nervous during their first time of exposure in ICU by the following statements:

"I was really nervous because of course when I walk into the ICU, the first thing you see are the patients who are acutely ill, and you see many tubings attached to them."

"Actually maam ang first ko nga suctioning sa ICU, daw ka kululbaan sya

maam kay kon mag sulod ang suction daw ang patient mo daw indi ka ginhawa.”

“At first, na fell ko gid nga nervous ako kag scared kay sa endorsement namon bala nga mga students hambal nila nga daw medyo toxic bala sa ila pagduty, every hour ka gid naga monitor and then wala sila pungko-pungko, dason damo daw apparatus.”

B) Knowledge and Skills Enhancement

The participants put premium on the areas in their clinical experience' whether or not they be desirable, that helped them improve their knowledge and enhance their skills in the field through mentoring, application of theory into practice and new learning. The student nurses considered the clinical practice as a vital component of their learning process as it plays an important role in enriching clinical competencies.

From an educational perspective, the clinical placement is the venue where skills, knowledge and attitudes developed in the theoretical part of the curriculum are applied, developed and integrated (Newton et al., 2010).

This theme include the following sub-themes: mentoring, application of theory into practice and new learning.

1) Mentoring. Chapman (2002) emphasizes in her study that personal characteristics of the clinical teacher and agency staff such as, being supportive, encouraging, resourceful, confident,

approachable, friendly, available, helpful, understanding, welcoming, and having the students' interests at heart, were all important aspects which the students perceived as enhancing their clinical performance. Nabolsi et al. (2012) claimed that students need the continuous support of their instructors or preceptors. Students were concerned about the manner in which the faculty/staff interacted with them, believing themselves to be worthy of respectful treatment.

Support from faculty and clinical staff is a key for students' progress and success. Couching, student-centred approach, respect, appreciation of individual student's concerns, and well-prepared preceptors who enjoys teaching and learning were positively impacted.

The following are examples of the student comments of this theme:

“My clinical instructor, classmates and ICU staff were very supportive and the reason I was able to feel so independent. Although I felt like I could act on my own, knowing I had a strong and positive support system helped me become more confident. The ICU staff and clinical instructor guided and gave us direction. They were always willing to answer any questions and come down to our level to help us understand.”

“I love ICU much better than the ward, just because particularly the staff here are so accommodating. They are

willing to help, like oh.. you want to do this.. you will be fine.”

“The personnel there, they’re very welcoming, I thought that you know that if you are in acute settings, that they would really be autocratic, and very strict to us but they trust us once we know our nursing basic skills and if we’re unsure they are always willing to teach us.”

“Gapamangkot man kami sa mga staff, willing gid sila magtudlo. Si maam man nga amon CI, willing man sya magtudlo sa amon.”

2) Application of Theory into Practice. For the application of the theoretical side of nursing in the clinical learning settings, clinical teaching is highly needed. Clinical teaching is the means by which student nurses learn to apply the theory of nursing and facilitating integration of theoretical knowledge and practical skills in the clinical setting which becomes the art and science of nursing.

Taking responsibility in patient care helps nursing students feel confident and transform their theoretical knowledge to clinical practice (Karaoz, 1997). Preparing nursing students for clinical experience and giving reliable information to help them develop confidence are important efforts to guide nursing students in integrating theoretical and clinical knowledge (Karabulut & Ulusoy, 2008; Mould et al., 2011).

One of the most valuable components of a nursing program is the

clinical learning environment. This setting provides students with unique learning opportunities in which classroom theory and skills are put to the test with real life situations.

Here are some of the student nurses comments about their learning in ICU.

“Kon sa ICU dira mo ma picture out ang mga na lesson mo sa MS nga daw indi mo lang makita sa slides lang pirme, indi mo lang makita sa libro lang. Kon baga ang imo nursing practice nga gintun-an from 1st year daw dira mo ma apply.”

“Ang first risk ko daw ma culture shock ako sa mga bag-o nga mga apparatus nga nakita ko, kay sa libro lang namon makita, sa slides lang namon makita sa classroom.”

“First ko nga suction indi gid ko gawa confident. Ti syempre, ang amon na learn sa libro lang nabasa kay amo ni siya, pero lain gid ya ma’am nga e apply mo na sa actual gid ya.”

3) New Learning. It has been strengthened that nursing students benefit from ICU placements by practicing their patient care skills, widen their knowledge by observing complex treatments and care activities.

Critical care is the multidisciplinary approach to the management of seriously ill medical, surgical, and obstetric patients. Critical care is an area that presents many learning opportunities for **nursing students**, as evidenced by the following statements of the nursing students:

“Na improve maam ang akon learning sa ICU, kay damo ko experience sa ICU nga wala sa ward, kay lain-lain nga mga cases nga daan. Kag kon kabalo ka mag case analysis, indi lang siya experience, makadugang sa imo gid nga knowledge maam.”

“In reality, it’s really nice that everyday you’ve learn something, even you are doing the same procedure. You learn something new that’s what I like.”

“Kon ara ka sa ICU damo ka ma experience, damo ka makita nga mga bag-o nga wala sa ward. Ang iban bal-an maam indi ko makilala kay indi namon nakita sa ward, namag-uhan kami kon baga ano ni na attached sa patient nga daw bag-o ko lang nakita”.

“Damo ka man nakita, ma experience kag damu ka maubra nga indi mo maubra sa ward. Ang mga machines nga sa ICU mo lang gid makita, tulad sang mga ventilators.”

C) Perception of the Experience

Nursing students’ ICU experience helped them understand the difficulties of nursing profession even though there are very few patients per nurse to take care of. Chan (2009) accounts that among student nurses, the clinical nursing environment is perceived as the most influential context for gaining nursing skills and knowledge.

This theme has four sub-themes which included challenging, awareness of differences, doubts on self, length of exposure and difficulties.

1) **Challenging.** Sharif (2010) defines the clinical practice as an area that allows students to have direct experience with the real world of nursing, to practice the clinical skills required for the job, to learn about general nursing routines and to learn about the responsibility of the nurse that will hone and improve their skills in preparation to becoming a registered nurse.

The following statements of the nursing students support this sub-theme:

“But then, once you have hands on experience, you will develop your confidence day by day.”

“You just do it, you have to have mind set, that when you go into your shift, I have to do this today. I can’t complain, even I’m tired, I have just to do it.”

“In ICU you see the direct effect on your patient. You’re doing something meaningful, you know vital signs is important. In ICU, there such a fine line between something very bad, keeping your patient stable, so, having it can shift your toes. It’s challenging.”

“Daw may mga times bala nga indi ka kapungko, pero daw ok lang bala kay at the end of the day you do something with your patient. Daw ka fulfilling man bala nga may natapos ka nga task properly.”

“Maayo lang gani maam nga naka assign ko sa ICU. Kay didto ko gid na develop kag na enhance ang skills ko. Kon baga mahambal mo sa self mo nga competent ka na sa nabal-an mo. Didto

mo gid ma challenge ang self mo kon diin ka gid asta bala."

2) **Awareness of differences.** It taught me how to operate equipment that are new to me that are of great help for the patients." Chapman et al. (2002) found that the students considered clinical practice as an essential component of their learning process.

The following expressions were said by the nursing students:

"It doesn't compare or no other rotation compare to what I learned in the ICU, coz in the ICU, you were taught almost full control of your patient, one-on-one and you really get to know your patient in depth, and really get to go through out all of his records because you have to be careful because your patient is near dying, and you should be really alert for any untoward signs and symptoms".

"In the ICU, it's kind of already given that you have to handle all those things and you have to divide your time and know that every single minute counts in the ICU, so within those short eight hours that we have spent there, we have to do as many of the nursing interventions as we can".

"I feel like being in the ICU, I would really advance professionally and you develop that passion for nursing, that is really important that when you're a nurse because most people take up nursing to get out and work abroad, but for me, nursing is something passionate about caring for people".

"Critically-ill patient, you have to put them first. So, if I think I am hungry or I want or find myself complaining sometimes, I'm tired or I'm this or I'm that, I just think about you know my patient. Imagine how they feel, they have all this procedures done to them. They have this tube and every hour their waking up."

"Dason ang routines mam daw hectic gawa sa ICU, siyempre every hour ang monitoring. Sa ward ang iban nga student nurses kon wala ubrahon ga pungko na lang pero sa ICU indi gawa ka pungko."

"Kailangan gid nga kon mag care ka superhands-on sa imo mga patient. Kag na put ko man sa mind ko kon mag care ko with respect and gentleness."

"Kay i believe na pag you're used na sa ICU ma'am handling all kinds of patient, daw it is not so difficult na once you are assigned sa other departments because sa ICU palang ma'am daw ara na tanan".

3) **Doubts on Self.** Davis (1983) states that during the process of becoming a nurse, nurses present a great deal of self-doubt and uncertainty and therefore they start looking for people to whom they feel they could take their problems and their views of themselves as people and as nurses.

The students felt that they have no confidence in their abilities and decisions the first time they were assigned in ICU, as evidenced by the following statements:

“Kon kaisa gina doubt mo self mo bala nga feeling mo kis-a sang sa ward ka bal-an ko ni. Pero sang didto ko sa ICU lain gid ya ang feeling, what if mahimo mo ni nga procedure sa patient mo nabalan mo bala anong matabo kag efecto sa patient mo.”

“Kis- a daw gina doubt mo man imo kaugalingon, karon kon e turn ko ang akon patient, ano unahon ko, ano ubrahon ko.”

“Kay kis-a ang confidence ko nga ma sure gid na bala ma’am. Amo na nga ga ask gid ako sa CI kon indi ko sure. Kay amo na kon kaisa nagakulangan ako sang self-confidence kon indi ko super master ang isa ka bagay.”

4) **Length of Exposure.** The length of exposure of the students in the ICU environment could mean more clinical experience on their part. Clinical experience plays an important role in the development of expertise, particularly when coupled with reflection on practice (Rassafiani, 2009).

Here are some of the nurses’ comment on their length of exposure in ICU.

“Kay gusto ko man tani ma experience ang mga challenges sa ICU kay siyempre ang gina care mo mga critical. Gusto ko man tani nga damo ako ma experience galing kaso daw limited lang ang exposure ko kag first time ko lang mag suction kahapon.”

“Bitin sya maam kay daw 3 weeks lang kami kag sa pagduty para sa akon kon may 1 week pa be e grab ko gid ang

opportunity kag willing pa gid ko ma assign liwat kay damo ka pa gid ma learn, kay damo pa cases nga rare gid nga ara sa ICU.”

5) **Difficulties.** Complicated nature of ICU environment, intense procedures, ringing alarms, and variety of monitors, patients’ poor prognosis and struggling, intubated patients make ICU environment even more stressful. ICU environment is described as a frightening place where patients are in pain and these entire negative facts require well-equipped nurses.

Student nurses should be supported in addressing and overcoming fear and anger, so as to provide quality nursing care. Support should be given to student nurses to enable them to identify and handle conflict associated with caring for patients (Naude & Mokoena, 1998). The accompanist for student nurses should develop strategies to build trust and create a caring environment for student nurses (Naude & Mokoena, 1998). Bayoumi et al. (2012) stated that lack of clinical experience, unfamiliar areas, difficult patients, fear of making mistakes and being evaluated by faculty members were expressed by the students as anxiety-producing situations in their initial clinical experience.

The following transcribed responses go in consonance with the account that they have experience difficulties:

“I’ve got scared because you don’t really want to touched those because you don’t want to touch the wrong button or

anything especially like with ventilator machines. So, I was scared at first but then once I knew the ins and out of the parameters of the ventilator machines and all of the different tubing and how to work the infusion pump”

“There was a patient I had that was very restless and very strong. He was intubated attached to a ventilator. Hourly monitoring and positioning was very tiring because he would keep moving around and pull away whenever we tried to position him or take his vital signs. It

was a very frustrating and tiring experience for me because he was very strong, would not stay still and I had other responsibilities. I was falling behind because I could not take his blood pressure”.

“First time ko mam nga mag handle sang patient nga restless gid sya kag irritated kag nabudlayan ako daw amo na nga nabudlayan gawa ako, luwas pa nga may feeding siya. First ko to gali nga mag Neuro vital signs.”

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The primary objective of this research was to understand the lived clinical experience of student nurses assigned in intensive care units. Specifically, the researcher wants to know the lived clinical experiences of student nurses assigned in the intensive care unit, and the essence of the clinical experience of a student nurse in the intensive care unit.

This qualitative research was guided by Hycner’s phenomenological analysis. The participant of the study composed of level four students assigned in intensive care unit. In-depth interview was done to collect data and recorded using electronic device. The data saturation point occurred upon the interview of five participants. Bracketing and phenomenological reduction was done.

The recorded interview was transcribed, structured on the phenomenon of the participants’ clinical experience in ICU and let the meaning emerge from the phenomenon as experienced. The researchers eliminated redundancies by looking over the list for relevant meanings. Themes and sub-themes from clusters of meaning was determined.

Findings

This qualitative study revealed the following findings:

The lived clinical experience of nursing students assigned in ICU revolved around the following themes and sub-themes:

1. Feelings towards the environment included sub-themes on excitement, being selfless and nervousness.

2. Perception of the experience included sub-themes on challenging, awareness of differences, doubts on self, length of exposure and difficulties.

3. Knowledge and skills enhancement included sub-themes on mentoring, application of theory into practice and new learning.

Conclusions

Based on the above findings, the following may be concluded on the lived clinical experience of nursing students assigned in ICU:

1. The nursing students assigned in ICU have mixed feelings toward the environment. This was characterized by excitement, nervousness and being selfless.

2. The nursing students assigned in ICU have realized that their knowledge and skills were enhanced through mentoring, application of theory into practice and new learning.

3. The nursing students assigned in ICU have different perception of their experiences. They perceived their experiences as challenging, awareness of differences, doubts on self, length of exposure and difficulties.

Recommendations

Based on the findings of the study, the researchers presents the following recommendations:

1. Since the student nurses assigned in ICU have experienced nervousness, doubts on self and difficulties, strengthening of the orientation of the facilities set up, equipment and procedure before exposure to ICU is recommended. Clinical instructors and ICU staff should be conscious of these and should provide necessary support to negate these experiences.

2. Simulation exposure to student nurses in order to have a bit of a grasp of what is happening in the actual setting is also recommended before assignment to the ICU.

3. Further studies and updated scenario on some cases encountered in the clinical setting of ICU is further recommended.

4. Findings may be used to assist nurse educator in shaping effective clinical learning environments for student nurses and development of teaching strategies on student nurses

5. The material may serve as basis for the nurse educators to be able to assist and offer necessary support to the student nurses while in practice.

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This study is dedicated to all of you, wherever you are in the four corners of the universe.

Finally, the Lord Almighty for all the strength, wisdom, and countless gifts granted to them.

The Researchers

Parent's Knowledge about Epilepsy, Medication Adherence, and Quality of Life among Children with Epilepsy

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ABSTRACT

Quality of life (QOL), composed of four domains (cognitive, emotional, social, and physical), is a recent focus of management of chronic diseases. This study primarily aimed to determine the relationship between parent's knowledge about epilepsy, medication adherence, and quality of life among children with epilepsy. Although knowledge is high, misconceptions about the condition still exist. Adherence to the prescribed medication regimen was also poor. Cognitive, emotional, social, and overall QOL were high, but physical QOL was low. The overall QOL and social domain were influenced by both knowledge and adherence scores. With these findings, the QOL of CWEs must be given attention by healthcare practitioners and in academic institutions.

Keywords: *Quality of Life, Person with Epilepsy (PWE), Seizure Disorder, Compliance*

INTRODUCTION

Background and Rationale of the Study

Epilepsy is a disorder that comes without warning. It snatches the consciousness of a person, and the entire body begins to convulse as if demons are being shaken out. As soon as the convulsive fit is over, the person falls into the post-ictal state unaware of what came over him – an epileptic attack being described in a local publication (Paragua, 2011).

Epilepsy, a chronic neurological disorder, affects people of all ages. The World Health Organization (WHO)

estimated that around 50 million people worldwide are affected by this disease condition with incidence higher in developing countries than in developed ones (Joseph, Kumar, and Nelliyanil, 2013). In the local setting, the number of afflicted persons approaches nearly a million (Paragua, 2011).

The International League Against Epilepsy (ILAE) and Philippine League Against Epilepsy (PLAE) emphasized that improving the quality of life (QOL) of children with epilepsy (CWEs), rather than just reducing the frequency of

seizures, should be the priority in the management of epilepsy. QOL represents the evaluation of the impact of a health condition and its corresponding treatment. Its multidimensional nature, covering the physical, emotional, mental, social, and behavioral components of well-being has allowed researchers and clinicians to perceive how a CWE lives daily with consideration to their well-being and activities of daily living (Sieberer et al., 2006).

Pediatric epilepsy is a complex neurological condition characterized by the unexpected, episodic, and chronic nature of a variety of seizures (Ronen et al., 2003 and Kasper et al., 2015). Global studies showed a decline in quality of life of Children with Epilepsy (CWEs) within six months from diagnosis (Speechley et al., 2012). Cognitive, emotional, social, and physical functioning were eventually affected also (Jolfaei et al., 2015). Seizure attacks were also shown to have an unfavorable impact on the school performance of CWEs (Hirfanoglua et al., 2009). Despite the seizure control offered by medications, CWEs and their parents are still anxious about the possibility of having an attack in public (Heersink, 2015).

Neurologists and healthcare practitioners suggest that knowledge of the parents must be continuously assessed to determine their readiness to respond in acute situations. Surprisingly,

almost 2 in every 10 individuals believe that seizure is caused by the possession of evil spirits and almost half opted for spiritual healing for a cure (Kabir et al., 2005). In Cambodia, people labeled epilepsy as “mad pig disease” while in Nigeria, they believed that the “foam” from the child’s mouth during the seizure attack is the infectious causative agent (Tran et al., 2007 and Akpan et al., 2013).

Parallel to the above findings, adherence with prescribed medications among CWEs has been consistently poor, with reports of non-adherence ranging from 35 to 70 percent only (Carborne et al., 2014). Studies from 1992 to 2015 revealed that only about three-fourths of the patients are compliant with the therapy (Cramer, 1992; Asadi-Pooya, 2005; and Malik et al., 2015).

In the Philippines, QOL studies were focused more on chronic diseases such as cancer and end-stage renal disease. The literature on epilepsy statistics, management, and patients’ concerns was scarce. Non-adherence to medications, although undocumented on local journals and studies, was observed by health professionals in emergency and diagnostic departments.

The PLAE, a nonprofit organization of health professionals committed to the improvement of the quality of life of CWEs in the Philippines, in collaboration with DOH, celebrates the National Epilepsy Awareness Week and International Epilepsy Day every

February. Their campaign slogan emphasizes the importance of KKK ('*Kaalaman*' or Education as the Key, '*Kaligtasan*' or Staying Safe, and '*Kalusugan*' or Being Responsible). The organization also conducts lectures, symposia, and training among employers, administrators, parent organizations, urban doctors, and health professionals to increase their awareness about epilepsy.

Despite these efforts, Dr. Marilyn Ortiz (2015), PLAE president, acknowledged that misconceptions and non-adherence to medications remain prevalent because of the lack of knowledge about its significance. In the locality, there are still several instances of requisition of prescription pads in late hours because of consumed AEDs. Also, families from lower socioeconomic strata tend to stop their medications because the attack did not recur for several days.

The trend in treatment and management of epilepsy has greatly improved over the decades; however, quality of life among this population remains to be affected. Thus, this study was conducted to identify the factors associated with quality of life of children with epilepsy.

Objectives of the Study

This study primarily aimed to determine the relationship between parent's knowledge about epilepsy, medication adherence, and quality of life among children with epilepsy.

Specifically, it aimed to answer the questions:

1. What is the parent's level of knowledge about epilepsy?
2. What is the adherence to medication regimen?
3. What is level of Quality of Life among Children with Epilepsy (QOLCE)?
4. Is there a relationship between parents' knowledge about epilepsy and adherence to medication regimen?
5. Is there a relationship between parents' knowledge about epilepsy and QOLCE?
6. Is there a relationship between adherence to treatment and QOLCE?

Theoretical Framework

This study is anchored to the Quality of Life Model by Wilson and Cleary (1995). According to this model, quality of life of people with illness is composed of several dimensions including physical, mental, emotional, and social dimensions. The model explicates that individual characteristics, social environment characteristics, and symptoms are linked to general health knowledge and role participation. Along with the disease symptoms, is linked to the knowledge of the individual about the disease and their role participation which includes adherence to medications.

Conceptual Framework

In this study, the child as an individual faces epilepsy as a life-changing process. Their quality of life (QOL) may be affected in cognitive,

emotional, social, and physical aspects. The parent's knowledge about epilepsy and adherence to medication regimen

may intertwine to influence the quality of life of children with epilepsy (QOLCE).

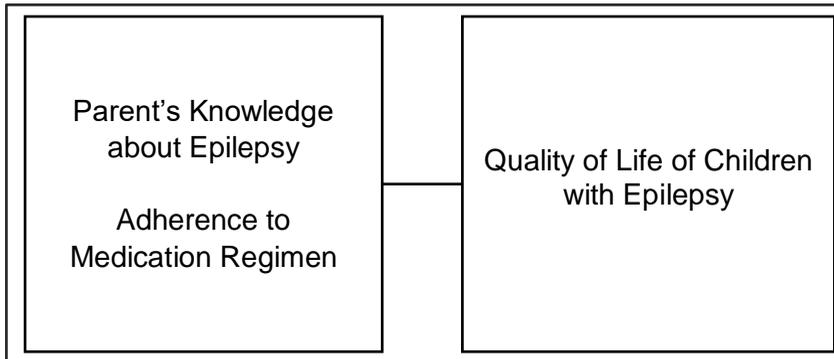


Figure 1. Conceptual Framework of the Study

Definition of Variables

Parent's Knowledge about Epilepsy refers to the parent's understanding of epilepsy (Modi et al., 2010). It was measured using a 10-item True or False researcher-made questionnaire. It was categorized as high knowledge and poor knowledge.

Adherence to Medication Regimen refers to the adherence to the prescribed treatment (Modi et al., 2010). It was measured by a 6-item questionnaire answerable in a Likert scale as follows: 0 – Never, 1 – Sometimes, 2 – Most of the Time, and 3 – Always. It was categorized as adherent or non-adherent.

Quality of Life of Children with Epilepsy (QOLCE) refers to a multidimensional construct that covers physical, emotional, mental and social domains as assessed by their patients (Ravens-Sieberer et al., 2006). In this

study, it refers to the Quality of Life of Children with Epilepsy (QOLCE) which includes the cognitive, emotional, social, and physical functioning of children diagnosed with epilepsy as perceived by their parents. It was measured using a validated questionnaire entitled Quality of Life in Childhood Epilepsy Questionnaire (QOLCE-55) Version 1.0 English by Goodwin et al. (2015).

Significance of the Study

Nurses. Through the findings of this study, the nurses will be able to identify the needs of a particular group of clients (patients with epilepsy). Care plans can be formulated to address factors associated with the adherence to medications and QOLCE. Furthermore, if the parent's knowledge of the disorder can be evaluated, there will be a basis for the formulation of EIC (Education,

Information, and Communication) campaign on seizure disorders.

Children with Epilepsy (CWEs) and their Parents. The CWEs and their parents, through the findings of this study, may identify the significant factors that could influence the quality of life of a child with epilepsy. They may also be able to identify what aspect of QOL is severely affected by the condition. Through this, they may be able to seek support from the community, discuss with other mothers and parents, and approach their neurologist for advice.

Barangay Health Workers and Organizations. The barangay health workers and health-related organizations such as Philippine League Against Epilepsy (PLAE) may also utilize this study as the basis for the formulation of programs for members of the population with epilepsy. Furthermore, programs for the community member, including the

parents, may also be planned to educate them on what to expect and what to do when a seizure attack is witnessed.

Future Researchers. They can use the findings of this study for the review of related literature and as the basis for the conduct of future studies related to seizure disorders. This study may be conducted in another institution with consideration for other variables.

Delimitations of the Study

This descriptive correlational study was conducted in outpatient neurologic clinics in Iloilo City, Philippines. The study subjects are pediatric clients aged 4 to 18 years old that are seeking consultation at the neurologist's clinic with a known history of two or more unprovoked seizures. The data were gathered from the child's parent who accompanied the child during the consultation.

RELATED LITERATURE AND STUDIES

This section discusses the related studies on knowledge, adherence, and quality of life among children with epilepsy. Due to the dearth of current literature (i.e., five years recent), literatures within the past decades were included.

Knowledge about Epilepsy

Knowledge about epilepsy varied among groups. For example, in Brazil,

first-year students were found to have inadequate answers about epilepsy and first aid measures for seizures (Caixeta et al., 2007). On the other hand, teachers in Nigeria even believed that the foam from the mouth of a convulsing child with epilepsy is the infectious agent (65 percent) (Akpan, Ikpeme, and Utuk, 2013). In India, about three-fourths of the parents knew that epilepsy is a brain disorder while less than a tenth was

aware of all treatment options. The scores on disease and treatment knowledge were found to be significantly low (Shaju, Vinayan, and Abraham, 2014).

Adherence to Medication Regimen

Medication compliance is expected among seizure clients as most of them have already experienced at least two seizures before the diagnosis is made. In 1992, when compliance records were reviewed, compliance was only three-fourths (Cramer, 1992). Over the years, partial compliance was noted among patients under 18 years of age diagnosed with a seizure disorder (Asadi-Pooya, 2005). In India, noncompliance on medications was observed in 18.1 percent of the cases and was more prominent among patients on polytherapy (Joseph et al., 2013). Among neurology outpatient clients, the was only suboptimal compliance (Babu et al., 2009 and Malik et al., 2015).

Quality of Life in Childhood Epilepsy

A study on health-related quality of life (HRQOL) of children 4-12 years old with new-onset epilepsy revealed that half of the respondents experienced clinically meaningful improvements in HRQOL; however, one-fifth declined after six months. Cognitive problems, poor family functioning, and high demands from the family members were the risk factors identified (Speechley et al.,

2012). Patients in the USA aged 2-18 found out that children and adolescents with epilepsy had a similar or even better HRQOL than others with chronic conditions (Ingerski et al., 2010). In India, high level of QOLCE were noted (Aggarwal, Datta, and Thakur, 2011).

Cognitive Functioning. In Morocco, it was found that more than one-third of the CWE had at least one personality disorder (Jolfaei, Esfahani, Jalali, and Tamannai, 2015). Mental slowness, memory impairment, and attention deficit were also frequent in earlier studies (Rijckevorsel, 2006).

Emotional Functioning. Emotional functioning was noted to be lower among CAWE (children and adolescents with epilepsy) (Haneef et al., 2010 and Wanigasinghe et al., 2010). Clients with more seizures were found to have more depressive and affective problems (Tavares, Puka, and Smith, 2015).

Social Functioning. The social stigma linked with epilepsy is continuously observed despite global campaigns. In the United States, it was found out that patients with epilepsy had lower social and school functioning scores compared to the norm (Haneef et al., 2010). In Vietnam, 56% of one thousand randomly selected people expressed that they would not allow their son or daughter to marry someone with epilepsy (Cuong, Thien, and Jallon, 2003). In Turkey, less knowledgeable caregivers or parents lead to poorer performance at school, minimal social

support, lower self-esteem, and more incidence of anxiety and depressive symptoms. Furthermore, family activities were less-restrictive if they were knowledgeable and these parents reported worrying less about their children (Hirfanoglu et al., 2009). Patients, whether the diagnosis is disclosed or undisclosed, were

distressed by having a seizure in public (Heersink, 2015).

Physical Functioning. Physical functioning of children and adolescents with epilepsy is lower compared to the normative data (Haneef et al., 2010) and their siblings without the disease (Baca et al., 2010).

METHODOLOGY

Research Design

This descriptive-relational study utilized the one-shot survey design. The descriptive type of study finds answers to the questions who, what, when, where, and how. This design allows description of a phenomenon for a specific period with consideration to the identified factors.

Study Population and Respondents

The study population included children with epilepsy who sought consult in a pediatric neurology clinic. Seventy-two (72) parents participated during the study period. The following inclusion criteria were used to identify the study subjects: (a) patient's age is 4 to 18 years old; (b) accompanied by a parent of legal age, (c) the child is diagnosed with epilepsy based on at least two episodes of unprovoked seizures per report of the parent/s, (d) absence of any neurodevelopmental disorder (mental retardation,

developmental delay, palsy, and behavioral disorders), any other comorbid diseases that requires daily medication intake (asthma, hypertension, chronic renal failure, chronic lung disease, blood dyscrasias, among others), and identified causes of seizures such as brain tumor or febrile episodes.

Research Instrument

Knowledge about Epilepsy was measured using a 10-item true or false questionnaire. The statements were based on the brochure published by the International League Against Epilepsy. The number of correct items was determined. The scores were categorized as follows: 'High Knowledge' if the score is 7 to 10, 'Poor Knowledge' if the score is 6 and below.

Adherence to Medication Regimen was measured using a 6-item researcher-prepared questionnaire on medication compliance. It is answerable

by a Likert Scale as follows: 1 – Never, 2 – Sometimes, 3 – Most of the Time, and 4 – Always. There are three positively and three negatively stated items. For positively stated items, a score of 1 is given to the response ‘Always’ and 0 to the rest. For negatively stated items, a score of 1 is given to the response ‘Never’ and 0 to the rest. The total score is then obtained and categorized as follows: ‘Adherent’ if the score is 6 and ‘Non-Adherent’ if the score is 5 and below.

The Quality of Life in Childhood Epilepsy Questionnaire (QOLCE-55) Version 1.0 by Goodwin, Lambrinos, Ferro, Sabaz, and Speechley (2015) was utilized. Permission to use and the copy of questionnaire were obtained from Dr. Kathy Nixon Speechley, Chair, Division of Children’s Health and Therapeutics, Children’s Health Research Institute. It is composed of 55 items with the following distribution by subscale: cognitive (22), emotional (17), social (7), and physical (9). It is answerable by a Likert Scale: 1 – Never, 2 – Almost Never, 3 – Sometimes, 4 – Fairly Often, and 5 – Very Often. The responses obtained from their parents were converted to a 0 – 100-point scale (0, 25, 50, 75, and 100). Higher converted scores reflect better quality of life. The mean value for each subscale was computed. The mean of the four subscales was obtained to determine the Quality of Life scores of the patients. The scores are categorized as follows: ‘High’ if the score is 76-100, ‘Average’ if the

score is 51-75, and ‘Low’ if the score is 50 and below.

The questionnaires were translated to Hiligaynon by a language expert and reviewed by a panel whose members are native speakers of Hiligaynon and adept in the English language. The questionnaire was administered in English. The Hiligaynon translation was maintained only by the researcher and used only when there were items that need to be clarified in the native language.

Validity and Reliability of the Questionnaire

The questionnaire was presented to a panel of experts in the field of research and nursing. All comments and recommendations of the panel were taken into consideration. The Quality of Life in Childhood Epilepsy Questionnaire (QOLCE – 55) Version 1.0 English demonstrated an excellent internal consistency ($\alpha = 0.96$) (Conway et al., 2017 and Goodwin et al., 2015).

The English and final translated version were pre-tested to ten (10) parents of children with epilepsy. The questionnaire on knowledge about epilepsy has a reliability score of 0.862 (using the Guttman Split-Half Coefficient) while the questionnaire on Adherence to Medication Regimen has a reliability score of 0.702 (Cronbach Alpha).

Ethical Considerations

The informed consent was attached to the questionnaire. The study has

passed the ethical review of St. Paul's Ethical Review Board (SPHI-StR-03-16).

Data Collection

The permission of the pediatric neurologist and respective clinic heads were obtained before the conduct of the study. Upon approval, parents of CWEs who fulfilled the inclusion criteria were approached for participation in the study. When informed consent was already secured, the questionnaires were

personally distributed to the respondents and retrieved within an hour. The researcher was available to cater any queries and clarifications from the respondents.

Data Processing and Statistical Analysis

The data were analyzed using the Statistical Package for Social Sciences (SPSS). Pearson's product moment correlation or Pearson's r and Gamma were used.

RESULTS AND DISCUSSION

Knowledge about Epilepsy

Table 1 shows that three-fourths (72.2 percent) of the parents have high knowledge about the disorder while almost one-fourth had scores below 7. The mean score is 7.15, indicating high knowledge.

Based on the specific items, majority believes that all people with epilepsy have similar symptoms; however, scientific evidence suggests otherwise according to the International League Against Epilepsy (ILAE). Epilepsy can manifest as an involuntary movement of an extremity to generalized shaking of the body. Common manifestations observed were upward rolling of eyeballs and drooling of saliva. Some parents thought that children with epilepsy could not take an active part in sports (41.7 percent). Recent guidelines

explicated that CWEs can play sports as long as their seizure had been controlled.

There was also at least one in every ten respondents who believed that epilepsy is an infectious and contagious disease (13.9 percent) and that it can be caused by a curse (13.9 percent). Almost all were knowledgeable that seizure attacks were caused by abnormal brain discharges (95.8 percent), start at any age (90.3 percent), and can be controlled with medications (95.8 percent). This is congruent with the findings in Nigeria where almost one-fifth of the population studied believe that seizure is caused by the possession of evil spirits (Kabir et al., 2005). In Africa, knowledge was also found to be low (Atadzhanov et al., 2006).

Table 1
Distribution of CWEs' Parents according to Level of Knowledge

Level of Knowledge	f	%
Low Knowledge (6 and below)	20	27.8
High Knowledge (7 and above)	52	72.2
Total	72	100.0

mean = 7.15 (High Knowledge)

Adherence to Medication Regimen

Adherence to medication regimen was measured by a 6-item questionnaire with statements indicating practices on medication intake. Two-thirds (66.7 percent) were found to be non-adherent, indicating poor practices. This finds support in studies on medication compliance indicating that there was at least 25 percent of the population who do not take the medications as prescribed (Asadi-Pooya, 2005; Faught et al., 2008; Babu et al., 2009; and Malik et al., 2015).

Based on the specific items, more than one-third (38.9 percent) forget to

give their child medications, and a little more than one-fourth (26.4 percent) stop the medication whenever they are feeling worse with it. Also, a significant portion of parents stop the medication whenever their child is feeling better or not having any seizure attack. Almost 1 in every 10 (12.5 percent) fails to acquire prescription on time and three (4.2 percent) of them reported doubling the dose of treatment to prevent a seizure attack. Even though these numbers are minimal, they still warrant further education to those who are caring for CWEs.

Table 2
Distribution of CWEs according to Adherence to Medication Regimen

Adherence to Medication Regimen	f	%
Non-Adherent	48	66.7
Adherent	24	33.3
Total	72	100.0

Quality of Life of Children with Epilepsy (QOLCE)

The QOLCE was assessed using the questionnaire by Sabaz and colleagues (2015). It is divided into four (4) categories: cognitive, emotional, social, and physical functioning. It was answerable in a 5-point Likert Scale with

higher scores indicating a higher quality of life. As shown in table, the cognitive, emotional, and social functioning of the CWEs were almost the same (indicated by mean scores of 63.5, 66.9, and 66.2), showing that the child's intellect, emotion, and socialization were above average. On the other hand, the lowest

was noted in physical functioning. This points out that the CWEs need more supervision, less often play freely inside and outside the home, rarely participate in sports; and more often need supervision when playing and dealing with others.

Furthermore, most of the CWEs have a high cognitive functioning (36.2 percent), average emotional functioning (65.3 percent), high social functioning

(37.5 percent), and low physical functioning scores (72.2 percent). Overall, the majority of QOLCE scores is average (58.4 percent). Global studies also revealed that physical functioning of children and adolescents with epilepsy was lower compared to the normative data (Haneef et al., 2010) and their siblings without the disease (Baca et al., 2010).

Table 3
Distribution of CWEs according to Quality of Life Scores

Quality of Life	f	%
Cognitive Functioning		
50 and below	23	31.9
51 - 75	23	31.9
76 - 100	26	36.2
Total	72	100.0
Mean = 63.46		
Emotional Functioning		
50 and below	6	8.3
51 - 75	47	65.3
76 - 100	19	26.4
Total	72	100.0
Mean = 66.89		
Social Functioning		
50 and below	21	29.2
51 - 75	24	33.3
76 - 100	27	37.5
Total	72	100.0
Mean = 66.19		
Physical Functioning		
50 and below	52	72.2
51 - 75	20	27.8
76 - 100	-	-
Total	72	100.0
Mean = 44.11		
Quality of Life (Overall)		
50 and below	15	20.8
51 - 75	42	58.4
76 - 100	15	20.8
Total	72	100.0
Mean = 60.15		

Relationship between Knowledge about Epilepsy and Adherence to Medication Regimen

As shown in table 4, there is a higher percentage of highly knowledgeable parents (69.2 percent) who are non-

adherent to the prescribed therapy than those who have low knowledge (60.0 percent). The Gamma value of -0.20 shows that there is an indifferent and negative correlation between knowledge and adherence. Hence, knowledge about the disease has only minimal bearing on the adherence to medication regimen. Therefore, it is possible that even if the

parents are not knowledgeable about the disease, they still ensure that the prescribed medication regimen is followed. In contrast, a study that involved eighty-eight adolescents with epilepsy concluded that higher knowledge about the disorder is related to better self-reported adherence (Carborne et al., 2013).

Table 4
Parent's Knowledge about Epilepsy and Adherence to Medication Regimen

Knowledge about Epilepsy	Adherence to Medication Regimen				Total	
	Non-Adherent		Adherent			
	f [~]	%	f [~]	%	f [~]	%
6 and below	12	60.0	8	40.0	20	100.0
7 - 10	36	69.2	16	30.8	52	100.0
Total	48	66.7	24	33.3	72	100.0

Gamma = -0.20

Relationship between Parent's Knowledge and Quality of Life

A big majority of CWEs whose parents have low knowledge about the disorder (70.0 percent) have average QOL scores. In contrast, there are more CWEs with low QOL despite having highly knowledgeable parents (25.0 percent) compared to those who have low knowledge (10.0 percent). Statistical

analysis using Pearson's r revealed a low and inverse correlation ($r = -0.21$) between knowledge and quality of life. This means that as CWE's parents become more knowledgeable, the quality of life of decreases. The QOL model posits that the knowledge of the individual is positively linked to the QOL, contrary to the findings of this study.

Table 5
Parent's Knowledge about Epilepsy and Quality of Life Scores

Level of Knowledge	Quality of Life Scores						Total	
	Low (0 - 50)		Average (51 - 75)		High (76 - 100)			
	f	%	f	%	f	%	f	%
6 and below	2	10.0	14	70.0	4	20.0	20	100.0
7 - 10	13	25.0	28	53.8	11	21.2	52	100.0
Total	15	20.8	42	58.3	15	20.8	72	100.0

Pearson's r = -0.21

Relationship between Adherence to Medications and Quality of Life

Adherence to Medications and Overall Quality of Life. Although there is the same proportion of adherent and non-adherent CWEs with high quality of life (20.8 percent), three-fourths (75.0 percent) of those who are adherent have average QOL. In contrast, only half (50.0 percent) of those who are not fully adherent to the therapy have the same range of QOL scores. However, there is the same proportion (20.8 percent) of adherents and non-adherents among those with high QOL.

The test for relationship using Gamma revealed a low correlation

between the two variables (Gamma = 0.35). This indicates that if the CWEs are adherent to the therapy, their overall quality of life also improves to a minimal degree. This gain support in the study of Ahmad et al. (2013). In this study, Morisky Adherence Scale and Quality of Life in Epilepsy Patient (QOLIE) was used. The same finding was elicited from the study of Lin (2016) who used the Medication Adherence Report Scale (MARS-5). This also affirms the premise of the QOL Model, indicating that adherence to medications could lead to better QOL outcomes.

Table 6
Adherence to Medication and Quality of Life Scores

Adherence to Medication Regimen	Quality of Life Scores						Total	
	Low (0 – 50)		Average (51 – 75)		High (76 – 100)			
	f	%	f	%	f	%	f	%
Non-Adherent	14	29.2	24	50.0	10	20.8	48	100.0
Adherent	1	4.2	18	75.0	5	20.8	24	100.0
Total	15	20.8	42	58.3	15	20.8	72	100.0

Gamma = 0.35

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Despite the high knowledge of the parents about their children’s condition is high, there are still misconceptions about the disease. Majority were non-adherent to their medication regimen. Knowledge about epilepsy has no

bearing on the adherence to medication regimen. Knowledge about epilepsy has a low influence on the overall QOL scores. It has no bearing on other domains. Adherence to medication also has some influence on the overall QOL

scores while it has none of the QOL domains.

Recommendations

Adherence among CWEs and their parents is still poor. Hence, to the Department of Health personnel, independent practitioners, and healthcare professionals, it is recommended that education, information, and communication (EIC) programs will be implemented among families of CWEs, specifically their parents and immediate relatives. This program may include the basic definition of epilepsy, its diagnostic features, and the importance of compliance with medications. Attention must also be separately given on the Do's, and the Don'ts of medication administration among members of this special population.

Physical functioning was noted to be below average among the CWEs. Hence, school administrators and teachers must formulate programs and activities that are suitable for age and condition to increase physical functioning and to maintain/ improve the remaining domains: cognitive, emotional, social, and overall QOLCE scores. Non-contact

sports can be offered as an option for CWEs who want to be engaged in these activities. Programs must see to it that despite the presence of a chronic condition or something that can last a lifetime, they can still participate in activities such as exercises and sports.

To future researchers, the use of the QOLCE – 55 is recommended to measure the quality of life of this group of population among the Filipinos. It has a high internal consistency both internationally and locally. A conduct of the qualitative study focusing on the experience of mothers taking care a CWE may also be done to identify the most common themes and problems that they encounter. The following variables can be included in future studies: type of seizure or epilepsy, classification of medication/s used and type of therapy (monotherapy or polytherapy). Patients who are seeking consult in public or government institutions are also recommended for inclusion in future studies. The data can be collected both from the parents and the child for comparative analysis also. The correlation of schooling status, bullying, and QOL can also be explored.

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Expressive Speech Acts in Student-Conducted Online Interviews: A Discourse Analysis

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ABSTRACT

The descriptive qualitative method was used to explore the use of expressive speech acts in Senior High School learners' interviews. It is anchored in the Speech Act theory and Fairclough's CDA framework was used in the analysis of this study. The linguistic features used by the interactants were compound sentences and the simple present tense. Verbs most likely to appear are to be verbs. The functions present in expressive speech acts are complimenting, lamenting, apologizing, deploring, and praising. The ideologies in the discourse reveal that the pandemic and the online setup are seen as having dominant control over their learning situation. The internet connection is seen as a force that limits their learning. The interactants feel that the situation is temporary. Even so, the interactants desire to connect with their teachers and classmates. They also feel sympathy for their teachers in their roles during the online learning setup.

Keywords: *Discourse Analysis, Language Study, speech Acts, Fairclough's CDA Framework*

INTRODUCTION

Language is a tool that humans use to communicate. As a result, language can be utilized as a tool for action and hence as a means of expression. This is a distinguishing feature of beings capable of creating a mental image of reality and performing tasks based on specific claims or speech acts, which are common in everyday life, including the classroom. It is based on the

acknowledged context of speech in language philosophy, making sentences easier to understand (Austin, 1975). Speech acts extend to the recipient of the message acting on the communicative purpose of the speaker, or perlocution, in social interactions.

This particular topic of speech acts is interesting to the researcher since the expressive speech acts performed by

learners will be investigated online. The current phenomenon of the classroom setting is particularly significant to the academic community to explore how learners in this period express their thoughts. A particular classroom observation that gave rise to interest in this study is when a learner expressed that he feels no relationship exists between him and his classmates and teachers. Other learners echoed this sentiment. The researcher then asks, why do these learners feel that way? What economic, environmental, or political conditions have affected how they feel? How do they express these emotions in utterances?

Since the year 2020, the classroom setting in the Philippines has moved to a virtual setting. Some institutions continue to provide academic services using different apps, software, and learning-management systems (LMS) that support online learning. However, studies also have raised concerns regarding this setup. Fabito, Trillianes, and Sarmiento (2020), in a study of students in a private Philippine university, concluded that students and faculty are not fully prepared for online classes. A recent study on Philippine learners and faculty using LMS such as Google Classroom and Schoology and apps such as Zoom and Google Meet during the first lockdowns in Luzon revealed obstacles ranging from technological issues to mental health matters (Ignacio, 2021).

As of writing this paper, however, no related studies have yet to capture online dialogues between learners about their expressions. While the world adapts to changes brought about by increased dependence on online services, the academe must find meaningful strategies, especially in the classroom and online student-to-student interactions. These current realities provide an opportunity to delve into a discourse analysis on speech acts to give insight into the strategies that may be used to develop academic discussion online.

Objectives of the Study

This study explores the use of expressive speech acts in Senior High School (SHS) conducted online interviews. It specifically aims to answer the following questions:

1. What is the form and construction of expressive speech acts?
2. What functions are present in the expressive speech acts?
3. What themes about online learning are repeated in the utterances of the interactants?

Theoretical and Conceptual Framework

The study is anchored in the Speech Acts Theory. As described in "How to do things with words, Austin (1962) focuses on the idea that there are expletive performative utterances that apply to one's communicative intention. The study focuses more on the expressive

strategies of speech acts. In expressive, there is no direction of fit. It means that when people are uttering expressive, they are neither trying to get the world to match the words nor the words to match the world; rather, the truth of the expressed proposition is presupposed (Searle, 1976).

According to Searle and Vanderveken (1985), expressive speech acts can be categorized into apologizing, condoling, thanking, congratulating, deploring, lamenting, complaining, protesting, boasting, complimenting, praising, welcoming, and greeting. This study will categorize the functions of the utterances. The functions give context to the ideologies represented by the utterances.

The study also uses Critical Discourse Analysis (CDA), which views discourse as a social practice. Its proponent, Fairclough, believes

language and society cannot be studied differently. The discourse analysis framework of Fairclough (1993, 2013) will be used in the study because it was primarily developed to analyze written and scripted public texts. The three layers of the framework are the text, discursive practice, and socio-cultural practice.

The first level is text analysis, in which language structures that emerge during a discursive event are examined. The second is a study of discourse practice, which examines how texts are made, used, and remade. Social practice analysis focuses on the connection between ideology, power, and discourse (Rogers et al., 2005).

The following schematic design depicts the three stages or steps and three aspects of discourse when the Critical Discourse Analysis (CDA) theory is used in research.

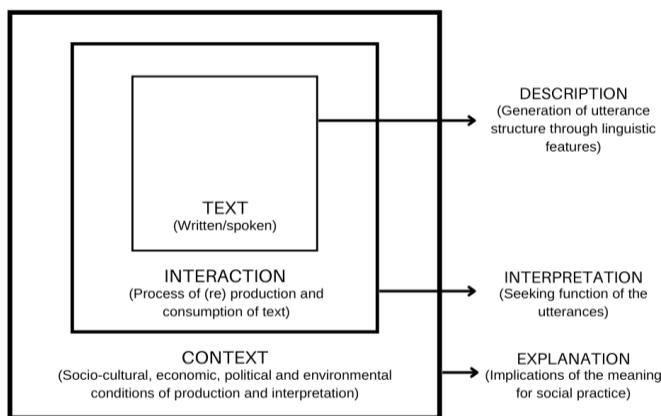


Figure 1. A Schematic Presentation of the Theoretical Background

Significance of the Study

Different groups may benefit from and find valuable insight into this study.

Academic Administrators. Leaders in the academe may use the results of this study as a resource in creating policies and guidelines in the ever-transforming world of education. Expressives especially can give insight into the needs of learners. Especially since schools are always finding ways to make adjustments to online and blended learning to undergo smooth transitions, findings from this study can significantly benefit educational institutions.

Faculty. Teaching personnel in institutions may benefit by knowing the strategies students use in the asynchronous setting. Although activities related to the subject are provided to the learners, the personal communication strategies at home may vary for each individual. Expressives as a study will help formulate updated strategies in the online setting.

Learners and Students. Students across all levels of learning can benefit from the results by knowing if they can identify with the strategies being used in online communication. These can also help them in asynchronous activities by being able to strategize a system when studying in their own time.

Language Scholars. Researchers in language studies can use the results to identify the changes in communication strategies that may have been brought about by the phenomenon of the 2020

pandemic and lockdowns. Expressive can significantly help contextualize these changes. This can also give a unique insight into how learners of that period have managed to learn through asynchronous communication.

Other researchers. The combination of a worldwide pandemic, general lockdowns, personal stresses, and struggles of a sudden shift in teaching and learning methods play into part in the findings of this study. Researchers in other fields may find value in the results since the data will be gathered during a unique period of history.

Scope and Delimitations of the Study

The scope of the study is the expressive speech utterances of Senior High School learners. This will investigate the construction of their speech and the ideologies shown by the terms used. This study is limited to the transcripts of student-conducted interviews of senior high school learners. The transcripts were made in early 2021. The corpus will only focus on the utterances that have expressive speech acts. The samples of the transcripts are purposively chosen from the learners who have submitted the activity with proper grammar and followed the instructions for making a transcript correctly.

Review of Related Literature ***Discourse analysis.***

Discourse analysis is instrumental in identifying issues in the classroom. A

study of university students to investigate the statements of students on "theory vs. practice" in Work-Integrated Learning found that students agree that although the two ideas are rivals, they work together to prepare the student for working life (Björck & Johansson, 2018). A study of group discussions found that when used with a network analysis approach, it resulted in greater insights into activities during classroom group discussions (Bruun et al., 2018).

A study investigating John May's speech at The Duke of Edinburgh's ceremony award in Indonesia used a critical discourse analysis approach, focusing on illocutionary acts under the speech acts theory. The video of the speech was transcribed and analyzed to gain a deep insight into the speech. The analysis of transcriptions to identify the functions of the speech acts (Prescilla & Amalia, 2018).

Choi, Cho, and Seo (1999) used the maximum entropy model to analyze the discourse-tagged corpus's speech acts and discourse structures. They find that identifying the speech acts of utterances is very important to identify the speaker's intentions, and to infer the speech act from a surface utterance is difficult. This is because the context of the discourse matters, and it has to be tagged by the researcher.

Speech Acts Theory

The Speech Acts theory has been studied to investigate classroom interactions. In some studies, this theory has been used in identifying the speech acts of teachers concerning pedagogy. Zulianti (2018) finds that using speech acts improves students' understanding of speech acts, increases decency in communication, improves class atmosphere and motivation, and builds good relationships between teachers and students. More frequently, speech acts study directives or commissives, even tending to concentrate on subtypes such as compliments. Research suggests that expressive speech acts are essential to building rapport and "smoothing and complementing transactional language." (Carretero et al., 2014). In a study of speech acts in a talk show, Hidayat (2021) finds expressives important in interviews as they convey messages better and are interpreted through the speakers' gestures.

Khankhrua investigated the linguistic features and language tactics used in the body copies of online diet program advertisements and used language features like sentence structures, verbs, nouns, and pronouns to determine how the advertisers would disseminate their messages. The researcher identified the tone and the language tactics through language features (2007).

It is crucial to this study to emphasize the importance of speech

acts as found in the online setting. Most Senior High School learners in the online setting perceive that capability to attend online classes and comply with requirements is independent of their lifestyle (Cortez, 2020). Since switching to the virtual classroom setup, this

implies that most learners have adapted to this setting with their strategies.

However, data needs to represent the construction of these expressive speech acts online and how they can be related to classroom strategies.

METHODOLOGY

Research Design

The study focuses on the intentions and functions of the utterances of senior high school learners, which demands a method appropriate to the Speech Act Theory. Discourse analysis is a method of analyzing text and may be done in written or speech form. Rather than the structure or syntax, it focuses on the meaning "beyond the words" (Uzokova, 2020).

The analysis uses two theories as tools of analysis. Searle's twelve types of expressive speech act determine the speech act within the data, while Fairclough's discourse analysis framework is used for the 3 phases of analysis. The data source in this research is the expressive speech acts found in the transcripts of the learners' interviews.

In analyzing the data, the researcher took the following steps: gathered the transcripts of interviews, read the transcripts of the interviews, and collected the expressive speech act

utterances from the dialogue on the transcript.

Inclusion and exclusion criteria

The criteria in selecting the corpus to be used in the study will be, first, the quality of the transcripts. They have to be detailed with the text's transcript and notes of each interviewee's facial expressions and gestures. Second is the quality of the content, wherein the questions and responses must be related to online learning and similar. Finally, the text must be in proper grammar to be included in the study. All the selected transcripts of the learners were read and reviewed for their content. There are five transcripts with 168 utterances. Only the 56 utterances which are classified as expressive speech acts from the interactants are included in the study.

Data Collection Procedures and Strategy

The data was collected from the interview transcripts. These were purposively selected according to the

enrollment of students, the questions' relevance, and the output quality. The students must have been enrolled since 2020 at the pandemic's beginning and continue their education in senior high school. They are also taking fully online classes to reflect similar educational experiences. The questions are related to online class experience and should be consistent with the subject. The quality of the transcript is considered excellent

when it contains the interview questions and responses written verbatim, along with the interviewer's observations.

Validity and reliability of the study

In establishing reliability, the data was validated by an expert in language studies. This was done before analysis to determine the soundness of the utterances for study.

RESULTS AND DISCUSSION

Findings

The analysis begins with the description stage, which is the first phase. Linguistic Feature Structure Analysis was applied to the selected responses of the interviewees. The study of Choi, Cho, and Seo (1999) uses discourse tagging in analyzing utterances for speech acts which is also applied in this study. The linguistic features (i.e., sentence type, types of fragments, main-verb, tense, negative sentence, aux-verb, clue-word) present in the utterances were analyzed. These features of Sentence Type, Main-Verb, Aux-Verb, and Clue-Word were selected because they provide strong cues to infer speech acts. Two more syntactic features, Tense and Expressive Adjectives, were added to give more

insight into the syntactic pattern and elaborate the values of the syntactic features. (Choi, Cho, and Seo, 1999).

Phase 1: Form and construction of the expressive speech acts

In the first phase of the analysis, the transcripts of the interactants revealed the linguistic features to describe the form and construction of the expressive speech acts. These are shown in Tables 1a, 1b, 1c, and 1d.

Table 1a shows sample utterances from each participant and their respective sentence types. Expressive speech acts were found in simple, compound, complex, compound-complex, and fragments of the interactants.

Table 1a.
The Utterances and their Linguistic Features: Sentence types

Interactant	Representative Utterance	Sentence types
1	I don't focus on my studies anymore...	Simple sentences
	I find it hard to understand the lessons sometimes but my grades are good, it's pretty high I guess.	Compound sentences
	I don't feel like I'm at school anymore because I was confined in our house, pretending I was reading and studying but I was just scrolling through my social media and...	Compound-complex sentences
	For me, uhm it's 50% effective because there are times in other subjects - or the way the teachers deliver their lessons	Fragment
2	Alright good question.	<i>Simple sentence</i>
	Hmm? What did I realize from online learning? I realized that it is not effective knowing myself that I did not learn much and the lesson does not enter my mind	<i>Compound-complex sentence</i>
	which is ...yeah. They are motivated at the same time uuhh you know, the learning is just maintained.	<i>Fragment</i>
3	Sometimes, I would have problem attending classes and submitting assignments and activities on time.	<i>Simple sentence</i>
	I prefer face to face when I'm talking to somebody so that's why my relationship with my classmates and teachers are [is] currently not good. That's all.	<i>Complex sentence</i>
	From, from my perspective, online learning lacks academic coordination which is sometimes stressful to us students and this causes some students experience stress which would hinder their productivity.	<i>Compound-complex sentence</i>
4	I guess it affected me in a good way somehow.	Simple sentence
	For me, the online education doesn't really bother me, it has it's advantages like you can pass your works through online which I think much easier.	Complex sentence
	Our teacher provides so many activities, but it's becoming easier if you cooperate with your group mates.	Compound sentence
	Yeah It's very hard...	Fragment
5	Uhm... I spend three to six hours;	Fragment
	My teachers are very kind enough to understand if we pass our works late due to some reasons.	Complex sentence
	My teachers are very understanding enough to extend the deadline, and explain some points that are very hard to comprehend.	Compound sentence

Table 1b shows these utterances and the verb tenses they contain. Interactants used the simple past, present and future tenses the most.

Table 1b
The Utterances and their Linguistic Features: Verbs tenses

Interactant	Representative Utterance	Verb tenses
1	...I <u>would say</u> that in online class it was more stressful than the face to face class but my grades were better...	simple present tense
	I <u>don't have</u> time to work on some household chores.	simple past tense
2	I <u>have been thinking</u> of my answer since--- ever since I've been having this difficulty.	<i>Present perfect continuous</i>
	I would <u>like</u> to change the perspective of students.	<i>Simple present tense</i>
	"Oh alright, I <u>will try</u> to do my best in these two days because we have a break on Wednesday.	<i>Simple future tense</i>
	Hmm? What did I realize from online learning? I <u>realized</u> that it is not effective	<i>Simple past tense</i>
3	So, my current relationship with my classmates and teachers <u>are [is]</u> something that is currently not good.	<i>Simple present tense</i>
	Okay so, first thing I <u>noticed</u> that there's a big difference between the traditional and online learning.	<i>Simple past tense</i>
4	Our teacher <u>provides</u> so many activities,	Simple present tense
	I guess it <u>affected me</u> in a good way somehow.	Simple past tense
	But it's <u>becoming easier</u> if you cooperate with your group mates.	Present progressive tense
5	I <u>do</u> it every other day so I could have a rest, and for it to not affect my mental health.	<i>Simple present tense</i>

Table 1c shows utterances and breaks down the main verb, auxiliary verb, and the purpose of the utterances.

Table 1c
The Utterances and their Linguistic Features: main verb and auxiliary verb

Interactant	Utterances	Main verb	Aux-verb	Purpose
1	I <u>can't help</u> it and we are inside our house of course...	<i>help</i>	<i>can't</i>	to talk about online school work
	I <u>can't balance</u>	<i>balance</i>	<i>can't</i>	
	I <u>don't have</u> time	<i>have</i>	<i>don't</i>	
	I <u>don't focus</u> on my studies anymore	<i>focus</i>	<i>don't</i>	
	I <u>don't feel</u> like I'm at school	<i>feel</i>	<i>don't</i>	to talk about online classes
	I <u>can't choose</u> either of the two	<i>choose</i>	<i>can't</i>	
	I <u>don't understand</u> their lectures	<i>understand</i>	<i>don't</i>	

Table 1c Continued

Interactant	Utterances	Main verb	Aux-verb	Purpose
2	Okay, so--- My answer is I <i>would like</i> to change the perspective of students by having the teacher introduce a more fun and exciting approach towards their lessons,	like	would	to talk about what online classes should be
	Like, I <i>would like</i> to attend this class because it has gimmicks and at the same time I can learn.	like	would	to talk about online class experience
2	knowing myself that I <i>did not learn</i> much	learn	did not	
	and the lesson <i>does not enter</i> my mind.	enter	does not	
3	Sometimes, I <i>would have</i> problem attending classes and submitting assignments and activities on time.	have	would	To talk about online class experiences
	So, that <i>would be</i> the greatest challenge I'm currently facing.	be	would	
	So, yeah, I'm <i>satisfied</i> with online learning, though, ah, I prefer online learning other than modular,	satisfied	am	
	because of the pandemic, ah, us students <i>can't be</i> prevented from going outside too much so in all,	be	can't	To talk about the challenges of online classes
	it's the only thing that we <i>can</i> actually <i>do</i> to corporate [cooperate] during this pandemic.	do	can	
4	For me, the online education <i>doesn't</i> really <i>bother</i> me, it has it's advantages like you can pass your works through online which I think much easier.	bother	Doesn't (does not)	To talk about online class experiences
	because sometimes when during quizzes i <i>would spend</i> a lot of time waiting to proceed unto the the next question due to bad internet connection.	spend	would	

Table 1d displays the expressive adjectives and what purpose the interactant expresses those utterances.

Table 1d

The Utterances and their Linguistic Features: expressive adjectives with the purpose of the utterance

Interactant	Utterances	Expressive adjectives	Purpose
1	I don't have time to work on <i>some</i> household chores	some	to talk about challenges in online classes
	...there are <i>so many</i> hindrances..uhm hindrance like cellphones and other gadgets.	so many	
	...of course there are <i>many</i> distractions surrounding us.	many	
	I missed <i>a lot</i> of activities in school like U-Day...	a lot	
	I would say that in online class it was more <i>stressful</i> than the face to face class...	stressful	to talk about online class experiences
	...since online class and the traditional learning are a bit <i>similar</i>	similar	
	For me, uhm it's <i>50% effective</i>	50% effective	
	I find it <i>hard to understand</i> the lessons sometimes	hard to understand	
	Hmm, I experienced <i>many challenges</i> while learning	many challenges	
2	Okay, so--- My answer is I would like to change the perspective of students by having the teacher introduce a <i>more fun and exciting</i> approach towards their lessons,	more fun and exciting	to talk about what online classes should be
	which is ...yeah. They are <i>motivated</i> at the same time uhhh you know, the learning is just maintained.)	Motivated	
	knowing myself that I did <i>not learn much</i>	Not... much	to talk about online class experiences
3	Well, I'm <i>currently satisfied</i> and, 'coz [pauses for 3 seconds]	Currently satisfied	to talk about online classes in the present
	because of the pandemic, ah, us students can't be prevented from going outside <i>too much</i> so in all,	Too much	
	so I think the <i>best</i> solution to this was the online education	Best	
	and it's the <i>only</i> thing that we can actually do to corporate [cooperate] during this pandemic.	Only	
	Okay so, first thing I noticed that there's a <i>big difference</i> between the traditional and online learning.	Big difference	
	From, from my perspective, online learning <i>lacks academic coordination</i> which is sometimes stressful to us students	Lacks academic coordination	
	That would be [pause for 3 seconds] the <i>poor internet connection</i> in my location because, well, Guinticgan, here actually has not good internet connection.	Poor internet connection	

Table 1d Continued

Interactant	Utterances	Expressive adjectives	Purpose
3	So uhm, my relationship with my classmates and teachers... So, my current relationship with my classmates and teachers are [is] something that is <i>currently not good</i> 'coz I'm,	Currently not good	
	I'm a type of person that actually has a hard time communicating my, communicating my, ah, simply has a <i>hard time</i> communicating with other people especially virtual.	Hard time	
	so that's why my relationship with my classmates and teachers are [is] <i>currently not good</i> . That's all.	Not good	
4	My <i>biggest challenge</i> during quarantine is the bad internet connection	Biggest challenge	to talk about challenges in online classes
	because sometimes when during quizzes i would spend <i>a lot of time</i> waiting to proceed unto the the next question due to bad internet connection.	a lot of time	
	Yeah It's <i>very hard</i> ,	Very hard	
	Our teacher provides <i>so many</i> activities,	So many	to talk about online class experiences
	For me, the online education doesn't really bother me, it has it's advantages like you can pass your works through online which I think <i>much easier</i> .	Much easier	
	I guess it affected me <i>in a good way</i> somehow.	A good way	
	But it's becoming <i>easier</i> if you cooperate with your group mates.	easier	
Yeah, It's a <i>good</i> thing my teachers is so understanding that they given me another attempt to take the test.	good		
5	My teachers are <i>very understanding</i> enough to extend the deadline, and explain some points that are very hard to comprehend.	Very understanding	to talk about experiences in the online classes.
	My teachers are <i>very kind</i> enough to understand if we pass our works late due to some reasons.	Very kind	

Phase 2: Functions of the expressive speech acts

The second phase is the interpretation stage, where the researchers interpret the connections between the text and the interactions. This stage reveals the utterances' language structures and names their functions as expressives. The functions

were categorized into apologizing, condoling, thanking, congratulating, deploring, lamenting, complaining, protesting, boasting, complimenting, praising, welcoming, and greeting. (Searle and Vanderveken, 1985). This study analyzes utterances to show how the students talk about their experiences in online classes.

Table 2
New Terms Revealed by the Transcripts on online classes

Utterance	Language Structures (words, clauses) that represent online class	Function
COVID-19 played a big part in the student's learning	COVID-19	deploring
I would say that in online class it was more stressful than the face to face class...	more <i>stressful</i> than the face to face class...	complaining
...since online class and the traditional learning are a bit similar	learning are a bit similar	complimenting
I find it hard to understand the lessons sometimes	the lessons	complaining
Hmm, I experienced many challenges while learning	challenges	lamenting
and the lesson does not enter my mind.	the lesson does not enter my mind.	lamenting
Okay so, first thing I noticed that there's a big difference between the traditional and online learning.	there's a big difference between the traditional and online learning	lamenting
From, from my perspective, online learning lacks academic coordination which is sometimes stressful to us students	online learning	complaining
That would be [pause for 3 seconds] the poor internet connection in my location because, well, Guinticgan, here actually has not good internet connection.	the poor internet connection	apologizing
So uhm, my relationship with my classmates and teachers... So, my current relationship with my classmates and teachers are [is] something that is currently not good 'coz I'm,	Relationship with classmates and teachers	lamenting
because of the pandemic, ah, us students can't be prevented from going outside too much so in all, so I think the best solution to this was the online education	The pandemic	deploring
For me, the online education doesn't really bother me, it has its advantages like you can pass your works through online which I think much easier.	Online education	praising
because sometimes when during quizzes i would spend a lot of time waiting to proceed unto the next question due to bad internet connection.	bad internet connection.	apologizing
My teachers are very understanding enough to extend the deadline, and explain some points that are very hard to comprehend.	teachers	complimenting

Phase 3: Themes repeated in the utterances

The third and final phase is the explanation. The researchers extracted phrases indicative of an ideology present

in the responses. This was done by citing down or taking note of the repeated or recurrent ideas expressed through (words, phrases, and clauses). Taking note of the frequently used language

structure is a method in the analysis to confer some relevant ideas and reveal the theme.

Table 3 below shows the ideologies of the interactants in the transcript.

Table 3
The Ideologies and their Meanings

Utterances	Themes Revealed by the Utterances	Explanation
COVID-19 played a big part in the student's learning	The control of the pandemic over learning activities	The interactant blames the pandemic or COVID-19 for the current situation. The transcript reveals that they feel that if the pandemic had not taken place, they would not be experiencing difficulties in their academics.
I don't feel like I'm at school anymore because I was confined in our house, pretending I was reading and studying	The temporariness of the online learning situation	It is expressed in the utterances that the learners do not feel they are learning as much as they should, in comparison to the traditional setup.
Our teacher provides so many activities,	Overloading schoolwork in the online setup	Learners feel overwhelmed by the activities given as schoolwork. The interactants express that do not find balance with their home life activities.
From, from my perspective, online learning lacks academic coordination which is sometimes stressful to us students	Dissatisfaction with the current online setup	It is repeated in the utterances that they feel the online setup can be organized better. The learners express that a willingness to study however, they feel that the current situation hinders them.
So uhm, my relationship with my classmates and teachers... So, my current relationship with my classmates and teachers are [is] something that is currently not good 'coz I'm,	The desire for connection	The interactants express a desire to connect with their classmates and teachers. Being isolated in the house for a long period of time makes them want to have a relationship with the people they meet in online classes.
because of the pandemic, ah, us students can't be prevented from going outside too much so in all,so I think the best solution to this was the online education	The lack of choices	The interactants also express that the current set up is the best option that they have. In comparison to the modular way of learning, the current situation is preferable.
because sometimes when during quizzes i would spend a lot of time waiting to proceed unto the the next question due to bad internet connection.	Limits to the learning process	Most blamed on the internet connection, interactants express dissatisfaction with the limits to learning. They feel that they could have performed better in their online classes, however, they cannot control the problem of internet connection.
My teachers are very understanding enough to extend the deadline, and explain some points that are very hard to comprehend.	Sympathy for the teachers in their roles	The interactants in the study express gratefulness for teachers in the online setup that consider their situation. They also have sympathy for their roles as teachers as they have also expressed that they may experience similar dissatisfactions.

DISCUSSION

The 3 phases of analysis using Fairclough's critical discourse analysis framework reveal the following implications:

Form and construction of the expressive speech acts

Sentence Types. Of the sentence types, the compound sentence appears the most in the transcripts. This is likely because the learners want to express their answers thoroughly in the interview. More than other types, like the simple sentence, is needed for them to convey how they feel. This is consistent with the findings of Carretero et al. (2014) and Koschut (2018), who say that expressive speech acts are essential to building rapport and allowing a more extended interview discussion.

Verb tenses. The simple present tense appears in all the utterances since the interactants discussed their current experiences. The present progressive tense and the present continuous tense were used only once each by the interactants. The interview took place towards the end of the school year. This means that although the learners have been in the online setup since the beginning of the school year, they express that they still have the same positive or negative experiences.

Auxiliary Verbs. The transcript also revealed the use of mostly to be verbs than action verbs since the utterances

chosen are expressive speech acts. This is consistent with studies of classroom speech acts (Azhari et al., 2018; Swandewi et al., 2017; Amistany & Zamzani, 2019), which find that action verbs are more likely to be found in directives. It is important to note that these verbs are often paired with negative auxiliaries like "do not" and "cannot," indicating a limit in their experience.

Expressive adjectives. The expressive adjective is a linguistic feature that may determine the purpose of an utterance. Prescilla & Amalia (2018) used this feature to find the purpose of a speech. In the analysis, the interactants mostly wanted to talk about their experiences in the online classes and the challenges in the online class setup. They also talked about online classes in the present and how the online class should be. The learners used words like "difficult" and "very hard" to discuss the online classes. These similar negative adjectives were also used to describe their difficulties connecting online. However, some interactants found the online setup "easier" and "similar" to the traditional one. They also used positive adjectives to describe their teachers as "very kind" and "understanding."

All the expressive adjectives found in the interactant's response, as recorded in the transcript concerning

online classes, are negative, like "hard" and "stressful." The adjectives that describe challenges in online learning lean towards it being too many to do, like "so many" and "a lot."

Functions of the expressive speech acts

The terms reveal that the students express deploring or blaming COVID-19 or the pandemic for the present setup of online classes. They would also tend to apologize for the poor internet connection when discussing the challenges in online classes. For the most part, the interactants complain about the stress and difficulties in online learning. They also lament when feeling like they are not learning as much as they would like. However, the interactants complement online learning when they find it similar to the traditional face-to-face setup. They also praise their teachers for their roles in the online classes. This is consistent with Thayalan et al. (2017) and Ramirez and Perini (2014), who find that speech acts in

online and traditional classes are still similar. The learners also praise their teachers for their roles in the online classes.

Themes repeated in the utterances

Notably, they express that the pandemic and the online setup have dominant control over their learning situation. They feel limited by the internet connection and that the situation is temporary. They also express a desire to connect with teachers and students. The learners also feel sympathy for their teachers, who are in a similar predicament.

The findings agree with Carretero et al. (2014) and Koschut (2018) that discussing emotions can benefit communicators. It is consistent with the study of Saraoui and Loubna (2020), whose findings imply that although the expression of emotions may be innate for individuals, communicative awareness increases competence.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

From the analysis, the interactants in the study used linguistic features that allowed them to fully express both positive and negative experiences in online classes. Notably, the simple present tense is used to show that they still feel that the experiences were recent

during the interview and that the negative auxiliary like "cannot" and "do not" is paired with the verbs. This expresses that the interactants feel limited in what they can do in the online class.

The transcript shows that the functions present in expressive speech

acts are complimenting, lamenting, apologizing, deploring, and praising. Certain ideologies were also uncovered using the three layers of the discourse analysis framework (Fairclough, 1993, 2013). The pandemic and online learning are seen as dominant forces. Poor internet connection is seen as a force that limits their learning. The interactants feel that the situation is temporary. Even so, the interactants desire to connect with their teachers and classmates. They also feel sympathy for their teachers in their roles during the online learning setup.

Recommendations

The different groups who may find value in the findings of this study are recommended the following:

Academic Administrators. Those in the administration may investigate the impacts of online learning on both educators and learners in their schools. Necessary policies and guidelines might be applied to facilitate a healthy learning environment.

Faculty. Exploring different strategies for teaching learners in the asynchronous setting may be done by teachers. Activities that promote social interaction may be encouraged to reduce negative perceptions of online classes.

Learners and Students. Interactions with teachers and fellow students are suggested to decrease discomfort in the online classroom. They may also create a system for managing their study time to reduce the pressure of academic work.

Language Scholars. In the future, studying speech acts of longer transcripts is recommended to get a more in-depth analysis of speech acts. Future researchers can also study the actual interviews of participants to study any non-verbal cues which can be studied with pragmatics.

Other researchers. Another study in the future after the online setup can be conducted to determine if there are any significant changes in the face-to-face setting.

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Postpartum Depression as Experienced by Adolescent Mothers

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ABSTRACT

This study explores postpartum depression experiences among adolescent mothers. The research uses a qualitative approach, interviewing nine participants who became pregnant before 18, the youngest being 10 years old. Through in-depth interviews, the study uncovers five themes and fifteen subthemes: discomfort the baby's presence, feelings of inadequacy in caring for the baby, agitation/demoralization with caregiving and tasks, loss of interest in activities, and feelings of worthlessness and guilt. The study suggests that these feelings often stem from untimely pregnancy and early parenthood, highlighting the need for improved detection and support for adolescent mothers facing postpartum depression. While the findings are specific to the participants, they offer insights for further research and development frameworks to address this overlooked experience.

Keywords: *Postpartum depression, Adolescent mothers, Ppsychotic depression, Parenthood*

INTRODUCTION

The postnatal period is well established as an increased time of risk for the development of serious mood disorders. There are three common forms of postpartum affective illness: the blues (baby blues, maternity blues), postpartum (or postnatal) depression and puerperal (postpartum or postnatal) psychosis each of which differs in its

prevalence, clinical presentation, and management. Postpartum non-psychotic depression is the most common complication of childbearing affecting approximately 10-15% of women and as such represents a considerable public health problem affecting women and their families (Warmer et al., 1996). The effects of postnatal depression on the

mother, her marital relationship, and her children make it an important condition to diagnose, treat and prevent (Robinson & Stewart, 2001).

Untreated postpartum depression can have adverse long-term effects. For the mother, the episode can be the precursor of chronic recurrent depression. For her children, a mother's on-going depression can contribute to emotional, behavioural, cognitive and interpersonal problems in later life (Jacobsen, 1999)/ if postpartum depression is to be prevented by clinical or public health intervention, its risk factors need to be reliably identified. However, numerous studies have produced inconsistent results (Appleby et al., 1994; Cooper et al., 1988; Hannah et al., 1992; Warner et al., 1996). Adolescent mother face plenty of challenges (Reese, D. 2018) (<https://www.seleni.org/advice-support/article/the-mental-health-of-teen-moms-matters>) from dealing with the shame and stigma of an unplanned pregnancy to finishing school and finding employment (Comparison of Adolescent, Young Adult, and Adult Women's Maternity Experiences and Practices, Kingston et al.; Journal of Pediatrics, 2012) (129 (5) e1228-e1237; DOI: <https://doi.org/10.1542/peds.2011-1447>). But many must also deal with the challenges of mental illness. According to an article published in the journal, Pediatrics' in May 2012, researchers have found that twice as many

adolescent mothers are at risk of developing postpartum depression as their older counterparts. Nearly three times as many (Venkatesh et al.; Maternal and Child Health Journal, August 2014) teens with mental illness get pregnant as adolescents without disorder.

Adolescent motherhood continues to be a common and complex phenomenon in the world. Adolescent mothers can be defined as young women between the ages 19 years or younger (Ex & Janssens, 1998). Research studies show that as many as 48% adolescent mothers internationally experience depressive symptoms (Deal & Holt, 1998), compared to 13% in adult mothers (O'Hara & Aswain, 1996). Worldwide, more than 10% of all births are to women 15 to 19 years of age (Leadbeater et al., 1996).

According to Leadbeater, Bishop and Raves (1996), these adolescent mothers identified as depressed are at increased risk of future psychopathology. These adolescent mothers are plunged into motherhood at a very young age. According to Walker (1995), "motherhood" firstly refers to the practice of motherhood and secondly, refers to the discourse of motherhood, i.e. the assumption of social norms, values and ideas about the "Good Mother". Elvin Nowak and Thomsson (2001), emphasized, the need for a good mother to take her mothering responsibilities seriously and act

maturely. The attempt to become a better mother is illustrated when mother sacrifice themselves and their needs in the perceived interest of their children. With regard to the practice of mothering, Walker argued that motherhood includes the act of childbirth, the emotional care of nurturing and the physical care of the baby. However, many young mothers are often unprepared for the task of parenting (Leadbeater et al., 1996) which may lead to the mother doubting her own abilities and competence in nurturing her infant (Tarrka, Paunonen, & Laippala, 1999). Unfortunately, the literature (Heneghann, Silver, Westbrook, Bauman & Stein, 1998) is filled with postpartum depression as a phenomenon experienced after birth by mothers in general and by adolescent mothers in particular. Postpartum Depression (PPD) is a mental illness that can begin during pregnancy or occurs 6 to 12 months after birth. It refers to morbid and persistent depressive episodes that begins in or extends into the postpartum period (Cox, Murray & Chapman, 1993). Fowles and Hubbs-Tait et al (1996), PPD can also be defined it as a condition that describes a range of physical and emotional changes that many others can have after having a baby. These psychotic or non-psychotic traumatic events may have lasting effects on a woman's confidence in the mothering role and interaction with their infant.

Depression, especially in mothers had been extensively studied during the last few decades (O'Hara, Zekoski, Phillips, & Wright, 1990). Having a child is a time of changes in a woman's life, both in the biological, psychological and in the social sense. These changes can contribute to personal growth, but can result into mental disorders.

Postpartum Disorders (PPD) occur in approximately 10 – 15 % of childbearing women studied worldwide (O'Hara, Zekoski, Phillips, & Wright, 1990), and may begin anywhere from 24 hours to several months after delivery. Depression often results in mothers distancing from their infants (Hubbs-Tait et al, 1996). Unfortunately, many women have relatively high rates of depression and experience anxiety and confusion during this period (Ex & Janssens, 2000).

Maternal depression during the postpartum period has an impact on the child's development as well as the mother's own health and ability to act as a mother (Najman, Andersen, Bor, Ocallaghan, & Williams, 2000). Garrett and Tidwell (1999) reported that many women with postpartum depression may suffer from delusions and/or hallucinations. They are often preoccupied with anxious, distressing and recurrent thoughts about harming their babies.

This present study will involve young mothers who gave birth as adolescents, because adolescent depression remains

under recognized. A large number of adolescents are undiagnosed because they do not meet the DSM – IV (Diagnostic and Statistical Manual of Mental Disorders IV) criteria for depression.

Postpartum depression is moderate to severe depression in a woman after she has given birth. It may occur soon after delivery or up to a year later. Most of the time, it occurs within the first three (3) months after delivery. The exact causes of postpartum depression are unknown. Changes in the hormone levels during and after pregnancy may affect the woman's mood. Many non-hormonal factors may also affect mood during this period. These include: 1.) Changes in the woman's body from pregnancy and delivery; 2.) Changes in work and social relationships; 3.) Having less time and freedom in the woman's self; 4.) Lack of sleep; and, 5.) Worries about the woman's ability to be a good mother.

The woman may have a higher chance of postpartum depression if: 1.) Are under age 20; 2.) Currently use alcohol, take illegal substances, or smoke (these also cause serious health risks for the baby); 3.) Did not plan the pregnancy, or had mixed feelings about the pregnancy; 4.) Had depression, bipolar disorder, or an anxiety disorder before their pregnancy, or with a past pregnancy; 5.) Had a stressful event during the pregnancy or delivery, including personal illness, death or illness of a loved one, a difficult or

emergency delivery, premature delivery, or illness or birth defect in the baby; 6.) Have a close family member who has had depression or anxiety; 7.) Have a poor relationship with their significant other or are single; 8.) Have money or housing problems; and, 9.) Have little support from family, friends, or from spouse or partner.

Symptoms

Feelings of anxiety, irritation, tearfulness and restlessness are common in the week or two after pregnancy. These feelings are often called the postpartum or "baby blues". They almost go away soon, without the need for treatment.

Postpartum depression may occur when the baby blues DO NOT fade away when signs of depression start 1 or more months after childbirth.

The symptoms of postpartum depression are the same as the symptoms of depression that occurs at other times in life. Along with a sad or depressed mood, the woman may have some of the following symptoms:

1. Agitation or irritability
2. Changes in appetite
3. Feelings of worthlessness or guilt
4. Lack of pleasure or interest in most all activities
5. Loss of concentration
6. Loss of energy
7. Problems doing tasks at home and work
8. Significant anxiety

9. Thoughts of death or suicide
10. Trouble sleeping

A mother with postpartum depression may also be unable to care for herself or her baby; be afraid to be alone with her baby, have negative feelings toward the baby or even think of harming the baby (although these feelings are scary, they are almost never acted on, still the woman should tell the doctor about them right away); worry intensely about the baby, or have little interest with the baby.

This study will attempt to understand the experiences of adolescent mothers. This study will also add focus on the experiences of adolescent that are diagnosed with postpartum depression. The findings will explain the experience of depression for adolescent mothers. It will also provide a source of insights and hypotheses for preventive intervention research. Phenomenology standpoint theory will be utilized to explore unrecognized powers that might be found in adolescent mothers 'lives that could lead to knowledge that is more useful for enabling them to improve the conditions of their lives.

The adolescent mothers' voices in this study are essential in terms of rebuilding the assumptions of social norms, values and ideas about the definition of a mother experiencing postpartum depression. Many adolescent mothers are suffering in

silence, because they do not know the implication of postpartum depression on their lives and on the loved ones around them. Hopefully, phenomenological study will help adolescent mothers to regain control over their lives by sharing their stories with the researchers. The stories of these adolescent mothers in this study will lay a foundation of knowledge to practitioners or nurses working with first time adolescent mothers that are suffering from postpartum depression in order to help them to deal with their illness.

In view of the foregoing literature on postpartum depression and adolescent motherhood, it is apparent that postpartum depression is a reality that many of adolescent mothers are experiencing. The emotional distress associated with the adjustment to parenthood is amplified for these individuals, who may be are less prepared to meet the financial responsibilities and the interpersonal challenges of parenting.

Postpartum depression impacts an adolescent mothers' ability to care for her infant and has been associated with adverse effects on child development. This phenomenon has been widely reported in research literature. However, little has been on the nature and depth of this experience. Details of the experience, particularly focusing on the essences that comprise it, is still marginally discussed in the research

literature. Hence, this study attempted to address these gaps.

Research Purpose and Questions

The purpose of this study was to examine and understand the experiences of adolescent mothers with postpartum depression. In particular,

this study attempted to answer the following research questions:

a) What does it mean to experience postpartum depression among adolescent mothers?

b) What are the essences of postpartum depression among adolescent mothers?

METHODOLOGY

Phenomenological Approach to Researchers

Qualitative research, particularly phenomenology, is widely used in health sciences and is regarded as the most appropriate method when exploring people's life experiences or phenomena that are sensitive or socially complex.

Phenomenology is particularly suited for this study as it concerns with the study of human existence and how humans understand and perceived their own behaviours. Phenomenology allowed the researchers of this study to uncover hidden aspects of adolescent mothers' lives – those with postpartum depression – that would not emerge during normal conversations, or that people would not typically reveal to people outside their own social or cultural circles.

In – depth interview was chosen as the primary data collection method as their structural nature allowed the adolescent mothers with postpartum depression to tell their story in the

deepest and richest way possible during the interview process. Participants were provided with a plain *Ilonggo* language statement about the research. It was only after the process that interviewees were set up with the participants. This allowed the participants opportunity to consent to participate, or opted out or cancelled the interview, if they did not want to proceed.

Research Participants and Setting

Research participants of this study involved adolescent mothers who became pregnant before the age of 18, (the youngest being was 10 years old) in one of the city in Western Visayas and those who have experienced postpartum depression within 6 – 12 months after delivery.

Those whose pregnancy was terminated, and those who miscarried and delivered “stillbirth” were not included in the study.

Participants were identified through purposive sampling and only those who

have experienced postpartum depression were taken. Number of participants were dependent until the saturation point was reached.

Procedure of the Study

Ethical consideration. Information about the research title, purpose and scope were explained to the targeted participants. Confidentiality and anonymity were assured thus pseudonyms and place were coded. It was emphasized that the participants have no risks and received no compensation/ benefits for their participation and that she may withdraw anytime they wished since their involvement was voluntary. Consent from the parents was obtained for the participant who was below 18 years old.

The participants were requested to sign the informed consent, and that the interview was private and in a quiet environment so the participants freely described their experiences of postpartum depression without hesitation.

As soon as the participants were identified through purposive sampling, the researchers set the first interview visit. It was during the first visit where the researchers went to the participants' place, introduced themselves and explained the whole research procedure, the research title, scope, purpose, confidentiality and anonymity. Signing of the informed consent then took place. The researchers reiterated their

gratitude for the participants' involvement in the research. The researcher then requested the participants to say something about herself and encouraged casual conversation and established rapport which made the participants comfortable and at ease. The researcher later asked the participants to set a date and time for the next visit for interview at the convenience of the participants. The researcher suggested to the participants a quiet environment with privacy so that she could freely share her experiences without hesitation and for a clear recording in audio tape with the permission of the participants.

During the 2nd visit, the participants were initially asked with an open-ended question based on the statement of the purpose of the study. Follow-up questions related to answer and purpose of the study were asked as the need arose. It was helpful to have an interview plan as a guide that facilitated a natural flow of conversation and it included key questions.

Trustworthiness and authenticity. The issue of trustworthiness in qualitative research has been a concern for the researchers engaging in this method. The trustworthiness of the questions asked from the study participants depended on the extent to which the researchers tap the participants' experiences apart from the participants' theoretical knowledge of the topic (Strawbert & Carpenter, 2011)

The researcher did member checking where every now and then they returned to the adolescent mother to see if they recognized the finding (Cresswell, 2003). This is where the researchers take the final report back to the participants and /or copy of the transcription should also be given to the participants (Mcben, 2008). Once conformability is determined, the study will also become reliable and credible. When the findings will be recognized to be true by the adolescent mother, trustworthiness is then established but if the elements are noted to be unclear or misinterpreted, the researchers must return to the analysis and revise the description.

Data sources. The audio taped interview was labelled as the original copy and was then recopied and the original copy was kept in a locked cabinet in the researchers' place and will be kept there for at least 3 years. The recopied tape was labelled as working copy to avoid confusion and differentiated it from the copy of which the analysis was made.

Data analysis. Analyzing qualitative material can be an inspiring activity, although complex and time consuming. The initial stage involved listening to the audiotape a few times independently by the researchers, then each researcher used the 14 Hycner's steps of analyzing the data independently of each and meeting biweekly to reach a consensus and decided for differences and

similarities in the experiences of the adolescent mother on postpartum depression.

Data analysis was done using the Hycner's 14 Steps Method:

The first step was to transcribe the answers in a field notes assigning numbers to each line as answered by the adolescent mother. After transcription, bracketing was done for phenomenological reduction. Again the researcher listened to the interview as a whole and tried to remember the environment and situation as well as nonverbal cues of the adolescent mother. The researcher read and re-read the transcription several times.

The fourth step was to delineate units of general meaning followed by delineation of units of meaning that is relevant to research question on postpartum depression. It was on the sixth step where the researchers met and discussed similarities and contrast and decided to reach a consensus or verified meanings related to adolescent postpartum depression experiences.

Redundancies were eliminated after which the remaining data were clustered or grouped together according to its meaning. From the clusters of meaning, themes were determined and sub-themes were grouped and summarized by individual researchers and again the researchers met and grouped together these meanings and reached a consensus. Further checking with the participants was done to determine the

trueness of the data as experienced by the adolescent mother on postpartum depression. If not true, revision of cluster and description would be done.

The 12th (twelfth) step involved modifying and summarizing themes related to postpartum depression.

Finally, the researchers contextualized the themes identified in relation to postpartum depression and a final composite summary was done. At this point, the final results were returned to the participants to check for its trustworthiness and accuracy.

RESULTS AND DISCUSSION

Themes and Subthemes

After the collection and analysis of data, five major themes were identified that described the experiences of adolescents having postpartum depression. The five themes are: 1) Awkwardness with the Presence and Care of the Baby; 2) Incompetence in Caring for the Baby; 3) Feelings of Agitation/ Demoralization with the Care for the Baby and other Tasks; 4) Lack of

Pleasure or Interest in Most All Activities; 5) Feelings of Worthlessness or Guilt. The findings relating to these themes and subthemes are presented in Table 1, including the significant statements from the interviews to support the findings and interpretations. These findings are discussed in light of the existing literature. Description of the adolescent mothers' experiences of postpartum depression summarizes the discussion

Table 1

Themes and Subthemes

SUBTHEMES		THEMES	
A. Expression of Difficulty with Regards to having the Baby and with the Time Spent for the Baby	I.	Awkwardness with the Presence of the Baby	
B. The Mere Presence of the Baby Makes Them Uneasy			
C. Struggling Especially at First			
A. Lack of Experience in Caring for the Baby	II.	Incompetence in Caring for the Baby	
B. Need for Help or Assistance in Caring for the Baby			
C. Does Not Know How to Hold the Baby at First			
A. Being Upset with the Situation of Having the Baby	III.	Feelings of Agitation/ Demoralization with the Care for the Baby and Other Tasks	
B. Conflict with the Significant Others			
C. Irritability and Significant Anxiety			

Table 1 Continued

A. Expression of Grief or Misery because of the Situation	IV. Lack of Pleasure or Interest in Most All Activities
B. Feelings of Sadness/ Unhappiness because of the Change in Activities	
C. Having Less Time and Freedom for Herself	
A. Expression of Remorse/ Repentance because of Not having Finished School because of the Birth of the Baby	V. Feelings of Worthlessness or Guilt
B. Feelings of Regret/Shame for the Past Bad Action	
C. Blames Herself for the Early Pregnancy	

Awkwardness with the Presence and Care of the Baby

Through the verbal statements recalled by the participants in the study, it is apparent that having the mere presence of the baby make them awkward. The participants stated difficulty and uneasiness with just having the baby even as early as the few hours after delivery and the time spent with the baby proves to make them uneasy. Three subthemes were identified, consisting of the following: expression of difficulty with regards to having the baby and with the time spent for the baby, the mere presence of the baby makes them uneasy, and struggling especially at first.

Taking care of a newborn baby is not always easy. Many mothers would find difficulties in caring for the newborn which will include the following: How to bathe a fussy baby, how to bathe your baby, how to bathe your baby safely. How to be a good mother to your baby, how to budget the baby’s first year, how to calm a newborn baby, how to change a diaper, how to cloth diaper correctly, how to cut

a newborn’s nails, how to deal with a newborn baby cold, how to deal with diaper rash, how to entertain a newborn baby, how to gear up for a newborn baby, how to handle teething, how to find the best baby products, breastfeeding basics for Mom, hair loss; postpartum losing baby fat quickly.

Though taking care of your newborn can be one of the most special and rewarding experiences of your life, you may feel at a loss for what to do and need to give your child constant attention and care. To take care of a newborn, you need to know how to give your baby the rest, sustenance and care that s/he needs-as well as a healthy dose of love and affection. Once home, though, you frantically realize you have no idea what you’re doing.

In this study, 3 participants out of six, expressed difficulty in dealing with the care of the newborn.

One expressed verbally that, “*Taman ka budlay; nagrebelde, budlay kay siyempre wala...budlay guid eh; gasakit man sa ulo kung diin.*”

With all of the responsibilities that fall upon her, she felt that it is so difficult for her to do all the tasks and chores to care for the newborn especially without the assistance of her significant others. She felt rebellious and eventually rebelled because of the situation. She has had an headache every time she will be forced to do the tasks.

The other participant expressed that, "*Una-una mabudlay*"; showing that in the first place she found it so difficult. She felt overwhelmed by the hectic activities that were involved in taking care of the newborn.

One of the participants also expressed difficulty in taking care of the newborn in terms of time and effort. She said that, "*Daw ano guid, tam-an ka budlay...Budlay...ang oras bala...*" She stated that the time spent for taking care of the baby was so difficult for her to adjust to since she also had other obligations aside from her obligations to her husband and the household chores.

One of the symptoms of PPD is difficulty concentrating or making decisions. In this study, the participants were having difficulty in concentrating in giving care for their babies. They feel that they are inadequate to function as caregiver of their newborns. This inadequacy was felt by the teenage mothers almost every day, for most of the day, for at least two consecutive weeks.

Incompetence in Caring for the Baby

Out of the six participants, 4 of them expressed inexperience or lack of experience in terms of caring for the baby. They expressed inadequacy and would need to have an assistance in order to care for the baby. Without the assistance from their significant others they felt that they are not capable of taking good care of their babies.

One of the significant symptoms of postpartum depression is that the woman is persistently doubting her ability to care for her baby.

Worrying or feeling overly anxious is also one of the symptoms of postpartum depression, as manifested by the participants.

Also having trouble bonding or forming an emotional attachment with their baby is a significant symptom of postpartum depression, and was also manifested by the participants.

One of the participants stated that, "*Hindi eksperinsiyado gid bala nga natawag. Daw wala man guid siya kaagi. Gina buligan ya man siya.*"

The other one expressed that, "*Hindi nya mabal-an kon ano himo-on ya. Gapanumdom siya kung paano mag-ano sa bata, kung kabalo magkapot ka bata, kung kabalo mag pa titi, wala guid siya nagkapot ka bata.* She disclosed that she was taught by her older sister how to handle the baby. "*Gintudlo-an lang siya. Ang magulang ya nga babaye guid ang nagkapot, nagbantay kag nag patiti.*"

Another participant expressed that, “*wala pa siya sang nabal-an sa tawag nga pangabuhì. Ang mother ya, kay hindi pa siya kabalo kung paano paligo-on, himusan.*”

The other participant related that, “*Gintudlo-an siya sang iya nga Nanay sang una-una guid nga. Wala siya kabalo kung ano obrahon ya.*”

Definitely, the symptoms mentioned were manifested by the participants and could support the fact that they are experiencing PPD (Postpartum Depression).

Feelings of Agitation/Demoralization with the Care for the Baby and Other Tasks

Three (3) of the participants expressed being upset at having the baby and being in conflict with their significant others. As verbalized, one of the participants revealed that she was so upset that she was so confused where to buy milk for the baby. And that, if she has a problem, the tendency was to run to the family members but eventually could not really ask for help since they had a conflict at the time the baby was born. “*Galibog ang utok kung diin mabakal gatas. Kung may problema dalagan lang eh*”, she said.

The other participant expressed that, “*Kontra man siya kag nga-problema man siya. Amon na ma lang na ang problema ya, ang mama...*”. That’s why she tends to avoid her husband’s family specifically her mother-in-law.

The other participant felt that the problem started at the time the baby was delivered. Among the signs and symptoms of postpartum depression, two signs also corresponds to the behaviour of the participants which would definitely prove that these participants had experienced postpartum depression accordingly.

Having trouble concentrating, remembering details, and making decisions, is another signs of postpartum depression. Likewise, withdrawing from or avoiding friends and family was also manifested by the participants.

Lack of Pleasure or Interest in most all Activities

Feeling tired after delivery, broken sleep patterns, and not enough rest often keeps a new mother from regaining her full strength for weeks, that is why there would be lack of pleasure or interest in most all activities, especially, the body of an adolescent mother is still not mature enough to endure such condition.

Expression of Grief or Misery because of the Situation

Expression of grief and misery (also a synonym of being *das*) is expressed by the participants as there was nobody to talk to because of the new situation. Being in this situation made them isolated and out of reach by their former acquaintances.

Having less free time and less control over time, having to stay at home indoors for longer periods of time and

having less time to spend with the partner and loved ones will or may contribute to postpartum depression.

Feelings of Sadness/ Unhappiness Because of the Change in Activities

Feeling stressed from changes in work and home routines, is one of the factors that could contribute to postpartum depression. Sometimes, women think they have to be “super mom” or perfect, which is not realistic and can add stress.

Sadness as one of the symptoms of postpartum depression was significantly manifested by one of the participants, although some of the participants also express some sadness with their situation. In the case of one of the participants, sadness was the most significant theme that emerge during the interview. Not only that she expressed sadness, but also it could be observed by the way she spoke and could be observed in her facial expression. She verbalized that “*nasubuan siya kay siya lang ang wala ka tapos, nasubuan siya kay bata lang nagbusong na siya. Nasubuan man siya kay indi na siya ka lagaw-lagaw. Nasubuan siya sila ya gapalngalipay, nasubuan siya kay bata pa siya may bata na, daw nasubuan man siya. Ga kasubo man siya sa ila balay.*”

She also expressed that what she is sad about is that there was nobody to talk to, (*Ang nasubuan ya kay wala siya istoryahon bala.*) She verbalized that

“*Nasubuan siya, wala guid siya istoryahon kay duwa...nga kon kaisa lang sila bala ga kadto.*”

One of the participant also stated that she also feels sad that she become pregnant early. (“*Siyempre nasubuan man eh, bata ka pa lang nabusong.*”)

Feelings of Worthlessness or Guilt

Depression is often lurking in the shadows. When you are depressed, most often you think that you are worthless. The worse the depression, the more you feel this way. While guilt is often defined as our conscience telling us that we have done something wrong, it is usually a helpful tool to keep us accountable for what to do. People with bipolar disorder and other depressive disorders, however, often experience excessive guilt. Their conscience blows out of proportion, causing them to feel disproportionately guilty and remorseful. These emotions are usually accompanied by low self-esteem and feelings of worthlessness.

Feelings of worthlessness and guilt come hand-in-hand when someone is depressed. You might be so overwhelmed with feelings of guilt during a depressive episode. You might often replay things in your head constantly and question yourself and your decisions.

One of the participants expressed verbally that, “*may ara man time nga gahinulsol ako. Naghinulsol guid ako kay wala ako ka tapos pag eskwela.*” She

expressed that she regretted that she has not finished school.

Another participant also stated that, “*nagahinulsol siya, grabe guid nga hinulsol.*” She expressed regret, so much regret because of what happened to her and the wrong decision that she has done.

Yet, another participant express that she felt useless and verbalized that is only she stayed single and still unmarried, she could have been a big

help to her mother at the present. “...*bala kamo... tani subong kung dalaga ko guro tani naka-ano pa eh... tani nakabulig pa ko day nanay...*”

In this regard, guilt in a depressed adolescent mother would always come through especially if the feeling of worthlessness will also aggravate the situation.

Also one of the participants blames herself for the early pregnancy.

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This study used the qualitative research design that was guided by a descriptive phenomenological approach. This study aimed to uncover hidden aspects of adolescent mother’s lives—those with postpartum depression—that would not emerge during normal conversations, or that people would not typically reveal to people outside their own social or cultural circles. Also, this study aimed to fully explore the postpartum depression of adolescent mothers. Participants were identified through purposive sampling and saturation principles were applied in the participants who are adolescent mothers. An inclusion and exclusion criteria were used to determine the attributes of a participant that were essential for the selection. The Hycner’s 14 Steps of Descriptive Phenomenological Strategy was utilized

to describe the phenomenon under investigation. The data saturation point occurred when the ninth participant was interviewed. The researcher also used a computerized qualitative data management program namely: ATLAS.TI (Berlin, 2016) to qualify the analysis using the Hycner’s 14 Steps.

Summary

Based on the experiences shared by the participants, subthemes and themes were drawn using the Hycner’s 14 Steps of Descriptive Phenomenological Strategy and ATLAS. TI (Berlin, 2016). The participants pointed out that as an adolescent who becomes a mother at an early age, they have experienced both physical and psychological difficulties, especially with the absence of support from their family and significant others. Moreover, they conveyed and were

observed by the researcher that the psychological aspect of these participants was the one that was really affected and was similarly felt and manifested by them. Their varied experiences depicted a similarity as they had undergone postpartum depression. The findings revealed five themes and fifteen subthemes. The themes were: awkwardness with the presence of the baby; incompetence in caring the baby; feelings of agitation/demoralization with the care for the baby and other tasks; lack of pleasure or interest in most all activities; and, feelings of worthlessness and guilt. The subthemes that emerged were: expression of difficulty with regards to having the baby and with the time spent for the baby; the mere presence of the baby makes them uneasy; struggling especially at first; lack of experience in caring for the baby; need for help or assistance in caring for the baby; does not know how to hold the baby at first; being upset with the situation of having the baby; conflict with the significant others; irritability and significant anxiety; expression of grief or misery because of the situation; feelings of sadness/unhappiness because of the change of activities; having less time and freedom for herself; expression of remorse/repentance because of not having finished school because of the birth of the baby; and, feelings of regret/shame for the past bad action.

Conclusions

From the experiences, it is apparent that most of their ill feelings were brought about by their untimely pregnancy and early parenthood. The identified themes formed the basis for the conclusion that most inadequacy that were felt by the adolescent mothers were caused by just the mere presence of the baby. Moreover, this was drawn from the similarities of the experiences that the participants shared. This was confirmed by the participants during the return interview after the findings of the study had been established.

Overall, these descriptions gave an insight as well as elucidated the experiences shared by the adolescent mothers themselves.

Childbirth represents for women a time of great vulnerability to become mentally unwell, with postpartum mood disorders representing the most frequent form of maternal morbidity following delivery.

While postpartum depression is a major health issue for many women from diverse cultures, this affective condition often remains undiagnosed resulting in limited management.

Overall, these descriptions gave awareness as well as elucidate the essence of experiencing postpartum depression among adolescent mothers. These findings cannot be generalized to all adolescent mother who have undergone postpartum depression, but it could serve as a basis for further studies

and research on which the themes that emerged can be a basis in the formulation of a framework in recognizing and addressing such undermined experience of the adolescent mothers.

Recommendations

It is critical in today's healthcare settings to encourage the detection and recognition of postpartum depression in adolescent mothers. Many would think that these adolescents are still undergoing normal psychological response to the overwhelming responsibility that was dumped on them at a very early or young age.

Considering the significant findings derived from the study, the following recommendations and policy implementations need to be implemented.

In view of this, the researchers have come up with the following recommendation in line with the results of such investigation:

1. Extra effort should be done to increase the knowledge of the respondents' caretaker/significant others about the importance of postpartum depression, its risks and significance. The strategy could vary from the conduct of seminars, symposia, lectures, or group discussions, experiential learning, film showing or inviting resource person considered an authority in human reproductive health (specifically with regards to postpartum

depression), so that the caretakers/significant others can be reminded of the need to maintain a healthy lifestyle.

Continuous education and information sharing for respondent's age group and service information providers: church, health staff, media and NGOs on adult health concerns and an intensified and responsive counselling services shall be done. Educational programmes need to tailor some of their messages to suit the needs of those who were already aware of the depression and to those who were not.

2. Establishing a base occurrence rate, recognizing that not all women with identified risk factors will develop postpartum depression.

3. Determining the predictive accuracy of screening procedures such that vulnerable women are specifically identified.

4. Being cognizant that screening procedures will exclude some women who will later develop postpartum depression.

5. Devising interventions that are brief enough to be acceptable, long enough to achieve lasting benefits, intensive enough to have an effect, user friendly, and not too expensive.

6. Assessing outcomes with regular monitoring and follow-up that includes a wide range of outcomes not just preventing the onset of postpartum depression.

7. Recognizing that interventions non-compliance and participant attrition are major problems and that those who decline enrolment or withdraw from involvement may be those at greatest risk.

8. Also, a women's health care provider or nurse practitioners working with these families should screen adolescent mothers for depression using a specific tool aside from the depression assessment tool into the form of DSM IC and V.

9. Develop organizational partnership for further mission and goals of preventing postpartum depression (GABRIELA and other nationally recognized pro-women organizations.)

10. Further studies should be recommended as to further elucidate deeper meaning of postpartum depression among adolescent mothers and its essence, since this study covered only selected characteristics of the respondents.

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The Researchers

Individual Learning Capability, Organizational Culture, and Resilience as Related to Business Performance of a Maritime Educational Institution: Inputs to the Development of an Institutional Plan

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ABSTRACT

The study examined the relationship of individual learning capability, organizational culture, and resilience with the business performance of a Maritime University to derive inputs in the development of an institutional plan. Business performance was measured using the financial statements and the internal stakeholders' satisfaction of the services provided by the University. The investigation included the students, faculty and staff of the three academic campuses of the Maritime University situated in Western Visayas, Philippines. Financial statements were secured to measure financial performance. Quantitative data were gathered through survey questionnaires while qualitative data were collected through interviews to contextualize the individual learning capability, organizational resilience, organizational culture and the performance of the University. Results of the investigation revealed the positive relationship of both the individual learning capability, and the prevailing culture to organizational resilience; while organizational resilience was found to be significantly related to the satisfaction of students. The financial statements revealed the liquidity and solvency of the campuses that compose the University in the midst of a crisis. Inputs to the institutional plan of the University were recommended based on the results of the investigation.

Keywords: *learning capability, organizational culture, organizational resilience, business performance, financial performance, satisfaction, maritime school*

INTRODUCTION

Abrupt changes in business firms caused by unforeseen events or circumstances create confusion among the human resources and rectification of

non-human resources. The turn of events requires responsive action from the firm as a whole in order to continually monitor internal and external events and trends so that timely changes can be made as needed (David, 2017). The various studies on business performance point out two business perspectives of business models which are static and dynamic (Haggège, Gauthier, & Ruling (2017). Static business models focus on value creation (Salaga, Bartosova & Kicova, 2015) and value capture (Gans & Ryall, 2016), while the dynamic perspective links business model performance to long-term firm survival, and focuses on firms' economic sustainability, adaptation capacity, and resilience over time.

Higher Educational Institutions (HEIs) are no different from business organizations in dealing with changes in their environment that affect their existence. These rapid changes are usually caused by increasing and competing demands from stakeholders which include changes in government regulations, diversity of students, reliance on various modes of distance education, or rapid growth of the for-profit private education sector. The unpreventable circumstances made HEI administrators and managers, and leaders respond proactively to these changes in order to survive. With this, the Institutional Board of Trustees showed interest and applied business practices and procedures to the operation of an

HEI. Examples of these business actions include budgeting processes and institutional planning (El-Ghali, Yeager, & Kumar, 2013). Moreover, Haggège, Gauthier, & Ruling (2017) introduced cultivating strategic awareness and developing reconfiguration capacity as dimensions that drive performance for long-term survival. Most notable in the works related to the dynamic performance of the business are factors like learning, organizational culture, and resilience. However, the bulk of research related to the performance of HEIs points out key performance indicators as an academic institution such as the criteria included in the standard bodies (ISO 21001 or Educational Organizations – Management System, Commission on Higher Education regulations) and stakeholder's satisfaction survey.

Hence, it was the intention of this research study to determine the business performance of a Maritime Educational Institution, in Western Visayas Philippines, and its relationship with individual learning, organizational culture, and resilience of the University as an organization. The relationships of the identified variables were determined in order to provide scholarly-based inputs in the development of an Institutional Plan. Moreover, this investigation was targeted to look into the business performance and the factors associated with the Maritime University as a non-stock, non-profit corporation, and its three academic units.

Objectives

Specifically, this study was intended to attain the following specific objectives:

1. to ascertain the individual learning capability of the Maritime University;

2. to determine the dominant and preferred organizational culture prevailing in the Maritime University;

3. to determine the organizational resilience of the Maritime University;

4. to determine the business performance of the Maritime University in terms of the stakeholders' satisfaction of services, and financial performance;

5. to establish the relationship of individual learning capability to organizational culture, organizational resilience, and stakeholders' satisfaction of services of the Maritime University; and

6. to establish the relationship of organizational culture, and organizational resilience to the stakeholders' satisfaction of services of the Maritime University.

Hypotheses

The following null hypotheses were advanced:

1. There is no significant relationship between individual learning capability and organizational culture of the Maritime University.

2. There is no significant relationship between individual learning capability and organizational resilience of the Maritime University.

3. There is no significant relationship between individual learning and stakeholders' satisfaction of services of the Maritime University.

4. There is no significant relationship between organizational culture and stakeholders' satisfaction of services of the Maritime University.

5. There is no significant relationship between organizational culture and organizational resilience of the Maritime University.

6. There is no significant relationship between organizational resilience and stakeholders' satisfaction of services of the Maritime University.

Theoretical Framework

This study was principally anchored on Systems Theory. Systems theory investigates a phenomenon examined as a whole in its entirety and not just a sum of its basic parts (Mele, Pels & Polese, 2010). The concept stresses that the whole is greater than the sum of its parts (Newman & Newman, 2011). Specifically, this study is guided by one of the identified systemic theories, that is, the viable systems approach (VSA). Although the whole is greater than the sum of all its parts, the parts are important factors of the whole that are interdependent with each other that need to be understood and examined. VSA has been established within the disciplinary field of business management following a rich research stream of systems theories, such as the

theories of open and closed systems, socio-technical systems, the law of requisite variety, and systems dynamics (Barile, Pels, Polese and Saviano, 2012) and asserts that the goals of the viable firm are strongly linked to the dynamics and dialectical relationships that the organ of governance establishes with the relevant supra systems or the relevant systems in the environmental context, which is the decider that directs the strategic activity of the organization (Dominici, 2015).

Conceptual Framework

This investigation viewed an organization, a Maritime University, as an open system composed of elements from its internal and external environment within its boundaries that are interrelated to each other. The different crucial elements identified in this study that were deemed to have influences in the University’s business performance were identified from the two levels of the organization. From the individual level was the learning capability of each individual that made up the organization; and from the organizational level, the culture and resilience of the Maritime University.

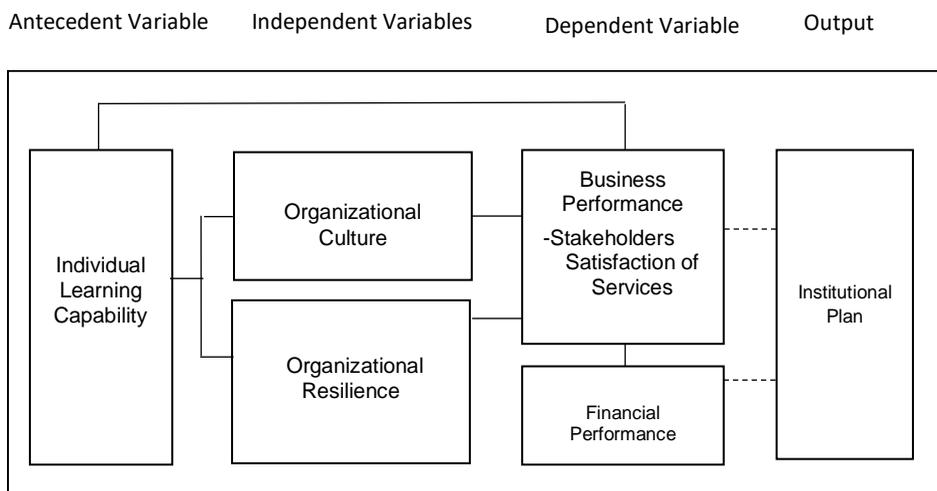


Figure 1. Individual Learning Capability, Organizational Culture and Organizational Resilience as Related to the Business Performance of the Maritime University as Basis for Inputs to the Institutional Plan

Significance of the Study

The results of the study will be beneficial to the Maritime University System which is the subject institution of the investigation, its faculty members, staff and students. This is so because the results of this study will serve as a feedback for control mechanisms of managers in the University as well as basis for strategical decision-making in pursuing the University's goals, specifically that of the three campuses of the University System. Other business organizations, human resource managers, and future researchers will also benefit from the results of this study which will serve as a benchmark for strategic decision making in considering factors related to business performance.

Scope and Limitations of the Study

This study investigated on the individual learning capability, organizational culture, resilience and business performance of the Maritime University, a non-profit higher education institution in Western Visayas, Philippines. The study covered the permanent faculty and administrative non-teaching staff who have been with the University for at least three years, and are bona fide employees at the time the study was conducted. Student participants were limited to the senior college students in the University. Excluded from the study were past employees and students, employees and students of the Training Center, Basic Education Department, and the Graduate School.

RELATED LITERATURE/STUDIES

Correlates of Performance

An organization's performance is understood to be its capacity to achieve the set objectives and goals of the organization in an effective and efficient way (Ramli, Sosiawani, Mustafa & Yusoff, 2015). Scholars who took interest in studying performance in business, the concepts, measures, and influences, claimed several factors that affect business performance, but the field of strategic management consistently points out to strategic planning as a major factor that contributes to

performance. Ramli et al., (2015) pointed out that formality, tools of strategic planning, time horizon, and control of strategic planning are dimensions of strategic planning that are related to business performance. Other factors which include the three variables identified in the study and their relationship to performance were examined. For example, a learned organization is most of the time linked by scholars not only with knowledge acquisition but also of improved performance. The link between

organizational learning and performance was explored by Prieto and Revilla (2006) and they found that organizations with high levels of knowledge stocks and learning flows achieved higher financial and non-financial performance. The results also supported the many theoretical and empirical studies showing a positive relationship between organizational learning and performance as shown in various studies (Bontis et al., 2002; Keskin, 2006; Rhodes et al., 2008; Camps and Luna-Aroca, 2012, in Aragon et al., 2014). Koçoglu, Imamoglu, and Ince (2012) likewise found in their work the high degree of relationship between organizational learning capability, innovation, and firm performance. Authors suggested managerial implications to improved performance in business such as putting energy in the development of organizational learning capability, and achieve innovation through learning-based pathway.

Understanding the culture of the organization was recognized to help managing an organization and improve business performance. The work of Shahzad, Luqman, Khan & Shabbir, (2012) stressed that employees need to adopt the culture of the organization to help them work effectively and efficiently. The results of their study also showed that if employees are committed and their norms and values are the same as that of their organization, it will help increase the performance of the

employees and the achievement of the overall organizational goals. In addition, Abdullahi and Hilman (2019) found in their study that decision-makers in business need to find the fit between the organizational culture and strategic direction of the business enterprise in order to attain improved performance. Joseph and Kibera (2019) likewise found that a balanced organizational culture is essential for superior performance. They were able to identify a positive link between organizational culture and financial outcomes wherein organizations with strong culture had more revenues, higher share price, and improved net income as compared with their counterparts with weaker cultures. Nevertheless, although there are sufficient studies that claim the direct link between culture and organizational performance, this remains unclear because of the existence of studies that proved otherwise. For example, only innovative culture has a direct effect to organizational performance while the competitive culture had both a direct and indirect effect as shown in the work of Liviu and Gavrea (2008).

A recent study by Young (2020) explored the contribution of resilient employees thru strategies in the HR policies in order to achieve organizational resilience. The study also indicates that organizational resilience capability contributes to organizational effectiveness. However, the need to have studies on the relationship of

organizational resilience to business performance is seemed to be wanting. The vast literature of the concept of organizational resilience seems to lead to understanding the concept, its dimensions and constructs.

A vast literature identified variables associated with business performance. Scholars and managers alike have provided results that link individual learning, organizational resilience, and organizational culture to the performance of a business. Performance is cited to be an organization's capacity to achieve its set objectives and goals in an effective and efficient way (Ramli et al., 2015). However, David (2017) explained that measurement of performance is a critical activity of a business since results will not only determine how a business organization fares in the achievement of its goals, but will also become inputs to future decisions and strategies of the organization to match the changes and demands in the business environment. Strategic management is likewise cited as responsible for ensuring performance improvement at its very core and is important in the theoretical, empirical, and managerial dimensions of an

organization in order to adapt and survive. Although there are various instruments to measure business performance, three dimensions of measurement were often emphasized: financial performance, financial and operational performance, and organizational effectiveness,

In the examination of organizational resilience and organizational culture however, learning at the individual level has been identified as a factor to set the two concepts. Individual learning for instance, needs to be effectively transferred to team and organizational levels. This learning become a part of the culture that creates a sense of direction for individuals and the organization (Basten & Haaman, 2018). Likewise, in an in-depth study conducted by Chen, Xie & Liu, (2021), the authors identified learning as a dimension of organizational resilience. It seems that the reviewed literature points to learning as a pre-condition to an effective culture and resilience in the organization. The bulk of literature for organizational resilience also showed that the concept is new in the field of research since most of the literature leads to the explanation of the concept, its definition and dimensions.

METHODOLOGY

The specific component in this mixed method approach used is QUAN qual giving emphasis to the quantitative

type of data gathered as the primary data set while the qualitative data were embedded to give support to the

quantitative data gathered (Edmonds & Kennedy, 2019). The first stage involved the collection of the quantitative data with the use of survey questionnaires. The second stage is the qualitative data gathering to provide contextual understanding and validate the findings of the quantitative data.

Participants of the Study

This study was conducted in the three campuses of a Maritime University in Western Visayas, Philippines. For the purpose of properly identifying the campuses in this investigation, the researcher assigned labels to the campuses as follows:

Campus A – located in Molo, Iloilo City

Campus B – located in Arevalo, Iloilo City

Campus C – located in Bacolod City

All of these campuses or units are given autonomy for managerial decision-making and operation, however, all units are under the leadership of the University Executive Council which serves as the coordinating body for the verification of programs and activities as well as the formulation of policies. Each campus offers maritime programs (Marine Engineering and/or Marine Transportation), business programs and senior high school.

The employees included permanent faculty and non-teaching administrative staff who have been with the University for at least three years. Only those who provided consent to participate and are bona-fide employees and students of the three campuses were included in the study. Past employees, employees of the Training Center, Basic Education Department and the Graduate School were excluded in the study.

Student participants included the senior college students in the University. They consisted of the graduating students of the maritime programs (BS Marine Engineering and BS Maritime Transportation Programs), and the business programs (BS Customs Administration, BS Tourism Management, BS Cruise Ship Management, and Bachelor of Science in Hospitality Management). They were chosen because they were able to experience the services of the University before and during the pandemic. Only duly enrolled students were considered in the investigation. Students of the Maritime High School, Training Center and TESDA were not included.

For the quantitative evaluation, a sample size of 308 participants was targeted as a result of the computation using the Slovin's formula with a total population of 1351 and .05 margin of error.

Table 1

Demographic Profile of the Participants

Characteristics	f	%
Entire Group	308	100.00
Classification		
Senior College Students	219	71.10
Staff	37	12.00
Faculty	52	16.90
Academic Unit		
Campus A	108	35.10
Campus B	131	42.50
Campus C	69	22.40
Sex		
Male	174	56.50
Female	134	43.50

The financial analysis of the University’s financial statements for the past three years (2019, 2020 & 2021) were secured from the Securities and Exchange Commission and were used to determine the University’s surplus, liquidity and solvency. The financial performance was highlighted with both the financial ratios and descriptive analyses.

For the qualitative data, they included information gathered from the face-to-face interviews and video conferencing with selected students and employees, and review of documentary records. The saturation point was reached with a total of eight (8) participants which included three faculty members, two non-teaching administrative staff, and three students, with all campuses well represented. The criteria used in selecting the employees included their number of years in the University which should be more than five years and their willingness to

become a participant and their availability during the interview. While for student participants, the researcher looked for student leaders who are in their senior year, willing to be a participant, and available during the interview schedule.

Research Instrument

Survey questionnaires were distributed to gather the quantitative data. A section to gather the demographic information of the participants was provided followed by the Individual Learning Questionnaire, the Organizational Culture Assessment Instrument (OCAI), the Organizational Resilience Questionnaire, and the Stakeholders’ Satisfaction of the Maritime University Services. The questionnaires were duly validated and the internal consistency reliability was tested.

In terms of financial performance, the financial analysis included the

analysis of surplus, liquidity, and solvency using the financial statements of the University published by the Philippine Securities and Exchange Commission for the past three years (2019, 2020 and 2021).

For the qualitative data, the researcher made use of an interview guide with open-ended questions.

Ethical considerations as to the use and distribution of the questionnaires were also given attention. All permits and approval to conduct the research and gather data were secured prior to the conduct of the study.

Data Analysis Procedure

The mean and standard deviation were used to describe the individual learning capability, organizational

resilience, and stakeholders' satisfaction of services of the three campuses of the Maritime University while the Scoring Graphic for Organizational Culture Assessment was utilized in mapping the culture type of the Maritime University campuses.

For the financial performance of the University, financial ratios pertaining to the analysis of the campuses' surplus, liquidity, and solvency were determined and benchmarked with a competing Maritime HEI.

For quantitative correlation analysis between variables, the Pearson Product Moment Correlation was used.

The analysis of the qualitative data made use of the Framework method also known as thematic analysis or qualitative content analysis.

RESULTS AND DISCUSSION

The results of the individual learning capability, organizational culture, organizational resilience, stakeholders' satisfaction of services, and business performance of the three academic campuses of a Maritime University are presented in this chapter. The relationships of variables are also illustrated and discussed. In the presentation of results, the quantitative data are first illustrated and these are supported by the qualitative data for contextualization of results.

Individual Learning Capability of the Maritime University

Table 2 reflects the individual learning capability in the three campuses of the University. Campus A ($M=4.40$, $SD=.42$); Campus B ($M=4.43$, $SD=.58$); and Campus C ($M=4.27$, $SD=.56$), all are "very highly capable" in learning.

Results of the investigation indicated that at the individual level, the University in all its three campuses are "very highly capable" in learning. People at the University are very much capable of symbolizing, forethought, learning thru

modelling, self-regulation, and self-reflection. They are capable of listening attentively, observing their environment and associating their experiences with their present situation. They are likewise very much capable of relating information they have gathered to imagine long-term actions that affect their conditions as individuals in the institution. Moreover, individuals at the three campuses can very much regulate their actions to wait for the proper time

and place in order to express their ideas. The results are imperative since being an educational institution that promotes quality education through effective learning, a high learning capability should be apparent. These results, however, are limited to the learning capability of the individuals and do not necessarily indicate that individuals at the University are able to transfer what was learned in their role at the University.

Table 2

Individual Learning Capability of the Maritime University

Maritime University	Mean	SD	Description
Campus A	4.40	.42	very highly capable
Campus B	4.43	.58	very highly capable
Campus C	4.27	.56	very highly capable

Scale: 1.00-1.80 Not Capable 1.81-2.60 Somewhat Capable 2.61-3.40 Capable
 3.41-4.20 Highly Capable 4.21-5.00 Very Highly Capable

For an in-depth understanding of the quantitative results, the results of the qualitative data analysis revealed an overarching theme of *self-motivation in learning supports the University as a learning organization and vice-versa* with forethought, self-regulation, self-reflection, dialogue, collaboration, and continuous learning as the codes.

The learning capability of the individuals in the Maritime University were the same all throughout the three campuses based on the common assertions made by the participants during the interview. The answers made by the participants which identified the capacity in forethought, self-regulation

and self-reflection of people in the University stood out. The development of the aforesaid capabilities was facilitated by the existence of the provisions to promote learning for personal and professional development such as the promotion of dialogue, collaboration, and continuous learning. Participants from the three units have given emphasis on forethought or how each believes that having to challenge themselves towards a new opportunity such as technological innovations and immersive situations, required by their role in the University, can equip them with performing their tasks not only in the present but as well as in the future.

The importance of training and development was highlighted since these were appreciated and pointed out by the participants. Specifically, those trainings that require practical application, innovated resources, and results of research activities were mentioned.

Moreover, as an educational institution, the Maritime University has exhibited the characteristics of a learning organization by giving importance to the personal and professional growth. With this, the participants believe that the University was able to assist the people in the University in learning through dialogue, collaboration and continuous learning. All employee-participants from the three campuses of the University conveyed their confidence in communicating with heads, and other superiors. They observed that informal communication between superiors and subordinates is common and this has become a way to express ideas and at the same time gather ideas quickly. Pep talks with superior were likewise appreciated. This is also common among peers as a way to discuss matters related to work. Participant 3 claimed, *“Confident ang isa kag isa kung may mga kinahanglan nga e’approach very approachable ang mga tawo, I mean confidence kita mag suggest daw open communication kita sa aton nga admin not only for the admin but of course sa CEO”* (Everyone is confident to approach each other because people are

approachable. I mean, we are confident to give suggestions because we have an open communication with our administration and also with the CEO).

Organizational Culture in the Maritime University

The organizational culture of the University shows the presence of the four types of culture with the dominant type being the clan culture.

In Campus A, the prevailing culture profile is dominated by the clan culture (31.90%), followed by the market culture (23.50%), adhocracy (23.20%), and hierarchy culture (21.40%). The preferred culture type, likewise, indicates that Campus A prefers a clan culture (33%), followed by the adhocracy culture (23%), and the market and hierarchy culture (22%). Campus B, likewise, reveals a culture profile dominated by the clan culture (34.50%), followed by the adhocracy culture (23.30%), market culture (21.60%), and hierarchy culture (20.60%). In Campus C, the clan culture dominated (28.00%) and is followed by market culture (24.30%), adhocracy culture (23.90%) and hierarchy culture (23.80%). The preferred culture also shows the preference for the clan culture (30.10%), followed by the adhocracy (24%), market culture (23.60%) and hierarchy culture (22.3%).

Results show that the University has strength in the collaboration of the individuals in all campuses. At present, the environment of the University is

dominated by filial-like relationships between leaders and among members, and where care for people, teamwork and participation are given priority. The dominance of the clan culture could be

due to the natural essence of the Maritime University as an educational institution and a not-for-profit organization.

Table 3
Organizational Culture in the Maritime University

Culture Type	Prevailing (%)	Preferred (%)
Campus A		
Clan	31.90	32.50
Adhocracy	23.20	23.20
Market	23.50	22.40
Hierarchy	21.40	21.90
Campus B		
Clan	34.50	33.90
Adhocracy	23.30	23.40
Market	21.60	21.70
Hierarchy	20.60	21.00
Campus C		
Clan	28.00	30.10
Adhocracy	23.90	24.00
Market	24.30	23.60
Hierarchy	23.80	22.30

Plotting the results in the scoring graphic for organizational culture, figures show that both the prevailing dominant and the preferred culture of the campus is leaned towards the clan culture. The figures likewise indicate that a desire to change culture in the University is not needed. The preferred culture for all the campuses, closely matches the

prevailing culture. It could be said that the prevailing culture is likewise what the people at the University desires and therefore could be treated as a strength factor because this indicates that what people value and given emphasis when they organize activities are the same as their preference.

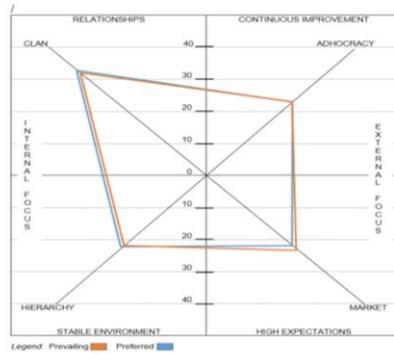


Figure 2. Prevailing and Preferred Culture Profile of Campus A

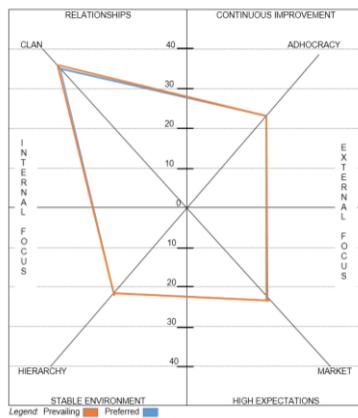


Figure 3. Prevailing and Preferred Culture Profile of Campus B

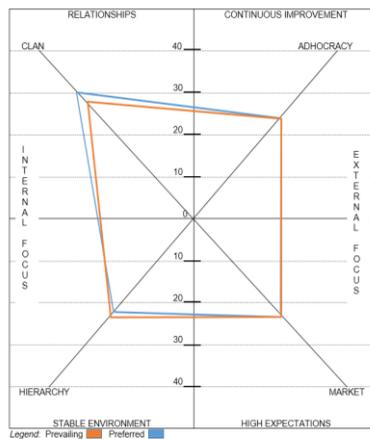


Figure 4. Prevailing and Preferred Culture Profile of Campus C

Analysis of the qualitative data generated an organizational culture theme of “*Working more than a team together for transformation*”. Observations and experiences of the participants in the University showed a culture that is welcoming and collaborative as stirred by transformational leadership. Responses which were deemed relevant led to the codes: relationships, care as a family, shared values, and transformational leadership, as components of the culture that prevails in the University.

Although the participants were situated in three different campuses of the University, all were able to agree that their relationships with each other in the campus, whether it be among peers or between superiors and subordinates, imbibe a friendly environment of mutual trust and respect. The participants acknowledged individual differences of people in the University but they claimed to ensure harmonious relationships since they see each other every day. All student participants mentioned that their instructors and other superiors are very much approachable. The elements of trust and respect in the relationship of the people in the University are apparent in the responses. As participant 7 mentioned, “*We’re trying to keep our relationship as healthy as possible so if there are differences, if there are misunderstandings, we are really trying our best to mend it as much as possible so that we can, so that there will be no*

conflicts kay it’s really difficult to go to school every day if there are conflicts” (We’re trying to keep our relationship as healthy as possible so if there are differences, if there are misunderstandings, we are really trying our best to mend it as much as possible so that we can, so that there will be no conflicts because it’s really difficult to go to school every day if there are conflicts).

Organizational Resilience of the Maritime University

When the organizational resilience of the University was determined, results revealed that the three campuses: A ($M=4.43$; $SD=0.58$), B ($M=4.53$; $SD=0.50$), and C ($M=4.29$; $SD=0.70$) have “very high” organizational resilience. The University is equipped with strategies that could enable it to identify and eliminate adverse factors that weaken operation especially during crisis. Moreover, the very high organizational resilience of the University conveys that it has the ability to cope with pressure and challenges and learn from it in order to achieve sustained growth. The University is also capable of navigating crises and withstand them because of strong organizational commitment and established reciprocal relationships with stakeholders. The “very high” organizational resilience of the University is deemed to be a strength in its internal operation that helps the University respond to crises to achieve recovery and growth.

Table 4

Organizational Resilience of the Maritime University

Maritime University	Mean	SD	Description
Campus A	4.43	.58	Very High
Campus B	4.53	.50	Very High
Campus C	4.29	.70	Very High

Scale: 1.00-1.80 Very Low 1.81-2.60 Low 2.61-3.40 Average 3.41-4.20 High 4.21-5.00 Very High

In the analysis of the qualitative data gathered through interviews, the participants' responses on resilience revealed this theme: *People and strategies give strength to the institution*. The narratives generated key terms like commitment, people learning, communication, and strategies.

When the institution is faced with difficulties and adversities, its established strategies were seen as important tools to adapt and survive. However, other than the strategies, participants also pointed out commitment, people learning, and effective communications to give strength to the University during difficult times.

Interviewees representing the various campuses of the University explained that when they are being challenged as members of the institution, their commitment to the institution kept them going. The commitment expressed by the participants came in two ways. First, the University's commitment towards its mission, vision and values; and second, the employees' continuance commitment motivated by the benefits and remuneration provided by the

institution. Four of the seven participants who represent the three campuses observed that during hard and difficult times, the University showed commitment to the goal of providing quality education and training, no matter what, and hold on to what the University value the most. Participant 1 said, *"Maski anu magkalatabo provide gid gyapon sang quality education no kay, kay as been said kay ang establishment naton, University kita so ma provide gid kita gyapon quality education, may pandemic man or wala man sa classroom setting, sa balay man nila ma hatag gid gyapon quality education mangita gid paagi"* (Whatever happens the University will still provide quality education because as what has been said, our establishment, as a University we will provide quality education whether there is a pandemic or not, whether it be in classroom setting or at home, the quality education will be provided, the University will find ways). To explain their continuance commitment, participant 5 said, *"Although nga na ka experience gid kami to sang crisis sa Unit, it is because nga syempri eh we cannot deny the fact that we are enjoying sang higher nga salary, pa salamat lang gid kami*

gihapon. Hambal ko sa mga fellow teachers nga siling ko kahit papano may ubra lang gid kita ya, ang importante may ubra pa kita” (Although we have experienced crisis in the Unit, of course we cannot deny the fact that we are enjoying higher salary, we are still thankful. I told my fellow teachers, what is important is we still have a job).

Stakeholders’ Satisfaction of Services of the Services of the Maritime University

Looking at the results of the stakeholder’s satisfaction of the services provided by the Maritime University, the data indicated that the stakeholders of the three campuses were “highly satisfied” to “very highly satisfied”. As noted in Table 5, both the students ($M=4.34$, $SD= .64$) and the employees ($M=4.28$, $SD= .65$) in Campus B are “very highly satisfied”. Further examination of the data showed that students of both Campus A ($M=4.39$, $SD=.70$) and C ($M=4.39$, $SD=.70$) were

“very highly satisfied”; while employees of these two campuses were “highly satisfied” ($M=3.96$, $SD=.70$; $M=3.87$, $SD= .71$, respectively). The three campuses of the University were able to provide services to the students based on expectations and even exceeded their expectations. The offices of the institution that act as frontlines for students were able to perform their function that satisfied their clients. This is despite of the challenges faced by the University due to adverse conditions in the environment. On the part of the employees, they were very much pleased and conformed with the services provided by each campus, although employees of Campus B rated a higher mean score than the two other campuses. The institution was able to respond to the needs of the employees and is doing very well in rendering services expected by the internal stakeholders.

Table 5

Stakeholders’ Satisfaction of Services of the Maritime University

Stakeholder	Mean	SD	Description
Campus A			
Students	4.39	.70	Very Highly Satisfied
Employees	3.96	.70	Highly Satisfied
Campus B			
Students	4.34	.64	Very Highly Satisfied
Employees	4.28	.65	Very Highly Satisfied
Campus C			
Students	4.43	.59	Very Highly Satisfied
Employees	3.87	.71	Highly Satisfied

Scale: 1.00-1.80 Not Satisfied 1.81-2.60 Somewhat Satisfied 2.61-3.40 Satisfied 3.41-4.20 Highly Satisfied 4.21–5.00 Very Highly Satisfied

In support of the above findings, the results of the interviews revealed an overarching theme for stakeholder satisfaction is the *aligning of the goal as the foundation of performance*. Responses of the participants were focused on goal, commitment, financial security, and challenges.

The Maritime University showed how serious it is to attain the goals of the institution by committing itself to it. This was manifested by the participants during the interview who were also representatives of the significant stakeholders of the institution. However, there were likewise challenges that the University is facing.

Achieving and staying aligned to its expressed goals as stated in its mission and vision gives integrity to the institution. All participants spoke excitedly on how quality education and trainings for total development are provided in the institution. Three of the participants cited that the institution is serious in the attainment of its goals. The teachers are observed to be passionate in their work and that the target is achieved through the success of the students when they are deployed for employment. All employee participants cited that they feel lucky to belong to the institution. However, the participants also expressed concerns on the challenges which they believe are disturbing in the institution. These include financial instability, variety of strategies imposed in the campuses,

improvement of physical facilities and HR roles. Although financial instability was not specifically pointed out by the employee participants from Campus A and Campus B, the participant from Campus C highlighted this concern in their campus. Additionally, lending financial help among campuses was validated by one of the campuses' Chief Accountant. Moreover, participants from the three campuses noted a few improvements needed in the physical facilities of the institution. Specifically noted were the need for classroom improvements in terms of air conditioning, and improved restrooms as mentioned by representatives from Campus A and B, while Campus C representatives mentioned on dilapidated buildings. Additionally, all employee participants cited that the Human Resource Officer for each unit could still aspire for improvements as a partner of the human resources of the institution.

Financial Performance of the Maritime University

The business performance of the Maritime University in terms of its financial performance was measured using the analysis of its surplus, liquidity ratios and solvency ratios.

Excess of Revenue/Surplus

In consideration of revenue, the Statement of Comprehensive Income included tuition fees, miscellaneous

fees, laboratory, auxiliary income, interest income, rent and other income. For the past three years (2019, 2020, 2021), records showed that both Campus A and Campus B have consistently earned surplus in terms of peso value, while Campus C recorded deficit for 2019 and 2020. Further examination using the comparative analysis revealed that Campus A showed a decrease in surplus for the year 2020 (-82%) but recovered with an increase in surplus in 2021 (817%). Campus B recorded consistent increases in the comparative analysis with 19% increase in 2020 and 50% increase in surplus between 2020 and 2021. Conversely, Campus C recorded deficit in peso value in an absolute amount of Php29,168,148.00 in 2019, and Php 23,538,610.00 in 2020, but recovered in 2021 with a surplus in absolute amount of Php 4,789,873.00. The comparative analysis of the three-year performance of Campus C, however, showed that even with its recorded deficits, the Campus exhibited recovering performance with an increase of 19% in 2020 from 2019, and 120% increase in 2021 from the previous year. In an interview conducted with employee representatives of the campus, they noted a decline in enrollment of the senior high school students. The interviewee from Campus C also noted stiff competition with a neighboring maritime school that offers a lower tuition fee. It was noted from the vertical

comparative analysis of the Statement of Comprehensive Income that depreciation expense was appropriated at 14% to 15% of the total revenue in Campus C. Additional information gathered from interviews revealed that the University had purchased a training ship in 2015 for the use of the three campuses. The allocated expenses were shared by the three campuses although the training ship was not able to cater trainings and earn income during the pandemic (2020 to 2021).

While the campuses operate independently from each other, each one is still a component of a University System, thus they are interdependent with each other in order to thrive and survive. Since the three campuses are under the leadership of one set of Board of Trustees, intercompany transactions can arise in order to give assistance to one another. The financial data indicated that the University was adversely affected by the pandemic that broke during the period 2019 to 2021. On one hand, Campus B recorded consistent increases in surplus and contributed a higher surplus to the University compared to the other campuses; on the other hand, Campus C financially struggled particularly in 2019 and 2020. The strategies imposed by Campus B seemed to have worked well for them, while Campus C needs to evaluate its strategies related to finances in order to ensure financial resilience even before the crisis occurred. Nonetheless, records

also showed that all three campuses of the University were able to recover financially as shown by the recorded surplus in the latest year (2021). During the crisis, where students cannot attend their classes in school physically, the University was able to find strategies to continue its operation and therefore continue to accept students for enrollment. Moreover, all campuses of the University recorded decrease in expenses. The expenditures for school activities, travel and transportation, and seminars and conferences, have decreased in 2021 and are practically reasonable because of restrictions during the pandemic. However, expenditures increased for all campuses from 2019 to 2020. When the Statement of Comprehensive Income was examined, one noticeable increase in expenditure for all units from 2019 to 2020 was on the “security and janitorial services”. This was due to the expenses incurred to acquire tools, equipment and

facilities needed by each campus to address the health risk brought about by the pandemic.

Looking at a rival school for benchmarking, although the rival school recorded a decrease in surplus by 43% in 2020, it has immediately recovered the following year (2021) with an increase of 30% from the recorded surplus in 2020. Campus A and B performed at par with the rival school, while Campus C performed under par. It can be observed that while the revenue in absolute value for all campuses were higher compared to the competing school, the expenses incurred were likewise higher for the Maritime University campuses. The expense line for salaries and employee benefits for the Maritime University were significantly higher in absolute value and accreditation expenses were recorded in the Maritime University. Table 6 and Figure 5 shows the graphical representation of Excess of Revenue.

Table 6
Excess of Revenue (Php)

Institution	2021	2020	2019
Campus A			
Revenue	174,609,479.00	199,006,509.00	180,147,685.00
Expenses	(159,502,121.00)	(197,358,621.00)	(171,140,998.00)
Excess	15,107,358.00	1,647,888.00	9,006,687.00
Campus B			
Revenue	189,702,074.00	202,306,457.00	173,495,587.00
Expenses	(160,854,859.00)	(183,013,210.00)	(157,252,975.00)
Excess	28,847,215.00	19,293,247.00	16,242,612.00
Campus C			
Revenue	138,788,825.00	145,962,281.00	140,269,975.00
Expenses	(133,998,952.00)	(169,500,891.00)	(169,438,123.00)
Excess	4,789,873.00	-23,538,610.00	-29,168,148.00
University Consolidated Statements of Income			
Revenue	503,100,378.00	547,275,247.00	493,913,247.00
Expenses	(454,355,932.00)	(549,872,722.00)	(497,832,096.00)
Excess	48,744,446.00	-2,597,475.00	-3,918,849.00
Benchmark: Competing Maritime Institution			
Revenue	120,841,452.00	134,826,558.00	134,556,456.00
Expenses	(101,070,987.00)	(119,632,893.00)	(108,066,291.00)
Excess	19,770,465.00	15,193,665.00	26,490,165.00

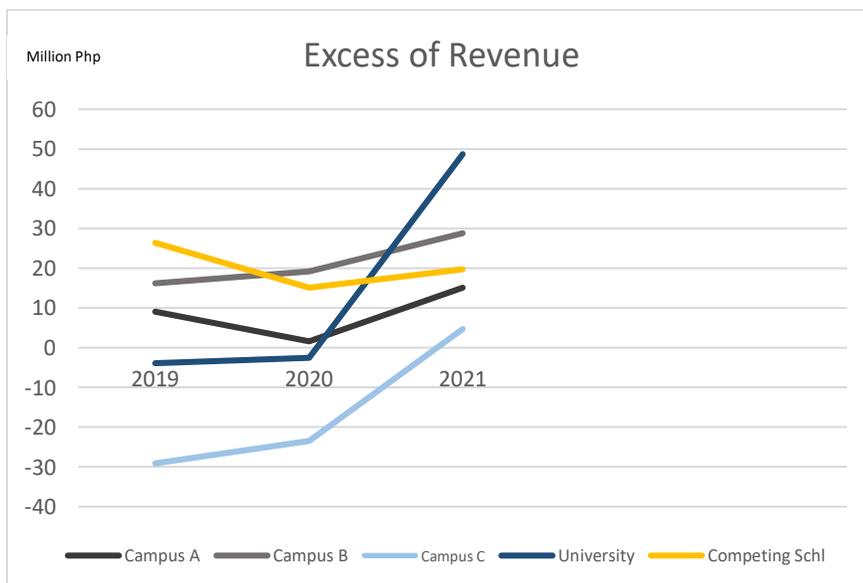


Figure 5. *Excess of Revenue for a Three-Year Period*

Measures of Liquidity

Liquidity of the University as Determined by Current Ratio. The current ratio of the three campuses of the University are shown in Table 7 below. The current assets included cash and cash equivalents, receivables, due from related parties, inventories, prepayments and inter-fund transfer. For current liabilities, these included accounts and other payables, deferred income, due to related parties, other current liabilities and income tax payable. The data

indicated the current assets to cover current liabilities. Except for Campus C, in year 2020, the current ratio of the campuses and in general, has steadily increased for the past three years as shown in Table 7. This implies that the University is not struggling to meet its current obligation because it is capable to pay its current liabilities when they fall due. It can also be noticed that the current liabilities of the University decreased in 2020 from the 2019, and in 2021 from the previous year.

Table 7

Liquidity of the University as Determined by Current Ratio

Institution	2021	2020	2019
Campus A			
Current Assets	66,552,766.00	54,766,237.00	59,132,876.00
Current Liabilities	45,889,369.00	48,936,407.00	59,207,245.00
Current Ratio	1.45	1.12	1.00
Campus B			
Current Assets	171,621,089.00	124,572,048.00	103,140,628.00
Current Liabilities	29,186,895.00	27,499,659.00	31,386,685.00
Current Ratio	5.88	4.53	3.29
Campus C			
Current Assets	51,092,312.00	47,704,833.00	53,080,996.00
Current Liabilities	21,980,323.00	32,962,000.00	24,919,057.00
Current Ratio	2.32	1.45	2.13
University Consolidated Financial Position			
Current Assets	289,266,167	227,043,118	215,354,500
Current Liabilities	97,056,587	109,398,066	115,512,987
Current Ratio	2.98	2.08	1.86
Benchmark: Competing Maritime Institution			
Current Assets	91,750,780.00	47,426,072.00	26,939,399.00
Current Liabilities	1,018,305.00	7,922,251.00	8,258,705.00
Current Ratio	90.10	5.99	3.26

Note: Current Ratio = Current Assets /Current Liabilities

This could be due to the decline in the use of utilities in the campuses while

onsite classes were replaced with online instructions because of the pandemic.

Despite the ongoing crisis caused by the pandemic, the three campuses of the University are financially healthy and have no trouble in meeting their short term obligations.

When a current ratio based on the consolidated financial position was compared to the rival school, records showed that the rival school has a higher current ratio for the past three years as compared to the campuses of the University. The same condition was true when the consolidated financial position of the University was compared to the competing school. It is, however, underscored from the results that the rival University recorded a very high current ratio in 2021 which could also indicate that the school might have missed to efficiently use its current assets.

Liquidity of the University as determined by Quick or Acid Test Ratio. The quick ratio or acid test ratio was computed and presented in Table 8 to supplement the computed current ratio

of the three campuses of the University. The ratio presents more liquid assets available to pay the immediately payable liabilities. Except for Campus A which recorded a .98 quick ratio in 2019, the computed quick ratio of the three campuses of the University were more than 1.0 for the three-year period. It can also be seen in Table 8 that Campus B has recorded higher absolute amount of quick assets for the University in the past three years, while Campus A has recorded the higher absolute amounts of current liabilities for the past three years. Nonetheless, the results indicated that the University remains liquid despite the crisis and is capable to generate cash during emergency.

Records of the competing school showed that inventories for school operation amounted to zero for the years 2019 to 2021. The competing school showed a more liquid financial status based on the computed quick or acid test ratio.

Table 8

Liquidity of the University as determined by Quick or Acid Test Ratio

Institution	2021	2020	2019
Campus A			
Quick Assets	66,214,321.00	54,427,792.00	57,829,019.00
Current Liabilities	45,889,369.00	48,936,407.00	59,207,245.00
Quick Ratio	1.44	1.11	0.98
Campus B			
Quick Assets	166,202,607.00	123,244,331.00	101,304,950.00
Current Liabilities	29,186,895.00	27,499,659.00	31,386,685.00
Quick Ratio	5.69	4.48	3.22
Campus C			
Quick Assets	50,450,230.00	47,275,143.00	52,651,688.00
Current Liabilities	21,980,323.00	32,962,000.00	24,919,057.00
Quick Ratio	2.30	1.43	2.11
University Consolidated Financial Position			
Quick Assets	282,867,158.00	224,947,266.00	211,785,657.00
Current Liabilities	97,056,587.00	109,398,066.00	115,512,987.00
Quick Ratio	2.91	2.06	1.83
Benchmark: Competing Maritime Institution			
Quick Assets	91,750,780.00	47,426,072.00	26,939,399.00
Current Liabilities	1,018,305.00	7,922,251.00	8,258,705.00
Quick Ratio	90.10	5.99	3.26

Note: Acid Test Ratio = Current Assets-Inventory-Prepaid Expenses/Current Liabilities

While the data indicated that the competing school is more liquid, it does not imply that it performed better. The Maritime University considered other managerial factors in its financial decisions on having high liquidity vis-à-vis efficient utilization of quick assets to finance short-term investments (accreditation, employee training and development, facilities upgrade) in midst of a health crisis.

Measures of Solvency

Solvency of the University as Determined by Debt-to-Equity Ratio. The measure of the University's future

obligations relative to equity are presented in Table 9. On one hand, Campus B and C have recorded debt-to-equity ratio below 1.0 for the three-year period. On the other hand, Campus A, in 2019 and 2020, has a recorded debt-to-equity ratio of above 1.0 but has a recorded decrease to 0.79 in 2021. It can also be noted that Campus A recorded higher liabilities for the past three years when compared to Campus B and Campus C. Nonetheless, in general the University can be considered as not financially at risk with computed debt-to-equity ratio of below 1.0, especially on the latest period, when all three

campuses of the University showed fund balances that are higher than the debts.

As a not-for-profit organization, the University is not reliant on debt financing and is not at risk of rising interest rates.

When compared with a rival school, records showed that with lower amount of liabilities, majority of the assets of the rival school are mostly financed from its fund balance which indicate the similarity of both maritime schools.

Table 9

Solvency of the University as Determined by Debt-to-Equity Ratio

Institution	2021	2020	2019
Campus A			
Liabilities	62,373,107.00	69,083,730.00	78,903,783.00
Fund Balance	78,415,189.00	63,307,829.00	61,681,840.00
Debt-to-Equity Ratio	0.79	1.09	1.27
Campus B			
Liabilities	51,963,860.00	46,926,509.00	49,081,426.00
Fund Balance	227,528,755.00	198,681,892.00	179,428,940.00
Debt-to-Equity Ratio	0.23	0.24	0.27
Campus C			
Liabilities	47,051,224.00	64,541,075.00	53,231,625.00
Fund Balance	157,030,182.00	152,240,587.00	175,784,046.00
Debt-to-Equity Ratio	0.30	0.42	0.30
University Consolidated Financial Position			
Liabilities	161,388,191.00	180,551,314.00	181,216,834.00
Fund Balance	462,974,126.00	414,230,308.00	416,894,826.00
Debt-to-Equity Ratio	0.35	0.44	0.43
Benchmark: Competing Maritime Institution			
Liabilities	1,018,305.00	7,922,251.00	8,258,705.00
Fund Balance	281,669,647.00	261,899,182.00	246,705,517.00
Debt-to-Equity Ratio	0.004	0.03	0.03

Note: Debt-to-Equity Ratio = Liabilities/Fund Balance

Solvency of the University as Determined by Debt-to-Asset Ratio. The debt-to-asset ratio of the University is found in Table 10. The computed debt-to-asset ratio of the three campuses has been steadily below 1.00 for the past three-year period. This means that the University has more assets than liabilities and is not at risk of potential solvency issues. Moreover, the Maritime

University in all its three campuses, is highly financed by its fund balances. This could be considered as a strength since the average for the past three-year period indicated that the University can still acquire financial leverage to fund new projects or services that are needed to pursue its mission and vision.

Table 10

Solvency of the University as Determined by Debt-to-Asset Ratio

Institution	2021	2020	2019
Campus A			
Liabilities	62,373,107.00	69,083,730.00	78,903,783.00
Total Assets	140,788,296.00	132,391,559.00	140,585,622.00
Debt-to-Asset Ratio	0.44	0.52	0.56
Campus B			
Liabilities	51,963,860.00	46,926,509.00	49,081,426.00
Total Assets	279,492,615.00	245,608,401.00	228,510,366.00
Debt-to-Asset Ratio	0.19	0.19	0.21
Campus C			
Liabilities	47,051,224.00	64,541,075.00	53,231,625.00
Total Assets	204,081,406.00	216,781,662.00	229,015,671.00
Debt-to-Asset Ratio	0.23	0.30	0.23
University Consolidated Financial Position			
Liabilities	161,388,191.00	180,551,314	181,216,834.00
Total Assets	624,362,317.00	594,781,622	598,111,659.00
Debt-to-Asset Ratio	0.26	0.30	0.30
Benchmark: Competing Maritime Institution			
Liabilities	1,018,305.00	7,922,251.00	8,258,705.00
Total Assets	282,687,952.00	269,821,533.00	254,964,222.00
Debt-to-Asset Ratio	0.004	0.029	0.032

Note: Debt to Asset = Liabilities/Total Assets

When compared with the competing school, records showed that the Maritime University owns more assets than the competing school but also records higher liabilities for the past three-year period. The computed debt to asset ratio revealed that the competing school is very much highly financed by the fund balances of the institution with a debt to asset ratio of .004, 0.029 and 0.032 for the years 2021, 2020 and 2019, respectively, as compared with the three campuses of the University.

Solvency of the University as Determined by Equity Ratio. Table 11 is

presented to show the equity ratio of the Maritime University and throws light on its general financial strength. Two of the three campuses, Campus B and Campus C, showed an equity ratio of above .70 which indicates long-term solvency position for this two academic campuses of the educational institution. On the contrary, Campus A has lower equity ratio for the three-year period although the computed ratio was seen to have been steadily increasing from 0.44 in 2019, to 0.48 in 2020 and 0.56 in 2021. This means that the Maritime University could still take risk in undertaking loans or

leverages in acquiring new projects to better serve the stakeholders of the educational institution.

In comparison with the competing school, it can be seen that the University

has lower equity ratio but similarly the assets are financed mainly by fund balance rather than borrowings.

Table 11
Solvency of the University as Determined by Equity Ratio

Institution	2021	2020	2019
Campus A			
Fund Balance	78,415,189.00	63,307,829.00	61,681,840.00
Total Assets	140,788,296.00	132,391,559.00	140,585,622.00
Equity Ratio	0.56	0.48	0.44
Campus B			
Fund Balance	227,528,755.00	198,681,892.00	79,428,940.00
Total Assets	279,492,615.00	245,608,401.00	228,510,366.00
Equity Ratio	0.81	0.81	0.79
Campus C			
Fund Balance	157,030,182.00	152,240,587.00	175,784,046.00
Total Assets	204,081,406.00	216,781,662.00	229,015,671.00
Equity Ratio	0.77	0.70	0.77
University Consolidated Statements of Income			
Fund Balance	462,974,126.00	414,230,308.00	316,894,826.00
Total Assets	624,362,317.00	594,781,622.00	598,111,659.00
Equity Ratio	0.74	0.70	0.53
Benchmark: Competing Maritime Institution			
Fund Balance	281,669,647.00	261,899,182.00	246,705,517.00
Total Assets	282,687,952.00	269,821,533.00	254,964,222.00
Equity Ratio	1.0	0.97	0.97

Note: Equity Ratio = Fund Balance/Total Assets

Relationship between Individual Learning Capability and Organizational Culture in the Maritime University

Table 12 is presented to show the relationship between the individual learning capability and organizational culture in the Maritime University.

Results revealed that there is a positive, negligible, and not significant relationship ($r=.09$, $p>.05$) between the

individual learning capability and the prevailing clan culture in the institution. The null hypothesis that there is no significant relationship between individual learning capability and organizational culture is not rejected. The individual learning capability of the employees and students in the University is not associated with the dominant family-like practices of the institution.

Clan culture focuses on human relations welfare, commitment, and cohesiveness which pertains to the internal orientation of the University and which factors do not necessarily require a capability on the adoption of new ideas and opportunities.

The innate capability of the individuals in acquiring knowledge do not contribute to the dominant culture of the University, nonetheless, could be associated with other culture orientation which is likewise present in the institution.

Table 12

Relationship between Individual Learning Capability and Organizational Culture in the Maritime University

	Clan Culture	
Individual Learning Capability	Pearson Correlation	.088
	Sig. (2-tailed)	.124
	N	308

p>.05

The result corroborates with the result of a study pointing out that clan culture factors are not significantly linked to innovations in the organization, adding that the clan culture factors may influence innovations and new learning in the organization when other values related to external orientation (adhocracy and market cultures) are considered (Naranjo-Valenciaa, Jiménez-Jiménez & Sanz-Valle, 2015).

Relationship between Individual Learning Capability and Organizational Resilience in the Maritime University

The relationship between the individual learning capability and organizational resilience in the Maritime University was determined and the result is presented in Table 13.

A positive, moderate and significant relationship ($r=.659$, $p<.01$) was found to exist between the individual learning capability and organizational resilience of the Maritime University. The sample contains sufficient evidence to reject the null hypothesis. This result implies that the extent of the learning capability of individuals in the University is significantly related or associated to the organizational resilience of the institution. The result supports the content of the literature reviewed indicating that learning is an aspect of organizational resilience. The capability of the individuals in the University to learn from past and near events supported the institution to enhance the capabilities needed to respond to any crisis or adverse condition.

This result also showed that the learning capabilities of the individuals in the University were factors that contributed to the actions and processes imposed by the institution to cope with the stresses as it went through various challenges in operation, and consequently learn from the experience in order to survive and thrive, especially during the pandemic, in which period this study was conducted. New processes to provide services, innovative techniques in teaching and learning were

introduced, and several work adjustments were made. Both employees and students of the University were expected to adapt to the changing circumstances which require learning capabilities. The result of the present study also conforms to the various studies showing that learning capabilities of individuals in an organization is a factor of organizational resilience (Chen et al., 2021; Morales et al., 2019).

Table 13

Relationship between Individual Learning Capability and Organizational Resilience in the Maritime University

		Organizational Resilience
Individual Learning Capability	Pearson Correlation	.659**
	Sig. (2-tailed)	.000
	N	308

** $p < .01$

Relationship between Individual Learning Capability and Stakeholders' Satisfaction of Services in the Maritime University

Table 14 contains the result of the test of relationship between the individual learning capability and stakeholder satisfaction of services in the Maritime University. The data revealed a positive, negligible and not significant relationship ($r = .106$, $p > .05$) between the individual learning capability and students' satisfaction of the services of the Maritime University.

The sample contains sufficient evidence not to reject the null hypothesis.

The result implies that the extent of the learning capability of the students are not significantly related to their level of satisfaction of the services provided by the University. The innate characteristic for learning of the students who also served as clients of the University, does not seem to influence their approval of the services that they get from the institution. The performance of the University to the student stakeholders is mostly assessed according to the extent

and quality of services provided by the University to the students based on experiences and expectations, notwithstanding, the students' capability of acquiring new knowledge. Then again, the performance of the institution for the primary stakeholders must rely mainly on the institutional characteristics rather than the customer characteristics.

The result also gives way to the theory of Castañeda and Rios (2007) in their organizational learning process model which gives consideration to the various processes like attention, retention, production and motivation which are needed in order to embed individual learning capabilities to learning in the organizational level that leads to performance.

Table 14

Relationship between Individual Learning Capability and Stakeholders' Satisfaction of Services in the Maritime University (Students)

	Students' Satisfaction	
Individual Learning Capability	Pearson Correlation	.106
	Sig. (2-tailed)	.062
	N	308

$p > .05$

As to the relationship between individual learning capability and employee's satisfaction of services in the Maritime University, Table 15 is presented.

As shown in Table 15, a negative, negligible and not significant relationship ($r = -.027$; $p > .01$) is found between the individual learning capability and employees' satisfaction of the services in the University. The null hypothesis is not rejected.

The extent of learning capability of employees as internal stakeholders is not significantly related to their level of satisfaction of the services offered by the institution. The not significant

relationship also conforms to the result that the performance of the institution for the primary stakeholders must rely mainly on the institutional characteristics rather than the characteristics of those who receive the service. With this results, it seems imperative for universities who aim to satisfy primary stakeholders to pay attention to institutional characteristics that influence performance and how services are delivered to the stakeholders.

The services provided by the University among employees to meet their expectations and their need satisfaction is not directly assessed by employees based on how well they can

acquire knowledge but on other factors which need to be further explored. The result also supports the theory of Castañeda and Rios (2007) in their organizational learning process model, stating that various processes like

attention, retention, production and motivation which are needed in order to embed individual learning capabilities to learning in the organizational level that leads to performance.

Table 15
Relationship between Individual Learning Capability and Stakeholders' Satisfaction of Services in the Maritime University (Employees)

	Employees' Satisfaction	
Individual Learning Capability	Pearson Correlation	-.027
	Sig. (2-tailed)	.631
	N	308

p>.05

Relationship between Organizational Resilience and Organizational Culture in the Maritime University

Table 16 is presented to show the data on the relationship between organizational resilience and organizational culture in the Maritime University.

When the organizational resilience is correlated with the prevailing culture in the University, results indicated that there is a weak, positive and significant relationship ($r=-.210$; $p<.01$) between the two variables. The null hypothesis is rejected.

The clan culture prevailing in the University is related to the organizational resilience. Somehow, the prevailing family-like culture in the University has influenced the organizational resilience

of the institution. A clan culture gives value to both the internal orientation of the institution and flexibility in order to adapt to competitive environment. With this focus on internal orientation and flexibility, the cohesiveness, commitment, and human development at the University has contributed to the ability of the University to cope with stresses during crisis and give strategic reactions to thrive during challenging circumstances. The strength of the University to face threats can partly be influenced by teamwork, participation and consensus. This result also follows previous investigations (Morales et al., 2019; Chen et al. 2021) citing organizational culture as a predictor of organizational resilience.

Table 16

Relationship between Organizational Resilience and Organizational Culture in the Maritime University

	Clan Culture	
Organizational Resilience	Pearson Correlation	.210**
	Sig. (2-tailed)	.000
	N	308

p<.01

Relationship between Organizational Culture and Stakeholders' Satisfaction of Services in the Maritime University

Table 17 revealed the results of the relationship between the prevailing clan culture and the satisfaction of students in the University. A positive, negligible and not significant relationship ($r=.082$, $p>.05$) between the two variables was found. The null hypothesis is not rejected.

The prevailing clan culture is not associated with the satisfaction of students in the services provided by the University. The family like relationship, teamwork, and consensus characteristics that prevail in the

University do not affect the satisfaction of students in the services it provided. This result further showed that in meeting the needs and expectations of the students, the clan culture does not directly influence performance in the University. However, the study only correlated the prevailing culture and not with the other culture types that make-up the culture profile of the University. For instance, in the work of Liviu and Gavrea (2008), authors pointed out that only innovative culture has a direct effect to organizational performance while the competitive culture had both a direct and indirect effect.

Table 17

Relationship between Organizational Culture and Stakeholders' Satisfaction of Services in the Maritime University (Students)

	Students' Satisfaction	
Clan Culture	Pearson Correlation	.082
	Sig. (2-tailed)	.149
	N	308

p>.05

When the University's clan culture was correlated with the employees'

satisfaction, the result revealed a negative, negligible and not significant

relationship ($r=-.057$, $p>.05$). The null hypothesis is not rejected. The prevailing culture of the University is not related to the satisfaction of employee. The data are shown in Table 18.

This result reiterates the result for student stakeholders that the prevailing clan culture does not influence the University’s performance as measured in terms of service satisfaction. The case of employee stakeholders also pointed out that the value given by the institution to give internal focus and flexibility in the institution as characteristics of the

dominant culture in the University, do not directly affect the stakeholder satisfaction of services provided by the institution. The dominance of family-like relationship in the organization is not a factor that could influence employee stakeholders in their assessment of the performance of the University in meeting their expectations or needs through the services. However, the result does not reflect the relationship of the University’s entire culture profile to employees’ satisfaction.

Table 18

Relationship between Organizational Culture and Stakeholders’ Satisfaction of Services in the Maritime University (Employees)

	Employees’ Satisfaction	
Clan Culture	Pearson Correlation	-.057
	Sig. (2-tailed)	.322
	N	308

$p>.05$

Relationship between Organizational Resilience and Stakeholders’ Satisfaction of Services in the Maritime University

The data as shown in Table 19 indicated that the University’s organizational resilience has a positive, weak, and significant relationship ($r=.220$, $p<.01$) with students’ satisfaction. The hypothesis stating that the University’s organizational resilience is not significantly related to students’ satisfaction is rejected.

The organizational resilience of the University can somehow be associated

with the students’ satisfaction. The preparedness and stability of the institution amidst threatening situations reflect their services to the stakeholders that indicate performance. Highlighting the pandemic period as a state of adverse conditions, the University was able to provide alternative and innovative actions to continue its services to its stakeholders which exhibits its capacity to respond to challenging times. The continuity and availability of services despite the challenging times met student expectations and reflects the

performance of the University. This supports the study made by Young (2020) indicating that organizational

resilience capability contributes to organizational effectiveness.

Table 19

Relationship between Organizational Resilience and Stakeholders' Satisfaction of Services in the Maritime University (Students)

	Students' Satisfaction	
Organizational Resilience	Pearson Correlation	.220***
	Sig. (2-tailed)	.000
	N	308

p<.01

When the relationship between organizational resilience and employees' satisfaction of services in the University was determined, result presented in Table 20 revealed a negative, negligible and not significant ($r = -.035$, $p > .05$) relationship. The null hypothesis is not rejected.

Organizational resilience is not related with the employees' satisfaction. This result could be attributed to the role of the employees as part of the University's service providers who also contribute effort during difficult times.

Thus, organizational resilience cannot seem to be related with employees' satisfaction. In this regard, organizational resilience cannot be associated to performance. Nonetheless, this refutes the result of the relationship of organizational resilience and students' satisfaction. The role of the stakeholder in the service delivery process is a possible factor that should be considered in the investigation of the relationship between resilience and stakeholder satisfaction.

Table 20

Relationship between Organizational Resilience and Stakeholders' Satisfaction of Services in the Maritime University (Employees)

	Employees' Satisfaction	
Organizational Resilience	Pearson Correlation	-.035
	Sig. (2-tailed)	.546
	N	308

p>.05

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The internal stakeholders of the University are capable of setting goals, regulate behavior, find various modes to acquire knowledge, and aspire for continuous learning. The University is doing well in enhancing the learning capability of the individuals in the institution through continuous training and learning activities. Being an educational institution that promotes quality education through effective learning, a high learning capability should be apparent.

Additionally, the University is dominated by the culture of inward development, collaboration and coordination. Its culture profile gives priority to people and strategizes on team spirit, long-term human resource development and addressing the needs of clients and attention to processes and structures in the organization and the factors in the external environment.

The strategies, corporate culture, relationships and learning processes inside the University worked well to help the institution continuously achieve its goals and objectives despite the challenges. Its financial performance for the past three years indicates resilience as shown by the recorded net surplus, high liquidity and stability. Visionary leadership manifested by its leaders who are aggressive to achieve set goals, consistent innovation, mindfulness of

the core values attributed to the resilience and performance of the school as pointed out by students and employees.

In terms of performance, the University has achieved its quality policy to exceed customer expectations as shown by the results. The internal stakeholders' feedback indicated that the University considers intent in the set goals of the institution as experienced in the services provided. In terms of finances, it has performed proficiently in terms of the financial aspects of the operation. The Maritime University was able to keep up with its commitment of a long-term financial sustainability through an efficient and effective use of resources and a robust financial management system.

Moreover, the factors individual learning capability, and the prevailing clan culture type, are significantly related to organizational resilience, while the organizational resilience of the University is significantly related to students' satisfaction. The relationships proved the theoretical perspective that individual learning influences organizational resilience, as does the prevailing clan culture and that the organizational resilience influence students' satisfaction. The capability of the institution to withstand adverse conditions is influenced by the capability of the employees and students to learn

new ideas, target goals, evaluate actions and the capability to come up with innovations to respond to crisis.

Additionally, the clan culture aided in the resilience of the organization. The mutually beneficial relationships of the internal stakeholders and the University contributed to the ability of the institution to withstand crisis and treat the adverse conditions that negatively affects the institution.

Relationships in the organization among the students, employees and leaders influence organizational resilience in the University. The organizational resilience of the University, which was highlighted especially during the time of crisis, has impacted the satisfaction of its clients.

Finally, the results of this investigation contradicted the theoretical perspective used in the study that individual learning capability is associated to stakeholders' satisfaction. Employees and students of the University who took the challenge of technological innovation in learning as users and providers had inconveniences and hesitations but committed themselves to changes as these are necessary for their role in the University.

In terms of the prevailing culture that is found to be not related to stakeholders' satisfaction which contradicts the theoretical assumption of this study, the internal stakeholders of the University value their affiliations with each other and with this they are willing

to share the burden and difficulties in the institution as though they are members of a family. Having these characteristics in the organization create commitment in individuals and cohesion among members who relate themselves as part of the institution rather than being a client or receiver of its services.

Recommendations

Based on the findings and conclusions, the researcher would like to provide the following recommendations:

1. Considering the results of the present study, the researcher would like to recommend that the following be considered as inputs to the institutional plan of the Maritime University.

- 1.1 Engage the employees and students in setting plans and actions to achieve goals since the high extent of learning capability of individuals in the University is a strength for the institution.

- 1.2 Include teams in the identification of responsible persons rather than administrative positions in the strategic plan. This will set a collaborative responsibility and enhance group effort to achieve set objectives.

- 1.3 Take up the challenge that requires financial stability and liquidity and should therefore consider its financial performance as a strength in deciding whether or not to pursue a new project, specifically, the physical

improvements and new technology needed by students and employees.

1.4 Strengthen policies that are aimed towards continuous learning of the individuals in the University, specifically, those that involve innovative learning or the integration of technology for students, teachers, and non-teaching personnel to be equipped with tools needed and adapt to the changes in the environment.

1.5 Reinforce the clan culture in the University through activities, projects, and policies that exhibit genuine care for the individuals in the institution to strengthen the team spirit in the institution.

1.6 Highlight the responsibility of the HR manager (for employees) and teachers (for students) in the strategic plan and corresponding operational plan as they are instrumental in the strategic utilization of learnings and reinforcement of culture that influences organizational resilience which would impact performance.

1.7 Include individual learning capability, organizational culture, and organizational resilience to assess the strengths and weaknesses of the institution to create strategies targeted to improve performance.

1.8 Have a tangible policy to effect downward communication to relay plans, and upward

communication for feed-backing and suggestions should be in place so that the internal stakeholders could appreciate the importance of the plans and actions of the University, and therefore bring them onboard in achieving the objectives for competitive advantage.

1.9 Include innovations, new programs, new ventures and continuous development in the strategic plan to challenge and motivate both employees and students to make the most of the organizational resilience as a strength of the University and contribute to better performance.

2. HR Managers should consider that at the individual level, learning capability contributes to organizational resilience, thus, individual knowledge related to the organization must be continuously developed and utilized. Activities aimed towards continuous development like seminars, workshops, and simulations should also include metrics that ensure the effective learning transfer as well as provide activities that supplement training or create opportunities for practice. The individual knowledge should be a part of the organizational repository that helps anticipate and prepare the organization when adverse conditions arise.

3. Organizational leaders who are responsible in exerting greater influence to organizational culture should identify the prevailing culture in the organization

in order to match effective strategies that will influence actions related to achieving organizational resilience.

4. The ability of the organization to anticipate, and respond to difficulties and adapt to changing conditions of time influences customer satisfaction and so organizations should include strategies in the plans to anticipate and readily address possible adversities in operation. This should include continuity plans and innovative projects to avoid disruptions in operations which would also lead to competitive advantage for the organization.

5. Business organizations may use the identified factors individual learning capability, organizational culture, and organizational resilience to examine strengths and weaknesses in their internal environment during strategic planning. Business organizations may as well assess their organizational resilience to strengthen performance of the business.

6. Future researchers with similar investigation on business performance may consider prediction models to point out predictors to performance in business.

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