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Mock Board Examinations and Nurse Licensure Examinations: 2014 to 2016

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Abstract

The study assessed the performance of nursing graduates in the Mock Board Examinations and Nurse Licensure Examinations from 2014 to 2016. The findings served as bases for a proposed action plan. Specifically, this study ascertained the relationship between the performance of nursing graduates' in the Mock Board Examinations and Nurse Licensure Examinations.

The descriptive-correlational design was used utilizing secondary data taken from the review center. The study was conducted at the College of Nursing, University of Cebu Lapu-Lapu and Mandaue, Mandaue City, Cebu, Philippines. Subjects of the study were the nursing graduates of the department from 2014 to 2016. Statistical treatment used were simple percentage, and Pearson r.

Findings revealed that the university has delivered a passing percentage of 52.4% in 2014, 90% in 2015, and 85.7% in 2016. These performances are above the yearly national passing percentage.

The mock board examination performance shows that majority of the subjects have satisfactory rating in 2014 and 2016. However, satisfactory and fair ratings were observed in 2015.

In 2014, there were significant relationships between: NP1 and NLE (moderate); NP2 and NLE (moderate); NP3 and NLE (strong); NP4 and NLE (strong); NP5 and NLE (strong);

Mean of NPs and NLE (strong). For 2015 and 2016, there were associations between the variables but not significant.

In conclusion, the performance in the mock board examinations have influenced the passing rates of the board examinees for the last three years. This is supported by the strength of relationship between variables, strong in 2014 and moderate in 2015 and 2016. The researchers highly recommend the implementation of the mock board examinations in preparation for the nurse licensure examinations.

Keywords: Mock Board Examinations; Nurse Licensure Examinations; Satisfactory ratings; Mandaue City, Cebu, Philippines

Introduction

Nursing is a competency-based program. Competencies are developed based on expectations of what graduates should be able to do. In Competency-based programs, learners demonstrate competence, based on assessment results, and move forward. If learners fail and do not demonstrate competence they have remediation options. As provided pursuant to the Professional Regulation Commission Board of Nursing Resolution No. 112 series of 2005, the competency standards for nursing practice in the Philippines must be an integral part of the nursing education process, therefore, the Philippines Nursing Core Standards shall serve as the framework for the development of instructional

standards in the Bachelor of Science in Nursing curriculum (De Belen, 2007).

The level of competence of the nurse, therefore, can be defined in terms of the extent to which he/she can handle various situations that arise in practice. He or she is expected to help clients by using certain tools, including subject matter knowledge, skills and abilities into safe and effective solutions to clients' problems. The integrated, comprehensive nursing licensure examination is an approach that can better measure the level of competence or proficiency rather than the compartmentalized subject area examination (Venzon, 2010).

The Nurse Licensure Examination results of the University of Cebu Lapu-Lapu and Mandaue from 2010 and up to the present are as follows: July, 2010 - 97.06% with a national passing percentage of 41.4%, December, 2010 - 52.80% with a national passing percentage of 35.50%; July, 2011 - 95.12% with a national passing percentage of 48.01% and July, 2012 - 90.48% with a national passing percentage of 45.69%
http://bonphilippines.org/BoardExaminationresults).

Though figures are declining, it is still above the national passing percentage. The college has doubled its efforts in terms of preparing students for the December exam. In August 2011, the college of nursing concocted a review program with the goal of preparing December takers as early as possible. Schedule of review sessions were on weekends and objectives for each board subject were posted. Takers

were encouraged to make notes on the concepts and were checked by the clinical instructors.

Theoretical Background

This study is anchored on Bernard Weiner's Attribution Theory. Weiner postulated that students attribute their academic successes and failures largely to ability, effort, task difficulty, and luck. He assumed that these factors were given general weights and that for any given outcome one or two factors would be judged as primarily responsible. However, Weiner did not imply that ability, effort, task difficulty, and luck were the only attributions students use to explain their successes and failures but rather that they are commonly given by students as causes of achievement outcomes (Schunk, 2008).

The only factor that can be controlled directly by the student is effort. When students attribute success to effort and failure to lack of effort or inappropriate types of effort, they are likely to exert additional effort in the future. When students attribute failure to lack of ability, the impact on future performance is devastating. Negative feelings of self-efficacy develop, and students see little value in making any effort since they believe that they are not likely to be successful. As negative judgments of ability become more internalized and self-worth more damaged, students stop making any effort as a defense mechanism (Levin et.al, 2000).

Subsequent research identified other attributions: other people (teachers and students), mood, fatigue, illness, personality, and physical appearance. Of the four attributions, luck gets relatively less emphasis. It is a more important attribution in games of chance (Schunk, 2008).

Researchers have examined several factors that appear to contribute to attributional dispositions. These are past performance, age, culture, and gender. Students who have a history of poor performance are more likely to attribute success to external causes and failure to a lack of ability than students who have a history of good performance. Past performance also affects attributional dispositions indirectly, through the perceptions of competence that students develop. Thus, students who, as a result of repeated failures develop a perception of themselves as academically incompetent, interpret achievement outcomes consistent with this view.

Failure is attributed to their lack of ability and success is attributed to some external cause. In essence, they interpret a new failure as further evidence of their lack of competence. This reasoning is why it is often difficult to convince children who have failed in the past that they could succeed in the future (Stipek, 2002).

When learners attribute their successes and failures to stable factors, they expect their future performance to be similar to their current performance. In other words, successful learners anticipate that they will to continue to succeed, and failing learners believe that they will always be

failures. In contrast, when learners attribute their successes and failures to unstable factors (e.g. effort or luck), then their current success rate will have less influence on their expectation for future success and a few failures won't put much of a dent in their self-efficacy. The most optimistic learners-those with the highest expectations for future success-are the ones who attribute their successes to stable, dependable (and usually internal) factors such as innate ability and an enduring work ethic and attribute their failures to unstable factors such as lack of effort or inappropriate strategies (Ormod, 2006).

According to Weiner, most of the attributed causes for successes and failures can be characterized in terms of locus (location of the cause internal or external to the person), stability (whether the cause stays the same or can change), and controllability (whether the person can control the cause). He believes that these three dimensions have important implications for motivation because they affect expectancy and value (Woolfolk, 2004).

Another psychologist Martin Seligman explains how harmful behavior can be improved. He calls his theory "Learned Helplessness". When people conclude that unpleasant stimuli cannot be controlled, they will stop looking for any remedy. They perceive that they have no control over a situation (Feldman, 2005).

Nursing students who want to succeed in college do not need trial-and-error strategies. What they need is to shape their behavior. Psychologists usually call this technique

operant conditioning. But for more important skills like those psychiatric nursing, students have to utilize Albert Bandura's theory.

Bandura calls his theory observational learning, simplified as learning through imitation. This takes place in four steps: a) perceives the most critical features of another person's behavior; b) remembering the behavior; c) reproducing the action; d) motivated to learn and carry out the behavior in the future.

One factor to achieve learned behavior is the use of reward as motivation. Motivation involves the process that energize, direct, and sustain behavior. There are four perspective that explain motivation: behavioral, humanistic, cognitive, and social. The behavioral perspective emphasizes rewards and punishment as keys in determining a student's motivation. Incentives are positive or negative stimuli or events that can motivate a student's behavior. Advocates of the use of incentives emphasize that they add interest or excitement to the class and direct attention toward appropriate behavior and away from inappropriate behavior (Santrock, 2009).

Some incentives are primary reinforcers, meaning that they are able to act as rewards independently of prior learning. Other incentives are secondary reinforcers, meaning that they have gained their status as rewards at least partly through learning about their relationship to other events. Incentive theories of motivation focus especially on the

relationship of learning and experience to the control of motivation (Smith et.al., 2005).

Sociocultural views of motivation emphasize participation in communities of practice. People engage in activities maintain their identities and their interpersonal relations within the community. Thus, students are invited to learn if they are members of a classroom or school community that values learning (Woolfolk, 2004).

The sociocultural view of motivation is supported by Robert Zajone's drive theory. According to Zajone, the presence of other people increases physiological arousal, which energizes the performer's most likely responses will be effective ones. Consequently, those people will perform better in the presence of others (Sdorow, 2003).

Motivation directs behavior toward particular goals. Thus, it affects the choices learners make. Motivation increases effort and persistence in activities, effects cognitive process, determines what consequences are reinforcing and punishing, it often leads to improved performance, and intrinsic motivation is more beneficial than extrinsic motivation. In extrinsic motivation, the learner is motivated to perform a task as a means to an end. In intrinsic motivation, the learner is motivated by factors within herself or inherent in the task she is performing (Ormrod, 2006).

Performance assessment is an approach to measuring a student's status based on the way that the students completes a specified task. Educators use the phrase performance

assessment to refer to very different kinds of assessment approaches (Popham, 2002). It is also a process of gathering information on how an instructional objective or purpose is being achieved (Saladanan, 2005).

Evaluation is the process of deliberate effort of determining the changes in the learners as a result of teaching and learning. It is systematic attempt to ascertain the degree of process about the outcome of instructions of the students towards the realization of the objectives of education (Zulueta, 2007).

Assessment of needs, readiness, and styles of learning is the first and most important step in preparing to teach – but is also the step most often neglected. While assessment and evaluation are highly related to one another, they are not the same. The process of assessment is to gather, summarize, interpret, and use data to determine the extent to which an action was successful (Bastable, 2006).

Assessment are especially effective as motivators when students are challenged to do their very best and their performance is judged on the basis of how well they've accomplished instructional goals. Student's self-efficacy and attributions affect their perceptions of the "challenge" of course. Students must believe that success on an assigned task is possible if they exert reasonable effort and use appropriate strategies. Assessments are especially likely to encourage performance goals when students perceive them to be an evaluation of their performance rather than a mechanism for facilitating future learning (Ormrod. 2006).

Teachers assess students for two basic reasons: to monitor student learning and make necessary adjustments in instruction, both for individual students and for entire classes and to assign grades to students following some period of instruction (Anderson, 2001).

Assessments can give students valuable feedback about which things they have and have not mastered. But simply knowing one's final score on a test or assignment (knowing the percentage of items correctly answered) is not terribly helpful. To facilitate student's learning and ultimately to enhance their self – efficacy for mastering the subject matter – assessment result must include concrete information about where students have succeeded, were they've had difficulty, and how they might improve (Omrod, 2006).

Diagnostic tests aim to locate weaknesses and difficulties of the students and if possible, the causes of such difficulties in their performance. This is usually given at the beginning of the study or during the study of a piece of subject matter. The results of this kind of tests are not graded but are simply used to indicate the amount and kind of help needed by the students (Acero, 2000).

At the beginning of a teaching/learning relationship, expectations should be clearly expressed. If learners do not meet a teacher's expectations, they should be made aware of it as soon as possible. No learner should progress through an entire teaching session or semester to be told at the end of that he or she is not doing well. Therefore, the first step in the educational process is to assess readiness for learning. In

situations where the student is not ready, the educational process may need to be adjusted. These adjustments may mean that the learning process will take longer, but they maybe necessary to attain the educational goal (DeYoung, 2009).

During the conference that followed, students expressed difficulty with the subject due to its newness and the relative difference in medical-surgical nursing subject especially in the area of therapeutic communication, which they found difficult to grapple especially when mentally ill patients are involved. Another said that she could not foresee passing the boards with their current performance which they viewed as insufficient especially that their exposure to the psychiatric nursing is limited only which will limit their enhancement of classroom-acquired theory.

The salient observations made, if left untreated, would contribute to the difficulty, and possibly the failure of the graduate nurse taking the Nurse Licensure Examination. Not only will it decrease their Nursing Practice V score, which will measure their competency in the said subject, but all the rest because of the integrated nature of the current licensure exam, which means, that the psychiatric nursing concepts and principles will not be localized, but diffused in all parts. Thus difficulty passing and failure of the subject will possibly cause difficulty and failure of the other parts of the Nurse Licensure Examination.

In the study of Palaganas, she revealed that the number of examinees increased through the years, with the passing

percentage ranging from 35.26% to 49.15%. The examinee variable - number of times examinee took the examination, was found negatively correlated with the overall average rating of examinees in all NLEs at .01 level. The institutional variable - number of examinees, revealed a weak correlation with overall average rating. The study also revealed that accreditation status has a strong predictive ability and that examinees who graduated from schools with level 3 accreditation status obtained high passing percentage and average rating in all the NLEs. The study further showed that variations in the performance of the examinees in the five test subjects, Nursing practice I, II, III, IV and V; with the lowest passing percentage observed in Nursing Practice IV. Testing centers were also identified as one of the variables which influence the performance of the examinee.

In this study, the study assessed the performance of nursing graduates in the Mock Board and Nurse Licensure Examinations from 2014 to 2016. The findings served as bases for a proposed action plan. Specifically, this study answered the following questions:

1. What is the performance of nursing graduates in the:
1.1. Mock Board examinations for the last 3 years?
1.2. Nurse Licensure examinations for the last 3 years?

2. Is there a significant relationship between the performance of nursing graduates' in the Mock Board and Nurse Licensure examinations?

3. Based on the findings of the study, what action plan may be proposed?

Methods

The descriptive-correlational design was used utilizing secondary data taken from the review center. The study was conducted at the College of Nursing, University of Cebu Lapu-Lapu and Mandaue, Mandaue City, Cebu, Philippines. Subjects of the study were the nursing graduates of the department from 2014 to 2016. Statistical treatment used were simple percentage, and Pearson r.

For mock board examination performance, the following ranges were used:

81-100	Excellent
61-80	Very Satisfactory
41-60	Satisfactory
21-40	Fair
0-20	Poor

Results and Discussion

In table 1, the university has delivered a passing percentage of 52.4% in 2014, 90% in 2015, and 85.7% in 2016. These performances are above the yearly national passing percentage.

In table 2, the mock board examination performance shows that majority of the subjects have satisfactory rating in

2014 (78.6%) and satisfactory rating in 2016 (78.6%). However, satisfactory and fair ratings were observed in 2015 (40%).

Table 1. Number of Passers in the Nurse Licensure Examination 2014-2016

Status in 2014	Frequency	Percentage
Passed	22	52.4%
Failed	20	47.6%
Total	42	100%
Status in 2015	Frequency	Percentage
Passed	9	90%
Failed	1	10%
Total	10	100%
Status in 2016	Frequency	Percentage
Passed	12	85.7%
Failed	2	14.3%
Total	14	100%

Table 2. Performance in the Mock Board Examinations 2014-2016

Status in 2014	Frequency	Percentage
Excellent	0	0
Very Satisfactory	0	0
Satisfactory	33	78.6%
Fair	9	21.4%
Poor	0	0
Total	42	100%
Status in 2015	Frequency	Percentage
Excellent	0	0
Very Satisfactory	2	20%
Satisfactory	4	40%
Fair	4	40%
Poor	0	0
Total	10	100%
Status in 2016	Frequency	Percentage
Excellent	0	0
Very Satisfactory	3	21.4%
Satisfactory	11	78.6%
Fair	0	0
Poor	0	0
Total	14	100%

Table 3 presents the relationship between the mock board examinations and nurse licensure examination results in 2014. It reveals that there were significant relationships between: NP1 and NLE (moderate); NP2 and NLE (moderate);

NP3 and NLE (strong); NP4 and NLE (strong); NP5 and NLE (strong); Mean of NPs and NLE (strong).

Table 3. Relationship Between the Mock Board Examinations and Nurse Licensure Examination Results (2014)

Variables	Critical r	Computed r	Interpretation	Strength
NP1 and NLE	0.304	0.48662	Significant	Moderate
NP2 and NLE	0.304	0.47301	Significant	Moderate
NP3 and NLE	0.304	0.62282	Significant	Strong
NP4 and NLE	0.304	0.56282	Significant	Strong
NP5 and NLE	0.304	0.53609	Significant	Strong
Mean of NPs and NLE	0.304	0.66835	Significant	Strong

Table 4. Relationship Between Mock Board Examinations and Nurse Licensure Examination Results (2015)

Variables	Critical r	Computed r	Interpretation	Strength
NP1 and NLE	0.632	0.40305	Not significant	Moderate
NP2 and NLE	0.632	0.47474	Not significant	Moderate
NP3 and NLE	0.632	0.15623	Not significant	Low
NP4 and NLE	0.632	0.45851	Not significant	Moderate
NP5 and NLE	0.632	0.58046	Not significant	Strong
Mean of NPs and NLE	0.632	0.46779	Not significant	Moderate

Table 4 presents the relationship between the mock board examinations and nurse licensure examination results in 2015. The findings show that there were associations between variables but not significant: NP1 and NLE (moderate); NP2 and NLE (moderate); NP3 and NLE (low); NP4 and NLE (strong); NP5 and NLE (strong); Mean of NPs and NLE (moderate).

Table 5 presents the relationship between the mock board examinations and nurse licensure examination results in 2016. Similarly, it also shows that there were associations

between the variables but not significant: NP1 and NLE (strong); NP2 and NLE (moderate); NP3 and NLE (moderate); NP4 and NLE (moderate); NP5 and NLE (low); Mean of NPs and NLE (moderate).

Table 5. Relationship Between Mock Board Examinations and Nurse Licensure Examination Results (2016)

Variables	Critical r	Computed r	Interpretation	Strength
NP1 and NLE	0.532	0.51654	Not significant	Strong
NP2 and NLE	0.532	0.43821	Not significant	Moderate
NP3 and NLE	0.532	0.30661	Not significant	Moderate
NP4 and NLE	0.532	0.33419	Not significant	Moderate
NP5 and NLE	0.532	0.17589	Not significant	Low
Mean of NP and NLE	0.532	0.43946	Not significant	Moderate

For tables 4 and 5, it is possible that the association really exists, but there is no sufficient evidence to conclude that the relationship between the variables is not simply by chance. With a larger sample, the association becomes statistically significant.

Conclusion

In conclusion, the performance in the mock board examinations have influenced the passing rates of the board examinees for the last three years. This is supported by the strength of relationship between variables, strong in 2014 and moderate in 2015 and 2016. The researchers highly recommend the implementation of the mock board examinations in preparation for the nurse licensure examinations.

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Assessing the Health Education and Literacy Needs of Partner Communities

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Abstract

The study assessed the health education and literacy needs of residents in two partner communities of a university. The findings served as basis for the creation of the annual community extension plan of the department.

This study utilized the descriptive quantitative design. It was conducted in 2 partner communities namely Village Looc and Village Opao, both located in Mandaue City, Cebu, Philippines. The survey utilized 90 respondents.

A researcher-made instrument was used which listed 20 concepts. Respondents were requested to determine to what extent they need the discussion of the concepts. To interpret the data, simple percentage and weighted mean was used.

The study reveals that the residents' top ten needs are as follows: Prostate Cancer (2.35); Breast cancer (2.28); Smoking-related diseases (2.28); Stress (2.27); Diabetes Mellitus (2.25); Asthma (2.25); Dengue (2.20); Tuberculosis (2.15); HIV/AIDS (2.14); Skin diseases (2.13); and Oral Hygiene (2.13). In this study, hypertension was considered the health topic with the lowest need (1.51).

The researchers concluded that there was a moderate need among residents on health education and literacy. The researchers recommended the incorporation of the top ten topics in the annual plan of the college to increase the knowledge of community residents on these health topics.

Introduction

The well-known adage, "If you give a man a fish, you feed him for a day, but if you teach a man how to fish, you feed him for a lifetime," illustrates the importance of client education. The teaching-learning process empowers clients and usually enables them to achieve a higher level of wellness or to manage specific health care needs. Nurses frequently become primary teachers for clients and coordinate and reinforce information from other health care professionals (Craven & Hirnle, 2003).

Client education is an integral part of nursing care. It is the nurse's responsibility to assist the client to identify the learning needs and resources that will restore and maintain an optimal level of functioning. Client education is extremely important today in a health care environment that demands cost-effective measures. Client education, a hallmark of quality nursing care, is a fiscally responsible intervention that encourages health care consumers to engage in self-care and to develop healthy lifestyle practices (Delaune & Ladner, 2002).

Health literacy as a discrete form of literacy is becoming increasingly important for social, economic and health development. The positive and multiplier effects of education and general literacy on population health, particularly

women's health, are well known and researched. However, a closer analysis of the current HIV/AIDS epidemics, especially in Africa, indicates a complex interface between general literacy and health literacy. While general literacy is an important determinant of health, it is not sufficient to address the major health challenges facing developing and developed societies. As a contribution to the health literacy forum in Health Promotion International, this paper reviews concepts and definitions of literacy and health literacy, and raises conceptual, measurement and strategic challenges. It proposes to develop a set of indicators to quantify health literacy using the experience gained in national literacy surveys around the world. A health literacy index could become an important composite measure of the outcome of health promotion and prevention activities, could document the health competence and capabilities of the population of a given country, community or group and relate it to a set of health, social and economic outcomes (Kickbusch, 2001).

Theoretical Framework

This study is anchored on Nola J. Pender's Health Promotion Model. The assumptions of the model reflect the behavioral science perspective and emphasize the active role of the patient for managing health behaviors by modifying the environmental context. According to Tomey and Alligood (2002), the major assumptions of the model includes:

1. Persons seek to create conditions of living through which they can express their unique human health potential.

2. Persons have the capacity for reflective self-awareness, including assessment of their own competencies.
3. Persons value growth in directions viewed as positive and attempt to achieve a personally acceptable balance between change and stability.
4. Individuals seek to actively regulate their own behavior.
5. Individuals in all their biopsychosocial complexity interact with the environment, progressively transforming the environment and being transformed over time.
6. Health professionals constitute a part of the interpersonal environment, which exerts influence on persons throughout their lifespan.
7. Self-initiated reconfiguration of person-environment interactive patterns is essential to behavior change.

Related Studies

Health literacy is a relatively new concept in health promotion. It is a composite term to describe a range of outcomes to health education and communication activities. From this perspective, health education is directed towards improving health literacy. In one paper, it identified the failings of past educational programs to address social and economic determinants of health, and traces the subsequent reduction in the role of health education in contemporary health promotion. These perceived failings may have led to significant underestimation of the potential role of health education in addressing the social determinants of health. A 'health outcome model' is presented. This model highlights health literacy as a key outcome from health education.

Examination of the concept of health literacy identifies distinctions between functional health literacy, interactive health literacy and critical health literacy. Through this analysis, improving health literacy meant more than transmitting information, and developing skills to be able to read pamphlets and successfully make appointments. By improving people's access to health information and their capacity to use it effectively, it is argued that improved health literacy is critical to empowerment. The implications for the content and method of contemporary health education and communication are then considered. Emphasis is given to more personal forms of communication, and community-based educational outreach, as well as the political content of health education, focused on better equipping people to overcome structural barriers to health (Nutbeam, 2000).

Numerous school health education programs have been developed. No matter how effective a given program may be, however, its impact will be determined by the extent to which it is actually disseminated and maintained in classrooms. The dissemination of a program involves purposeful efforts by agencies usually outside the school to implement the program in many different schools, while program implementation involves efforts by those within a given school to effectively use the program in its classrooms. This paper has been prepared to review concepts, strategies, and methods used to study dissemination and implementation; to specify the functions of dissemination and implementation research; and to describe general approaches and specific procedures to evaluate the effectiveness of dissemination and implementation activities. As we develop more and better

school health education interventions, the need for research that will allow us to efficiently transport these interventions to classrooms throughout the nation becomes increasingly important (Basch, 1984).

To determine whether community health education can reduce the risk of cardiovascular disease, a field experiment was conducted in three northern California towns. In two of these communities there were extensive mass-media campaigns over a 2-year period, and in one of these, face-to-face counselling was also provided for a small subset of high-risk people. The third community served as a control. People from each community were interviewed and examined before the campaigns began and one and two years afterwards to assess knowledge and behavior related to cardiovascular disease (e.g., diet and smoking) and also to measure physiological indicators of risk (e.g., blood pressure, relative weight, and plasma-cholesterol). In the control community the risk of cardiovascular disease increased over the two years but in the treatment communities there was a substantial and sustained decrease in risk. In the community in which there was some face-to-face counselling the initial improvement was greater and health education was more successful in reducing cigarette smoking, but at the end of the second year the decrease in risk was similar in both treatment communities. These results strongly suggest that mass-media educational campaigns directed at entire communities may be very effective in reducing the risk of cardiovascular disease (Farquhar, Wood, Breitrose, Haskell, Meyer, Maccoby & Stern, 1977).

In another study, it tracked 1741 older alumni of the University of Pennsylvania found that, indeed, a healthy lifestyle reduced not only their risk of dying but also their disability in later years. The study subjects, who have attended the University in 1939 and 1940, were surveyed on their smoking habits, body-mass index (BMI), and exercise patterns and, beginning in 1986, chronic conditions, use of medical services, and extent of disability. The alumni were classified into three risk groups, the highest risk belonging to obese, inactive smokers. Those in the highest risk group had twice the cumulative disability of those with low risks, and the onset of disability was postponed by almost eight years in the low risk group. This evidence indicates that, as in younger age groups, the behaviors that most significantly affect health in older people are smoking, obesity, and physical inactivity. However, the recently observed compression of morbidity cannot entirely be explained by improvements in these factors. The reduced prevalence of smoking over the past several decades is no doubt responsible in part for the fact that the elderly are healthier than they used to be. But the increased prevalence of overweight, obesity, and physical inactivity would be expected to have the opposite effect, leading to increased disability in older people (Schneider, 2011).

Objectives

The study assessed the health education and literacy needs of residents in two partner communities of a university. The findings served as basis for the creation of the annual community extension plan of the department.

Methods

This study utilized the descriptive quantitative design. It was conducted in 2 partner communities namely Village Looc and Village Opao, both located in Mandaue City, Cebu, Philippines. The survey utilized 90 respondents.

A researcher-made instrument was used which listed 20 concepts. Respondents were requested to determine to what extent they need the discussion of the concepts.

To interpret the data, simple percentage and weighted mean was used. For the interpretation, the following ranges were utilized:

2.32-3.00   -   High Need
1.66-2.31   -   Moderate Need
1.00-1.65   -   Low Need

Results and Discussion

The table below shows the needs assessment of health education and literacy concepts in two villages. The study shows that the residents' top five needs are as follows: Prostate Cancer (2.35); Breast cancer (2.28); Smoking-related diseases (2.28); Stress (2.27); Diabetes Mellitus (2.25).

Prostate Cancer is a malignancy of the prostrate gland. After the age of 60, approximately one-third of males

experience an enlargement of the prostate gland. This is known as benign prostatic hyperplasia (BPH). This enlargement compresses the prostatic urethra, resulting in difficulty in urination. These males experience frequent urinations with small amounts of urine, a decrease in the strength of the urinary stream, occasional bed-wetting, and a sense of incomplete voiding. Approximately 15% of men with BPH require medical treatment. Prostatic cancer is the third leading cause of cancerous death in males 55 years of age or older. Prostatic cancer also causes enlargement of the prostate gland, producing difficulty in urination (Rizzo, 2010).

In the study of Jalang and Amparado on Compliance with Discharge Instructions among Prostatectomy Patients, findings revealed that the subjects were in their late adulthood, with monthly income below 5,000 Philippine pesos, elementary graduates, and their spouse as the primary caregiver. The subjects were moderately compliant on medications, physical exercise, treatment/procedures and diet. They were highly compliant on health teachings, and reporting observable signs and symptoms but were not compliant on bladder exercise (2017).

Breast Cancer, on the other hand, is the most commonly occurring cancer in women (one out of eight) in the United States according to the National Cancer Institute; all women should be considered at risk for developing breast cancer because 80% of women with breast cancer fail to exhibit the

specific risk factors associated with cancer. Long-term survival rates for breast cancer have a direct correlation to early detection of the disease. Nurses play a major role in women's health by teaching breast self-examination and by supporting women in achieving healthier lifestyles believed to decrease the risk factors of Breast Cancer (Firth & Watanabe, 1996 as cited by Delaune & Ladner, 2002; Estes, 2002 as cited by Delaune & Ladner, 2002).

Cigarette smoking is associated with a number of diseases, including heart disease, chronic obstructive lung disease, and lung cancer. Cigarette smoking can worsen peripheral vascular and coronary artery diseases. Inhaled nicotine causes vasoconstriction of peripheral and coronary blood vessels, increasing blood pressure, and decreasing blood flow to peripheral vessels. The risk of lung cancer is ten times greater for a person who smokes than for a nonsmoker. Exposure to secondhand smoke increases the risk of lung cancer and cardiovascular disease in the nonsmoker (JNC 1997 as cited by Potter & Perry, 2004; AHA, 2001 as cited by Potter & Perry, 2004).

The fourth need was on the concept of stress. A universal experience, stress can be a catalyst for positive change, or it can be the source of discomfort and pain. Stress can be contagious. Caring for clients who are experiencing high levels of anxiety can be stress-provoking for nurses. Nurses are involved with stress management from a teaching perspective, helping clients learn to cope with the stress imposed by illness, injury, disability, or treatment approaches.

Nurses also encounter stress as a personal experience. Successful stress management is necessary for wellness of both clients and nurses (Daniels, Wilkins & Grendell, 2010).

On the 5th spot is Diabetes Mellitus. Diabetes is an independent risk factor for Myocardial Infarction and stroke. People with diabetes often have other risk factors, such as high cholesterol and obesity, that further increase the risk. The risk of disease is three times greater in diabetic women and twice as great in diabetic men (Craven & Hirnle, 2003).

Still on the top ten list, the residents also would like the College of Nursing to teach them on Asthma (2.25); Dengue (2.20); Tuberculosis (2.15); HIV/AIDS (2.14); Skin diseases (2.13); and Oral Hygiene (2.13). In this study, hypertension was considered the health topic with the lowest need (1.51).

Client education promote wellness, prevent illness, restore optimal health and function if illness has occurred, and assist clients and families to cope with alterations in health status.

Needs Assessment of Health Education and Literacy Concepts

Health Education Concepts	Mean	Interpretation	Rank
Prostate Cancer	2.35	High need	1
Breast Cancer	2.28	Moderate need	2
Smoking-related diseases	2.28	Moderate need	3
Stress	2.27	Moderate need	4
Diabetes Mellitus	2.25	Moderate need	5.5
Asthma	2.25	Moderate need	5.5
Dengue Fever	2.20	Moderate need	7
Tuberculosis	2.15	Moderate need	8
HIV/AIDS	2.14	Moderate need	9
Skin diseases	2.13	Moderate need	10.5
Oral hygiene	2.13	Moderate need	10.5

Conjunctivitis	2.11	Moderate need	12
Pneumonia	2.06	Moderate need	13
Family Planning	2.00	Moderate need	14
Helminthiasis	1.95	Moderate need	15
Malnutrition	1.90	Moderate need	16
Dementia	1.87	Moderate need	17
Osteoporosis	1.84	Moderate need	18
Fractures	1.66	Moderate need	19
Hypertension	1.51	Low need	20
Grand Mean	2.06	Moderate Need	

Conclusion

This descriptive study assessed the health education and literacy needs of residents in two villages of Mandaue City, Cebu, Philippines. The researchers concluded that there was a moderate need among residents on health education and literacy. The researchers recommended the incorporation of the top ten topics in the annual plan of the college to increase the knowledge of community residents on these health topics.

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Student Nurses' Survey on Affiliating Agencies' Compliance to Commission on Higher Education Memorandum Order No. 14 Series of 2009: Policies and Standards for Bachelor of Science in Nursing Program

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Abstract

Effective clinical experience is gained through a supportive clinical environment, which includes the atmosphere of the clinical placement unit, and the relationships shared with clinical staff supervisors and mentors. Clinical \learning environment is a complex social entity. Students' exposure to clinical learning environment is one of the most important factors affecting the teaching-learning process in clinical settings. This environment is effective on the learning process of nursing students in the clinical area. Students learn most effectively in environments that facilitate learning by encouraging and supporting and making them feel they are part of the team. If the environment is unpredictable, unstructured and overwhelming, students can be left with feelings of vulnerability and anxiety. As stipulated in the Commission on Higher Education Memorandum Order No. 14 Series of 2009: Policies and Standards for Bachelor of Science in Nursing (BSN) Program, 13.4 Clinical Facilities and Resources: Related Learning Experience (RLEs) is teaching-learning opportunities designed to develop the competencies of students utilizing processes in various health situations.

The respondents are the ten (10) level 4 nursing students of a University. Simple Frequency distribution was employed. The result shows that all affiliating agencies such as University of Cebu Medical Center, Visayas Community Medical Center, Eversley Childs Sanitarium General Hospital, and St. Vincent General Hospital are compliant with the requirements as stipulated by the Commission on Higher

Education Memorandum Order No. 14 Series of 2009: Policies and Standards for Bachelor of Science in Nursing Program Article VI Section 13.4: Clinical facilities and resources. Researchers recommend that the findings of this study will be submitted to the UCLM College of Nursing faculty during industrial forum and curriculum development with the compliance and some provisions of the affiliating agencies.

Introduction

Clinical experience is an important aspect of nursing education as it is the transformation of theoretical knowledge into practice and the cornerstone of nursing as a health profession. Effective clinical experience is gained through a supportive clinical environment, which includes the atmosphere of the clinical placement unit, and the relationships shared with clinical staff supervisors and mentors. Nursing students expect a supportive clinical environment that is innovative, creative and highly individualized where they feel they are an integral part of the health team and feel comfortable enough to make mistakes and learn from them. It is from clinical placements that students start to garner the necessary attributes of caring, critical thinking skills, application of situational knowledge, competence and clinical skills. Therefore, members of the health team should provide a positive clinical experience to facilitate the progress from novice to expert levels of clinical competence (Lawal, et. al, 2015).

Clinical learning environment is a complex social entity. Students' exposure to clinical learning environment is one of the most important factors affecting the teaching- learning process in clinical settings. This environment is effective on the learning process of nursing students in the clinical area. Clinical environment is defined as an interactive network of forces within the clinical setting that influences clinical learning by students (Baraz, 2015).

Since an optimal clinical learning environment has a positive impact on the students' professional development, a poor learning environment can have adverse effects on their professional development process. The unpredictable nature of the clinical training environment can create some problems for nursing students. Clinical learning environments play an important role in the acquisition of professional abilities and train the nursing students to enter the nursing profession and become a registered nurse. Therefore, clinical education is considered to be an essential and integral part of the nursing education program (Jamshidi, et. al, 2016).

Commission on Higher Education Memorandum Order No. 14 states that Related Learning Experience are teaching-learning opportunities designed to develop the competencies of students utilizing processes in various health situations. The base hospital is a health facility utilized by a higher education institution with nursing program offering as a source of basic or primary related learning experiences. The hospital maybe independent or owned or operated by the institution or utilized by the institution in accordance with an

effective and duly notarized Memorandum of Agreement between the institution and the base hospital which clearly specifies the responsibilities of each party. Furthermore, on article VI, section 13.4: Affiliating Agencies is a health facility being utilized by the higher education institution in specialized areas for supplementary clinical learning of students. A contract of affiliation shall be used as a legal document to show the terms of references among involved parties. Parties to the contract of affiliation should provide and maintain an environment conducive for the attainment of the teaching-learning objectives. The nursing school and the hospital agency should establish effective coordination and cooperation. Open communication should exist among the medical staff and the school personnel. Thereby should met the following requirements stipulated in the Commission on Higher Education Memorandum Order No. 14 series of 2009 article VI, section 13.4: Clinical facilities and resources.

Hence, the researchers aim to determine and survey the affiliating agencies' ability to comply with the requirements stipulated in the Commission on Higher Education Memorandum Order No. 14 series of 2009 article VI, section 13.4: Clinical facilities and resources. The goal is to utilize the findings as a measure for quality improvement of the department.

This study is anchored on William Glasser's Choice theory which state that when it comes to developing lessons, teachers who practice choice theory work to make sure that student classroom activities are designed to satisfy the students' needs. This allows learning to increase while

diminishing disruption. Students are able to "connect, feel a sense of competence and power, have some freedom, and enjoy themselves in a safe, secure environment" (Lynch, 2016).

Central to Glasser's concept of an effective learning environment is the belief that students may play an active role in the decision-making process. Glasser notes that the learning environment should include at least five distinct characteristics. These are that: 1. the teacher functions as a democratic leader, 2. student take part in the decision making process, 3. students have an opportunity in for cooperative or team activities, 4. Students being part of the group is seen as a privilege and source of satisfaction and enjoyment, and 5. The classroom is a place where guidelines are established and problems are solved through collaborative class meetings (Hunt & Wiseman, 2013).

Glasser's choice theory was supported by Maslow's theory of motivation which shows it is important to ensure that people are in environments that meet basic human needs, with the physiological (health) needs and the need for safety being foundational. Meeting these basic needs does not guarantee that students will be motivated to learn; however, any area where educators can remove known obstacles the path to learning is more likely. If the basic needs of students are not being met, time and energy must be used to those needs before time and energy can be sped on academics. If the students are too cold or too hot, they may not be able to focus. If the area is not well lighted, is overcrowded or unsafe

in anyway, the focus of the students may not be on learning skills (Ford, 2015).

Students learn most effectively in environments that facilitate learning by encouraging and supporting and making them feel they are part of the team. If the environment is unpredictable, unstructured and overwhelming, students can be left with feelings of vulnerability and anxiety. Issues such as staff shortages, a lack of mentors, increased workload, staff feeling threatened by student nurses, and poor teaching skills can contribute to students not feeling supported. Both the Nursing Service and higher education institutes (HEIs) have a responsibility to provide a high standard of nursing education and support, which includes high-quality teaching and leadership in clinical education (Emanuel & Pryce-Miller, 2013).

According to Papp et. al., 'a clinical learning environment includes everything that surrounds the nursing service, including the clinical settings, the staff and the patients. Bergland describes a learning environment to be constituted by psychosocial, physical and organizational factors. The learning environment is furthermore described as the conditions, forces and external stimuli that affect the individual. We regard the environment as providing a network of forces and factors which surround, engulf, and play on the individual" (Henriksen, et. al, 2011).

According to Merrill and Eldredge, 'co-operation is a form of social interaction wherein two or more persons work together to gain a common end'. H.P. Fairchild observes: 'Co-

operation is the process by which individuals or groups combine their effort, in a more or less organized way for the attainment of common objective.' Defining co-operation, Robert A. Nisbet writes: 'It is joint or collaborative behaviour toward some goal in which there is common interest.' (Mondal, 2017)

On placement, students value familiarity, acceptance, trust, support, respect and recognition of their contribution to patient care, emotional and clinical support and opportunities to practice, all of which can help to reduce anxiety. To provide students with this positive learning experience, higher education institutes (HEIs) and the NHS need to have a robust partnership with clear expectations on both sides so issues within the practice setting can be addressed (Emanuel & Pryce-Miller, 2013).

In clinical placements nursing students enter new settings for learning purposes. In order to learn the students depend upon a supportive atmosphere based on psychological and pedagogical aspects. This includes staff – student relationships and meaningful learning situations constituting a pedagogic atmosphere. Good interpersonal relations, support and feedback have an impact on the clinical learning environment, and they create and maintain a positive clinical learning environment for nursing students (Saarikoski et. al, 2002).

Commission on Higher education formulate and recommend development plans, policies, priorities, programs on higher education and programs on research; monitor and

evaluate the performance of programs and institutions of higher learning for appropriate incentives. Rationalize programs and institutions of higher learning and set standards, policies and guidelines for the creation of new ones as well as the conversion or elevation of schools to institutions of higher learning (Iglesia, 2015).

As stipulated in the Commission on Higher Education Memorandum Order No. 14 Series of 2009: Policies and Standards for Bachelor of Science in Nursing (BSN) Program. 13.4 Clinical Facilities and Resources: Related Learning Experience (RLEs) are teaching-learning opportunities designed to develop the competencies of students utilizing processes in various health situations. These could be sourced from, but not limited to: lying-in clinics, schools, industrial establishments, community, out-patient clinics and general and specialty hospitals. The base hospital is a health facility utilized by a higher education institution with nursing program offering as a source of basic or primary related learning experiences. The hospital maybe independent or owned or operated by the institution or utilized by the institution in accordance with an effective and duly notarized Memorandum of Agreement between the institution and the base hospital which clearly specifies the responsibilities of each party.

The base hospital of a nursing school should meet the following requirements: (a) has current accreditation by the Department of Health - Bureau of Licensing and Regulation as Level IV Hospitals (Tertiary Care/Teaching/Training Hospital). However level III Hospitals (secondary Care Hospitals) may be considered provided that the hospital can provide the

following: (a.1) adequate case load for the number of students enrolled as stipulated in Article VII, Section 15-e.9. (a.2) adequate facilities for the teaching and learning needs of the students; (b.) has minimum capacity of 100 beds with general services and minimum bed occupancy of eighty percent (80%); (c.) should be accessible and located within the region where the nursing school is situated. In the case of nursing schools located in Metro Manila, the base hospital should be located within Metro Manila; (d.) Sixty percent (60%) of the total bed capacity of the base hospital shall be used for the Related Learning Experiences of students; (e.) should have a master rotation plan indicating the schedule/areas of all the schools utilizing the hospital for training of students.

Affiliating Hospital is a health facility being utilized by the higher education institution in specialized areas for supplementary clinical learning of students such as mental, orthopedics and communicable diseases. A contract of affiliation shall be used as a legal document to show the terms of references among involved parties. Parties to the contract of affiliation should provide and maintain an environment conducive for the attainment of the teaching - learning objectives. The nursing school and the hospital agency should establish effective coordination and cooperation.

Open communication should exist among the medical staff and the school personnel. Cross regional affiliations will not be allowed unless in cases where specialty areas cannot be found in the region. The base hospital/s, affiliation hospital/s and community health agency/ies being used by

the students for Related Learning Experiences either conducted in urban or rural community should have the following facilities: (a) Classroom for conference; (b.) Library; (c.) Comfort room; (d.) Dressing Room; (e.) Lounge and; (f.) Locker. Provision should be made for adequate physical facilities, supplies and equipment for effective nursing care and learning experiences of students. The nursing service should be provided with a designated training coordinator and the required staffing composed of qualified professional and no-professional personnel. The faculty and the nursing service personnel of the affiliation agency should work together in the planning, implementation and evaluation of the related learning experience of students.

A partnership between nursing education programs and health care agencies are legally bounded by contracts in the form of Memorandum of Agreement. The purpose for these partnerships is not only to provide clinical experiences for students, but also to support schools of nursing in preparing professionals for the work force (DeBoor & Keating, 2017).

Licensure, accreditation, and certification are systems available to meet the need for quality and performance information. These systems have different purposes and different capabilities. It is proposed as an objective method to verify the status of health service providers and their compliance with accepted standards. In various industries, accreditation is recognized as a symbol of quality, indicating that the organization meets certain performance standards, and provides an opportunity for that organization to evaluate their operation against national or international standards.

Accreditation is widespread in industry and education and there are many lessons for the health sector air safety, food safety, and childcare (Tabrizi, et al, 2014).

Level 1 hospital shall have as minimum the services including, but not limited to, the following: Emergency hospital; initial treatment for cases that require immediate treatment and that provides primary care for prevalent diseases in the area; general medicine, pediatrics, minor surgeries, and non-surgical gynecology; primary clinical laboratory, pharmacy and first level radiology; nursing care for patients needing minimal supervised care. Level II Hospital shall have as minimum, all of Level l capacity, including, but not limited to, the following: Non-departmentalized hospital; general medicine, pediatrics, surgery, anesthesia, obstetrics and gynecology, first level radiology, secondary clinical laboratory, pharmacy; nursing care for patients needing intermediate supervised care. Level III Hospital shall have as minimum, all of Level II capacity, including, but not limited to, the following: The number of students enrolled has adequate case load. (Ratio of student to clientele; Level II –1:2; Level III – 1: 2-3 or 3-4; Level IV – 1: 5-6); The affiliating agency/ies provided an adequate. Level IV Hospital (Tertiary Care/ Teaching/ Training Hospital): Has current accreditation by the Department of   Health (DOH) – Bureau of licensing and regulation. Hospital shall have as minimum, all of Level 3 capacity, including, but not limited to, the following: Teaching and training Hospital; all clinical services provided by Level 3 hospitals; specialized forms of treatments, intensive care and surgical procedures; tertiary clinical laboratory, third level radiology, pharmacy; nursing care for patients needing

continuous and specialized critical care (www.healthphilippines.net, 2012).

Imbalanced workloads, inappropriate nurse-patient ratios, and inadequate physical resources negatively affected nurse's perceptions of the quality of the nursing practice environment. The data for health policymakers in different national and global areas to remodel the practice environment. The improvement of the practice environment, with adequate staffing levels and appropriate allocation of physical resources, is achievable to resolve this challenge and thus improve outcomes (Rivaz, et.al., 2017).

As for Eversley Childs Sanitarium and General Hospital which is licensed as a secondary general Hospital with authorized capacity of 500-beds, is a government-mandated institution and aims to strengthen its existing system by means of information technology. It also aspires to provide professional development among its staff and expand its existing medical facilities and manpower (ecs.doh.gov, 2014).

The University of Cebu Medical Center, is a 12-storey tertiary hospital with a 300-bed capacity. Acquire, disseminate and utilize appropriate technology to enhance the university's educational services. Nurtures employee productivity and engagement. An affiliate of the University of Cebu aspires to be a training hospital for the students and medical practitioners in the field of Nursing (Baquero, 2015).

The Visayas Community Memorial Medical Center have 200- bed capacity. It is a tertiary level four hospitals, catering

the quality health care needs of the people in the hospital, which is popularly called VCMC, is located at 85 Osmena Boulevard, in Cebu and a teaching/ training medical facility (www.phap-ph.org, 2013).

The St. Vincent General Hospital has 100 bed capacity accredited by the PhilHealth as a Center of Excellence and licensed by the Department of Health as Tertiary Hospital (www.svgh.ph, 2014)

Conference rooms are often the epicenter of the workplace and, as such, the go-to place for meetings and phone calls. Because they're often equipped with technology to handle everything from video conferences to interactive presentations, these spaces should be reserved for more formal uses, rather than for casual conversations that could take place elsewhere (Chalupa, 2015).

The library continues to provide services and vital resources to constituents of the university and the medical center. It is integral to the teaching and learning process and ensures each students has equitable access to resources. The library seek to equip students with the skills necessary to succeed in a constantly changing technological, social and environment (Jones, et. al, 2017).

Comfort Room has many functions that will benefit consumers and staff, but its primary goal is to provide a safe and comfortable space to relax, regroup, and practice self-nurturance and skills for self-soothing. To provide a safe and

healthy learning environment includes an adequate toilet and hand washing facilities (Bluebird, 2013).

Learning lounge provides a learning commons for students to study in a more comfortable setting, access and academic resources. This alignment is more important because well-designed learning spaces encourage students to spend more time, increasing engagement and improving retention (Paglia, 2016).

The faculty and personnel in the hospital should have a collaboration as clinical nurses play an effective role as the key persons serving as a role model in the learning process of students through communication based on respect, integrity, and mutual interaction with students. They can provide a psychosocial positive atmosphere for students learning in the ward. It is reported that supportive relationships with students have been used as a key to increase the student security in clinical wards, particularly among the first and second year students. Supportive relationships trigger internalization of the nursing role as a provider of health care activities (Baraz, 2015).

Rule 214.10 (b) related to Clinical Learning Experiences requires that "Faculty shall develop criteria for the selection of affiliating agencies/clinical facilities or clinical practice settings which address safety and the need for students to achieve the program outcomes (goals) and course objectives through the practice of nursing care or observation experiences. Consideration of selection of a clinical site shall include: (1) client census in sufficient numbers to meet the

clinical objectives/outcomes of the program/courses; and (2) evidence of collaborative arrangements for scheduling clinical rotations with those facilities that support multiple nursing programs." Rule 214.10 (c) related to Clinical Learning Experiences requires that "Faculty shall select and evaluate affiliating agencies/clinical facilities or clinical practice settings which provide students with opportunities to achieve the goals of the program" (www.bne.state.tx.us, 2013).

In clinical placements, nursing students enter new settings for learning purposes. In order to learn, the students depend upon a supportive atmosphere based on psychological and pedagogical aspects. Good interpersonal relations, support and feedback have an impact on the clinical learning environment, and they create and maintain a positive clinical learning environment for nursing students. Furthermore, the supervisor helps students to socialize to the nursing profession. Negative attitudes and behaviors have impact on nursing students' learning in clinical placements. Positive team relationships help create teams that are productive, which affects the company's bottom line (Skaalvik, 2018).

The scheduling of nurses is particularly challenging because of the nature of the work which is around the clock. A typical length of the schedule varies from a few weeks to a month. The schedule will be consistently rebuilt after the specified time period and will result in a time-consuming task for the administrative staff involved. Moreover, the task becomes overwhelming when the staff needs to consider the previous duty rosters in order to maintain the quality of schedules (Ismail, 2013).

This study conducted a survey on affiliating agencies' compliance to Commission on Higher Education Memorandum Order (CMO) #14 series of 2009 article VI section 13.4: clinical facilities and resources. This survey answered the following questions: (1) What agencies are affiliated by the University? (2) What are the requirements complied by the base hospital/affiliating agencies stipulated in Commission on Higher Education Memorandum Order No. 14 series of 2009? (3) Based on the findings of the survey, what report may be submitted to the College of Nursing?

Methods

This study utilized the descriptive-research method to appraise the base hospital and or affiliating agencies' compliance to Commission on Higher Education Memorandum Order (CMO) # 14 series of 2009 article VI, section 13.4: clinical facilities and resources. This survey was conducted in the various affiliating agencies located in Mandaue City and Cebu City, namely Visayas Community Medical Center (VCMC), University of Cebu Medical Center (UCMed), Eversley Childs Sanitarium and General Hospital (ECS), and St. Vincent General Hospital (SVGH). These hospitals provided the clinical learning experience of the students. The respondents were the ten (10) level 4 nursing students of a University.

Upon approval, a letter of request addressed to the Chairman of Bioethics Committee thru the Chief Nursing Officer for Visayas Community Medical Center, Hospital Administrator thru the Director of Nursing for University of Cebu Medical Center, Medical Center Chief I thru the Chief

Nursing Officer for Eversley Childs Sanitarium and General Hospital and Medical Director thru the Administrative Officer for St. Vincent General Hospital, was made asking for approval to allow the researchers to conduct the survey.

The researchers conducted a pilot testing utilizing a researcher-made questionnaire based on the requirements stipulated in Commission on Higher Education Memorandum Order No. 14 series of 2009. The questionnaire consists of 2 parts: Part I which identified the hospital/affiliating agencies where the respondents were exposed in their related learning experience; Part II which assessed the general requirements complied by the base hospital/affiliating agencies as stipulated in Commission on Higher Education Memorandum Order No. 14 series of 2009. Simple Frequency Distribution was employed to treat the researcher-made tool. The summary of the data gathered was presented, analyzed and interpreted.

Results and Discussion

Table 1 showed compliance of the affiliating agencies as to the general requirements as stipulated by the Commission on Higher Education Memorandum Order No. 14 series of 2009.

General Requirements for Base Hospital/Affiliating Agency	VCMC	UCMed	ECS	SVGH
1. The base hospital/affiliating agency is accessible and located within the city where the nursing school is situated.	✓	✓	✓	✓
2. The hospital has minimum capacity of 100 beds with general services and minimum bed occupancy of eighty percent (80%) with sixty percent (60%) from the 80% bed capacity of the affiliating hospital was used for the Related Learning Experiences (RLEs) of students.	✓	✓	✓	✓
3. The Nursing Service Office (NSO) has a master rotation plan indicating the schedules / areas of all the schools utilizing the hospital for training of students.	✓	✓	✓	✓
4. For effective nursing care and learning experience of students; provision was made for adequate facilities, supplies and equipment.	✓	✓	✓	✓
5. The Nursing Service provides a designated training coordinator and the required staffing compromised of qualified professional and non – professional personnel.	✓	✓	✓	✓

6. The Facility provides a room for conference.	✓	✓	✓	✓
7. The Facility provides comfort rooms.	✓	✓	✓	✓
8. The Facility provides a library.	✓	✓	✓	✓
9. The Facility provides dressing room for changing uniforms	✓	✓	✓	✓
10. The Facility provides a student lounge.	✓	✓	✓	✓
11. The Facility provides a locker for the student's bag.	✓	✓	✓	✓
12. There is a working relationship between the faculty and the nursing service personnel of the affiliation agency in terms of planning, implementation and evaluation of the related learning experiences of the students.	✓	✓	✓	✓
13. There is an open communication between the medical staff and the school personnel.	✓	✓	✓	✓

Visayas Community Medical Center

The Visayas Community Medical Center is located at 85 Osmena Boulevard, Cebu City, Cebu. The base hospital is accessible and only 30-40 minutes away from where the nursing school is situated. If the bus is unavailable, 1 jeepney ride from UCLM to Parkmall, another jeepney ride getting in 01K from Parkmall to Emall, take a walk to Osmena Boulevard

Street, then take any jeep towards VCMC. The base hospital has complied the requirement of having minimum capacity of 100 beds with general services and minimum bed occupancy of eighty percent (80%) with the sixty percent (60%) being used during the student's Related Learning Experiences (RLEs) and has a ratio of 1:1-2 for the level II, 1:2-4 for the level III, and 1:5-6 for the level IV. The Nursing Service Office of VCMC has a master rotation plan of schedules and areas of the school for the students' training. Prior to student's clinical exposure, the Chairperson submits a rotation plan addressed to the Nursing Service office Director.

The effective nursing care and learning experience of students, provision was made for adequate facilities, supplies, and equipment, with special areas such as the Delivery Room, Operating Room, and Intensive Care Unit. The facility provides a room for conference that is accessible to physicians, the staff nurses as well as the school faculty and the students, although, rarely used. Same as with the facility's library. The facility provides a vacant room or unused room for the student's changing room as well as locker for the placement of student's bag and belongings. In every area, the facility provides comfort room for when students need a break, for the student lounge, the facility provides designated vacant/ unused room for where the students stay. There is a working relationship between the faculty and the nursing service personnel in terms of planning, implementation, and evaluation of the Related Learning Experiences (RLEs) of the students, as well as an open communication between the medical staff and the school personnel.

University of Cebu Medical Center

The University of Cebu Medical Center is located at Subangdaku, Mandaue City Cebu, accessible and located within the city where the nursing school is situated. Estimated kilometers from UCLM is 3.4 km for 8 minutes travel and is 1-ride parkmall jeepney in case there is no bus service available. The hospital provides 60% of the total bed capacity for the related learning experience of the students. During the exposure, students has a ratio of 1:1-2 for the level II, 1:2-4 for the level III, and 1:5-6 for the level IV catering the 60% bed occupancy. The nursing service office has a master rotation plan indicating the schedule and areas for training of the students. Prior to student's clinical exposure, the Chairperson submits a rotation plan addressed to the Nursing Service Office Director.

For effective nursing care and learning experience of the students, the hospital provides adequate facilities, supplies & equipment. It has advanced technology, functional equipment and readily available in different areas. The students will have the opportunity to learn more, utilize the equipment and apply their learning in the future. The facility provides a room for conference not just only for medical staff but also for students if necessary. Same as with the library, students can also utilize their library if needed. Comfort rooms are provided in all areas and floors where the students are exposed. The institution provides dressing room for changing uniforms to scrub suit. For the lounge and locker in the operating and delivery room, they have a lounge intended for the students and it is safe for the bags of the students. In the other areas like ward, there

is a designated place or improvised area where students can put their bags and other belongings, but also students can use the nurse's locker if there is still available space. There is an open communication between the medical staff and the school personnel in terms of student's performance and behavior during related learning experience.

Eversley Childs Sanitarium and General Hospital

Eversley Childs Sanitarium General Hospital is located at Jagobiao, Mandaue City and it is near from the University of Cebu Lapu-Lapu and Mandaue. Eversley Childs Sanitarium General Hospital is a secondary hospital and have a capacity of 500 beds. The affiliating hospital has complied the requirement of having minimum capacity of 100 beds with general services and minimum bed occupancy of eighty percent (80%) with the sixty percent (60%) being used during the student's Related Learning Experiences (RLEs) and has a ratio of 1:1-2 for the level II, 1:2-4 for the level III, and 1:5-6 for the level IV. Prior to student's clinical exposure, the Chairperson submits a rotation plan addressed to the Nursing Service office Director.

Eversley Childs Sanitarium General Hospital has facilities, supplies and equipment to have an effective nursing care and learning experience of student. Some of their facilities and equipment are not the modernized one. It is a government hospital and they don't have enough money to supply and support the hospital but it is very appreciating that they offer Department of Health (DOH) program one of which is the free medicines. Each area such as Delivery Room, Medical Surgical

Ward, OB ward, Pediatric Ward and OPD in Eversley Childs Sanitarium has designated training coordinator and staffing comprised of qualified professional and non-professional personnel. Eversley Childs Sanitarium General Hospital had a 2 conference rooms and they are willing to let the Student Nurses used their conference room. Each ward has comfort room. In Medical Surgical Ward, OB ward, Pediatric Ward and OPD has student lounge and locker, only in Delivery Room have an improvised placed to leave our things. The faculty especially the Clinical Instructor on duty and nursing service personnel has a harmonious relationship and has an open communication in terms of planning, implementation and evaluation of the Related Learning Experiences of Student Nurses.

St. Vincent General Hospital

St. Vincent General Hospital is located at 85 Osmena Boulevard, Cebu City, Cebu. The hospital is accessible, and one hour and six minutes away from where the nursing school is situated. Bus was provided and if the bus is unavailable, 1 jeepney ride from UCLM to Parkmall, another ride getting in 01K from Parkmall to Emall then stop at GV Hotel, take a walk to Osmena Boulevard Street, then take jeep towards Cathedral then stop in front of the Abellana Sports Complex, then crossed the pedestrian lane towards the street going to St. Vincent General Hospital. The hospital has complied the requirement of having minimum capacity of 100 beds with general services and minimum bed occupancy of eighty percent (80%) with the sixty percent (60%) being used during the student's Related Learning Experiences (RLEs) and

has a ratio of 1:1-2 for the level II, 1:2-4 for the level III, and 1:5-6 for the level IV. The Nursing Service Office of St. Vincent General Hospital has a master rotation plan of schedules and areas of the school for the students' training. Prior to student's clinical exposure, the Chairperson submits a rotation plan addressed to the Nursing Service office Director.

The effective nursing care and learning experience of students, provision was made for adequate facilities, supplies, and equipment. The facility provides a room for conference that is accessible to physicians, the staff nurses as well as the school faculty and the students, although it was rarely used. There is no library room but the facility provided books which displayed in the designated shelf. The facility provides a vacant room or unused room for the student's changing room as well as locker for the placement of student's bag and belongings. In every area, the facility provides comfort room for when students need a break. For the student lounge, the facility provides designated vacant/ unused room for where the students stay. A close coordination is evident between the faculty and the nursing service personnel in terms of planning, implementation, and evaluation of the Related Learning Experiences (RLEs) of the students, where in there is coordination and harmonious relationship among each party. There is an open communication between the medical staff and the school personnel, where the staff teach on what should be needed to do during Related Learning Exposure duty.

Conclusion

Therefore, the survey taken denotes that all affiliating agencies such as University of Cebu Medical Center, Visayas Community Medical Center, Eversley Childs Sanitarium General Hospital, St. Vincent General Hospital and Vicente Sotto Memorial Medical Center are compliant with the requirements as stipulated by the Commission on Higher Education Memorandum Order No. 14 Series of 2009: Policies and Standards for Bachelor of Science in Nursing (BSN) Program Article VI Section 13.4: Clinical Facilities and Resources. Moreover, all affiliating agencies provided a positive learning environment that helped the student nurses enhance their Related Learning Experience (RLE) performance in terms of health assessment or how to prioritize a patient, nursing diagnosis, planning of patient care, rendering of nursing interventions and evaluation for effective nursing care in collaboration of Student Nurses, Clinical Instructor and Nursing Staff.

Recommendations

The Researchers recommend the following: (1) discussion of the provision of Commission on Higher Education Memorandum Order (CMO): Policies, Standards, and Guidelines for Bachelor of Science in Nursing (BSN) Program pertaining to the clinical facilities and resources to be included during the industrial forum/ meeting with affiliating agencies and the College of Nursing faculty for curriculum development; (2) periodic appraisal of the provision set forth in the Commission on Higher Education

Memorandum Order (CMO): Policies, Standards, and Guidelines for Bachelor of Science in Nursing (BSN) Program; clinical facilities and resources by the College of Nursing to the Affiliating Agencies; (3) for future Researchers, analyze the impact of the shift, from Commission on Higher Education Memorandum Order (CMO) # 14 Series of 2009, Article VI, Section 13.4: clinical facilities and resources, which is competency-based to Commission on Higher Education Memorandum Order (CMO) # 15 series of 2017, Article VI, Section 15.4: clinical facilities and resources, which is outcomes-based to students' learning.

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Assessment of the Hilot Program

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Abstract

The University of Cebu's mission aims to commit itself to pursue excellence in community service towards social and economic development. Therefore, the spirit of volunteerism is being inculcated to its students. In line with the university's mission, various programs have been formulated and implemented and one of those programs is the Hilot Program. It is a livelihood program for the jobless mothers in the partner barangay and it was implemented by the University of Cebu Lapu-Lapu and Mandaue College of Nursing Community Awareness, Relation and Extension Services (CARES). This study assessed the Hilot program focusing on the extent of the program to carry out with the goals and objectives. The informants of the study were the trained hilots and they were chosen through purposive sampling.

The study utilized the descriptive qualitative method. The study revealed that the informants agreed that the program was able to help them provide the basic and health needs of their family. The trained hilots have also agreed that they had gained skills through the knowledge they acquired during the training and the seminars. Nonetheless, the program needs some improvement and the indicators specifically answer of the trained hilot that have all coincide in which area/part of that needs to be refined.

Keywords: Hilot Program, Trained Hilots, UCLM CARES, skills, trainings and seminars

Introduction

The University of Cebu Lapu-Lapu and Mandaue Community Awareness, Relation and Extension Services in collaboration with the College of Nursing have implemented the Hilot program, a livelihood program with the objective to help jobless mothers of the partner barangay to have a source of income in order to improve the health status of their family by providing their basic and health needs. The mothers from the partner barangay were trained by a certified therapist/reflexologist on July 2 and 9, 2016 at the College of Nursing Amphitheatre, UCLM. After two training sessions, the trained mothers were given certificates of completion and were qualified to perform the "hilot." The UCLM Hilot program was launched on July 30, 2016. Nineteen clients availed the hilot service on that day. The Hilot Program Center is located at Basic Education quadrangle which provides services such as back massage and foot reflexology for one hundred pesos per hour. It is open on Mondays, Wednesdays and Fridays from 9 am to 5 pm and on Saturdays from 9 am to noon. On the following weeks of the program, the researchers have observed that there were fewer trained hilots coming back to provide massage service. The researchers also noticed that there was a decrease in the number of clients going to the hilot center. The trained hilots who provided their services for the first week was 60%, on the second week there were 47%, on the third week there were 34% and on the fourth week were 20% (see Appendix A).

With this, the researchers assessed how far the program has achieved its goals, objectives, and investigated the

reasons in the recent decline of the program and to distinguish if the program can be revived.

The study was anchored on Lawrence Greene and Phil Kabonowitz' PRECEDE-PROCEED Model which provides a comprehensive structure for assessing health and quality-of-life needs and for designing, implementing and evaluating health promoting and other public health programs to meet those needs. PRECEDE is the acronym that stands for (Predisposing, Reinforcing, and Enabling Construct in Educational Diagnosis and Evaluation) which outlines a diagnostic planning process to assist in the development of targeted and focused public health programs. PROCEED stands for (Policy, Regulatory and Organizational) guides that implementing, and evaluation of the programs designed using PRECEDE (Dolan, 2001).

The PRECEDE model consists of five phases. Phase one is the Social Diagnosis- involves determining the quality of life or social problems and needs of a given population. This is best accomplished by involving the people in a self-study of their needs and aspirations, thus subjectively defined. The kinds of social problems a community experience is a practical and accurate barometer of its quality of life (Kreuter, 2000).

The second phase is the Epidemiological Diagnosis - consists of identifying the health determinants that may contribute to the social goals or problems identified in phase 1. Using available data, information generated by appropriate investigations and epidemiological and medical findings, the planner ranks the several health problems identified. Three

data may include disability, discomfort, fertility, fitness, morbidity, mortality, physiological risk factors and their dimensions (distribution, functional level, incidence, longevity, and prevalence) (Kreuter, 2000).

Phase three is the Behavioral and Environmental Diagnosis. This involves analyzing the Behavioral and Environmental determinants of health problems. Because these are the risk factor that the intervention is tailored to affect, they must be very specifically identified and carefully ranked. Environmental factors are those external to an individual, often beyond his or her control that can be modified to support that behavior, health or quality of life of that person or others affected by that person's actions. Behavioral factors include compliance, consumption patterns, coping, preventive actions, self-care, and utilization. These indicators can be expressed in the dimensions of frequency, persistence, promptness, quality, and range. Environmental indicators include economic, physical, services and social; their dimensional include access, affordability, and equity (Kreuter, 2000).

In phase four which is the Educational and Organizational Diagnosis, the factors that predispose to, reinforce, and enable the behaviors and lifestyle are identified. Predisposing factors include a person's or population's knowledge, attitude, beliefs, values and perceptions that facilitate or hinder motivation for change. The skills required for the desired behavior to occur also qualify as enabling factors. Enabling factors thus include all the factors that make possible the desired change in behavior

or the environment. Reinforcing factors, the rewards received, and the feedback the learners received from others following adoption of the behavior, may encourage or discourage continuation of the behavior (Spradley, 2001).

Phase five is the Administrative and Policy Diagnosis- involves ascertaining which health promotion, health education, and policy-related interventions would best be suited to encouraging the desired changes in the behaviors or environments and in the factors that support those behaviors and environments (Kreuter, 2000).

The PROCEED model is composed of four additional phases. In phase six, the interventions identified in phase five are implemented. Phase seven entails process evaluation of those interventions. Phase eight involves evaluating the impact of the interventions on the factors supporting behavior, and on the behavior itself. The ninth and last phase compromises outcome evaluation- that is, determining the ultimate effects of the interventions on the health and quality of life of the population (Kreuter, 2000).

In actual practice, PRECEDE and PROCEED function in a continuous cycle. Information gathered in PRECEDE guides the development of program goals and objectives in the implementation phase of PROCEED. This same information also provides the criteria against which the success of the program is measured in the evaluation phase of PROCEED. Three data also suggest programs may be modified to more closely reach their goals and targets (Kreuter, 2000).

This study is supported by Kirkpatrick's evaluation model theory. It is a four-level model; each successive evaluation level is built on information provided by the lower level. Assessing training effectiveness often entails using the four-level model developed by Donald Kirkpatrick (1994). According to this model, evaluation should always begin with level one, and then, as time and budget allow, should move sequentially through levels two, three, and four. Information from each prior level serves as a base for the next level's evaluation. Thus, each successive level represents a more precise measure of the effectiveness of the training program, but at the same time requires a more rigorous and time-consuming analysis (Kirkpatrick, 2016).

The level 1 Evaluation - Reactions, at this level measures how participants in a training program react to it. According to Kirkpatrick, every program should at least be evaluated at this level to provide for the improvement of a training program. Also, the participants' reactions have important consequences for learning (level two). Although a positive reaction does not guarantee to learn, a negative reaction almost certainly reduces its possibility (Winfrey, 2005).

The level 2 Evaluation - Learning, to assess the amount of learning that has occurred due to a training program, level two evaluations often use tests conducted before training (pretest) and after training (posttest). Assessing at this level moves the evaluation beyond learner satisfaction and attempts to assess the extent students have advanced in skills, knowledge, or attitude. Measurement at this level is more difficult and laborious than level one (Kirkpatrick, 2010).

The level 3 Evaluation is the transfer. This level analyzes the difference in the participant's behavior at work after completing the program. Assessing the change makes it possible to figure out if the knowledge, mindset, or skills the program taught is being used in the workplace. For the majority of individuals, this level offers the truest evaluation of a program's usefulness. Having said that, testing at this level is challenging since it is generally impossible to anticipate when a person will start to properly utilize what they've learned from the program, making it more difficult to determine when, how often, and exactly how to evaluate a participant post-assessment (Forest, 2018).

The level 4 Evaluation is the results. These levels comprise progressively difficult metrics against which success is evaluated, with Level 4: Results being the most difficult of them all. It is at this level (4) that evaluators measure the final impact that training has had on the organization. Because of its perceived difficulty, many training-centric initiatives don't strive to complete a Level 4 evaluation. In reality, however doing a Level 4 evaluation isn't that difficult, especially given that the impact of the training initiative will have been deconstructed significantly as the team progresses through the previous three levels. Level 4 evaluations will have a significant number of data points to work with as a result (Arshavskiy, 2018).

A study from CDC specified, evaluation encourages us to examine the operations of a program, including which activities take place, who conducts the activities, and who is

reached as a result. Also, the evaluation will show how faithfully the program adheres to implementation protocols. Through program evaluation, we can determine whether activities are implemented as planned and identify program strengths, weaknesses, and areas for improvement. For example, a treatment program may be very effective for those who complete it, but the number of participants may be low. Program evaluation may identify the location of the program or lack of transportation as a barrier to attendance. Armed with this information, program managers can move the class location or meeting times or provide free transportation, thus enhancing the chances the program will actually produce its intended outcomes (www.cdc.gov).

Also, program evaluation focuses on addressing whether the intervention is working. The evaluation includes questions related to how and if a program is working as it was intended and if there are any unintended consequences. With a new intervention, program planning is the initial mandate, but over the life of the program, planning and evaluation are both parts of an ongoing cycle of continuous improvement and renewal. When a clear program plan is not in place, it is difficult and often impossible to conduct a credible evaluation, and over the long-term evaluation will include program planning as the program is improved or modified to meet evolving needs. Because the types of questions addressed in program planning and evaluation are relevant to a broad array of disciplines including education, business, health, and the social sciences there is a range of perspectives and resources available on the topic. Whether planning or evaluating, the practitioner applies theory, research findings, and the most

rigorous methods possible to a real-world setting to address practical questions relevant to stakeholders including funders, those who benefit from a program, or others who have some connection or interest in the problem being addressed (Lovato, 2017).

Moreover, it is increasingly incumbent upon ministries of education to build evaluation into new programs – especially those programs where substantial amounts of money are being spent. Each new program will usually be accompanied by questions about the impact and effectiveness of the program (Anderson & Postlethwaite, 2007).

According to Kern (2018), "No age is too old to pursue a career. It depends on each individual. As a massage therapist it takes a lot physically so if you are healthy and in shape, age is just a number. If a person is still able to study, comprehend, and remember most of what they are learning. As it turns out, there doesn't seem to be an upper limit to practicing massage".

Many married people have families and are responsible for caring for children. This makes it even more important that they find jobs that allow them to balance their home lives (www.nexxt.com).

Women have been moving into the workforce not only for career satisfaction but also because they and their families need the income. Women who never have children substantially underperform those who do; mothers with at least two children perform the best. Over the course of a 30-

year career, mothers outperformed women without children at almost every stage of the game. In fact, mothers with at least two kids were the most productive of all. Mothers tend to be more productive both before and long after the birth of their children. When that work is smoothed out over the course of a career, the study found that they are more productive on average than their peers (Moore, 2014).

The American Psychological Association article stated that the lower wage workers are more likely to work part-time, at lower hourly rates, with few to no benefits and often mandatory part-time schedules — all of which create work-life challenges for families and single parents (Richman et al., 2006).

According to the Bureau of Labor and Economic Growth, massage has become a20% increase in demand and salaries are going to rise. Massage therapists might choose to work in a large city massage clinic, in a day spa or luxury resort, at a rehabilitation facility, in aged care, or choose to go into business for yourself (www.amtamassage.org). Salaries in the massage industry have been on the rise due to the sheer demand for the services. Massage therapists might earn a moderate income when working for an employer, but they can set their own fees when they work for themselves. Clients pay per hour or per service, and regularly give tips (Amo, 2017).

In every family in a community, livelihood means income that translates to food, education, healthcare, and asset creation. It includes increasing the capacities of families so

that they can support the basic and health needs of their children in the long term (http://m.worldvision.org.ph).

Nothing is more important than looking after your established clients. Your clientele is arguably your most valuable asset, so it pays to treat them with warmth and respect, and to stay in touch. You've already done the hard yards to entice them into your business, they like what you do and, unless something unexpected has happened, they'll probably want your services again. Existing clients are also likely to promote your services to others. Keep them happy by providing a good service, remember to ask them about themselves (find out a little bit about their lives, not just their bodies) and contact them regularly. Plenty of existing clients would probably love to book in for a massage more than they do, but simply forget to call. Make it easier for them and initiate the contact (Tuchtan, 2016).

Objectives

The study aimed to assess the hilot program and sought to answer the following questions: (1) What was the profile of the trained hilots?; (2) How far the program has achieved its goals and objectives?; (3) What were the possible reasons for the decline of the program?

Methodology

This study utilized a quantitative-qualitative method. The research study was conducted in Barangay Looc, Mandaue City, Cebu. A coastal area composed of 15 sitios with a total

land area of 135.26 hectares and a total population of 15,996 as of the local census of 2017. The barangay has a barangay hall, health center, and a gymnasium.

The informants of the study were four trained hilots of Barangay Looc, Mandaue City who participated in the Hilot program. They were trained by a certified therapist/reflexologist on July 2 and 9, 2016 at the College of Nursing Amphitheatre, UCLM.

Trained hilot Juana forty-five years old, married and has four children. She is a housewife and her husband works as a janitor in a university earning a minimum wage. Three of her children are in school. She was able to send her eldest and second child in a private school with the help of the Voucher Program of the Department of Education. Her third child is studying in a public school and her youngest is still four years old. She mainly depends on the salary of her husband to support their basic needs, school fees, and other expenses.

Trained hilot Mariposa fifty-three years old, married and has four children. Her husband is unemployed. Among her four children, only the youngest daughter works as a drug surrenderee coordinator in a barangay with a monthly income of Php 3,000. Her forty-five years old son works as a carpenter but since he has a family of his own he can't provide financial support to his mother. Her second child forty-three years old is unemployed and still lives with them while her third child is a person with a disability. Their combined family monthly income is below Php 5,000.00.

Trained hilot Susan fifty-eight years old, married and has three children. Her husband who works as an electrician has an income of approximately Php 1,400 per week. Her first child has special needs. Her second child already has her own family. Her third child is a call center agent with a monthly income of Php 18,000.00 however she only receives Php 2,000 from him. They have a combined family monthly income ranging from Php 5,000.00- Php 10,000.00. Their monthly payment for the electricity is Php 1,000.00 and their water bill is Php 500.00 per month.

Trained hilot Carmelita is forty-four years old, married and has four children. The eldest is 21 years old, working as an operator with a minimum wage but currently has his own family. The second child is twenty years old and works as a cashier with an above minimum wage, her third child is seventeen years old, Grade 11 in a private university and her fourth child is a Grade 9 student in a public school. Her husband is a factory worker with a monthly income of Php 10,000. She doesn't ask any financial help from her first and second child and only depends on her husband's salary to pay their bills and other expenses.

Results and Discussion

Theme 1: Source of Income

The hilot program helped the trained hilot financially. Most of them stated that during the implementation of the hilot program it enabled them to augment an income for the family's basic needs. It provided an income for a short period

of time. The income was divided into half, 50% goes to the University of Cebu LapuLapu and Mandaue-College of Nursing Community Awareness, Relations and Extension Services (CARES) and 50% goes to the trained hilots.

The trained hilots emphasized that the hilot program helped augment their income, for instance, they can buy rice and viand. One of the trained hilot, Mariposa was certain that the hilot program helped a little with their income but has some doubts due to the number of customers at the hilot center are inconsistent:

"Okay raman to, kanang makakwarta man sad mi ato pero ginagmay lang lage kay dili man gud pirme nay magpahilot."

Also, Juana stated that it helped the family have a food to eat good for 1 meal and sometimes for basic hygiene materials like soap:

"Ako gigamit sa pang adlaw-adlaw. Nagamit jud nako ang kita. Amoang nagamit para sud- an, gamit sa balay parehas anang sabon sa plato. In ana nalang, mga ginagmay nga kuan ba. Ang programa nakatabang kay inig uli nako kay makapalit ko ug sud-an."

The trained hilots have common answers to a question being asked, they all stated that the hilot program is a source of income for basic family needs for short-term.

"Nakatabang jud ug dako kay katung makakita ko unya ang among budget sa kaon wala naibanan. Kay katong kita nako sa hilot mao man ako igasto sa among pagkaon. So nakasave-save jud. Nakatabang to pang konsumo namo, palit sud-an or snacks."

Carmelita admitted that during the opening of the hilot program the income helped their budget and admitted that it was a lot higher than the following income.

"Nindot man sad kaayo tung unang adlaw sa Hilot program kay daku-daku man sad mig kita ato."

Mariposa and Susan, both trained hilots had similar answers that the program helped and was a source of income for their food but, only during the time they had done hilot.

"Okay raman to sya, nakatabang kay sa panahon nga nang hilot pako, makapalit jud ug sud-an ug uban kinahanglan diri sa balay. Nakatabang to sa among pamilya."

Rising levels of income, education, and sophistication among travelers and consumers worldwide have dramatically elevated the consciousness and desirability of massage spa treatments. The market potential of spa massage development is being captured by global and premium-brand spas that have expanded their service menus. At the same time, establishments that offer traditional bathing, healing, herbal, and therapeutic treatments derived from centuries-old practices also recognized the potential of branding themselves as spas, and some are investing in new services, equipment,

facilities, as well as modifying their ambiance. As tourists arrivals increase, additional income for the local people in the Philippines also increases as consumptions for the basic necessities of the tourists that can be found on the destinations are being consumed (Atienza et al., 2014).

Massage therapy is among the most commonly used forms of complementary and alternative medicine in Australia, with high utilization amongst the Australian public and relatively high levels of support and referral from conventional medical providers. Massage therapists are a major provider of health services in Australia, with Australian Bureau of Statistics census data in 2006 indicating there are 8,199 persons who report massage therapy as their primary source of income in Australia; this number is expected to reach over 17,000 by 2017. However, this may underestimate practitioner numbers. Many practitioners may not derive their primary income from massage and, although there is likely to be some overlap relating to dual memberships, professional associations purporting to represent massage therapists represent over 15,000 practitioners, though this could also reflect some massage therapists retaining their association memberships even when they are not actively practicing, Massage therapists outnumber both chiropractors and naturopaths as the largest professional group providing CAM therapies in Australia (Wardle, 2015).

Theme 2: Knowledge-based Skills

The hilot program gave the trained hilots the benefit to acquire knowledge and skills about the correct way to do the

hilot through training and seminars. The trained hilots were able to do the hands-on practice during the training and were able to apply it to the hilot program as well as to their family members.

The trained hilots mentioned that the hilot program especially the training and seminars are benefits they have acquired during the implementation of the hilot program. Mariposa admitted that the hilot program gained her knowledge and skills in doing the hilot appropriately.

"Ang naka benepisyo namo ato kay Knowledge namo na makahibaw ka mo hilot."

Carmelita also mentioned that the hilot program, as well as the training and seminars, have helped her gain a lot of knowledge and skills in performing the hilot right.

"Ang sa pag hands-on sa pag experience, nakatabang jud kaayo."

The 3rd trained hilot, Susan also mentioned that the hilot program was able to gain her knowledge but she has suggestions to improve the hilot program, she wanted more seminars and the seminars include adding more styles and techniques in doing hilot such as adding swish or thai massage in the seminars.

"Mao nang kung naay seminar sa sundo ganahan jud ko maka apil para maka kat on jud ko. Kay interesado kayo ko ug hilot kay ma apply baya nato na sa atong pamilya. Mas

nindot gani butangan nila sa seminar kato na nang thai massage or swiss massage ba para mas manindot ang paghilot sa kliyente."

Lastly, Juana admitted that she still remembers the proper way in doing the hilot because she has a booklet and it serves as her guide in cases if she forgets the proper way in doing hilot.

"Okay man ang programa kay daghan kayo mig nakat-unan kung asa dapit amo hikap. Naa man sad mi atoy guide. Nipalit mig booklet nga tag Php 60.00."

Therapeutic massage is undergoing regeneration. There is a need for the availability of theoretically based education to enhance the standard of practice. Professionals are progressing towards evidenced-based practice to satisfy the requirements for optimum effectiveness and therapeutic application of massage. It encourages the integration of practical massage skills with the understanding of research-based biological foundation (Holey et al., 2012).

Theme 3: Provide basic and health needs of the family

Being part of the Hilot Program was an opportunity for the trained hilots because it helped them provide the basic and health needs for their family which is, for them, is one of the most important or the priority of the family. Juana, Mariposa, and Susan had a closed answer that Hilot Program was able to provide some of the consumption of their food, water and other things used for household chores

"Ang programa nakatabang sa akong pamilya kay inig uli nako kay makapalit ko ug sud-an, gamit sa balay parehas anang sabon sa plato. In ana lang, mga ginagmay nga kuan pero nakatabang to pang konsumo namo, palit sad ug snacks para sa akong pamilya."

"Ang kita adto rajud to padung sa pamilya kay ipalit man to nako ug bugas ug mada apil ang sud-an ug tubig kay pati tubig paliton paman. Pamilya man jud na atong unahon."

Susan added that her family's health needs were sustained because of her being a trained hilot, she applied to them what she has learned.

"Kung sa health pud nakatabang kay kung kapuyon ang akong sakop, hiluton man sad nako."

One of the trained hilots, Carmelita, focuses more on the health needs of her family that the hilot program was able to provide. It helped Carmelita save money and time because her family doesn't go outside anymore just to find for a massage therapist. Instead, she's the one giving the massage for them.

"Sa health sa family, nakatabang jud kayo kay kita mga taw naa man tay ka kapoy sa atong lawas nya di man jud ta na matag-an, nya kung hiloton ka di naka ma lowbat. If ever magpahilot akong anak or akong bana di naku magtagbaw muadto sa manghihilot kay ako mismo kahibaw naku unya

naka save ug kwarta kay di namo bayad. Mao ning naka nindot na naka train ko sa pag massage."

Livelihood for every family in a community means to increase income that translates to food, education, healthcare, and asset creation. Our work includes increasing the capacities of families so that they can support the basic needs of their children in the long term (WorldVision.org, 2018).

One could define a working mother as a woman with the ability to combine a career with the added responsibility of raising a child. Within this broad term may be encompassed two different categories of working women: the stay at home mother who works from home and the woman who works away from home while managing to fulfill her maternal duties. Material aspirations and the necessities of daily life often compel both parents to work. A qualified woman may insist on working to maintain an effective career and be financially independent. The single working mother is a combination of these entities, working not only to run the family but also maintaining her position as a financially independent head of the family (Poduval et al., 2009).

Theme 4: Few/No client in the Hilot Center

A Hilot Program can't last if it has no clients because they are the lifeblood that has a big impact on the program. Having a few or no client in the Hilot Center was a big concern of the trained hilots that gave them a reason not to continue.

According to Juana, there were times that she goes to Hilot Center and just to find out they don't have clients.

"Kay wala may nakatagad namo. Walay klaro. Unya maka ana sad kong ako nalang ilaba diri kay naa pa ko mahuman. Wala nako nakabalik kay usa sad tong katong pag-adto namo walay taw unya kanang wala mi customer ngadto. Dili biya sa tanang panahon na nay okasyon ang UC."

She is willing to participate again if the Hilot Program will be revived but she emphasized that they should have enough clients.

"Kinahanglan sad gud ug pabalikon mi ug panghilot naa mi pwesto. Ang pwesto namo na kanang daghan sad ug customer. Sayang sad nga niadto mi unya wala mi makwarta inig uli."

Susan has the same reason with Juana why she did not continue participating in the Hilot Program. For her, it was a waste of time that she saved the day and to have an income but it just turns out to nothing because there were no clients.

"Ang naka problema kay usahay walay kliyente. Kanang muadto mi didto unya walay magpahilot. Halfday jud to nga wala mi kliyente. Nausik jud among time. Kaduha pa jud to nahitabo nga getawag mi nila unya inig abot namo walay kliyente bisag usa. Mao to nga wala najud ko ni usab ug adto."

She even stated that there were times that they are the one who goes and performed the massage in the faculty instead of doing it in the "Bahay Kubo".

"Usahay gani kay kami nalang ang muadto sa kada department parehas sa education ug nursing."

Improvement of the Hilot Program is necessary if it will be revived. Susan said that they should have clients every time they will go to the Hilot Center.

"Kung ibalik man gani, dapat kung motawag mo namo dapat ready na nga naa jud mi mahilot didto. Or bisag paabot mi 30 minutes lang unta."

Customers are the lifeblood of any business. Without customers, you have no business, but the makeup of your customer base has a big impact on your company's value. Your Customer Base is made up of several components, some more important than others. Having repeat customers is a very important aspect of your customer base. Repeat customers save costs and increase profits thus enhancing company value. Providing a quality product/service and excellent follow up support leads to increased customer loyalty. If it is difficult for a customer to seek products/services elsewhere then you get more of an opportunity to correct the reason for their unhappiness. You also get the opportunity to update your product/service in response to an update by the competition since leaving your company won't be easy. I've left the most important component of your customer base for last. If your company is

dependent on one or a few customers your business is at serious risk. If just one of your customers leave it could seriously affect your revenues and profits. Having high customer concentration has a substantial impact on the company's value as it presents a huge risk to a prospective buyer (Gledhill, 2015).

Theme 5: Ineffective Management

During the interview, the trained hilots expressed that they were somehow confused with how the hilot program was managed. Their concerns were about the management's inconsistency with how they guide and support the trained hilots. As Juana stated:

"Gilaay name tungod atong mga estudyante na wala na kayo ni cooperate namo. Nawagtangan mig gana. Usa sad mi na nagkabungkag nami. Kay kato sad pagsugod sa hilot atu, busy man si maam rose pero natagad jud mi kay gi salig man mi atu niya sa iyang estudyante. Unya natimingan lang seguro to nana busy iyang estudyante kay katong presidente kay graduating man unya busy biya jud ato."

Juana expressed that when the program started it was facilitated by students and there comes a time that the student facilitators became very busy especially the president who was a graduating student that time. She added that no one looks after them.

Another trained massage therapist (hilot) Mariposa, expressed that the program was unsystematic and was

confusing in her part because of the method of dispensing their income. Mariposa added that the student facilitators of the program will drop the money at a remittance shop and asked the trained massage therapist (hilot) to get the money instead of directly giving it to them.

"Ang pamalakad sa hilot program kay murag ge gubutan man ko ato kay mag tunga mi sa kwarta nya ihulog sa Palawan hasul."

A study about Change management strategies for successful ERP implementation stated that when implementing an enterprise resource planning (ERP) system, top management commonly faces an unwanted attitude from potential users – for one reason or another, they resist the implementation process. Top management should, therefore, proactively deal with this problem instead of reactively confronting it. In this paper, I describe an integrated, process-oriented approach for facing the complex social problem of workers' resistance to ERP (Aladwani, 2001).

A study of Knowledge Management Strategies: Toward a Taxonomy stated that executives should be guided on choices to initiate knowledge management projects according to goals, organizational character, and technological, behavioral, or economic biases. It may also be useful to teachers in demonstrating the scope of knowledge management and to researchers in generating propositions for further study (Earl, 2001).

Conclusion

Based on the findings of the study, the informants agreed that the program was able to help them provide the basic and health needs of their family. The trained hilots have also agreed that they had gained skills through the knowledge they acquired during the training and the seminars. Nonetheless, the program needs some improvement and the indicators specifically answer of the trained hilot that have all coincide in which area/part of that needs to be refined.

The following are recommended by the researchers: (1) Review the effectiveness of the marketing/ advertising strategy of the program to ensure that other faculty members and students are aware of the existence of the program. (2) Examine the program process which includes the scheduling of the trained hilots, the mode of communication of the trained hilots and the program facilitator and the mode of giving their talent fee needs to be given attention if the program will be revived. (3) Formulate short term and long term goals for the program to assess the commitment of adequate resources. (4) Also, include evaluation of the location, client, the program, the target customers and the needs and demand of the target and clients.

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University of Cebu

Vision, Mission, Goals, Graduates Attributes and Core Values

Vision

Democratize quality education.
Be the visionary and industry leader.
Give hope and transform lives.

Mission

University of Cebu offers affordable and quality education responsive to the demands of local and international communities.

University of Cebu commits itself to:

(M1) serve as an active catalyst in providing efficient and effective delivery of educational services;

(M2) pursue excellence in instruction, research and community services towards social and economic development as well as environmental sustainability.

(M3) acquire, disseminate and utilize appropriate technology to enhance the university's educational services; and,

(M4) foster an organizational culture that nurtures employee productivity and engagement.

Institutional Goals

(IG1) To offer programs to include Alternative Learning Systems (ALS) or non-conventional programs that are relevant and   compliant with institutional, regulatory industry and accreditation standards that will develop life-long learners (M1, M2).

(IG2) To develop social awareness, responsibility and accountability among stakeholders anchored on instruction research and production (M1, M2).

(IG3) To complement the academic programs with holistic and integrated student services (M1, M2).

(IG4) To develop a pool of qualified, professional and motivated faculty in the areas of instruction, research and community extension (M2, M4).

(IG5) To ensure effective administration and supervision of instructional and learning resources in support of the academic programs (M3).

(IG6) To provide an environment that is safe, functional and conducive to teaching, learning and working (M4).

(IG7) To ensure operations which are collaborative, sustainable, efficient and effective in meeting the needs of the institution and its stakeholders (M3, M4).

Graduate Attributes

University of Cebu graduates is (a):

(GA1) Life-long Learner: Demonstrate skills and competencies in one's educational level and field of discipline towards lifelong learning (IG1,IG2, IG3 & IG4).

(GA2) Effective Communicator: Exhibit proficiency in listening, speaking writing, reading and viewing (IG1 & IG4).

(GA3) Socially Accountable and Responsible: Demonstrate social accountability and ethical responsibility towards the community and the environment (IG2 & IG6).

(GA4) Team Player: Exhibit proactive and collaborative attributes in a diverse society (IG2).

(GA5) Technically Competent: Utilize appropriate technology (IG5 & IG7).

(GA6) Ethically Responsible: Manifest ethical behaviour in diverse situations (IG2).

Core Values

These are the core values that the University of Cebu upholds:

1. Innovation
"Be the visionary and the industry leader."

2. Camaraderie

"Living in the spirit of harmony and approachability."

3. Alignment

"All activities geared towards core values and priorities."

4. Respect

"Always a professional, mindful of God, university, the community and self."

5. Excellence

"To be great at whatever it is we do and go for the best."

University of Cebu
College of Nursing

Vision

Be a leading provider of quality nursing education producing globally competent nurses.

Mission

The College of Nursing aims to maintain a healthy educational setting which fosters quality performance, satisfaction and life-long learning through research-based instruction and community extension.

Goals

1. To adapt competency standards in instruction, learning resources, and educational services.

2. To promote leadership among faculty and students in the service of the community.

3. To foster a pool of highly motivated, competent and compassionate faculty and students in the pursuit of personal and professional development.

Core Values (NURSE)

Nurturing Unity, Respect and Service towards Excellence