Community Perception of the Benefits and Quality of Services Rendered by College of Nursing Students of Silliman University

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This study primarily aims to assess the benefits and quality of services rendered by Silliman University College of Nursing (SUCN) students in three barangays (villages) of Valencia, Negros Oriental, Philippines. The quantitative data were obtained through an interview schedule, from 236 respondents who were randomly selected from the three barangays. Purposive sampling was utilized to determine the participants of the focus group discussion (FGD) which consisted of formal leaders and leaders of organized groups. Quantitative data were analyzed using descriptive statistics (mean) while content analysis was used to analyze the data from the FGDs. The result of the assessment on the quality of services was interpreted as *very good* (mean = 3.35) while the assessment on the level of benefits of services was interpreted as *very beneficial* (mean = 3.42). The qualitative findings revealed that the presence of SUCN students in the three barangays influenced certain changes in health practices, and that knowledge and skills on health promotion and illness prevention were gained from the students.

KEYWORDS: primary health care, community health nursing, evaluation study, quality of services

INTRODUCTION

Evaluation, as one of the major steps in the application of the Community Health Nursing (CHN) process, helps in providing key decision-makers a concrete picture of the benefits of programs and services rendered to the community. It also provides the right direction for current and future implementation of programs and services. Furthermore, in the context of services provided by students as part of the curricular requirements, evaluation activities are linked to primary objectives of service to people in need and in the preparation of students for nursing practice in primary health care (Lindsey, Henly, & Tyree, 1997).

The students of Silliman University College of Nursing (SUCN), with the guidance and supervision of their mentors, have been engaged in the care of clients in the community setting through the CHN rotation. At the end of the rotation, students are evaluated based on set terminal competencies as they went through the different learning activities. Despite having recognized the importance of evaluation, one of the basic things that SUCN never had the chance to do was to measure and document the benefits and quality of services rendered by the students as perceived by the beneficiaries, hence the reason for this study.

The aim of this study is to present the perceptions of the community about the benefits and quality of services rendered by SUCN students in the barangays of Valencia in Negros Oriental served for at least three years which included Bong-ao, Liptong, and Balugo. More specifically, the assessment on the quality of health services rendered by the SUCN students covered working relationship, assessment of needs, planning, implementation and health teachings. Meanwhile, the perceived level of benefits of health services they rendered included health teachings, herbal medicines, shiatsu/acupressure, ventusa, urine examination for glucose and albumin, vital signs taking, physical assessment, home visitation, referrals, livelihood training (e.g. manicure, pedicure, haircut, food processing), family health workers training and first aid, and health and dental clinics. The health knowledge and skills the people in the communities have learned from the students are also presented as well as the corresponding changes in health practices in these communities. Finally, the suggestions of the communities to improve the services provided by SUCN students are discussed.

THEORETICAL CONSIDERATIONS

Health is recognized as a basic human right. In view of this, the Department of Health (DOH) has for its vision "Health for all Filipinos." Subscribing to Primary Health Care (PHC), the DOH has set the goal of "Health in the Hands of the People by the Year 2020" (Cuevas, 2007). PHC is a global strategy through which "essential health care that is based on practical, scientifically sound, and socially acceptable methods and technology is made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford" (Maglaya, 2004, p.31).

To address health as a basic human right, the health care system with its health service delivery is indispensable. Nurses, together with other health professionals, compose the health human resources providing health care services. Historically, community health nurses have been on the forefront of promoting the health and well-being of clients which range from individuals, to families and communities. Any improvements needed in any aspect of nursing care must be based on formal assessment or evaluation. However, this type of assessment is noted to have limited operational definitions (Beckwith, 2009). Furthermore, Beckwith argues that the process of evaluation, especially in the community setting is "skilled and complex, and that in order to measure and demonstrate the quality of nursing practice within an arena dominated by the hegemonic power of medicine, it requires articulation and understanding" (2009, p.3). Undertaking an evaluation of the quality of services then poses a challenge to health care providers as well as health care beneficiaries such as community members.

Perceived quality has not been a subject of many investigations by researchers either regarding its measurement or its impact on utilization of services. There are two arguments put forward to explain the scarcity of studies using the approach of the subjective quality. Firstly, patients are unable to evaluate the quality of service they can get from the facilities due to biomedical and technical aspects of modern medical care. Secondly, demand-side characteristics are out of policy makers' control, unlike supply-side characteristics that are more amenable to policy interventions (Mariko, 2003). But needless to say, the assessment of community's perception on the quality of health care is vital for the improvement of health services.

Community health nursing (CHN) is a unique area of nursing

practice. Aside from its distinction in setting or location (not in the hospital/clinic setting), this practice requires the application of the nursing process at the "aggregate or community level" (Caretto & McCormick, 1991, p.179), where the client is not a single individual or a family, but a group of people. Its practicality in exposure to real life is one of the reasons why community health nursing is a required subject or program in the curriculum of students of nursing colleges. Caretto and McCormick (1991) also discuss that, in CHN, student nurses have:

> …the hands-on experience of providing nursing interventions at the aggregate level; the opportunity to use the epidemiological approach in the assessment of a community; the ability to identify needs; risk factors and health patterns and to make nursing diagnoses; and then to plan, implement, and evaluate nursing actions carried out to help meet the needs of a community or a subgroup of the community (p.181).

Community health nursing may be viewed by some student nurses as just another major requirement in nursing curriculum that needs to be complied with. But for others, CHN is an invaluable learning experience where, amidst the hard work, was fun and fulfilling (Caretto & McCormick, 1991).

A qualitative-quantitative study was conducted by the University of North Dakota Nursing Center in assessing the quality of health care services rendered by student nurses to members of the community through client satisfaction. Clients answered a modified version of the Group Health Association of America (GHAA) Consumer Satisfaction Survey with 14 items. Of the 190 clients who were mailed the research instrument, 101 (53%) responded. The overall outcome of the study showed that the clients of the said Nursing Center were very satisfied with the health services rendered by the student nurses. Among the highlights of the clients' satisfaction was the amount of time spent by student nurses in teaching, commenting that such service would not have been available in the clinical setting. Other highlights include the inclusion of family members in health care programs, the professional yet friendly and sincere demeanor of student nurses, and the improvement of the health conditions of the clients (Lindsey et al., 1997).

METHODS

This is a descriptive-evaluative research which utilized a mix of quantitative and qualitative methods. Quantitative data were obtained through self-report using an interview schedule while the qualitative

data through a focus group discussion (FGD). The instrument used was a self-made tool based on the steps of the nursing process and the services rendered by SUCN students to the communities. This was critiqued by an expert. A pre-test was conducted and revision was done based on the results. The interview schedule was used since it had been noted after the pre-test of the tool that there were questions that needed to be explained to the respondents to enhance accuracy of their answers. Data collection was done during the months of April to June 2011.

There were two sets of respondents in the study. The respondents of the quantitative portion are representatives of families served by the students while in the qualitative portion respondents are formal leaders and leaders of organized groups of the barangays.

The respondents of the quantitative data were representatives of the families who have availed of the services in the barangays of Bong-ao, Balugo, and Liptong in the municipality of Valencia, Negros Oriental, Philippines. The barangays of Balugo and Liptong has been served by the students for five years while Bong-ao has been served for more than ten years, even up to the writing of this paper. The representatives of the families may not be the direct recipients of the services but have been aware of the feedback of their family members regarding the services and/or have availed of the services from other family members who have attended the health education sessions. The 236 respondents were chosen randomly after the researchers obtained from the supervising faculty the lists of families who were served by the students. Proportional allocation of respondents per purok (zone) was done. Consent of all participants was obtained before the start of actual data collection.

On the other hand, the participants of the FGDs were chosen using purposive sampling consisting of formal leaders (barangay officials) and leaders of organized groups. They were chosen because as officials, they are expected to be knowledgeable about the affairs and conditions of their constituents. The FGDs in the three barangays were facilitated by the two research assistants (RAs) guided by the following questions: [a] What knowledge on health care have the community learned from the students?; [b] What changes in health practices have been brought about by the presence of the students?; and [c] What suggestions can you give to improve the services provided by the SUCN students? Before the actual conduct of the FGDs, a practice session was done with

the facilitation of the research team. The FGD in each of the three barangays was accomplished in one day based on an agreed time. The number of participants ranged from ten to twelve individuals. The venue was the multipurpose hall of every barangay and the length of time for the FGDs ranged from 50-70 minutes. A digital recorder was used to record the discussions after consent was given by the participants.

During the conduct of the FGDs, one of the RAs facilitated the discussion based on the three research questions, while the other RA wrote the responses on a manila paper posted on the board or wall. Final validation of the responses was made before the RA summarized and concluded the session. Participants were provided with light snacks after the session as a way of expressing appreciation for their presence and cooperation.

Content analysis was used to analyze qualitative data from the FGDs. This was done separately by two researchers using the following process: the responses were read more than once, themes were coded; the two researchers met to concur on the recurrent themes, then final categories were derived from the responses. Suggestions for improving services were summarized separately.

Descriptive statistics using the mean was used to analyze the quantitative data. To measure the quality and benefits of the services, a Likert scale was used. Quality of services was rated on a scale of 1 to 4 (4 = very good, 3 = good, 2 = fair, and 1 = poor). A column for " No Evidence" was provided for those who had not experienced such services as rendered by the SUCN students. Likewise, the level of benefits was rated on scale of 1 to 4 (4 = very beneficial, 3 = beneficial, 2 = somewhat beneficial, 1 = not beneficial, and No Evidence).

The results for the quality of services based on the over-all mean and the respective interpretation are the following: 3.25 to 4.0 = very good; 2.50 to 3.24 = good; 1.75 to 2.49 = fair; and 1.00 to 1.74 = poor. Similarly, the results for the level of benefits of services based on the over-all mean and respective interpretation are the following: 3.25 to 4.0 = very beneficial; 2.50 to 3.24 = beneficial; 1.75 to 2.49 = somewhat beneficial; and 1.00 to 1.74 = not beneficial. Their ratings were based on their personal experiences with the health services rendered and observations on how the SUCN students did their activities in the community.

RESULTS

Assessment of quality of services rendered

The nursing process, being a systematic, organized, logical, and a dynamic method in providing care to clients, guides students in community health nursing practice (Bailon-Reyes, 2006). In this study, the students were rated on how well services were rendered in accordance to the steps of the nursing process which are applicable to the study. Establishing a working relationship with the people in the community is essential in community health nursing practice. This relationship can be facilitated by caring behaviors (such as being courteous, approachable, and sensitive/understanding) which need to be sustained throughout the duration of care. Table 1 shows that they were rated as *very good* (over-all mean = 3.48) in all the three qualities identified.

Assessment, in which the students' ability to identify community health problems and needs, was assessed to be *good* (over-all mean = 3.21). The areas that were particularly rated in their assessment skills were thoroughness, relevance and involvement of people. In the next phase which is planning for health services and programs, the students were rated as *good* (over-all mean = 3.23). In this portion, the areas that were looked into were whether services were based on the needs, whether community resources were incorporated and whether people were involved. Among these three parameters, the students were rated as very good in terms of planning of services based on the needs.

Furthermore, the respondents also rated the quality of services rendered by the students in terms of implementation of programs and services. More specifically, quality of services during implementation were rated according to utilization of community resources and involvement of the people, as well as personal attributes i.e., knowledgeable, skillful, sincere, and compassionate that enhance the quality of the services delivered. As an aspect of implementation, the quality of health teachings was rated with reference to personal characteristics of the students i.e., knowledgeable and articulate.

In Table 1, the results show that the respondents rated the quality of services during implementation and the quality of health teachings as *very good* (over-all means of 3.38 and 3.51 respectively). Looking at the specific ratings of the three barangays with regard to desirable personal characteristics manifested by the students during

Table 1.

Over-all Assessment of the Quality of Services Rendered by SUCN Students.

Assessment of Quality of Services	Balugo (n=96)	Liptong (n=61)	Bong-ao (n=79)	Overall Mean (n=236)	Interpretation
1. Working relationship of SUCN student nurses with the people	3.50	3.48	3.46	3.48	Very Good
a. Courteous	3.54	3.55	3.61	3.57	Very Good
b. Approachable	3.62	3.53	3.49	3.55	Very Good
c. Sensitive/Understanding	3.34	3.35	3.27	3.32	Very Good
2. Assessment of SUCN student nurses of community problems and needs	3.20	3.31	3.14	3.21	Good
a. Thorough/complete	3.23	3.26	3.12	3.20	Good
b. Relevant	3.23	3.35	3.11	3.23	Good
c. Involvement of the people	3.13	3.31	3.18	3.21	Good
3. Planning of health programs and services	3.23	3.22	3.23	3.23	Good
a. Based on the community's problems/ needs	3.35	3.32	3.35	3.34	Very Good
b. Incorporating community's resources	3.22	3.19	3.16	3.19	Good
c. Involvement of the people	3.12	3.15	3.19	3.15	Good
4. Implementation of health programs and services	3.42	3.44	3.27	3.38	Very Good
a. Utilization of community resources	3.29	3.32	3.14	3.25	Very Good
b. Involvement of the people	3.22	3.32	3.17	3.24	Good
c. Knowledgeable	3.49	3.51	3.3	3.43	Very Good
d. Skillful	3.33	3.44	3.18	3.32	Very Good
e. Sincere	3.61	3.47	3.32	3.47	Very Good
f. Compassionate	3.59	3.57	3.48	3.55	Very Good
5. Conduct of health teachings	3.52	3.60	3.41	3.51	Very Good
a. Knowledgeable	3.54	3.59	3.36	3.50	Very Good
b. Articulate	3.49	3.6	3.45	3.51	Very Good
OVER-ALL	**3.37**	**3.4**	**3.29**	**3.35**	**Very Good**

implementation, all barangays rated the quality of services as *very good* (means ranging from 3.32 to 3.55). In the same manner, the three barangays rated the personal characteristics during health teachings as *very good*. On the other hand, all three barangays rated the application of principles of implementation (utilization of community resources and involvement of the people) as *good* (over-all mean = 3.24) to *very good* (over-all mean = 3.25).

Perceived level of benefits of services received

This section presents the results of the assessment of the perceived level of benefits of the services received from the SUCN students which include the following: structured health teachings (SHTs); complementary health services which include making and use of herbal medicines, application of shiatsu/acupressure and ventusa; urine examination; vital signs taking; physical assessment; home visitation; referrals; livelihood training; family health workers (FHW) and first aid (FA) training; and health and dental clinics (refer to Table 2).

Table 2 shows that all services were perceived to be *very beneficial* (over-all mean = 3.42). Livelihood training, such as pedicure, manicure, haircut and food processing, was the only service rated as *beneficial* (over-all mean = 3.17). It is noted that among the herbal medicines, *sunting* ointment had a rating of *beneficial* while all the others were rated as *very beneficial*.

Knowledge and skills learned

From the focus group discussion, the participants claimed to have acquired some knowledge and skills related to health from the services rendered by the students in the community. Primarily they have learned about the signs and symptoms, prevention and control, management of health conditions including hypertension, diabetes mellitus, tuberculosis, dengue hemorrhagic fever, smoking and related diseases, and others. Also, the participants learned general health promotion information such as healthy lifestyle (healthy/balanced diet and exercise), proper food preparation, environmental sanitation, responsible parenthood, and others.

Other important knowledge and skills learned by the participants are related to complementary therapies including the making of some herbal medicines, ventusa, and acupressure/shiatsu. Blood pressure taking, first aid, and health assessment including self-breast

Table 2.

Perception of the Community on the Benefits of the Services of SUCN Students.

SUCN Students' Services Indicators	Assessment (n=236) Liptong	Balugo	Bong-ao	Overall	Interpretation
1. Structured health teachings (SHT) about health care, health promotion and disease prevention.	3.79	3.26	3.32	3.46	Very Beneficial
2. Making and use of herbal medicines	3.31	3.37	3.43	3.37	Very Beneficial
a. SLK syrup	3.42	3.42	3.61	3.48	Very Beneficial
b. BLS oil	3.4	3.32	3.38	3.37	Very Beneficial
c. Salabat powder	3.72	3.47	3.61	3.60	Very Beneficial
d. Sunting ointment	2.91	3.31	3.29	3.17	Beneficial
e. Kalachuchi ointment	3.15	3.35	3.28	3.26	Very Beneficial
f. Garlic tincture	3.23	3.33	3.38	3.31	Very Beneficial
3. Shiatsu/acupressure	3.77	3.57	3.45	3.60	Very Beneficial
4. Ventusa	3.67	3.45	3.54	3.55	Very Beneficial
5. Urine analysis	3.69	3.51	3.54	3.58	Very Beneficial
6. Blood pressure taking, temperature, pulse and respiration taking	3.74	3.61	3.73	3.69	Very Beneficial
7. Physical examination	3.43	3.32	3.23	3.33	Very Beneficial
8. Home visitation	3.41	3.41	3.45	3.42	Very Beneficial
9. Referrals	3.29	3.43	3.36	3.36	Very Beneficial
10. Livelihood trainings such as pedicure, manicure, haircut, food processing	3.11	3.25	3.15	3.17	Beneficial
11. Family health workers & first aid training	3.55	3.21	3.22	3.33	Very Beneficial
12. Health and dental clinic	3.58	3.39	3.58	3.52	Very Beneficial
OVER-ALL	**3.46**	**3.39**	**3.42**	**3.42**	**Very Beneficial**

examination were also learned as claimed.

Changes in health practices

The participants of the FGD claimed to have implemented some positive changes in their health practices from what were taught by the students. Many of them instituted changes in their lifestyle for health promotion and disease prevention purposes. These include eating a low fat and low salt diet, eating of more fruits and vegetables, moderation of activities, drinking alcoholic drinks moderately, stopping smoking, and others. In line with what they learned about complementary therapies, the participants also resorted to the use of acupressure, herbal medicines, and ventusa for the management of their common simple illnesses.

Improvement in their health seeking attitude and health monitoring including having a checkup and regular blood pressure taking have been observed by the participants as claimed. The utilization of first aid has also been mentioned. Furthermore, the services of the students also resulted to good environmental health practices like proper solid waste management, environmental sanitation, tree planting, vegetable gardening and the like.

Suggestions to improve the services provided by SUCN students

The participants of the FGD suggested a number of ways to improve the services provided by the SUCN students. These propositions are presented according to the number of responses from the highest to the lowest. Primarily, they suggested that the following be done: health education on family planning, Reproductive Health Bill (now Republic Act No. 10354 - Reproductive Health Act of 2012), sanitation, complementary therapies such as ventusa and other herbal medicines, smoking ill-effects and cessation, among others. Secondly, that a report on health should be endorsed to the barangay council. Thirdly, that services be delivered on weekends and that it should be done on a year round basis, even during vacation.

Furthermore, the participants proposed the inclusion of malnourished children and senior citizens as target clients and the conduct of livelihood programs and trainings on complementary therapies, acupuncture, first aid, and others. Lastly, the participants suggested that the SUCN students initiate or conduct specific

programs and services such as Operation "*Tuli*" (mass circumcision), feeding program, and blood sugar testing among others and also provide the barangays with first aid kits.

DISCUSSION

Related learning experience of student nurses

The SUCN teaching program for related learning experience (RLE) in the different areas of community health nursing from Levels II to IV provides for the utilization of the nursing process and relevant concepts such as Primary Health Care (PHC) and Community Organizing- Participatory Action Research (COPAR). The nursing process is used as a guide in working with the community. As a logical and systematic process, it begins with the establishment of a working relationship followed by the five phases namely: assessment, diagnosis, planning outcomes and interventions, implementation and evaluation (Maglaya, 2009). COPAR is a strategy used by the Health Resource Development Program (HRDP) to achieve the goal of community health development. The strategy combines the principles of community organizing (CO) and participatory action research (PAR). Jimenez (2008) defines CO as "the process and structure through which members of the community are tapped to become organized for participation in health care and community development activities" (p. 48). PAR is the process by which members of the community are able to take action and make changes on issues affecting them based on data gathered and analyzed.

The central objective of the RLE expects students to apply knowledge, skills, and attitudes (SKA) relevant to the specific experience (i.e. Family Nursing and Community Health Nursing) utilizing the nursing process. The items rated by the respondents in this study are part of the process of care which is deemed important in evaluating the quality of health services. In the study done by Mariko (2003), it is emphasized that a good process of care is one of the two main factors which have a positive and significant influence on the utilization of both public and private health facilities. In this study, a "good" process of care is one in which all of the necessary stages of care were performed. This means that the process of care is a key component in the use of health facilities and services.

Phases of the nursing process assessed by the community

Working relationship. The nurse-client relationship is an essential factor in health care delivery. According to Bailon-Reyes (2006), there are positive and negative factors in the parties involved that can either enhance or hamper the development of a good and satisfying relationship. Among the "nurse factors" are competencies required to effectively assume and carry out one's roles and functions. A basic component of these competencies is the ability to initiate and sustain an effective working relationship with one's client. Furthermore, certain personal attributes such as being good-natured and having a pleasant disposition are positive factors that facilitate a good working relationship. According to Haddad and Fournier (1995), in their study on the qualities that should be found among health workers, women appreciate interpersonal qualities such as respect, patience, courtesy, attentiveness, friendliness and straightforwardness, technical qualities and to a lesser extent, integrity. Majority of the female respondents in this study identified the relational component as the first between the two best qualities that a nurse should have (Haddad, Fournier, Machouf, & Yatara, 1998). From the results of the study, the students were rated as very good in these aspects, thus, conforming to the expectations of clients in terms of working relationship.

Assessment and planning. Assessment is the step in the nursing process where the nurse engages in rigorous fact finding, application of professional judgment in establishing the implications and significance of these facts to the client, the availability of the resources that can be mobilized, and the degree of change that nursing interventions are expected to affect the client (Cuevas, 2007). As such, it has to be thoroughly and properly done as it determines the precision of the nursing diagnosis and the aptness of nursing interventions (Bailon-Reyes, 2006). On the other hand, planning for nursing action is dependent on the actual and potential problems identified and prioritized. The planning activities include goal setting, constructing the plan of action, and development of an operational plan and evaluation parameters (Cuevas, 2007). From the results, the students were rated as good for both assessment and planning. These are areas that students can still improve on.

In both assessment and planning, community involvement is crucial. In this study, involvement and participation are synonymous. Participation refers to the "active and genuine involvement by

community people in defining problems/issues of concern to them; deciding priorities for action; formulating policies to address them; designing plans, implementing, managing, and monitoring solutions; and evaluating outcomes…" (Olico-Okui, 2004, p.10). Participation is a key in achieving the goal of self-reliant communities in PHC. Based on student achievement reports, participation of the community in assessment and planning was invoked during purok meetings and barangay council meetings. During these activities, resources and feasible solutions to the problems identified were discussed and explored with the key persons in the community (Barrera, Cabanban, Cabioc, Clamor, Lester, Tolentino, & Verano, 2009; Almero, Baloyo, Bucol, Bueno, Doria, Hamoy, Jumawan, Kuan, Liza, Lobaton, Lumapay, Manila, Opada, Sibala, & Yap, 2009; Edrial, Alas, dela Cruz, Limbaga, Tupaz, Carrera, Cinco, Perdido, Ucang, Ocupe, & Plantilla, 2008). With regard to involvement of the community, the students were rated from good to very good.

Implementation. Implementation refers to carrying out the plan of care designed to achieve set goals and objectives based on assessed needs (Cuevas, 2007). Utilizing principles and strategies of PHC and COPAR, this step is done with the involvement of the community as well as mobilizing community resources i.e. indigenous human and material resources including financial.

From the results, it is interesting to note that the respondents share a commonality in their perception of the quality of services rendered by the SUCN students. As a case in point, this is seen in their rating of the application of principles and strategies in PHC, i.e. involvement of the people and utilization of community resources respectively, which were assessed as *good*. In the same manner, the respondents had a common perception in their rating of the quality of health teachings i.e. personal characteristics of the students being knowledgeable and articulate, which was assessed as *very good*. Involvement may occur in three levels: individual, family, and the community. According to the *World Development Report 1993: Investing in Health*, "fostering greater involvement of communities and households in promoting healthier behavior on their own part…" is an integral element of the agenda for reform in the health sector (World Bank, 1993, p. 170). Although the family is considered the unit of care in CHN, clients of students may be at the individual, family or community level depending on the set activities in a particular rotation. In many activities during implementation, families are represented by one or

two adult members, while several families and/or groups represent the community.

Furthermore, involvement is a decision made voluntarily and not compulsory. As observed, there is variability in the extent of client involvement which may be attributed to factors such as: time, nature of livelihood, personal interest and motivation. Clients may perceive these as limitations to their involvement at one time or another. Nonetheless, based on the results, involvement was assessed as *good*. This is an area which can still be improved through the utilization of varied strategies considering personal interest and motivation, and timeliness.

Similarly, utilization of community resources as an aspect of planning and implementation was assessed as good. The three communities have farming as their main source of livelihood, with several active organized groups, and a land area rich with indigenous flora. Interventions such as herbal medicine making and other planned activities made the most of these resources whenever appropriate to an identified need. Members of the community were trained to acquire skills, i.e. retraining of barangay health workers, and first aid training, that would help expand the provision of health care. These are supported by the results of the focus group discussion.

An important role of the nurse is being a health educator, thus, giving health teachings is a major component of activities during the implementation phase. In the study of Lindsey et al. (1997), client satisfaction was related to the amount of time spent by student nurses in teaching. The quality of services provided by the students during implementation assessed the following personal characteristics: being knowledgeable, skillful, articulate and compassionate, and sincere. The characteristics of being knowledgeable, articulate, and skillful are aspects of cognitive and technical competence while being compassionate and sincere are caring behaviors. These are desirable qualities of a professional nurse during the implementation phase of the nursing process (Berman, Snyder, Kozier, & Erb, 2008).

In terms of personal characteristics (including during health teaching), students were assessed as *very good*. The result is consistent with many studies which have shown that certain personal characteristics of health workers were among aspects of quality of care which contribute to client satisfaction. Haddad et al. (1998) identified certain aspects of technical competence and interpersonal competence as important characteristics. They conclude that "the conduct of the healthcare professionals stands out as a central

element of the judgment that users make about health services" (p. 392). Case studies done by Pathania et al. (1997), as cited by Auer, Sarol, Tanner, and Weiss, (2000) have indicated that impolite health centre personnel may be an important reason for clients to consult private doctors rather than public health centers first. Clients have certain expectations of private health care providers: that they are more effective, more easily accessible, more sympathetic and more likely to respect privacy than governmental health care providers.

The training of SUCN students emphasizes cognitive, technical and interpersonal skills which are applied during their CHN rotations. From the results of the study, students have met the expectations of respondents in terms of personal qualities during the implementation phase of the nursing process. This is also supported by the findings on the perceived benefits of the services (i.e., health teachings) as well as the FGD results on knowledge and changes in health practices. A few respondents (n=46) expressed appreciation of the students' attitudes and behaviors i.e. accommodating to everyone, respectful/courteous, "*dili maarte maski dato*" (not pretentious even if they're rich).

Specific services and levels of perceived benefits

Among the services that were perceived by the respondents to be *very beneficial* were home visitation, vital signs taking and urine examination for glucose and albumin. These services were the most commonly utilized. Home visitation is a key strategy wherein the student nurses visit and provide services in the homes thereby establishing contact and a good working relationship with the family. Data gathered from this visitation is vital in assessing family situation, identifying family nursing needs and problems, and in implementing family nursing care plan as well (Bailon-Reyes, 2006). Vital signs taking (i.e. blood pressure), and urine examination are important procedures to detect early signs of illness. The data generated from these services could serve as bases for supplemental care, referrals, and health education. As expressed by several respondents: "Blood pressure taking helped a lot in monitoring the blood pressure of hypertensive patients, where they no longer have to go to Dumaguete City." Furthermore, to address various needs, referrals were made to agencies such as the Municipal Agriculture Office, Municipal Social Welfare and Development Office, Technical Education and Skills Development Authority, Philippine National Red Cross, Local Civil Registrar's Office, Mayor's Office, Silliman University College

of Business Administration, Rotary Club, and Silliman University Medical Center.

Ventusa, shiatsu/acupressure, structured health teaching, and herbal medicine making (except for sunting ointment) were among the services perceived as *very beneficial*. These are the procedures or activities commonly done by the students for the management of common health problems (i.e. SLK syrup for cough and colds, BLS Oil for joint pains, shiatsu/acupressure to relieve body pains). The services were evaluated to be *very beneficial* as these are provided by the students in the clients' homes to meet specific health needs and without monetary cost. Moreover, clients' satisfaction may also be attributed to the preparedness and readiness of the student nurses to provide the services which are aspects of desirable work attributes. In the study of Loquias and Salenga (2010), they concluded that the quality of service was perceived to be satisfactory among the target beneficiaries because of desirable work attributes of the staff of the Center for Health. As far as sunting ointment is concerned, it is rated as *beneficial* because it is indicated for fungal infections which are not among the common diseases in the communities involved.

Lastly, livelihood training (pedicure, manicure, hair cut, food processing) was the only service assessed to be only *beneficial*. Based on the achievement reports, this was only done in one barangay where it was identified as a need. Such trainings were facilitated by the students for the purpose of augmenting the income of the families.

Knowledge and skills learned from students

According to Potter and Perry (2001) clients have the right to health education. Cognizant of this, the SUCN teaching program for CHN rotation and other rotations makes health education a requirement for all the students. Health education is one of the most important components of health promotion that involves "motivating people to adapt health-promoting behaviors and help them to make decisions about their health and acquire the confidence and skills to put their decisions into practice" (Hubley, 1993, p.16).

On the other hand, PHC, as an international framework for health care delivery, recognizes the importance of health education and made it one of the basic elements in its implementation. PHC also recognizes the primacy of health promotion and disease prevention.

As to the results of the study, the knowledge and skills learned by the respondents from the students are for general health promotion,

disease prevention, recognizing the nature of selected diseases including their management, complementary therapies and simple skills such as blood pressure-taking and first aid. The result shows that the health education topics taken up by the SUCN students are aligned with the PHC guiding principle which is to give more attention to health promotion and disease prevention. At the same time, SUCN also took into consideration the expressed needs of the community by including topics on the nature and simple management of disease conditions which include diabetes mellitus, hypertension, tuberculosis, dengue hemorrhagic fever, and other diseases related to smoking that are commonly experienced by the people.

A lot of these illnesses also belong to the top ten leading causes of morbidity and mortality of the Philippines. According to Cuevas (2007), mortality statistics of the year 2002 in the Philippines showed that seven out of ten leading causes of deaths are diseases which are lifestyle related. Examples of these lifestyle-related diseases are diabetes mellitus, hypertension and other cardiovascular diseases, cancers, chronic obstructive pulmonary disease, kidney problems, and accidents. Furthermore, tuberculosis, which is a communicable disease, also belongs to the top ten leading causes of morbidity and mortality while dengue hemorrhagic fever is endemic in all areas of the Philippines (Integrated Management of Childhood Illness Manual, WHO, 2009) and has the potential to be fatal just like the other diseases.

A number of responses on things learned from SUCN students, such as acupressure, shiatsu, ventusa, and herbal medicines, are complementary therapies. These therapies started to become popular again when they were promoted by the WHO with the implementation and adaptation of PHC (Bailon-Reyes, 2006) way back in the 1980s. In its drive to come up with resources and technology that are accessible, affordable and acceptable to the people, one of its guiding principles is to utilize indigenous resources for care including complementary therapies. With the integration of PHC in the Bachelor of Science in Nursing Curriculum, selected complementary therapies have been taught to the students and in turn students also teach these to the people.

People are drawn to complementary therapies for three main reasons (Dr. Isadore Rosenfeld as cited by Bailon-Reyes, 2006):

1. Mainstream medicine's limited success in the areas of prevention and chronic diseases, especially degenerative diseases which

afflict the aging population.

2. The seductiveness of natural products. A "natural" herb is appealing and more attractive than the pills from the pharmacy which cost much more and often has unpleasant side-effects, and sometimes do not help. Many believe that natural products, having come from nature, are effective and free of toxicity and without danger.
3. Lower cost. Many patients cannot afford medications which doctors prescribe. Even the Philippine Department of Health is promoting the use of herbs like *sambong* and *lagundi* which are much cheaper compared to commercial drugs produced by pharmaceutical companies (p.409).

A number of cons of complementary therapies have also been cited but these are on the use of herbal medicine such as the possibility of being unsafe. In recognition of these, SUCN makes sure that students teach herbal medicines that have been studied and recommended for use by the Department of Health.

Improvement in health practices

It is the goal of health education to assist individuals, families, or communities in achieving optimum levels of health (Edelman & Mandle, 1998). This goal is never attained without a desired change in human behavior taking place (Potter & Perry, 2001).

The results of the study showed that much of the knowledge learned by the respondents had been translated into change in their health practices. The lifestyle changes and other health promotion changes which are a healthy diet, exercise, and smoking cessation coincide with the priorities of the Department of Health which considers lifestyle modification as one of the strategies to address the ever increasing incidence of lifestyle-related diseases which include diabetes mellitus, cardiovascular diseases, cancer, chronic respiratory diseases and others (Cuevas, 2007).

The negative impact of the major non-communicable or lifestyle-related diseases has become a universal knowledge due to the efforts of people who are deeply concerned about health. The dissemination of these negative effects has been made fast and easy due to the advanced technology. This information may have caused the respondents to be aware of the fatal consequences of these diseases and may have contributed to the respondents' desire to adapt health

promoting practices. This is aligned with the propositions of the Health Belief Model of Rosenstock and Becker, and the Protection-Motivation Theory of Rogers.

The Health Belief Model of Rosenstock and Becker postulates that when individuals perceive the seriousness of the disease and their vulnerability to it, this increases their perception of the threat of the problem. Coupled with positive perception of the benefits of an action, the individuals would likely change their behavior (Egger, et al., 1999). Similarly, Rogers in his Protection-Motivation Theory, believes that behavior change is influenced by one's motivation to protect the self from physical, social, and psychological threats. This desire to protect the self is increased when the overall appraisal of the threat is high and the coping appraisal which is based on the perceived efficacy of the action or behavior (response-efficacy) and the person's capability to perform the action or behavior (self-efficacy) is positive (Egger et al.,1999).

On the suggestions for improved health services

Health education. The first suggestion is centered on health education on specific topics, including complementary therapies, ill-effects of smoking, environmental sanitation and others. Though most of the topics suggested had somehow been tackled by students in the past years, it is understandable that these came out as suggestions since only a number of the people in the community were able to attend the structured health teachings for reasons such as conflict in schedule, venues that were not very accessible and other circumstances. Furthermore, the barangay officials who attended the FGDs noticed that a number of households still have the need for health teachings on such topics.

Endorsement of significant health data. The second suggestion is on the endorsement of the health data to the barangay council. Endorsement is an important aspect of care. This ensures continuity of care among the clients and this will allow the barangay health committee to monitor the health conditions of the people. With proper endorsement in mind, the SUCN requires students in every Community Health Nursing rotation to make two copies of an Achievement and Endorsement Report. A copy of which is kept at SUCN while one copy is supposed to be given to the barangay officials.

Availability of the services year round. The respondents of the focus group discussion also suggested that the students' services shall be available year round, even during holidays, weekends and vacation. Similarly, a good number of the respondents of the interview schedule expressed the same. While this suggestion is a pat on the back of the SUCN students as this implies that the respondents do appreciate their services, it is one thing that is difficult to address considering limitations which are curriculum and academic related. Other than meeting their related learning requirements in the community, the students have to attend to their other academic requirements which are equally demanding. Presently though, SUCN has a staff who serves as liaison officer who could look into the needs of the people during the times that the students are not available. Also, building the capability of some community members to deliver basic health care services could help address the expressed need.

Inclusion of children and elderly as target clients. The children and elderly are considered vulnerable aggregates of the society. They could easily succumb to diseases and accidents because of their physical and mental limitations that go with a weaker immune system. With these, it is reasonable that the respondents of the FGD would suggest the item.

As far as SUCN is concerned, the needs of the aggregates mentioned are sometimes dwarfed by the collective needs of the community. Although there were no specific programs intended solely for these groups, a lot of the elderly population and the children have been recipients of the services of the students during the health clinics, home visitation, health education, and other activities.

Conduct of livelihood programs. Many Filipino families are impoverished, thriving on an income that could hardly afford a decent living. As reflected in the needs assessment of the students, and as often expressed by the residents, improvement in their financial capability is one of the topmost priority needs and livelihood programs are seen as measures which could alleviate the problem.

A very limited number of training sessions had been facilitated by students for the purpose of augmenting the income of the families. These included manicure and pedicure skills training and a seminar and training for putting up a cooperative. However, due to limited resources, only a few of the residents were able to participate. The

trainings were conducted only in Barangay Bong-ao.

Conduct of health-related trainings. The respondents of both the FGD and interview schedule expressed their desire for trainings on first aid, basic health skills like vital signs taking, and complementary therapies which include acupuncture. A number of these health related trainings are considered beneficial by the community as supported by the result of the quantitative portion of the study. These skills are generally easy to learn and would come handy for health monitoring, health promotion, disease prevention and even for early treatment of simple illnesses.

On the part of SUCN, addressing this particular need would not be of much difficulty. The students are equipped to handle many of the topics suggested and in the area of complementary therapies, a number of SUCN faculty members are equipped to become resource persons.

Provision of specific health services. Operation "*tuli*" (circumcision) is a service that is conducted every summer vacation. This is often sponsored by non-government organizations. This is also true to the feeding program which is part of the government health services for malnourished under-five children. Furthermore, the blood sugar testing and other laboratory services like lipid profile, blood typing, urinalysis, complete blood count, and others are available at the Rural Health Unit free of charge. What is important is for these services to be made known to the residents through the students' efforts.

Provision of first aid kit. First aid kit is essential for the management of minor illnesses and traumatic injuries. It will help the communities if each *purok* shall be provided with these supplies and equipment and at the same time will have trained residents to provide the first aid services.

CONCLUSIONS AND RECOMMENDATIONS

From the results, the quality of services was assessed to be very good, while the level of benefits was assessed to be *very beneficial*. The findings of the study have provided valuable insights on the communities' assessment of the quality of services and the perceived level of benefits from the services rendered by the SUCN students. While the qualitative findings have validated to some extent these

assessments, it has also highlighted both the positive points as well as areas for improvement of students' services.

Evaluation is a very important aspect of any program. The result of the communities' evaluation is vital for the improvement of the health services. As the communities express their views on the presence of the students, health services or activities could be made more relevant to them. Recognizing the importance of evaluation, the researchers recommend that similar studies shall be conducted regularly by Silliman University College of Nursing and other schools of nursing to communities served by them. Furthermore, the results of this study shall be used by local government units and other community program implementers to address areas with specific needs and for more responsive health services. Further research to measure the impact of specific interventions can also be done.

From the suggestions of the respondents, the following are recommended to improve the future services:

1. ***Health education.*** It is necessary to determine who among the clusters still need health education on the suggested topics. Conscientious dissemination of the health teaching details like the topic, venue, and schedule will have to be done. The students should work closely with the key people in the barangay in the planning of the health education activities.
2. ***Endorsement of health data.*** The coordinator of Silliman University College of Nursing Extension Program (SUCNEP) must take it upon oneself to collect the Achievement and Endorsement Reports from the respective clinical instructors of the CHN rotations and give a copy to each of the communities served. It will also be best if periodic endorsement of significant information about the barangay be done during the council meeting.
3. ***Inclusion of elderly and children.*** With the expression of this need, SUCN must look into the probability of having specific programs for the elderly and children despite the limited resources. The school could also strengthen its partnership with the established organizations such the Senior Citizens Group and Barangay Day Care Centers.
4. ***Other suggestions.*** The conduct of livelihood programs, health related trainings, and provision of first aid kits should be facilitated through the collaborative efforts of SUCN and the local government units.

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REFERENCES CITED

Allender, J., & Spradley B. (2001). *Community health nursing concepts and practice* (5th ed.). Philadelphia: Lippincott William and Wilkins.

Almero, K., Baloyo, M. D., Bucol, E. A., Bueno, S., Doria, A., Hamoy, L. J., Jumawan, C. G., Kuan, K.J., Liza, K. L., Lobaton, A., Lumapay, J.K., Manila, N., Opada, A. R., Sibala, J., & Yap, C.M. (2009). Achievement and endorsement report. Unpublished report submitted to Silliman University College of Nursing.

Auer, C., Sarol, J. Jr., Tanner, M., & Weiss M. (2000). Health seeking and perceived causes of tuberculosis among patients in Manila, Philippines. *Tropical Medicine and International Health , 5*(9), 648–656.

Bailon-Reyes, S. (2006). *Community health nursing: The basics of practice*. Philippines: National Bookstore.

Barrera, M., Cabanban, V., Cabioc, M. J., Clamor, C.J., Lester, M., Tolentino, R.A., & Verano, M. C. (2009). Achievement and endorsement report. Unpublished report submitted to Silliman University College of Nursing.

Beckwith, J. S. (2009). Uncovering complexity in everyday practice: A post-modern study of community nursing. Unpublished doctoral thesis, University of Hertfordshire, Hatfield, United Kingdom.

Berman, A., Snyder, S., Kozier, B., & Erb, G. (2008). *Kozier and Erb's fundamentals of nursing: Concepts, process, and practice* (8th ed.). New Jersey: Pearson Prentice Hall.

Caretto, V. A., & McCormick, C. S. (1991). Community as a client: A "hands-on" experience for baccalaureate nursing students. *Journal of Community Health Nursing, 8*(3), 179-189.

Cuevas, F. (Ed.), (2007). *Public health nursing in the Philippines* (10th ed.). Publication Committee, National League of Philippine Government Nurses.

Edelman, C. L., & Mandle, C. L. (1998). *Health promotion throughout the lifespan* (4th ed.). Missouri, USA: Mosby-Year Book.

Edrial, H., Alas, A., dela Cruz, P., Limbaga, D., Tupas, A.J., Carrera, J., Cinco, D. J., Perdido, A., Ucang, D., Ocupe, C., & Plantilla, C. J. (2008). Achievement and endorsement report. Unpublished report submitted to Silliman University College of Nursing.

Egger, G., Spark, R., Lawson, J., & Donovan, R.(1999). *Health promotion strategies and methods*. Sidney: McGraw Hill.

Green, L., & Ottoson, J. (1999). *Community and population health* (8th ed.). Boston Burr Ridge, USA: WCB/ McGraw-Hill.

Haddad, S., Fournier, P., Machouf, N., & Yatara, F. (1998). What does quality mean to lay people? Community perceptions of primary health care services in Guinea. *Social Science Medicine, 47*(3), 381-394.

Hubley, J. (1993). *Communicating health*. China: Macmillan Education.

Jimenez, C. (2008). *Community organizing participatory action research for community health development*. Philippines: C&E Publishing.

Kozier, B., Erb, G., Berman, A., & Snyder, S. (2004). *Fundamentals of nursing concepts, process and practice* (7th ed.). Philippines: Pearson Education South Asia.

Lindsey, D.L., Henly, S.J., & Tyree, E.A. (1997). Outcomes in an academic nursing center: Client satisfaction with student services. *Journal of Nursing Care Quality, 11*(5), 30-38.

Loquias, M., & Salenga, R. (2010). An Evaluative Study on the Botika sa Barangay Project, Center for Health Development, Province of Pampanga, Pampanga City.

Maglaya, A. (2004). *Public health nursing in the Philippines*. Philippines: Argonauta Corp.

Mariko, M. (2003). Quality of care and the demand for health services in Bamako, Mali: the specific roles of structural, process, and outcome components. *Social Science and Medicine, 56*, 1183-1196.

Olico-Okui. (2004). Community participation: an abused concept? *Health Policy and Development Journal, 2*(1), 7-10.

Potter, P., & Perry, A. (2001). *Fundamentals of nursing* (5th ed.). Singapore: Harcourt Asia.

WHO & Unicef. (2009). *Integrated management of childhood illness chart booklet*. Quezon City, Philippines: C&E Publishing.

World Bank. (1993). *World Development Report 1993: Investing in health*. New York: Oxford University Press for the World Bank.