

**Lived Experiences of Nurses in Dealing with Autism
Spectrum Disorder Patients in Selected
Hospitals in Iloilo City**

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TABLE OF CONTENTS

	PAGE
TITLE PAGE	i
APPROVAL SHEET	ii
ACKNOWLEDGMENT	iii
LIST OF FIGURES	iv
LIST OF APPENDICES	v
ABSTRACT	vi
CHAPTER	
1 INTRODUCTION TO THE STUDY	
Background and Rationale of the Study.....	1
Epistemological and Theoretical Perspective of the Study.....	5
Epistemological Perspective.....	5
Theoretical Perspective.....	7
Micro Theories.....	9
Purpose of the Study.....	11
Statement of the Problem.....	11
Significance of the Study.....	11
Definition of Terms.....	12
Researcher’s Subjectivity.....	14
Scope and Delimitation of the Study.....	14
2 REVIEW OF RELATED LITERATURES	
Review of Related Literature.....	16
Historical Basis of the Phenomenon.....	16
Challenges Upon Dealing With Autism.....	17
Autism in Hospital Setting.....	18
Families Dealing with Autism.....	20

	Synthesis of Related Studies.....	22
3	RESEARCH DESIGN AND METHODOLOGY	
	Research Design.....	24
	Methodology.....	25
	Participants of the Study.....	26
	Research Setting.....	26
	Data Collection Procedures and Strategy.....	27
	Research Instrument.....	28
	Ethical Considerations.....	29
	Seeking approval from the RERB office and other related offices/institution.....	29
	Risk Assessment	30
	Benefit Assessment	30
	Withdrawal Criteria of Participants.....	31
	Anonymity and Confidentiality of Participants/Respondents.....	31
	Voluntary, Noncoercive Recruitment of Participants.....	31
	Disposal of Research Material/Data.....	31
	Contribution to Local Capacity Building and Benefits to Local Communities.....	32
	Incentives or Compensation for the Participants.....	32
	Disclosure or Declaration of Potential Conflict of Interest.....	32
	Dissemination Plan.....	32
	Data Analysis of the Study.....	33
	Methods to Establish Rigor, Trustworthiness, and Integrity of Data.....	34
4	RESEARCH FINDINGS AND DISCUSSION	
	Profile of the Participant.....	37
	Experiences of Each Participant.....	38
	Themes.....	48

	Essence of the Phenomenon.....	66
	Discussion.....	68
5	CONCLUSION AND RECOMMENDATIONS	
	Summary of Findings.....	73
	Implications of Theory and Practice.....	74
	Conclusion.....	77
	Recommendations.....	78
	REFERENCES.....	82
	APPENDICES.....	89

LIST OF FIGURES

FIGURE		PAGE
1	Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder.....	68

LIST OF APPENDICES

APPENDIX	PAGE
A Certification of Research Instrument Validation.....	90
B Informed Consent Form.....	90
C Technical Approval Sheet.....	97
D Turnitin Similarity Certificate.....	98
E Turnitin Similarity Certification.....	99
F Curriculum Vitae.....	100
G GANNT Chart.....	106
H Ethical Clearance.....	107
I Ethical Clearance of a Selected Hospital.....	108
J Letter to Dean.....	109
K Letter to Hospital Administrator.....	110
L Letter to Participants.....	111
M Central Query for Unstructured Interview.....	112
N Confirmation of Study Findings.....	113
O Summary of Major Themes and Subthemes.....	114
P Transcript.....	146
Q Grammar Certification.....	180
R Decision Form.....	181
S Resubmission Form.....	183
T Progress Report Form.....	186
U Accomplished Final Report Form.....	188

**LIVED EXPERIENCES OF NURSES IN DEALING WITH AUTISM SPECTRUM
DISORDER PATIENTS IN SELECTED HOSPITALS IN ILOILO CITY**

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Abstract

This descriptive phenomenological study utilized an exploratory-descriptive approach. The study was conducted to explore and describe the lived experiences of nurses dealing with autism spectrum disorder patients in selected hospitals in Iloilo City. Eight participants were chosen using purposive sampling as data saturation had been reached. They were selected based on the inclusion and exclusion criteria. The data were gathered through unstructured face-to-face conversational interviews and lasted up to 30 minutes for each participant among the selected hospitals in Iloilo City. Informed consent was signed and kept confidential. The data were analyzed using Thematic Analysis by Braun and Clark (2013, 2006). Major themes and subthemes were formulated, focusing on communication patterns, the individualized patient approach of nurses, family dynamics, roles, and involvement in care, and key takeaways of nurses in dealing with autism spectrum disorder patients. They expressed communication problems and strategies to adapt to them, demonstrating empathy and rapport and their ways of managing the behavior of these patients, understanding the dynamics of the family of the patient to plan and decide the best quality of care to be given, and sharing key takeaways from their experiences and effective strategies on how to handle patients with autism, emphasizing that having a lot of patience and doubling their understanding was very vital when dealing with these patients. This study provided a better understanding of how nurses can provide care to ASD patients as they exhibited traits like assertiveness, compassion, determination, and continuous education.

CHAPTER 1

INTRODUCTION TO THE STUDY

Background and Rationale of the Study

Autism Spectrum Disorder (ASD), referred to as autism, is a pervasive developmental disorder. Symptoms may be noticed in infancy; however, its age of onset is typically at the age of 3 years old (National Institute of Neurological Disorders and Stroke, 2023). According to DSM-V, males are four times more likely to be diagnosed with autism spectrum disorder than females. ASD may be caused by a genetic condition or differences that occur in the brain. This results in them having different ways to learn, move, and pay attention from those without ASD. Furthermore, the causes are still unknown (Centers for Disease Control and Prevention, 2022). Dysfunctions in the central nervous system (CNS) may be involved in the development of ASD (Chiu et al, 2018). Autism has a wide variation based on the type and severity of symptoms. These individuals diagnosed with ASD find it difficult to have social interaction and communicate with others, they also have restricted interest and repetitive behavioral patterns (National Institute of Mental Health, 2022). The abilities and needs of those with ASD vary and evolve from one individual to another, some can live their lives independently, while those with severe ASD may require long-term and life-long care and support. The characteristics of these individuals are and can be detected in early childhood (World Health Organization, 2022).

According to CDC (2022), around one percent of the world population has ASD which means that there are over 75,000,000 people who have ASD. In the year 2022, it was found out that one in every 100 children is being diagnosed with ASD and one in 44 people has been diagnosed with ASD in the United States. Around the world, the United

Kingdom is rated highest in ASD with a prevalence rate of 700.07 per 100,000, and Taiwan has the lowest according to the top 10 autism rates and statistics by country. The autism rate in the Philippines stands at 323.96 per 100,000 people, ranking it one-hundred-forty-sixth globally. From the previous year up to now, the total number of individuals diagnosed with autism in the country is already 363,296, with a rate of 362.97 per 100,000 among children, totaling 122,154 diagnosed cases. While there is limited historical data on the evolution of autism rates, there has been a noticeable increase in awareness and diagnosis in recent years. (WiseVoter, 2024). The Medical City also stated in 2017 that the prevalence rate of autism spectrum disorder in the Philippines is not recorded in the data. Therefore, it is a challenge to obtain data about the cases of autism spectrum disorder in the Philippines, especially in Western Visayas.

Moreover, in the Senate Bill No. 2062 which Senator Jinggoy Ejercito Estrada introduced in 2023, it was stated in the bill that a report from The World Population Review revealed that there is an increase in the autism rate by country in 2023. It was shown that the Philippines has an 81.8 autism rate per 10,000 people or 122 people have ASD. Recent data from the Centers for Disease Control and Prevention show that autism affects one out of every 68 persons, and in the Philippines, one in every 100 Filipinos has autism spectrum disorder (ASD). The bill also emphasizes the needs and welfare of almost 1.2 million Filipinos who are on the autism spectrum, noting that some other cases are still undiagnosed, making the number even higher if all of them are diagnosed (Abasola, 2023).

Based on the information from the Disease Prevention and Control Bureau obtained by the Department of Health, a total of 2,462 people were diagnosed with autism spectrum disorder from 2020 to 2021. Western Visayas had a total of 33 people with autism from 2020 to 2021; Aklan had 7, Antique had 3, Capiz had 19, and Iloilo had 4. The National Capital Region (NCR) is rated highest with a total of 829. In the top 10

provinces in the Philippines, Davao Del Sur has the highest number of children with ASD, with a total of 273 people recorded from 2020 to 2021. Furthermore, data were gathered by region about the distribution of persons with autism from September 2020 to April 2022. The Philippines Registry for Persons with Disability of the Department of Health has recorded 90 people diagnosed with an autism spectrum disorder in Western Visayas; Aklan recorded a number of 27 people, Antique has 4, Capiz has 43, and Iloilo has 16.

Caring for patients who have developmental disabilities, specifically, those diagnosed with ASD, poses an emerging challenge for nurses. There are time constraints in caring for patients, insufficient staff to care for the patients, communication also hinders the nursing intervention, and the nurse may have insufficient education and training when caring for patients with developmental disabilities. Accommodation becomes a hindrance and it adds to the responsibilities when taking care of them as they may require undertaking health checks, compassionate care, and delivery of information. Due to these constraints, most of the nurses avoid direct communication with the patient and would rather depend on their family carers for communication and treatment. Patients with developmental disabilities (DDs) may need more time to communicate and explain, however, in the healthcare setting, time is very limited, so these patients may feel rushed and cannot fully absorb information which causes them to have elevated emotions. Nurses who have already dealt with patients with DDs previously are more comfortable in dealing with them and are already familiar. In some studies, education and training for nurses to care for patients with disability are insufficient. About 86% of nurses in practices had communication problems with DD patients during appointments and only 8% have received proper training. With nurses having proper training and experiences, they can be key to supporting patients with ASD (Khanlou et al, 2022).

Experiences upon rendering the quality of care directly portray measures and decisions of the nurses as an individual. Autism spectrum disorder (ASD) patients require more special care upon providing them the care they need. Nurses are responsible for providing support and assisting in taking care of these patients. Each nurse has different experiences and approaches toward their nursing care and how they handle patients. It is significant to explore their lived experiences and different factors that affect their nursing care with autism spectrum disorder patients.

In the study of Khanlou et al (2022), nurses have challenges in communicating with autism spectrum disorder (ASD) patients. There can be difficulty in responding to the needs of the patients and explaining nursing interventions. Due to these actions, families believe that nurses are avoiding direct communication with their family members with DDs, these actions are seen by the family as negative and discriminatory which creates an impact on the quality of care that their family members with DDs receive. Nurses with limited training and knowledge are having difficulties in identifying the needs of their patients with ASD and other DDs, these resulted in the nurses encountering difficulty in communication, screenings, and completing health assessments. This results in them not having confidence in dealing with DD patients as they are unable to recognize the characteristics of patients with DDs. It shows that proper training and experience exposure to DD patients can improve their nursing assessment and interventions.

The experiences of the nurses are relevant to conducting studies that may aid nurses in taking care of autism spectrum disorder (ASD). Additional studies can support other studies in developing new and more effective nursing interventions with the support of evidence-based practice. Through different studies of experiences, nursing students can become more knowledgeable in their approach and have a better understanding of how to deal with and care for patients with developmental disabilities.

Epistemological and Theoretical Perspective of the Study

This study was anchored on the work of Edmund Husserl, the philosophy of phenomenology, in which it states that the lived experiences of a phenomenon have characteristics that people who experience the event regularly can develop a universal feature about the said phenomenon. The philosophical underpinnings of the phenomenology of the embodiment of Husserl are the lived body of a person is a lived center of its experiences together with its movement ability, it has a distinctive register of sensations that plays an important key role in how an individual encounter and interact with other embodied agents in a shared space of a world that is coherent and ever-explorable.

Phenomenology is considered both a philosophy and a research methodology. Vagle (2018) stated that it is an encounter, a way of living, and a craft. Sokolowski (2002) views phenomenology as a way of looking at what we usually look through. As a philosophical movement, phenomenology responds directly to an empirically bound idea regarding the meaning of the human experience and the world. It emphasizes isolating the truth rather than investigating the objective that is agreed-upon constructs, as it is experienced by participants, and explaining the phenomena through an emerging essential theme. These two builds lived experiences and essential themes are philosophical constructs but are grounded in the methods of qualitative research that can reject all dogmatisms, research traditions, and externally imposed methods (Vagle, 2014).

Epistemological Perspective

Constructionism is a philosophical and epistemological perspective that emphasizes the active role of individuals in constructing knowledge and meaning

through their experiences, interactions, and engagement with the world. Constructionism has been developed by various scholars and educators such as Seymour Papert, Lev Vygotsky, and Jean Watson. It suggests that people do not merely passively absorb information from the environment, but actively build their understanding and interpretations based on their unique perspectives, cultural context, and social interactions (Roller & Lavrakas, 2015).

In the context of this study, constructionism is relevant to understanding how nurses make sense of their experiences in dealing with autism spectrum disorder (ASD) patients. Here is how constructionism can be related to the study:

Active Construction of Knowledge. Nurses actively construct knowledge about caring for patients with ASD through their direct experiences and encounters. They are not passive recipients of predefined knowledge but actively engage in their nursing practice, learning from each interaction with patients and adjusting their approaches accordingly.

Subjective Perspectives. Constructionism recognizes that individuals have subjective perspectives shaped by their backgrounds, beliefs, and values. The experiences of the nurses in caring for patients with ASD may differ based on their perceptions, cultural influences, and prior experiences with similar cases.

Interactions and Social Context. Constructionism acknowledges the importance of interactions and social context in knowledge construction. The study highlighted how the experiences of nurses with patients, families, and other healthcare professionals influence their understanding of the challenges and nuances of caring for individuals with ASD.

Building Strategies and Coping Mechanisms. As active constructors of knowledge, nurses developed strategies and coping mechanisms to address the communication challenges, time constraints, and other barriers they encounter when

providing care to patients with ASD. Their unique approaches reflect their active engagement in problem-solving and knowledge-building.

Continuous Learning and Adaptation. Constructionism views knowledge as dynamic and continually evolving. Nurses in the study constantly learn from their experiences, adapt their practices, and develop new insights to improve their care for patients with ASD.

Multiple Realities. Constructionism recognizes that individuals may perceive and interpret the same situation differently, leading to multiple realities. The experiences of the nurses in caring for patients with ASD reflect their perspectives and ways of understanding the complex and multifaceted nature of the disorder.

In conclusion, constructionism provides a valuable lens to understand how nurses actively construct knowledge and meaning in their experiences of caring for autism spectrum disorder patients. Their interactions, coping strategies, and adaptation to challenges demonstrate the dynamic and context-dependent nature of knowledge construction within the nursing practice. The constructionist perspective highlighted the agency and active role of nurses in shaping their understanding and approach to caring for patients with ASD.

Theoretical Perspective

Interpretivism was first developed by Max Weber in the early 19th century. It is a research approach that focuses on understanding social phenomena through the interpretation of subjective experiences, meanings, and perspectives of an individual. It emphasizes the importance of context, human agency, and the social construction of reality.

When applied to the study of the experiences of nurses with ASD, interpretivism allows researchers to explore the unique perspectives and meanings that nurses attach

to their interactions with individuals on the autism spectrum. It recognizes that the experiences and interpretations of nurses are shaped by their values, beliefs, and social backgrounds, as well as the specific context in which they provide care.

Here are some key points highlighting the relevance of interpretivism in this study:

Subjective Experiences. Interpretivism recognizes that individuals construct their subjective realities. In the context of nurses dealing with ASD, this perspective acknowledges that each nurse may have different experiences, perceptions, and interpretations of their interactions with individuals on the autism spectrum. By embracing these subjective experiences, the research provides a more holistic understanding of the lived experiences of nurses.

Meaning-making. Interpretivism emphasizes the importance of meaning-making processes in social interactions. In the context of nurses and individuals with ASD, it recognizes that nurses actively engage in sense-making, interpretation, and negotiation of meaning during their interactions. Understanding how nurses interpret and attribute meaning to the behaviors, communication styles, and needs of individuals with ASD can shed light on their experiences and inform interventions aimed at improving care.

Contextual Factors. Interpretivism highlights the significance of the social and cultural context in shaping the experiences and meanings of an individual. In this study, it is important to consider the specific healthcare settings, organizational structures, and societal norms that influence interactions of the nurses with individuals with ASD. These contextual factors can impact the attitudes, communication strategies, and overall experiences of the nurses, and need to be taken into account when interpreting the findings.

Reflexivity. Interpretivism encourages researchers to reflect on their own biases, assumptions, and values that may influence the research process and interpretations. In

this study, acknowledging the subjectivity of the researchers and the potential impact on the data collection and analysis is important. This reflexivity can enhance the credibility and transparency of the research, allowing readers to critically assess the findings and interpretations.

Overall, interpretivism provides a valuable lens through which to explore the lived experiences of nurses dealing with autism spectrum disorder. By focusing on subjective experiences, meaning-making, contextual factors, and reflexivity, this theoretical perspective allowed for a nuanced understanding of the complex interactions and dynamics involved in nursing care for individuals with ASD.

Micro Theories

Symbolic interactionism coined by Herbert Blumer (1969), emphasizes how an individual self emerges from the interactive process of joining action as humans constantly engage in a mindful action that constructs and negotiates the meaning of actions. It is a perspective that sees society as the product of shared symbols, such as language. The social world is therefore constructed by the meanings that individuals attach to events and social interactions, and these symbols are transmitted across the generations through language. It focuses on how individuals interpret and give meaning to their social interactions and experiences. In the context of nurses dealing with ASD patients, this examines how nurses and individuals with ASD interact, how they interpret the actions and behaviors of each other, and how these interactions shape their experiences. These experiences serve relevance in this study to enable the researchers to explore and describe the experiences of the nurses. This allowed researchers to understand how the nurse delivers their nursing interventions depending on how the ASD patients react and accept the intervention. It created an understanding of how to

deal with ASD patients and provided a meaningful experience for the nurses in their interaction (Nickelson, 2023).

According to Lev Vygotsky (1968), social constructivism states that language and culture are the frameworks through which humans experience, communicate, and understand reality. This plays a vital role in both intellectual development and how humans perceive the world. Social constructivism acknowledges the social aspect of learning and the use of conversation, interaction with others, and the application of knowledge as an essential part of learning and a means of achieving learning objectives. Through this theory, it can be related to the interactions of the nurses with the patients, families, and other healthcare professionals in the context of ASD care. The focus on the nurse-patient relationship and communication challenges reflects the ideas of Vygotsky about learning within a social context. It also aided the establishment of opportunities for the researchers to collaborate with other students, teachers, nurses, and other professionals in constructing knowledge and understanding about the lived experiences of the nurses in dealing with and caring for patients who are diagnosed with ASD. This upholds the knowledge developed as an outcome of social interaction and is not solely for individual possession but a shared experience.

The researchers also found the Theory of Human Caring by Jean Watson relevant to this study. It aligns with constructionist principles. According to Watson (1997), the core of the Theory of Caring states that humans cannot be treated as objects and that humans cannot be separated from self, others, nature, and the larger workforce. Her theory delineates the significance of establishing a caring and therapeutic relationship with individuals having autism spectrum disorder as it is centrally focused on human caring and on the caring-to-caring transpersonal relationship and its healing potential for both the one who is caring and the one who is being cared for. It reflected the constructionist idea of active engagement and mutual interaction for learning and

understanding. This involves demonstrating unconditional acceptance, empathy, and respect for their unique experiences and challenges. By fostering a caring environment, healthcare providers can support individuals with ASD in developing trust, communication, and social skills.

Purpose of the Study

The purpose of this study was to explore and describe the lived experiences of nurses dealing with autism spectrum disorder patients in selected hospitals in Iloilo City. This research study explored the life experiences of the participants. This study provided the information to address the question: What are the experiences of the nurses in dealing with autism spectrum disorder patients?

Statement of the Problem

This study aimed to explore and describe the lived experiences of nurses dealing with autism spectrum disorder patients among the selected hospitals in Iloilo City. The central query of this research was "What is it like to be a nurse who deals with autism spectrum disorder patients?"

Significance of the Study

The results of this study will become beneficial to the following:

Nurses. To utilize and describe the interventions given to Autism Spectrum Disorder patients that will help the nurses develop a more efficient intervention and be able to identify factors that affect the interventions, especially those who are directly taking care of patients with ASD.

Hospital administrator. To help the administrator create a competent institution in providing care for patients with autism spectrum disorder (ASD).

Department of Health (DOH). The agency will be able to address barriers and expand rehabilitation and assistive technologies in accommodating patients with pervasive developmental disorders.

Medical practitioners. To provide information and aid the practitioners in the medical field in understanding the experiences of nurses, interpretations, and findings that could answer extraordinary moments concerning fears, anxiety, and doubts.

Caregivers. To serve as a baseline for caregivers to develop their skills and understanding in helping autistic patients accomplish their tasks and activities of daily living.

Family members. To provide information about the experiences of nurses and interventions given to their family member/s who are autism spectrum disorder patients that can help them furthermore provide proper care and approach to specific problems that can occur.

Student nurses. To serve as a guideline for the student nurses to develop their skills in implementing nursing intervention as well as anticipating possible barriers while providing care to patients with pervasive developmental disabilities.

Future researchers. To have a background, reference, and basis for research studies related to dealing with autism spectrum disorder patients

Definition of Terms

In order to understand more about some words, here are their conceptual and operational definitions:

Autism Spectrum Disorder (ASD) Patients. It is a type of developmental disability that can cause impairment in social communication and interaction, restricted or repetitive interests or behaviors, and different ways of communicating, interacting, learning, and behavior compared to other people (Centers for Disease Control and

Prevention, 2022). In this study, these patients of the nurses have social communication challenges, repetitive patterns of behavior and interests, gender prevalence, potential causes, and variability in severity among individuals.

Dealing. Talking to someone or meeting someone, especially as part of your job (Cambridge English Dictionary, 2023). In this study, our participants have experienced talking to someone and meeting a patient diagnosed with autism spectrum disorder.

Hospitals. An institution where the injured or the sick are given medical attention or surgical care. It is a charitable institution for the needy, aged, weak, or young (Merriam-Webster Dictionary, 2023). In this study, the institution serves as a setting to select the desired target population of the researchers, which are the nurses who have dealt with autism spectrum disorder patients.

Lived Experiences. Personal knowledge is gained through direct face-to-face interaction or the first-hand involvement of an individual in daily events rather than through representations constructed by other people or in a technological medium (Chandler and Munday, 2011). This refers to the life experiences of the nurses including their encounters, interactions, and challenges when caring for patients diagnosed with autism spectrum disorder (ASD) in selected hospitals in Iloilo City, Philippines. These experiences involved the day-to-day interactions, communication methods, and coping strategies of the nurses while providing care and support to individuals with ASD.

Nurses. A title given to a person, a licensed health-care professional whose job is to care for the people who are sick, mainly working in a hospital setting (Cambridge English Dictionary, 2023). In this study, our participants are registered nurses, a licensed healthcare professionals working presently at a hospital in Iloilo City.

Researcher's Subjectivity

As the researchers intended to know what it was like to be a nurse who had interacted with and dealt with ASD patients, this study focused on the experiences of the nurses. This study aided the researchers in exploring the different perspectives and ways of the nurse in dealing with ASD patients during their time of care, their nursing interventions, interaction process, and communication. In the in-depth exploration of the experiences of the participants, the researchers must acknowledge and take into account the subjectivity of their own opinions, beliefs, feelings, and preferences. This included setting aside their expectations, knowledge, understanding, and preconceived ideas such as prejudices and biases to avoid influencing the statements of the participant regarding their experiences. Through the acknowledgment of their subjectivity, they became aware of how these can influence the interaction of an individual with the world (Pope, 2020). The researchers made sure that no participants should feel pressured, threatened, or judged to avoid any discomfort. The researchers also ensured the confidentiality of the personal information of the participants and no forms of coercion were used as persuasion to participate in the study.

Scope and Delimitation of the Study

The main purpose of this study was to explore and describe the lived experiences of nurses in dealing with autism spectrum disorder patients among the selected hospitals in Iloilo City. The participants of this study were nurses in Iloilo City who had experienced in dealing with patients diagnosed with ASD. This included the identification of the target population group in selected hospitals in Iloilo City and an interview of a chosen sample size of five to 10. The participants were chosen based on the inclusion and exclusion criteria. The participants must be registered nurses and were

those who were willing to participate and were provided with an informed consent form for the researchers to conduct the study. This study was carried out in a selected hospital within Iloilo City, and the duration of the study started in August 2023 and ended in February 2024. The data were gathered for 30 minutes through face-to-face interviews by documenting and recording their statements. At the end of the gathering of data, a total of eight participants were able to participate and willingly share their experiences. Due to financial burdens, the researchers were not able to gather participants from other hospitals because of the payment for ethical review in their respective institutions.

CHAPTER 2

REVIEW OF RELATED LITERATURE

This chapter presents the review of related literature and studies after a thorough exploration of the researchers and this chapter also serves as a synthesis of related studies.

Review of Related Literature

Historical Basis of the Phenomenon

According to the World Health Organization (2022), autism spectrum disorders (ASD) are a variety of conditions and brain-based diseases that affect the action, communication, and social skills of a child. This includes three out of five, which are Pervasive Developmental Disorders (PDDs) known as Autistic Disorder, Asperger's Syndrome, and PDD, not otherwise specified (PDDNOS) In the early nursing practice and medical management, the pervasive developmental disorders mentioned above specifically, autism spectrum disorder, do not have enough clinical studies in hospital settings that provide how interventions are being implemented for these patients in the hospital setting. The estimated prevalence of this developmental disorder has increased for the past 20 years, globally (Russel et al, 2020). Due to its accumulating prevalence, the need for effective and evidenced-based interventions has grown potentially. The Centers for Disease Control and Prevention (CDC) now estimates the prevalence rate of autism to be one in 36.

The prevalence rate of autism is widely increasing, hence, studies about its cause and etiologies are still insufficient. According to the study by Rimland et al, 2019, genetics plays an instrumental role in autism. They have counted the number of

same-sex children in 21 sets of twins in which one or both of them had autism, 36 percent co-occurrence is also seen in monozygotic or identical twins. However, their rate of studies in ASD patients without twins or genetic components is much higher than the latter. The researchers also published some brain autopsy studies on autistic individuals that neural structures, such as reticular formation (RF), amygdala, hippocampus, and neocerebellar cortex are impaired in patients with autism. The RF, which is located in the center of the brainstem, is known to regulate the arousal level, alertness, consciousness, and circadian rhythm of the body. However, regardless of the published studies, Edelson et al. 2018 and his colleagues concluded that there is still no clear and consistent pathology that has been linked to autism; some studies showed that the duration of brain development rather than the final product is most disturbed in autism spectrum disorder.

Challenges on Dealing with Autism

Aggression toward others, self-harming behaviors, and severe tantrums are commonly challenging behaviors associated with autism spectrum disorder (ASD). In a survey of 2,327 individuals with autism, more than 40% are engaged in both aggression and self-injurious behavior. Both behaviors may include biting, kicking, hitting, and scratching self and others. Severe tantrums and meltdowns may also include one or more of these behaviors and vary in frequency and severity across ASD (Hampton 2022). The importance of identifying factors that trigger and implementing strategies effectively is emphasized when dealing with these behaviors. Wandering around without supervision is also a behavior seen in individuals with autism, despite knowing the safety risks, autistic patients may still leave a safe environment to overcome compulsions. Moreover, communication difficulty is another feature of autism that can lead to frustration, screaming, and throwing objects to express their needs. In autism spectrum

disorder a child or an individual is timid and usually fixates on things they are interested in and tends to have difficulty paying attention to things that do not interest them.

Having one or two disorders may affect individuals with Autism throughout their lifetime. It is expected that at least 65% of children with Autism have one or two comorbid conditions. The assumed incidence of some of the frequent diseases with neurodevelopmental problems, such as difficulty reading and developmental coordination disorder, is particularly common. There are instances in which many Autistic children struggle with tic disorders that are not related to any stimulant drugs.

According to Baron-Cohen's theory of mind, children with ASD are unable to imagine the thoughts or motivations of other people (Brown 2016). As a result, these children lack the ability to be empathetic, engage in reciprocal relationships, or feel motivated to maintain relationships. Often, children with ASD are described as robotic, and their speech patterns are monotone and loud.

Autism in Hospital Setting

According to the study by Corsano et al, 2019, hospitalizations of autism spectrum disorder (ASD) patients have become a challenge to pediatric nurses, due to their lack of knowledge of the clinical and behavioral characteristics of ASD. It was found out that the nurse had the basic knowledge except for the comorbidity and onset of the disorder. Those who have more experience in the pediatric ward, especially the older nurses showed favorable results in having knowledge and caring for patients with ASD. In the interactions of nurses with their patients, they would feel mixed feelings of sadness, suffering, uneasiness, inadequacy, displeasure, embarrassment, and tenderness. They stated that they need further information and knowledge about ASD, this is to improve their capacity to interact with them.

Nurses who have frequent interactions with autism spectrum disorder (ASD) patients show significantly more intervention and strategies to provide care for ASD. More interactions and training provide a higher self-efficacy for the nurses. Through this, hospital institutions increase the number of interventions and strategies to use with ASD patients, this involves collaboration with other healthcare professionals to individualize the needs of the patient (Mahoney et al, 2021). Adequate training and continuous learning about ASD patients can not only improve the interventions to be provided to the patients, but it can also improve the sense of well-being of the patients and gain rapport for better outcomes of the care.

Healthcare providers such as pediatricians and other primary care providers play a vital role in providing medical and psychosocial care and support to autism spectrum disorder patients. As ASD patients require individualized interventions, healthcare providers can provide better recommendations and information to gain knowledge in providing interventions and support their families to maximize the full potential of the patients. These methods of management include treatment for medical and psychiatric comorbidities, behavioral and developmental interventions, and provide them support in social care services. All mentioned management enhances the quality of life for the patients and their families as well (Ip et al, 2019).

In instances where a crying parent enters the room of a patient, a child with autism spectrum disorder (ASD) may not express concern for the parent's emotions. Instead, they might loudly ask if the parent has brought their favorite toy from home. The child appears to view the parent solely as a means to fulfill their own needs, highlighting how many children with ASD use communication primarily to satisfy their immediate requirements (Johnson et al., 2018).

In a study by Korkmaz (2018), it was found that providing nursing care to children with autism spectrum disorders can present various challenges. One effective method of

support is through the use of imitation role models. For instance, nurses can demonstrate how to perform axillary temperature measurements on a toy, starting with a harmless object like a pencil, then having the parent replicate the action, and finally encouraging the child to join in. Bringing toys and colorful materials to capture the attention of autistic children can also be advantageous. Additionally, providing praise or rewards after participation can reinforce positive behavior. Another approach involves the nurse initiating an activity with "my turn," followed by the child's turn with "your turn."

Families Dealing with Autism

Parents have the main authority of making sure that their children are safe and they must watch for them at all times. It is recommended that they also alter their schedules and appointments in such a way that they are at home when their children are in their house. Parents who are working find it impossible to make adequate time with their children. Their busy work environment makes it impossible for the parents to supervise the growth and development of their children, it is possible however self-employed parents to talk with their children while working as compared to the employees who are constantly monitored (Christensen et al, 2011). Autistic children function well when they are supervised with routines and schedules. Taking care of a child with autism changed the ways most parents attend to their needs in the sense that parents need to develop an increased sense of parenting that is profound in both quality and quantity of behaviors.

Primary care providers will aid the families in learning how to interpret evidence about interventions, in that way, they can create informed decisions when it comes to the care to be provided to their children. Care should be provided with evidence-based interventions to address the focus of social communication and interaction and restricted and repetitive behavioral symptoms. Aside from providing care interventions and support

to patients, primary care providers can also identify young children who may be at risk of ASD, prepare their families for transition to adult services, and ongoing education in providing information and resources to the family with ASD patients (Hyman et al, 2020).

Being aware and knowledgeable has granted the gap in the literature by focusing on the lived experience of both parents with an autistic child and developmental disability since most of the research has solely focused on the mothers. Moreover, it gives an understanding of the condition of the parents with an autistic child and identifies their significant needs such as more information regarding autism, coping mechanisms, and emotional support. The nurses may render more sensitive and therapeutic care as they acquire the knowledge that there are challenges that the parents and the child with autism go through. The help that the nurses and caregivers extend will be more valued by parents with autistic children, especially during their difficult and vulnerable moments. Eventually, due to the lack of knowledge that the parents have at the period when their child is being diagnosed, nurses as health educators will educate both parents provide information on the nature of the disorder, and acknowledge their concerns. The nurses and other health care members should focus on building therapeutic relationships with autistic children and their families to have an easy interaction and exchange of vital information, this way parents will be comfortable sharing their anxieties and struggles with ease which will help in giving effective interventions.

Owen et al. (2020) highlighted that nurses play a crucial role in caring for individuals with autism spectrum disorder (ASD), with a primary focus on establishing effective communication methods. These methods include utilizing tools like cards, color-coded systems, picture boards, and basic sign language. Nurses prioritize creating a comfortable and communicative environment for ASD patients. They collaborate closely with family members to practice planned actions and anticipated behaviors

before executing procedures directly and providing reminders during post-intervention care to reduce fear and outbursts while gaining patient cooperation.

Parents have the main authority of making sure that their children are safe and they must watch for them at all times. It is recommended that they also alter their schedules and appointments in such a way that they are at home when their children are in their house. Parents who are working find it impossible to make adequate time with their children. Their busy work environment makes it impossible for the parents to supervise the growth and development of their children, it is possible however self-employed parents to talk with their children while working as compared to the employees who are constantly monitored (Christensen et al, 2011).

Díaz-Agea et al. (2022) revealed a noteworthy observation regarding the lack of consideration regarding the disruption of routines for children with ASD attending medical appointments. Generally, there was minimal interest in the established routines of these children during their clinic visits. However, it is well-documented that children with ASD often find comfort and security in adhering to set routines. While it may be challenging for patients to maintain their routines in a hospital setting, every effort should be made to accommodate them. Some studies have also emphasized the importance of preserving aspects such as meal schedules, daily activities, and playtime to alleviate anxiety and agitation, benefiting both the patient and their family.

Synthesis of Related Studies

As the knowledge about these disorders and awareness grew, the healthcare system evolved and provided proper attention and care for patients with holistic and specific needs. The researchers chose to focus on this study due to the lack of studies focusing on the care of local nurses in Iloilo City, Philippines. As the researchers evaluated and reviewed past studies relating to nursing care for autism spectrum

disorder patients, it shows that a crucial turning point for the long-term health of children with autism spectrum disorders and other special healthcare needs is when they move from pediatric to adult treatment (Ames et al, 2021). The study showed that healthcare providers and caregivers of some patients cannot provide proper patient care for patients transitioning from pediatrics to adults who need enhanced medical coordination and transition training to healthcare providers to render optimal care for patients with special needs. With this information, the researchers would like to know the lived experiences of the nurses in Iloilo City in relation to providing care for autism spectrum disorder patients who are transitioning from childhood to adulthood. This also includes the lived experiences of the nurses related to their proper training and knowledge in handling patients with autism spectrum disorder and their approach and manner of communicating with the patient and their caregiver.

To conclude, the set of related research gathered above says that caring for a patient whether pediatric or adult, with autism spectrum disorder (ASD), requires an extensive form of care. Professionals in the health care teams may also focus on a family-centered approach to supervision where health teaching and interventions do not only restrict to the patient but also the guardian or the caregiver of the said patient. Having appropriate training and learning the characteristics and features of patients with pervasive developmental disabilities (PDDs), a successful nursing intervention can be provided to the patients, as well as address their needs and concerns.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

This chapter presents the description of the research design, the participants of the study, the data collection procedures, and the analysis of data. The informed consent and the ethical considerations are defined in this study.

Research Design

This study focused on the Lived experiences of Nurses in Dealing with Autism Spectrum Disorder (ASD) patients in selected Hospitals in Iloilo City. Qualitative research seeks to understand phenomena through the collection of non-numerical data, emphasizing the depth and complexity of lived experiences. It involves methods such as interviews, observations and content analysis to gather detailed insights. This was a descriptive phenomenological study, and it aimed to explore and describe the lived experiences of the nurses in dealing with autism spectrum disorder patients in Iloilo City. As stated by Husserl, it is a phenomenon that has characteristics that allow people who experience the events regularly can develop a universal feature about the said phenomenon. It seeks to explore the essence of a phenomenon as experienced by individuals, emphasizing subjectivity and personal perspectives, along with the challenges, interactions, communication methods, and barriers or facilitators encountered by the nurses. The study strove to comprehend the totality of the phenomena rather than specific details and give importance to interpreting the events and circumstances. The researchers delved into the understanding of these experiences of the nurses for further collection and analysis of these data as it merged data from various sources. Through this, it allowed the researchers to understand the challenges, interactions, communication methods, and barriers or facilitators faced by nurses while

dealing with ASD patients. Overall, it required the researchers to become entirely involved in the data collection process and its analysis to formulate the data and ensure the fieldwork was accomplished.

Methodology

The method of the researchers to develop this descriptive phenomenological study was an exploratory-descriptive approach. This allowed the researchers to explore and describe the phenomena from the experiences of the nurses in dealing with ASD patients. The phenomenology focused on exploring the subjective experiences of the nurses and understanding their unique encounters with ASD patients. It provided valuable insights into the nursing practice related to caring for individuals with ASD. It aimed to capture the essence of the experiences of the nurses, allowing for a rich and in-depth exploration of their encounters with ASD patients (Neubauer et al, 2019).

Using the exploratory-descriptive approach in a descriptive phenomenological study allowed the researchers to explore new insights and perspectives that might not be well-understood or known when it comes to the life experiences of the nurses as they care for and deal with ASD patients. Utilizing an exploratory-descriptive approach allowed the researchers to observe the gestures, actions, and facial expressions of the participants as they shared their experiences during the interview. It has furthermore explored the full nature of the phenomenon which is little understood as the lived experiences of the nurses give meaning to their perception of the phenomenon (Polit and Beck, 2010).

The sampling used for the target population, which was the staff nurses of selected hospitals in Iloilo City, was purposive. Purposive sampling was used based on the judgment of the researchers to select respondents for the study to be used as a sample group to represent the members of the population. In the total population of

nurses in selected hospitals in Iloilo City, a sample size of five to 10 nurses. A total of eight participants were chosen using purposive sampling.

Participants of the Study

This study was conducted on the selected participants based on their characteristics to narrow down to the standards and attributes of the researchers needed for studying, which is – the nurses who dealt with Autism Spectrum Disorder Patients. The participants are staff nurses from different hospitals in Iloilo city and come from different departments such as emergency room, pediatric ward, medical-surgical ward, and special areas. Purposive sampling techniques were used in this qualitative research to identify the participants who shared similar experiences and could provide an in-depth description of the phenomenon of interest. The participants were selected based on the inclusion and exclusion criteria.

Inclusion Criteria. The participants included were registered nurses in Iloilo City, who must be working in one of the selected hospitals by the researchers, had experience in dealing with autism spectrum disorder patients, and were willing to share their experiences.

Exclusion Criteria. The participants excluded were nurses without experience in dealing with autism spectrum disorder patients, and participants who were unable or unwilling to sign the consent form provided by the researchers and may present a written, verbal, or any form of declination in participating in the study.

Research Setting

The study was conducted at the selected hospitals in Iloilo City. Iloilo City is the capital of Iloilo Province. As of today, there are over 10 hospitals in Iloilo City, the different hospitals have gone far beyond the vision of their founders in building steps

toward the betterment of Ilonggo people. All of the interviews with the participants took place at the preferred time and place where the participants were comfortable and conducive to the interview without any distractions that may interfere with the participants expressing their experiences.

Moreover, the researchers decided to conduct the research in the selected hospitals to further explore and describe the lived experiences of nurses dealing with autism spectrum disorder (ASD) patients among the selected hospitals in Iloilo City.

Data Collection Procedures and Strategy

The data were gathered through observation and an in-depth interview using a voice recorder and field notes. An unstructured face-to-face conversational interview with complete confidentiality and anonymity was done in a neutral setting.

Permission was obtained before the study began from the Research Adviser, Research Coordinator, and Acting Dean of the College of Nursing at Central Philippine University.

All the information required for the study was acquired during the research, to conduct a research interview with the selected nurses. The participants were approached by the researchers, who then scheduled the interview for a time and location that worked for both parties.

The interview aimed to give a complete description of the experience of the selected nurses in dealing with autism spectrum disorder patients. A 30-minute interview was done and the following questions were based on the remarks and assertions of the participants using open-ended questions. However, the researchers did not limit the time of the interview if the participants had more to discuss and did not exceed the 30-minute mark. The interview lasted until the participant had nothing more to add.

Through the use of bracketing techniques, the researchers were able to discern between their own and the roles of the participants at every stage of the study. Following each interview, field notes were converted into legibly typed text, containing all voice-recorded data as well as all the observable non-verbal behavior that was exhibited by the participants. Checking sessions of the obtained data to ensure that it accurately represented the responses of the participants. Data collection ended as soon as the data saturation point was reached, which was determined by the themes and categories in the data becoming repetitive and redundant with no new information that could be further gathered. The usage of voice recording, one of the techniques for gathering data, increased the veracity of the opinions expressed by the participants during the session.

Developing a connection with the participants and assuring them of complete confidentiality were two methods to get their consent to record the session. Recording the sessions and taking notes both requested informed consent.

At the end of the interview, the researchers expressed their feeling of appreciation and gratitude to the participants for their time, effort, trust, and contribution. Tokens were given to each participant. The researchers asked whether the participant would accept phone calls or arrange another face-to-face meeting for some instances like validation of their statements.

Research Instrument

The researchers utilized an unstructured face-to-face conversational interview to conduct this study using self-made questions. This allowed the researchers to direct the course of the interview and have an engaging free-flowing conversation with the participant. Questions during the interview are open-ended and flexible. This gave emphasis and focus on the experiences, thoughts, and perspectives of the participants in their own words. The interview started with a central query that is a broad opening

statement and the conversation evolved based on the response of the participant. Follow-up questions were asked and additional prompting to encourage the participant to further elaborate on their answers. This allowed the researchers to obtain in-depth information about the life experiences of the participants. The responses of the participants were obtained using a voice recorder of a cell phone and field notes were used for the documentation of the observations of the researchers and conversations with the participants. The interview and collection of data ended once the data saturation point had been reached.

Ethical Considerations

The study conformed to the principles of Ethical Considerations of The Nuremberg Code (1947) and is subjected to review and approval by the Central Philippine University Research Ethics Review Board. All principles of ethics were observed and moral standards were maintained in this study concerning the right to privacy and the protection of the data of the participants. Each participant was provided with written Informed Consent prior to the interview. This was to inform the participants regarding what the study was all about and what information was obtained during the interview process. All information that the participants needed to know and be informed of was written in the informed consent. The informed consent intended to let the participants enter the study voluntarily without threat or coercion with the full information and thoroughly explain the purpose of the study.

Seeking approval from the RERB office and other related offices/institutions

This study sought the approval from RERB office and other offices/institutions to ensure ethical standards are met and complied with by the researchers. In compliance with the regulations, enhancing the credibility of this research study and the trust of the

participants. It also allowed the researchers to identify and manage potential risks to protect the safety of the participants. Seeking approval demonstrated a positive behavior of responsibility in reviewing research studies.

Risk Assessment

There was a low risk involved in this study. If the participants were uncomfortable with the questions they did not have to answer them/proceed. The researchers would observe proper protection of their rights and well-being and not cause any form of harm such as emotional harm to their confidence. The goal of researchers was to minimize any forms of discomfort while protecting the privacy of the participants. No participants felt not threatened, forced, or judged. All the rights of the participants were preserved and protected from harm. Any potential risks that may occur would be minimized, and the participants were not exposed to any potential risk.

Benefits Assessment

This study might help the participants to explore and utilize the interventions given to autism spectrum disorder patients that will aid registered nurses in developing more efficient and holistic interventions in dealing with ASD patients. The result of this study would also aid student nurses as a guideline to develop their skills and gain insight of what are the experiences of the nurses. This can address barriers, expand rehabilitation, improve early intervention and diagnosis, develop tailored support, and enhance the overall well-being and inclusion of individuals with autism spectrum disorder in the community and society.

Withdrawal Criteria of Participants

Prior to or during the ongoing research, the participants could withdraw from the study at any time without questions and could inform the researchers. They would not be penalized, and the withdrawal would have no negative effect on the participants.

Anonymity and Confidentiality of Participants/Respondents

Nurses can feel anxious and pressured when a research study is conducted on them, safeguarding the nurses from any unwanted activity in the research encounter is fundamental to conducting ethical research. The confidentiality of the personal information of the participants and their right to privacy were closely guarded and their identity was private to the extent provided by law. The information they provided was solely for the purpose of this study. The participants may use numbers, pseudonyms, or nicknames to conceal their identity to provide confidentiality and privacy. A number would be assigned to each participant. Any information obtained from them was kept confidential and no personal information of the participants was made public.

Voluntary, Noncoercive Recruitment of Participants

Participants were autonomous. The recruitment process shall be completely voluntary with no form of force. The participants had the freedom to decline and should not be pressured to participate. No forms of coercion would be used to persuade the participants to participate in the study.

Disposal of Research Material/Data

The electronic copy of the data was kept on a computer that only the researchers had access to. Hard copies were stored in a private file case that only the researchers

had access to for four to five months and were disposed of after that period of time once the study had been concluded by deleting the electronic copy permanently and the hard copies would be shredded. Proper data disposal would not only protect the confidentiality of the participants but could also prove the integrity of the researchers.

Contribution to Local Capacity Building and Benefits to Local Communities

This study has the potential to make meaningful contributions to local capacity building, foster positive changes in healthcare practices, and improve the overall well-being of ASD patients and their families in the community. This study can also become a catalyst for advocacy efforts aimed at promoting greater awareness, empathy, acceptance, and support for individuals with ASD within Iloilo City. It can encourage community-driven initiatives to create a more inclusive and supportive society.

Incentives or Compensation for the Participants

The participants of this study received a token of appreciation at the end of the interview as a sign of gratitude for their time, effort, trust, and contribution.

Disclosure or Declaration of Potential Conflict of Interest

The researchers declared no conflict of interest that could influence the findings of this study. There were no financial or personal affiliations that influence the study. This study was conducted solely for academic purposes and was not influenced or associated with any external individuals or organizations.

Dissemination Plan

The researchers published the results of the study by providing an output to the research panels and by participating in a symposium, as it would be presented and

disseminated to the end-user of this study. The researchers were able to provide the results of the study to the participants once the study had been approved by the technical panel as they are nurses and it will be beneficial to their knowledge to be informed of the result. The dissemination of the result may be shared with the community by joining other research symposiums and it can be available to other nursing students once approved for publication.

Data Analysis of the Study

This research study utilized the Thematic Analysis by Braun and Clarke (2013, 2006) to analyze the verbatim statements of the participants. Whereas, the researcher found the Lived Experiences of Nurses Dealing with Autism Spectrum Disorder Patients in Selected Hospitals in Iloilo City with the use of unstructured interviews.

In utilizing Thematic Analysis by Braun and Clarke (2013, 2006), these are the steps given to fully analyze the data gathered by the researchers.

1. Familiarize the gathered data from the participants by transcribing voice recordings and reading their responses regarding the phenomenon.
2. Generate initial codes by identifying segments within the text, typically phrases or sentences, and devising concise labels or codes to depict their essence. These codes can represent actions, ideas, concepts, or any other relevant aspect.
3. Identify potential themes that capture patterns, ideas, or concepts that relate to research questions.
4. Once potential themes are identified, review and refine for validity and reliability of the themes.
5. Clearly define and describe each theme by writing a descriptive narrative for each theme.

6. Interpret the identified themes within the data and explain their importance.

Methods to Establish Rigor, Trustworthiness, and Integrity of Data

Data collection ran simultaneously with data analysis in many qualitative studies. To ensure reliability and integrity throughout the data analysis process, particular criteria of rigor are extensively employed, including the usage of computer software, peer review, audit trail, triangulation, and negative case analysis. When the researchers examine qualitative research, they find that it frequently does not support strict boundaries. The researcher has little control in qualitative research, and as the investigation develops, the researcher likewise changes. Consequently, both the researchers and the research must be adaptable to change along with the research. This makes it challenging to adhere to some strict limitations. Qualitative researchers chose credibility for rigor when achieving it is difficult. Whatever methods, methodology, and statistical techniques are applied in qualitative research, the researchers can influence the research at all times.

Trustworthiness refers to the honesty of the researcher or the participants regarding the data collected. The researchers must create rapport with the participants to communicate well in order to collect trustworthy data, which may take some time to develop. Therefore at least three visits were made by the researcher to the participants to build rapport with them.

Peer review, a common measure of rigor, is a procedure by which researchers ask an independent, third-party researcher to examine a thorough audit trail maintained by the study author. A step-by-step process and decision-making throughout the study are methodically described by the audit trail. As a thorough check on researcher bias,

the peer reviewer gives a critique of the study methods as well as validation of the conclusions made by the authors.

Credibility refers to the actual value and the confidence that the researcher can have regarding the truthfulness of the findings of the study. Interpreting the experiences of the participants enables others to identify the experiences that have been part of the study. A researcher must evaluate individual transcripts to establish trustworthiness, looking for similarities between and across all participants.

Confirmability refers to proving that the qualitative research of the researchers is neutral and not influenced by any assumptions or biases. Rather, the data of the participants should reflect information objectively for trustworthy research. The data should speak for itself. Confirmability is often described as the provision of an audit trail that demonstrates every step of data analysis where the findings are not influenced by explicit or implicit bias but rather accurately interpret the responses of the participants (Streubert & Carpenter, 2016).

Self-description and self-reflection are very important in qualitative research to avoid researcher bias, a common assessment of qualitative research. Self-reflection allowed qualitative researchers to talk about their role in the study and how their ideas and prior training could have influenced the research outcome. Field notes as well as reflective journals are encouraged for qualitative researchers to recognize and show any personal biases. Legitimacy and conformability of study findings are reassured by self-description.

Prolonged engagement with study participants and the community is advised to acquire their trust and build rapport. This is likely to allow the researchers to obtain more in-depth information from the respondents and identify relevant characters in the community regarding the subject being examined to focus on them in greater detail and

guarantee that the research topic is extensively explored. Prolonged participation could enhance the reliability of a qualitative investigation.

CHAPTER 4

RESEARCH READINGS AND DISCUSSION

This chapter contains a detailed discussion of the lived experiences of the participants. It provides analysis and interpretation of the data categorized into major themes and subthemes. Numbers were used to maintain the anonymity and privacy of participants rather than their names.

This chapter is divided into four parts. The first part represents the lived experiences of each participant. The second part contains the themes that emerged from the verbatim statements of their experiences. The third part is the essence of the phenomenon, and the last part is the discussion.

Profile of the Participants

The participants of this study are staff nurses from different institutions and departments. They have provided their demographic data but choose not to disclose their age or any personal information that may directly identify their identity.

Participant 1 is a staff nurse in medical-surgical ward and has been a nurse for 21 years. Female and in her 40s. She is approachable, accommodating, and perceptive. She was wise in her words during the interview and gave the interviewers wisdom as future nurses.

Participant 2 is currently a head nurse in a special area. Male and in his 30s. He was direct to the point when answering the questions and knowledgeable. He is confident and speaks his thoughts clearly. He has experience in different departments as well to add on his experiences.

Participant 3 is also a staff nurse in a special area, female and in her mid-20s. She discusses comprehensively her perspective and insights. She was easy to talk to

and by the flow of the interview, she enjoys sharing stories and her development as a nurse.

Participant 4 is an emergency nurse, male, a father, and is mid to late 30s. He has a lively personality and engages with the flow of the interview. He was able to thoroughly walk us through his experience with ASD patients in the ER. He managed his time well as he attended to a patient immediately after the interview.

Participant 5 is a staff nurse in the pediatric ward, female, and in her 30s. She directly shared her experiences and gave specific information about her experiences with ASD patients rather than giving a general experience.

Participant 6 is a head nurse in the pediatric ward, male, and in his mid-30s. He would answer specific interventions related to the ASD patients. Through his short words, he is experienced and assertive.

Participant 7 is a staff nurse in the pediatric ward, female, and in her mid to late 20s. She sounds intimidating but she provided an optimistic view of dealing with ASD patients.

Participant 8 is a staff nurse in the medical-surgical ward, male, and his late 20s to early 30s. He was kind and accommodating. He felt nervous at first but became comfortable during the duration of the interview.

Experiences of Each Participant

The following are the experiences of the participants regarding their lived experiences as nurses in dealing with autism spectrum disorder patients.

Participant No. 1: Lived Experiences as a Nurse

Participant 1 has 21 years of experience as a nurse and has handled 5-10 autistic patients. She said: *“Autistic patients are special, expect that everything is*

free-flowing, and as a nurse, you should be the one to adjust. Adjust to your patient because you know more about your patient than the patient knows themselves. When I first meet my patients, I personally introduce myself and explain everything I do so that I can gain their trust.

In my experience, I conclude that every patient should be handled on a case-to-case basis. If they resist participating in the intervention, don't force them and give them time. If they seem to be a bit relaxed, I come back again and try. Sometimes, I also ask the family for help to calm the patient, in that way the patient's resistance can be lessened. For me, autistic patients can be challenging to handle as they may have difficulty expressing their true feelings. I believe it is essential for us, nurses, to understand them better, as we never truly know what they're experiencing or trying to express, unlike our normal patients who can communicate verbally and express themselves more easily. Relaxation techniques such as turning off the television and dimming the lights can help reduce distractions for the patients when they sleep. When I'm performing intervention and my patient awakens in the middle of the night, I simply tap them on their back and assure them that everything is okay and there's no need to worry, then I encourage them to sleep again.

In my perspective, one key trait a nurse should possess in dealing with autism spectrum disorder patients is knowing what kind of patients we treat. It is really important that even though you're still a student, you already have an idea about this kind of disorder so that when the time comes you already know what to do when you encounter such patients. I'll emphasize again that having a lot of patience is crucial when dealing with these kinds of patients. As a nurse, you'll encounter a variety of patients, so having a high level of patience is an important trait to have.”

Participant No. 2: Lived Experiences as a Nurse

Participant 2 has been a nurse for 18 years and was an emergency nurse for 10 years. He dealt with patients with autism before being a head nurse in a special area. He shared: *"Dealing with them does not change, you are still a nurse. You address the needs of your patients and that's also the same when dealing with normal patients. However, you need to be more patient with them. Sometimes they tend to be moody, that depends because autism is a broad disorder. It has so many branches, there are some who are slow learners and there are some that are hyper. It depends on the case of the patient but the way we manage and treat our patient is still the same.*

You can already witness those who belong to the autism spectrum from the ER, especially when you are going to insert their IV. However, somehow, thankfully their parents are supportive of them. You do not have a choice, they do not have a choice (the patient), sometimes if they are being inserted with an IV they tend to throw tantrums. When it comes to building trust in the patients, we have to persuade and guide them gently, like when I was in the emergency room before, there were posters, cartoons, and teddy bears accessible to them. As for the trust, you have to be extra patient and negotiate with them and maybe it should start with the parents, by establishing rapport with them first then with the patient. In the administration of giving medications, there may be delays sometimes. You need to change the timing of their medication because they are moody and the parents will tell you that they will let you know if the patient is okay and ready to take them and some will offer to help in giving the medications and will inform you once the patient has taken them. There are times that they become erratic when they see a person wearing white uniforms or even with you students because of their connotation that when they see someone in white, they get injected. So they fear that they will get injected, relating to their trauma.

When I started my career, autism was not that popular and you only identify patients with Down syndrome, and some ADHD because you will notice in their behavior that they are hyperactive but that can also be seen in autistic patients. There are some cases in which the patient or even the parent is not open with the diagnosis of their child and you would not expect that they are autistic, you would only later on discover this information.”

Participant No. 3: Lived Experiences as a Nurse

Participant 3 is a staff nurse who has handled 2-3 patients who belong to autism spectrum disorder. She stated, *“Handling patients who belong to the spectrum is different from handling patients who are not. It is mainly based on how the environment is brought up by us nurses, and the way they were raised by their guardians. There are some who are quite behaved, there are those who are smart and assertive, but there are also others who always have the urge to throw tantrums and be physical about their feelings to such extents as pulling hair, or those who only want to be touched by their guardians.*

The main thing that we teach in the ward, is to never instill the feeling of threat to the patients. Especially on these patients where trust is important, we can't build rapport if you do that type of approach. There was a time when I tried giving medication to the patient where I did not get their trust first, and it didn't really end well as they banged their head on the wall repeatedly out of frustration. We just referred it to the doctor afterward to avoid more conflict. That's why we started to use distraction techniques in order to lessen their stress such as bringing stuffed toys.

The most challenging experience related to ASD was when we had a patient who was diagnosed with dengue. He's in his 20s and has autism. It's really pitiful because every time during our 8-hour duty, we had to re-insert his IV because he really could not

stay in one place. And he crawls and kicks around. It is really unfortunate for his child because it's mostly the aunt taking care of him – acting as the caregiver. Even with verbal instructions, teaching him is challenging. And when you try to train him, his behavior really varies, especially during insertion, he really hates it. Then when the antibiotic treatment at home was about to finish, the doctor ordered me to just switch to oral medication. Because he had dengue. You see, dengue is more about hydration, the MIO needs to be accurate, and it peaks when you have dengue. Because it could lead to hypovolemic shock.

From the early stages, the parents should be more aware of any unusual behaviors in children, especially in terms of developmental milestones. At a certain age, if a child isn't crawling yet or isn't making vowel sounds, action should be taken. They should either start therapy or consult a pediatrician. Otherwise, when they grow up, it becomes more difficult to modify their behavior.

Truthfully, rarely do we encounter patients like that. As nurses, it's crucial to prioritize understanding and being empathetic. Imagine yourself in their shoes – their sibling, their cousin, or their child in the future. Your patience and compassion in dealing with them should be broadened. Additionally, being assertive is important. Personally, I assertively approach such cases because I aim to set an example. For instance, with a different patient, even with behavioral problems, I conduct thorough research on what therapies are needed and what type of approach to take. We should not compromise their well-being throughout their recovery. Even diversional activities are fine, especially for children. You can still modify their behavior while they're young.

However, this approach is typically short-term, as they're usually in the hospital setting. You rarely see children admitted in such conditions. Behavioral issues, of course, are not really within our scope. We mainly focus on illnesses. That's just how it is. As a nurse, at least you've experienced it and can apply it in the future. And you have

an idea that this is not the only thing within our field, because in the medical field, we provide total care. Emotional and mental care for them is even more important to me than behavioral care. Because actions can be learned. But your compassion, it's different when it comes to children.”

Participant No. 4: Lived Experiences as a Nurse

Participant 4 is an emergency room staff nurse and is handling most of the pediatric patients in the emergency room. He said: *“Honestly speaking, it is hard. It is very hard. When dealing with them, of course, we know that they are special people, therefore, they need special treatment. As nurses, we cannot simply touch them casually. Although it is common practice here to ask for permission before touching another person or to explain the procedure that we will be performing, we cannot always effectively communicate this to autistic patients. While some may understand, the majority of those I encounter do not. Therefore, I strive to treat them equally and make interventions a positive and happy experience for them. Although here in the emergency room, everything is fast-paced, we always adhere to the principle that 'time is of the essence.' For example, if a typical patient vomits, I can simply explain, 'I'll give you this so that... and so,' and they will usually understand and cooperate. However, for autistic patients, their condition often poses a communication barrier, which can be particularly challenging for us in the ER, as we are often the first point of contact in a hospital setting. In my experience, overall interventions for these patients may not be excessively time-consuming, but I always anticipate delays in management and recognize the need for additional support, especially in the fast-paced environment of the ER.*

One of the challenges for me in the emergency room setting is that we always perform the first IV insertion. With typical patients, especially in pediatrics, inserting an IV line can be difficult enough, how much more with autistic patients, right? However, we

are fortunate that some parents are very cooperative and willingly surrender their children so that we can initiate care. On the other hand, there are also parents who show little concern for what we do to their children. I'm not entirely certain, but I observe some of them may be unaware that their child has autism, or perhaps they deny their child's condition because they cannot accept it.

We once encountered an autistic patient who was about to deliver a baby. Of course, we couldn't simply explain to her that 'it's just like pooping.' Here in the ER, we are not equipped to deliver babies, but we cannot prevent such situations from occurring. We could not tell the patient to wait until we reached the delivery room, and we could not assess how she was feeling or how long and intense her contractions were.

They are uncooperative and can be combative at times. Additionally, scoring on the Glasgow Coma Scale (GCS) for these patients in life-threatening conditions is also challenging. However, as a nurse, you need to develop proper management skills, and it's all about timing when approaching the patient.

However, even with normal patients, I still encounter hardships as a nurse. Effective interventions stem from you. Establishing a bond, for me, is a helpful approach to gaining the trust and cooperation of my patients. Dealing with autism, both in pediatric and adult patients, has its pros and cons. In children, one disadvantage is that it is hard to find a vein during IV insertion; however, one of the pros is that they are easily distracted. One distraction technique we use in the ER is letting them watch something on a cellphone to divert their attention in exchange for undergoing the intervention. In adults, they are easier to insert with an IV. It really depends on the condition of the patient and the situation as a whole. Each patient has different needs, so you need to implement various approaches to care. As a nurse, I find ways to implement my care; being resourceful is important. We need to possess critical thinking; even in the

emergency room, which is an environment under pressure, we need to remember that we can do it and we need to do it.”

Participant No. 5: Lived Experiences as a Nurse

Participant 5 is a pediatric nurse and she highlighted the initial challenge of understanding and adapting to the unique needs of each child with autism spectrum disorder. In her role as a nurse, she only handled pediatric ASD patients, recognizing the difficulties of rendering care. She stated, *“It is challenging because children with autism spectrum disorder (ASD) require a different approach compared to neurotypical children. However, with experience, you learn how to adapt and handle them effectively. It is important to adjust to their needs and understand when to pause and continue with interventions. Patience is the key to providing care for ASD patients. They vary in their responses, depending on factors such as parental guidance. Some may comply well, having been taught beforehand by their parents how to behave while others may require more guidance. Understanding how to deal with them effectively involves collaboration with parents and us nurses.”*

Despite those challenges, she overcomes hurdles in her ways, *“Build a trust, once they trust you, do not break it, you should never break their trust because once they have established trust in you, the next time you enter their room and approach them, they will trust you because they already had the idea of what you will say, and what you will do. What I have learned from my experiences is that if you do not possess patience naturally in your attitude, in dealing with them, you should start being one. Especially in pediatrics, where children may have autism, once you enter their room, you are surrounded by their family, and they observe how you handle the child, and they follow your lead because it is different for them. So, it is all about understanding. You really need to extend your patience, it is like when you enter and leave the room, a new*

you have bloomed and you will just say, 'Oh! I'm not like that but in a positive way of realizing how patient you are with them.'

Participant No. 6: Lived Experiences as a Nurse

As for Participant 6 handling patients with ASD is easy compared to adult or teenage patients with ASD. She stated, "It is easy to make a deal with pediatric patients with ASD because their perspective is the same as their age. Of course, they are children, afraid of the nurse, medication, or hospital, but the struggle is with older kids or older patients, like teenagers with ASD. There are times when we struggle during IV insertions because we have to utilize several people just to do the procedure. We would have experiences where parents of autism spectrum disorder patients need a lot of understanding as well because they expect special treatment for their child. There are also parents that when you touch their child a little and they see that the child is suffering, they will just withdraw from treatment. There are times when the folks are cooperative and willing, it is a big help to us to do the procedure. One time, we gave a relaxant to the patients, but some patients cannot be affected by these medications, so, three orderly and two nurses helped her restrain the patient. It is challenging when you approach them but all you have to do is to fool them so that they will obey you. A nurse should be flexible and always adjust for the patient. We must be open to all of the learning and possibilities. If nurses can do a rotation in advance, it is even better to know what flexibility the nurse will work with since each of the behaviors of the patient is different, with or without autism."

Participant No. 7: Lived Experiences as a Nurse

Participant 7 is currently the head nurse of the pediatric department and has handled almost all of the patients in his station. When asked about his experience with autism spectrum disorder patients, he said: *"It is usually hard to handle autism spectrum*

disorder patients who are bigger, especially those in pre-teens. They are harder to be convinced that we have a procedure or intervention to do for them. You need to gain their trust because you'll be having difficulties in convincing them if you do not build rapport with them. Their treatments are also different from other children. They need more patience and special care. However, you must treat them as a normal patient as well rather than making them feel different. You need to treat them as equal to others."

Participant No. 8: Lived Experiences as a Nurse

Participant 8 is a staff nurse in the ward that mainly handles pediatric patients. As asked what is it like for him to deal with autism patients, he replied, *"So, from my experience, the way I handled the patients with autism last, last month from three to one, you need to be patient when you enter the room. You must treat them and be nice and if you enter the room, you need to have a nice and pleasant appearance because of course, they are children - with autism. You must listen well when you approach them. You have to greet them as you enter the room, not just them but their parents also. You must check them if they're doing fine even though these autism spectrum disorder patients do not greet back, and continue to establish rapport with them. Based on my experience handling pediatric patients with autism, you would not know what they will do or react despite you having a lot to say to them, that they cannot understand. That is why you need to remind and tap their parents or their guardians on what you are doing so that they are fully informed. There is one instance when one patient kept kicking during the insertion of the IV. You have to tell him that it is fine if they hit you or they might do something to you. You really need to understand their condition as a healthcare worker. You have to be patient and open-minded when taking care of them. You should not make them feel different and they are just the same as everybody else. You have to talk to them even though they are not replying to you. However, there are times when they*

greet back saying 'hi', or 'hello'. This is not frequent and does not happen all the time. When it comes to providing techniques when you enter, talk to them about the things that could make them happy such as food or toys. You can also ask them how their day went, and if you try to entertain them, however, do not force them if they do not respond. Just come back later, maybe they'll have a more positive and engaging response by the next time you come around. These patients are not that hard to handle especially when you have built rapport with them and with their parents."

Themes

Data gathered were analyzed utilizing Thematic Analysis by Braun and Clarke (2013, 2006). Based on the experiences of the participants, the following themes were formulated:

Major Theme 1: Communication

The participants have shared their encounters in managing individuals with autism spectrum disorder. They have described various difficulties encountered in communicating with these patients, including challenges in both verbal and nonverbal communication. Moreover, they have discussed the communication strategies they employ when interacting with autistic individuals.

Subtheme 1: Interpersonal Communication

Participant No. 1 *"Hindi ka man kabalo kis-a kung anong nasa feeling nila.. Lain ya sang normal ya kay makahambal sila, ang autistic ya sometimes makita mo lang the way sila mag-act, so indi mo gid mabal-an naton kun ano ang ila nabatyagan ky wala nila ginahambal."* (They do not express their true feelings verbally, unlike normal patients, making it difficult for us to understand their emotions.)

Participant No. 3: *“The way siya mag communicate daw ga stutter iya word, hindi pa ya congruent, mangkuton mo sya, kaisa gatulok lang na siya simo tapos mag-response siya sa verbatim, lain. Ang barrier gid para kanakun is communication.”* (The way they communicate, their words stutter, and are not congruent. When you ask them, sometimes they will just stare at you, then respond verbatim but in a different context, that is why communication is the biggest barrier for me.)

Participant No. 4: *“Unlike sa normal nga pasyente kinanglan gid naton sila eksplikaran kung ano ubrahon sa ila, kung ngaa, kag kun ano ang i-expect ya nga mangin resulta nga matabo right after mo ubrahon ang mga muni nga butang.”* (Unlike normal patients, we need to explain to them what to do, why, and what to expect as a result that will happen right after you do these things.)

Participant No. 5 said: “At first duw aloof sila sa mga taho and wala gid na sila ga respond kg tulok saimo kun istoryahon kapin pa nga, syempre duw used sila kung kis-iban, sa ila lang family sila ga-istorya and makita nila, ang ila relatives lang.” (At first, they are aloof toward people and don't even respond when you talk to them, perhaps because they are not used to interacting with others, as they would only communicate with their family and relatives.)

Participant No. 6 said: *“Biskan damo ka ihambal sa ila kay wala sila may maintindihan that is why i-muno mo gid bala sa ila parents kag sa guardian nila nga kung ano imo na pang ubra kay para ma bal-an or maintindihan man nila.”* (Even if you have things to explain to the patient, you should tell their parents or guardians what you would do in order for them to know or understand what interventions you will provide.)

Subtheme 2: Understanding Nonverbal Cues of ASD Patients

Participant No. 1 said: *“So ini sila ya. hindi naton gid dayon mabal-an kun when kita ma give time danay for the patient to relax, kung mag-approach ka nga daw hesitant*

kag irritable sila, meaning daw wala pa sila sa mood mag-interact sa imo, so we give time anay." (In these patients, we might not immediately know when to give them time to relax. If we approach them and they seem hesitant and irritable, it means they are not in the mood to interact with us, so we should give them some time first.)

Participant No. 2 said: *"May ara patients nga gahipos lang gid all throughout pero participative man, may ara man ko na encounter patient nga very hipos and daw nahuya lang gid siya, so dira, sometimes may times nga budlay ang interventions kay wala gid sila naga-interact kay basi new sa environment ang patient."* (There are patients who remain silent throughout but are still participative. I have encountered patients who are very quiet and seem shy, so sometimes it is challenging to carry out interventions because they are not interacting much, possibly due to being new to the environment.)

Participant No. 3 said: *"Sometimes sila ya wala sila naga-hambal pero sometimes 'no' na na gali gina mean nila or indi gani, nasakitan na sila."* (There are times when they do not speak, but this silence would actually mean 'no', or they might be feeling hurt.)

Participant No. 4 said: *"Unang beses palang kinaptan mo kamot ya nga wala ka na nag-lisensiya, kuhaon ya na na ya. Indi ya dun na liwat pag-offer sa imo. Unlike normal patients ya, kaintindi na sila kung ano gina ubra mo sa ila. Ang autism ya, nagawaras na na sila kaisa kung ara ka sa tupad nila kay indi sila familiar sa imo."* (The first time you reach out to hold their hand without asking their permission, they will snatch their hands away. They will refuse to offer it to you again. Unlike normal patients, they understand what you are doing to them. Those with autism, they will throw tantrums if you're too close to them because they are not familiar with you.)

Participant No. 5 said: *"Kis-a abi niyo may masakit sa ila kay ga hibi lang sila all the time pero gali, irritable lang."* (Sometimes you might think they are in pain because they are crying all the time, but in reality, they are just irritable.)

Subtheme 3: Adapting Communication Strategies

Participant No. 1 said: *“Dapat mas wide aton nga paminsar mag-intindi sa ila. Dapat daw level-headed kita, kag ang patience naton lawig siya compared sa regular patients ta. So kita ang maadjust, hindi sila.”* (We should widen our minds when it comes to understanding them. We must be level-headed and cultivate greater patience when interacting with them, compared to our regular patients. We are the ones who should adjust for their sake, not them.)

Participant No. 2 said: *“And mabudlay man kis-a, kay syempre ang autism spectrum is broad eh, budlay sila gid na sila istoryahon so depende gid guro sa case ya. Kay may ara man ya nga okay man, kag may ara man ya nga hyper, so be patient gid when interacting.”* (And it can be difficult at times because, of course, the autism spectrum is broad, so it would really depend on the individual case. There are some who are okay, while others are hyper, so it is important to be patient when interacting with them.)

Participant No. 3 said: *“Sometimes, hindi ka man maka-talk sa ila sang malawig kay indi man sila maka-intindi, so kun may pamangkot ko kis-a, simple words lang gid or paagi sa guardian nalang.”* (Sometimes, you cannot talk to them for so long because they cannot comprehend, so if I have a question, I would use simple words or ask their guardian instead.)

Participant No. 4 said: *“Tapos especially kung emergency, kung ga chest pain siya abi or hapo. Imo nga management, i-base mo sa makita mo, biskan wala sila may gina-hambal sa imo... So isa na sa mga pag-manage eh. Delay gid sa pag-manage tungod mabudlay gid ya mag-intindi sang cues nila. Kumbaga kinanglan mo pa maghatag extra effort.”* (Especially in emergencies, if they are experiencing chest pain or shortness of breath, you will base your management on what you observe. So one

aspect of management will be delayed caused by the difficulty in understanding their cues. You need to put in an extra effort.)

Participant No. 8 said: *“Paryo lang man sa mga pedia patients nga ga rounds ka pag-abot sila storyahon mo sila bisan wala ka nila gina istorya pero may ara man times nga ga hambal sila nga ‘Hi, Hello’ lang pero hindi all the time sapakon ka nila that’s why nga bisan hindi ka man nila pag sapakon pag-sulod mo. Okay lang na kay sa disorder nila kag if ever man, ang ma hatag ko lang nga technique kung mag sulod ka, i-talk mo sila sang mga bagay nga makapasadya sa ila to interact effectively man kag maging responsive sila. For example, ask mo sila kung ano ila nakaon then ano ila toys gina hampang.”* (It is similar to interacting with typical pediatric patients. When you enter their room during rounds, engage with them even if they are not responding. There are some instances when they greet with a simple 'Hi or Hello,' although they may not consistently interact with you when you enter their room. This is fine knowing that it is their disorder. In such cases, the technique that I can give to you is when you enter their room, talk to them about the things that could make them happy to interact effectively and they become responsive. For example, asking about their recent meals or what toys they play with.)

Major Theme 2: Individualized Care Approaches

Individualized Care Approaches for autistic individuals involves tailoring interventions and support to meet their specific needs and preferences. This approach recognizes the unique challenges and sensitivities faced by individuals on the autism spectrum and seeks to create a supportive and understanding environment. These include; establishing trust and rapport, individualized care approaches, and strategies for behavioral management.

Subtheme 1: Establishing Rapport and Trust

Participant No. 1 said: *“So, kung first mo nga meet sa patient, pagsulod mo sa room, magpakilala ka nga ikaw ang iya nurse kag ara kada para mag-care kag magbulig sa iya, para ang trust niya ma build niya sa imo, so everytime magsulod ka bal-an niya kung ano ubrahon mo.”* (So, when you first meet the patient upon entering the room, introduce yourself as the nurse who will be taking care of them and assist them. This helps to build trust with the patient, so that each time you enter, they know what to expect from you.)

Participant No. 2 said: *“Ang building trust siguro, syempre you have to start it with the parents mismo no. Nga kinahanglan mo gid mag establish rapport anay sa parents then to the patient.* (In building trust, I guess, of course, you have to start with the parents themselves. You really need to establish rapport first with the parents and then with the patient.)

Participant No. 3 said: *“Ang mga threat indi gid na nami sa bata, the more nga ga instill ka fear sa ila. Kay indi ka man ka hatag ka bulong kung wala trust - indi ka build rapport and trust sa ila.”* (Threats are not okay when dealing with autistic child, the more that you instill fear in them. You cannot administer their medication if there is no trust – you cannot build rapport and trust with them.)

Participant No. 4 said: *“First gid na ya mag-form ka sang bond para i-trust ya ang kabuhi ya sa imo. Kinahanglan gid na ya ma ka establish kita trust.”* (First, we form a bond with them so they entrust us with their life. It is a must that we establish trust.)

Participant No. 5 said: *“Once na mag sulod kami sa ila room, i-deal mo sila as friend tapos ipa-feel mo sa ila nga ‘masaligan ako’, kung ano gina hambal mo sa ila, amo na ang i-apply mo. Kay once na may i-hambal ikaw tapos lain ang ubrahon mo, by the next time na mag-sulod ka, wala na (trust). So dapat kung ano man ihambal mo sa ila, do it.”* (When we enter their room, we treat them as friends and ensure they feel that

'I can be trusted'. Whatever you say to them, follow through with your action. If you tell them something and do otherwise, you break their trust. Whatever you say, do it.)

Participant No. 6 said: *"The way kamo mag-approach sa ila dapat is listen gid. Pag abot mo dapat greet ka gid hindi lang sa ila kundi sa ila man nga parents and after that i-check mo man sila if ok sila bisan tuod wala sila ga greet back, kay syempre may condition sila, continue mo lang gihapon nga mag establish rapport sa ila."* (When you approach them, you have to listen well. Greet them and their parents as well when you arrive, then assess and greet the patient even if they are unresponsive due to their condition. Just continue to establish rapport.)

Subtheme 2: Patient-Centered Care Approach

Participant No. 1 said: *"So i-tap mo lang gid siya sa likod niya and i-assure mo siya nga okay lang, no need to worry tapos back to sleep ka lang tapos gaan mo siya danay mga pila ka minutes before mo siya i-approach liwat."* (I simply tap them on their back and assure them that everything is okay and there is no need to worry about anything and just go back to sleep, then give them a few minutes before approaching again.)

Participant No. also 1 added: *"Pwede naton ma off aton lights. Kag sa CR ta kag ang television i-off naton para wala sang distractions saila."* (If we could turn off our lights, our comfort room (lights) and turn off the television so that there will be no distractions.)

Participant No. 2 said: *"Into-intuon mo ang bata. Dati daan sa emergency room may mga posters, cartoons, teddy bear nada nga naka kabit-kabit da. So, paayunan mo gid ya, extra patience."* (You persuade and guide the child gently. Before in the emergency room, there were posters, cartoons (flashed on the screen), and a teddy bear in there hanging. so you really have to be understanding and have extra patience.)

Participant No. 3 said: *“Kis-a ga dala kami mga toys. Kapin pa mga stet. May iban na nga mga pedia, ga dala na sila mga monkey-monkey or teddy bear.”*

(Sometimes, we bring toys and a stethoscope. There are pediatricians who would also bring monkey stuff toys or teddy bears.)

Participant No. 4 said: *“Hapos lang gid sila intuon kung kis-a if may i-offer ka bala ‘Ari phone. Pwede ta siya mapa-lantaw? In exchange sa ‘amo ni?’. I-distract sila naton.”*

(When providing intervention, they can easily be distracted. Sometimes, we offer them a phones to watch in exchange for something. We distract them.)

Participant No. 5 said: *“Gina pasundan bisan ano ka lapta sang bata, bisan ano gina ubra sang bata, pasundan lang gid na nila. Kay once nga ma contradict ka sa ila, dira pa gid na sila nga maging hyper, mag-wild.”* (We always adapt to them, regardless of how chaotic the child can be and their environment, and we accommodate their preferences. Contradicting their desires can lead to hyperactivity and agitation.)

Participant No. 8 said: *“Istorya-istoryahon mo lang sila tapos kung hindi gid ma dala sa istorya, ara na, pwede mo na ma-engage ang mother kag ang father kung pwede sila lang nga mahatag (medications).”* (Just talk to them and try to get their attention. If they cannot be persuaded, this is the time you can ask the parents if they can administer the medication.)

Subtheme 3: Strategies for Behavioral Management:

Participant No. 1 said: *“Case to Case basis na siya. Hindi mo siya danay pagpiliton, tawhayan mo sya. Gaan mo siya sang time, tapos kung daw medyo relaxed na siya, balikan mo naman liwat.”* (Patients should be approached individually. If they resist participating in interventions, do not force them, and give them time. If they become more relaxed later, you can approach them again.)

Participant No. 2 said: *“More patience towards them kay kis-a daan medyo moody na sila.”* (More patience towards them because sometimes they tend to be a little moody.)

Participant No. 5 said: *“Na pa una gid namon ang parents mag-deal kag handle sa ila. Tapos once nga makita namon nga duw indi gid makaya, dira na kami ga butt-in. Kung indi pa gid namon makaya gina-ano (let) nalang namon ang parents nila mag-handle sa ila. Gina-inform na namon dayon sila nga, if halimbawa, nag-kalma na ang bata kag ready na, dira nalang kami mag-sulod naman liwat.* (First, we observe how the parents deal with the situation. If we notice that they are struggling, we intervene. If we find ourselves unable to manage them, we ask the parents for help again. We inform them that once the child has calmed down and is ready, we will return.)

Participant No. 6 said: *“If ever nga wala gid sila ga sapak or may ga engage sa imo conversation, hindi lang pag ipilit. Pwede man balikan mo lang sila kag malay mo sa sunod ma sapak na sila sa imo.”* (If ever they will not respond or engage with you in a conversation, do not insist. They may respond the next time you approach them.)

Participant No. 8 said: *“May ara gid ya dapat may-ara ang family member or folks nga sila gid ma initiate sang pag pa-inom kay syempre once nga ari ka di sa hospital kapag nurse, halin palang daan sa ER ma bal-an nila nga insertan sila IV may trauma na or may kulba na kag pag-saka sa babaw pag sulod naka scrub suit kag bal-an na nila kung ano ubrahon that's why may dala ka lang nga IV syringe na ituslok mo sa IV port nila maya kulba na sila that's why may ara gid dapat bulig ang mga folks man sa pag deal, sa pag patient care mo.”* (There should always be a family member or relative available to administer medications because once patients are in the hospital, they often expect injections from nurses, causing trauma or anxiety. Even when they are brought upstairs and see nurses dressed in scrub suits, they may still anticipate harm due to injections. That is why I always seek assistance from family members in patient care.)

Major Theme 3: Family Involvement, Roles and Dynamics

Family dynamics and nurse support are critical in caring for autistic patients. Understanding how family dynamics affect patient well-being helps nurses determine the level of family involvement in care.

Subtheme 1: Family Engagement in Intervention Implementation

Participant No. 2 said: *“Thankfully nga ang parents nila are very supportive man. So wala kaman choice kis-a (parent). Wala man sila (patient) choice kis-a kun IV-han sila, so ga waras gid na sila kis-a.”* (Thankfully their parents are very supportive. Sometimes as a parent, you do not have a choice. The patient also does not have a choice when being inserted with IV, they will throw tantrums sometimes.)

Participant No. 3 said: *“Di mo sila ya matudluan kung ma stay still sila tapos more on gid ya ma tap ka gid sa legal guardian before ka mag communicate sa ila kay sila na dayon ma pa intindi sa mga bata nila.”* (You cannot teach them to stay still, you really have to ask help from their legal guardian when communicating with them to help their child understand more.)

Participant No. 4 said: *“Sometimes makita mo ang parents nga gina tap gid nila ila bata sa pagpamati kun ano gina hambal ni nurse. Gina follow up gid nila ang labs and results sang bata.”* (Sometimes you can see the parents giving their children a tap to listen to what the nurse speaks. They would follow up the laboratory results of their child.)

Participant No. 5 said: *“Gina assess danay namon kung ano ang pag-deal sang parents nila sa ila. Kung diin nga part nga duw ga respond sila, ga pati sila – so amo man na apply namon. Pero kung indi, kung kis-a, gina panilagan man namon kung okay sa parents nga i-apply ang amon nga side kag kung mag-effect man sa bata. (We assess first how the parents handle their children, noting what works and what doesn't.*

We apply similar approaches accordingly. If there is resistance, we check if the parents can implement our suggestions and if it benefits the child. Sometimes, they agree with the parents but not us, or vice versa.)

Participant No. 8 said: *“May factor gid na sila kay tuod nga ang nurse nga naka duty, naka-assign sa iya, pwede ka balik-balik pero may part gid ang mother or father or folks nga makapaghambal sa ila. Example, mapainom ka bulong – kung ako ya, ma hambal nga pa imnon siya pero ako ma insist mapa-inom sa iya.”* (They may indeed play a factor in caring for their child, as the nurse on duty or assigned to them can come and go, but there is always a part where the mother, father, or other family members can interact with them. For instance, if I was tasked with giving medication, I ask for their assistance in convincing the patient to take it, but still with my supervision.)

Subtheme 2: Understanding the Impact of Family Dynamics

Participant No. 2 said: *“Kung parent ka gid man, protective ka gid man sa bata mo. I mean, biskan hinablos niyo guro, manghod niyo guro, protective man kamo. How much more kung parent? Yes, huw eh, like protective sila in a way nga siyempre indi nila gusto masakitan bata nila or ano.”* (If you are a parent, you will be protective of your child. I mean, if it is your niece or nephew, your younger sibling, you would be protective too. How much more if you are the parent? Yes, they are protective in a way that they do not want their child to be hurt.)

Participant No. 3 said: *“Dapat sa pagbata palang, kung ang mga parents bala aware man na sang unusual behavior sang mga bata. Dapat gina therapy na nila or gina pa pedia na nila. Amo na kung magdako, daw indi mo na ma modify ila behavior.”* (At a young age, if parents notice unusual behavior in their children, they should consider therapy or consulting a pediatrician. This is because as they grow older, modifying their behavior will become more challenging.)

Participant No. also 3 said: *“Ang acceptance sa parents, nga indi nila mabaton nga amo na bata ya. Mapa-sawalang bahala. Ang mga parents ya view na nila ila bata as normal sila, in denial naman ang iban.”* (There is often a lack of acceptance from parents regarding the disability of their child. Some parents choose to ignore it, while others may still perceive their child as 'normal.' Additionally, some parents may be in denial about the condition of their child.)

Participant No. 4 said: *“Lain-lain man ah, may ara nga okay lang saila mangkuton mo amo na. May ara man nga— ‘Ambot simo ay, indi amo na bata namon.’ in-denial sila gihapon, pila na ka tuig nga in-denial gihapon. Although bal-an nila, diagnosed ina, kag nagkadto sila sa ila nga developmental pedia nila.”* (It still varies, others say that it is okay for them if you ask us about it. Some may say, 'I don't think so, our child is not like that.' They are still in denial, even after several years, they still deny it. Although in fact, they really know because it is diagnosed, and they already went to their developmental pediatrician.)

Participant No. 6 said: *“Laban nga parents daw para sa ila daw special gid bala ang ila nga bata, which is kung lantawon daw sa everyday namun nga as pedia nurse, daw pareho lang ang pag deal, maski sa normal patients, pareho lang gid na ya ang pag deal, pero amo lang na ya ang struggle namun sa may mga autism pero ti, amo na.* (Most of the parents seem to think that their child is really special, but as a pediatric nurse, we see it as the same when dealing with normal patients. However, it is a struggle because they have autism.)

Subtheme 3: Family Involvement in Decision Making

Participant No. 2 said: *“Protective sila in a way nga syempre indi nila gusto masakitan bata nila or ano. However, biskan budlay para saila ara sila sa point nga kinahanglan nila, they still need to decide what's good for their child.”* (They are

protective in a way because, of course, they do not want their child to get hurt or anything. However, even though it is difficult for them, they need to reach a point where they need to, they still need to decide what is good for their child.)

Participant No. 3 said: *“Indi mo ma control ang mga parents kapin pa kung ang mga bata nila pinaka youngest nila or miracle baby? Daw hindi nila pag i-entrust sa imo ila bata, biskan para pa sa ila bata ang intervention nga ubrahon, kung indi nila kaya makita maghibi ila bata, gahambal sila nga indi nalang te daw ma compromise kagid kun kis a kay ma delay imo ulobrahon.”* (You cannot control parents, especially if their child is their youngest or a miracle baby. It is like they will not entrust their child to you, even if the intervention is supposed to be for the well-being of their child. If they cannot bear to see their child cry, they will say it is better not to proceed with the intervention, even if it would lead to delaying your work.)

Participant No. 4 said: *“May dedication gid ang parent nga ipabulong bata nila. Iban na kita namon na ginapabay-an lang nila. Maghambal kami amoni, huo lang sila nga huo, iban kis-a depende nalang gd sa doctor. Wala sila paki-alam ano ubrahon sa bata nila.* (The dedication of some parents is admirable; they bring their child to us, while others simply neglect them. When we speak to them, they just agree with what we said. They also do not care about the interventions we implement for their child, as long as the doctor says so.)

Participant No. 5 said: *“May ara man kung kis-a nga ga pati man sila sa parents, sa amon wala. May ara man patients na wala ga pati sa parents pero sa strategy namon ga-pati sila. So, gina tap gid danay namon ang parents if ano ang mas mayo para saila before kmi maghatag intervention sa ila bata.* (Sometimes, they may believe in their parents, but in us, they do not. There are patients who do not follow in their parents, but in our strategy, they do. So, we always consult with the decision of their parents to determine what is best for them before we provide intervention to their child.)

Participant No. 6 said: “Pero kung cooperative, daw dako gid nga help man si folks or si parents nga para maubra ang procedure sa bata, kung cooperative sila or willing sila nga makita nga mabudlayan ang bata.” (If they are cooperative, it would be a great help for the folks or parents to facilitate the procedure for the child, if they are cooperative or willing to see that their child will be having a hard time.)

Participant No. 8 said: “May ara gid ya dapat family member or folks nga sila gid ma initiate sang pag pa-inom or agree sa any intervention kay ila command ang gina follow sang bata.” (There should always be family members or individuals who will initiate the administration of treatment or agree to any intervention because they are the ones that the child follows.)

Major Theme 4: Key Takeaways of Nurses in Dealing with Autism Spectrum Disorder Patients

Key takeaways of nurses in dealing with autistic patients serve as valuable resources that contribute to the delivery of compassionate, effective, and patient-centered care. These include; practical tips, key traits, and recommendations.

Subtheme 1: Effective Strategies in Dealing ASD Patients

Participant No. 1 said: “Ma balik ko liwat nga dapat, kita mapa-ayon. Hay kung nurse ka bal-an, ini nga situation or ini nga hospital, damo ka masugata lain-lain nga attitude, be patient. Dapat mapa-ayon gid kita hindi ka mag-supok.” (I will emphasize again that having a lot of patience is crucial when dealing with these kinds of patients. As a nurse, you will encounter a variety of patients, so having a high level of patience is an important trait to have.)

Participant No. 3 said: “Ako ya assertive ko ya klase nga nurse kay example bi nga patient ko bi, lain nga case, biskan sa mga behavioral problems na, ako ya ga search ko ano nga mga therapy need... what type of approach. Nga indi mo ma

compromise nga pagstay nila dira throughout sa ila recovery.” (As a nurse, I am assertive. For instance, when dealing with other patients who have behavioral problems, I consistently seek out therapy needs and explore various approaches that can be employed. By doing so, I ensure that the recovery process of the patient is not compromised.)

Participant No. 4 said: *“Dapat maubra ka guid sang mga pamaagi mo gid ya. Amo na nga importante sang critical thinking guid. Kung under pressure, dapat ‘carry’ gihapon.* (You should really do your own methods. That is why critical thinking is really important. When under pressure, you should still "carry" on.)

Participant No. 5 said: *“Amo na dapat kilalahon niyo, observe niyo danay kung paano mag-interact ang folks sa ila. By the time na kamo na mag butt-in, try ninyo kung effective man nga kamo mag amo na sa ila, pero kung indi, try ninyo inyo strategy.* (First, observe how the folks interact with the patient. By the time you decide to intervene, test if your approach is effective with them. If not, try a different strategy.)

Participant No.8 said: *“You need to be patient when you enter the room you must treat them and if mag-sulod kamo sa patient dapat nice gid imo appearance sa ila, especially ang autism nga na handle is bata. The way kamo mag-approach sa ila dapat is to listen gid. Pag-abot mo dapat greet ka gid hindi lang sa ila kundi sa ila man nga parents and after that i-check mo man sila if okay sila bisan tuod wala sila ga greet back.”* (When entering the room, it is crucial to exhibit patience and kindness, particularly when interacting with children, especially those with autism spectrum disorder. Your demeanor should be gentle, as they are children with special needs who require delicate handling. Approach them with active listening, greeting both the child and their parents upon entering. Following this, ensure their well-being by checking on them, even if they do not respond when you greet them.)

Subtheme 2: Key Attributes of Nurses

Participant No. 1 said: "Dapat before palang magsulod or iskwela nursing, as a student pa lang nga daan, aware na kamo dapat kung ano ang mga different patients nga ginahandle ta. So as a registered nurse, bal-an niyo na gid na kung ano ang mga bagay nga ubrahon sa pasyente, although hindi pa kamo amo na ka wise pero kung ikaw na ang nurse, dapat bal-an mo kun ano ubrahon sa patient." (One key trait a nurse should possess in dealing with autism spectrum disorder patients is knowing what kind of patients we treat. It is really important that even though you're still a student, you already have an idea about this kind of disorder so that when the time comes you already know what to do when you encounter such patients.)

Participant No. 2 said: "Paayunan mo gid ya, extra patience, ang building trust siguro, syempre you have to start it with the parents mismo no? Nga kinahanglan mo gid mag establish rapport anay sa parents then to the patient itself." (You really need to accommodate their needs, with extra patience, maybe building trust, of course, you have to start it with the parents themselves right? you really need to establish rapport first with the parents, then with the patient itself.)

Participant No. 3 said: "As nurses, dapat more on understanding and be empathetic gid, what if ikaw sa shoes nila bala, imo utod, imo cousin, imo bata bi sa future. Imo patience and then like, imo compassion in dealing with them dapat mas widen." (As nurses, we should strive to be more understanding and empathetic. Imagine if you, your sibling, cousin, or child were in their situation. Patience and expanded compassion are also vital when dealing with them.)

Participant No. 7 said: "Kita nga mga Nurses, and dapat daw design gid kita nga maging flexible kag ikaw gid ya pirmi ma adjust sa patient. Siguro may philosophy man, may psychology man kita, para ma study-han. So amo na, dapat open ka sa tanan nga learning, open ka sa tanan nga possibilities." (As nurses, we are expected to be really

flexible and always ready to adjust to the patient. Perhaps because there's philosophy and psychology implemented into our education prior. You need to be open to all learning, and open to all possibilities.)

Participant No. 8 said: *“Ang consistency, mag-greet ka, mapa-say hello ka is important. Ma hambal ka nga ako ang nurse mo subong. So, ma recognize nila nga daw ka pleasant kag kanami bala ang pakikitungo sa ila. That's why kung gusto gid bala nga ang interventions manami dapat sa umpisa pa lang maging consistent ka na sa imo na ubra kag always ka gid maging polite sa ila kay the rest ma follow na lang na.”*

(Consistency is crucial, including simple greetings such as saying hello or introducing yourself as their nurse for the day. When they recognize your pleasant and courteous approach, interventions tend to work better. Being consistent and polite from the beginning sets the tone, and others will likely follow suit.)

Subtheme 3: Time Management when dealing with ASD Patients

Participant No. 2 said: *“Effective (intervention)... somehow, yes. Pero ma delay lang siya kis-a. For example, if indi gid siya mag inom bulong, so you need to change naman the timing of medications, the timing of the treatment man kis-a kay pa-moody man na kis-a.”* (The intervention is somehow effective, yes. However, there could be delays. For example, if these patients do not want to take their medications, you need to change the timing of medications and the timing of the treatment because sometimes they are moody.)

Participant No. 4 said: *“So, kumbaga bala diri, kun ER ka, dasigay ang ubra kay ‘time is of the essence’ na diri, although nga ti kinahanglan man nga focus ka man sa imo ubrahon eh. Para, mangin okay man imo pasyente specially ikaw gahatag sang initial management man eh.”* (Here in the ER, every thing is fast-paced because it is

'time is of the essence' here. You need to focus on your work, so that your patient will be okay, especially if you are the one giving the initial management.)

Participant No. 4 also added: *"Te diri ya sa medical field, it's all about proper timing man, time is of the essence gid ya sa aton field diri kay every second counts gid na ya kung amo na. Although te may mga bagay nga pwede man i-delay pero te mga life threatening ya te indi gid na ya pwede ma delay ya."* (Here in the medical field, it's all about proper timing; time is of the essence here because every second counts. Although there are things that can be delayed, there are life-threatening situations that cannot be delayed.)

Participant No. 5 said: *"Kay kung-baga mga amo na nga maintenance nila kis-a, gina sunod lang ang timing kung wala (ga eat). Kay-ti hindi mo man sila ma pilit kesa mapakaon ka sang 'amo ni' kay may imnon ka nga 'amo ni'. Ang side nila is sundan mo gid sila ya. So, ga adjust lang gid kami sa timing."* (It is like in their maintenance (medicine) sometimes, you just have to follow their timing (when eating). Because you can't force them to be fed and drink. We just have to follow them. So, we just adjust to their timing.)

Participant No. 6 said: *"Pulo ka patient imo gaan medication, ma stock up ka sa isa ka bilog, kay you have to deal with that, but syempre kay ti, na preparahan mo na na in advance. Over all, si nurse gid ya ma-adjust. So preparahan mo na ang obrahun mo ahead of time."* (If you have ten patients for medication, you will be stocked up on a single vial, because you have to deal with that, but of course, because you have prepared it in advance. Overall, it's really the nurse who adjusts. So prepare the tasks you need to do, ahead of time.)

Essence of the Phenomenon

By utilizing Thematic Analysis as outlined by Braun and Clarke (2013, 2006), researchers were able to analyze the verbatim statements of the participants. Four major themes emerged: (1) Communication, (2) Individualized Care Approaches, (3) Family Involvement, Roles, and Dynamics, and (4) Key Takeaways for Nurses in Dealing with Autism Spectrum Disorder Patients. The communication faced by nurses include dealing with interpersonal communication, understanding nonverbal cues as well as adapting communication strategies. The individualized care approaches described by nurses include establishing rapport and trust, patient-centered care approach and implementing strategies for behavioral management. The family involvement, roles, and dynamics that affect patient well-being include family engagement in implementing intervention, understanding the impact of family dynamics, and the involvement of the family in decision making. The key takeaways for nurses in dealing with autism spectrum disorder patients encompasses effective strategies in dealing with ASD patients, key attributes of nurses that the nurses have and time management that the nurses utilize in dealing with ASD patients.

The participant expressed that challenges in communication include the need to continually explain interventions to the patient and their inconsistent responses when asked questions. Understanding nonverbal cues, such as not expressing their true feelings, present additional difficulties compared to normal patients. The participant also added that one strategy for addressing communication challenges is to better understand the patient, exercise patience, and adapt more to their needs.

The approach of the participants to individualized care approaches includes establishing trust and rapport with the patient by consistently introducing themselves and their roles to set expectations. They also prioritize building rapport with parents or

guardians so they can entrust their child to the care of nurses. They emphasize that threats only instill fear in patients and erode trust throughout their hospital stay. Alternatively, distraction techniques such as bringing posters, toys, and teddy bears during interventions, or offering a phone for the patient to watch, can be effective. It is important to adapt to the needs of the patient, even if it means enduring discomfort. Engaging in conversation with the patient helps keep them engaged, while contradicting their needs may lead to agitation. Strategies for behavioral management include relaxation techniques, patience, and observing how parents manage their children to better adapt. Having present family members or guardians whom the child trusts can make the work of the nurse easier.

Family involvement, roles and support in care are vital for the participants as they help nurses better understand the well-being of the patient. Sometimes, applying a similar approach to what the participants observed within the family setting proves effective. Additionally, assistance from the family greatly aids in implementing interventions. Some families are protective and resistant to treatments that they perceive as harmful to their children, while others may be less concerned. Understanding these dynamics leads the participants to conclude that families play a significant role in the well-being and development of the child.

Having a lot of patience, seeking out different approaches for addressing behavioral problems in children with autism spectrum disorder, and exhibiting a gentle demeanor are some of the tips our participants offer. Being compassionate and creative can also help them capture the patient's attention and foster cooperation in their work.

A graphical representation is shown below:



Figure 1. Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder.

Discussions

The experiences of nurses in working with ASD patients vary depending on the specific behaviors and situations they encounter. They face challenges in understanding and addressing these behaviors, but they have developed strategies to make their interventions more effective. One common approach among nurses is to exhibit diligence and patience, especially when compared to caring for non-autistic patients. Participants emphasized the importance of patience, with one nurse noting that doubling patience is essential when dealing with ASD patients. Involving the family is another common practice among nurses, as it can enhance the effectiveness and efficiency of their work. Nurses also employ similar distraction techniques for managing behavioral issues and building trust with ASD patients. Understanding the family dynamics of the child and the environment is crucial in determining how to involve the family in care.

Some participants stressed the importance of early intervention through therapy for ASD patients, expressing concern about parents who neglect or deny the condition of their child. Additionally, participants highlight the significance of the role of the nurses as researchers in seeking out different approaches to address behavioral problems in ASD patients. They find that compassion and dedication are essential qualities for nurses working with autistic patients, and they recognize the importance of presenting themselves professionally and creatively in their approaches, acknowledging nursing as an art.

According to Baron-Cohen's theory of mind, children with ASD are unable to imagine the thoughts or motivations of other people (Brown 2016). As a result, these children lack the ability to be empathetic, engage in reciprocal relationships, or feel motivated to maintain relationships. Often, children with ASD are described as robotic, and their speech patterns are monotone and loud. One participant noted, *"They do not express their true feelings verbally, unlike typical patients, making it difficult for us to understand their emotions."*

In instances where a crying parent enters the room of a patient, a child with autism spectrum disorder (ASD) may not express concern for the emotions of the parents. Instead, they might loudly ask if the parent has brought their favorite toy from home. The child appears to view the parent solely as a means to fulfill their own needs, highlighting how many children with ASD use communication primarily to satisfy their immediate requirements (Johnson et al., 2018). Another participant added, *"The way they communicate, their words stutter, and are not congruent. When you ask them, sometimes they'll just stare at you, then respond verbatim but in a different context. That's why communication is the biggest barrier for me."*

In a study by Korkmaz (2018), it was found that providing nursing care to children with autism spectrum disorders can present various challenges. One effective method of

support is through the use of imitation role models. For instance, nurses can demonstrate how to perform axillary temperature measurements on a toy, starting with a harmless object like a pencil, then having the parent replicate the action, and finally encouraging the child to join in. Bringing toys and colorful materials to capture the attention of autistic children can also be advantageous. Additionally, providing praise or rewards after participation can reinforce positive behavior. Another approach involves the nurse initiating an activity with "my turn," followed by the child's turn with "your turn." One participant mentioned, *"Sometimes, we bring toys and a stethoscope. Others also bring monkey stuffed toys or teddy bears."* Another participant emphasized the importance of having a family member or relative available to administer medications, as patients often expect injections from nurses in the hospital, which can cause trauma or anxiety. Therefore, seeking assistance from family members is one of our practices in patient care.

Owen et al. (2020) highlight that nurses play a crucial role in caring for individuals with ASD, with a primary focus on establishing effective communication methods. These methods include utilizing tools like cards, color-coded systems, picture boards, and basic sign language. Nurses prioritize creating a comfortable and communicative environment for ASD patients. They collaborate closely with family members to practice planned actions and anticipated behaviors before executing procedures directly and providing reminders during post intervention care to reduce fear and outbursts while gaining patient cooperation. One participant noted, *"We assess first how the parents handle their children, noting what works and what doesn't. We apply similar approaches accordingly. If there's resistance, we check if the parents can implement our suggestions and if it benefits the child. Sometimes, they agree with the parents but not us, or vice versa."*

Parents have the main authority of making sure that their children are safe and they must watch for them at all times. It is recommended that they will also alter their schedules and appointments in such a way that they are at home when their children are in their house. Parents who are working find it impossible to make adequate time with their children. Their busy work environment makes it impossible for the parents to supervise the growth and development of their children, it is possible however self-employed parents to talk with their children while working as compared to the employees who are constantly monitored (Christensen et al, 2011). One participant highlighted, *“At a young age, if parents notice unusual behavior in their children, they should consider therapy or consulting a pediatrician. This is because as they grow older, modifying their behavior becomes more challenging.”*

Díaz-Agea et al. (2022) revealed a noteworthy observation regarding the lack of consideration regarding the disruption of routines for children with ASD attending medical appointments. Generally, there was minimal interest in the established routines of these children during their clinic visits. However, it is well-documented that children with ASD often find comfort and security in adhering to set routines. One participant noted, *“Consistency is crucial, including simple greetings such as saying hello or introducing yourself as their nurse for the day. It is important to remember that individuals with autism are not mentally retarded; they simply have autism. When they recognize your consistent, pleasant and courteous approach, interventions tend to work better. Being consistent and polite from the beginning sets the tone, and others will likely follow suit.”* While it may be challenging for patients to maintain their routines in a hospital setting, every effort should be made to accommodate them. Some studies have also emphasized the importance of preserving aspects such as meal schedules, daily activities, and playtime to alleviate anxiety and agitation, benefiting both the patient and their family.

The essence of the phenomenon experienced by the participants in caring for individuals with autism spectrum disorder (ASD) focuses on the individualized care nurses possess which includes understanding, and patience that is given to each patient. The importance of building trust and rapport with the patient and their families was also emphasized. Adapting to individualize the needs of the patients are vital for them to navigate through each unique challenge that would improve the patient's well-being.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

This chapter describes the summary, implications, conclusions, and recommendations derived from the findings of the study. The purpose of this study is to explore the lived experiences of nurses in dealing with autism spectrum disorder patients in selected hospitals in Iloilo City. This study is qualitative research that was guided by a descriptive phenomenological approach using the method of Thematic Analysis. The data saturation point was reached upon the interview of the eighth participant. An in-depth unstructured interview was used to collect data. All interviews were audio-recorded with the consent of the participants and transcribed by the researchers.

Summary of Findings

Based on the experiences that the participants shared, subthemes and major themes were identified using the data method of Thematic Analysis. The participants depicted their diverse experiences on the lived experiences of nurses in dealing with autism spectrum disorder patients such as challenges in interpersonal communication, understanding nonverbal cues of ASD patients and their adaptation using communication strategies. The participants also emphasized the importance of establishing trust and rapport in terms of patient-centered care. The impact of building a bond with the patients to implement individualized care approaches and their strategies for behavioral management. Analyzing the family dynamics and roles in decision making are also crucial to help them determine the level of family involvement and support in caring for these patients, lastly, they also highlighted their strategies and provide key attributes that they possess in terms of dealing with autism spectrum disorder patients.

The major themes were: (1) Communication, (2) Individualized Care Approaches, (3) Family Involvement, Roles, and Dynamics, and (4) Key Takeaways of Nurses in Dealing with Autism Spectrum Disorder Patients.

The subthemes that emerged were: (1) Interpersonal Communication, (2) Understanding Non-Verbal Cues of ASD Patients, (3) Adapting Communication Challenges, (4) Establishing Trust and Rapport, (5) Patient-Centered Care Approaches, (6) Strategies for Behavioral Management, (7) Family Engagement in Intervention Implementation, (8) Understanding the Impact of Family Dynamics, (9) Family Involvement in Decision Making (10) Effective Strategies in Dealing ASD Patients, (11) Key Attributes of Nurses, and (12) Time Management when Dealing with ASD patients.

Implications of Theory and Practice

The experiences of the nurses in dealing with autism spectrum disorder patients provided valuable insights. Their statements emphasized the importance of experiential knowledge and individual perceptions in understanding and complexities of caring for autism spectrum disorder patients. Their lived experiences highlighted the multifaceted nature of providing nursing care to patients, from challenges with communication to the importance of building trust and rapport, and the depth of understanding to navigate effectively the unique needs and behavior of patients with autism.

Constructivism. The findings of the study resonate with the principles of constructivism theory, which proposes that knowledge is actively constructed through social interactions and experiences. Constructionism theory, in the context of nurses dealing with autism spectrum disorder patients, highlights a dynamic and collaborative process in which they construct an understanding. The participants described how they actively engage with their patients, their families, and their teams to construct knowledge on how to deliver care effectively.

Moreover, the theory emphasizes the importance of shaping knowledge construction. The participants highlighted their experience on how the unique context of caring for patients with autism spectrum disorder influences how they construct their knowledge and enhance their flexibility, adaptability, and sensitivity to cater to the unique needs of their patients.

Interpretivism. The study revealed additional findings in the context of Interpretivism by Max Weber. It emphasizes the importance of understanding social phenomena from the perspective of the individuals involved, focusing on their subjective meanings, intentions, and interpretations. Applied to this study of experiences of nurses in dealing with ASD patients, provides a framework for exploring the nuanced interactions and meanings embedded within the healthcare context. It encourages researchers to grasp the subjective meanings that nurses attribute to their interactions with patients with autism by conducting interviews that can gain insights into how nurses interpret their experience including their perceptions of ASD patient behaviors, the challenges or barriers, and responses.

Additionally, this approach invigorates researchers with the significance of understanding how individuals perceive and enact their social roles within specific contexts by exploring how nurses conceptualize their role in caring for patients with autism, considering factors such as professional identity, training experiences, and interactions with interdisciplinary team members.

Symbolic Interactionism. Through symbolic interactionism theory by Herbert Blumer, the study implicated how individuals derive meaning and interpret symbols within their social interactions. The theory analyzes that nurses construct their understanding of ASD through their interactions with individuals, behaviors, communications, and social norms. The participants interpret the behaviors exhibited by individuals with ASD within their understanding of social norms by the environment

where they have lived. Other implications also include that ASD patients are influenced by the symbols and meanings attached to communication cues can vary among individuals, adapting through their communication styles is one of the effective patterns the participants suggest.

Social Constructivism. The study additionally indicated results corresponding to the theory of Social Constructivism by Lev Vygotsky. The theory posits the construction of the understanding of an individual of the world through social interactions and shared experiences within a particular cultural context. It emphasizes the role of language, culture, and social norms in shaping individual perceptions, beliefs, and behaviors.

The implications of the participants emphasized the perceptions, attitudes, and approaches of the nurses in caring for ASD patients are influenced by the social interactions, cultural norms, and organizational dynamics within their professional environment. The encounters of the nurses with children with ASD in healthcare settings are shaped by the prevailing societal views and norms regarding disability and neurodiversity. These encounters can foster the formation of common perceptions and methods among healthcare professionals, which in turn enhance the evolution of optimal approaches to ASD care.

Theory of Human Caring. The study also showed findings aligning with the Theory of Human caring by Jean Watson. The theory emphasizes the importance of building caring relationships, promoting healing environments, and valuing unique human experiences for both the patient and the caregiver.

The statements of the participants highlighted the role of compassion, empathy, and therapeutic communication in delivering holistic care for individuals with ASD. Prioritizing the establishment of trusting relationships and understanding the individual needs of autism spectrum disorder patients. The findings also highlighted the significance of creating a healing environment by supporting the emotional,

psychological, and physical well-being of the patient and their families. The principles of the theory of human caring are exemplified in the findings of the study, emphasizing the importance of compassionate, patient-centered care and particular context in caring for patients with autism spectrum disorder.

In the Theory of Human Caring, as developed by Nursing Theorist Jean Watson, the emphasis is placed on the holistic understanding of individuals within the context of their experiences, relationships, and environments. Applied to the study of the lived experiences of nurses dealing with autism spectrum disorder patients in selected hospitals in Iloilo City, this theory underscores the importance of recognizing the inherent dignity and worth of both nurses and patients. The findings of the study likely reveal the multifaceted nature of interactions of the nurses with ASD patients, encompassing not only the technical aspects of care but also the principles of human caring, striving to establish authentic connections with ASD patients, and recognizing their unique needs, preferences, and perspectives. Within the framework of human caring, nurses seek to create therapeutic environments characterized by compassion, empathy, and genuine presence, fostering healing and well-being for both patients and caregivers alike.

Conclusions

Nurses in the hospital setting serve a vital role in providing care to patients with autism spectrum disorder (ASD) within hospital settings. This study was able to explore and describe the lived experiences of nurses in dealing with autism spectrum disorder patients in selected hospitals in Iloilo City. They offer their invaluable insights into the communicating skills, strategies, and key considerations involved in effectively dealing with ASD patients. Through the exploration of the major themes and subthemes, insights and valuable information have emerged – one of these is communication. This stands out as a significant aspect of nursing care, encompassing interpersonal communication

and understanding nonverbal cues, as well as their adaptation of communication to address sensory sensitivities. The individualized care approaches showed an essential aid in providing effective and patient-centered care to ASD patients as this emphasizes the building of trust, rapport, and the implementation of tailored strategies by behaviors of the patients.

Despite nurses as the main providers of care in the hospital setting, it was also identified by the participants that the involvement of the family has a crucial role in providing care to ASD patients. The involvement of the family in terms of their roles and understanding their family dynamics leads to a more successful and expected outcome of care as the family members are the ones that the patient trusts the most and can navigate the needs and challenges in caring. Lastly, key takeaways of nurses would include effective strategies on how to handle ASD patients and enhance the care of delivery, recognizing key attributed, and characteristics of ASD. Also, to effectively manage time and resources in the provision of care.

Overall, the exploration and description have provided a better understanding of how nurses can provide care for ASD patients. Most of the participants showed assertiveness and engaged eagerly during the interview as they recalled their experiences. They show compassion, growth, and determination to provide holistic care despite challenges and can formulate adaptation strategies.

Recommendations

The nurses dealing with autism spectrum disorder patients have vital roles in providing care. This study has explored and described the lived experiences of nurses with ASD patients. Based on the results of the study, the researchers present the following recommendations:

Staff Nurses. Staff nurses must receive specialized training in ASD management. Investigate the efficacy of implementing tailored training programs for staff nurses focusing on ASD awareness, communication strategies, behavior management techniques, and empathy-building exercises to enhance patient care and promote positive outcomes for ASD patients within the institution

Hospital administrator. As an institution, the administrator must facilitate and provide the best services for the patients with autism spectrum disorder under their care.

Department of Health (DOH). To shape policies and guidelines that aim to enhance the quality of autism care in healthcare settings to assist individuals with autism and their families. Also, allocate funds and resources to support the development of autism-specific training programs for health care providers, the creation of autism-specific clinics, and assistive technologies as outlined in the study. Furthermore, to raise awareness about autism spectrum disorder (ASD) and promote early intervention and access to healthcare services for individuals with autism. Collaborate with local communities, schools, and advocacy groups to disseminate information and resources.

Medical Practitioners. Physicians and practitioners could implement evidence-based clinical practice guidelines for assessing, diagnosing, and managing autism within medical settings and include findings from the study in educational programs for medical students to improve the abilities of healthcare providers in treating individuals with autism. Additionally, it offers professionals practical resources and tools to assist in providing personalized and comprehensive care to individuals with autism.

Caregivers. For caregivers to be offered education and training programs for individuals with autism, drawing on the study findings to provide practical guidance on navigating healthcare systems, advocating for their loved ones, and managing challenging behaviors. Moreover, they are to be equipped with knowledge, skills, and

resources to effectively communicate with healthcare providers, navigate healthcare systems, and promote inclusive practices in order to be equipped with knowledge, skills, and resources to effectively communicate with healthcare providers, navigate healthcare systems, and promote inclusive practices.

Student nurses. To effectively engage with autism spectrum disorder patients, students can consider exploring caregiving practices tailored to ASD individuals that can deepen their understanding of effective support strategies. Additionally, delving into studies focusing on the unique challenges and needs of ASD individuals' post-trauma can provide valuable insights into trauma-informed care approaches. Furthermore, gaining knowledge from existing research on ASD and trauma can equip students with essential skills for working with this population, enhancing their ability to provide compassionate and effective care, and ensuring they are well-prepared to make meaningful contributions in their future work with ASD individuals.

Family Members. For family members of individuals with autism spectrum disorder, exploring evidence-based interventions and therapies tailored to ASD can provide families with valuable insights into effective treatment approaches. Additionally, researching strategies for creating a supportive and inclusive home environment can promote the overall well-being of the child with autism spectrum disorder. Moreover, delving into studies on family involvement in ASD treatment can empower family members to actively participate in their child's therapeutic journey, fostering collaboration with healthcare professionals and educators.

Future Researchers. Included in the future study to cover a larger geographical area as this study is mainly conducted in Iloilo City. Future researchers can explore the experiences of nurses who deal with ASD patients in the province area. They can also increase the number of participants and target hospitals to have a larger synthesis of

data. When it comes to finances, future researchers can allocate or ask for support to finance this research.

Nurses who care for individuals with autism spectrum disorder face unique challenges due to the diverse behaviors exhibited by patients. ASD patients may display behaviors such as being resistive, refusing to answer questions, and exhibiting non-cooperative attitudes towards treatment. These behaviors can present significant obstacles to providing effective care and may contribute to increased stress and fatigue among nurses. Implementing strategies such as distraction techniques, involving family members in the care process, and exercising patience are essential for managing these challenges. By prioritizing support and education for nurses in this area, we can enhance their ability to provide quality care while reducing caregiver stress and promoting the safety and well-being of ASD patients.

Lastly, this study may be used as a basis for other studies that would like to contribute to a better understanding of the lived experiences of nurses in dealing with autism spectrum disorder patients. This may be used as a baseline for qualitative research, specifically a descriptive phenomenological approach that can further validate the findings.

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APPENDICES

APPENDIX A**CERTIFICATION OF RESEARCH INSTRUMENT VALIDATION**

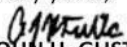
Central Philippine University
College of Nursing
Jaro, Iloilo City

CERTIFICATION OF RESEARCH INSTRUMENT VALIDATION
(QUALITATIVE RESEARCH)


This is to certify that the study entitled: Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder Patients in Selected Hospitals in Iloilo City, entails a central question in accordance with the principle of bracketing and intuiting. The central question is appropriate for the purpose of their study, philosophical underpinnings, and definition of terms.

This certification is issued upon the request of the authors: Ivy T. Trompeta, Reyssa Marie S. Trojillo, Cyrene Leslie L. Tubesa, Freya T. Umadhay, Christine Jane C. Valerio, and Bea Francine B. Victoriano. Issued this 5th day of June 2023 to the above mentioned student researchers in compliance with their requirements in their research subject.

Respectfully yours,


ALVIN JOHN H. GUSTILO, MAN
CPUCN Research Coordinator

Noted by:


MELBA C. SALE, MAN
Officer-In-Charge, Office of the Dean

APPENDIX B

INFORMED CONSENT FORM



**RESEARCH ETHICS REVIEW BOARD
CENTRAL PHILIPPINE UNIVERSITY**
Lopez Jaena St., Jaro, Iloilo City, Philippines
329-1971 to 79 local 3336



INFORMED CONSENT FORM (ICF) (VERSION No. 02-2023)

1. KEY INFORMATION ABOUT THE RESEARCHERS

Title of the Study: Lived Experiences of Nurses in Dealing with
Autism Spectrum Disorder Patients in Selected
Hospitals in Iloilo City

Name of Researcher/s: Ivy T. Trompeta
Reyssa Marie S. Trojillo
Cyrene Leslie L. Tubesa
Freya T. Umadhay
Christine Jane C. Valerio
Bea Francine B. Victoriano

Research Adviser: Dr. Raymund H. Partisala

Department/College: College of Nursing

Institution: Central Philippine University

2. INTRODUCTION/BACKGROUND OF THE STUDY

You are invited to take part in this research study. This form contains information that will help you in deciding whether to participate or not in this study/research. Before you decide to participate in this study, you will be given enough time to read and understand the contents of the informed consent. If there are words or concepts that you do not understand feel free to ask questions at any time, the researchers are willing to explain it to you and your questions will be answered to your satisfaction. The study will begin once you have signed the informed consent form.

This study aims to describe the lived experiences of nurses in dealing with autism spectrum disorder patients in selected hospitals in Iloilo City. According to studies, the prevalence rate of Autism Spectrum Disorder Patients is extremely increasing, in the year 2022, it was found that one in every 100 children is being diagnosed with ASD. Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition that affects communication, social interaction, behavior, and sensory processing. It is characterized by a wide range of symptoms and severity levels, making it a challenging and diverse condition to understand and address. Therefore, conducting a study about Autism Spectrum Disorder is essential to deepen our knowledge of the condition, improve early intervention and diagnosis, develop tailored support, and enhance the overall well-being and inclusion of individuals with ASD in society.

3. PURPOSE OF THE RESEARCH

The purpose of this research study is to explore and describe the lived experiences of nurses in dealing with autism spectrum disorder patients in selected hospitals in Iloilo City. The results of this study will contribute to the knowledge, skills, and attitude in dealing with Autism Spectrum Disorder patients and guide the nurses and medical institutions for the development of programs to enhance and develop a more efficient intervention of care given for them.

4. TYPE OF RESEARCH INTERVENTION/DATA GATHERING INSTRUMENT

The researchers will utilize an unstructured face-to-face conversational interview to conduct this study using self-made questions. This will allow the researchers to direct the course of the interview and have an engaging free-flowing conversation with you. Questions during the interview are open-ended and flexible as this will give emphasis and focus on your experiences, thoughts, and perspectives. The interview will start with a central query that is a broad opening statement and the conversation will evolve based on your response. Follow-up questions may be asked and additional prompting to encourage the participant to further elaborate their answers. This will allow the researcher to obtain in-depth information about the life experiences of the participants. The responses of the participants will be obtained using a voice recorder and field notes will be used for the documentation of the observations of the researchers and conversations with the participants. The interview and collection of data will end once the data saturation point has been reached.

5. PARTICIPANT SELECTION (INCLUSION & EXCLUSION CRITERIA)

You are chosen as a participant based on the following criteria: a registered nurse in Iloilo City, who must be working in one of the selected hospitals by the researchers, have experience in dealing with Autism Spectrum Disorder patients, and are willing to share their experiences. The following are excluded: nurses without experience in dealing with Autism Spectrum Disorder patients, and participants who are unable or unwilling to sign the consent form provided by the researchers and may present a written, verbal, or any form of declination in participating in the study.

6. VOLUNTARY PARTICIPATION

Your participation in this study is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate or to withdraw from the study at any time, there will be no penalty or other consequences, and without need to give any reason.

7. PROCEDURE

You will be given enough time to read and understand the contents of the informed consent before you decide to participate in this study. Your questions will be answered to your satisfaction. The study will begin once the informed consent form has been signed. You will be asked questions by the researchers using an unstructured face-to-face conversational interview which will cover topics such as your demographic information (optional), your experiences in dealing with autistic patients, and how they handle certain situations and state nursing interventions done in such situations. You will be assigned an ID number only known to the researchers. Your name will not be written or included in the forms that will be filled in by the researcher. The interview will be scheduled at a convenient time and location that works for you and the researchers. The researchers will make sure that the interview will only last within the time frame of 30 minutes to one hour to make sure that the workload of the participants will not be affected and compromised. The above-mentioned procedure has been primarily made and intended for the purpose of this study. All information gathered during this study will be kept private and strictly confidential to the extent provided by law. The data will be kept for four to five months and will be disposed of after that period of time once the study has been concluded by deleting the electronic copy permanently and the hard copies will be shredded.

8. DURATION OF THE STUDY

This study will be conducted from August 2023 to January 2024. The researchers will make sure that the interview will only last within a time frame of 30 minutes to

one hour to make sure that the workload of the participants will not be affected and compromised. However, the researchers will not limit the time of the interview if the participants have more to discuss. The interview will last until the participant has nothing more to add and once the data saturation has been reached.

9. RISKS AND INCONVENIENCES

There is a low risk involved in this study. If you are uncomfortable with the questions you do not have to answer them/proceed. The researcher will observe proper protection of your rights and well-being and not cause any form of harm such as emotional harm to your confidence. The goal of researchers is to minimize any forms of discomfort while protecting your privacy. No participants shall feel threatened, forced, or judged. All the rights of the participants will be preserved and protected from harm. Any potential risks that may occur will be minimized and you will not be exposed to any potential risk.

10. BENEFITS

This study might help you to explore and utilize the interventions given to Autism Spectrum Disorder patients that will aid registered nurses to develop more efficient and holistic interventions in dealing with ASD patients. The result of this study will also aid student nurses as a guideline to develop their skills and gain insight of what are the experiences of the nurses. This can address barriers, expand rehabilitation, improve early intervention and diagnosis, develop tailored support, and enhance the overall well-being and inclusion of individuals with Autism Spectrum Disorder in the community and society.

11. REIMBURSEMENTS

You will receive a token of appreciation at the end of the interview as participants to express our sign of appreciation for your time, effort, trust, and contribution.

12. CONFIDENTIALITY

The information you have provided is solely for the purpose of this study. Your identity will be kept private and confidential to the extent provided by law. You will be assigned an ID number and your data will be stored with the utmost respect to your privacy.

13. RIGHT TO REFUSE OR WITHDRAW

Your participation in this study is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate or to withdraw from the study at any time, there will be no penalty or other consequences, and without need to give any reason. If at any time you withdraw from the study, your data will be discarded properly.

14. DECLARATION OF CONFLICT INTEREST

The researchers declare no conflict of interest that could influence the findings of this study. There are no financial or personal affiliations that influence the study. This study is conducted solely for academic purposes and is not influenced or associated by any external individuals or organizations.

15. STORAGE AND DISPOSAL OF RESEARCH DATA/MATERIALS

The electronic copy of the data will be kept in a computer that only the researchers has/have access to. Hard copies will be stored in a private file case that only the researchers will have access to for four to five months and will be disposed of after that period of time once the study has been concluded by deleting the electronic copy permanently and the hard copies will be shredded. Proper data disposal will not only protect the confidentiality of the participants but also prove the integrity of the researchers.

16. SHARING OF RESULTS/DISSEMINATION PLAN

The results of this study will be published by providing an output to the research panels and by participating in a symposium, as it will be presented and disseminated to the end-user of this study. The researchers will be able to provide the results of the study to you once the study has been approved by the technical panel as you are a nurse and it will be beneficial to your knowledge to be informed of the result. The dissemination of the result may be shared with the community by joining other research symposiums and it can be available to other nursing students once approved for publication. It is your right to be informed about the research findings and it will be shared more broadly through publications and conferences.

17. WHO TO CONTACT

If you have any questions or clarifications regarding your participation in the study, you may contact:

Lead Researcher: IVY T. TROMPETA
Address: Brgy. Magancina, Sta. Barbara, Iloilo
Contact Number: 09613185644
Email address: ivy.trompeta-20@cpu.edu.ph

If you have questions pertaining to your rights as a participant, you may contact:

Joy G. Raso, PhD.
 Chair, CPU Research Ethics Review Board
 Email: researchethics@cpu.edu.ph
 Phone: 329-1971 (local 3336)

18. CERTIFICATE OF CONSENT

I have read the foregoing information, or it has been read and explained to me in a language/dialect I know and understand. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print name of participant _____

Signature of participant _____

Date _____

MM/DD/YYYY

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done.

- 1.
- 2.
- 3.
- 4.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Print Name of Researcher/person taking the consent IVY T. TROMPERA

Signature of Researcher/ person taking the consent _____

Date: _____

MM/DD/YYYY

APPENDIX C

TECHNICAL APPROVAL SHEET



Central Philippine University
 Jaro, Iloilo City
College of Nursing
The First Nursing School in the Philippines, 1906
 Bachelor of Science in Nursing



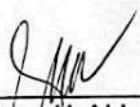
ENDORSEMENT SHEET FOR ETHICS REVIEW

(Technical Panel Approval Sheet)


This undergraduate thesis proposal entitled **Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder Patients in Selected Hospitals in Iloilo City**, prepared and submitted by **Ivy T. Trompeta, Reyssa Marie S. Trojillo, Cyrene Leslie L. Tubesa, Freya T. Umadhay, Christine Jane C. Valerio, and Bea Francine B. Victoriano** in partial fulfillment of the requirements for the degree of BACHELOR OF SCIENCE IN NURSING, has been presented in a Proposal Review on **May 12, 2023**.

Further, the suggestions and recommendations of the technical panel have been complied with.

This proposal is now recommended for ethical review.

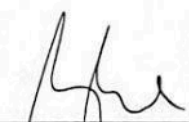


Dr. Jerry V. Able
 Panelist



Prof. Alvin John H. Gustilo
 Panelist

Approved by:



Melba C. Sale, MAN, RN
 OIC/ College of Nursing

APPENDIX D

TURNITIN SIMILARITY CERTIFICATE

**REVIEW, CONTINUING EDUCATION and CONSULTANCY CENTER**

Central Philippine University

Jaro, Iloilo City

Tel. No. 329-1971 local 1008 email: rceccsec@cpu.edu.phWebsite: rcecc.cpu.edu.ph

February 21, 2023**CERTIFICATION**

This is to certify that the research proposal entitled “**LIVED EXPERIENCES OF NURSES IN DEALING WITH AUTISM SPECTRUM DISORDER AND ATTENTION DEFICIT HYPERACTIVITY DISORDER PATIENTS IN SELECTED HOSPITALS IN ILOILO CITY**” By **Ivy T. Trompeta, Freya T. Umadhay, Reyssa Marie S. Trojillo, Cyrene Leslie L. Tubesa, Christine Jane C. Valerio, and Bea Francine B. Victoriano** has undergone Turnitin Similarity Checking with a passing percentage of **11%** and have passed the requirements (Chapter 1-3).

Prepared by:

Handwritten signature of Pinky E. Lutero-Tongol.

PINKY E. LUTERO-TONGOL

Staff -in-charge

Approved by:

Handwritten signature of Lenny Rose P. Mucho.

LENNY ROSE P. MUCHO, EdD.

Director, RCECC

APPENDIX E

TURNITIN SIMILARITY CERTIFICATE



REVIEW, CONTINUING EDUCATION and CONSULTANCY CENTER

Central Philippine University

Jaro, Iloilo City

Tel. No. 329-1971 local 1008 email: rceccsec@cpu.edu.ph

Website: rcecc.cpu.edu.ph



March 26, 2024

CERTIFICATION

This is to certify that the research paper entitled “LIVED EXPERIENCES OF NURSES IN DEALING WITH AUTISM SPECTRUM DISORDER PATIENTS IN SELECTED HOSPITALS IN ILOILO CITY” by Ivy T. Trompeta, Reyssa Marie S. Trojillo, Cyrene Leslie L. Tubesa, Freya T. Umadhay, Christine Jane C. Valerio, and Bea Francine B. Victoriano has undergone Turnitin Similarity Checking with a passing percentage of 4% and has passed the requirements (Chapter 1-5).

Prepared by:

PINKY B. LUTERO-TONGOL
Staff-in-charge

Approved by:

LENNY ROSE P. MUCHO, EdD.
Director, RCECC

APPENDIX F

CURRICULUM VITAE



Overview

I am Ivy T. Trompeta, 21 years of age from the municipality of Sta. Barbara Iloilo. I am currently taking up Bachelor of Science in Nursing and is now on the 3rd level of nursing. The valuable insights I gained from my experiences in making research sharpened my analytical and critical thinking skills, expanded my knowledge base, and fostered a passion for lifelong learning. Through exploration, collaboration, and perseverance, I have come to understand the immense value of research in driving progress and innovation. As I continue on my academic path, I look forward to new research opportunities and the countless lessons they hold.

Education

- (2020-Present) Central Philippine University College of Nursing
 - (2018-2020) St. Paul University of Iloilo Senior High School
-

Relevant Experience

- (2018-2019) Conducted a study entitled, "Studying in and Studying Out; A Comparative Study"
 - (2019-2020) Conducted a study entitled, "Investigating the Effects of a Mindfulness Intervention on Stress Reduction in College Students: A Randomized Controlled Experiment"
 - Currently conducting a study entitled, "Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder Patients in Selected Hospitals in Iloilo City"
-

Research Adviser: Dr. Raymund H. Partisala, MN

CURRICULUM VITAE



Overview

I am Reyssa Marie S. Trojillo, 21 years old, from Santa Barbara, Iloilo. Currently a level 3 student at Central Philippine University. I have experiences and conducted research studies from junior high school up to senior high school. These experiences enhanced my critical thinking skills and taught me to be more observant, how to manage my time, be patient, and to be more creative. Moreover, these experiences also enhanced my skills in terms of working with other people and communicating well.

Education

- (2020-Present) Central Philippine University
 - (2018-2020) Santa Barbara National Comprehensive High School
-

Relevant Experience

- (2016-2018) Conducted an experimental research entitled, "Pesticidal Activity of *Dieffenbachia picta* (Dumb cane) Leaf Extract on *Aphidoidea* (Aphids)"
 - (2019-2020) Conducted an innovative research entitled, "Improved Filtration and Thermo Water Purifier".
 - Currently conducting a research study entitled, "Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder in Selected Hospitals in Iloilo City".
-

Research Adviser: Dr. Raymund H. Partisala, MN

CURRICULUM VITAE



Overview

I am Cyrene Leslie L. Tubesa, 21 years of age. I live in Leon, Iloilo. A level 3 nursing student at Central Philippine University. I have experience conducting research studies in my junior and senior years. Those research studies gave me the background and knowledge to apply in our present research study. Thus, I am willing to learn and discover new things that are beneficial to my future career.

Education

- (2020-Present) Central Philippine University College of Nursing
 - (2018-2020) Central Philippine University Senior High School
-

Relevant Experience

- (2016-2018) Conducted research study titled "Acceptability of Batuan (*Garcinia binucao*) Fruit as Candy"
 - (2018-2020) Conducted a research study titled "A Perception on Factors and Forms of Rebellious Acts among Grade 9 Junior High School Students of Central Philippine University"
 - Currently conducting a study entitled, "Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder Patients in Selected Hospitals in Iloilo City"
-

Research Adviser: Dr. Raymund H. Partisala, MN

CURRICULUM VITAE



Overview

Being reliable and taking responsibility for the tasks given to me is something that I take pride in maintaining my integrity. I am Freya T. Umadhay, 21 years old, a level 3 student nurse. I grew up and am currently living in Santa Barbara, Iloilo. My past experiences conducting research studies have ever since honed my dedication and hard work. It enabled me to stress the importance of seeking knowledge. I am eager to learn and go beyond my boundaries despite its challenges - to discover new things and explore new ventures that may be relevant to my future and those around me.

Education

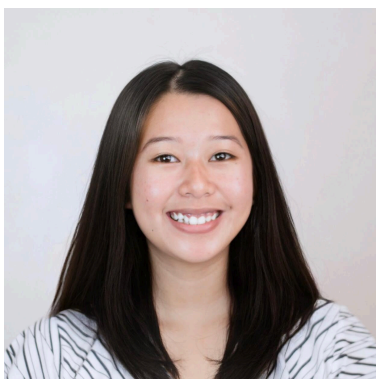
- (2020-Present) Central Philippine University College of Nursing
 - (2018-2020) Central Philippine University Senior High School
-

Relevant Experience

- (2016-2018) Conducted a study entitled, "The Insecticidal Effect of Neem Tree (*Azadirachta indica*) Cork Cambium and Fruit Extracts Against Red Fire Ants (*Solenopsis invicta*)"
 - (2019-2020) Conducted a study entitled, "Antibacterial Activity of Stinking Passionflower (*Passiflora foetida*, Linnaeus) Leaf and Stem Extracts to *Staphylococcus aureus* (Ogston)"
 - Currently conducting a study entitled, "Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder Patients in Selected Hospitals in Iloilo City"
-

Research Adviser: Dr. Raymund H. Partisala, MN

CURRICULUM VITAE



Overview

My name is Christine Jane Valerio, a 21-year-old resident of Poblacion, Laua-an, Antique; and currently studying nursing at Central Philippine University. We have already done a number of research studies over the two years I spent in my community's high school; these have been proposed and are currently being introduced to some students. Since it will enable us as student nurses to improve our knowledge and abilities for our forthcoming careers as registered nurses, we are now very interested in our topic. As time goes on, I continue to be more driven and eager to learn new things and obtain more life and professional experience because I know that doing so will make me more equipped and more prepared for the future.

Education

- (2020-Present) Central Philippine University (Bachelor of Science in Nursing)
 - (2018-2020) Laua-an National High School (Senior High School- Science Technology Engineering and Mathematics)
 - (2013-2018) Laua-an National High School (Junior High School)
-

Relevant Experience

- (2018-2019) Conducted a Qualitative Study entitled "Importance of Mastery in English Language Among Senior High School Students of Laua-an National High School"
 - (2019-2020) Conducted an Experimental Research entitled "Mahogany Fruit Carpel Charcoal Briquettes: A Revolutionary Charcoal Product"
 - Currently conducting a study entitled, "Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder Patients in Selected Hospitals in Iloilo City"
-

Research Adviser: Dr. Raymund H. Partisala, MN

CURRICULUM VITAE



Overview

My name is Bea Francine B. Victoriano, a 20-year-old student nurse at Central Philippine University, College of Nursing. I grew up in Dingle, Iloilo, which is also where I spent my early years of education before moving into the city to study at Central Philippine University. In my old school, we have been honed into studying research papers as early as the 1st year of High School, and I believe that it is what helps me in our present research study. Furthermore, I am interested in our topic as it might greatly help in my future profession and I am keen on learning more things as we discover new concepts and ideas in our future endeavors.

Education

- (2020-Present) Central Philippine University (Bachelor of Science in Nursing)
 - (2013-2020) Mater Carmeli School (Junior High and Senior High School)
-

Relevant Experience

- (2016-2018) Conducted a study entitled "The Academic Performance of Junior High School students of Mater Carmeli School with or without romantic relationship"
 - (2018-2020) Conducted a study entitled "Effectiveness of Lemongrass (*Cymbopogon citratus*) as the most Concise Natural Cockroach (*Periplaneta americana*) Repellent"
 - Currently conducting a study entitled, "Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder Patients in Selected Hospitals in Iloilo City"
-

Research Adviser: Dr. Raymund H. Partisala, MN

APPENDIX G

GANTT CHART

Research Activities										
	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Complete of Requirements										
Ethics Review										
Look for Participants										
Conduct of the study (Data Collection)										
Data Analysis										
Editing/Revisions										
Final Defense										

APPENDIX H
ETHICAL CLEARANCE



RESEARCH ETHICS REVIEW BOARD
CENTRAL PHILIPPINE UNIVERSITY
Lopez Jaena St., Jaro, Iloilo City, Philippines
329-1971 to 79 local 3336



ETHICAL CLEARANCE

RERB Form No.22-2
Version No.: 04
Date of Effectivity: 17 May 2023

Date of Approval: August 24, 2023

RERB Code: 2023-211-UG-TROMPETA et al

Protocol Title: *“Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder Patients in Selected Hospitals in Iloilo City”*

Version No. 02

Researcher/s: **IVY T. TROMPETA**
REYSSA MARIE S. TROJILLO
CYRENE LESLIE L. TUBESA
FREYA T. UMADHAY
CHRISTINE JANE C. VALERIO
BEA FRANCINE B. VICTORIANO

Upon resubmission of the following documents, Research Proposal Chapters 1, 2, and 3 with references and Informed Consent Form, the above protocol is hereby **APPROVED** by the CPU-RERB. This ethical clearance is valid from **August 24, 2023 to August 24, 2024**.

The researcher/s are hereby required to submit the following:

- √ Progress Report on or before **September 24, 2023** to researchethics@cpu.edu.ph
- √ Final Report Form and one (1) copy of the completed protocol **within one (1) month** after completion of the study.

For any amendment or alteration in the protocol that will change the nature, or the level of risk involved after approval, the Research Ethics Review Board must be notified through writing and accomplishing the following forms as needed: Protocol Deviation Form, Serious Adverse Events, Amendment Form, and/or Early Termination Report.

Very truly yours,


JOY G. RASO, PhD.
Chair, CPU-RERB

Date: 8/24/23

APPENDIX I

ETHICAL CLEARANCE OF A SELECTED HOSPITAL

RESEARCH ETHICS COMMITTEE

October 19, 2023

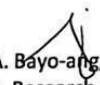
Elmer Q. Pedregosa, M.D., M.P.H., M.H.A., F.P.C.H.A
Hospital Administrator
Iloilo Mission Hospital




Dear Dr. Pedregosa,

This is in connection with the study entitled "Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder Patients in Selected Hospitals in Iloilo City" that will be conducted by Ivy T. Trompeta and her group of the College of Nursing of Central Philippine University. The study underwent ethics review and was approved for implementation by the Central Philippine University REC. In this regard, I am therefore asking for your approval to have their research conducted in our institution with adherence to their approved protocol.

Truly yours,


Maricar A. Bayo-ang, MD, DPPS, FPRA
Chairman, Research Ethics Committee
Iloilo Mission Hospital

Approved by:


Elmer Q. Pedregosa, M.D., M.P.H., M.H.A., F.P.C.H.A
Hospital Administrator
Iloilo Mission Hospital

APPENDIX J

LETTER TO DEAN



CENTRAL PHILIPPINE UNIVERSITY
 COLLEGE OF NURSING
 Jaro, Iloilo City, Philippines
The First Nursing School in the Philippines, 1906



September 5, 2023

MELBA C. SALE, MAN, RN
 Acting Dean, College of Nursing
 Central Philippine University
 Jaro, Iloilo City

Dear PROF. SALE:

Greetings!

We, the Fourth Year Nursing Students of the Central Philippine University College of Nursing, are currently conducting a research entitled "*Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder Patients in Selected Hospitals in Iloilo City.*" This is in partial fulfillment of the requirements in our course NCM 3216 (Nursing Research II).

In line with this, we would like to request permission from your good office to allow us to conduct our actual study in Selected Hospitals in Iloilo City. Attached here is the Ethical Clearance from the Research Ethics Review Board allowing us to conduct our study. Rest assured that all information gathered will be used for research purposes only. Thank you very much in anticipation of your approval of this request.

Sincerely yours,


 IV. T. TROMPETA
 Research Group Leader


 RAYMUND H. PARTISALA, PhD, MN, RN
 Research Adviser

*Approved.. to write a letter to
 the selected hospitals
 in Iloilo City for
 approval.*

APPENDIX K

LETTER TO HOSPITAL ADMINISTRATOR



CENTRAL PHILIPPINE UNIVERSITY
 COLLEGE OF NURSING
 Jaro, Iloilo City, Philippines
The First Nursing School in the Philippines, 1906



September 5, 2023

Hospital Administrator
 Mission Rd, Jaro, Iloilo City, Iloilo

Thru:
 Nursing Service Director

Sir/Madam:

Christian Greetings!

In partial fulfilment of the requirement of Bachelor of Science in Nursing students (SY 2023-2024) in Nursing Research II at Central Philippine University, we are conducting a research entitled, *"Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder Patients in Selected Hospitals in Iloilo City."*

We are in the process of gathering data through face-to-face interviews for our study. Regarding this issue, we would like to ask permission to select participants and conduct an interview to the nurses who had and have experiences in dealing with autism spectrum disorder patients to help us obtain information we need in relation to our study. Rest assured that all information will be treated with utmost confidentiality. Ethical considerations will be followed accordingly.

Your permission and approval to conduct this interview is greatly appreciated and will help us to pass our subject.

Thank you and may God bless us all.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Ivy T. Trompeta'.

IVY T. TROMPETA
 Research Group Leader

A handwritten signature in black ink, appearing to read 'Raymund H. Partisala'.

RAYMUND H. PARTISALA, PhD, MN, RN
 Research Adviser

A handwritten signature in black ink, appearing to read 'Melba C. Sale'.

MELBA C. SALE, MAN
 Acting Dean, College of Nursing

APPENDIX L

LETTER TO PARTICIPANTS



CENTRAL PHILIPPINE UNIVERSITY
COLLEGE OF NURSING
 Jaro, Iloilo City, Philippines
The First Nursing School in the Philippines, 1906



Date: _____

Dear Mr/Ms: _____

Greetings!

We, the Fourth Year nursing students of Central Philippine University College of Nursing, are presently undertaking a research entitled *LIVED EXPERIENCES OF NURSES IN DEALING WITH AUTISM SPECTRUM DISORDER PATIENTS IN SELECTED HOSPITALS IN ILOILO CITY*. In partial fulfillment of the requirements for the course Bachelor of Science in Nursing.

In line with this, we are conducting interviews specifically to the nurses who had or have experiences in dealing with autism spectrum disorder patients.

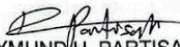
We are asking for your precious time and effort to take part in this study by allowing us to be one of our participants and answer our questions in an interview. The interview will take around 30 minutes to 1 hour until data saturation has been reached. The interview will be informal. We would like to explore your experiences and perspectives on dealing with autism spectrum disorder patients. Your responses to the questions will be kept with utmost confidentiality. You will receive a token of appreciation as your participation will be very important and valuable to our research and findings. If you have any questions, please do not hesitate to ask.

Your positive response to this request is greatly appreciated. Thank you very much and God bless!

Respectfully Yours,


 IVY T. TROMPETA
 Research Group Leader

Noted by:


 RAYMUND H. PARTISALA, PhD, MN, RN
 Research Adviser

Approved by:


 MELBA C. SALE, MAN, RN
 Acting Dean, College of Nursing

APPENDIX M

CENTRAL QUERY FOR UNSTRUCTURED INTERVIEW



CENTRAL PHILIPPINE UNIVERSITY
COLLEGE OF NURSING
 Jaro, Iloilo City, Philippines
The First Nursing School in the Philippines, 1906



CENTRAL QUERY FOR UNSTRUCTURED INTERVIEW


TITLE: LIVED EXPERIENCES OF NURSES IN DEALING WITH AUTISM SPECTRUM DISORDER PATIENTS IN SELECTED HOSPITALS IN ILOILO CITY


QUESTION
<p>“What is it like to be a nurse who deals with Autism Spectrum Disorder patients?”</p>

Researcher/s:


 Ivy T. Trompeta
 Signature Over Printed Name


 Reyssa Marie S. Trojillo
 Signature Over Printed Name


 Tubesa Cyrene Lesfie L.
 Signature Over Printed Name


 Umadhay Freya T.
 Signature Over Printed Name


 Christine Jane C. Valerio
 Signature Over Printed Name


 Bea Francine B. Victoriano
 Signature Over Printed Name

Adviser:


 RAYMUND H. PARTISALA, PhD, MN, RN
 Signature Over Printed Name

APPENDIX N**CONFIRMATION OF THE STUDY FINDINGS**

I am aware that I participated in the study conducted by Trompeta, Ivy T., Trojillo, Reyssa Marie S., Tubesa, Cyrene Leslie L., Umadhay, Freya T., Valerio, Christine Jane C., and Victoriano, Bea Francine B. entitled: **Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder Patients in Selected Hospitals in Iloilo City**. I understand that before I signed the informed consent to participate in the study, I was informed that the results/findings from the study will be discussed, validated, and confirmed by me if it reflects my lived experiences in dealing with autism spectrum disorder patients in selected hospitals in Iloilo City.

In this connection, I confirm that the results/findings of the study were documented throughout by the researcher and were understood by me. Clarifications and questions were sought during the return interview and were clarified and answered truthfully by the researcher. Moreover, I had validated all the transcripts transcribed by the researcher which reflects all my responses and experiences during an in depth interview.

Thereby agree that all the results/findings in this research reflected my lived experiences.

Signature of the Participant over Printed name

Date

Signature of the Participant over Printed name

Date

APPENDIX O

SUMMARY OF MAJOR THEMES AND SUBTHEMES

Significant Statements	Subthemes	Major Themes
<p>Participant No. 1</p> <p><i>“Hindi ka man kabalo kis-a kung anong nasa feeling nila.. Lain ya sang normal ya kay makahambal sila, ang autistic ya sometimes makita mo lang the way sila mag-act, so indi mo gid mabal-an naton kun ano ang ila nabatyagan ky wala nila ginahambal.”</i></p> <p>(They do not express their true feelings verbally, unlike normal patients, making it difficult for us to understand their emotions.)</p>	<p>Interpersonal Communication</p>	<p>Communication</p>
<p>Participant No. 3:</p> <p><i>“The way siya mag communicate daw ga stutter iya word, hindi pa ya congruent, mangkuton mo sya, kaisa gatulok lang na siya simo tapos mag-response siya sa verbatim, lain. Ang barrier gid para kanakun is communication.”</i></p> <p>(The way they communicate, their words stutter, and are not congruent. When you ask them, sometimes they will just stare at you, then respond verbatim but in a different context, that is</p>		

<p>why communication is the biggest barrier for me.)</p>		
<p>Participant No. 4:</p> <p><i>“Unlike sa normal nga pasyente kinanglan gid naton sila eksplikaran kung ano ubrahon sa ila, kung ngaa, kag kun ano ang i-expect ya nga mangin resulta nga matabo right after mo ubrahon ang mga muni nga butang.”</i></p> <p>(Unlike normal patients, we need to explain to them what to do, why, and what to expect as a result that will happen right after you do these things.)</p>		
<p>Participant No. 5 said:</p> <p><i>“At first duw aloof sila sa mga taho and wala gid na sila ga respond kg tulok saimo kun istoryahon kapin pa nga, syempre duw used sila kung kis-a iban, sa ila lang family sila ga-istorya and makita nila, ang ila relatives lang.”</i></p> <p>(At first, they are aloof toward people and don't even respond when you talk to them, perhaps because they are not used to interacting with others, as they would only communicate with their family and relatives.)</p>		
<p>Participant No. 6 said:</p> <p><i>“Biskan damo ka ihambal sa ila kay wala sila may maintindihan that is why i-muno mo gid bala sa ila</i></p>		

<p><i>parents kag sa guardian nila nga kung ano imo na pang ubra kay para ma bal-an or maintindihan man nila.”</i></p> <p>(Even if you have things to explain to the patient, you should tell their parents or guardians what you would do in order for them to know or understand what interventions you will provide.)</p>		
<p>Participant No. 1 said:</p> <p><i>“So ini sila ya.. hindi naton gid dayon mabal-an kun when kita ma give time danay for the patient to relax, kung mag-approach ka nga daw hesitant kag irritable sila, meaning daw wala pa sila sa mood mag-interact sa imo, so we give time anay.”</i></p> <p>(In these patients, we might not immediately know when to give them time to relax. If we approach them and they seem hesitant and irritable, it means they are not in the mood to interact with us, so we should give them some time first.)</p>	<p>Understanding Nonverbal Cues of ASD Patients</p>	
<p>Participant No. 2 said:</p> <p><i>“May ara patients nga gahipos lang gid all throughout pero participative man, may ara man ko na encounter patient nga very hipos and daw nahuya lang gid siya, so dira, sometimes may times nga budlay ang</i></p>		

<p><i>interventions kay wala gid sila naga-interact kay basi new sa environment ang patient.”</i></p> <p>(There are patients who remain silent throughout but are still participative. I have encountered patients who are very quiet and seem shy, so sometimes it is challenging to carry out interventions because they are not interacting much, possibly due to being new to the environment.)</p>		
<p>Participant No. 3 said:</p> <p><i>“Sometimes sila ya wala sila naga-hambal pero sometimes ‘no’ na na gali gina mean nila or indi gani, nasakitan na sila.”</i></p> <p>(There are times when they do not speak, but this silence would actually mean 'no', or they might be feeling hurt.)</p>		
<p>Participant No. 4 said:</p> <p><i>“Unang beses palang kinaptan mo kamot ya nga wala ka na nag-lisensiya, kuhaon ya na na ya. Indi ya dun na liwat pag-offer sa imo. Unlike normal patients ya, kaintindi na sila kung ano gina ubra mo sa ila. Ang autism ya, nagawaras na na sila kaisa kung ara ka sa tupad nila kay indi sila familiar sa imo.”</i></p> <p>(The first time you reach out to hold their hand without asking their</p>		

<p>permission, they will snatch their hands away. They will refuse to offer it to you again. Unlike normal patients, they understand what you are doing to them. Those with autism, they will throw tantrums if you're too close to them because they are not familiar with you.)</p>		
<p>Participant No. 5 said:</p> <p><i>“Kis-a abi niyo may masakit sa ila kay ga hibi lang sila all the time pero gali, irritable lang.”</i></p> <p>(Sometimes you might think they are in pain because they are crying all the time, but in reality, they are just irritable.)</p>		
<p>Participant No. 1 said:</p> <p><i>“Dapat mas wide aton nga paminsar mag intindi saila Dapat daw level headed kita, kag ang patience naton lawig sya compared sa regular patients ta. So kita ang maadjust, hindi sila.”</i></p> <p>(Our approach to understanding them should be broad. We must remain level-headed and cultivate greater patience when interacting with them, compared to our typical patients. It is our responsibility to adapt to their needs, rather than expecting them to adjust to us.)</p>	<p>Adapting Communication Strategies</p>	

<p>Participant No. 2 said:</p> <p><i>“And mabudlay man kis-a, kay syempre ang autism spectrum is broad eh, budlay sila gid na sila istoryahon so depende gid guro sa case ya. Kay may ara man ya nga okay man, kag may ara man ya nga hyper, so be patient gid when interacting.”</i></p> <p>(And it can be difficult at times because, of course, the autism spectrum is broad, so it would really depend on the individual case. There are some who are okay, while others are hyper, so it is important to be patient when interacting with them.)</p>		
<p>Participant No. 3 said:</p> <p><i>“Sometimes, hindi ka man maka-talk sa ila sang malawig kay indi man sila maka-intindi, so kun may pamangkot ko kis-a, simple words lang gid or paagi sa guardian nalang.”</i></p> <p>(Sometimes, you cannot talk to them for so long because they cannot comprehend, so if I have a question, I would use simple words or ask their guardian instead.)</p>		
<p>Participant No. 4 said:</p> <p><i>“Tapos especially kung emergency, kung ga chest pain siya abi or hapo. Imo nga management, i-base mo sa makita mo, biskan wala sila may gina-hambal</i></p>		

<p><i>sa imo... So isa na sa mga pag-manage eh. Delay gid sa pag-manage tungod mabudlay gid ya mag-intindi sang cues nila. Kumbaga kinanglan mo pa maghatag extra effort.”</i></p> <p>(Especially in emergencies, if they are experiencing chest pain or shortness of breath, you will base your management on what you observe. So one aspect of management will be delayed caused by the difficulty in understanding their cues. You need to put in an extra effort.)</p>		
<p>Participant No. 8 said:</p> <p><i>“Paryo lang man sa mga pedia patients nga ga rounds ka pag-abot sila storyahon mo sila bisan wala ka nila gina istorya pero may ara man times nga ga hambal sila nga ‘Hi, Hello’ lang pero hindi all the time sapakon ka nila that’s why nga bisan hindi ka man nila pag sapakon pag-sulod mo. Okay lang na kay sa disorder nila kag if ever man, ang ma hatag ko lang nga technique kung mag sulod ka, i-talk mo sila sang mga bagay nga makapasadya sa ila to interact effectively man kag maging responsive sila. For example, ask mo sila kung ano ila nakaon then ano ila toys gina hampang.”</i></p> <p>(It is similar to interacting with typical pediatric</p>		

<p>patients. When you enter their room during rounds, engage with them even if they are not responding. There are some instances when they greet with a simple 'Hi or Hello,' although they may not consistently interact with you when you enter their room. This is fine knowing that it is their disorder. In such cases, the technique that I can give to you is when you enter their room, talk to them about the things that could make them happy to interact effectively and they become responsive. For example, asking about their recent meals or what toys they play with.)</p>		
<p>Participant No. 1 said:</p> <p><i>“So, kung first mo nga meet sa patient, pagsulod mo sa room, magpakilala ka nga ikaw ang iya nurse kag ara kada para mag-care kag magbulig saiya, para ang trust niya mabuild niya saimo, so everytime magsulod ka bal-an niya kung ano ubrahon mo.”</i></p> <p>(So, when you first meet the patient upon entering the room, introduce yourself as a nurse who is there to take care of and assist them. This helps to build trust with the patient, so that each time you enter, they know what to expect from you.)</p>	<p>Establishing Rapport and Trust</p>	<p>Individualized Care Approaches</p>

<p>Participant No. 2 said:</p> <p><i>“Ang building trust siguro, syempre you have to start it with the parents mismo no. Nga kinahanglan mo gid mag establish rapport anay sa parents then to the patient. And mabudlay man kis-a, kay syempre ang autism spectrum is broad eh kay may ara man ya nga okay man, kag may ara man ya nga hyper.”</i></p> <p>(In building trust, I guess, of course you have to start it with the parents themselves. You really need to establish rapport first with the parents then with the patient. It’s hard sometimes because the autism spectrum is broad, there are some (patients) that are calm and some are hyper.)</p>		
<p>Participant No. 3 said:</p> <p><i>“Ang mga threat indi gid na nami sa bata, the more nga ga instil ka fear sa ila. Kay indi ka man ka hatag ka bulong kung wala trust - indi ka build rapport and trust sa ila.”</i></p> <p>(Threats are not okay when dealing with the child, the more that you instill fear in them. If there’s no trust you can’t give medications, you can’t build rapport and trust with them.)</p>		

<p>Participant No. 4 said:</p> <p><i>“First gid na ya mag-form ka sang bond para i-trust ya ang kabuhi ya sa imo. Kinahanglan gid na ya ma ka establish kita trust.”</i></p> <p>(First, we form a bond with them so they entrust us with their life. It is a must that we establish trust.)</p>		
<p>Participant No. 5 said:</p> <p><i>“Once na mag sulod kami sa ila room, i-deal mo sila as friend tapos ipa-feel mo sa ila nga ‘masaligan ako’, kung ano gina hambal mo sa ila, amo na ang i-apply mo. Kay once na may i-hambal ikaw tapos lain ang ubrahon mo, by the next time na mag-sulod ka, wala na (trust). So dapat kung ano man ihambal mo sa ila, do it.”</i></p> <p>(When we enter their room, we treat them as friends and ensure they feel that 'I can be trusted'. Whatever you say to them, follow through with your action. If you tell them something and do otherwise, you break their trust. Whatever you say, do it.)</p>		
<p>Participant No. 6 said:</p> <p><i>“The way kamo mag approach sa ila dapat is listen gid. Pag abot mo dapat greet ka gid hindi lang sa ila kundi sa ila man nga parents and after that i-check mo man sila if ok</i></p>		

<p><i>silá bisan tuod wala silá ga greet back, kay syempre may condition silá, continue mo lang gihapon nga mag establish rapport sa ilá.”</i></p> <p>(When you approach them, you have to listen well. When you arrive, greet them and their parents as well, then assess and greet the patient even if they are unresponsive due to their condition. Just continue to establish rapport.)</p>		
<p>Participant No. 1 said:</p> <p><i>“So i-tap mo lang gid siya sa likod niya and i-assure mo siya nga okay lang, no need to worry tapos back to sleep ka lang tapos gaan mo siya danay mga pila ka minutes before mo sya i-approach liwat.”</i></p> <p>(When I’m performing intervention and my patient awakens in the middle of the night, I simply tap them on their back and assure them that everything is okay and there’s no need to worry, then I encourage them to sleep again.)</p> <p>Participan No. 1 added:</p> <p><i>“Pwede naton ma off aton lights kag sa CR ta kag ang television i off naton para wala sang distractions saila.”</i></p> <p>(If we could turn off our lights, our comfort room (lights) and turn off the television so that there will be no distractions.)</p>	<p>Patient-Centered Care Approach</p>	

<p>Participant No. 2 said:</p> <p><i>“Into-intuon mo ang bata. Dati daan sa emergency room may mga posters, cartoons, teddy bear nada nga naka kabit-kabit da. So, paayunan mo gidya, extra patience.”</i></p> <p>(You persuade and guide the child gently. Before in the emergency room there were posters, cartoons (flashed on the screen), and a teddy bear in there hanging. so you really have to be understanding and have extra patience.)</p>		
<p>Participant No. 3 said:</p> <p><i>“Kis-a ga dala kami mga toys. Kapin pa mga stet. May iban na nga mga pedia, ga dala na sila mga monkey-monkey or teddy bear.”</i></p> <p>(Sometimes, we bring toys and a stethoscope. Others also bring monkey stuff toys or teddy bears.)</p>		
<p>Participant No. 4 said:</p> <p><i>“Hapos lang guid sila intuon kung kis-a if may i-offer ka bala ‘Ari phone. Pwede ta siya mapa lantaw? In exchange sa ‘amo ni?’. I-distract sila naton.”</i></p> <p>(When providing intervention, they can easily be distracted. Sometimes, we offer them a phones to watch in</p>		

<p>exchange for something. We distract them.)</p>		
<p>Participant No. 5 said:</p> <p><i>“Gina pasundan bisan ano ka lapta sang bata, bisan ano gina ubra sang bata, pasundan lang guid na nila. Kay once nga ma contradict ka saila, dira paguid na sila nga maging hyper, mag wild.”</i></p> <p>(We always adapt to them, regardless of how chaotic the environment may be, and we accommodate their preferences. Contradicting their desires can lead to hyperactivity and agitation.)</p>		
<p>Participant No. 8 said:</p> <p><i>“Istorya-istoryahon mo lang sila tapos kung hindi gid ma dala sa istorya, ara na, pwede mo na ma-engage ang mother kag ang father kung pwede sila lang nga mahatag (medications).”</i></p> <p>(Just talk to them and try to get their attention. If they cannot be persuaded, this is the time you can ask the parents if they can administer the medication.)</p>		
<p>Participant No. 1 said:</p> <p><i>“Case to Case basis na sya. Hindi mo siya danay pagpiliton, tawhayan mo sya. Gaan mo siya sang time, tapos kung daw medyo relaxed na siya, balikan mo naman liwat.”</i></p>	<p>Strategies for Behavioral Management</p>	

<p>(Patients should be approached individually. If they resist participating in interventions, do not force them, and give them time. If they become more relaxed later, you can approach them again.)</p>		
<p>Participant No. 2 said:</p> <p><i>"More patience towards them kay kis-a daan medyo moody na sila."</i></p> <p>(More patience towards them because sometimes they tend to be a little moody.)</p>		
<p>Participant No. 5 said:</p> <p><i>"Napa una guid namon ang parents mag deal kag handle saila tapos once nga makita namon nga duw indi guid makaya, dira na kami ga butt-in. Kung indi pagd namon makaya gina-ano (let) nalang namon ang parents nila mag handle saila. Gina inform na namon dayon sila nga if halimbawa nag kalma na ang bata kag ready na, dira nalang kami mag sulod naman liwat."</i></p> <p>(First, we observe how the parents deal with the situation. If we notice that they are struggling, we intervene. If we find ourselves unable to manage them, we ask the parents for help again. We inform them that once the child has calmed down and is ready, we will return.)</p>		

<p>Participant No. 6 said:</p> <p>“If ever nga wala gid sila ga sapak or may ga engage sa imo conversation, hindi lang pag ipilit. Pwede man balikan mo lang sila kag malay mo sa sunod ma sapak na sila sa imo.”</p> <p>(If ever they won’t respond or engage with you in a conversation, don’t insist. They may respond the next time you approach them.)</p>		
<p>Participant No. 8 said:</p> <p><i>“May ara gid ya dapat may ara ang family member or folks nga sila gid ma initiate sang pag pa inom kay syempre once nga ari ka di sa hospital kapag nurse, halin palang daan sa ER ma bal-an nila nga insertan sila IV may trauma na or may kulba na kag pag saka sa babaw pag sulod naka scrub suit kag bal-an na nila kung ano ubrahon that’s why may dala ka lang nga IV syringe na ituslok mo sa IV port nila maya kulba na sila that’s why may ara gid dapat bulig ang mga folks man sa pag deal, sa pag patient care mo.”</i></p> <p>(There should always be a family member or relative available to administer medications because once patients are in the hospital, they often expect injections from nurses, causing trauma or anxiety. Even when they’re brought</p>		

<p>upstairs and see nurses dressed in scrubs, they may still anticipate harm due to injections. That's why I always seek assistance from family members in patient care.)</p>		
<p>Participant No. 2 said:</p> <p><i>“Thankfully nga ang parents nila are very supportive man. So wala kaman choice kis-a (parent). Wala man sila (patient) choice kis-a kun IV-han sila, so ga waras gid na sila kis-a.”</i></p> <p>(Thankfully their parents are very supportive. Sometimes as a parent, you do not have a choice. The patient also does not have a choice when being inserted with IV, they will throw tantrums sometimes.)</p>	<p>Family Engagement in Involvement Implementation</p>	<p>Family Involvement, Roles and Dynamics</p>
<p>Participant No. 3 said:</p> <p><i>“Di mo sila ya matudluan kung ma stay still sila tapos more on gid ya ma tap ka gid sa legal guardian before ka mag communicate sa ila kay sila na dayon ma pa intindi sa mga bata nila.”</i></p> <p>(You cannot teach them to stay still, you really have to ask help from their legal guardian when communicating with them to help their child understand more.)</p>		

<p>Participant No. 4 said:</p> <p><i>“Sometimes makita mo ang parents nga gina tap gid nila ila bata sa pagpamati kun ano gina hambal ni nurse. Gina follow up gid nila ang labs and results sang bata.”</i></p> <p>(Sometimes you can see the parents giving their children a tap to listen to what the nurse speaks. They would follow up the laboratory results of their child.)</p>		
<p>Participant No. 5 said:</p> <p><i>“Gina assess danay namon kung ano ang pag-deal sang parents nila sa ila. Kung diin nga part nga duw ga respond sila, ga pati sila – so amo man na apply namon. Pero kung indi, kung kis-a, gina panilagan man namon kung okay sa parents nga i-apply ang amon nga side kag kung mag-effect man sa bata.</i></p> <p>(We assess first how the parents handle their children, noting what works and what doesn't. We apply similar approaches accordingly. If there is resistance, we check if the parents can implement our suggestions and if it benefits the child. Sometimes, they agree with the parents but not us, or vice versa.)</p>		

<p>Participant No. 8 said:</p> <p><i>“May factor gid na sila kay tuod nga ang nurse nga naka duty, naka-assign sa iya, pwede ka balik-balik pero may part gid ang mother or father or folks nga makapaghambal sa ila. Example, mapainom ka bulong – kung ako ya, ma hambal nga pa imnon siya pero ako ma insist mapa-inom sa iya.”</i></p> <p>(They may indeed play a factor in caring for their child, as the nurse on duty or assigned to them can come and go, but there is always a part where the mother, father, or other family members can interact with them. For instance, if I was tasked with giving medication, I ask for their assistance in convincing the patient to take it, but still with my supervision.)</p>		
<p>Participant No. 2 said:</p> <p><i>“Kung parent ka gid man, protective ka gid man sa bata mo. I mean, biskan hinablos niyo guro, manghod niyo guro, protective man kamo. How much more kung parent? Yes, huo eh, like protective sila in a way nga syempre indi nila gusto masakitan bata nila or ano.”</i></p> <p>(If you’re a parent, you will be protective of your child. I mean, if it’s your niece or nephew, your younger sibling, you’d be protective</p>	<p>Understanding Family Dynamics</p>	

<p>too. How much more if you're the parent? Yes, like they are protective in a way that they don't want their child to be hurt.)</p>		
<p>Participant No. 3 said:</p> <p><i>“Dapat sa pagbata palang, kung ang mga parents bala aware man na sang unusual behavior sang mga bata. Dapat gina therapy na nila or gina pa pedia na nila. Amo na kung magdako, daw indi mo na ma modify ila behavior.”</i></p> <p>(At a young age, if parents notice unusual behaviour in their children, they should consider therapy or consulting a pediatrician. This is because as they grow older, modifying their behaviour becomes more challenging.”</p>		
<p>Participant No. also 3 said:</p> <p><i>“Ang acceptance sa parents, nga indi nila mabaton nga amo na bata ya. Mapa-sawalang bahala. Ang mga parents ya view na nila ila bata as normal sila, in denial naman ang iban.”</i></p> <p>(There is often a lack of acceptance from parents regarding the disability of their child. Some parents choose to ignore it, while others may still perceive their child as 'normal.' Additionally, some parents may be in denial about the condition of their child.)</p>		

<p>Participant No. 4 said:</p> <p><i>“Lain-lain man ah, may ara nga okay lang saila mangkuton mo amo na. May ara man nga— ‘Ambot simo ay, indi amo na bata namon.’ in-denial sila gihapon, pila na ka tuig nga in-denial gihapon. Although bal-an nila, diagnosed ina, kag nagkadto sila sa ila nga developmental pedia nila.”</i></p> <p>(It still varies, others say that it is okay for them if you ask us about it. Some may say, 'I don't think so, our child is not like that.' They are still in denial, even after several years, they still deny it. Although in fact, they really know because it is diagnosed, and they already went to their developmental pediatrician.)</p>		
<p><i>Participant No. 6 said:</i></p> <p><i>“Laban nga parents daw para sa ila daw special gid bala ang ila nga bata, which is kung lantawon daw sa everyday namun nga as pedia nurse, daw pareho lang ang pag deal, maski sa normal patients, pareho lang gid na ya ang pag deal, pero amo lang na ya ang struggle namun sa may mga autism pero ti, amo na.</i></p> <p>(Most of the parents seem to think that their child is really special, but as a pediatric nurse, we see it as the same when dealing</p>		

<p>with normal patients. However, it is a struggle because they have autism.)</p>			
<p>Participant No. 2 said:</p> <p><i>“Protective sila in a way nga syempre indi nila gusto masakitan bata nila or ano. However, biskan budlay para saila ara sila sa point nga kinahanglan nila, they still need to decide what’s good for their child.”</i></p> <p>(They are protective in a way because, of course, they do not want their child to get hurt or anything. However, even though it is difficult for them, they need to reach a point where they need to, they still need to decide what is good for their child.)</p>	<p>Family Involvement in Decision Making</p>		
<p>Participant No. 3 said:</p> <p><i>“Indi mo ma control ang mga parents kapin pa kung ang mga bata nila pinaka youngest nila or miracle baby? Daw hindi nila pag i-entrust sa imo ila bata, biskan para pa sa ila bata ang intervention nga ubrahon, kung indi nila kaya makita maghibi ila bata, gahambal sila nga indi nalang te daw ma compromise kagid kun kis a kay ma delay imo ulobrahon.”</i></p> <p>(You cannot control parents, especially if their child is their youngest or a miracle baby. It is like they</p>			

<p>will not entrust their child to you, even if the intervention is supposed to be for the well-being of their child. If they cannot bear to see their child cry, they will say it is better not to proceed with the intervention, even if it would lead to delaying your work.)</p>		
<p><i>Participant No. 4 said:</i></p> <p><i>“May dedication gid ang parent nga ipabulong bata nila. Iban na kita namon na ginapabay-an lang nila. Maghambal kami amoni, huo lang sila nga huo, iban kis-a depende nalang gd sa doctor. Wala sila paki-alam ano ubrahon sa bata nila.</i></p> <p>(The dedication of some parents is admirable; they bring their child to us, while others simply neglect them. When we speak to them, they just agree with what we said. They also do not care about the interventions we implement for their child, as long as the doctor says so.)</p>		
<p><i>Participant No. 5 said:</i></p> <p><i>“May ara man kung kis-a nga ga pati man sila sa parents, sa amon wala. May ara man patients na wala ga pati sa parents pero sa strategy namon ga-pati sila. So, gina tap gid danay namon ang parents if ano ang mas mayo para saila before kmi</i></p>		

<p><i>maghatag intervention sa ila bata.</i></p> <p>(Sometimes, they may believe in their parents, but in us, they do not. There are patients who do not follow in their parents, but in our strategy, they do. So, we always consult with the decision of their parents to determine what is best for them before we provide intervention to their child.)</p>		
<p><i>Participant No. 6 said:</i></p> <p><i>“Pero kung cooperative, daw dako gid nga help man si folks or si parents nga para maubra ang procedure sa bata, kung cooperative sila or willing sila nga makita nga mabudlayan ang bata.”</i></p> <p>(If they are cooperative, it would be a great help for the folks or parents to facilitate the procedure for the child, if they are cooperative or willing to see that their child will be having a hard time.)</p>		
<p><i>Participant No. 8 said:</i></p> <p><i>“May ara gid ya dapat family member or folks nga sila gid ma initiate sang pag pa-inom or agree sa any intervention kay ila command ang gina follow sang bata.”</i></p> <p>(There should always be family members or individuals who will initiate the administration of</p>		

<p>treatment or agree to any intervention because they are the ones that the child follows.)</p>		
<p>Participant No. 1 said:</p> <p><i>“Mabalik ko liwat nga dapat, kita mapa-ayon. Hay kung nurse ka bal an, ini nga situation or ini nga hospital, damo ka masugata lain lain nga attitude, be patient. Dapat mapa ayon gid kita hindi ka mag-supok.”</i></p> <p>(I’ll emphasize again that having a lot of patience is crucial when dealing with these kinds of patients. As a nurse, you’ll encounter a variety of patients, so having a high level of patience is an important trait to have.)</p>	<p>Effective Strategies in Dealing ASD Patients</p>	<p>Key Takeaways of Nurses in Dealing with Autism Spectrum Disorder Patients</p>
<p>Participant No. 3 said:</p> <p><i>“Ako ya assertive ko ya klase nga nurse kay example bi nga patient ko bi, lain nga case, biskan sa mga behavioural problems na, ako ya ga search ko ano nga mga therapy need... what type of approach. Nga indi mo ma compromise nga pagstay nila dira throughout sa ila recovery.”</i></p> <p>(As a nurse, I am assertive. For instance, when dealing with other patients who have behavioural problems, I consistently seek out therapy needs and explore various approaches that</p>		

<p>can be employed. By doing so, I ensure that the patient's recovery process is not compromised.)</p>		
<p>Participant No. 4 said:</p> <p><i>“Dapat maubra ka guid sang mga pamaagi mo gid ya. Amo na nga importante sang critical thinking guid. Kung under pressure, dapat ‘carry’ gihapon.</i></p> <p>(You should really do your own methods. That is why critical thinking is really important. When under pressure, you should still "carry" on.)</p>		
<p>Participant No. 5 said:</p> <p><i>“Amo na dapat kilalahon niyo, observe niyo danay kung paano mag-interact ang folks sa ila. By the time na kamo na mag butt-in, try ninyo kung effective man nga kamo mag amo na sa ila, pero kung indi, try ninyo inyo strategy.</i></p> <p>(First, observe how the folks interact with the patient. By the time you decide to intervene, test if your approach is effective with them. If not, try a different strategy.)</p>		
<p>Participant No.8 said:</p> <p><i>“You need to be patient when you enter the room you must treat them and if mag-sulod kamo sa patient dapat nice gid imo appearance sa ila,</i></p>		

<p><i>especially ang autism nga na handle is bata. The way kamo mag-approach sa ila dapat is to listen gid. Pag-abot mo dapat greet ka gid hindi lang sa ila kundi sa ila man nga parents and after that i-check mo man sila if okay sila bisan tuod wala sila ga greet back.”</i></p> <p>(When entering the room, it is crucial to exhibit patience and kindness, particularly when interacting with children, especially those with autism spectrum disorder. Your demeanor should be gentle, as they are children with special needs who require delicate handling. Approach them with active listening, greeting both the child and their parents upon entering. Following this, ensure their well-being by checking on them, even if they do not respond when you greet them.)</p>		
<p><i>Participant No. 1 said:</i></p> <p><i>“Dapat before palang magsulod or skwela nursing, as a student palang nga daan, aware na kamo dapat kung ano ang mga different patients nga ginahandle ta. So as a registered nurse, bal an nyo nagd na kung ano ang mga bagay nga ubrahon sa pasyente, although hindi pa kamo amona ka wise pero kung ikaw na ang nurse, dapat bal an mo kun ano ubrahon sa</i></p>	<p>Key Attributes of Nurses</p>	

<p><i>patient."</i></p> <p>(One key trait a nurse should possess in dealing with autism spectrum disorder patients is knowing what kind of patients we treat. It is really important that even though you're still a student, you already have an idea about this kind of disorder so that when the time comes you already know what to do when you encounter such patients.)</p>		
<p>Participant No. 2 said:</p> <p><i>"Paayunan mo gid ya, extra patience, ang building trust siguro, syempre you have to start it with the parents mismo no? Nga kinahanglan mo gid mag establish rapport anay sa parents then to the patient itself."</i></p> <p>(You really need to accommodate their needs, with extra patience, maybe building trust, of course, you have to start it with the parents themselves right? you really need to establish rapport first with the parents, then with the patient itself.)</p>		
<p>Participant No. 3 said:</p> <p><i>"As nurses, dapat more on understanding and be empathetic gid, what if ikaw sa shoes nila bla, imo utod, imo cousin, imo bata bi sa future. Imo patience and then like, imo</i></p>		

<p><i>compassion in dealing with them dapat mas widen.”</i></p> <p>(As nurses, we should strive to be more understanding and empathetic. Imagine if you, your sibling, cousin, or child were in their situation. Patience and expanded compassion are also vital when dealing with them.)</p>		
<p>Participant No. 7 said:</p> <p><i>“Kita nga mga Nurses, and dapat daw design gid kita nga maging flexible kag ikaw gid ya pirmi ma adjust sa patient. Siguro may philosophy man, may psychology man kita, para ma study-han. So amo na, dapat open ka sa tanan nga learning, open ka sa tanan nga possibilities.”</i></p> <p>(As nurses, we are expected to be really flexible and always ready to adjust to the patient. Perhaps because there's philosophy and psychology implemented into our education prior. You need to be open to all learning, and open to all possibilities.)</p>		
<p>Participant No. 8 said:</p> <p><i>“Ang consistency, mag greet ka, mapa say hello ka is important.. Ma hambal ka nga ako ang nurse mo subong. Bal-an ko man na nga hindi man sila mentally ill kay autistic man lang pero at least ma remind and greet ta sa ila</i></p>		

<p>nga ara ang imo presence. So ma recognize nila nga daw ka pleasant kag kanami bala ang pakikitungo sa ila. Muna nga that's why kung gusto gid bala nga ang interventions manami dapat sa umpisa palang maging consistent kana sa imo na ubra kag always kagid maging polite sa ila kay the rest ma follow na lang na.”</p> <p>(Consistency is crucial, including simple greetings such as saying hello or introducing yourself as their nurse for the day. It's important to remember that individuals with autism are not mentally retarded; they simply have autism. When they recognize your pleasant and courteous approach, interventions tend to work better. Being consistent and polite from the beginning sets the tone, and others will likely follow suit.)</p>		
<p>Participant No. 2 said:</p> <p><i>“Effective (intervention) ... somehow, yes. Pero ma delay lang siya kis-a. For example if indi gid siya mag inom bulong, so you need to change naman the timing of medications, the timing of the treatment man kis-a kay pa-moody man na kis-a.”</i></p> <p>(The intervention is somehow effective, yes. However, there could be delays. For, example, if</p>	<p>Time Management when Dealing with ASD Patients</p>	

<p>these patients do not want to drink their medications, you need to change the timing of medications and the timing of the treatment because sometimes they are moody.)</p>		
<p>Participant No. 4 said:</p> <p><i>“So, kumbaga bala diri, kun ER ka, dasigay ang ubra kay ‘time is of the essence’ na diri, although nga ti kinahanglan man nga focus ka man sa imo ubrahon eh. Para, mangin okay man imo pasyente specially ikaw gahatag sang initial management man eh.”</i></p> <p>(Here in the ER, every thing is fast-paced because it is ‘time is of the essence’ here. You need to focus on your work, so that your patient will be okay especially you are the one giving the initial management.)</p> <p>Participant No. 4 also added:</p> <p><i>“Te diri ya sa medical field, it’s all about proper timing man, time is of the essence gid ya sa aton field diri kay every second counts gid na ya kung amo na. Although te may mga bagay nga pwede man i-delay pero te mga life threatening ya te indi gid na ya pwede ma delay ya.”</i></p> <p>(Here in the medical field, it’s all about proper timing; time is of the essence here</p>		

<p>because every second counts. Although there are things that can be delayed, there are life-threatening situations that cannot be delayed)</p>		
<p>Participant No. 5 said:</p> <p><i>“Kay kung-baga mga amo na nga maintenance nila kis-a, gina sunod lang ang timing kung wala (ga eat). Kay-ti hindi mo man sila ma pilit kesa mapakaon ka sang “amo ni” kay may imnon ka nga “amo ni”. Ang side nila is sundan mo guid sila ya. So ga adjust lang guid kami sa timing.”</i></p> <p>(It's like in their maintenance (medicine) sometimes, you just have to follow their timing (when eating). Because you can't force them to be fed and drink. We just have to follow them. So, we just adjust to their timing.)</p>		
<p>Participant No. 6 said:</p> <p><i>“Pulo ka patient imo gaan medication, ma stock up ka sa isa ka bilog, kay you have to deal with that, but syempre kay ti, na preparahan mo na na in advance. Over all, si nurse gid ya ma-adjust. So preparahan mo na ang obrahun mo ahead of time.”</i></p> <p>(If you have ten patients for medication, you will be stocked up on a single vial, because you have to deal with that, but of course,</p>		

<p>because you have prepared it in advance. Overall, it's really the nurse who adjusts. So prepare the tasks you need to do, ahead of time.)</p>		
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APPENDIX P

TRANSCRIPT

<p>PARTICIPANT 1 Code Number: A2-1802-09</p>	<p>Interviewer: Good Morning Ma'am. We are Nursing Students from Central Philippine University conducting this research entitled Lived experiences of nurses in dealing with autism spectrum disorder patients in selected hospitals in Iloilo City. So, the central query of our study is "What is it like to be a nurse who deals with autism spectrum disorder patients?"</p> <p><i>"Ah kung ano akon experiences as a nurse?"</i></p> <p>Interviewer: Yes ma'am in dealing with patients nga may autism.</p> <p><i>"Sa autism, diba special sila? Amona i expect mo gid nga.. free-flowing ang tanan. Nga dapat as a nurse, ikaw ang ma adjust. Adjust ka sa imo patient kay ang nurse.. mas nakabalo keysa saiya pasyente. So amo na ang... bale mapa-ayon ka keysa sa patient mo."</i></p> <p>Interviewer: Yes ma'am. So sa mga amo na ma'am, ano nga strategies ginaubra mo ma'am para magbuild rapport sa imo patients?</p> <p><i>"So.. kung first mo nga meet sa patient.. pagsulod mo sa room.. mapakilala ka.. sa patient nga nurse ka, nga ara kada para magcare saiya kag magbulig. Para ang trust nya mabuild nya saimo. So everytime nga magsulod ka, bal an nya na kung anong ubrahon mo.. para atleast hindi sya magulpihan bala... Oo, kay syempre, mabal an kag makilal an man naton ila nga situation. So pakilala ka sang imo name, tas hambalon mo nga nurse ka, nga ara kada magbulig, mag ano sang bulong.. until nga makwa mo ang trust sang patient."</i></p> <p>Interviewer: So.. kamusta man bi sya ma'am kung ang patient.. very difficult gid.. nga kun sa medications or vital signs..</p> <p><i>"Case to Case basis na sya bale, depende sa kaso sang</i></p>
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patient. So kung ga amo na, hindi mo sya danay pagpiliton, tawhayan mo sya. Gaan mo sya sang time, tapos kung daw medyo relaxed na sya, balikan mo naman liwat. So amo na.. or kis a ga ask kami help sa family, nga ulo-ulohan ang patient. Para atleast sa time nga na.. maghagan hagan iya nga ano.. nga attitude bala towards dira.. maghagan hagan sya kumbaga, hindi sya pag i-force, hindi sya pagpiliton.. oo. So gaan sya sang time kag patawhayan sya.. tapos kun mag okay na sya.. kay amo ni nga case bal an sang patient syempre daw medyo budlay sila eh.. budlay sila so hindi sila ka express maayo. And hindi man kabalo kung anong, nasa feeling nila.. lain ya sang normal ya kay makahambal sila, so mabal an naton kun ano ang nabatyagan. So ini sila ya.. hindi naton.. kay bal an mo depende man sa autism.. kay may autism daan nga daw.. hindi masyado bala.. kay may iban daan nga daw hindi kabalo maghambal moh, depende sa degree man sya. So kun mag amo na nga ara kita sa sitwasyon, nga budlay sila i deal, so hindi ta sila pag i-force danay. So medyo, patawhayan danay.”

Interviewer: Pwede ko ka ask ma'am kung ano nga mga naobserve mo nga relaxation techniques nga ginagamit nila?

“Ah mga relaxation techniques?”

Interviewer: Oo ma'am

“Sa akon lang ni ha, kun inugtulog sang patient kag dason kung daw hindi sya katulog bala, diba ang lights naton siga tanan? So kun pwede naton ma off aton lights kag kun may lights sa CR ta kag ang television i off naton para wala sang distractions saila nga amo na, kag kay family nga tupad ya para makita nya nga may upod sya. So depende man kun kis a ang mga doctor ta gahatag man sila mga pang parelax nila nga bulong. Pero kung sa aton lang ya bi, nga hindi sa doctor ga agi, as much as possible wala sang mga gapadisturb pareho sang mga TV, syempre iban gatan aw pana TV moh kay hindi pana sya katulog. Tungod nga gagahod ang TV so i off mo na or i off mo ang mga lights para dulom sya bala, para makatulogan sya.”

Interviewer: Ma add lang ko ma'am sa care or relaxation nga na. Once nga kung night bi ma'am and need ta magtake vital signs and may mga due nga meds, so pano na sya ma'am? Pano ka mag interact sa patient kun magreact or makibot ang patient, pano mo na sya i deal ma'am?

"Nakibot nga..?"

Interviewer: Yes ma'am kung pareho gab i bi tapos narela na sya tapos nakibot nanaman.

"So i tap molang gd sya sa likod nya and i-assure mo sya nga okay lang, no need to worry tapos back to sleep kalang tapos gaan mo sya danay mga pila ka minutes before mo sya i ano liwat kay syempre amo na nga sitwasyon daan kabudlay saila paayunan, so dapat mas wide aton nga paminsar kag sa mga amo ni nga patients naton, dapat nga daw level headed kita, kag ang patience naton dapat lawig sya compared sa regular patients ta nga muna. So kita ang maadjust, hindi sila."

Interviewer: Pwede ko ka ask ma'am if pwede ka kahatag sang key traits nga dapat may ara ang nurse maghandle sang patients nga may cases like them

"Ano nanamean mo nga traits?"

Interviewer: Ang key traits maam nga dapat may ara ang nurses para mas hapos saila maghandle sang patients nga may special cases like them, like personal characteristics

"Ah kung para pano maghandle sang muna? So, before palang magsulod or skwela ka sa nursing, you must know.. nga.. diba as a student ara kamo sa ward? As a student palang nga daan, aware na kamo kung ano ang mga patients nga ginagandle ta. Then, sainyo palang daan nga school natudloan na kamo nga muna. So magnurse nagd kamo as registered nurse, bal an nyo nagd na kung ano ang mga bagay nga ubrahon sa

	<p><i>pasyente, although hindi pa amona ka wise inyo nga ano.. so kung ikaw na ang nurse, dapat bal an mo kun ano ubrahon sa patient. Mabalik ko liwat nga dapat, kita mapa-ayon. Hay kung nurse ka bal an, ini nga situation or ini nga hospital, damo ka masugata lain lain nga attitude, be patient. Dapat mapa ayon gid kita hindi ka magsupok. Kay ti ang aton nga goal ya is macare saila moh, kay karon magsupok ta karon maaway lang ta. So amo na dapat icare ta sila, intindihon tala especially sa mga special nga patients, so kita dapat ang mapa ayon kay kita ang mas makaintindi gid.”</i></p> <p>Interviewer: Thank you ma’am.</p> <p><i>“Na satisfy kamo sa answer ko?”</i></p> <p>Interviewer: Yes ma’am.</p> <p>Interviewer: So ma ask ko ma’am if pila na ka autism patients ang nahandle mo?</p> <p><i>Participant: So far sa 21 years ko, i-estimate ta nalang siya, more than 10 or more than 5 siguro. Kay ti in and out man na ang mga patients naton mo. So iban na da gabalik man sila. Ang cases abi subong lain man ang medication nurse, lain man ang bedside kag kwan ti ginatunga tunga namon ang ubra, so halos kami nakaagi gid sa patients. Dependende gid kung hindi kami understaffed. Hay kung understaffed kami kis a, ang isa ga medication nurse, ang iban amo man.</i></p> <p>Interviewer: So far daw wala naman kami questions ma’am. Thank you for answering po.</p>
<p>PARTICIPANT 2 Code Number: A1-1205-18</p>	<p>Interviewer: Good afternoon, Sir. We are the students from Central Philippine University 4H and we are conducting a study entitled “Lived experiences of nurses in dealing with autism spectrum disorder patients in selected hospitals in Iloilo City. Ang central quiry namon is “What is it like to be a nurse who deals with autism spectrum disorder patients?”</p> <p><i>“What is it like to be a nurse?...”</i></p>

Interviewer: Kung mag deal ka sir sang autistic nga patients.

“It doesn’t change man gyapon, you’re still a nurse. You addressed the needs of the patient.. you still addressed the needs of the patients, same man gyapon sa normal patients. However, you need to be more... Ang imo bala patience...”

Interviewer: Laba?

“Yes. More patience towards them kay kis-a daan medyo anona sila eh, medyo, what you call that, moody. Depend, kay syempre ang autism spectrum disorder is a broad disorder. Damo na siya branches-branches, may ara gdya nga autistic gdya, may ara man slow learner lang, may ara nga hyper. So depende, depende man sa case somehow sang aton patient. But still, same man gihapon ang pag manage mo ang pag treat mo sa patient.”

Interviewer: May ara ka sir like challenges or difficulties, for example if mag hatag ka bulong ano mga experiences mo into that?

“Yes, of course. Kay prior being a head nurse diri sa Medical Surgical Ward, I worked for the Emergency Department for 10 years, so from the ER palang ma witness mo na daan ang may mga autism spectrum. Especially if insertan mo sila IV, however, somehow, thankfully nga ang parents nila is very supportive man sila. So wala kaman choice kis-a, wala mn sila choice kis-a kun IV-han sila so gawaras gd na sila kis a.”

Interviewer: Ano ang encounter mo sir, diba for example hambal mo ila parents supportive man, may ara ka nga ne encounter nga daw ila parents daw medyo protective saila bata?

“Ti kung parent ka gidman, protective ka gidman sa bata mo. I mean, biskan hinablos niyo guro, manghod niyo guro, protective man kamo. How much more kung parent? Yes huo eh, like protective sila in a way nga syempre indi nila gusto masakitan bata nila or ano. However ara sila sa point nga kinahanglan nila. Example mag insert IV, magstart venoclysis sa patient, so wala mn sila choice. But they have to submit their children man

nga IV-han. Ky for that treatment man. So ngkadto gani sila sa hospital diba for treatment. So amona..”

Interviewer: So sa mga muna nga patients bala sir, diba different gid sya sa mga normal lang nga mga pedia. Paano ka sir mag build trust bala saila para maging cooperative man sila saimo, sir?

“Into-intuon mo eh.. ang bata. Dati daan sa emergency room may mga posters, cartoons teddy bear nada nga naka kabit-kabit da. So, paayunan mo gidya, extra patience, ang building trust siguro, syempre you have to start it with the parents mismo no? Nga kinahanglan mo gid mag establish rapport anay sa parents then to the patient itself. And mabudlay man kis-a, kay syempre ang autism spectrum is broad eh, so depende gd guro sa case ya, ky may ara man ya nga okay man, kag may ara man ya nga hyper.”

Interviewer: So pila na ka patients ang na handle mo sir nga autistic?

“Siguro naga work nako for 17-18 years. So indi ko na ma-isip. Kay bal-an mo diba like mag hmbal kita autism spectrum, broad siya, siguro may mga patients man nga amona and indi siya muna ka open or ang parents mismo indi muna ka open nga diagnosed ang ila nga bata. Kay ang autism spectrum, when I started indi amona siya ka popular, mabalan-an molang na ang patient nga may down-syndrome, ang autism ya ang autistic gidya diba may ara autism nga super hyper, wala gidya gahambal and may ara man ADHD and amo lang na ang mga common sang una. Pero ang autism spectrum subong damo gali nga branches-branches nga wala ka ga-expect nga ‘ay hala may autism spectrum na siya gali.’ May mga slow learner kis-a, may delayed ang speech...”

Interviewer: Kung maghatag ka nursing interventions sir, wala man ga-hinder ang imo nga nga interventions? Effective ma siya permi sir?

“Effective... somehow, yes. Pero ma delay lang siya kis-a. For example if indi gid siya mag inom bulong, so you need to change naman the timing of medications, the timing of the treatment man kis-a kay pa-moody man na

	<p><i>kis-a. Mahambal lang na ang parents nga “okay hambalan talang ka da sir/maam kung okay na siya.” Or may ara parent man kis-a nga “ako lang di mapa inom bulong, hambalan talang ka kung nakapa-inom nako. Kay kis-a daan makakita na sila nurse medyo ga wild nana sila, kay shempre ang ila connotation sng naka-puti, even you, makakita kamo naka-puti & naka-capped is injectionan na kamo. So amona ang trauma...”</i></p> <p>Interviewer: Daw may prejudice sila sir...</p> <p><i>“Nan, may prejudice na ang mga tawo no basta naka-puti.”</i></p> <p>Interviewer: So far, that’s all naman sir ang amon interview.. Thank you!</p>
<p>PARTICIPANT 3 Code Number: A3-1206-14</p>	<p>Interviewer: Goodafternoon Ma’am, we are students from Central Philippine University, Level 4 students, and we are conducting a study entitled “Lived experiences of nurses in dealing with autism spectrum disorder patients in selected hospitals in Iloilo City. So ang amon central quiry ma’am is “What is it like to be a nurse who deals with autism spectrum disorder patients, ano ang imo experiences ma’am?</p> <p><i>“Ano lang akun, limited, sa 3 years ko nga ga work diri, daw ... butang ko bi mga 2 to 3 lang nga patients, budlay sya as in. Kay ano, ... budlay pero syempre, garing ka experience man ko abi mung. Youngest ko nga utod may mild autism, so ako ya nga daan daw, ... may idea na ko nga kung di mo sila kilala bala dali ka gid ya mairitate ya mung sa attitude, kapin pa kung ano mga mannerisms .. and then the way sya mag react ka things.”</i></p> <p>Interviewer: Pano sila mag react ma’am kung mag sulod ka sa room?</p> <p><i>“Kung mag sulod ka sa room dumduman ko, ga training pa ko to abi sa CB, usually mga bata pa sila sang mga manggaranon, usually gid ya mga bata ka doctor, mga bata ka businessman, and everything, ang ano gid ya eh, ang communication, di mo sila ya matudluan kung ano, kung ma stay still sila and whatever tapos more on gid ya eh, ma tap ka gid sa legal guardian before ka mag</i></p>

communicate sa ila kay syempre autistic diba may ara hyperactive, attention deficit, may iban nga hipuson, kag daw mga ano bala, reckless behavior ... nga ano sila, ... ang action nila, daw tirik tirik bala, amo na ang term. May iban abi mung... May ara isa nga patient namun..., the way sya mag communicate daw ano bala,stutter iya word, hindi pa ya congruent, mangkuton mo sya, kaisa gatulok lang na sya simo tapos mag response sya sa verbatim, lain. Ang barrier gid para kanakun is communication. Kag ano eh, daw wala gid sila ya sa ano, kung sa atun bala kung tawo ka gid ya kabalo ka mga right from wrong and everything tapos ang actions mo ga congruent man sa imo, ma tudluan sya.”

Interviewer: sa 2 to 3 patients mo nga nahandle, pedia ni sila tanan?

“Pedia, huo.”

Interviewer: Sa pedia ma’am diba, usually makita ta man sila like normal lang; ang iban nila bla nga traits nga ha tirik-tirik – ang mga bata bla nga wla ha pahimuyong. So, feel mo ma’am, ano ang difference bla sa normal kag sa autistic gid nga patients sa pedia?

“Kung icompare ko sila... ano... actually depende sa pag brought up sa environment, sa ila nga pagpadako gid sa ila eh. May iban man nga biskan autistic, ka behave. May iba iban gid ya... depende man gro kay diba may nga types man abi”

Interviewer: Lain lain nga spectrum

“Kag sa (ADHD)... tapos kung sa (ADHD), may iban man nga (ADHD)nga ano... ka smart”

Interviewer.: tama sila ka alam...

“Tapos ano.. Assertive sila magpamangkot, kabalo sila”

Interviewer: may idea sila

“May iban man abi, as in... nd gid. Like, mabal-an mo

nga lain gid sila. Makita gid sa ila attitude kg sa ila mannerism gid ya. Gulpi lang bla mang-ano (butong) ka hair.”

Interviwer: ga struggle ka ma’am eh nga gulpi lang butongon?

“Oo. Tapos kita mo nga iban nga bata nga tend nila nga dira lang sa guardian nila, nd nila gusto pagtandugon... may own world lang gid sila ya. Dira lang sila sa corner.”

Interviwer: Kung magtao ka sang bulong for example, ano ang experiences mo for interventions magtao ka bulong or example magkwa ka BP and vital signs, ano imo experiences dira?

“Ako ya ga tap gid ko una sa guardian, like... ano... syempre kung ano... may iban man bi nga guardian nga ga hambal nga amo ni iya bata, dapat intindihan gid and everything. Pero ano gid eh – distraction technique.”

Interviewer: ano nga mga distraction technique?

“More on... kis-a ga dala kami mga toys. Kapin pa mga stet. May iban na nga mga pedia, ga dala na sila mga monkey-monkey or teddy bear.”

“Sa bulong, budlay budlay gid sila paimnon ya.”

“Tapos ang pinaka gina tudlo sa amon sa CB... ang gma threat nga na bla – indi gid na nami sa bata. The more nga ga instill ka fear sa ila. Kay indi ka man bi ka hatag ka bulong kung wala trust - indi ka build rapport and trust sa ila, indi ka gid ya. Galing may iban man nga bata; indi man bi tanan... indi mo man ma generalize tanan nga pwede iban ma... in a span of a week, naka assign ka sa iya, indi mo dali-dali ma buol-buol ila (trust) nga ano. Kay syempre more ang mga bata na gina inclose. Gina homeschool, iban sa SPED. Kaluoy lang na sa ila, gina discriminate.”

Interviewer: Usually discriminated sila kay ang mga tawo wala ka intindi kung ano gid man ang ila attitude and all.

“Oo, kay akon ya one time... akon brother amo man. Kaagi gina therapy namon, ka mahal abi subong. Kung magsakay na sa jeep, may ma syagit pa na regarding sa behavior na bla haw. Tapos may ma hambal na – ‘baw ka sabad man na.’ Mangakig na siya. Teh hambal ko, ‘te, bal-an mo... gahod na sa iya tapos sabad-sabad. Gapang kuhit pa na ka mga tawo, autism gid sa ya.”

Interviewer: wala pa siya na distinguish kung ano nga type.

“Oo, kung ang behavior nga na duw okay nga ipakita sa tanan or kamo-kamo lang, duw amo na bla. Tantrums pa gid... kung indi ya makuha ya gusto ya – kaagi to may patient tuh, gin pilit namon, gina bang ya iya head sa may wall. Ga hambal nalang ang folks nga karon na lang. Syempre irefer lang sa doctor, indi ta na pagpiliton.”

Interview: may iban gleh nga duw naga... grabe ila tantrums, mas lala kaysa sa normal.

“Huo, kita ya gwa, kung sa edad naton. Mga pedia gro, normal nga pagdevelop ka baby ya or sa bata gid. Pwede mo ma utis-utis. Sila ya duw may pagka tig-a lang gawa, kay hindi sila familiar sa people.”

Interviewer: Sa amo na mo nga experiences, may-ara ka sang pinaka challenging gid for you? Nga natandaan mo pa

“Actually, oo. May ara kami da patient nga duw dengue ata. 20s na sya nga may autismm as in kaluoy lang kay... every time... sa 8 hours mo nga duty, duha or tatlo maka insert kay hindi gid siya ya ka stay sa isa ka place, duw within an hour, may ma libot siya.”

Interviewer: Adult siya nga autistic?

“Oo... may ma gwa siya, may ma ano siya. Tapos gapang ano siya, gapang sipa-sipa bla sa iya nga ano. Kay iya to, ahay, unfortunate lang sa bata ya kay more on tita ang naga take care – so caregiver. Abroad ang parents. Biskan sa verbal ya nga tudluan. Tapos inang

istrain mo ang mga bata, ang ila behavior ma ano pa gid... Mag insertio, ayawan ka gid sa iya. Tapos sa uili nga lapit nalang matapos antibiotic ya, hambal ni doctor – ipa table nalang. Kay na dengue to siya mo. Te kay dapat ang dengue is more on hydration, accurate pa gid ang MIO, peak to bi ka dengue. Te kung ma hypovolemic shock to bi abi. Dextrose gid to siya.”

Interviewer: wala man cases kung may dextrose (IV), gulpi lang mang gabot?

“Gapang gabot na sila. Ga hambal na, ‘ma’am, ma’am, ma’am’ ga ngirit siya pero nakuha ya na dextrose ya. Gusto ya ang ga hampang-hampang na bla. Ma ano na ang folks nga, manawag. Te sige, ma insert naman. Biskan ang iban, ang maka hambal, biskan ma hambal ka nga, ‘insertan ka liwat ha’, huo-huo. Ga hibi bi na siya, halongan na. Tapos pila naman ka minutes, bul-on na naman. Te hamak mo kung dako-dako ang bata bi, ang iya build bi duw mga mesomorph nga dako-dako.”

“Ma hambal ko man gani, kung hindi bla naagapan ka mga therapy and enverything, mga behavior nila duw, iban delikado.”

Interviewer: Usually kung autistic, ma hambal ta dayon kis-a nga pedia lang siya, ga halin siya bala mag adult ka. Pero may ara gid ya gle nga sa adult

“Kag amo gid na ya. Dapat sa pagbata palang, kung ang mga parents bala aware man na sang unusual behavior sang mga bata. Sa developmenta milestones, sa amo ni nga edad ni, indi ka ka crawl, waay pa ga hambal ka mga vowel. Dapat ano na dapat, gina therapy na nila or gina pa pedia na nila. Amo na kung magdako, ulihi na nila... duw indi mo na ma modify ila behavior. Te subong pa nga daan, sa amon to nga time, interview kita sang folks, ang therapy pila? P1,500 per hour? Te kung wala ka ya bi kwarta, amo na bata mo, sa pagdako ya, iban ya gina utis lang ka iban.”

Interviewer: when it comes sa folks naman bi, sa parents, ano imo approach or pagdeal sa ila kay may iban nga tama ka protective...

“Oo may iban. Ang ano... reassurance sa parents. Syempre may iban, indi mo ma control ang mga parents ka pin pa kung ang mga bata nila... ka pin pa kung pinakaa youngest nila, amo na ila type or ka pin pa miracle baby? Tapos duw ano, tigulang sila nagbata, menopausal baby siya, tapos amo na autism. Kay iban need mo gid ya, dapat kung nurse ka, biskan ano hambalon ka folks, nga waay ko trust sa imo, itake mo na as a challenge. Search kaw paano magbuild ka trust sa ano na type sa isa ka patient, ka pin pa sa mga manggaranon. Ila nga parents? Kada sulod mo ya feeling mo gina kurdam ka ya. Ka pin pa ang may mga know-how. Aware ka lang gid ya kag ang buligan mo imo self... like ano gid... kung amo na, ga ask ka bi sa seniors mo, ‘ma’am what if ga amo ni ang patient, te paano bi namon iapproach para mag at the end of the day, after 12 hours mo, smooth sailing, na hatag mo imo mga bulong , nahatag mo ang care nga dapat para sa iya.”

Interviewer: For you, between pedia and adult nga autistic, ano gid ang budlay sa duhay maghandle?

“Honestly speaking, more on, sa bata, younger age. Dira nga instance nga dira pwede mo pa ma... ano... budlay sya in a way kay syempre bata pa siya kag sensitive ikaw sa possibility nga pwede na ikaw mag suggest. Ako ya ga suggest ko ya sa parents. Hambal ko, ‘ma’am unusual behavior, amo gid man na siya sa pagkabata ya? Like sa edad ya wla pa gid m siya ga ano... butang ta bi 2 years old, wala pa ga hambal tapos notice mo hyperactive, tapos indi normal iya developmental milestone. Te ano ang acceptance sa parents nga indi nila mabaton nga amo na bata ya... at the end of the day, mapasawalang bahala tapos magdako. Sa bata daan, syempre, mga parents ya... view na nila ila bata as normal gid sa ya bala, in denial ang iban. Pero makita mo gid ya, as in. kung more on sa healthcare ka nga field, makita mo gid ang bata ya. Sa mannerism nga duw wala siya ya pake sa palibot ya... flat affect.”

“Kaagi kami patient da, isa. Pila na tuh edad ya man, mga 10. Wala gid sya ya pakialam ya. Ang tatay ya... may ano may ga dinugo buli ya, siya lang iya, waay sya pakiala, tulog lang siya ya. Tudluan mo, ga lungo-lungo

lang siya. Waay siya pakialam ya, ka pin pa kung, ano siya, hygiene bla, 2-3 na wala ga ilis. Swerte lang sa aton kay sa culture sang mga... sa Philippines, biskan amo na ang bata diba, acceptance. Sa america, kita nila nga may mga abnormalities bata pa lang, may mga test na sila, gina abort na nila gani. Hadlok na sila mag take risk.

Interviewer: So sa tanan nga encountares mo, ano imo takeaways or learning bla if maka encounter ka, kay syempre ga work ka. Kung maka encounter ka again, syempre expected mo na nga dapat muni akon ubrahon kay muni nga klase sang autistic patient, amo ni nga spectrum ang na encounter mo subong. Ano bla ang mga learnigs mo from the... iban mo to nga patients nga para indi na ma alter or ma compromise imo bla interventions kag care man sa others?

“Ang akon gro, sa 3 years ko di, 2-3 ma lang na handle ko, seldom man lang ang patient nga amo na, ano gid ya, as nurses tani bla, more on ano gid ya, understanding, and be... empathetic, what if ikaw sa shoes nila bla, imo utod, imo cousin, imo bata bi sa future. Imo patience and then like, imo compassion in dealing with... dapat mas widen. Tapos more on ano eh, dapat ano ka gid ya, assertive ka gid ya. Ako ya aassertive ko ya klase nga nurse kay ako ya gusto mag... example amo bi na patient ko bi, lain nga case, biskan sa mga behavioral problems na, ako ya ga search ko na ya, ano nga mga therapy need... what type of approach. Nga indi mo ma compromise nga pagstay nila dira nga okay ila pag-ano... throughout sa ila recovery. Biskan diversional activities, okay lang na ya kay bata man na ya. Ma modify mo pa na basta bata pa. Amo lang na, short term lang, kay syempre sa hospital usually.”

“Usually seldom ka lang makita sang mga bata nga amo na naka admit. Behavioral syempre indi man na abi aton scope. Sa mga sakit gid ta mo. amo lang na. Mani lang mung nurse ka te syempre at least na experience mo kag ma apply mo in the future.”

Interivewer: kag may idea nga indi lang gle amo ni

“Nga sa medical nga lang nga field kay total care man kita. Mas importante pa gani para kanakon ang

	<p><i>emotional... mental nga care sa ila kaysa behavioral. Kay learn man na ang action. Pero ang compassion mo, lain gid ya kung sa bata. Okay na?"</i></p> <p>Interviewer: Ok naman ma'am. Thank you gid! Thank you.</p>
<p>PARTICIPANT 4 Code Number: A4-2123-15</p>	<p>Interviewer: Good afternoon, Sir. We are students from Central Philippine University 4H and we are conducting a study entitled "Lived experiences of nurses in dealing with autism spectrum disorder patients in selected hospitals in Iloilo City. So, Ang central question namon Sir is "What is it like to be a nurse who deals with autism spectrum disorder patients?"</p> <p><i>"Honestly speaking, mabudlay eh. It's very hard gidya, kung magdeal ka sina kay syempre, you know they are special, ang mga tawo nga na special na sila. So, kinahanglan nila special treatment, muna gani ang description saila diba, "person with special needs". Syempre indi na basta-basta nga gulpi ka lang matandog saila, although nga sa common practice diri, before ka mag-tandog sa isa ka tao, licensya ka gidya kay ti invasion of privacy na siya. So, indi mo na ma explain saila nga "tuslokan taka ha, kay para ini sa ano..." Iban naka intindi na mo, pero indi tanan sila makaintindi sina nga "ay ma start nako IV"/"hatagan taka bulong". Pero syempre kumbaga bala, itreat mo sila as happy experience lang ang i-ubrahon mo saila. Kumbaga bala indi ni siya painful, indi siya detrimental saila ang paga-ubrahon mo. Specially sa mga... ano ang description, ang classification niyo sa ASD?"</i></p> <p>Interviewer: Different siya bi sir nga mga spectrum, so may ara gid nga hipos lang gid sila, may ara hyperactive, kis-a agitated man or iban tama ka alam.</p> <p><i>"Yes, kumbaga kis-a bala indi mo gani ma differentiate. Syempre tanan man siguro namon nga pasiyente, gina treat man sila namon as regular patients lang man. Although kis a budlay gid kay kinahanglan mo pa id-idan or eksplekar saila, unlike sa parehas ni sa mga ma experience naton nga pasyente bi, tama ka bata, tama ka tigulang, so, indi mo ma dali-dali imo ubra. So,</i></p>

kumbaga bala diri, kun ER ka, dasigay ang ubra kay "time is of the essence" na diri, although nga ti kinahanglan man nga focus ka man saimo ubrahon eh. Para, mangin okay man imo pasyente specially ikaw gahatag sang initial management man eh, example ta karon naga suka ang pasyente, pagsuka sang pasyente, indi mn na dali2 nga hatagan taka muni, explikaran mo na dayon kay ang first line sang information always ga halin saimo. Pag abot ya atinderon mo na dayon ya, sa ulihi lang na ang hambal saimo nga "ang amon pasyente may special siya nga pang kinanghalon.". Kinanglan naton sila explikaran kung ano ubrahon saiya, ano ang i-expect ya nga mangin resulta nga matabo right after mo ubrahon ang mga mu ni nga butang. So para sa akon, indi man siya time consuming pero ma delay lang guid ang ubra mo, ma delay lang imo management. Kis-a kinahanglan mo pa na dayon pila ka tawo. Last week, share ko lang, wala ko man na confirm ang parents kung may 'amo' ni siya pero makita mo man nga duw may clinical presentation na ang pasyente kay pila kami kabilog ga kapot saiya."

Interviewer: Pedia patient, sir?

"Oo, pedia patient. Duw ara siya sa teens, fourteen. Ara siya dira pero ma bal-an mo guid eh kay may lag ang pag sabat ya saako because ayawan ka gid mag-eksplikar sa iya so naglisensya kami sa parents kung pwede na mangayo kami bulig, kung pwede siya ma gapos kay para kay maka start na kami sang management saiya. Sa dira palang pira na ka tawo, pira na ka resources ma consume mo. Ang parents ya dapat ma sabat sa doctor kay ginai interview, ang isa makadto admitting ma fill-up sang data sang pasyente para may ma input na sa system naton diri. Instead nga i spend na nila ang time nila sa mga amo na nga bagay, which is essential guid katama, tawgon ko sila mabulig pakapot, mabulig butong. Kinahanglan mo pa sila bag-o maka establish sang management saila. So amo na mabudlay siya, in a sense nga ang oras mo lang bala."

Interviewer: Challenging sir?

"Oo, sakto na mahambal mo guid na challenging. Kag isa pa indi na tawag nga idaho ya ang kamot ya simo ah, indi ya natawag nga amo na. Kag diri daan saila, ang pag start sang IV, painful experience na mo. Kumbaga bala tanan man nga tawo, once na masakitan ya, pag

tandog mo na, automatic tapihon ya na. Liwat ka naman, ngita ka naman liwat sa bag-o nga ugat. Indi mo pagid to ma hit kay bal-an ya na ang feeling sang first time nga guin tuslok mo siya. So tendency indi ya dun na pag offer saimo liwat, kung diin ka naman. Diri abi sa ER, ikaw ang ma IV diri, kung hindi man ikaw ang ma IV, team kamo ma IV, masulat ka pa, ma charting ka pa. Diri hindi kita ya nga “checklist-checklist” nalang, diri ya ma mano-mano ka guid gihapon. Ma mano-mano ka surat, mano-mano ka ubra. That is why mahambal ko nga mabudlay siya, na makipag deal sa ila. Pero being parent, ako father man ako, makita ko man, i-apply sa pedia lang ha ma kadto ta karon sa adult. Makita mo syepmre ang mother and father, ma swerte guid ang tawo nga amo na kay gina tatap siya sang iya ginikanan, iban na kita namon na ginapabay-an lang nila. Wala sila pake(pakialam).”

Interviewer: May ara guid parents sir nga wala, gina neglect nila?

“Oo, nga gina neglect nila, yes.”

Interviewer: Pero what if sir hindi sila aware nga diagnosed amo na ila bata?

“Aware guid na sila ya syempre updanay sila unless bag-ong puli ang mother and father hallin sa sagwa kag lain ang gabantay saila. “Ma’am si toto-si inday-si nene-si ano...” na ma inform siya, okay man. Adlaw-adlaw updanay sila, duw ka imposible man nga indi sila aware sa amo na nga sitwasyon. Paano mo na e-pamangkot mo na sila “sir/ma’am may “amo” ni si patient naton?”. Duw ka wrong man sang approach no? Kay gusto mo man i confirm eh kay self serving man imo na pamangkot, gusto mo lang siya i-confirm pero para saila duw kalain man (ang pag approach). Lain-lain man ah, may ara nga okay lang saila mangkuton mo amo na. May ara man nga— “Ambot simo ay, indi amo na bata namon.” in-denial sila gihapon, pila na ka tuig nga in-denial gihapon. Although bal-an nila, diagnosed ina, nag kadto sila sa ila nga developmental pedia nila. Siyempre i-treat mo sila gihapon as regular patients ah, nga duw wala lang, na same lang sila ni ni “patient A” ni “patient B”--- same lang ni sila, dira kita sa pedia. May na encounter man kami na diri naga busong nga may special needs siya pero syempre indi husband or partner ang upod niya.”

Interviewer: Lain iya nga upod sir?

“Iya sibling, iya mother and father. Syempre kumbaga bala once ginapabay-an mo na, pano na sa mag busong kung wala mo pinabay-an, wala mo na tutukan, mga amo na bala, or guin maltrato siya or gin molestyahan. Naka encounter man na kami diri. Syempre once nga ga deliver na siya pano mo mahambal na, ‘basic lang man na napamus-on lang namon na.’ Te, ihambal mo pa na saiya nga, ‘poo-poo ka, amo ni, duw ga poo-poo ka lang, duw ga mus-on ka lang.’ Diri, wala man kami ga deliver diri pero for example may matabo diri nga may naga precipitate labor, indi mo na mabal-an diri, ga guwa na diri, ga guwa na sa ‘kuwan’ ya bala, kuno abi na naka diaper sa bala. Indi mo na ma diverse na, indi mo na ma pungan mo. ‘Punggi anay kay ma saka na ta sa labor room. Takilid sa wala!’ Indi mo siya ma mangkot nga, ‘Ano imo complain haw? Nag lupok na panubigan mo? Naga spotting ikaw?’, ‘May contraction? Regular or irregular?’. Indi mo guid ma amo na sila. At times, indi ikaw ka illicit sang vital info’ na makabulig sa imo na intervention. Isa sa mga mabudlay, duw pareho lang na nga ga deal ka sa mga hubog. Indi siya cooperative, at times, combative pa.”

Interviewer: Ga bato...

“Yes. Ara man na diri may edad na IM cases, may ara man senior. Syempre diri sa aton, as nurses, importante ang GCS scoring. Pano abi kun wala siya ga hambal dira? ‘Uhhh ano siya— GCS 10, GCS 11 na siya kay wala verbal output...’ na in fact, ulihi ko dun na na discover nga may ‘amo’ na siya gale. Amo na bala, ‘ma consider mo siya as GCS 15 if may special needs siya?’, so i-consider mo na siya gihapon as GCS 10 or 11 kay wala man verbal output. Kumbaga bala in dilemma ka man. Pero ga guwa na sa amon endorsement, “Amo ni iya GCS pero wala lang guid siya ya verbal output.” Kung gahambal lang na sa amo na, te indi man siya mag hambal, wala man siya ga follow command. Ara na sa GCS scoring ta ang follow common, te wala man siya ga follow so minus 1 ka naman dira. Ano paguid na dira nga ‘eyes open spontaneously’ mga amo paguid na. Tapos especially kung emergency, kung ga chest pain siya abi or hapo, makita mo ga hapo siya te syempre subjective naman nga gina batyag sang pasyente ya. Makita mo naman na. indi mo man ma illicit saiya pero objecto mo, makita mo ma observe mo man. Imo nga management

i-base mo sa makita mo, sa imo objective nga sintomas guid nila. So isa na sa mga pag manage eh, delay guid sa pag manage tungod mabudlay guid ya. Kumbaga kinanglan mo pa mag hatag extra effort. Te diri ya sa medical field, it's all about proper timing man, time is of the essence guid ya sa aton field diri kay every second counts guid na ya kung amo na. Although te may mga bagay nga pwede man i-delay pero te mga life threatening ya te indi guid na ya pwede ma delay ya.”

Interviewer: So ano sir ang mga interventions, sir? Different man ang approach mo sa pedia and sa adult na autistic? Paano ka sir mag gain sang ila trust? Pano mag build sang rapport?

“Usually amo guid na ya eh, maski sa regular patients naton. First guid na ya mag form ka sang bond, some kind of bond para i-trust ya ang iya nga, let's say, kabuhi ya saimo. Kinahanglan guid na ya maka establish kita kay karon 'una-bes (unang beses) palang kinaptan mo kamot ya nga wala ka na nag lisisnysa, kuhaon ya na na ya. Indi na siya mag liwat saimo, indi ya dun na liwat pag offer saimo liwat. Naka establish ka tuod sang IV pero kinahanglan mo antibiotics niya, paano ka maka skin test. Ang IV okay lang na ya may gakapot saiya pero ang skin test guid ya nga hulag hulagon ya. Especially nga masakit daan ang skin test kesa sa pag insert sang IV mo. Amo na dapat 'una-bes (unang beses) mo ga establish ka na guid ya sang special bond sa pasyente natong nga ina.”

Interviewer: When it comes naman sa family/folks sir, may iban nga “Ay indi lang ikaw—”, mga amo na na nga may ara sila nga prejudice man bala kung kaptan ila bata?

“Oo eh, especially kung ma kita nila nga “Ah duw indi uyon ni toto-ni inday-ni nene ang nurse nga na, indi ya uyon ang aid or orderly di.” te syempre ma hambla guid na, nga gina ubra nila ina “suffer-way”. Pero may ara guid na nga mahambal “Ato lang ang isa. Indi lang na oh.” Mga amo na bala. May ara guid na nga “Sir duuw indi guid—”, duw talagsa ka lang maka amo na ya. Maka salapo nga madugo mag hambal simo. Syempre diri, ospital, tanan di ya ga libot lang tanan sa nurse mo. Tuod-tuod, ang end user ya nurse. May kakulangan sila,

may kakulangan ang doktor, may kakulangan ang orderly, may kakulangan ang aid, si nurse gihapon na kay si nurse ang incharge sa pasyente. Wala na ya ang iban na ya kay ti, observe bala, laka lang. Ikaw ya ara ka sa bedside sang pasyente, ikaw nag sa frontline dira. Ultimo nga wala lang ni guwardiya napasulod ang isa ka folk, si nurse gihapon sala. Amo na.”

Interviewer: For you sir, diri sa ER, ano ang budlay ihandle? Ang autistic na pedia patient or adult na autistic?

“Okay. It has pros and cons. Sa bata, kabudlay mangita ugat, budlay mangita sang ugat sa bata. Syempre ang iban sa ila sina, sa may mga special needs kay medyo mga dako mo kay syempre di na sila ya conscious sang ila thinking, especially ang mga parents gapanumdom ‘Ah maski amo ni amon bata pakan-on ko gid na sa damo, healthy man ni siya ya.’ Te kis-a makita mo na iba, matambok guid. Amo na ang budlay sa bata. Ang pros dira, hapos lang guid sila intuon. Hapos lang intuon kung kis-a. May i-offer ka bala ‘Ari phone. Pwede ta siya mapa lantaw? In exchange sa amo ni?’ I-distract siya naton. Indi mo na mapa lantaw ang tigulang sang cocomelon, diba? Ang bata okay lang ya, indi na ya ma appreciate sang tigulang. Amo na ang budlay sa tigulang. Sa tigulang, may mga beses, na hapos lang insertan. Indi siya, ang iban, ind amo na siya ka combative. Makita lang nila ila significant other or ila nga nga primary caregiver, okay dun na sila dayon. Eksplikaran mo sila. Although not all, pero amo na mahambal ko is it has its pros and cons sa bata kag sa tigulang. Pareho lang duw indi man amo na kadako ang ila deperensya sa management.”

Interviewer: So to end sir, may ara ka nga takeaways, syempre naka encounter ka na sang amo na nga patient na sa different spectrum and autistic. So may ara ka sir, if may patient sa sunod, karon or bwas nga may ara ka nga expected na “Amo lang ni na approach” para indi na mag compromise sa imo care nga mahatag sa iya kagsa iba mo man na patients?

“Actually lain-lain imo care, lain-lain ila needs, lain-lain ila wants, so naga differ guid na siya patient-to-patient. Indi man tawag nga applicable saimo, applicable man saila,

	<p><i>kay inubra ko ni saimo, okay man saiya. It doesn't go that way. Kinahangalan mo guid ya, as you go along, kinahanglan mo guid ya mag ubra sang pamaagi nga 'Ah te sige kung indi ni mag kuwan, amo naman ni ya akon ubrahon.'</i> Kumbaga wala guid ta sulundon na standard. Wala guid ta ya daan sang checklist nga, 'Ah naubra ko na ni—'. Dapat maubra ka guid sang mga pamaagi mo guid ya. Okay tane kung puwede ma delay ang care nagna pero kumbaga bala kisa, sa iban, indi ka na kapanumdom mo kung dasigay na ang obra. Amo na nga importante sang critical thinking guid. Kung under pressure, dapat carry gihapon. So wala guid ta may mahambal nga, 'Ah dapat amo guid ni ubrahon mo kay amo ni.' Maski Amo ni ya nga diagnosis, iban nga bagay, iban na intervention, indi na epektibo sa iya."</p> <p>Interviewer: Bisan same diagnosis, sir?</p> <p><i>"Yes, maskin palareho diagnosis. Lain man iya needs. Sa inyo palang na study bala spectrum na siya."</i></p> <p>Interviewer: Lain-lain, sir. Case-to-case.</p> <p><i>"Yes. Amo na sa akon personal. Kung sa iba siguro, te lain-lain. Sa nurse, sa doctor, lain-lain man ila approach kaysa sakon. That's it."</i></p> <p>Interviewer: Thank you sir. That wraps up our interview. Thank you very much for your time.</p>
<p>PARTICIPANT 5 Code Number: A7-1064-21</p>	<p>Interviewer: Good afternoon, Ma'am. We are the students from Central Philippine University and we are conducting a study entitled, "Lived experiences of nurses in dealing with autism spectrum disorder patients in selected hospitals in Iloilo City." So ang amon nga central query Ma'am nga question is "What is it like to be a nurse who deals with autism spectrum disorder patients?"</p> <p><i>"It's like at first syempre budlay siya kay kumbaga hindi siya same sa mga normal nga mga vata nga gina handle ninyo like for example butang ta bi nga daw ma gets sang iban nga mga bata nga dapat amo ni kamo mag handle sa ila pero once nga may autism disorder ang bata daw sa dalayon bala, based on experience, duw</i></p>

makita niyo kung pano ninyo sila i-handle like dapat pa ayunan niyo sila sa amo ni na bagay or dapat pasundan niyo siya nga kumbaga ma bal-an niyo kung diin kmo na part dapat mag stop kag mag pursue saila sang mga ulubrahon ninyo. Patience pa gid dayon.”

Interviewer: So when it comes sa medication, ma’am?

“When it comes sa medications, ang autistic abi na patients hindi siya siling nga– tungod kay autistic sila, budlayan kamo saila. Lain-lain sila nga klase may ara nga mabudlayan kamo, depende man abi kis-a sa pag handle sang parents. May ara nga ga sunod sila, ga pati sila sainyo tungod kay, prior sina gina pa intindi na sila or saila balay palang gina pa learn na sila bala na dapat amo ni, gina paintindi saila anay kung paano. May ara man iban nga pasundan lang sila. Amo na nga ang iban nabudlayan man mag handle saila. Same man sa medications, halimbawa sa oral meds, budlay mag hatag sang mga orals meds sa mga indi autistic nga bata, how much more sa mga autistic nga mga bata. Same gyapon, patients, dapat kabalo kamo mag deal saila, with the help man sang parents kag kung sino ang ga bantay saila.”

Interviewer: Sa mga interventions mo ma’am, effective ang tanan na interventions? May mga effective interventions man or may mga hindrances man nga indi mo siya maubra effectively?

“Kumbaga same sa gin (ask) ano mo before, lain-lain abi sila na klase depnde sa pag brought up saila. Mahambal mo nga, ‘ok autistic gid sila.’ Pero depende gihapon sa pag brought up saila amo na halimbawa abi, first time kami mag handle sa amo na nga bata, duw gina assess danay namon kung ano ang pag deal sang parents nila saila, kung diin nga part nga duw ga respond sila, ga pati sila so amo man na apply namon. Once na mag okay, sundan naman, amo naman na gina ubra namon. Pero kung indi, kung kis-a, gina panilagan man namon kung okay sa parents nga i-apply ang amon nga side kag kung mag effect man sa bata. May ara man kung kis-a nga ga pati man sila sa parents, sa amon wala. May ara man patients na wala ga pati sa parents pero sa strategy namon ga pati sila.”

Interviewer: Paano ka ma'am mag build rapport saila?
Kaysa sa normal na patients?

"Actually, sadya saila. Mas more on positivity ang i-imply mo saila. At first duw aloof sila sa mga taho kapin pa nga, syempre duw used sila kung kisa iban sa ila lang family makita nila and relatives lang, first time lang nila bala gina tawag na diri sa hospital. Once na mag sulod kami saila room, abi nila may injection, mga amo na, pero once na i-deal mo sila as friend tapos i-ano mo saila na 'masaligan ako', kung ano gina hambal mo saila, amo na ang i-apply mo. kay once na may i-hambal ikaw tapos lain ang ubrahon mo, by the next time na mag sulod ka, wala na. So dapat kung ano man ihambal mo saila, trust guid dapat."

Interviewer: Sa mga IV (fluid/site) ma'am, ga struggle kamo?

"Sa IV, same gihapon. May ara nga bata nga ga struggle kami mag insert, may ara man nga indi. May ara gane last time nga duw thirteen, fourteen or fifteenth years old nga may autism disorder, paayunan mo guid sila ya. Imagine, fifteenth years old na mas dako sakon bala tapos dira siya sa bed kag ikaw ara lang sa dalom. Gina patong nila tiil nila saimo pero depende guid gihapon sa bata kay may ara iban nga okay lang sila, hindi sila ka batyag pain. Depende gid."

Interviewer: Sa experiences mo ma'am, (feel mo duw) may ara ka nga na tandaan kung pila na bala na handle mo nga patients, or range lang.

"Siguro mga more than ten na kag nami man saila isturyahon. Open na sila."

Interviewer: May challenge lang ma'am?

"Oo, amo lang na galing kay indi mo bala ma paktan, like subong okay ang patient duw gulpi ga switch ila nga mood. Amo na challenging guid sainyo kag sa amon."

	<p>Interviewer: Sa ten nga naka (encounter), may pediatric and adult ma'am?</p> <p><i>"Pedia lang kami tanan diri."</i></p> <p>Interviewer: Sa imo career ma'am wala ka pa ka handle adult nga autistic nga patient?</p> <p><i>"Wala kay ever since nag sulod ako diri, pedia lang guid kami. Ano kami di abi, Pedia kag OB. If may surgery nga mag sulod, pedia gihapon."</i></p> <p>Interviewer: Ka agi kamo ma'am handle na for surgery na autism?</p> <p><i>"Oo, ka agi gid ako. Amo to ang pag insertion (IV), struggle gid to katama. Super gapos guid namon, ga uyat ang parents, bisan bata pa na kis-a tag-tatlo-apat na ga uyat saila para ma insert-an mo."</i></p> <p>Interviewer: Huo, struggle guid ma'am and challenging. Ang time mo ma'am, when it comes sa time—</p> <p><i>"Happy person sila. Kung ano ginkagawian nila na food, halimbawa kung milk sila since child, pagdako nila milk lang gid sila the entire time. May ara di last time nga eleven years old siya, haling sang gamay ya milk lang, milk lang gihapon. Wala siya ga rice, wala anything, milk lang guid ya. Kung chips, chips lang guid na sila tanan."</i></p> <p>Interviewer: Diba ma'am may times na kung mag-tao kamo bulong kailangan may specific na <i>"indi siya pwde ka inom amo ni—"</i> na kailangan niya mag eat something, wala man na gaka affect sa amo na nga klase ka patients? Na may preference lang sila saila food?</p> <p><i>"Wala man. Kay kung-baga mga amo na nga maintenance nila kis-a, gina sunod lang ang timing kung wala (ga eat). Kay-ti hindi mo man sila ma pilit kesa mapakaon ka sang 'amo ni' kay may imnon ka nga 'amo ni.' Ang side nila is sundan mo guid sila ya."</i></p>
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Interviewer: For example abi ma'am, mag-tao ka bulong subong, indi siya mag inom?

"So ga adjust lang guid kami sa timing."

Interviewer: Sa mga patients na na handle mo, may ara ka ma'am nga memorable for you, ma'am? Nga nag struggle ka giid?

"Super struggle? Duw wala man kay kumbaga, ang amon is na pa una giid namon ang parents mag-deal kag handle sa ila. Tapos once nga makita namon nga duw indi guid makaya, dira na kami ga butt-in. Tapos kung indi pagd namon makaya gina-ano nalang namon ang parents nag ga handle saila, mag sturya kag mag pacify saila. Gina inform na namon dayon sila nga if halimbawa nag kalma na ang bata kag ready na, dira nalang kami mag sulod naman liwat. At the end of day kung sin-o man ang pirme nila makit-an or maupod, dira man gihapon sila mag feel safe and secure."

Interviewer: Bale dako guid ya nga factor ma'am sang ila folks and parents when it comes sa care.

"Oo."

Interviewer: Pag-abot dira ma'am duw wala man na nga, for example, ga struggle man kamo when it comes sa parents, or sa help, since ang gina hambal mo puro man helpful ang folks when it comes sa care?

"Gina pa sundan lang guid ila ya, wala kami dira may maubra. Kungbaga gina pasundan bisan ano ka lapta sang bata, bisan ano gina ubra sang bata, pasundan lang guid na nila. Kay once nga ma contradict ka saila, dira paguid na sila nga maging hyper, mag wild. Sawayon mo na sila, ma try ka saway or ang folks ma try saway sa bata, once mang indi siya, once-twice nga saway kag mang indi ang bata mauntat lang na dayon ang nanay or kung sin-o ang bantay. Kay bal-an nila nga after na hindi dun na ma (yumbuan? uluhan?). Wala na sila dayon maubra. Budlayan sila mag control dayon sa bata."

Interviewer: Sa imo ma'am, ano ang isa ka factor nga naga affect sa development sang autism? May ara man nga genetics, may ara man nga iya family wala man tapos ang kid is (autistic). Sa imo experiences sa pag handle saila, ano ang isa ka factor nga nag affect man sa development sang bata, kung ngaa autistic sila?

“Sa akon is, feeling ko sa genes, kay may ara ko to last time na handle diri nga ang bata ya autistic. Ang bata sang isa ya ka sister ya amo man na, autistic man. Based sa experience ko.”

Interviewer: Sa mga interventions mo ma'am nga na provide sa patients, based sa experience mo, ano ang pinaka effective guid to those autistic patients? Mga routine bala na (work)?

“Trust. Once nga mag salig sila sainyo, indi ninyo pag gub-a ang salig. Indi ninyo guid dapat pag gub-on ang salig nila saimo kay once na naka establish na sila sang trust sainyo, by the next time nga mag sulod ka sa room nila, mag kadto ka saila, ga pati sila kay bal-an nila nga ‘okay amo ni ang hambalon ya, amo ni ang ubrahon ya.”

Interviewer: Sa mga other nurses ma'am abi nga patas sa amon, ano ang advice nga matao mo sa student nurses or future nurses nga maka handle sang autistic na patient?

“Kumbaga kay lain-lain man sila abi so need ninyo i-understand sila. Ang thought abi, kumbaga, nga once wala pa kamo ka encounter sang patients na may autism disorder, duw feeling ninyo abi budlay sila i-handle. Pero sa dalayon na maka try kamo handle, may isa-duha-tatlo, ma differentiate mo na ang, ‘ay may amo ni gali-’. Amo na dapat kilalahon niyo, observe niyo danay kung paano mag interact ang folks saila. By the time na kamo na mag butt-in, try ninyo kung effective man nga kamo mag amo na saila, pero kung indi, try ninyo inyo stretegy. Kay kung diri (sa hospital) duw wala man abi siling nga gakabudlayan pero kay amo na, gina pa sundan namon sila. Kung indi namon na sila ma control, gina balik lang namon sa folks nila kay syempre at the end of the day, sila man gihapon mag upodanay.”

	<p>Interviewer: Overall ma'am, ano ang mga takeaways mo sa bilog mo nga experience, in summary ma'am nga mga na learn mo?</p> <p><i>"Mga na learn ko? Ang dapat bisan indi ka pasensyoso nga tawo, dapat more on patince ka guid ya. Especially na pedia na di, kag amo na abi autistic ang mga bata, once na mag sulod ka abi sa room nila, napalibutan ka da sang folks. Ga observe na sila paano mo i-handle ang bata, ang mga sala gina pa sundan nila, lain man na para saila. So amo na, understanding. Palabaon mo guid ya imo pasensya. Kumbaga once na magsulod na kamo, pag guwa ninyo sa room ma hambal ka, 'ay duw indi man to ako."</i></p> <p>Interviewer: So far ma'am amo lang to questions namon. Thank you so much!</p>
<p>PARTICIPANT 6 Code Number: A5-0116-13</p>	<p>Interviewer: Good afternoon, Ma'am. We are the students from Central Philippine University and we are conducting a study entitled "Lived experiences of nurses in dealing with autism spectrum disorder patients in selected hospitals in Iloilo City." So ang amon nga central query Ma'am nga question is "What is it like to be a nurse who deals with autism spectrum disorder patients?"</p> <p><i>"Kung..... actually kung sa pedia kay more kami diri sa pedia so ang usual namun nga patients nga ga admit nga wala sila gapa admit because may autism sila, usually ga pa admit sila kay for operation or certain procedure nga for example circumcision nga di man kailangan sang sedation, or MRI, CTscan nga di man kinanglan sang special sedation but sa mga amo na nga kaso sang patients, sa mga pedia, kinanglan nila sedation, so ang struggle namun da is kung pano mag cooperate si patient, usually kung ages nga mga gagmay bala nga pedia, hapos ma lang mag deal kay ang perspective nila kapereho malang sa kaedaran nila ahkay syempre bata, hadlukon, hadlukan sa nurse or hadlok sa anything nga medication or hadlok sa hospital, so hapos lang kita mag deal kay daw pareho lang man mag deal sa usual nga patient nga wala autism kay halos man tanan nga bata is hindi magpa tandug but the ang struggle is sa mga older kids or sa older patients like teenagers"</i></p>

Interviewee: Nga may Autism??

“Nga may autism kay pano kita ka sedate sa patient nga hindi kita ka insert sang IV, so IV insertion palang dira ka mastruggle, dira gid kami ga daw nabudlayan like you need a lot of people para lang maubra ang amo na nga procedure, nga which is IV insertion lang man, tapos ti ahh... ano liwat ang question?”

Interviewer: what is it like..... Daw tapos na man tu ang experiences mo ma'am nga for example especially kay may autism sila what, is ang sa parents bala ma'am, ang ila ano...

“Laban nga parents daw paalayunan gid, daw... para sa ila daw special special gid bala ang... ang ila nga bata, which is kung lantawun daw sa everday namun nga as pedia nurse, daw sa everyday namun, daw pareho lang ang pag deal, maski sa normal patients, pareho lang gid na ya ang pag deal, except to the older pediatric kay amo na ya ang nga kung normal ka lang ya nga adult nga pre teen or teenager, ga participate ka na ya, pero amo lang na ya ang struggle namun s amay mga autism pero ti amo na. May may times nga gacooperate.. ang.. depende sa folks or depende sa help ni parents or sang folks, may iban nga yaya nga daw gina baby gid bi ang patient, si may ara man nga iban nga gamay mo lang nga tandug, makita nga ginabudlayan ang bata, daw ga.... Withdraw sa treatment pero kung cooperative, daw dako gid nga help man si folks or si parents na to, nga para maubra ang procedure sa bata, cooperative sila or willing sila nga makita nga mabudlayan ang bata.”

Interviewer: ano Ma'am usually gina, mga interventions nga imo gina Do sa mga amo na nga patients?

“Actually kung... sa diri, if needed, for example ma IV insertion, ang... wala kita mahimo, i brief si patient, ahh. si folks nga ma'am amoni tani obrahun, ngayo ko help sa mga male staff namun nga gapuson para lang kauyat sa patient nga hindi man sila ma nga daw masakitan, masakit gid sya kung mag waras sila pero ang least nga.. di sila mahurt, so like we... kaagi kami nga tag lima gid, tatlo ka olderly, isa ka nurse, isa.. isa pagid ka nurse, para mag insert, para lang maperform ang amo na nga procedure, kag may times man nga... ah may ara na bi nga pwede i sedate, ang hindi sya pag i anesthesiologist

sang certain procedure, pwede sya nga ih sedate lang nga, nga daw pang relaxationate mo lang, medazolam, pero may ara bi nga patients nga wala sila gaka duktan, nga kung normal patient, matuyo sila na sa, amo na, so pwede sila ak sleep, pero may ara nga wala, so amo na nga ga need gid natun anesthesiologist.”

Interviewer: When it comes sa medications nyo ma'am, may ara kamo...

“Ang medication, another pagid, kay... usually ang iban, adult na man nga bata mapa admit lang kay hindi magtumar sang bulong, because kay amo na gani, kay may autism, so di sila kapatumar bulong, one time nga ga gapos para mag insert sang IV, para nga via IV fluid nalang. Usually kung mga amo na, daw waay na man sila labot kay maghatag ka sang IV fluid or IV medication, waay naman sila ya ga waras or something kay bal-an nila nga wala man sila ginatandug. Ang struggle, may certain medicines nga dapat oral gid, may time man nga maistorya mo mayo ah, may ara nga patient bi nga daw anad na, maistorya mo mayo, okay man sila. Daw laban mung, daw di ko gani gawa ka dumdom sang may mga patient namun nga may autism nga daw nabudlay-budlayan gid kami magpa inom sang bulong, mas budlay nang mga super pedia gid ya kay ang, maskin normal ha, may pedia gid ya nga ga refuse sang bulong, amo lang na. Mas struggle pa ang amo na compared sa mga patient nga may autism.”

Interviewer: When it comes sa mga routine man bi ma'am nga gina obra sa ward ma'am like mag kwa vital signs, ano mga experiences mo ma'am when it comes to that.

“Ang mga perspectives sa mag kwa vital signs, sa may mga autism, syempre ara gid ya bi nga mag waras nga ma refuse gid ya sila, pero ano, ih into-intuon mo sila para.. kay for example mga gadgets na di, “Gha oh lantawa oh ga siga siga” ga ano oh, lantawa oh, wala man ko gaka hurt kung ako magamit sa self ko pero kung autism man lang, daw mas less ang struggle natun sa limpyo, daw amo lang na kung oncemakabatyag sila sakit, kag daw tandugon sila, daw dira gid gaka problema. May ara kami patient dati nga daw nag long term abi iya nga treatment sa mga umpisa nya, grabi gid

and struggle during IV insertion pero pagka ulihi, ga participate na sya, daw siguro daw kapoy na bala sya sa mga pangyayari, kay daw nag lawid ang treatment sa iya.”

“Usually budlay ang mga medyo dalagku na autistic nga bata, budlay sila iconvince nga may obrahun ka nga procedure. Kailangan mo lang gid igain ang trust nila kay daw yawan ka gid na ya ka convince sa ila.”

Interviewer: So ano ma’am mga, like mga take-aways mo bala ma’am nga with dealing with those patients. Mga learnings mo bala ma’am.

“Siguro.. kay dugay na bala ako nga pedia nurse, hidi lang sa mga may autism, kung baga sa tanan gid ya nga patients ko nga... younger ... younger, sa mga toddlers, ano, tanan istoryahun mo gid, intuon mo gid, icocomelon mo da ukon anuhon mo da, kay wala gid na ya sila trust so.. super appreciate mo gid na ya, maappreciate mo ang mga patient nga gacooperate kesa sa, kay daw mas damo ang patients nga ga refuse kesa sa patients nga gacooperate. So, daw mas malipay ka nga same imo patient ga cooperate kayaya. Kag daw mas ga stand out ang na compared sa mga patient nga ga refuse kay daw amo na ang usual. So ang.... Adjustment namun di tama ka super adjustment, kay daw sa everyday, kag sa usual namun nga patients amo gid na ya ang gina obra namun.”

“So ang treatment nila lain gid ya sa iban nga bata kag matinandaun gid man sila, nga hambal bi, di ka pwede kahambal nga hindi man ni sakit, kay sa tuod tuod sakit, amo na, tuodun gid ang gina hambal mo, ang compromisa mo ihambal mo gid, kay gina balikan ya gid, kay si tita amo ni, hambal mo ma amo ni, wala ka man gali nagbalik.”

Interviewer: ummm all-in all nalang ma’am, ang para... ang ano ang advice mo bala haw sa mga upcoming nga naging registered nurse nga maka encounter one day sa mga amo na nga patient

“So advice ko lang siguro, kita nga mga Nurses, and dapat daw design gid kita nga maging flexible kag ikaw gid ya pirmi ma adjust sa patient, daw.... Siguro may

	<p><i>Philosophy man, may psychology man kita, para ma studihan. So amo na, expect ka gid ya nga ikaw mag adjust, so di ka kasiling nga... dapat open ka sa tanan nga learning, open ka sa tanan nga possibilities, if you do your rotation in advance, mas mayo, kay para bal-an mo ang iexpect mo, bal-an mo kung ano nga flexibility nag obrahun mo. So amo na, ang... ma adjust ka gid, lain-lain ang batasan sang kada patient, with or without autism, paayunan mo gid. May ara man nga patient nga wala na diagnosed nga may autism, pero may mga rich kid nag gina paayunan, makita mo gid nga lain ang batasan.”</i></p> <p>Interviewer. Mg time, for example, amo lang bini imo obrahun, nga delay kamo sa amo na nga patient kay,</p> <p><i>“Kay sa IV insertion, lika ka taho ang kinahanglan mo, may delay gid eh.”</i></p> <p>Interviewer: mga medication...</p> <p><i>“Medication mo... pulo ka patient imo gaan medication, ma stock up ka sa isa ka bilog, kay you have to deal with that, but syempre kay ti, na preparahan mo na na in advance, na panumduman mona, ikaw naman adjust sa time mo... ikaw man japun ma adjust. Over all, si nurse gid ya ma adjust. So preparahn mo na ang obrahun mo.”</i></p> <p>Interviewer: Overall ma’am daw okay na man, na reach naman ang saturation. Thank you gid ma’am.</p>
<p>PARTICIPANT 7 CODE NUMBER: A6-1166-01</p>	<p><i>“Usually budlay ang mga medyo dalagku na autistic nga bata, budlay sila iconvince nga may obrahunka nga procedure. Kailangan mo lang gid igain ang trust nila kay daw yawan ka gid na ya ka convince sa ila.”</i></p> <p><i>“So ang treatment nila lain gid ya sa iban nga bata.”</i></p>
<p>PARTICIPANT 8 CODE NUMBER: A8-0215-39</p>	<p>Interviewer: Good afternoon Sir. We are the student from Central Philippine University level 4 students and we are conducting a study entitled “Lived experiences of nurses in dealing with autism spectrum disorder patients in selected hospitals in Iloilo City” so and amon manlang central query Sir is, "What is it like to be a nurse who</p>

deals with autism spectrum disorder patients?"

"So for my experience the way I handle the patient with autism, last last month from 3 to 1 you need to be patient when you enter the room you must treat them and be nice and if mag sulod kamo sa patient kinanlan dapat nice gid imo appearance sa ila kay syempre bata especially ang autism nga na handle is bata. The way kamo mag approach sa ila dapat is listen gid. Pag abot mo dapat greet ka gid hindi lang sa ila kundi sa ila man nga parents and after that i-check mo man sila if ok sila bisan tuod wala sila ga greet back, kay syempre may condition sila, continue mo lang gihapon nga mag establish rapport sa ila kag based man sa akon experience sa pag handle ko sa pedia nga may autism hindi mo gid sila ma bal-an kung ano ila ubrahon kag bisan damo ka ihambal sa ila wala sila may maintindi that's why i muno man gid bala sa ila parents kag sa guardian nila nga kung ano imo napang ubra kay para ma bal-an nila then ang isa pagid sa na experience ko, kung may autism bisan tuod may mahimo sila sa imo kay that time may ara kami nga isa ka patient nga gapanipa pag insert namon IV ga sipa siya kinanlan mo na tell nga ok lang na nga may ma igo ka or kung ano iya ubrahon sa imo kay syempre patient siya kag may disorder gani so kinanlan gid ang pag intindi naton as a healthcare worker lang."

"So, ang additional sina is muna lang gid patience kag open minded ka sa pag care sa ila bisan may ara sila disorder kag hindi mo sila pag pakita nga ay lain sila kag paryo lang man sa mga pedia patients nga ga rounds ka pag abot sila storyahon mo sila bisan wala ka nila gina istorya pero may ara man times nga ga hambal sila nga "Hi, Hello" lang pero hindi all the time sapakon ka nila that's why nga bisan hindi ka man nila pag sapakon pag sulod mo ok lang na kay sa diorder nila kag if ever man ang ma hatag ko lang nga technique kung mag sulod ka, i-talk mo sila sang mga bagay nga makapsadya sa ila for example as mo sila kung ano ila nakaon then ano ila toys gina hampang kung may toys man sila sa palibot tapos kamusta bala ila adlaw kag kung ulit-uliton mo sila bala, hindi lang sa ila pati man sa parents nga para ma bal-an nila nga hindi lang man sila ang imo focus kag pati man sa ila parents and if ever nga wala gid sila ga sapak or may ga engage sa imo conversation, hindi lang pag ipilit. Pwede man balikan mo lang sila kag malay mo sa sunod ma sapak na sila sa imo. Hindi man siya mabudlay gid ihandle kay ang imporante nga naka rapport ka sa parents kag sa iya. Pakita mo lang gid nga hindi siya lain

sa iba nga paseyente nga na handle mo.”

Interviewer: May factor gid na gali Sir ang parents.

“Huo may factor gid na sila kay tuod nga ang nurse nga naka duty, naka assign sa iya, pwede ka balik-balik pero may part gid ang mother or father or folks nga makapghambal sa ila. Example, mapainom ka bulong, kung ako ya ma hambal nga pa imnon siya pero ako ma insist mapa inom sa iya pero ga waras siya. May ara gid ya dapat may ara ang family member or folks nga sila gid ma initiate sang pag pa inom kay syempre once nga ari ka di sa hospital kapag nurse ang ga ano halin palang daan sa ER ma bal-an nila nga insertan sila IV may trauma na or may kulba na kag pag saka sa babaw pag sulod naka scrub suit kag bal-an na nila kung ano ubrahon that’s why may dala ka lang nga IV syringe na ituslok mo sa IV port nila maya kulba na sila that’s why may ara gid dapat bulig ang mga folks man sa pag deal, sa pag patient care mo.”

Interviewer: What if Sir mag tao ka abi IV medication, nakatao ka man sa ila?

“Huo nakahatag man sila, ang technique lang dira kung mag hatag IV medication, istorya istoryahon mo lang sila tapos kung hindi gid ma dala sa istorya ara na pwede mo na ma engage ang mother kag ang father kung pwede sila intuon lang nga ama hatag lang wala man na, para lang sa imo ang bulong para mag ayo ka daw sulit sulit lang man.”

Interviewer: Sa mga parents Sir wala man problem when it comes sa mag care bala sa ila bata kay diba may iban nga over-protective sila sa ila nga mga bata

“Sa na experience ko, sa daw tatlo nga na handle ko nga autism daw wala man kay daw ok man ila nga pag treat kay muna lang man. Ang case lang to abi kay ang antibiotic lang man to hindi man gid gawa damo problem ang mga patient nga admitted that time pero ang sa autism gid nga na handle ko daw wala pa. Wala sila problem mag hatag bulong kag mag sulod ka sa ila kag

daw wala sila say based sa tatlo nga autism nga akon na handle. Muna lang if ever nga mag insert, syempre na hadlokan sila kapag mag reinsert liwat bala sang IV kay syempre insert naman sila. Another pahadlok sa ila kay na trauma nga insertan mo naman ang bata.”

Interviewer: Sang first time ka gid bala Sir nag handle sang isa ka autistic nga patient, ano ang na feel mo Sir nga bal-an mo nga makadto ka sa patient nga may autism?

“Actually sa akon daw hndi mag na excite pero daw nag wonder lang ako kung paano ko siya i-deal kay that time nga ga endorsement palanh kami dira na namon na bal-an kung ano ang pasyente that’s why gina ready ko man akon self kung mag sulod ko kung ano makit-an ko or kung ano akon ma deall sa patient that time nga pedia nga mga may autism pero na look forward ko na nga ay sa autistic bal-an ko ni either sa idea ko nga sapakon or hindi or ga waras or ga playful mga muna. Daw brainstorm sakon kung ano akon ma picture out didito sa sulod. Pero actually ok man, may times lang nga sa isa ka patient nga daw hyper siya, gapang sipa.”

“Tapos may ara man nga gapahimunong lang, ga dikit lang sa nanay, ga isolate lang. Pero may ara man nga daw hindi mo man bala ma istorya. Excited ka pero gina picture out mo nga kung ano imo i-deal pag sulod mo sa kwarto kung pano imo nga magiging intervention ag ano imo nga pwede ma himo nga maging effective ka bala as a nurse sa sulod sang pag care sa may autistic nga patient.”

Interviewer: Overall Sir, ano ang mga interventions nga very effective sa autism patient kag ano mga learnings mo Sir

“Ang interventions lang, sa akon lang, sa base sa akon na experience, engagement sa ila kay once nga hindi mo man sila pag i-greet una wala man sila response eh. Wala sila response pero may ara man times nga pag sulod mo hindi kaman ka isa lang ka beses mag rounds sa sulod sang patients. May ara iban nga, iba ila ya pakikitungo sa imo kay pag sulod mo akig sila, pag sulod mo happy sila, greet ka nila so that’s why ang intervention lang gid is kung ano ka sa umpisa dapat

muna lang gid imo. Ang consistency, mag greet ka, mapa say hello ka. Ma hambal ka nga ako ang nurse mo subong. Bal-an ko mna nga hindi man sila mentally ano gid kay autistic manlang pero at least ma remind sa ila nga ay pag sulod sini ma remind sa ila nga may ga ubra pag sulod nga mag greet mga muna pag out mo may thank you. Ma recognize nila nga daw ka pleasant kag kanami bala ang pakitungo sa ila. Muna nga that's why kung gusto gid bala nga ang interventions manami dapat sa umpisa palang maging consistent kana sa imo na ubra kag always kagid maging polite sa ila kay the rest ma ano lang na."

"Pag hatag sang meds ma follow lang na, pag hatag mo sang bulong sa ila ma muno ka lang nga "ay hello ma hatag ko bulong ok lang ma sabad si kuya sa imo, si tito nurse" that's why nga muna bala nga mga technique gamit gamitan mo sang baby words sa ila kay mas ga engage sila kag always gid mention sang gapasadya sa ila kung ano makita mo sa room nila. May hampanganan kay makabulig gid na sa ila sang pag ano sa imo, sa pagbalik man sang kung ano ginapakita mo sa ila."

Interviewer: Overall Sir daw amo lang man na kay daw na reach ta naman ang data saturation kag na hambal mo naman.

"Huo muna lang man kay katatlo palang man. Actually muna lang man ang problem sang pag take care mp, daw trauma nila mag insert IV. Ga stick sa ila nga ay ma insert naman IV. Most especially kapag gina kaptan kag gina gapos, kag gina secure sila bago insertan muna daw ga wild. That's why gina kulbaan kag based sa tatlo ko nga na experience, the rest ok man sila, muna lang gid akon hindi mo gid sila ma paktan kung ano ila mood pag sulod mo that's why the best is ready ka gid pag sulod and consistency nga kung ano gin pakita mo sang una mo nga pag sulod pag greet mo asta pag end sang shift mo."

Interviewer: Thank you Sir.

APPENDIX Q**GRAMMAR CERTIFICATION**

COLLEGE OF ARTS AND SCIENCES
CENTRAL PHILIPPINE UNIVERSITY
Department of Languages, Mass Communication, and Humanities

CERTIFICATION



This is to certify that the research entitled **LIVED EXPERIENCES OF NURSES IN DEALING WITH AUTISM SPECTRUM DISORDER PATIENTS IN SELECTED HOSPITALS IN ILOILO CITY** by *IVY T. TROMPETA, REYSSA MARIE S. TROJILLO, CYRENE LESLIE L. TUBESA, FREYA T. UMADHAY, CHRISTINE JANE C. VALERIO, and BEA FRANCINE B. VICTORIANO* was checked and verified for grammar and other mechanics of writing.

Issued this 25th of May, 2024.

RHYS DE LA BANDA CAMACHO, MA English (major in TESOL)
DLMCH Faculty
This University

APPENDIX R

DECISION FORM

 RESEARCH ETHICS REVIEW BOARD CENTRAL PHILIPPINE UNIVERSITY Lopez Jaena St., Jaro, Iloilo City, Philippines 329-1971 to 79 local 3336	
DECISION FORM	RERB Form No. 22-1 Version No. 04 Date of Effectivity: 17 May 2023

Date: July 27, 2023

NAME OF PROPONENT: **IVY T. TROMPETA**
REYSSA MARIE S. TROJILLO
CYRENE LESLIE L. TUBESA
FREYA T. UMADHAY
CHRISTINE JANE C. VALERIO
BEA FRANCINE B. VICTORIANO"

Institution: CENTRAL PHILIPPINE UNIVERSITY

Re: "LIVED EXPERIENCES OF NURSES IN DEALING WITH AUTISM SPECTRUM DISORDER PATIENTS IN SELECTED HOSPITALS IN ILOILO CITY"

RERB code: 2023-211-UG-TROMPETA et al.

Dear Mr/Ms. Trompeta,

This is to acknowledge receipt of your request and the following supporting documents dated **June 14, 2023**:

1. Letter of application for research ethics review addressed to CPU- RERB Chair
2. Accomplished RERB Application (Form 07-1)
3. Full protocol/Research proposal (Chapters 1, 2 and 3) with references.
4. Validated Research Instrument/Questionnaire for Quantitative Research
5. Certificate of Validation for researcher-made questionnaire preferably from (3) three experts in the field, not by the adviser and panel members
6. Informed Consent Form (CPU-RERB template)
7. Certificate of Technical Review/Approval sheet of proposal signed by (3) three members of the technical panel and the Dean
8. Turnitin Similarity Certificate from CPU-RCECC
9. Budget (if applicable)
10. Curriculum Vitae/Resume of the Researcher/Investigator and Co-Researchers with 2x2 photograph
11. GANTT Chart/Timelines/Table of schedule
12. Official Receipt of Ethics Review paid to Account No. A098
13. Two (2) Hard Copies (*Soft Bound in Blue or Black cover*) of the above documents placed inside a long clear plastic envelope
14. Soft Copy of the above documents emailed to researchethics@cpu.edu.ph

- This form contains the CPU-RERB recommendations. Please comply within (15) days and wait for the Ethical Clearance before the conduct of the study.

The above documents underwent **Expedited Review** which generated the following list of recommendations:

1. Provide conceptual and operational definition of key terms.
2. Please state duration of the study in "Scope and Delimitations".
3. Follow strictly the CPU-Qualitative Research Format.
4. The Epistemology and the theoretical perspective that inform the research methodology were not declared and discussed.
5. Provide the Inclusion and Exclusion criteria in the Participants of the study section.
6. Please revise Ethical considerations. It should be written after Research Instrument. The following is the content of Ethical Consideration, discuss as a sub-paragraph .

Seeking approval from the RERB office and other related offices/institution

- prior to the conduct of the study

Risk Assessment

- identify research related –risk based on the following categories: negligible, low, minimal, more than minimal, and high risk) and discuss how to mitigate the identified risk.

Benefits assessment

- should be summarized to make it more comprehensive to your respondents.

Withdrawal criteria of participants

- state withdrawal criteria

Anonymity and confidentiality of participants/respondents

- discuss how to anonymize & keep the confidentiality of your respondents

Voluntary, non-coercive recruitment of participants/respondents

- provide statement on voluntary & non-coercive recruitment

Disposal of research materials/data

- discuss how to dispose research materials

Contribution to local capacity building and benefits to local communities

- discuss possible contribution of your study

Incentives or compensation for participants

- provide statement on giving of incentives

Disclosure or declaration of potential conflict of interest

- provide statement on declaration of potential conflict of interest

3. Please provide separate section for Dissemination Plan

4. Revise your Informed Consent Form follow the latest version

Note: Content in the Ethical consideration should be aligned with the ICF.

DECISION: Approved Minor revision
 Disapproved Major revision

Very truly yours,

Joy G. Raso, PhD.



 Chair, CPU-RERB

Date: 7/27/23

- This form contains the CPU-RERB recommendations. Please comply within (15) days and wait for the Ethical Clearance before the conduct of the study.

APPENDIX S

RESUBMISSION FORM


 RESEARCH ETHICS REVIEW BOARD CENTRAL PHILIPPINE UNIVERSITY Lopez Jaena St., Jaro, Iloilo City, Philippines 329-1971 to 79 local 3336			
RESUBMISSION FORM		RERB Form No. 08-1	
		Version No. 03	
		Date of Effectivity: 17 May 2023	

GENERAL INFORMATION			
Title of the Study	Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder Patients in Selected Hospitals in Iloilo City		
Version number/Date	August 11, 2023		
RERB Code	2023-211-UG-TROMP ETA et al	Study Site:	Hospitals in Iloilo City
Name of Researcher	Ivy T. Trompeta	Contact Information	Tel No. N/A
	Reyssa Marie S. Trojillo		Mobile No. 09613185644
	Cyrene Leslie L. Tubesa		Fax No. N/A
Co-researcher (if any)	Freya T. Umadhay Christine Jane C. Valerio Bea Francine B. Victoriano		Email: ivy.trompeta-20@cpu.edu.ph
Institution of researcher/s	Central Philippine University		
Address of Institution	Lopez Jaena, St., Jaro, Iloilo City		


RERB Recommendations	Response of Researcher	Section and page number of revisions
1. Provide conceptual and operational definition of key terms	Added the conceptual and operational definition of terms in Chapter 1	Definition of Terms section Page 12
2. Please state duration of the study in "Scope and Delimitations".	Stated the duration of the study which is from August 2023 to January 2024	Scope and Delimitation of the Study section Page 14
3. Follow strictly the CPU-Qualitative Research Format	Followed the CPU-Qualitative Research Format from Research Writing Handbook (2021).	Whole Manuscript
4. The Epistemology and the theoretical perspective that inform the research methodology were not declared and discussed.	Added. Declared and discussed the Epistemology and Theoretical Perspective.	Epistemology and Theoretical Perspective of the Study section Pages 5-8

<p>5. Provide the Inclusion and Exclusion criteria in the Participants of the study</p>	<p>The Inclusion and Exclusion Criteria are stated in Chapter 3.</p>	<p>Participants of the Study section Page 24</p>
<p>6. Please revise Ethical Consideration. It should be written after Research Instrument. The following is the content of Ethical Considerations, discuss as a sub-paragraph:</p> <ul style="list-style-type: none"> a. <i>Seeking approval from RERB office and other related office /institution</i> b. <i>Risk Assessment</i> c. <i>Benefit Assessment</i> d. <i>Withdrawal Criteria of Participants</i> e. <i>Anonymity and confidentiality of participants/respondents</i> f. <i>Voluntary, non-coercive recruitment of participants/respondents</i> g. <i>Disposal of research materials/data</i> h. <i>Contribution to local capacity building and benefits to local communities</i> i. <i>Incentives or compensation for participants</i> j. <i>Disclosure or declaration of potential conflict of interest</i> 	<p>The Research Instrument section has been added.</p> <p>Ethical Consideration is written after the Research Instrument. Revised and followed the content as recommended by the RERB. The content is aligned with the ICF.</p>	<p>Research Instrument Page 26</p> <p>Ethical Considerations section Page 27</p>
<p>7. Please Provide separate section for Dissemination Plan</p>	<p>Provided a separate section for Dissemination Plan</p>	<p>Dissemination Plan section Page 31</p>
<p>8. Revise your Informed Consent Form follow the latest version.</p>	<p>Revised and followed the latest version of the Informed Consent Form provided by RERB. The content is aligned with Ethical Considerations.</p>	<p>Appendices section. Appendix B Page 43</p>

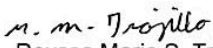
Researcher/s:



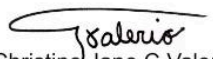
Ivy T. Tiompeta
Signature over Printed Name
Date: Aug 11, 2023



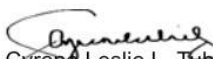
Freya T. Umaday
Signature over Printed Name
Date: Aug 11, 2023



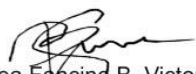
Reyssa Marie S. Trojillo
Signature over Printed Name
Date: Aug 11, 2023



Christine Jane C. Valerio
Signature over Printed Name
Date: Aug 11, 2023

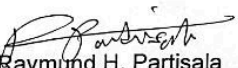


Cyrene Leslie L. Tubesa
Signature over Printed Name
Date: Aug 11, 2023



Bea Fancine B. Victoriano
Signature over Printed Name
Date: Aug 11, 2023



Adviser:



Dr. Raymund H. Partisala
Signature over Printed Name
Date: Aug 11, 2023

APPENDIX T

PROGRESS REPORT FORM

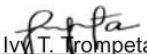
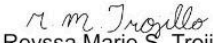


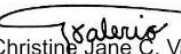
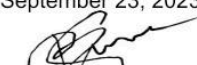
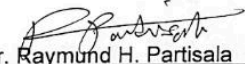
 RESEARCH ETHICS REVIEW BOARD CENTRAL PHILIPPINE UNIVERSITY Lopez Jaena St., Jaro, Iloilo City, Philippines 329-1971 to 79 local 3336	
PROTOCOL REVIEW OF PROGRESS REPORT	RERB Form No. 09-1
	Version No. 01
	Date of Effectivity: 17 May 2023

GENERAL INFORMATION

Title of Study	Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder Patients in Selected Hospitals in Iloilo City		
RERB Protocol No.	2023-211-UG-TROM PETA et al	Study Site	Selected Hospitals in Iloilo City
Name of Researcher	Ivy T. Trompeta		
Contact No.	09613185644	Email Address	ivy.trompeta-20@cpu.edu.ph
Co-researcher (if any)	Reyssa Marie S. Trojillo Cyrene Leslie L. Tubesa Freya T. Umadhay Christine Jane C. Valerio Bea Francine B. Victoriano		
Institution	Central Philippine University		
Address of Institution	Lopez Jaena, St., Jaro, Iloilo City		
Ethical clearance effectivity period:	August 24, 2023 to August 24, 2024		



PROGRESS REPORT

1. Start of study: August 2023
2. Expected end of study: January 2023
3. Number of enrolled participants: 1
4. Number of required participants: 5-10
5. Number of participants who withdrew: None
6. Deviations from the approved protocol: None
7. New information (literature or in the conduct of the study) that may significantly change the

risk-benefit ratio: None	
8. Issues/problems encountered: None	
Recommendations (For RERB use only)	
DECISION: (For RERB use only)	<input type="checkbox"/> Ask for further information <input type="checkbox"/> Noted and Accept report
Comments of Primary Reviewer (For RERB use only)	
RERB Primary Reviewer: (For RERB use only)	
Signature over Printed Name	
Date:	
Researcher/s:	
 <u>W. T. Trompeta</u>	
Signature Over Printed Name	
Date: September 23, 2023	
 <u>Reyssa Marie S. Trojillo</u>	
Signature Over Printed Name	
Date: September 23, 2023	
 <u>Tubesa Cyrene Leslie L.</u>	
Signature Over Printed Name	
Date: September 23, 2023	
 <u>Umadhay Freya T.</u>	
Signature Over Printed Name	
Date: September 23, 2023	
 <u>Christine Jane C. Valerio</u>	
Signature Over Printed Name	
Date: September 23, 2023	
 <u>Bea Francine B. Victoriano</u>	
Signature Over Printed Name	
Date: September 23, 2023	
Adviser:	
 <u>Dr. Raymond H. Partisala</u>	
Signature Over Printed Name	
Date: September 23, 2023	

APPENDIX T

ACCOMPLISHED FINAL REPORT FORM

 RESEARCH ETHICS REVIEW BOARD CENTRAL PHILIPPINE UNIVERSITY Lopez Jaena St., Jaro, Iloilo City, Philippines 329-1971 to 79 local 3336	
FINAL REPORT FORM	RERB Form No. 13-1 Version No. 01 Date of Effectivity: 17 May 2023

GENERAL INFORMATION

RERB Protocol Number	2023-211-UG-TROMPE TA et al	Date (DD/MM/YYYY)	05/26/2024
Protocol Title	Lived Experiences of Nurses in Dealing with Autism Spectrum Disorder Patients in Selected Hospitals in Iloilo City		
Principal Investigator/s	Ivy T. Trompeta		
Department/College	College of Nursing		
Contact No.	09613185644	*Email Address	ivy.trompeta-20@cpu.edu.ph
Co-investigator/s (if any)	Reyssa Marie S. Trojillo Cyrene Leslie L. Tubesa Freya T. Umadhay Christine Jane C. Valerio Bea Francine B. Victoriano		
Contact No.	09209760709	Email Address	freya.umadhay-14@cpu.edu.ph
Institution of Researcher/s	Central Philippine University		
Address of Institution	Lopez Jaena Street, Jaro, Iloilo City, Philippines		
Effective period of Ethical Clearance	From: <u>August 24, 2023</u> To: <u>August 24, 2024</u>		
(*for RERB) Primary Reviewer/s			

Type of Study	<input type="checkbox"/> Clinical <input type="checkbox"/> Epidemiology <input type="checkbox"/> Observational study <input type="checkbox"/> Document Review <input type="checkbox"/> Individual based <input type="checkbox"/> Genetic <input type="checkbox"/> Social Survey <input checked="" type="checkbox"/> Others, specify <u>Phenomenology</u>
Review Status	<input type="checkbox"/> Full Board <input checked="" type="checkbox"/> Expedited

FINAL REPORT

1. Start/end of the Study: August 2023 - February 2024
2. Number of enrolled participants: 8
3. Number of required participants: 5-10
4. Number of participants who withdraw: 0
5. Deviations from the approved protocol: None
6. Issues/problems encountered: None

7. Summary of findings:

Based on the experiences that the participants shared, subthemes and major themes were identified using the data method of Thematic Analysis. The participants depicted their diverse experiences on the lived experiences of nurses in dealing with autism spectrum disorder patients such as challenges in interpersonal communication, understanding nonverbal cues of ASD patients and their adaptation using communication strategies. The participants also emphasized the importance of establishing trust and rapport in terms of patient-centered care. The impact of building a bond with the patients to implement individualized care approaches and their strategies for behavioral management. Analyzing the family dynamics and roles in decision making are also crucial to help them determine the level of family involvement and support in caring for these patients, lastly, they also highlighted their strategies and provide key attributes that they possess in terms of dealing with autism spectrum disorder patients.

The major themes were: (1) Communication, (2) Individualized Care Approaches, (3) Family Involvement, Roles, and Dynamics, and (4) Key Takeaways of Nurses in Dealing with Autism Spectrum Disorder Patients.

The subthemes that emerged were: (1) Interpersonal Communication, (2) Understanding Non-Verbal Cues of ASD Patients, (3) Adapting Communication Challenges, (4) Establishing Trust and Rapport, (5) Patient-Centered Care Approaches, (6) Strategies for Behavioral Management, (7) Family Engagement in Intervention Implementation, (8) Understanding the Impact of Family Dynamics, (9) Family Involvement in Decision Making (10) Effective Strategies in Dealing ASD Patients, (11) Key Attributes of Nurses, and (12) Time Management when Dealing with ASD patients.

8. Conclusions/Recommendations:

Conclusions:

Nurses in the hospital setting serve a vital role in providing care to patients with autism spectrum disorder (ASD) within hospital settings. This study was able to explore and describe the lived experiences of nurses in dealing with autism spectrum disorder patients in selected hospitals in Iloilo City. They offer their invaluable insights into the communicating skills, strategies, and key considerations involved in effectively dealing with ASD patients. Through the exploration of the major themes and subthemes, insights and valuable information have emerged – one of these is communication. This stands out as a significant aspect of nursing care, encompassing interpersonal communication and understanding nonverbal cues, as well as their adaptation of communication to address sensory sensitivities. The individualized care approaches showed an

essential aid in providing effective and patient-centered care to ASD patients as this emphasizes the building of trust, rapport, and the implementation of tailored strategies by behaviors of the patients.

Despite nurses as the main providers of care in the hospital setting, it was also identified by the participants that the involvement of the family has a crucial role in providing care to ASD patients. The involvement of the family in terms of their roles and understanding their family dynamics leads to a more successful and expected outcome of care as the family members are the ones that the patient trusts the most and can navigate the needs and challenges in caring. Lastly, key takeaways of nurses would include effective strategies on how to handle ASD patients and enhance the care of delivery, recognizing key attributed, and characteristics of ASD. Also, to effectively manage time and resources in the provision of care.

Overall, the exploration and description have provided a better understanding of how nurses can provide care for ASD patients. Most of the participants showed assertiveness and engaged eagerly during the interview as they recalled their experiences. They show compassion, growth, and determination to provide holistic care despite challenges and can formulate adaptation strategies.

Recommendations:

Staff Nurses. They must receive specialized training in ASD management. Investigate the efficacy of implementing tailored training programs for staff nurses focusing on ASD awareness, communication strategies, behavior management techniques, and empathy-building exercises to enhance patient care and promote positive outcomes for ASD patients within the institution

Hospital administrator. As an institution, the administrator must facilitate and provide the best services for the patients with autism spectrum disorder under their care.

Department of Health (DOH). To shape policies and guidelines that aim to enhance the quality of autism care in healthcare settings to assist individuals with autism and their families. Also, allocate funds and resources to support the development of autism-specific training programs for health care providers, the creation of autism-specific clinics, and assistive technologies as outlined in the study. Furthermore, to raise awareness about autism spectrum disorder (ASD) and promote early intervention and access to healthcare services for individuals with autism. Collaborate with local communities, schools, and advocacy groups to disseminate information and resources.

Medical Practitioners. Physicians and practitioners could implement evidence-based clinical practice guidelines for assessing, diagnosing, and managing autism within medical settings and include findings from the study in educational programs for medical students to

improve the abilities of healthcare providers in treating individuals with autism. Additionally, it offers professionals practical resources and tools to assist in providing personalized and comprehensive care to individuals with autism.

Caregivers. To be offered education and training programs for individuals with autism, drawing on the study findings to provide practical guidance on navigating healthcare systems, advocating for their loved ones, and managing challenging behaviors. Moreover, they are to be equipped with knowledge, skills, and resources to effectively communicate with healthcare providers, navigate healthcare systems, and promote inclusive practices in order to be equipped with knowledge, skills, and resources to effectively communicate with healthcare providers, navigate healthcare systems, and promote inclusive practices.

Student nurses. To effectively engage with autism spectrum disorder patients, students can consider exploring caregiving practices tailored to ASD individuals that can deepen their understanding of effective support strategies. Additionally, delving into studies focusing on the unique challenges and needs of ASD individuals' post-trauma can provide valuable insights into trauma-informed care approaches. Furthermore, gaining knowledge from existing research on ASD and trauma can equip students with essential skills for working with this population, enhancing their ability to provide compassionate and effective care, and ensuring they are well-prepared to make meaningful contributions in their future work with ASD individuals.

Family Members. For family members of individuals with autism spectrum disorder, exploring evidence-based interventions and therapies tailored to ASD can provide families with valuable insights into effective treatment approaches. Additionally, researching strategies for creating a supportive and inclusive home environment can promote the overall well-being of the child with autism spectrum disorder. Moreover, delving into studies on family involvement in ASD treatment can empower family members to actively participate in their child's therapeutic journey, fostering collaboration with healthcare professionals and educators.

Future Researchers. Included in the future study to cover a larger geographical area as this study is mainly conducted in Iloilo City. Future researchers can explore the experiences of nurses who deal with ASD patients in the province area. They can also increase the number of participants and target hospitals to have a larger synthesis of data. When it comes to finances, future researchers can allocate or ask for support to finance this research.

9. Actions for dissemination of study results:

The researchers published the results of the study by providing an output to the research panels and by participating in a symposium, as it would be presented and disseminated to the end-user of this study. The researchers were able to provide the results of the study to the participants once the study had been approved by the technical panel as they are nurses and it will be beneficial to their knowledge to be informed of the result. The dissemination of the result may be shared with the community by joining other research symposiums and it can be available to other nursing students once approved for publication.


Researcher/s:


Ivy T. Trompeta
Signature Over Printed Name

Date: May 26, 2024


Reyssa Marie S. Trojillo
Signature Over Printed Name

Date: May 26, 2024


Tubesa Cyrene Leslie L.
Signature Over Printed Name


Date: May 26, 2024


Umadhay Freya T.
Signature Over Printed Name

Date: May 26, 2024

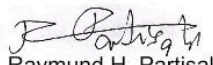

Christine Jane C. Valerio
Signature Over Printed Name

Date: May 26, 2024


Bea Francine B. Victoriano
Signature Over Printed Name

Date: May 26, 2024

Adviser:


Dr. Raymund H. Partisala
Signature Over Printed Name

Date: May 27, 2024